Integration Joint Board Meeting

NORTH AYRSHIRE
Health and Social Care
Partnership

Thursday, 14 March 2024 at 10:00

Council Chambers, Cunninghame House, Irvine / Hybrid via Microsoft Teams

Meeting Arrangements - Hybrid Meetings
This meeting will be held on a predominantly physical basis but with provision, by prior notification, for remote attendance by Elected Members 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.

1   Apologies
Invite intimation of apologies for absence.

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 14 December 2023 will be confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973 (copy enclosed).

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

5   Appointments
Submit report by Caroline Cameron, Director (NAHSCP) on recent appointments and changes to IJB Membership (copy enclosed).

6   Self-Directed Support Learning Review (Phase 2 – Implementation)
Submit report by Scott Hunter, Chief Social Work Officer on the implementation of phase 2 of the review of activity to improve the application of Self-Directed Support in North Ayrshire (copy enclosed).

7   2023-24: Month 10 Financial Performance

Submit report by Paul Doak, Head of Service (HSCP Finance and Transformation) providing an overview of the IJB's financial performance as at Month 10 (copy enclosed).

8   Revenue Budget 24-25 and beyond
Submit report by Paul Doak, Head of Service (HSCP Finance and Transformation) (copy to follow).

9   Transformation Plan 2024-27
Submit report by Lee Ballantyne, Senior Manager (Strategic Planning and Transformation) on the Transformation Plan 2024-2027 (copy enclosed).

10   Unscheduled Care Plan
Submit report by Kerry Logan, Head of Service (Health & Community Care) (copy to follow).

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

Webcasting
Please note: this meeting may be filmed/recorded/live-streamed to the Council's internet site and available to view at https://north-ayrshire.public-i.tv/core/portal/home, where it will be capable of repeated viewing. At the start of the meeting, the Provost/Chair will confirm if all or part of the meeting is being filmed/recorded/live-streamed.

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IJB Sederunt
Voting Members

Margaret Johnson (Chair)	North Ayrshire Council
Joyce White (Vice-Chair)	NHS Ayrshire & Arran
Cllr Timothy Billing	North Ayrshire Council
Cllr Anthea Dickson	North Ayrshire Council
Cllr Nairn McDonald	North Ayrshire Council
Vacancy	NHS Ayrshire & Arran
Tom Hopkins	NHS Ayrshire & Arran
Marc Mazzucco	NHS Ayrshire & Arran

Professional Advisors

Caroline Cameron	Director
Paul Doak	Head of Service/Section 95 Officer
Aileen Craig	IJB Monitoring Officer
Iain Jamieson	Clinical Director
Scott Hunter	Chief Social Work Officer – North Ayrshire
Thelma Bowers	Mental Health Adviser
Darren Fullarton	Associate Nurse Director/ Lead Nurse
Dr Victor Chong	Acute Services Representative
Dr Louise Wilson	GP Representative
Sharon Hackney	Lead Allied Health Professional
Elaine Young	Public Health Representative
Wendy Van Riet	Director of Psychological Services

Stakeholder Representatives

Terri Collins	Staff Rep - NHS Ayrshire and Arran
Louise McDaid	Staff Rep - NAC/Chair, North Coast Locality Forum
Pamela Jardine	Carers Representative
Clive Shephard	Service User Representative
Vacancy	Independent Sector Representative
Vicki Yuill	Third Sector Rep/Chair Arran Locality Forum
Vacancy	IJB Kilwinning Locality Forum (Chair)
Vacancy	IJB Three Towns Locality Forum (Chair)
Vacancy	IJB Garnock Valley Locality Forum (Chair)
Vacancy	IJB Irvine Locality Forum (Chair)

North Ayrshire Health and Social Care Partnership

**Minute of Integration Joint Board meeting held on
Thursday 14 December 2023 at 10.00 a.m.
involving participation by remote electronic means and physical attendance
within the Council Chambers, Irvine.**

Present (Physical Participation)

Voting Members
Councillor Margaret Johnson, North Ayrshire Council (Chair)
Tom Hopkins, NHS Ayrshire and Arran

Professional Advisers
Caroline Cameron, Director of Health and Social Care Partnership
Paul Doak, Head of Service (HSCP Finance and Transformation)/Section 95 Officer
Thelma Bowers, Mental Health Adviser
Darren Fullarton, Associate Nurse Director/Lead Nurse
Scott Hunter, Chief Social Work Officer
Sharon Hackney, Lead Allied Health Professional
Elaine Young, Public Health Representative

Stakeholder Representatives
Louise McDaid, Staff Representative (North Ayrshire Council)/Chair, North Coast
Locality Forum

Present (Remote Participation)

Voting Members
Councillor Timothy Billings, North Ayrshire Council
Marc Mazzucco, NHS Ayrshire and Arran
Christie Fisher, NHS Ayrshire and Arran

In Attendance (Physical Participation)

Kerry Logan, Head of Service (Health and Community Care)
Elizabeth Stewart, Head of Service (Children, Families and Criminal Justice)
Joanne Inglis, Senior Manager (Children and Families)
Eleanor Currie, Principal Manager, (Finance)
Karen Andrews, Team Manager (Governance)
Shannon Wilson, Committee Services Officer
Hayley Clancy, Committee Services Officer

Apologies
Councillor Anthea Dickson, North Ayrshire Council
Joyce White, NHS Ayrshire and Arran (Vice-Chair)
Pamela Jardine, Carers Representative
Iain Jamieson, Clinical Director
Wendy Van Riet, Director or Psychological Services

Aileen Craig, IJB Monitoring Officer

1.   Apologies for Absence

Apologies for absence were noted.

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

The accuracy of the Minutes of the meeting held on 16 November 2023 were confirmed and the Minutes signed in accordance with Paragraph 7(10 of Schedule 7 of the Local Government (Scotland) Act 1973.

3.1   Matters Arising from the Action Note

Updates in terms of the Action Note were detailed as follows: -

- **Implementation of the National CAMHS and Neurodevelopmental Specifications** – On agenda for the meeting.
- **Director's Report**: **Community Mental Health Fund** – TBC
- **Director's Report: Audit Scotland report** - Update scheduled for February 2024.
- **Chief Social Work Officer Annual Report: Justice Services Update –** Update to be brought early 2024.
- **External Audit Financial Report:** Incorporated into the financial monitoring report on the agenda.

4.   Director's Report

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

The report provided an update on the following areas: -

- Scotland's Self Harm Strategy and Action Plan (2023-2027) published on 28 November 2023;
- Letter to the Health, Social Care and Sport Committee from Maree Todd, MSP Minister for Social Care, Mental Wellbeing and Sport in response to Stage 1 Scrutiny of the Bill., with a copy of the letter available on the Scottish Parliament website: National Care Service (parliament.scot);
- Maree Todd, MSP Minister for Social Care, Mental Wellbeing, and Sport also written to the Convenor of the Health and Sport committee to provide an update on the recommendations from the Coming Home report which was published in February 2022;
- MAPPA Annual Report 2022-23 for the South West Scotland area has now been published on the MAPPA Annual Report (nahscp.org);
- Audit Scotland currently carrying out an audit of drug and alcohol services in Scotland with the scope published on the Audit Scotland website: Drug and Alcohol services - audit scope | Audit Scotland (audit-scotland.gov.uk). The overall aim of the performance audit was to consider how effective Scotland's

drug and alcohol services are in delivering on the Scottish Government's strategies;

- A group of six clients of North Ayrshire's Unpaid Work team received recognition certificates from the Koestler Awards for their original artworks, with one participant also receiving a Highly Commended certificate for this unique wooden birdhouse;
- North Ayrshire Adult Protection, Children Protection and Alcohol and Drug Partnership teams have a new joint Facebook page, to share information on the work being carried out locally to protect people and what to do if someone is at risk from harm;
- Carers Rights Day event held at West Kilbride Village Hall to launch the expanded North Ayrshire Carers Gateway service and was attended by carers, staff of the Carers Gateway and NAHSCP, representatives from Third Sector organisations, North Ayrshire Provost Anthea Dickson and North Ayrshire Carers Champion Councillor Nairn McDonald. The event offered a chance to network, hear more about the service and find out more about additional sources of support locally;
- the innovative new group for North Ayrshire's Recovery Development Workers was established and met for the first time on 8 November;
- the unannounced inspection between 24 October and 3 November 2023 of the North Ayrshire Irvine, Garnock Valley Care at Home and Community Alarm Service, the service received the following grades 4 and 5 rated Good and Very Good; and
- The Care Inspectorate also conducted an unannounced inspection of the Dementia Support Service on 22 November 2023. This was a pilot inspection to test a new way of providing assurance that better performing, lower risk services are continuing to provide good quality care and support. No grades were awarded following this inspection however, inspectors concluded that the previous evaluation of good for the service was maintained.

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

- the national care service bill proposals and the impact on the scheme of integration review; and
- the establishment of a National Care Service Board and the impact on the IJB.

Noted.

5.   2023 – 2024 Month 7 Financial Performance

Submitted report by Paul Doak, Head of Service (HSCP Finance and Transformation), on the IJB's financial performance as at month 7 (November). Appendix A to the report detailed the Objective Summary as at 31 October 2023, Appendix B provided the financial savings tracker and the budget position was set out at Appendix C.

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

- the recent Childrens Services Fostering Campaign on social media;
- financial position by the end of March 2024; and
- the financial position of the Partnership compared to other IJB's.

The Board agreed to (a) note (i) the overall integrated financial performance report for the financial year 2023-24 and the current overall projected yearend overspend of £3.858m, (ii) the progress with delivery of agreed savings and (iii) the remaining

financial risks for 2023-24; and (b) approve the budget reductions set out at section 2.10 of the report.

6.   Progress update on Implementation of the National Neurodevelopment Specification, Neurodevelopment Extreme Team and North Ayrshire Implementation Group programme of Reform

Submitted report by Thelma Bowers, Head of Service (Mental Health) on the National Neurodevelopment Specification, Neurodevelopment Extreme Team and North Ayrshire Implementation Group programme of Reform.

Members asked a question and were provided with further information in relation to a Single Point of Contact for the whole of Ayrshire and the reason this model was not taken forward.

Noted.

7.   Whistleblowing Report Quarter 2 July – 30 September 2023

Submitted report by Karen Callaghan, Corporate Governance Co-ordinator, in relation to whistleblowing concerns raised in Quarter 2 (July – 30 September 2023).

Noted.

The meeting ended at 11.05 a.m.

North Ayrshire Integration Joint Board – Action Note

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	Director's Report	12/10/23	Communities Mental Health Fund - The Impact Report for Year 1 and Interim Report for Year 2 to a future meeting.	Scheduled for May 2024.	Vicky Yuill
2.	Director's Report	12/10/23	Audit Scotland report for the Auditor General of Scotland and the Accounts Commission on Access to Mental Health Services - a report would be brought to a future meeting to consider the recommendations	Scheduled for May 2024.	Thelma Bowers
3.	Chief Social Work Officer Annual Report 2022/2023	12/10/23	Justice Services update report to be brought to a future meeting.	Scheduled for June 24	Elizabeth Stewart

Integration Joint Board
14th March 2024

Subject :	**Director's Report**
Purpose :	This report is for **awareness** to advise members of North Ayrshire Integration Joint Board (IJB) of developments within North Ayrshire Health and Social Care Partnership (NAHSCP)
Recommendation :	IJB members are asked to note progress made to date.

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	

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
IJB	Integration Joint Board
HSCP	Health and Social Care Partnership

1.	EXECUTIVE SUMMARY
1.1	This report informs members of the Integration Joint Board (IJB) of the work undertaken within North Ayrshire Health and Social Care Partnership (NAHSCP), nationally, locally and Ayrshire wide.
2.	BACKGROUND
2.1	This report provides IJB with up to date information on recent activity across the HSCP since the last IJB. The report will also provide COVID related information by exception.
3.	CURRENT POSITION
	National Developments
3.1	National Care Service
	The legislation, which will see the introduction of a National Care Service for Scotland (NCS), has passed Stage 1 in Parliament.

	MSPs have voted for the general principles of the National Care Service (Scotland) Bill.

A response from the Scottish Government on the Health, Social Care and Sport Committee's Stage 1 report is published online, this includes the publication of a summary Target Operating Model.

Interim response from Scottish Government to HSCS Committees Stage 1 report on the NCS Scotland Bill | Scottish Parliament Website

Scottish Government intend to make a change at Stage 2 of the Bill to establish a new National Care Service Board (NCS Board), which will include as a minimum the Scottish Government, local government, the NHS, and people with lived experience. The NCS Board will provide oversight and governance of social work, social care support and community health services, with the full scope to be determined as part of the co-design process.

The intention will be for services to be planned and delivered at local level by reformed Integration Joint Boards (IJBs), which will be accountable to the NCS Board. Local authorities and the NHS will be represented at both national and local level, and will retain their existing responsibilities, staff and assets to deliver those services. |
| 3.2 | Publication of Whole Family Wellbeing Funding (WFWF) Year 1 Report |
| | The WFWF Year 1 Process Evaluation Final Report with accompanying annexes has recently been published. This is the final report from an evaluation of Elements 1 and 2 of the Scottish Government WFWF during its first year of operation (2022-2023).

The evaluation has been conducted by IFF Research, an independent research agency. The report provides findings on the funding's administration; the design and set-up of funded activities at Children's Services Planning Partnership (CSPP) level; implementation of activities to date; and evidence on children, young people and families' experiences with family support services. Findings on perceptions of progress towards of early outcomes are also included, although this was not the focus of this process evaluation.

IFF Research has also offered key recommendations for the programme and for CSPPs to progress with implementation based on the evidence gathered. These relate to workforce development; collaboration within and across CSPPs to build relationships and share knowledge; developing systems for CSPPs to gather feedback; supporting CSPPs to plan for delivering family support beyond the WFWF; and continuing to strengthen gathering relevant data and evidence on and the capacity to use this strategically. More detail on the recommendations can be found within the report. |
| | In North Ayrshire, the WFWF is being used to fund a range of proposals and new developments to meet the Scottish Government expectations in relation to |

	transformational change, co-production and supporting a whole system shift towards early and preventative help for families, while also prioritising the needs of particular groups of families including those on the edge of care. End of year monitoring plans are in place, in line with the Scottish Government monitoring arrangements and WFWF investment areas are making positive progress, including the scaling up and expansion of our Family Centred Wellbeing Service. The WFWF is now halfway through the four year implementation period and Scottish Government have confirmed that the annual allocation to CSSP will remain unchanged for the third and fourth years of the funding. This funding is critical to support North Ayrshire to deliver locally on the aspirations of The Promise.
	Consultations
3.3	UNCRC Act
	The consultation on draft statutory guidance on Part 2 and Part 3, section 18 of the UNCRC Act was recently launched, including arrangements to consult with children and young people. A topic guide is available for any organisations that wish to seek the views of the children and young people they work with on the UNCRC Act statutory guidance. The Act requires Scottish Ministers to publish guidance ("statutory" guidance) on Part 2 and Part 3, section 18. It also requires them to consult on that guidance. The consultation will run for 12 weeks closing on 26 May 2024. Responses are invited from organisations and individuals, where the response is not in relation to an organisation. Relevant organisations and networks may wish to respond jointly. Consultation questions 1 – 14 relate to draft Statutory guidance on Part 2 of the UNCRC (Incorporation) (Scotland) Act 2024. Consultation questions 15 – 22 relate to draft Statutory guidance on Part 3 of the UNCRC (Incorporation) (Scotland) Act 2024.
3.4	Martyn's Law Consultation
	Consultation on the Terrorism (Protection of Premises) Bill, also known as Martyn's Law was launched on 9th February for 6 weeks, closing on 18th March 2024. The consultation can be found here Martyn's Law: standard tier consultation - GOV.UK (www.gov.uk). The Government committed to a further public consultation, specifically on the Standard Tier. This is to ensure the public and those impacted by the proposals have the opportunity to offer in-depth views on the Standard Tier, prior to the legislation's introduction to Parliament.

	The proposals for requirements for premises in the Standard Tier have been revised to address feedback from the Home Affairs Select Committee and stakeholders, which primarily related to the need for requirements to be proportionate. Those responsible for Standard Tier premises must: • Notify the Regulator that they are, or have become, responsible for premises within scope of the Bill (and so subject to the relevant requirements). This remains broadly in line with previous requirements. • Have in place procedural measures that could be expected to reduce, so far as reasonably practicable, the risk of physical harm to individuals at the premises in the event of an attack. These relate only to the procedures to be followed by people working at the premises in the event of an attack occurring or being suspected as about to occur. As the procedural measures are about procedures for responding to an attack or suspected attack, it is not expected or required that physical alterations be undertaken or additional equipment purchased for Standard Tier premises. • In contrast to the published draft Bill, there is no requirement to complete a specified form (the 'Standard Terrorism Evaluation') for Standard Tier premises or ensure that people working at the premises are given any specific training. However, as part of putting in place the procedural measures, workers will need to be sufficiently instructed or trained to carry them out effectively.
3.5	National Drug Deaths Mission – PHS Evaluation
	Public Health Scotland published the baseline findings of its evaluation of the Scottish Government's Residential Rehab programme on 14th February 2024. Evaluation of the Scottish Government Residential Rehabilitation programme - Publications - Public Health Scotland In 2021 the Scottish Government committed £100 million (over five years), as part of its wider National Drug Deaths Mission, in order to improve access to residential rehab for substance use in Scotland. PHS were asked to evaluate this investment. The baseline findings suggest that the Residential Rehabilitation programme is contributing to improvements in access to rehab in Scotland. However, substantial challenges remain. • The report highlights that the Residential Rehabilitation programme has operated in a challenging implementation climate Scotland-wide, with some areas facing additional challenges. This includes smaller ADP areas that have received smaller funding allocations and have fewer opportunities to achieve economies of scale. This also includes rural and remote ADP areas.

	• From a health inequalities perspective, the report points to the risk of uneven progress across different parts of the country as a potential cause for concern. Ongoing challenges for specific group of individuals in trying to access rehab, including those with caring responsibilities or mental health issues, are also highlighted in this context.
	• Lack of sufficient funding to purchase rehab placements is still reported as a barrier. The report warns that the funding allocated to Alcohol and Drug Partnerships (ADP) under the Residential Rehabilitation programme to purchase placements for their residents (£5 million per year) may not be enough to allow everyone who wants rehab – and for whom it is deemed clinically appropriate – to access rehab.
	Access to Residential Rehab for North Ayrshire residents is supported via NADARs and the ADP with local reporting on impact through the ADP performance report which is presented to the IJB.
	Ayrshire Wide Developments
3.6	Draft Community Justice Outcomes Improvement Plan 2024-29
	The Community Justice Ayrshire Partnership (CJAP) have published their Draft Community Justice Outcomes Improvement Plan 2024-2029, which can be accessed on its website. CJAP brings together statutory and third sector organisations, working together to reduce reoffending and improve outcomes for people affected by the justice system. This plan details the activities that CJAP will carry out across Ayrshire to achieve the National Aims and National Outcomes for Community Justice. It has been developed through a collaborative process involving community justice partners, people delivering community justice services and people with lived experience of community justice.
3.7	Break the Silence
	Break the Silence, a local charity providing support to people affected by childhood sexual trauma in East and North Ayrshire, has recently secured service accreditation from the British Association of Counselling and Psychotherapy, and has also been named as the winner of the 2024 Business Excellence Aware by the Ayrshire Chamber of Commerce. This accreditation demonstrates that a service provider offers an accountable, ethical, professional and responsive service to clients, staff, volunteers and stakeholders. There are currently only two other services registered in Scotland that hold this

	accreditation, marking the charity as one of the leading service providers in the country.

Referrals to Break the Silence can be made for any North or East Ayrshire resident aged 18 years and over who has experienced childhood sexual abuse. Individuals will be offered up to 24 sessions of support, which is needs led following a comprehensive clinical assessment. |
| | **North Ayrshire Developments** |
| 3.8 | North Ayrshire Care at Home Service Delivery |
| | On 16 March 2023, the IJB were presented with a review of Care at Home Service Delivery and asked to consider how the service should be delivered when the current external provider contracts end. The outputs from the review provided an overview of both current service delivery and contractual arrangements and historical information and data including reflections on how the service has responded and adapted through the pandemic.

The IJB were supportive of the option whereby people who choose Self Directed Support Option 3 (where the choice of support for care is arranged by the local authority), Care at Home services would be delivered entirely by the Health and Social Care Partnership's inhouse Care at Home Team. As such, when the current contractual arrangement ends on 30 June 2024 these contracts will not be renewed and the Care at Home support delivered by the three contracted Care Providers will transfer to the Partnership's inhouse Care at Home service.

A series of events have been arranged, between February and June 2024, for representatives from North Ayrshire Council and the Health and Social Care Partnership to meet with staff from the outgoing care providers. As TUPE will apply, these events will provide an opportunity for staff to receive advice and guidance to ensure they are informed of their rights in relation to TUPE, information in relation to benefits and future employment opportunities, timelines for transition and next steps.

The Partnership are working closely with providers to ensure we can retain this valuable workforce via an offer of employment with the inhouse Care at Home service and to minimise the impact on the people we support.

The Partnership are aware of the impact this will have on the care providers and as such have supported ongoing discussions with the affected providers for several months. Representatives from the Partnership's commission team are engaging with providers on an individual basis about business continuity and possible options moving forward.

The priority will be to ensure the care needs of supported people continue to be met and to support the employment and security of the care workforce. |

3.9	<u>Adult Support and Protection Inspection</u>
	The quality of North Ayrshire's adult support and protection work has been described as "commendable" in a new report published by the Care Inspectorate. A joint inspection of NAHSCP, which included the roles of NHS Ayrshire & Arran and Police Scotland in the adult protection process, took place from September to December 2023 and focused on whether adults at risk of harm were safe, protected and supported. The report stated that "overall, the quality of North Ayrshire's adult support and protection work across social work and health is commendable. While there is always room for improvement, performance was strong and collaborative in every area of core adult support and protection business, including inquiries, investigations, risk assessments and protection planning. This reflected our findings in the 2017 inspection and was evidence of the Partnership's sustainability and push for excellence." The Adult Protection Committee will now produce an action plan on the areas of improvement detailed in the inspection report which will be shared with the IJB on 9th May 2024.
3.10	<u>Grant funding for projects that reduce drug and alcohol related harms</u>
	North Ayrshire Alcohol and Drug Partnership is inviting applications for grants of up to £10k for projects that can reduce alcohol and drug-related harms in North Ayrshire. This new grant-funding process will see a total sum of £50k awarded to projects run by statutory organisations and third sector/community organisations in North Ayrshire that have a particular focus on: • recovery-based activities in the evenings and at weekends. • developing opportunities for people to take part in activity that could help to develop their skills, try something new, volunteer, or make connections with other people in the community. • proposals that focus on engaging with young people about alcohol and drugs, and challenging stigma in an innovative way. • the provision of community-based activities for children who may be impacted by substance use. Application criteria and guidance can be found on the **NAHSCP website**. For a copy of the application form, please contact **adp@north-ayrshire.gov.uk**.
	<u>COVID Update</u>
	No update.
4.	**IMPLICATIONS**
4.1	<u>Financial</u>

	None	
4.2	<u>Human Resources</u>	
	None	
4.3	<u>Legal</u>	
	None	
4.4	<u>Equality/Socio-Economic</u>	
	None	
4.5	<u>Risk</u>	
	None	
4.6	<u>Community Wealth Building</u>	
	None	
4.7	<u>Key Priorities</u>	
	None	
5.	**CONSULTATION**	
	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.	

Caroline Cameron, Director
[Carolinecameron@north-ayrshire.gov.uk/01294 317723]

<u>Appendices</u>
Nil

Integration Joint Board
14th March 2024

Subject :	**Appointments**
Purpose :	This report is for awareness to update IJB members on the recent appointments and changes to IJB membership.
Recommendation :	IJB members are asked to note and approve the recent appointments and resignations from IJB and changes to membership.

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	

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
PAC	Performance and Audit Committee

1.	**EXECUTIVE SUMMARY**
1.1	This report provides an update on recent changes to membership of the IJB and Performance and Audit Committee as a result of recent appointments and resignations.
2.	**BACKGROUND**
2.1	On 14th February 2024 North Ayrshire Council approved the appointment of Councillor Nairn McDonald to the North Ayrshire IJB, replacing Councillor Robert Foster.
2.2	Lesley Bowie, Chair, NHS Ayrshire & Arran advised NHS Board members of the resignation of Christie Fisher from the NHS Board with effect from 29th Feburary 2024, leaving a vacancy for a voting member of IJB. A replacement or substitute for the North IJB will be identified by NHSAA in due course.
2.3	Louise McDaid, Staff Side Representative is due to leave her post within North Ayrshire on 31st March 2024 which will leave a further vacancy on the IJB.
2.4	These changes will also mean there are three vacancies on the Performance and Audit Committee.

3.	PROPOSALS
3.1	IJB are asked to note the appointment of Councillor Nairn McDonald to the North Ayrshire IJB. Councillor McDonald has also agreed to replace Councillor Robert Foster on the Performance and Audit Committee.
3.2	Following the issue of a request to IJB members for expressions of interest to join PAC, Tom Hopkins has also agreed to sit on PAC. This will leave one vacancy on the Performance and Audit Committee. IJB members are asked to support the nominations received by Cllr McDonald and Tom Hopkins to the Performance and Audit Committee.
3.3	Caroline Cameron, Chief Officer will discuss the ongoing staff side representation on the IJB with colleagues in North Ayrshire Council.
3.4	NHSAA will identify a Voting Member replacement for Christie Fisher in due course and IJB members will be notified when an appointment is made.
4.	IMPLICATIONS
4.1	<u>Financial</u> None
4.2	<u>Human Resources</u> None
4.3	<u>Legal</u> None
4.4	<u>Equality/Socio-Economic</u> None
4.5	<u>Risk</u> None
4.6	<u>Community Wealth Building</u> None
4.7	<u>Key Priorities</u> None
5.	CONSULTATION
	Consultation has taken place with colleagues in North Ayrshire Council and NHS Ayrshire and Arran and IJB Monitoring officer in relation to the above appointments.

Caroline Cameron, Director
Karen Andrews, Team Manager (Governance)(kandrews@north-ayrshire.gov.uk)

Integration Joint Board
14ᵗʰ March 2024

Subject:	**Self-directed Support Learning Review (Phase 2 – Implementation)**
Purpose:	To update the IJB on the implementation of phase two of the review of activity to improve the application of Self Directed Support in North Ayrshire.
Recommendation:	Integration Joint Board members are asked to: • Note the development work ongoing to improve choice, control and flexibility in the delivery of Social Work services, and • Endorse the approach designed to focus on outcomes and implement the necessary change.

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	

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
SDS	Self Directed Support

1.	EXECUTIVE SUMMARY
1.1	This paper updates the IJB on the learning and findings from a period of review across 2022 and 2023 on how Self-directed Support (SDS) has been implemented across North Ayrshire Social Work services and the areas for transformation in Phase 2.
1.2	The final review report highlights a range of collective recommendations and actions to improve current Social Work practice with SDS being a key change mechanism. The identified actions will be taken forward in partnership with a commissioned research, policy, leadership and service redesign specialist, Horizons Research who were successful following a competitive tender process.
1.3	The SDS Learning Review, the output report, and phase two implementation plan have been agreed by the SDS Review Board and the Partnership Senior Management Team.

1.4	Progressing this work will ensure North Ayrshire Health & Social Care Partnership (NAHSCP) embodies the ethos and principles of the <u>Social Care (Self-directed Support) (Scotland) Act 2013</u> to meet our statutory responsibilities. Equally, it will enhance practitioners understanding and confidence to deliver Social Work which is more responsive and person-centred. This will ensure that people can get the support that is right for them and in a way that supports their dignity and right to take part in the life of their community.
2.	**BACKGROUND**
2.1	The Social Care (Self-directed Support) (Scotland) Act 2013 was implemented on April 1st, 2014. SDS is the national approach to social care assessment and delivery in Scotland ensuring children, adults and unpaid carers have the fundamentals of participation and involvement, collaboration, dignity, control over their support needs and informed choice when making decisions on the support they need to live their life.
2.2	Since the legislation was enacted, there have been various national scrutiny and review reports, reporting that SDS has been implemented with variable success across Scotland. The reasons for this range from inconsistency of approach or application, cumbersome process and a focus on budgets. Traditional care cultures are difficult to shift, people are not experiencing meaningful choice with one in four (Source: IRISS: ten years on) stating professionals choose or decide on the support for the person before establishing a relationship, having good and equal conversations and completing an assessment of need.
2.3	Local information extracted at the beginning of the learning review in 2023 showed 52% of people recorded as not being informed of SDS or the choice being made by the practitioner was not appropriate for the person to be informed of all SDS options.
2.4	Also, alternatives exist beyond the traditional choice of care at home, care home and building based services, yet mostly traditional support options continue to be delivered. Based on the recorded CareFirst SDS classifications and the information reported through the annual Scottish Government Statutory Source Return for 2022/ 23 the following figures show those who received a service and how they directed their care over the period of the learning review. These findings are not presented in any way to draw conclusions that individuals choosing Option 3 have not made that deliberate decision or choice in how they would like their care to be arranged.

2022-23 Option to Arrange Support	No. of People
Option 1 or Direct Payment *(full choice & control over care)*	198
Option 2 or Individual Service Fund *(some choice & control over care)*	152
Option 3 or Traditional/ Arranged Services by the HSCP *(little or no choice & control over care)*	2,602
Option 4 or Mixture of the above 3 options	116

2

2.5	As result of these findings, an SDS Learning Review was commissioned by the Chief Officer and Chief Social Work Officer in April 2022 to explore the implementation and delivery of SDS and to help services, teams and partners share information, engage, challenge operations, and provide collective learning points on key issues relating to current practice. It was also to ensure NAHSCP has the capacity and ability to deliver on the <u>National SDS Improvement plan 2023 – 2027</u> and SDS <u>National Standards and Framework</u> as well as all subsequent/relevant legislative frameworks for the provision of assessment and social care support.
2.6	From the outset of the review it was evident that within North Ayrshire, there was a desire to bring the focus of SDS, assessment and support planning/support delivery back to the individual person, and the aim of the SDS Learning Review Board was to affect this change by looking at how culture and practice can be altered to make SDS meaningful for those seeking support in North Ayrshire. It is our duty to ensure people are enabled to make the right decision regarding their support needs and staff feel informed and supported to guide and deliver on this.
2.7	The scope for the review was : • All Social Work Practice Teams • The design and delivery of the Intake System - *this area was paused early in the review due to the service reviewing its service access pathway into services* • The policy, procedure and practice framework currently in place to deliver SDS. • Systems and statutory reporting. • Staff development and training.
2.8	The attached report details the learning across the review period and was agreed at the final SDS Board in May 2023. The report was presented to PSMT in July 2023, shared with Extended PSMT in September 2023 and the final recommendations ratified by the PSMT in November 2023.
2.9	This work also supports the workstreams which currently sit within the HSCP Transformation Programme and IJB members should also be cognisant of the national work in relation to SDS including the National SDS plan and the review of the SDS National Standards and Framework.
3.	**PROPOSALS**
3.1	The attached report describes the commissioned SDS learning review intentions, methodology, what was heard, shared and learned both nationally from critical friends and partners and locally from services and staff.

3

3.2	Key areas that impact on current Social Work practice and delivery were highlighted and themed under the following topics: 1. Varied practitioner understanding of SDS as a delivery tool and the legal framework. 2. The most precious resource is time and there are pressures on this which limit the opportunity for good practice and good/ equal conversations with people. 3. The assessment process is unwieldy and adds little value beyond access to limited resource. 4. The inequity within the system is noticed and causes ethical dilemmas for staff across services. 5. The role of leadership and management in the implementation and application of SDS as an enabling tool is variable.
3.3	Noting the capacity challenges and differing priority of need to take forward actions an assessment of relative priority has been undertaken. Analysis of the learning and findings from the above topics were grouped and proritised into the recommendations below. 1. Create the space and conditions to continue the Social Work/ SDS conversation. 2. Develop and embed an Ethical Care Framework across all services. 3. Invest in workforce learning & development at all levels. 4. Develop clear Information and access to early help and support. 5. Explore Community Social Work Models with a test of change. 6. Explore worker autonomy and delegated decision making. 7. Improve timely and safe transition process and planning. 8. Explore Self-employed Personal Assistant Models with a test of change (Arran). 9. Maintain good governance & report on impact.
3.4	***Anticipated Outcomes***
	The strategic partnership with Horizons Research will work on the following recommendations and actions over the next 12 months:
	Continuing the Social Work Conversation (1) • Create the space and conditions through setting up, servicing and supporting a Practice Reference Group, offering regular communication, papers to the group, updates on opportunities and challenges, workforce data analysis/ scanning. Key to this is staying connected with those offering best practice nationally and internationally, organising events, speaking engagements, briefing papers and workshops for staff on relevant Social Work topics.
	Ethical Care Framework (2) • Undertake a desk-based piece of work researching what an Ethics of Care

4

Framework will look like for North Ayrshire, including SDS principles, established national care and SDS standards set out by the SSSC, Care Inspectorate, Scottish Government SDS Policy Team and others.

- Engage with service areas to self-assess on the degree to which they are modelling the SDS standards and develop practical guidance for consultation with the Practice Reference Group.
- Draft a policy paper on where agreed improvements could be made with agreement through governance structures.
- To compliment the desktop work, potential for staff surveys, interviews and workshops to help staff to explore their practice.

Workforce Learning & Development (3)
- Design, develop, deliver, quality assure and evaluate bespoke training for staff in relation to SDS and other related topics including system leadership programmes.

Clear Information, Early Help and Support (4)
- Produce a communication and influencing package focussed on NAHSCP's core messages around SDS. With this, there is potential to build on current approaches to providing clear and accurate information on where to get help, signposting, creation of virtual case studies exploring how individuals in different situations can go about getting the support they need.
- Explore the role and function of SDS in the review of how people access Social Care services.

Community Social Work Model (5)
- Work has commenced with Iriss – innovation and change partners for Social care services – on consideration of a test of change with Mental Health Services, in the first instance. This model explores a move to relationship-based practice, recognises early intervention, community development and collective activity. Plans to review the impact of this and consider a broader application across other services will be factored in.

Worker Autonomy (6)
- Review workforce structures and governance to consider the potential for increased delegated responsibility to frontline staff.
- Review and simplify the assessment and review model to focus more on what matters to people at all levels.

Transition Planning (7)
- Explore and develop the role and function of SDS as a change mechanism in the current transition pathways work from children to adult learning disability and mental health services. There are apparent synergies of person-centred approaches, collaborative working, time as a key resource, support to unpaid carers and families, requirement for clear information and process with supportive staff relationships and practices.

5

	• Consider the full programme of engagement and transformation work and take on board any emerging themes relating to the improvement of SDS across the Extreme Team projects.
	Test of Change: Arran (8) • Work has commenced with a test of change on Arran with Social Work staff, In Control Scotland, Ayrshire Independent Living Network and Arran CVS with a view to changing social work practice and policy on the use of self-employed personal assistants to deliver care and support. This was launched in Summer 2023, will consider the impact of this and any potential benefits to application across other services and localities.
3.5	***Measuring Impact***
	Progress and impact will be monitored through the following :- • Service self-assessments linked to National SDS Standards as a basis of what 'good' looks like. • Engagement approaches with staff through the Practice Reference Group. • Performance monitoring of the implementation plan and above anticipated outcomes at 3.2. • Quality assurance and agreed measurements through NAC contract monitoring linked to the tender proposal and anticipated outcomes at 3.4. Regular updates will be presented to the HSCP PSMT for continued oversight and direction with escalation to SWGB where required.
4.	**IMPLICATIONS**
4.1	***Financial*** The continued demands on services has led to the need for earlier intervention. Appropriate use of SDS at an earlier stage should be viewed as a clear strategy to support people in their community.
4.2	***Human Resources*** The capacity required to affect this transformation has been secured with the commencement meeting having taken place on 23rd February 2024. The SDS team within the HSCP will also support the Phase 2 programme of work.
4.3	***Legal*** North Ayrshire Council have duties under the Social Care (Self-directed Support) (Scotland) Act 2013.

6

4.4	**Equality/ Socio-Economic** SDS should allow greater choice and control for people requiring social care. It ensures a more personalised approach where people seeking support are equal partners in decisions about their care. The learning review and output report presents evidence about the different approaches, experiences and barriers of SDS delivery in North Ayrshire and this has increased our understanding and awareness of how the current Social Care system supports or prevents some people from receiving choice and control to achieve their personal outcomes. There is strong evidence that processes and systems have not kept pace with the ethos and values of SDS. This has a huge impact on equality, and the actions contained within this report aim to ensure fairness and parity are embedded in the offer of support to everyone.
4.5	**Risk** The Social Care (Self-directed Support) (Scotland) Act 2013 outlines a number of responsibilities for Local Authorities in relation to social care assessment and delivery in Scotland. The areas of work outlined in the Phase 2 SDS review and priority actions therein will result in North Ayrshire being in a stronger position in relation to providing assurance that practice aligns with the requirements of the Act.
4.6	**Community Wealth Building**
	NAHSCP faces a range of social care and economic challenges in the delivery of day-to-day care and support for those who need it most. This update, proposal and actions offer a new approach to social care delivery with a focus on Community Development and Community Social Work which are grounded in the principles of empowerment, inclusion, self-determination and human rights and seeks to strengthen communities to develop their full potential. Social Work services being more present and visible in our communities and getting to people further 'up the stream' leads to earlier help and support being accessed, improved wellbeing and tapping into the wealth of opportunities and resources on our doorstep across our local communities. SDS is a policy driven by the recognition that people have a right to choice and control relating to where, how and when they will be supported to live their life. It is also a mechanism that can allow flexibility of resource in terms of how people use their budget to secure support to meet their social care needs, some of which could met through more local organisations, agencies and activities.
4.7	**Key Priorities** The amount and level of work requiring action is complex with interdependent recommendations and actions.

	The output from priority discussions with senior management staff was largely similar and most agreed that the recommendations to take forward primarily are: • workforce learning and development • clear information, early help and support • development and embedding of an ethical care framework • continue to explore community social work approaches • worker autonomy With a firm understanding that governance and reporting are essential to ensure continued quality assurance and supportive direction. Progress has been made with a few of the recommendations already through exploring community social work approaches and the test of change for introducing self-employed personal assistant services on Arran.
5.	**CONSULTATION**
5.1	The recommendations and actions within this report have been discussed and approved through appropriate governance routes including the SDS Learning Review Board supported by local partners, independent external advisors, HSCP staff and lived experience advisors, dedicated HSCP staff project groups, PSMT including wider SMT and SWGB. A Practice Reference Group will be established to ensure staff stay involved and connected with developments on person-centred workforce planning, process and system design whilst creating the conditions and culture to continuously engage, develop and learn.

Caroline Cameron, Director

Scott Hunter, Chief Social Work Officer/
Kimberley Mroz, Manager – Professional Standards (SDS/ Carers), kmroz@north-ayrshire.gov.uk

8

Self-directed Support Learning Review

(Phase one)

April 2022 - April 2023

Recommendations & Actions

9

CONTENTS

Summary of Recommendations & Actions

Continuing the Social Work Conversation
- Establish a Practice Reference Group to ensure staff remain part of the emerging change and redesign.
- Continue to nurture connections made across the learning review with a view to understand the complimentary nature of community-based support.

Ethical Care Framework
- Draft, publish and embed an Ethics of Care Framework.
- Review, draft, publish and embed processes and practice guidance taking a person-led approach.
- Apply effective learning through relationships to change the system to better support people whilst recording and reporting what matters.
- Review the recording documents on Eclipse platform to ensure all services fall in line with emerging and future approaches to planning & delivering support.

Workforce Learning & Development
- Invest in the delivery of tiered awareness, understanding and training for all levels of social care staff to better support the needs of people using social care services.
- Establish and embed the foundations of effective supervision practice.
- Identify resource for additional capacity to implement findings of the review in phase two.

Clear Information, Early Help and Support
- Develop, publish and maintain easy to access, clear, correct information.
- Drive 'The Same Message' approach across all services, teams and staff to improve consistency.
- Alongside our investment in carers services IT work with Unity, explore and improve the use of technology and social media as a channel for information sharing and enhancing community links.
- Include the application of SDS as part of any wider review of the front door to Social Work services.

Community Social Work Model
- Establish a Community Social Work steering group, supported by Iriss to explore, imagine, shape and realise a test of change with the Mental Health Service, in the first instance, with plans to review the impact of this and consider a broader application.
- Identify additional resource to support the outcomes from the Iriss project supporting the development of CSW in North Ayrshire.

Management Model & Worker Autonomy

11

- Review the management model and governance to increase delegated responsibility in support and fiscal decision making.
- Review and simplify the assessment model to focus more on what matters to people.

Transition Planning
- Consider the full staff engagement output and take on board any emerging themes relating to the improvement of SDS across the Extreme Team projects and all services involved.

Test of Change: Arran
- Co-produce a test of change on Arran with Social Work staff, In Control Scotland, AILN and ACVS with a view to changing social work practice and policy on the use of self-employed personal assistants. A review of the impact of this will help consider a broader application across other service areas.

Governance & Reporting
- Service delivery and its associated developments in relation to SDS remain accountable to the Integrated Joint Board (IJB) and North Ayrshire Council. Quarterly scheduled updates will be tabled at PSMT for continued oversight and direction with escalation to SWGB and IJB where required.

12

1. Introduction & Background

1.1 This report presents phase one of the North Ayrshire Health & Social Care Partnership (NAHSCP) Self-directed Support Learning Review (SDSLR). The report brings forward local and national learning and a set of collective recommendations for further exploration and implementation.

1.2 The learning review was commissioned by the Chief Officer and Chief Social Work Officer in April 2022 to explore the implementation and delivery of Self-directed Support (SDS) across all services in North Ayrshire.

1.3 The Social Care (Self-directed Support) (Scotland) Act 2013 was implemented on April 1st, 2014. SDS is the national approach to social care delivery in Scotland ensuring people have the fundamentals of participation and involvement, collaboration, dignity, control over their support needs and informed choice when making decisions on the support they need to live their life.

1.4 However, since the legislation was enacted various scrutiny and review reports Audit Scotland, Care Inspectorate, IRISS: ten years on have been published. They broadly say SDS has potential for positive transformation but that it has been implemented partially and inconsistently. Evidence shows that few areas across Scotland have embedded SDS well, while most are challenged to make the changes required for successful SDS implementation.

1.5 Dominant narrative is inconsistency of approach or application, cumbersome process and a focus on resource. Traditional care cultures are difficult to shift, people are not experiencing meaningful choice with one in four (Source: IRISS: ten years on) stating professionals have already chosen or decided on the support for the person before completing an assessment.

1.6 From the outset it was agreed that within North Ayrshire, there was a desire to bring the focus of SDS and support planning/ delivery back to the person, and the aim of the Board was to affect this change by looking at how culture and practice can be altered to make SDS meaningful for those seeking support in North Ayrshire. It is essentially our duty to ensure people are enabled to make the right decision regarding their support needs and staff feel supported to guide and deliver on this.

2. Purpose
2.1 The learning review was established to help services, teams and partners share information, engage, challenge operations, and provide collective learning points on key issues relating to the current practice of SDS.
2.2 It was also to ensure NAHSCP has the capacity and ability to deliver on the National SDS Standards and subsequent/ relevant legislative frameworks for the provision of assessment and social care support.

13

- Social Work (Scotland) Act 1968
- NHS Community Care Act 1990
- Adult Support and Protection (Scotland) Act 2017
- Mental Health (Care and Treatment) (Scotland) Act 2003
- Adults with Incapacity (Scotland) Act 2000
- Children (Scotland) Act 1995
- Children and Social Work Act 2017
- The Social Care (Self Directed Support) (Scotland) Act 2012
- Public Bodies (Joint Working) (Scotland) Act 2014
- Carers (Scotland) Act 2016
- Community Care and Health (Scotland) Act 2022

2.3 The learning review considered current practice and delivery, self-evaluation, current research and best practice and brought forward the learning from this activity. The review had within its scope the following areas:

- All Social Work Practice Teams (inc. mental health, hospital team etc.)
- The design and delivery of the Intake System
  NB: *Unfortunately, this area was paused early in discussions along with affecting change in wider Children & Family Services due to timing, current developments on whole family wellbeing fund and embedding of the Signs of Safety model as well as the new Eclipse system. Plans to review Service Access – North Ayrshire's front door to Social Work were already on the radar. However, the aim was to identify how people find out about SDS and how they are dealt with, when making an inquiry and it was felt that this should not be lost. It was suggested to look at how people access services as a whole in North Ayrshire across communities, and not just from a partnership perspective*.

- The policy, procedure and practice framework currently in place to deliver SDS.
- Systems and statutory reporting.
- Staff development and training.

2.4 All other areas of service delivery were beyond the scope for this review but there was cognisance that other areas may be touched on. It was also mindful of work on a pan Ayrshire context. The review was also happening in tandem with Social Work services being part of a living/ changing system.

2.5 The SDSLR Board was established to seek sources of learning for further exploration as well as strategic guidance and oversight to co-ordinate the recommendations made in this report as a result of the learning.

3. Governance

3.1 The learning review established a Board to provide advice, support and direction to inform recommendations for future decision making to the Chief Officer, Head of

14

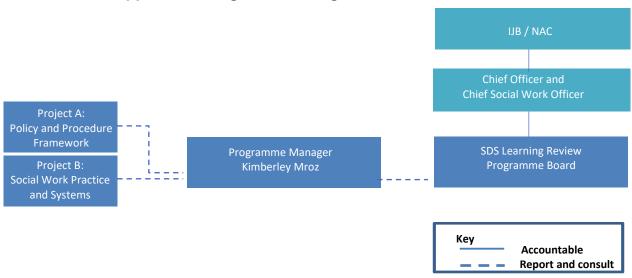Health & Community Care, Head of Mental Health Services and Head of Children, Families and Justice Services.

3.2 Board membership included the representatives noted below which NAHSCP would like to extend great appreciation to for their time, enthusiasm, encouragement and valuable thoughts, contributions and connections.

Representing Group	Name	Title
North Ayrshire Health & Social Care Partnership	• Caroline Cameron • Scott Hunter • Paul Doak • Thelma Bowers • Alison Sutherland • David Allan • David Thomson • Betty Saunders • Neil McLaughlin • Kimberley Mroz • Karen Campbell	• Chief Officer/ Chair • Chief Social Work Officer/ Vice-Chair • Chief Finance Officer • Head of Service Mental Health • Head of Service Children, Families & Justice • Senior Manager Health & Community Care • Head of Service Health & Community Care • Senior Manager Contracts & Commissioning • Manager Performance & Systems • Manager SDS & Carers • Admin for CSWO
Partners	• Evelyn Gilchrist • Sharon MacLeod • Vicki Yuill	• Service Manager AILN • L&D Officer AILN • Arran CVS
Independent External Advisors	• Colin Turbett • Pauline Lunn	• Common Weal, Author & former Social Worker • CEO In Control Scotland
Lived Experience Advisor	• Peter Joyce	• Chair of AILN

3.3 Service delivery in relation to Social Work remains accountable to the IJB and North Ayrshire Council. Periodically the review was also reported through the Partnership Senior Management Team (PSMT).

Self-Directed Support Learning Review Programme Structure:

4. Methodology

4.1 The learning review was commissioned to explore the implementation and delivery of SDS across all NAHSCP services.

4.2 A mixed method of quantitative and qualitative approaches was used in the learning review to include as much breadth and strength as possible to consider 'how we got to this point of practice and support delivery'. This allowed the learning review participants to explore various perspectives, express feeling and uncover relationships that exist between elements of practice and services.

4.3 Stage 1 - learning and analysis began with data collection from the CareFirst case management system and the Scottish Government Source Returns to gain an understanding of the level of assessment and support activity progressing through teams. Numbers of assessments, support plans and reviews completed. The offer and uptake of SDS options. Consideration of timescales at junctures of people's support journey as well as how many steps or interactions it required until someone receives the support they need.

16

4.4   Stage 2 - Explanatory information was sourced from each service and/ or stakeholder who presented an input at each Board meeting.

4.5   Stage 3 - Branching project/ focus groups were established to create a space and environment for sharing practice, exploring opportunities and challenges and generally generating discussion about commonalities and differences across work. The projects aimed to:

- Understand the needs, rights and preferences of those using and delivering Social Work services.
- Understand the learning process through shared critical analysis, challenge of evidence and where required, achieving consensus.
- Consider the conditions required for change to happen.

Project A: Policy & Procedure
Consider a policy framework that is overtly compassionate and rights based with the aim to review and rewrite, where necessary, the policy and procedure framework that guides service delivery.

Project B: Social Work Practice & Systems
Consider how to improve and develop core practice. Explore value base and principles. The role of the National SDS Framework & Standards as a basis for consistency, learning & development.

The projects were facilitated by independent chair/ co-chairs and a range of resources to assist and direct group discussions are noted below. Others were sought and shared as requested by the projects across the lifespan of the sessions.

- [Statutory guidance to accompany the Social Care (Self-directed Support) (Scotland) Act 2013 (sdsscotland.org.uk)](#)
- [Social Care Support: An investment in Scotland's people, society, and economy: Self-Directed Support Implementation Plan 2019-2021 (www.gov.scot)](#)
- [Self-directed Support Framework of Standards, including practice statements and core components (www.gov.scot)](#)
- [Community social work in Scotland | Iriss](#)
- [What_is_care.pdf (dundee.ac.uk)](#)
- [Community Development and Health Network | (cdhn.org)](#)

4.6   The projects expressed survey fatigue with some members suggesting workshop or engagement sessions as preferred. There was also a sentiment of wanting to hear and understand senior leaders thinking and reasoning. There was desire to hear the message of change first hand. However, due to a level of time constraint at this stage of learning a set of open survey questions were loosely framed and responded to in the monthly project meetings (See Appendix 1). As the project implementation phase comes along there will be more and varied opportunities for face – face

engagement to ensure the breadth of staff and service voices are being heard and the message from directorate is clear.

4.7 The review also used policy analysis linking to National and Scottish Government policy including the Independent Review of Adult Social Care, The Promise, The National Care Service Bill, Carers Legislation, BASW Code of Ethics, the revised published SDS Guidance and the SDS Framework of Standards.

4.8 The mixed method helped gain greater understanding of often complex human based situations for people in our communities requiring support and for staff working through the rigid systems that are party to Local Authority, social work practice.

5. Review Findings – What did we hear and learn?

5.1 The report can reflect some of the national research findings on the implementation and offer of SDS and how they compare with North Ayrshire Health & Social Care Partnership services.

The Audit Scotland 2017 Report advised people approaching Social Work services need better information earlier to help them understand who Social Work are, how we can help them and what choices they have in order to make informed decisions on the help they need to live their life.

Many people receive good support from Social Work teams and there are examples of people directing their support in flexible and creative ways, but this is not always the case equally for every person who seeks help and support.

People are not always aware of all their options and the impact these could have on their life, and others are having care choices automatically made for them. Information from CareFirst extracted at the beginning of the learning review showed 52% of people recorded as not being informed of SDS or the choice being made for them that it is not appropriate to be informed of SDS.

5.2 Alternatives exist beyond the traditional choice of care at home/ care home-based services, yet traditional support options continue to be favoured. Based on the recorded CareFirst SDS classifications and the information reported through the annual Scottish Government Statutory Source Return the following figures show those who received a service over the period of the learning review.

2021/ 22		**2022/ 23**	
Option 1	196	Option 1	198
Option 2	156	Option 2	152

18

| Option 3 | 6685 (uncleansed) | Option 3 | 2602 (cleansed) |
| Option 4 | 33 | Option 4 | 116 |

5.3 SDS: Ten Years On (Iriss: 2021) reports that processes for delivery of SDS are often bureaucratic and unwieldy, with the voice of the supported person not being fully heard. The current SSAQ paperwork it is felt is cold, has no place to tell the person's story and begins from a point of deficit. The process for Option 1 – Direct Payment in Community Care Adults is 14 steps from the point of Assessment & Support Plan sign off. The Option 2 – Individual Service Fund pathway from start to finish is 22 steps. The Independent Review of Adult Social Care in Scotland by Derek Feely Recommendation 7 is the process to aspire to and states,

"A co-production and supportive process involving good conversations with people needing support should replace assessment processes that make decisions over people's heads and must enable a full exploration of all SDS options that does not start from the basis of available funding."

5.4 Social Work services have all been working tirelessly against a backdrop of COVID19, changing national policy and decision making and austerity. These factors have caused limited resources and pushed eligibility levels higher over the years with little sign of early and effective preventative support. The Independent Review of Adult Social Care in Scotland again describes eligibility criteria as one of the main barriers to accessing social care. The starting point for people means they must be in critical need or at crisis point in their life to receive support and there is no or little focus on prevention and early intervention. Across North Ayrshire services eligibility criteria is set at substantial and critical and priorities are on these criteria levels and cost above working with people to plan support and ensure the best quality. It is the Independent Review's Recommendation 3 noted below that North Ayrshire services should prepare for;

"People must be able to access support at the point they feel they need it, including for advice and signposting to local community-based resources and help, and for barriers to this, such as the current eligibility criteria and charging regime, to be fundamentally reformed and removed, to allow a greater emphasis on prevention and early intervention."

5.5 This is why, even more so now, conversations and support decisions need to remain centred on the person, with provision of information and support at all levels and clarity of Social Work's role, inclusion of what informal community based options may be available as SDS regulations allow, and come less from the point of eligibility, resource and limited menus of services.

The following sections further detail some of the practice, culture, reasoning and reflections on how support is offered and delivered in North Ayrshire.

5.6 **PROJECT WORKSTREAMS**

19

The review commissioned branching workstreams to explore SDS policy, procedure, current practice and systems. The workstreams aspired to explore research and frameworks that were overtly compassionate and rights based. They also hoped to consider staff wellbeing and learning along with the National SDS Standards & Framework as a guide to best practice or what 'good' looks like.

It became clear early into the monthly workstreams that the original aims were extremely ambitious and much of the conversations overlapped. The time allotted did not allow for physical or material changes of processes and systems. Assurance was relayed to the workstreams that this was a stage of learning and sharing, if that was what was achieved through the groups then we would take this learning with thoughtful solutions/ suggestions through to development and implementation phases.

It also became quickly evident that not all conversation and sharing related solely to SDS. Equally it was stated SDS was not the sole answer to all issues and concerns. Many of the topics raised or discussed went further or deeper than the practice of SDS and was usefully termed by one colleague as 'the bedrock' of what needs to improve such as workforce culture, time for learning reflection evaluation and debriefing, effective relationship building, confidence and trust, improved communication, connecting back into natural community resources and less silo working. The review also began to identify synergies with developments in Learning Disability Services and Transition Planning.

Opportunities

Staff approached the workstreams as a positive opportunity to strip SDS back to basics and rebuild in a user-friendly manner. SDS was referred to being about offering information, choice and support at all levels and not just offering services at critical levels.

The projects allowed staff time to pause and look at national guidance and pockets of good practice e.g., Children with Disabilities (National exemplar) or Getting it Right for Every Citizen (Inverclyde), Community care activity (Borders), Resource Allocation (East Dunbartonshire), Assessment tools (Liverpool).

One project shared that most staff understand SDS and the four options. All agreed that the principles of SDS were driven by "good conversations and relationship based, community social work but the system does not reflect nor allow this.

Staff want to be an integral part and engage on decisions and developments on the assessment tool and process development, the resource allocation and budget authorisation.

Staff are hopeful to explore a consistent approach with a pathway to fit all people seeking support, but some are unsure if this is achievable or the right thing to do.

Staff clearly expressed more than once the desire for autonomy to allow them to make the right decisions or consider creative/ flexible options for people.

All agreed the need to improve current information and processes to improve outcomes for people requiring support.

There was also a reminder expressed for time to engage and gain experience from people, families, carers and third sector, private providers, service delivery partners – who were not at the table in this learning phase.

Challenges & Current Practice

Staff shared openly the issues, concerns and barriers in their daily practice:

- *Understanding SDS*
  It was expressed there is a mismatch between guidance and practice and ethos and the reality of implementation.

  A recurring issue is the lack of consistency in understanding and practice meaning services often 'improvise' at individual level which feels unprofessional and can lead to lack of confidence. Misconceptions were shared around what SDS is e.g., some think SDS is Option 1 – Direct Payment or refer to SDS when they mean Option 2 – Individual Service Fund (ISF). Language around SDS and the mechanics of assessment and the provision of support needs to be simpler for staff and the people requiring support. SDS is everything we deliver as a HSCP including traditional arranged services (option 3). It covers all children and family services, mental health and addictions. SDS was born out of the disability, human rights, and equalities movements but does not solely apply to community care adults, older people or people with a disability. Staff indicated a concern that some people would be overwhelmed if presented with SDS options, that it was complex to explain, and they dreaded the thought of lengthy processes for sign off.

  Existing information and resources do not reflect the HSCP's offer of SDS well enough. Accessibility of materials was also highlighted as a concern, both in terms of their presentation, and the routes for getting them.

  Mandatory awareness, learning and training for staff on SDS was expressed as needed. Although it was highlighted in one workstream that good training on this already exists.

  There was also a suggestion that in many circumstances, individuals and families just want others to 'sort it'.

- *Assessment, Conversations & Time*
  Both workstreams expressed the current assessment paperwork is cumbersome, not outcome focused, does not encourage a warm conversation or the ability to tell someone's story to get to the crux of what is important to them. Conversations and

assessment remains predominantly time/ task/ resource led. Where there are frequently changing needs or a change of option for directing support, it is impossible to keep up with paperwork and process.

The scale of waiting lists for assessment, resource release and available service for older people is problematic. The critical nature and volume of work it was stated just causes strain.

Time was a common thread through both workstreams in relation to its importance and the (actual or perceived) lack of this resource to meaningfully connect, build rapport and have good conversations with people. Similarly, effective relationships were also a common theme. These were expressed as some of the critical success factors in the approach embedded in Children & Families with Disabilities Service who also shared their assessment framework as an alternative more in keeping with the ambition and ethos of SDS.

With the recording of assessments, the move to Eclipse feels like shifting more of the same to a different system and not an opportunity for real change.

- *Community Support, Flexibility and Support Restrictions*
  Through the allowance of time and good conversations staff would be better able to identify the reality of someone's support needs. Examples were discussed in the context of older people's services with the route often being isolation or loneliness. The role of the community as a source of connection, wellbeing, respite and support is often being missed because the right questions are not being asked in the right way and the level of knowledge of what is available in local communities can be lacking.

  Day Services are a genuine option and part of this, in as much as they can/should provide a route to diverse activities within communities.

  It was noted that SDS is a response to need, but not always the right one, conversations around support need to build towards consideration of that and look first at non-statutory solutions, as opposed to using resource as a starting point.

  Inequity in the level of resource and support offered to different age and care groups was raised as was the lack of flexibility in respite at home or overnight support meaning people/ families only have one option – residential/ nursing care home placements.

  An example was within Children & Families with Disabilities, the Team Manager approves and makes support and budget decisions, and support is reviewed regularly whilst in Community Care Adults/ Older People Services reviews are not as regular and budget and support decisions are made at a higher level making the process slower. Some shared that approval decisions could be viewed as discriminatory by some e.g., Mental Health Services approve a gym membership for a young male, but this would not be approved in other services. This was highlighted as a particular

issue in relation to people in transitions, where real issues could be experienced in identifying supports for an individual, unless their existing package moved with them.

A more basic issue is the general availability of services with further care and support services closing due to inability to recruit, cost of operating and financing the service, sustainability etc. the deterioration of choice is adding to the strain of support planning and delivery, but this is where opportunities may be found upstream in the wealth of local communities.

Limits were also seen in the availability of Care at Home services. Vacancies are at an extreme high. It was suggested that there was in effect a 2-tier system, those who choose to access private providers; and those who choose to access Council services but must wait longer as a result. Contrasting with this was the suggestion that accessing care via Option 3 – arranged services can be quicker than via option 1 or 2, due to the wait times required for sign off, in part linked to concern over tightening or lack of budgets.

The Catalogue of Rates framework was seen by some as restrictive and perhaps just gets in the way of choice and getting the right provider for someone. Many staff are unaware they can look 'off framework' for private provider services. However, some feel commissioning under Option 2 – Individual Service Fund is difficult as many of these services/ supports do not go through the same checks and balances as those commissioned through Option 3 – arranged services. Conversely, this is where levels of choice and control should be embraced with requests not limited to private providers especially for social opportunities and having meaningful things to do in and around communities.

- *Inequity*
  Inequity was expressed across several factors. In the level and type of support offered to different age and care groups with some in receipt of support quite quickly and others waiting e.g., 6 months for support to receive a shower.

  There are differing budget limitations and thresholds between children, adults and older people. Resource Allocation Systems was a common topic which it is felt there is little clarity and transparency around. There is currently a resource allocation for adults which is an equivalency model attached to the completion of the SSAQ assessment with monetary values linked through an algorithm to IoRN (older adult assessment tool) scoring questions throughout the assessment. It is frequently expressed this is not fit for purpose for larger, complex support requirements as the upper thresholds stop calculating at a certain limit. It is for these and other reasons, Children with Disabilities Service devised a service specific banding resource allocation also based on a specific criteria and points which convert to a level of budget. Through the process of regular review the individual budget can be altered to meet changes.

  Across private providers, rates vary depending on service area, condition or age creating inequity, and PA roles receive the lowest hourly rate meaning it is often

difficult to recruit through Option 1 – Direct Payment and people are forced into the use of private providers.

The lack of flexibility and agreement for respite at home or overnight support means people/ families only have one option – residential/ nursing care home placements.

- *Culture and Leadership*
Many practical issues have been raised throughout the project workstreams in terms of paperwork, resource release, information and training but it is necessary to recognise the importance of the ethos of SDS, a strong value base, an organisational culture that supports this way of practising and crucially buy-in from all leaders at all levels. This question continues to be asked throughout the lifespan of SDS being active in North Ayrshire and has been met with varying response and appetite. The SDS Board and its members assured through one-one service discussions that this is an essential and necessary piece of work to affect change for the better of the people in our communities and the staff who choose the career pathway of Social Work.

From the outset the projects requested a guarantee and commitment from the Board to make any necessary changes to the information and systems underpinning SDS that are identified by the work of the groups. Board confirmed their commitment to consider all suggestions and undertake the necessary change required to improve how we deliver support in North Ayrshire.

Board enhanced this by agreeing a statement of common value and purpose. The session was hosted by Pauline Lunn – CEO In Control Scotland.

"We believe that North Ayrshire's citizens should have a good and meaningful life in their community, where they can choose high quality support to help them achieve it. We recognise that to achieve this, change needs to happen.

We will work collaboratively with everyone involved to:
- **Uphold people's right to self-determination by removing the barriers that people face to having choice and control in their lives.**
- **Better utilize the assets, strengths, resources we already collectively have.**
- **Improve life chances for all, both now and in the future.**
- **Achieve equality, excellence, and equity.**

5.7 RURAL & ISLAND LEARNING

The Board heard from our colleagues and partners on Arran which hosts a population of 4,509 (as at 2020) with 377 people in receipt of social care support at the time of reporting (August 2022). The favoured SDS route is option 3 for support arranged by NAHSCP with 360/ 377 receiving this.

Vicki Yuill - Chief Officer, Arran Community and Voluntary Service and Collin Adams – Team Manager of the multi-disciplinary SW Team presented challenges and solutions namely, geography, demography, accessibility/ travel, economics and a lack of care services for the Island with NA CAH working to capacity and struggling to recruit/ retain. Independent agencies (AILN, PIP, CBN) are active in spreading the

SDS message and interaction with these partners is positive but there remains a lack of awareness of the impact of SDS, choice and control for people and their carers/ family. There are 16 people directing their care via Direct Payment – SDS option 1 on Arran with most Personal Assistants (25 identified at time of reporting) known. Others less known are choosing self-employed private care arrangements which has brought inequity in choice and pay/ hourly rates. Delays in securing support are often the result of lengthy process, resource release waiting times, eligibility only at crisis point, guardianship and PVG all meaning early or preventative support is not possible. Staff are often frustrated as there is an empty offer at the end of the support planning conversation and a feeling of not meeting the duties of choice and provision of support.

Arran citizens and services are keen to be involved in progressing local solutions for future care. A focus on community and at home support is needed to adapt to current and future needs. Processes need to be shorter/ smarter. Resources need to be closer to the people. To match the MDT a hybrid workforce providing multiple supports would benefit.

There is a clear economic challenge on Arran and generally a capacity issue both in recruitment and volunteering. From a commissioning point, NAHSCP can go out to market to source independent support provision but would need to be realistic about the actual cost taking into consideration property, staffing, travel and cost of living.

The themes highlighted are not new and apply across all North Ayrshire areas, but Board agrees the risk can be exacerbated by rurality.

Solutions to open options for support have already commenced with the Arran test of change to promote the use of Self-employed Personal Assistants.

In North Ayrshire, the policy decision was taken some time ago to not promote the services of self-employed personal assistants due to a range of perceived risks to people and lack of clear information from HMRC/ Scottish Government. Namely, the employment status of the personal assistant. HMRC still does not provide clarity on the status of a self-employed PA. It can vary depending on how the self-employed PA completes their online assessment for status. These have been difficult points that the majority of HSCP's/ LA's have similar concerns on.

Conversely, in recovering from COVID19, pockets of support provision and the ability to recruit into the care sector has been extremely difficult. This has resulted in a lack of options and choice for people requiring support.

It is also noted that arranged support through North Ayrshire care at home service is struggling and as a result people are choosing Option 1 Direct Payment or Option 2 – Individual Service Funds more as a potential route to secure support quicker or to receive support in the manner they want it to be delivered.

There are circumstances where the residents on Arran have purchased care from their own funds and secured high quality, suitable self-employed personal assistant

support. When assessed eligible support became available, they were then unable to continue with their choice of self-employed support due to the HSCP's legacy decisions. Thus, limiting choice and options for care and support.

The proposition of utilising Self-employed Personal Assistants on Arran will help determine on a smaller scale whether this could result in a sustainable long-term change and open the option to the mainland future DP recipients, following a period of learning.

A working group is established to expand social work practice and improve policy. Early discussions have been on SDS generally, assessment and support delivery on Arran, and what the opportunities and barriers are for Self-employed PA's are as an option for arranging care. The group believe the positives outweigh the negatives as an option.

Pros	Cons
Increased options and choice of care solutions/ wider pool.	Self-employed staff stipulate duties, hours, cover, holidays, pay rate with a fear of setting precedent
Increased empowerment for the person requiring support	HMRC duties of confirming employer status, tax, NI set up which is complex to navigate
Increased trust/ effective relationships	Nonregulated workforce
Continuity of quality care	
Improved flexibility for the person	
Improved flexibility for workers who often work by the restrictions of 4 on/ 4 off rotas	
Staff do not need to be qualified or in the care field as some roles may be for the provision of social support, befriending, check in visits	
Local solutions for local needs	

For measuring progress and success of the test 3 aims are proposed with the Arran Social Work team considering others:
- reduction of waiting times for support
- increase in choice & control with people feeling they have more options
- increased confidence for staff in the offer of support options.

The proposition of utilising Self-employed Personal Assistants on Arran will help determine on a smaller scale whether this could result in a sustainable long-term change and open the option to the mainland future DP recipients, following a period of learning.

5.6 COMMUNITY CARE LOCALITY SERVICE

Team Manager colleagues Anne Locke (Irvine) and Laurie Cox (North Coast) from Community Care Locality Teams joined the Board in February 2023 to share SDS practice within older people and physical disability services.

It was appreciated that both colleagues brought in learning from case studies and people they supported first hand. It allowed the facts and process to become more real-world and showcased the values and principles applied in daily practice.

The examples revealed Option 1 – Direct Payment and Option 2 – Individual Service Fund choices working well for older people and those with physical needs. The support presented in one respect still felt time and task oriented but was co-produced by Personal Assistant staff who helped identify what the person needed. Another example also demonstrated true promotion of independence which is key. It also revealed real connection, compassion and effective relationships being built and this is what social work is built on. Teamwork alongside individuals and their families is important but often there is not enough time to foster those links due to crisis and firefighting.

Reflections from the service Senior Manager – David Allan confirmed that the examples shared are representative of the differences and challenges for the service and staff in supporting older people or those with physical complexities. The issue around time to build connections unfortunately is counterbalanced by waiting lists and a need to find balance, often amid emergency situations. Continuity of care is an aspiration but not often possible from a point of caseload management and volume. It was also recognised that not all people seeking support and their families are engaging and have often multiple complex circumstances in the background, this can make it difficult to communicate and build necessary relationships.

5.7 CHILDREN & FAMILIES

The Board in January 2023 welcomed Karen McIntyre – Team Manager Children & Families with Disabilities Services. Karen is also an independent consultant and trainer in SDS/ Support Planning. Karen is a facilitator on Partners and Policy Making and co-author of In Control Scotland's Support Planning Tool.

The Children with Disabilities Team have engaged with and embedded SDS from its inception in 2014. Legislation dictates that SDS is the national model and approach to be used when delivering social care. However, this approach is not embedded or applied in LAAC or mainstream Children and Family Services. Signs of Safety is the integrated framework for child safety and intervention work. Similarities can be drawn between SDS and SOS in that they are strengths based, maximise family participation, person centred and seek to provide early help through assessment and support planning. The value base also mirrors core Social Work values.

It was beneficial to hear the experiences and challenges faced by the Children with Disabilities team from the early implementation days where it was identified that one model of approach for assessment and resource release does not fit all ages, client or care groups.

The Resource Allocation System in Children with Disabilities is different to that used in Adult Services and is equitable, transparent and consistent in its application.

Eligibility and families understanding of this was agreed as sometimes challenging with social care and support predominantly provided by parents for babies and very young children and it tends to be through 5 – 10 years and into teens where people seek other support where there is additionality. Examples were plenty within the team to showcase creativity and flexibility of support outcomes (Adoption of a Dog). More families choose option 1 Direct Payment as there are minimal in-house/ commissioned services for children except for residential respite meaning bespoke support is required.

It was understood that continuous tweaks need to be made along the way, review and test to see what works for people.

The emerging changes need to make room to pursue the positives from the Children with Disabilities Team when considering process, systems and training.

5.8 COMMUNITY SOCIAL WORK

The review greatly welcomed learning from critical friend and former colleague Colin Turbett who, amongst other topics, continues to write and speak on social work with a focus on social justice issues, rural and community based social work.

Sources of learning came from:

- Community Social Work in Scotland – published by IRISS on 12/07/2018.
- Rediscovering and Mainstreaming Community Social Work – published by IRISS (Insight 57) on 03/11/2020.
- The Future of Social Work – presentation published by BASW 29/09/2022.
  It was the latter presentation shared at Board in July 2022 that further introduced the concept and approach of shaping social work around communities, linking with community groups and community networks, as well as focusing social work on a preventative relationship-based profession, that seeks to help people at the stage long before they fall into crisis.

Relationship based social work is a learned skill during professional training which routinely is often lost when professionals enter Local Authority services. It was reported staff are no longer able to do this and the processes of day-to-day social work are more prescribed losing the flexibility, time, creativity and artistry involved in connecting with and building relationships with people.

28

Interest in the approach was further encouraged through attendance at the Social Work Annual Conference in Fife. This showcased tests of change from Fife HSCP and the personal testaments from the Social Work team and people whose lives have been changed through the established Community Social Work and Community Development support based in schools. As well as Northern Ireland through Claire CIC, Derry Girls – Social Worker inclusion in a multi-disciplinary team model based in Primary Care/ GP surgeries and the focus on Community Development training and qualification to alter practice and culture.

Further connections with research and practice social work staff in Derry, Northern Ireland has given insight on the 'how to' of establishing community approaches. A multi-disciplinary team has been operational for four years with 26 Social Workers and 10 Social Work Assistants working across 27 GP surgeries supporting a community of @ 250,000 people. The team also hosts GP's, physio, health visitors, pharmacy and nurse practitioners. They receive a seed fund of £101K from Department of Health to implement or establish community support/ groups/ activities/ training & learning requested by people seeking support which requires an application based on national health improvement outcomes. The team advised that it has not been without challenge, resistance or overcoming personal attachment. The critical success factors have been trust in staff and the importance of understanding the process of change and crucially stickability. Engagement, continuous feedback, marketing and communication, and hearing the voice of the person is what counts.

The review will take all of this into account and will continue to nurture these connections with the proposed test of change in the Mental Health Team where early discussions have been positive. A Community Social Work workshop session is scheduled for 29th May. The partnership has the support of IRISS for 24 months to continue to develop the thinking and actions in developing this approach.

5.9 HUMAN LEARNING SYSTEMS

Board also connected with Health Improvement Scotland – ihub colleague Des McCart to explore the work developing on people-led care. Specifically, how NAHSCP can plan and deliver traditional services differently. Human Learning Systems strongly links to SDS, human rights and community/ individual empowerment to change how people take control of their own communities, lives, health and wellbeing. It is about putting the person at the centre, effective learning through relationships, applying learning to change the system to better support people and measuring what matters.

Through this learning it was highlighted that real outcomes in people's lives are not delivered by organisations (HSCP). Personal outcomes are created by several factors unique to each individual meaning it requires a different approach to planning

and organisation. It needs connection, communication and exploration, testing and learning, whilst building trusting relationships.

In essence, the message of human learning is – "plan and organise public service work so that workers can understand the complexity of people's real lives and, through exploration and experimentation, learn together with those people what will make a positive difference to them."

A practical 'how to' guide has been a source of learning to pursue further into implementation hls-practical-guide.pdf (centreforpublicimpact.org).

This work fits well with the emerging Learning and Development strategy which will build capacity in relation to this issue.

5.10 TRANSITION PLANNING

Commonalities between transition planning and SDS have been made apparent through the learning review as both strands of work and those services involved seek clear information and guidance for young people, families and staff, clear and consistently applied timescales and routes for similar coordinated assessment and support options. It is also important that resource decisions are similarly agreeable without losing sight of the young person and what matters to them. The Transition Planning Group work towards this.

Previous mapping processes have been completed by planning from a finance perspective but not fully integrated into practice. A policy framework is required to outline the way in which Adult, Education, Health and Children and Young People's Services intend to act during the process of transition. The aspiration is to achieve clearer and transparent systems and joined up working. SDS is the mechanism and approach that would allow this to happen.

The Transition Strategic Group report that it has been difficult to gather data and information as a crucial starting point. As such five focus groups have been established to gain the breadth of understanding, knowledge and feelings around how well transition planning operates between services. Early feedback shows much disparity between services. The SDS learning review will consider the full engagement output report and all works of the Extreme Team taking on board any emerging themes relating to the improvement of SDS across those projects involved.

6. Conclusion & Recommendations

6.1 The shared learning detailed in the subsequent sections of the report brings forward a range of collective recommendations and actions to address the opportunities, issues and constraints uncovered in the delivery of SDS from a North Ayrshire perspective.

6.2 The recommendations and actions have been derived from this analysis to improve how we support our communities, citizens within those communities and our staff with the aspiration to be an exemplar in caring for people.

6.3 The recommendations and their activity apply to all services. It needs continued commitment from all levels, and it needs to work in all levels to eliminate further siloed service development and delivery.

6.4 The preferred approach to continue this work is bottom up – ensuring we cast the net wider and begin to engage with and empower staff, service providers, communities and people requiring support to be equal partners in cultivating meaningful support options.

a) Continuing the Social Work Conversation

- Establish a Practice Reference Group to meet (quarterly/ or as agreed) to ensure staff stay involved and connected with developments on person-centred workforce planning, process and system design whilst creating the conditions and culture to continuously engage and learn.

- Continue to nurture and learn from critical friends including Colin Turbett, colleagues in Northern Ireland and their model of practice based on – Multi-disciplinary Teams operating from GP surgeries and Enable Scotland's work to reinvigorate Locality Coordinator Roles in a bid to consider all options and have a richer diversity of complimentary choice for people seeking support.

b) Ethical Care Framework

- Draft, publish and embed an Ethics of Care Framework to demonstrate the ethical principles, standards and quality of practice that is expected across all North Ayrshire Social Work and Social Care Services.

- Review, draft, publish and embed processes and practice guidance based on the premise of a system that cares co-produced with the Practice Reference Group.

- Apply effective learning through relationships to change the system to better support people whilst recording and reporting what matters.

- With implementation of the new Eclipse case management platform all assessment, support planning and review documents across all adult and children services will be SDS/ Unpaid Carer compliant. A review will commence 12 months after system launch and fall in line with emerging and future approaches to offering, planning & delivering support.

c) Workforce Learning & Development

31

- Invest in the delivery of tiered awareness, understanding and training for all levels of social care staff to better support the needs of people using social care services.

  Topics suggested are SDS, community development, relationship-based practice, inequalities and social determinants with staff advising what they need to enable them to practice. Level 1 Mandatory general awareness - for all HSCP staff. Level 2 Practice - SW/ SWA or frontline practitioners who have good conversations, coproduce and make support planning decisions with people requiring support. As well as Finance and Commissioning, and Independent Support Organisation's (AILN, PIP). Level 3 Leadership - Senior Management/ HOS.

  Examples of awareness and learning are shared below some of which require updating and some currently in use and recommended by critical friends.

  Self-directed support training guide: awareness raising - Social Work Scotland
  Home - Elevate NI
  Human Learning Systems | Centre For Public Impact (CPI)

- Establish and embed the foundations of effective supervision practice to promote emotional and practical reflection, critical thinking, relationship building and enhance confidence and trust in professional decision making. SSSC and SCIE have extensive models and support resources.

- Identify resource for additional capacity to implement findings of the review in phase two.

d) Clear Information, Early Help and Support

- Develop, publish and maintain easy to access, clear, correct information on SDS, support planning and community links/ supports for staff and people seeking support. All service areas of the partnership, third sector, people who access services and their families will be involved.
- Drive 'The Same Message' approach across all services, teams and staff to improve the consistency and transparency of information, systems and decision making on support choices.
- Alongside our investment in carers services IT work with Unity to explore and improve the use of technology and social media to host and share information, lived experience or 'how to' stories, updates to guidance or policy etc. A one stop virtual shop.
- Include the application of SDS as part of any wider review of the front door to Social Work services.

e) Community Social Work Model

- Establish a Community Social Work steering group to explore, imagine, shape and realise a test of change with the Mental Health Service, in the first instance, with

32

plans to review the impact of this and consider a broader application across other service areas. Project support from IRISS colleagues Ellen Daly and Josie Vallely has also been secured for a term of 24 months to help this emerging approach. An initial workshop is scheduled for 29th May 2023.

- Identify additional resource to support the outcomes from the Iriss project supporting the development of CSW in North Ayrshire.
- Incorporate and bring forward the breadth of learning and recommendations from the Transitions Pathway engagement/ focus groups hosted by Kevin McGinn & Sam Hodgkinson.

f) Management Model & Worker Autonomy

- Review the management model from command and control to a more flat, transparent hierarchy allowing for more collaborative approaches, empowering staff, building trust and delegating responsibility. Refer to Standard 8 for what good worker autonomy would look like: Scottish Government's Framework of Standards for SDS.
- Review the governance around financial delegation to front line workers. This will have a view to increasing the value in order to reduce the bureaucratic demand on the system and to ensure support reaches individuals more quickly.
- Review and simplify the assessment to be more focussed on what matters to individuals.

g) Transition Planning

- Consider the full staff engagement output and take on board any emerging themes relating to the improvement of SDS across the Extreme Team projects and all services involved.

h) Test of Change (Arran): Self-employed Personal Assistant

- Co-produce a test of change on Arran with Social Work staff, In Control Scotland, AILN and ACVS with a view to changing social work practice and policy on the use of self-employed personal assistants. A review of the impact of this will help consider a broader application across other service areas.

i) Governance & Reporting

- Service delivery and its associated developments in relation to SDS remain accountable to the Integrated Joint Board (IJB) and North Ayrshire Council. Quarterly scheduled updates will be tabled at PSMT for continued oversight and direction with escalation to SWGB and IJB where required.

Appendix 1

Project Staff Survey Results

33

Both projects were posed a set of questions for more targeted feedback. Some of the key take aways were:

Point 1 & 2 – Confidence in delivering the range of SDS options and what are the challenges in achieving greater uptake of the full range of options.

Staff across children and adult services feel confident in offering and implementing options but all feel less confident about the lack of resource and provision to fulfil assessed needs. Staff shared a lack of confidence from service users and families perspectives in choosing private providers because of the prominence in the news of services failing/ folding. There is also a reluctance to complain or ask for different support for fear of receiving nothing.

Some services know they are front loading support and should go back and review but do not have the time to have follow up personalised conversations and adjust support.

Point 3 – Cultural 'v' practical change.

Some feel support providers should have been part of the SDS learning conversations from the beginning. The last few years have mostly been about keeping people safe and this has been largely the private or independent support sector, many of whom know our service users, families and carers better. Some felt a cultural shift is required to trust providers more and coproduce/ co-deliver better services. A way of improving this is involving all third sector services in awareness and development so that everyone has the same information to better support people in our communities. Provider support reviews were also raised. Why does the HSCP need to repeat this work? Option 2 Individual Service Funds were highlighted and the HSCP does not issue funds to providers to direct the support with the person in the true essence of this option. The HSCP does not feel it can or is not willing to take risks and we are set in a hierarchy or structure of responsibility rather than collaborative shared aims.

Point 4 – Would practice standards and guidance be helpful, if yes, what would be the priority place to start?

Staff agreed yes. There is a framework and processes currently in place, but not all services use or engage with this. Essentially some are looking for a concrete system, but no two cases are the same so how does the process incorporate freedom of decision-making and flexibility.

Point 5 – Beginning to create systems or processes based on care and compassion.

Staff are caring and compassionate but are not able to demonstrate this if there are waiting lists for assessment and support. It is easier to arrange traditional support through call up processes or from a framework than it is to arrange a Direct Payment or ISF (Options 1 or 2) and it should not be the case. Paperwork, style and approach

is all too cold and cumbersome and it does not create natural conversations leading into softer solutions and community support links and options. SDS still feels as though it is a conversation about resource and it is missing the bit that comes before this linking people into communities and local solutions, early and effective support. The effectiveness of CareFirst or Eclipse was raised and are we simply building more of the same?

Models raised were the outcomes star, Circles of support, Liverpool relationship-based approach.

Point 6 – Is there a shared understanding about promoting SDS between Council and third sector.

No.

Point 7 – What is the overall change we need to see.

Staff being able to make the decisions to get people the service they need.

References

Associated Legislation

- Social Work (Scotland) Act 1968
- NHS Community Care Act 1990
- Adult Support and Protection (Scotland) Act 2017
- Mental Health (Care and Treatment) (Scotland) Act 2003
- Adults with Incapacity (Scotland) Act 2000
- Children (Scotland) Act 1995
- Children and Social Work Act 2017
- The Social Care (Self Directed Support) (Scotland) Act 2012
- Public Bodies (Joint Working) (Scotland) Act 2014
- Carers (Scotland) Act 2016
- Community Care and Health (Scotland) Act 2022

Sources

- Self-directed Support Progress report 2017 prepared by Audit Scotland
- Thematic Review of Self-directed Support in Scotland: Transforming Lives, June 2019 by Care Inspectorate
- Self-directed Support: ten years on, May 2021 by IRISS
- Statutory guidance to accompany the Social Care (Self-directed Support) (Scotland) Act 2013 (sdsscotland.org.uk)
- National SDS Implementation Plan 2019 - 2021
- National SDS Framework & Standards
- Community social work in Scotland | Iriss
- What_is_care.pdf (dundee.ac.uk)
- Community Development and Health Network | (cdhn.org)
- BASW Code of Ethics for Social Work 2021
- Independent Review of Adult Social Care in Scotland February 2021
- Home - The Promise
- National Care Service in Scotland Bill June 2022
- North Ayrshire Council Personalisation Strategy Review 2015
- Relationship-based practice: emergent themes in social work literature | Iriss January 2018
- Skills for Care – Understanding the employment status of personal assistants published 2017 (link no longer available)
- ACAS A guide for new employers (link no longer available)
- Rediscovering and Mainstreaming Community Social Work – published by IRISS (Insight 57) November 2020
- The Future of Social Work – presentation published by BASW September 2022
- Human Learning Systems – Health Improvement Scotland iHub hls-practical-guide.pdf (centreforpublicimpact.org).
- Self-directed support training guide: awareness raising - Social Work Scotland
- Home - Elevate NI

Integration Joint Board
14th March 2024

Subject :	**2023-24 – Month 10 Financial Performance**
Purpose :	To provide an overview of the IJB's financial performance as at month 10 (January).
Recommendation :	It is recommended that the IJB: (a) notes the overall integrated financial performance report for the financial year 2023-24 and the current overall projected year-end overspend of £4.171m; (b) notes the progress with delivery of agreed savings; (c) notes the actions which are being taken to progress financial recovery; (d) notes the remaining financial risks for 2023-24; and (e) approves the budget reductions which are detailed at paragraph 2.10.

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	

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
MH	Mental Health
CAMHS	Child & Adolescent Mental Health Services
BRAG	Blue, Red, Amber, Green
UNPACS	UNPACS, (UNPlanned Activities) – Extra Contractual Referrals
NRAC	NHS Resource Allocation Committee
GAE	Grant Aided Expenditure
PAC	Performance and Audit Committee
MARAC	Multi Agency Risk Assessment Conference

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 end of January, further work is undertaken following the month end to finalise projections, therefore the projected outturn position is as current and up to date as can practicably be reported.
1.2	The projected outturn is a year-end overspend of £4.171m (1.3%) for 2023-24 which is an adverse movement of £0.313m from month 7.
1.3	From the core projections, overall, the main areas of pressure are residential placements for children, supplementary staff in wards and Unplanned Activities (UnPACs) within the lead partnership for mental health.
2.	**CURRENT POSITION**
2.1	The report includes an overview of the financial position including commitments against the available resource, explanations for the main budget variances and an update on progress in terms of savings delivery.
2.2	**FINANCIAL PERFORMANCE – AT MONTH 10**
	At month 10 against the full-year budget of £312.972m there is a projected year-end overspend of £4.171m (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 overspend of £3.353m (£0.853m adverse) in social care services and a projected overspend of £0.818m (£0.540m favourable) in health services.
	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.
	The projections for some areas will be subject to fluctuations as they depend on recruitment plans for new funding and also the capacity of providers to take on work.
2.3	**Health and Community Care Services**
	Against the full-year budget of £92.978m there is a projected overspend of £0.690m (0.7%) and the main variances are:
	a) Care home placements including respite placements (net position after service user contributions and charging order income) are projected to underspend by £0.547m (£0.049m favourable movement).
	The budgeted number of permanent placements is 780 and at month 10 there are 784 placements. The projection assumes that the current number of placements will continue to the end of the year. Within the projection there is an assumption

that recent placements which do not have a completed financial assessment (often due to the pressure to discharge from hospital) are costed with 25% of the cases at the current average cost of a placement and 75% at the gross or interim funded rate. It is likely that there will still be some cases being gross or interim funded at the year end. Their actual cost will not be known until the financial assessment is completed and this can impact on the final position.

The level of income recovered from charging orders is included in the projection above and is assumed to be £0.599m over recovered (£0.395m favourable) based on the income received to date. This income is not easy to project as it depends on the length of the legal process and time taken to sell the property that the charging order is registered to.

b) Interim care beds are projected to underspend by £0.400m (£0.150m favourable) based on the usage to date and projected usage until the year end.

c) Care at home (in house and purchased) is projected to be £0.156m overspent (£0.574m adverse). The position includes an underspend in in-house services of £0.362m (£0.557m adverse) as there are vacant posts, but some of the current capacity is being met by existing staff working additional hours and casual staff. Bank staff are being offered contracts and additional staff are being recruited which will replace the need for existing staff to work additional hours. The adverse movement is due to covering high levels of absence during December and January . This is partly offset by an overspend in purchased services of £0.518m (£0.018m adverse) as the budget was reduced to reflect the additional costs of bringing some services in-house after the provider withdrew from the contract. There is also a projected underspend of £0.093m (£0.093m favourable) in supplies.

d) Reablement services are projected to be £0.185m (£0.060m favourable) underspent due to vacancies.

e) Care at Home Charging Income is projected to under recover by £0.050m (£0.010m favourable) due to an ongoing shift towards personal care which is non chargeable.

f) Physical Disability Services - projected underspend of £0.269m (£0.019m favourable) in community care packages, £0.442m underspend (£0.007m adverse) in direct payments and £0.532m overspend (£0.074m adverse) for residential placements. There is also an under-recovery of income of £0.126m (£0.007 favourable).

g) Anam Cara is projected to overspend by £0.073m (no movement) due to covering vacancies and sickness absence (£0.017m) and under-recovered income (£0.056m).

	h) Integrated Island Services is projected to be £0.308m overspent (£0.041m adverse movement). There is an overspend at Montrose House of £0.264m (adverse movement of £0.022m) which relates to employee costs (the net cost of agency staff versus vacancies). There is also an overspend of £0.050m due to Band 6 nurses receiving back-dated recruitment and retention premium this financial year. Arran medical services are projecting to overspend by £0.032m and the remaining projected overspend is due to supplies costs increasing. The overspends are partially offset by a projected underspend in care at home costs of £0.018m (£0.068m adverse movement). There are staffing vacancies which are included within the payroll turnover savings figures below which offset the use of agency and bank staff. i) District Nursing is projected to overspend by £0.201m (£0.006m adverse movement) due to an overspend on bank nursing costs and supplies.
	j) Rehab wards are projected to overspend by £0.140m which is an £0.062m favourable movement (Redburn ward £0.202m overspent and Douglas Grant £0.062m underspent). The overspend is due to cover costs for vacancies as well as supplementary staffing for patients who require one to one support. k) Wards 1 and 2 are projected to overspend by £1.004m (£0.079m adverse movement) due to increased use of supplementary staffing. l) Cumbrae Lodge Continuing Care beds are projected to underspend by £0.260m (£0.110m favourable) due to a reduced charge to reflect the reduction in beds used.
2.4	**Mental Health Services**
	Against the full-year budget of £102.727m there is a projected overspend of £0.882m (0.9%) prior to the reallocation of the Lead Partnership overspend to East and South HSCP. This also excludes any potential variance on the Mental Health Recovery and Renewal Funding where any underspend will be earmarked at the year-end for use in 2024-25. The main variances are: a) Learning Disabilities are projected to overspend by £0.859m (£0.189m adverse) and the main variances are: • Care Packages (including residential and direct payments) - projected underspend of £0.183m in community care packages (£0.026m favourable), projected overspend of £0.310m in direct payments (£0.074m favourable) and £0.451m for residential placements (£0.005m adverse). The LD community packages are being reviewed based on the quarter 3 actual costs to date. This could lead to a variation between the current projection and the actual outturn

- Void costs for Supported Accommodation are projected to overspend by £0.124m. This will reduce into 2024-25 as the developments are now operational.

- Trindlemoss non-employee costs are projected to overspend by £0.088m. This is due to increased energy charges.

b) Community Mental Health services are projected to underspend by £0.437m (£0.192m favourable movement) which is mainly due to an underspend of £0.443m in community packages (including direct payments) and an overspend in residential placements of £0.275m. The MH community packages are being reviewed based on the quarter 3 actual costs to date. This could lead to a variation between the current projection and the actual outturn.

c) The Lead Partnership for Mental Health is projecting to be £0.456m overspent (£0.732m favourable movement) and the main variances are as follows:

- A projected overspend in Adult Inpatients of £0.530m (£0.010m adverse movement) due to overspends in supplementary staff for enhanced observations, staff cover due to sickness (inc. covid outbreak) and reduced bed sale income.
- The UNPACS (Unplanned Activities) budget is projected to overspend by £1.168m (£0.242m favourable movement) based on current number of placements and enhanced costs remaining until the year end. The favourable movement is due to one placement moving from an external provider to on-house care at Woodland View. These placements are for individuals with very specific needs that require a higher level of security and/or care from a staff group with a particular skill set/competence. There are no local NHS secure facilities for women, people with a learning disability or people with neurodevelopmental disorder. This can necessitate an UNPACs placement with a specialist provider which can be out-of-area. The nature of mental health UNPACs spend is that it is almost exclusively on medium or long term complex secure residential placements which are very expensive so a small increase in placements can have a high budgetary impact. Due to the complexity and risk involved, transitions between units or levels of security can take many months. Applications to approve a placement are made to the Associate Medical Director for Mental Health who needs to be satisfied that the placement is appropriate and unavoidable prior to this being agreed.
- A projected overspend in MH Pharmacy of £0.086m (£0.002m adverse) due to an increase in substitute prescribing costs.
- Learning Disability Services are projected to underspend by £0.311m (£0.633m favourable movement). There is a high usage of supplementary staffing due to backfill for sickness, increased and sustained enhanced observations and vacancies. The enhanced observations are reviewed on a daily basis. The favourable movement is due to additional recharge income for two out of authority placements.

- Elderly Inpatients are projected to overspend by £0.169m (£0.004m favourable) due to the use of supplementary staffing.
- The Innovation Fund is projected to underspend by £0.234m (£0.002m adverse) due to slippage within some of the projects and not all of the funding was allocated.
- Addictions in patients are projected to overspend by £0.003m (no movement) due to the use of supplementary staffing.
- The Directorate cost centre is projected to overspend by £0.095m (no movement) mainly due and overspend of £0.049m on supplies and £0.012m of legal fees.
- Action 15 – is reported as on-line as any underspend will be carried forward and earmarked for use in 2024-25. The current projected underspend is £0.278m but this is not included in the overall projected outturn.
- 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 £1.115m (£0.139m adverse) in 2023-24, further information is included in the table below:

Vacancy Savings Target	(£0.873m)
Projected to March 2024	£1.988m
Over/(Under) Achievement	£1.115m

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 areas contributing to this vacancy savings position are noted below:
- Adult Community MH £0.029m
- CAMHS £0.592m
- Mental Health Admin £0.354m
- Psychiatry £0.267m
- Psychology £0.683m
- Associate Nurse Director £0.063m

2.5	**Children and Justice Services**

Children's Services
Against the full-year budget of £40.313m there is a projected overspend of £5.325m (13.2%) (£0.056m adverse) and the main variances are:

a) Care Experienced Children and Young People is projected to overspend by £4.863m (£0.065m favourable). The main areas within this are noted below:

- Children's residential placements are projected to overspend by £5.445m (£0.040m favourable). We started 2023/24 with 32 external placements and there are currently 37 placements (month 7 was 35 placements) which are assumed to continue until the end of the year. Within the £5.445m there is £0.232m relating to enhanced costs for four placements. One placement has also moved from being 100% funded with HSCP to 50/50 (from Jan 24). There are a number of factors leading to this challenging position:

  - We have 32 places available in our internal children's houses, due to demand these have been operating at 100%+ occupancy for some time, leading to increased use of external placements where residential care is required.
  - The requirement to support Unaccompanied Asylum-Seeking Children (UASC) under the National Transfer Scheme and to support trafficked young people who have been identified in North Ayrshire.
  - A number of young people in residential care have requested Continuing Care, whereby a young person can remain in their placement until age 21.
  - Where appropriate young people are placed to meet their educational needs, the cost of Residential School Placements in the most cases is shared 50/50 with Education services.

  Children's Services are continuing to work with other services including Education and Housing to address the challenges. A change programme is being developed to respond to the pressures of residential care, this forms part of the Transformation Plan which seeks IJB approval elsewhere on the agenda for this meeting.

- Looked After and Accommodated Children (fostering, adoption, kinship etc) is projected to be £0.623m underspent (£0.094m favourable); this is based on the current number of placements and reflects additional monies received to support the uplift in rates for fostering and kinship placements (16+year olds) and the costs associated with this.

- Children with disabilities – residential placements are projected to overspend by £0.272m (£0.033m favourable). This is based on 10 current placements. Direct payments are projected to underspend by £0.219m (£0.021m adverse). Community packages are projected to underspend by £0.124m (£0.005m favourable) based on 62 current number of packages and one further package until the year end.

- Residential respite – placements are projected to overspend by £0.054m (£0.005m adverse movement). These short-term placements are used to prevent an admission to full residential care. There is one short term placement, but this could vary throughout the year and have an impact on the projection.

	b) Head of Service – is projected to overspend by £0.336m (£0.030m adverse). The overspend is mainly due to the planned saving of £0.233m in relation to the staff reconfiguration in the children's houses which will not be achieved in 23-24. There are also projected costs of £0.092m for the JII (Joint Investigative Interview) project which is not funded.
	c) Justice Services – is projected as being spent in full. There was no additional grant funding to mitigate the impact of the 23/24 pay award but this is being funded non-recurringly in 23-24 by savings from vacant posts.
2.6	**ALLIED HEALTH PROFESSIONALS (AHP)**
	The non-employee costs element of the AHP services are projected to be on-line. All underspends in employee costs have been taken as payroll turnover.
2.7	**CHIEF SOCIAL WORK OFFICER**
	There is a projected underspend of £0.514m (£0.049m favourable) mainly due to a projected underspend in the Carers Strategy funding.
2.8	**MANAGEMENT AND SUPPORT**
	Management and Support Services are projected to underspend by £1.745m (£0.042m favourable) and the main areas of underspend are: • There is projected slippage on the LD and MH transition funding of £0.954m (£0.260m favourable) due to delays in children transitioning into adult services. • The agreed local government pay award was not fully funded. The total cost of the pay award was £4.826m against the budgeted increase of £1.982m. The additional cost of £2.844m will be partially met by additional recurring Scottish Government funding of £2.577m and the gap of £0.267m is an in-year overspend. Additional funding is expected to be included in the 24/25 budget which will cover the remaining gap. • An over-recovery of payroll turnover of £0.655m (£0.068m adverse) for social care services and an over-recovery of payroll turnover of £0.546m (£0.240m favourable) for health services as outlined in the table below. The turnover targets and projected achievement for the financial year for Health and Social Care services outwith the Lead Partnership is noted below:

	Social Care	Health Services
Vacancy Savings Target	(3.014m)	(1.433m)
Projected to March 2024	3.669m	1.979m
Over/(Under) Achievement	**0.655m**	**0.546m**

The position in the table above reflects the assumption in the current financial projections. For social care, a total of £3.069m (102% of annual target) has been achieved to date.

The health vacancy projection to the year-end is based on the month 9 position and is informed by the recruitment plans and confidence in recruitment to posts for the remainder of the year.

The 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 main service areas are:

- Children and Families £0.838m
- Learning Disability £0.096m
- Management and Support £0.399m
- Community Care Service Delivery £0.260m
- Rehab and Reablement £0.234m
- Locality Services £0.288m
- Integrated Island Services £0.312m
- Community Mental Health £0.049m

There have been no intentional plans to pause or delay recruitment and services have actively continued to recruit; in some service areas it has proven difficult to fill posts.

The turnover target for the North Lead Partnership for Mental Health services is detailed within the Lead Partnership information at section 2.4.

2.9	**Savings Progress**

a) The approved 2023-24 budget included £4.963m of savings.

BRAG Status	Position at Budget Approval £m	Position at Month 10 £m
Red	-	0.273
Amber	2.245	0.322
Green	2.718	0.560
Blue	-	3.808
TOTAL	**4.963**	**4.963**

	b) The main area to note is that previous amber savings of £0.273m, relating to the reconfiguration of staffing within Children and Families, have been escalated to red. Progress to date suggests that the timescale for this saving will not be met and the full £0.273m will not be achieved in 2023-24 but this is accounted for in the projected outturn. Appendix B provides an overview of those service changes which do have financial savings attached to them and the current BRAG status around the deliverability of each saving.
2.10	**Budget Changes**
	The Integration Scheme states that *"either party may increase it's in year payment to the Integration Joint Board. Neither party may reduce the payment in-year to the Integration Joint Board nor Services managed on a Lead Partnership basis…. without the express consent of the Integration Joint Board."* Appendix C highlights the movement in the budget position following the initial approved budget. **Reductions Requiring Approval:** | Ref	Description	Amount
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1	Training Grade Adjustment – November	(21,000)	
2.11	**Pan Ayrshire Lead Partnership services and Large Hospital Set Aside**
	Lead Partnerships: - The IJB outturn position is adjusted to reflect the impact of Lead Partnership services. The outturn for all Lead Partnership services is shared across the 3 Partnerships on an NRAC basis; this position is currently the default pending further work to develop a framework to report the financial position and risk sharing across the 3 Partnerships in relation to hosted or lead service arrangements, which has been delayed by the requirement to focus efforts on the Covid response. The final outturn in relation to North Lead Partnership services would not be fully attributed to the North IJB as a share would be 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 MH lead partnership is projected to overspend by £0.456m (£0.149m NRAC share for East and £0.130m for South). **South HSCP** (month 9 information) – projected overspend of £0.564m (£0.204m adverse) of which £0.209m will be allocated to North. The overspend is mainly due to an overspend of £0.432m in the community store to replace obsolete equipment, which will reduce maintenance costs in the medium term and mattress replacement,

£0.171m in the continence service and an underspend £0.039m in the Family Nurse Partnership.

East HSCP (month 9 information) – projected underspend of £0.143m (£0.006m favourable) of which £0.053m will be allocated to North. The underspend is mainly due to:

Primary Care and Out of Hours Services (Lead Partnership)
There is a projected overspend of £0.118m on the Primary Care Lead Partnership budget and includes a projected underspend in Dental services totalling £0.309m, where staffing numbers are running at less than establishment. Recruitment over the remainder of the financial year has the potential to impact further on the projected outturn position at month 9. In addition, there are projected reduced costs within Primary Care contracting and support £0.127m, largely due to staff turnover. These reduced costs are partially offset by additional Primary Medical Services costs £0.425m, as well as additional costs in Out of Hours services £0.129m, with work ongoing to mitigate increased costs as far as possible over the course of the 2023/24 financial year and going forward into 2024/25. The projected outturn position assumes funding will be allocated to fully offset Urgent Care Pathway projected costs £1.170m, as well as Covid-19 Therapeutics projected costs £0.226m

Prison and Police Healthcare (Lead Partnership)

The £0.118m projected overspend at month 9 is largely due to increased costs associated with the new national medical contract.

Allied Health Professions (Lead Partnership)
Work has been undertaken to analyse Allied Health Professions services which are hosted by East Ayrshire IJB on a Lead Partnership basis. There is a projected underspend of £0.369m for the current year which mainly relates to staffing savings in Physiotherapy / MSK and Podiatry services and is partially offset by increased Orthotics costs.

Set Aside: - Work has been undertaken with partnerships to progress and develop set aside arrangements to fully implement the legislative requirement. This includes arrangements in relation to the use of Directions, Joint Commissioning Plans and overall progression towards fair share allocations of resources.

The assumed North budget for set aside resources for 2023-24 was £35.547m. This was based on the 2022-23 figure of £34.850m inflated by the 2023-24 uplift of 2%. Ayrshire Finance Leads have now agreed a baseline methodology for set aside budgets which involves using the four full years prior to the pandemic, 2016/17 – 2019/20 inclusive. This was included in a Q3 update for Ayrshire Finance Leads on 23/01/24. This changes the set aside budget to £35.453m, being the baseline activity at 2023/24 prices.

	The annual budget for Acute Services is £424.8m. The directorate is overspent by £25.5m after 10 months and are forecast to be £30.5m over by year end. This is caused by increasing overspends on agency medical and nursing staff, together with drug expenditure. These have been required due to the level of operational pressure being experienced, in common with many other areas in Scotland. Around 180 additional beds were open across both main hospital sites during January.

There is a material underlying deficit caused by:
- Unachieved efficiency savings
- Length of Stay (LoS) in NHS Ayrshire and Arran acute hospitals is above the Scottish average
- High expenditure on medical and nursing agency staff, high rates of absence and vacancies causing service pressure.
- Delayed transfers of care and high acuity of patients.

The IJBs and the Health Board work closely in partnership to maintain service and improve performance.

2.12	**FINANCIAL RECOVERY PLAN**

The Integration Scheme requires the preparation of a recovery plan if an overspend position is being projected to plan to bring overall service delivery back into line with the available resource.

Heads of Service have closely reviewed expenditure and have implemented actions which have reduced some areas of overspend as outlined in the table below. The projected year-end position has improved by a net £0.405m since Month 3.

	Favourable Movement since Month 3
Payroll Turnover – Health (non-Lead)	285,000
Anam Cara staffing	104,000
Care Experienced Young People	324,000
Looked After Children	262,000
Transitions funding	574,000
Care Homes	216,000
Physical Disabilities (Community Packages, Direct Payments and Residential)	346,000
Interim Care Beds	400,000
Mental Health Care Packages	82,000
Mental Health Lead Partnership – North element	368,000
Children with a disability	177,000
Carers Funding	135,000
District Nursing	24,000
Rehab Wards	124,000

These areas of improvement have been partially offset by adverse movements in Care at Home, Integrated Island Services, Wards 1 and 2 at Woodland View, UNPACS and intervention services.

Work is ongoing to further improve the projected position and minimise the overspends continuing into 2024-25. This work is built on the following general principles:

- No adverse impact on delayed discharges or patient flow during Winter
- Exercising professional judgement around the use of waiting lists where this may have an impact elsewhere in the system
- Reviewing the need for more active management of non-frontline vacant posts
- The non-recurring use of reserves
- Working with East and South on lead partnership projections

As a contingency there is provision of £2m non-recurring funding set aside in the reserves (appendix D) to contribute towards the 2023-24 position. This would reduce the current projected overspend to £2.171m.

The IJB also holds a General Fund reserve balance of £5.821m of unallocated funds, this would underwrite the risk of the remainder of the projected overspend. This is not a sustainable position as this funding is non-recurring and it does not resolve the areas underlying the projected overspend.

2.13	**FINANCIAL RISKS**

There are a number of ongoing financial risk areas that may impact on the 2023-24 budget during the year, these include:

- Current high levels of inflation which impact on costs incurred directly by the Partnership and on our partner providers
- High risk areas of low volume / high-cost services areas e.g. Children's residential placements, Learning Disability care packages and 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
- 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 use of supplementary staffing for enhanced observations across a number of service areas.
- The use of high-cost agency staff to support frontline service delivery in areas where there are recruitment challenges.
- Continuing risks associated with provider sustainability.

	• The NHS Ayrshire and Arran Health Board financial deficit and the risks around further escalation in the national framework for financial escalation. North Ayrshire IJB have already discussed our position in relation to the request for payment for delayed discharges. These risks will continue to be monitored during the remainder of 2023-24.
2.14	**RESERVES**
	The IJB reserves position is summarised in the table below. The opening 'free' general fund balance of £5.821m is held as a contingency balance; this equates to around 2.1% of the initial approved IJB budget for 2023-24 which is within, but towards the lower end, of the target range of 2%-4%. The table has been updated to reflect the estimated draws during 2023-24.

	General Fund Reserve	Earmarked Reserves		Total
	Unearmarked	External Funding	HSCP	
	£m	£m	£m	**£m**
Opening Balance - 1 April 2023	**6.448**	**6.997**	**4.219**	**17.664**
Audit Adjustment	(0.627)	(0.309)	-	(0.936)
Corrected Opening Balance	**5.821**	**6.688**	**4.219**	**16.728**
2023-24 Draw Per the Budget Paper	-	(1.252)	-	(1.252)
Current Reserve balances	**5.821**	**5.436**	**4.219**	**15.476**
Estimated 2023-24 Draws	(2.171)	(3.159)	(2.365)	(7.695)
Projected Balance – 31 March 2024	**3.650**	**2.277**	**1.854**	**7.781**

The 2023-24 budget approved the use of £1.252m of previously earmarked reserves to support a balanced budget position for 2023-24. The HSCP earmarked reserves also includes a further amount of £2.000m which was agreed to support the financial position during 2023-24.

The reserves above now reflect the adjustment of £0.936m which was identified in the external audit of the 2022/23 accounts and reported to the November IJB. This related to a difference between the total IJB reserves and the balances due to the IJB from partners' audited accounts and has now been reconciled.

3.	**PROPOSALS**
3.1	<u>Anticipated Outcomes</u>
	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 2023-24 from within the available resource, thereby limiting the financial risk to the funding partners.

3.3	Measuring Impact	
	The final outturn for 2023-24 will be reported to the IJB in June 2024.	
4.	**IMPLICATIONS**	
4.1	Financial	
	The financial implications are as outlined in the report. Against the full-year budget of £312.972m there is a projected overspend of £4.171m. The report outlines the main variances for individual services.	
4.2	Human Resources	
	The report highlights vacancy or turnover savings achieved to date. 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 the staffing capacity reduction on a recurring or planned basis.	
4.3	Legal	
	None.	
4.4	Equality/Socio-Economic	
	None.	
4.5	Risk	
	Para 2.13 highlights the financial risks.	
	The report falls in line with the agreed risk appetite statement which is a **low-**risk appetite in respect to adherence to standing financial instructions, financial controls and financial statutory duties and a **high**-risk appetite in relation to finance and value for money.	
4.6	Community Wealth Building	
	None.	
4.7	Key Priorities	
	None.	
5.	**CONSULTATION**	
5.1	This report has been produced in consultation with relevant budget holders and the Partnership Senior Management Team.	
5.2	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.	

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2023-24 Budget Monitoring Report–Objective Summary as at 31st January 2024   Appendix A

	2023/24 Budget									(Under) Spend Variance at Period 7	Movement in projected variance from Period 7
	Council			Health			TOTAL				
Partnership Budget - Objective Summary	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
COMMUNITY CARE AND HEALTH	**73,444**	**72,846**	**(598)**	**19,534**	**20,822**	**1,288**	**92,978**	**93,668**	**690**	**132**	**558**
: Locality Services	28,920	27,990	(930)	5,356	5,636	280	34,276	33,626	(650)	(652)	2
: Community Care Service Delivery	38,711	38,690	(21)	0	0	0	38,711	38,690	(21)	(612)	591
: Rehabilitation and Reablement	2,162	2,167	5	0	0	0	2,162	2,167	5	5	0
: Long Term Conditions	1,000	1,062	62	10,463	11,352	889	11,463	12,414	951	1,090	(139)
: Community Link Workers	191	187	(4)	0	0	0	191	187	(4)	(7)	3
: Integrated Island Services	2,460	2,750	290	3,715	3,834	119	6,175	6,584	409	308	101
MENTAL HEALTH SERVICES	**30,170**	**30,596**	**426**	**72,557**	**73,013**	**456**	**102,727**	**103,609**	**882**	**1,618**	**(736)**
: Learning Disabilities	23,125	23,984	859	471	471	0	23,596	24,455	859	670	189
: Community Mental Health	6,055	5,618	(437)	1,743	1,743	0	7,798	7,361	(437)	(245)	(192)
: Addictions	990	994	4	1,868	1,868	0	2,858	2,862	4	5	(1)
: Lead Partnership Mental Health NHS Area Wide	0	0	0	68,475	68,931	456	68,475	68,931	456	1,188	(732)
CHILDREN & JUSTICE SERVICES	**35,431**	**40,653**	**5,222**	**4,882**	**4,985**	**103**	**40,313**	**45,638**	**5,325**	**5,269**	**56**
: Irvine, Kilwinning and Three Towns	3,339	3,352	13	0	0	0	3,339	3,352	13	(31)	44
: Garnock Valley, North Coast and Arran	3,126	3,137	11	0	0	0	3,126	3,137	11	(65)	76
:Intervention Services	1,908	1,908	0	8	8	0	1,916	1,916	0	(21)	21
: Care Experienced Children & Young people	23,326	28,189	4,863	0	0	0	23,326	28,189	4,863	4,928	(65)
: Head of Service - Children & Families	1,098	1,434	336	0	0	0	1,098	1,434	336	306	30
: Justice Services	2,413	2,413	0	0	0	0	2,413	2,413	0	(1)	1
: Universal Early Years	221	220	(1)	4,211	4,314	103	4,432	4,534	102	153	(51)
: Lead Partnership NHS Children's Services	0	0	0	663	663	0	663	663	0	0	0
CHIEF SOCIAL WORK OFFICER	1,858	1,349	(509)	0	0	0	1,858	1,349	(509)	(465)	(44)
PRIMARY CARE	0	0	0	52,998	52,932	(66)	52,998	52,932	(66)	(66)	0
ALLIED HEALTH PROFESSIONALS			0	10,014	10,014	0	10,014	10,014	0	0	0
COVID NHS	0	0	0	0	(275)	(275)	0	(275)	(275)	(274)	(1)
MANAGEMENT AND SUPPORT COSTS	6,898	5,718	(1,180)	3,716	3,151	(565)	10,614	8,869	(1,745)	(1,703)	(42)
NATIONAL COMMISSIONED SERVICE	0	0	0	3	3	0	3	3	0	0	0
FINANCIAL INCLUSION	1,467	1,459	(8)	0	0	0	1,467	1,459	(8)	(2)	(6)
OUTTURN ON A MANAGED BASIS	**149,268**	**152,621**	**3,353**	**163,704**	**164,645**	**941**	**312,972**	**317,266**	**4,294**	**4,509**	**(215)**
Return Hosted Over/Underspends East	0	0	0	0	0	(149)	0	0	(149)	(389)	240
Return Hosted Over/Underspends South	0	0	0	0	0	(130)	0	0	(130)	(340)	210
Receive Hosted Over/Underspends South	0	0	0	0	0	209	0	0	209	133	76
Receive Hosted Over/Underspends East	0	0	0	0	0	(53)	0	0	(53)	(55)	2
OUTTURN ON AN IJB BASIS	**149,268**	**152,621**	**3,353**	**163,704**	**164,645**	**818**	**312,972**	**317,266**	**4,171**	**3,858**	**313**

2023-24 Savings Tracker

North Ayrshire Health and Social Care Partnership
2023/24 Savings

Savings ref number	Description	Deliverability Status at budget setting	Deliverability Status at month 10	2023/24 Saving	Description of the Saving
Children, Families & Criminal Justice					
1	Staffing reconfiguration - children & families	**Amber**	**Red**	273,000	Review staffing provision within children's houses with the saving phased over 2023/24 and 2024/25 – 50/50
Community Care & Health					
2	Deliver the Strategic Plan objectives for Older People's Residential Services - Reduction in Care Home Places	**Amber**	**Blue**	1,000,000	The budget for 23/24 would fund an average 780 places at the current split of nursing/residential (60/40). This reflects reduced demand and investment in CAH to support more people at home.
3	Care Home Respite	**Amber**	**Green**	560,000	All respite care to be provided in-house at Anam Cara and Montrose House and any use of other respite provision funded via Carers budget.
4	Montrose House Capacity	**Green**	**Amber**	210,000	Registration amended from 30 beds to 20 beds across 2 staffed wings. This is supported by introduction of intermediate care beds at Arran War Memorial Hospital.
5	Reconfigure respite provision at Anam Cara	**Amber**	**Amber**	112,000	The service is currently relocated to Taigh Mor (8 beds) on a temporary basis and this proposal would reduce capacity from 14 beds to 9 beds in one wing when it reverts to Anam Cara.
Mental Health					
6	Trindlemoss pool running costs	**Green**	**Blue**	85,000	Trindlemoss Pool has never opened due to ongoing maintenance issues. The historic budgeted running costs are £0.085m but it is expected actual costs would be much higher. The pool will not open and alternative therapies will be provided e.g. bounce
7	Trindlemoss Day Care	**Green**	**Blue**	168,932	Trindlemoss day opportunities staffing was restructured during 2021/22 and 2022/23. This saving has already been achieved and will remove the additional staffing budget.
8	Intermediate Placement Scheme - cessation of service	**Green**	**Blue**	30,000	The contract has ceased and will not be renewed.
Other Areas					
9	Carers Act Funding - Substitution of Spend	**Green**	**Blue**	500,000	There is a plan in place to invest across carer service contract, preparation of carer plans, short breaks and other support to carers. This proposal will invest £0.500m in contributions to Red Rose House, Roslin House, Anam Cara, waiving of charges and day services.

Savings ref number	Description	Deliverability Status at budget setting	Deliverability Status at month 10	2023/24 Saving	Description of the Saving
Other Areas					
10	Payroll Turnover - increase to target (social care)	**Green**	**Blue**	1,000,000	The saving is based on less than 50% of the 2022/23 overachievement
11	Income Generation - 5% Increase to fees and charges	**Green**	**Blue**	46,600	Implement a 5% increase to fees and charges and a 5% increase to the maximum charge. The impact will be limited where service users are already paying the maximum charge.
12	Staffing Reconfiguration - Finance and Transformation	**Green**	**Blue**	35,091	Saving released through management and admin structure change

TOTAL SOCIAL CARE SAVINGS   <u>4,020,623</u>

Health:

Savings ref number	Description	Deliverability Status at budget setting	Deliverability Status at month 10	Approved Saving 2023/24 £m	Description of the Saving
13	Payroll Turnover - Health Lead Partnership	**Green**	**Blue**	392,245	The saving is based on less than 25% of the 2022/23 overachievement
14	Payroll Turnover - Health Non Lead Partnership	**Green**	**Blue**	250,000	The saving is based on less than 50% of the 2022/23 overachievement
15	Reprovisioning of Continuing Care beds	**Amber**	**Blue**	300,000	Currently provided through Cumbrae Lodge Care Home in Irvine but the provider does not want to continue to provide the service. Plans are being developed to relocate the service to Taigh Mor in Beith with an anticipated saving of £0.3m.

TOTAL HEALTH SAVINGS   <u>942,245</u>

TOTAL NORTH HSCP SAVINGS   <u>4,962,868</u>

2023-24 Budget Reconciliation   Appendix C

COUNCIL	Period	Permanent or Temporary	£'m
Initial Approved Budget			121.408
Less Living Wage Fund not yet allocated			(2.826)
Revised Budget			**118.582**
Resource Transfer	1-6	P	24.640
HSCP Fin Circ 3	1-3	P	0.013
Living Wage - final allocation	1-3	P	2.808
ICT Licences Various	1-3	P	(0.012)
Island Funds	1-3	T	0.015
Facilities Management Costs - Montrose House	1-3	P	0.387
West Road - Capital funded from Revenue	1-3	T	(0.300)
Care at Home – Draw from reserves	4	T	0.173
Transport (taxi) budget transferred to HSCP	6	P	0.247
Curator fees budget transferred from Legal Services	6	P	0.004
Fostering and Kinship – additional SG funding re increased rates.	6	P	0.486
Commercial Waste	7	P	0.005
Pay Award Funding	8	P	1.603
Interim Care	8	T	0.610
ICT Licences	8	P	0.002
Roundings	9		0.005
Social Care Budget Reported at Month 10			**149.268**
HEALTH	Period	Permanent or Temporary	£'m
Initial Baseline Budget			**164.500**
Month 10-12 Adjustments			2.473
MDT funding			0.828
Adjust for full year impact of part year amounts			0.052
Revised Baseline		P	**167.853**
Baseline Funding Increase		P	2.164
Adjust for recurring funding		P	7.629
Adjust for non-recurring		T	2.434
Resource Transfer		P	(24.640)

2023/24 Opening Position			155.440
Net impact of Pan Ayrshire Pressures	1	P	0.028
Top Slicing Posts 2022-23	2	P	(0.054)
MDT Funds to Arran Medical Group	3	T	(0.033)
Training Grade Adjustments	3	P	(0.035)
Ward 3 Band 2 Domestic	3	P	(0.004)
V2 B6 to AHM233	3	P	(0.061)
Virement 12 Band 2 Domestic	4	P	(0.010)
Virement 18 Band 3 budget transfer - J Baird	4	P	0.019
Lymphoedema Top Slice RX	4	P	(0.029)
HD Ref 51 Band 2-4	4	P	0.054
District Nursing Anticipated	5	P	0.032
HD REF 110 Multi-Disciplinary Teams	5	P	0.120
Post (EB) transferred to Medical Records	5	T	(0.037)
Integrated Infant Feeding (South)	5	P	0.057
Integrated Infant Feeding (SG)	5	T	0.050
2023-24 RX Budget	6	P	(0.908)
Training Grade ADJ - August	6	P	0.270
PFG LOCAL IMPROVEMENT	6	P	0.457
ADP National Mission	6	T	0.207
ADP Residential Rehab	6	T	0.094
ADP AFC Pay Uplift	6	T	0.091
ADP Lived & Living Experience	6	T	0.009
ADP Drug Prevalence	6	T	0.059
ADP Whole Family Approach	6	T	0.066
ADP MAT 70%	6	T	0.175
HD126: MENTAL HEALTH AFTER COVID HOSPITALISATION SERVICE 23-24	6	T	0.039
REMOVE Anticipate MACH (Mental Health After Covid)	6	T	(0.102)
HD185: MENTAL HEALTH OUTCOMES FRAMEWORK	6	P	2.178
HD227: DELIVERY OF VETERAN SPECIFIC MENTAL HEALTH SUPPORT	6	T	0.105
HD229: DIGITAL THERAPY POSTS	6	P	0.059
COMMUNITY PHLEBOTOMY - NORTH SHARE	6	P	(0.039)
SOUTH ADP WARD 5 W/VIEW PAY UPLIFT	6	T	0.003
SOUTH ADP ORT PAY UPLIFT	6	T	0.005
SOUTH ADP PREV&SERVICES SUPPORT PAY UPLIFT	6	T	0.004
Apprenticeship Levy	6	P	0.225
Training Grade ADJ - September	6	P	(0.007)
ADP PSST Support - South	6	T	0.008
South Naloxone kits	6	T	0.002

Description		Col		Amount
South MAT Funding - Psychiatry		6	T	0.029
ADP Pay Uplift		6	T	0.003
Drug Tarif Anticipate 2023-24		6	P	0.525
North HSCP Medical Pay Award 23/24		6	P	0.532
LDS Shortfall - Alloway Place		7	P	(0.008)
TEC (North) to CSS		7	P	(0.075)
Budget adj for Buvidal use NADARS		7	T	(0.002)
MH Strategy Action 15 Workforce 23-24		7	P	0.879
CAMHS IMP - IPCU		7	P	0.243
CAMHS IMP - INT HOME TREATMENT TEAMS		7	P	0.221
CAMHS IMP - OOH UNSCHEDULED CARE		7	P	0.148
CAMHS IMP - LD FORENSIC AND SECURE		7	P	0.089
HD305: SPECIALIST COM PERINATAL MH, INFANT MH & NEONATAL PSYCHOLOGY INTERVENTION		7	T	0.373
ANTICIPATE TRANCHE 2: SPECIALIST COM PERINATAL MH, INFANT MH & NEONATAL PSYCHOLOGY INTERVENTION		7	T	0.215
DE-ESCALATION ROOMS TO RESOURCE		7	T	(0.025)
Hd254 Pharmacy tariff reduction to reflect historic NRAC share.		7	P	(0.015)
Hd256 Increase to the pharmacy tariff to match the actuals on the national allocation letter.		7	P	0.018
Blood Borne Virus Outcomes Framework		8	T	0.277
Injection Equipment Provision (IEP)		8	T	0.014
Funding for an Assistant Nursing Practitioner from the Maternal & Infant Nutrition bundle		8	T	0.020
Training Grade Adj - November		8	P	(0.021)
HD383: Post Diagnostic Support - Dementia 23/24		9	T	0.094
Roundings		9	T	0.004
Anticipated budgets included in the report but not in the ledger		10	T and P	1.629
Health Budget Reported at Month 10				**163.704**
TOTAL COMBINED BUDGET				**312.972**

Integration Joint Board
14th March 2024

Subject :	**North Ayrshire HSCP Transformation Plan 2024-2027**
Purpose :	IJB members are asked to approve the Transformation Plan 2024-27.
Recommendation :	It is recommended that the IJB approves the Transformation Plan 2024-27.

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	

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
IJB	Integrated Joint Board
SMT	Senior Management Team

1.	**EXECUTIVE SUMMARY**
1.1	The North Ayrshire HSCP Transformation Plan is an ambitious programme of change consisting of a range of improvement and reform projects across all service areas, each aiming to improve the quality of our services and contribute to the long-term sustainability of health and care in North Ayrshire. Our Transformation Plan is regularly reviewed, ensuring we respond effectively to challenges and opportunities as they arise.
1.2	The Budget 2024-25 paper outlines the significant financial challenges for future years and in particular between 2025-27 when the benefit of the non-recurring pension change impact ceases. It is imperative that the IJB and HSCP focus on the transformation and reform of services to ensure the financial challenges can be addressed and financial sustainability of services is secured.
2.	**BACKGROUND:**
2.1	Transformation is defined as making best use of available resources to transform services to achieve better outcomes and experiences.

	It is a deliberate planned process that sets out to achieve our high aspirations of health equity, improved social circumstances, and long-term sustainability for the people of North Ayrshire. It delivers measurable improvement by fundamentally changing how care is delivered, what staff do (changing both the types of roles, and the capabilities, required in the future), as well as the role of communities and individuals.
2.2	Our high level aspirations are set out in our Strategic Plan. The measurable improvement and fundamental change required to achieve our high level aspirations will be underpinned by: • a deliberate and planned process – Transformation Plan • understanding the types of roles, and the capabilities, required in the future – Workforce Plan • better use of data to measure impact – Digital and Data Plan
2.3	The Transformation Plan is a programme of change, aligned to our Strategic Priorities, consisting of a range of improvement projects across each service area, and across the Partnership. The plan was developed in close collaboration with Heads of Service and Professional Leads, and each project is mapped to one or more of the following key drivers: (i) **Savings/overspend reduction**, in response to current challenges, but also to improve the long-term sustainability of health and social care services in North Ayrshire. Initial figures have been identified; however, project scoping work is ongoing and detailed savings proposals will be brought to IJB for approval. (ii) **Investment** in services to ensure we continue to deliver safe and effective care now and in the future, in line with relevant policies and legislation. (iii) **Improve the quality and safety** of our services, improving outcomes for individuals and communities, and moving towards a more predictive, proactive, and preventative model. (iv) In response to a **national or local policy**.
2.4	The governance structures required to effectively manage the programme of work have been reviewed and are being updated to support robust planning and effective and consistent monitoring, with an increased focus on benefits realisation, user-centred design, and a move to more data-driven and value-based approaches. (i) The Transformation Plan will be overseen by the HSCP Transformation Board who will provide assurance of progress and effectiveness to the Integration Joint Board (IJB).

	(ii) Individual projects will be monitored by a Programme Board or by Service Strategic Management Team. Reporting will be by exception with any issues escalated to the Transformation Board, and mitigation plans put in place as necessary. (iii) Each transformation project will have a designated Planning Manager to ensure a robust and consistent approach to project management. Each project will also have a lead from the Service.
2.5	Support for delivery of the Transformation Plan will be primarily funded through the Service Redesign and Change fund, although some projects are funded by existing budgets or savings elsewhere. Work is ongoing to scope out detailed savings targets for some of the projects and these will be brought to IJB for agreement in-year rather than delaying until next year's budget paper.
3.	**PROPOSALS**
3.1	It is recommended that the IJB approves the North Ayrshire HSCP Transformation Plan 2024-2027 which is detailed in full at Appendix 1.
3.2	Anticipated Outcomes
	The areas identified in the plan aim to deliver efficiencies, improve quality, or are in response to a national or local policy. They are aligned to the Strategic Plan, and will be underpinned by an updated Workforce Plan, and a new Digital and Data Plan. A new robust and consistent approach to project management will ensure risks and benefits are managed, and that members can be assured of appropriate monitoring.
3.3	Measuring Impact
	Each project will be expected to have clearly defined benefits, and a consistent approach to benefits management, so members can be assured *all* benefits are tracked and measured over time. It is noted that the Transformation Plan could make better use of data in terms of informing the plan, baselining, and measuring impact. Effective use of data is challenging due to the complexity of the multiple systems and processes in use across health and social care, and the, at times, manual workarounds required. It is hoped that a new Digital and Data Plan will identify opportunities for significant improvement in this area.
4.	**IMPLICATIONS**
4.1	Financial

	The aim of transformation plan is to ensure long term financial sustainability; however, this requires some initial investment. The Transformation Plan will be primarily funded through the Service Redesign and Change fund, although some projects are funded by existing budgets or savings elsewhere.
4.2	Human Resources Individual projects will consider potential impact, and any issues and risks monitored and escalated.
4.3	Legal Each project will have to consider legal implications individually and escalate risks and issues as appropriate.
4.4	Equality/Socio-Economic The aim of transformation is to ensure health equity and improved social circumstances for the people of North Ayrshire. To deliver this, future project requests will require Equality and Children's Rights Impact Assessment Screening, and *all* projects will require an Equality Impact Assessment.
4.5	Risk The health and social care sector is experiencing a number of challenges, and the biggest risk is 'doing nothing'. The Transformation Plan is a response to these challenges which range from operating in an unsustainable model, to changing population demographics, to recruitment and retention issues, and the changing nature of work. Individual projects will monitor risk consistently, and members can be assured of regular programme level updates and appropriate escalation.
4.6	Community Wealth Building Individual projects will identify and track any community benefits.
4.7	Key Priorities The Transformation Plan is clearly aligned to our Strategic Priorities, and will both inform, and be informed, by the Strategic Planning Group.
5.	**CONSULTATION**
5.1	The Transformation Plan was developed in close collaboration with Heads of Service.
5.2	Further engagement with appropriate stakeholders will be built into the project management / service redesign approach.

Caroline Cameron, Director

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Appendices

- Appendix 1, Transformation Plan 2024-27

North Ayrshire Health and Social Care Partnership
Transformation Plan 2024/25 to 2026/27

Service Area	Strategic Priorities					Project Description/Workstream	Driver(s)				Project Profiling			Primary Project Governance Route
	Enable Communities	Develop and support workforce	Early and Effective Support	Mental and Physical Health and Wellbeing	Tackle Inequalities		Savings/ Overspend reduction	Investment	Quality or Safety Improvement	Local or National Policy	2024/25	2025/26	2026/27	
Children, Families and Justice Services														
Re-modelling Children's Care Options			√		√	Develop Throughcare and Aftercare Policy with Housing providers	√		√	√	Plan, Initiate, Monitor	Monitor, Close by Mar 26	x	Brighter Pathways Programme Board
			√		√	Grow and nurture and increase Foster placements and supported carers - recruitment, policy and support	√	√	√	√	Plan, Initiate, Monitor	Monitor, Close by Mar 26	x	
			√		√	Develop pathway to Residential School Placements with Education	√		√	√	Plan, Initiate, Monitor	Monitor, Close by Mar 26	x	
		√	√		√	Reconfigure Model of Care in Children's Houses	√		√	√	Plan, Initiate, Monitor	Monitor, Close by Mar 26	x	
			√	√	√	Early intervention and crisis/intensive support pathways	√		√		Plan, Initiate, Monitor	Monitor, Close by Mar 26	x	
		√	√		√	Strategic Needs Assessment/Data/Workforce	√		√		Plan, Initiate, Monitor	Monitor, Close by Mar 26	x	
		√	√		√	Best Practice Models and research	√		√		Plan, Initiate, Monitor	Monitor, Close by Mar 26	x	
Transport provision		√			√	Transfer children's transport provision to the HSCP and reconfigure how service is provided moving away from single journey taxi provision	√		√		Plan, Initiate, Monitor, Close by end 24	x	x	CF&J SMT
North Ayrshire Justice court team		√				Carry out a review of the current delivery model at Kilmarnock Sheriff Court.	√				Plan, Initiate, Monitor, Close by end 24	x	x	CF&J SMT
Family Support - Early Intervention and Crisis Approaches		√	√	√	√	In line with Whole Family Wellbeing Funding and investment in Early Intervention Teams review approach to crisis response (eg Rosemount and Whole Family Wellbeing Service)			√	√	Plan, Initiate, Monitor	Monitor, Close by Mar 26	x	CF&J SMT
Neurodevelopmental Supports - Children	√	√	√	√	√	Implement the Neuro Specification for Children and Young People		√	√	√	Plan, Initiate, Monitor	Monitor	Monitor, Close	North Ayrshire Lifespan Neurodevelopment strategy group

Service Area	Strategic Priorities					Project Description/Workstream	Driver(s)				Project Profiling			Primary Project Governance Route
	Enable Communities	Develop and support workforce	Early and Effective Support	Mental and Physical Health and Wellbeing	Tackle Inequalities		Savings/ Overspend reduction	Investment	Quality or Safety Improvement	Local or National Policy	2024/25	2025/26	2026/27	

Mental Health and Learning Disabilities

Service Area	Enable Communities	Develop and support workforce	Early and Effective Support	Mental and Physical Health and Wellbeing	Tackle Inequalities	Project Description/Workstream	Savings/ Overspend reduction	Investment	Quality or Safety Improvement	Local or National Policy	2024/25	2025/26	2026/27	Primary Project Governance Route
Woodland View - Models of Care		√	√	√	√	Continued programme of review of inpatient models of care with a focus on promotion and expansion of community rehabilation models of care for mental health, building on learning from Warrix Avenue.This will include development of business cases for ARBD (Alcohol Related Brain Damage), CAMHS tier 4, forensic provision, community based forensic rehabilitation, EMH phase 3 ACH site (Caring for Ayrshire)	√	√	√	√	Monitor, Close	x	x	Extended Pan Ayrshire SMT/SMT, MH governance group and Pan Ayrshire Strategy Leadership group
						Income generation for national highly specailist service gap in forensic services to other boards - Low secure & forensic rehabilitation	√				Plan	Monitor, Close	x	
						Income generation for national specialist inpatient services gap (IPCU) bed to other Boards	√				Plan	Monitor, Close	x	
						Review and extend programme of inpatient income generation SLA's including AMH services to toher boards.	√				Plan, Initiate, Monitor	Monitor, Close	x	
		√	√	√		Workforce redesign in alignment with new models of carel	√		√	√	Plan, Initiate, Monitor, Close	x	x	
				√		Review high cost placements including UNPACS			√	√	Plan	TBC (based on Plan)	TBC (based on Plan)	
MAT Standards	√	√	√	√	√	Set up the systems required to report on Medical Assisted Treatment standards for Addictions and roll out the 10 standards across NA. The programme will be run on a pan ayrshire basis led by NA. Includes dual diagnosis pathway development.		√	√	√	Monitor, Close	x	x	North Ayrhsire MAT implementation group & Pan Ayrshire MAT oversight group
Community Mental Health Services and Primary Care Mental Health services	√	√	√	√	√	Building on the business case development for MH Primary Care and investment in SW and MHO capacity in Mental Health Community Services undertake a review of CMHT/Primary Care MH service configuration, access criteria, pathways and capacity. Ties in with meeting Adult Secondary Mental Health Services Quality Standards			√	√	Plan, Initiate, Monitor, Close	x	x	North Ayrshire Mental health & wellbeing group (to be established), Core standards group & Pan Ayrshire Leadership strategy group
	√	√	√	√	√	Launch a pilot Early intervention in first episode psychosis service - revisit business case, bid for national funding		√	√	√	Initiate, Monitor, Close (if funded)	x	x	
	√	√	√	√	√	Review community recovery and rehab service provision across 3rd sector, Recovery College, Acorn, mental health in primary care and community link workers.	√		√	√	Plan, Initiate, Monitor, Close	x	x	
Complex Care/ Coming Home	√	√	√	√	√	Launch the LD Intensive Support Team and monitor progress of assessments of out of area placements. A dynamic register should be developed and maintained which will feed into national data.		√	√	√	Monitor	Monitor, Close	x	North Ayrshire complex care group, LD Transformation board & Pan Ayrshire leadership strategy group
	√	√	√	√	√	Review provision Acute Assessment model based at Woodland View alongside community models and in alignment with IST service	√		√	√	Plan, Initiate	Monitor, Close	x	
	√	√	√	√	√	Implement recommendations from Extreme Team - Supporting People with Learning Disabilities through the whole life course	√		√	√	Monitor	Monitor	Monitor, Close	
	√	√	√	√	√	Review the service delivery and workforce model for Trindlemoss complex care service	√		√	√	Plan, Initiate, Monitor, Close	x	x	
				√	√	Review service delivery model at Trindlemoss Supported Accommodation	√		√	√	Plan, Initiate, Monitor, Close	x	x	
	√	√	√	√	√	Implement TEC/Responder Service, piloting at Trindlemoss base	√		√		Plan, Initiate, Monitor, Close	x	x	
	√	√	√	√		Engage in and influence West of Scotland CAMHS pathways and service developments			√	√	Plan, Initiate, Monitor	Monitor	Monitor	

Service Area	Strategic Priorities					Project Description/Workstream	Driver(s)				Project Profiling			Primary Project Governance Route
	Enable Communities	Develop and support workforce	Early and Effective Support	Mental and Physical Health and Wellbeing	Tackle Inequalities		Savings/ Overspend reduction	Investment	Quality or Safety Improvement	Local or National Policy	2024/25	2025/26	2026/27	
CAMHS	√	√	√	√		Reconfigure West Road as the Ayrshire and Arran CAMHS/CEDS Centre for specialist assessments		√	√	√	Monitor and Close by Sep 24	x	x	CAMHS Governance group, MH governance & Pan Ayrshire Strategy leadership group
	√	√	√	√	√	Implement National Eating Disorders strategy and delivery plan		√	√	√	Plan, Initiate	Monitor	Monitor, Close	
Digital Trasnformation	√	√	√	√	√	Delivery of a programme of Digital Transformation including development of a business case for wider MH services in alignment with national strategy, Implementation of Trakcare Patient Management System in Community Services and pilot phase 1 of Strata health SPOC, triage and decision making approcahes.	√	√	√	√	Monitor, Close	x	x	Pan-Ayrshire MH Digital Transformation Group
MH Unscheduled Care		√	√	√	√	Open and monitor impact of Adult Mental Health Assessment Hub (Ward 7B) in Woodland View		√	√	√	Monitor	Monitor, Close	x	ESMT/SMT MH governance & Pan Ayrshire Leadership strategy group
Neurodevelopmental Supports - Adults	√	√	√	√	√	Through the Extreme Team implement pathways of support for Adults seeking neurodevelopment service support and diagnosis		√	√	√	Plan, Initiate, Monitor	Monitor	Monitor, Close	North Ayrshire Lifespan Neurodevelopment strategy group reporting to CSSP and Pan Ayrshire Leadership strategy group
Psychiatry Review		√		√		Review of service workforce model and leadership structures			√	√	Plan, Initiate, Monitor, Close	x	x	MH Governance, Professional leadership group, ESMT/SMT & Pan Ayrshire ;leadership strategy group
LD/MH social supports	√		√	√	√	Review low level social support provided to LD/MH service users in alignment with the wellbeing model review to reduce variance and implement an equitable approach	√				Plan			SMT & LD transformation board
Scottish Government Strategy - Local Implementation	√	√	√	√	√	Suicide Prevention - "Creating Hope Together"			√	√	Monitor	Monitor	Monitor	ESMT/SMT, MH governance, North Ayrshire MH & Wellbeing strategy group & Pan Ayrshire leadership strategy group
	√	√	√	√	√	Dementia Strategy - "Everyone's Story"			√	√	Plan, Initiate, Monitor	Monitor	Monitor	
	√	√	√	√	√	Mental Health and Wellbeing Strategy			√	√	Plan, Initiate	Monitor	Monitor	
	√	√	√	√	√	Self-harm Strategy			√	√	Plan, Initiate	Monitor	Monitor	
	√	√	√	√	√	Psychological Therapies specification & standards			√	√	Plan, Initiate	Monitor	Monitor	
	√	√	√	√	√	Adult Secondary Mental Health Services Quality Standards			√	√	Monitor	Monitor	Monitor	
	√	√	√	√	√	Barron Review - Forensic Mental Health Services			√	√	Monitor	Monitor	Monitor	

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Health and Community Care														
Systems & Technology			√			Explore and identify all available technology options and implement systems to identify and enhance the use of technology as first point of provision for accessing formal supports.	√		√		x	Plan, Initiate, Monitor, Close	Evaluate	H&CC SMT
			√	√		Analogue to Digital: Phased project to manage access to Community Alarm and Telecare services during the analogue to digital telephony transition.		√		√	Monitor and Close by March 25	x	x	Analogue to Digital Project Board
		√			√	Review and streamline processes within the Blue Badge team.			√		Monitor and Close by March 25	x	x	TBC
			√	√		Review provision of Community Alarm and Telecare call monitoring service.			√		Close by June 24	x	x	Analogue to Digital Project Board
			√	√		CM2000: Review workforce scheduling and monitoring of service delivery system.			√		Close by June 24	x	x	Transformation Board
Models of Care	√	√	√			Care packages: Programme of waiting list and existing community package reviews - targeting lower packages of care to consider alternatives, reablement approaches and need in line with eligibility criteria for support.	√				Monitor and Close by March 25	x	x	H&CC SMT
		√		√		Implement the reconfiguration of Care at Home service delivery from June 2024, as agreed by IJB in March 2023. Review required to minimise additional costs when transferring service.	√		√	√	Monitor, Close by July 24	x	x	CaH Steering / Oversight Group
		√			√	Take forward Pan Ayrshire programme of work following the Palliative/EOL Business Case, agreed PID in June 2023 and National Strategy due later in 2024. Reframing and reconfiguring existing service provision, including hospice care, within existing resources.			√	√	Plan, Initiate, Monitor	Monitor, Close	x	P/EOL Group
		√		√		Review and improve the Dementia Support and Respite models of care.	√		√		Plan, Initiate, Monitor	Monitor, Close	x	H&CC SMT TBC
			√	√		Evaluate recent Day Services Review and current Day Services models both on the mainland and the islands of Cumbrae and Arran. This should incorporate learning from recent pilots with focus on blended approach inlcuding outreach opportunities.	√				Plan, Initiate, Monitor	Monitor, Close	x	H&CC SMT TBC
				√		Explore current packages of care model and consider future sustainable delivery.	√				Plan, Initiate, Monitor, Close by end of 24	x	x	H&CC SMT
Unscheduled Care Improvement Programme		√		√		Home first Strategy			√	√	Plan, Initiate, Monitor, Close by March 25	x	x	H&CC SMT
		√		√		Delayed Discharge and Winter Preparedness Improvement Plan with a focus on Care at Home Capacity, Adults with Incapacity and Discharge to Assess.			√	√	Monitor and Close by March 25	x	x	H&CC SMT
Arran Integrated Services model	√	√			√	Continue to work towards an Integrated Hub on Arran building on the frailty work and developing a single point of contact for all health and social care services. Initial Agreement has been redrafted.	√	√	√	√	Close (or change)	x	x	n/a
Primary Care MDTs - GP Premises	√	√			√	Implement HSCP MDTs across each of the localities to support GP practices and HSCP service coordinate care for those with the most complex needs. Address premises capacity issues initially in Frew Terrace, Oxenward and Beith.		√	√	√	Monitor	Monitor, Close by end of 25	x	H&CC SMT
Community Rehab Models	√	√				Review of the Enhanced Intermediate Care Service	√		√	√	Plan, Initiate, Monitor	Monitor, Close	x	Community Rehab PB
	√	√				Review of community rehab provision incorporating the range of community rehab services and how these better link together.	√		√	√	Plan, Initate, Monitor, Close by end Mar 25	x	x	Community Rehab PB

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		√		√		Community wards: Review current inpatient ward functions and rehab models.	√		√		Plan, Initiate, Monitor, Close by end of 24	x	x	Community Rehab PB
			√	√		Policy review for access to and criteria for Aids and Adaptations, linking with Housing Review.	√		√	√	Plan, Initiate, Monitor, Close by end Mar 25	x	x	Community Rehab PB
Community AHP Provision		√	√			Review of podiatry service provision with a specific focus on reducing waiting lists including eligibility criteria.			√		Plan, Initiate, Monitor	Monitor, Close	x	TBC
		√	√			Review of OT service provision with a specific focus on reducing waiting lists including eligibility criteria.			√		Plan, Initiate, Monitor	Monitor, Close	x	TBC
		√	√			Review of speech and language therapy service provision with a specific focus on reducing waiting lists including eligibility criteria.			√		Monitor, Close	x	x	TBC
	√	√				Moving and Handling: Building on investment in Castleview training centre for social care staff - improve quality of risk assessment process, support to frontline staff, support with moving and handling aids and consider provision to wider services (including providers and Carers)	√		√		Plan, Initiate, Monitor	Monitor, Close by end of 25	x	Community Rehab PB

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Partnership Wide														
Self Directed Support (SDS) Review			√	√	√	Engage with all stakeholders to look at how we encourage a more innovative and person centred approach to SDS. Implement the next phase of work from the Learning Review.			√	√	Initiate, Monitor	Close April 25	x	SWGB/PSMT
Carers Strategy and Service	√		√	√	√	Implement the Carers Strategy agreed at IJB in August 2023 together with new enhanced model of support from Unity.		√	√	√	Plan	TBC, based on plan	TBC	Direct to IJB
Implementation of Eclipse information system		√				Implementation of new information recording system for social care to replace Care First. This will include development of new protocols and transfer of data from current system to the new one.	√	√	√		Monitor, Close	Evaluation	x	Eclipse Project Board
Front Door Review	√	√	√		√	Commence a review of the HSCP front door first point of contact across services including duty systems. Scope to include first point of public contact, to maximise capacity and mitigate current risk.			√		12 month review	6 month to implement recommendations	x	Accessing Health and Social Care Services Learning Review Board
Workforce Planning		√				Update and further develop workforce plans to ensure the partnership has the right skills, roles, and number of people, now and in the future, including developing learning pathways, upskilling and reskilling opprtunities, and other strategies to improve recruitment and retention.	√	√	√		Workforce Plan 2 year update by Oct 24	New workforce plan Oct 2025	x	F&T SMT
		√				Develop approaches and explore options to provide alternative supports to workforce to address and support a reduction in staff absence levels, for example additional Occupational Health capacity or support.	√	√	√		Workforce Plan 2 year update by Oct 24	New workforce plan Oct 2025	x	F&T SMT
Digital & Data Plan: Phase 1	√	√	√	√	√	Develop and implement a NAHSCP Digital & Data Plan, aligned to national digital and data strategies. - fully articulating the digital & data requirements of a cohesively integrated value-based health and social care service - generating a baseline of digital capability / maturity - identifying barriers and opportunities for improvement - embedding digital & data across all teams and functions - creating a data-driven culture that supports innovation	√	√	√	√	Initial Plan developed with recommended next steps	TBC	TBC	F&T SMT
Leadership structures		√				Review leadership structures across the Partnership	√				Plan, Initiate, Monitor,Close	x	x	PSMT
CM2000			√	√		Review workforce scheduling and monitoring of service delivery system.			√		Plan, Initiate, Monitor,Close by Jun 24	x	x	PSMT
Eligibility Criteria		√	√	√	√	Consider whole-scale review of service eligibility criteria including policy and procedure used within services to ensure - resources are targeted to those most in need and an equitable approach to providing support and managing waits.	√			√	Plan	TBC	TBC	PSMT