

Integration Joint Board

Agenda

**Thursday 10 March 2016
at 10.00 a.m.**

**Council Chambers
Cunninghame House
Irvine**

1. Apologies

Invite intimation of apologies for absence.

2. Declarations of Interest

3. Minutes / Action Note (Page 5)

The accuracy of the Minutes of the meeting held on 11 February 2016 will be confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973 (copy enclosed).

3.1 Matters Arising

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

Reports for Approval

4. Kinship Care Payments (Page 17)

Submit report by Stephen Brown, Head of Service Children, Families and Criminal Justice, on the re-alignment of Kinship Care Payments (copy enclosed).

5. Budget Deficit Recovery Plan 2015/16 (Page 21)

Submit report by Lesley Aird, Chief Finance Officer, on the actions being taken to address the current financial pressures within the North Ayrshire Health and Social Care Partnership budget and the underlying budget pressure issues (copy enclosed).

6. Financial Management Report as at 31st January 2016 (Page 31)

Submit report by Fiona Neilson, Senior Finance Manager, on the current financial position of the North Ayrshire Health and Social Care Partnership, as well as the projected outturn for 2015/16 as at period 10 to 31st January 2016 (copy enclosed).

- 7. Reserves Strategy (Page 55)**
Submit report by Lesley Aird, Chief Financial Officer, on the Reserves Strategy for the North Ayrshire Integration Joint Board. (copy enclosed).
- 8. Budget 2016/17**
Submit report by Lesley Aird, Chief Financial Officer (copy to follow).
- 9. Corporate Parenting (Page 61)**
Submit report by Mark Inglis, Senior Manager (Children and Families), on the work progressing as part of the Corporate Parenting responsibilities of the Health and Social Care Partnership for Looked After children (copy enclosed).

Reports for Noting

- 10. Integrated Care Fund**
Submit report on Jo Gibson, Principal Manager (Planning and Performance) (copy to follow).
- 11. Director's Report (Page 67)**
Submit report by Iona Colvin, Director, on developments within the North Ayrshire Health & Social Care Partnership (NAHSCP) (copy enclosed).
- 12. Audit Scotland report – Health and Social Care Integration (Page 79)**
Submit report by Paul Doak, IJB Chief Internal Auditor, on the recent national report by Audit Scotland on the integration of Health and Social Care services and to provide a local context for the North Ayrshire partnership (copy enclosed)
- 13. North Ayrshire Children's Services Plan 2016-20 (Page 133)**
Submit report by Marjorie Adams on the development of the North Ayrshire Children's Services Plan 2016-20: Getting It Right For You (copy enclosed).
- 14. Nursing and Midwifery Revalidation (Page 219)**
Submit report by Derek T Barron on the current position in relation to Nursing and Midwifery Revalidation (copy enclosed).
- 15. Occupied Bed Days (Page 223)**
Submit report by David Rowland, Head of Health & Community Care on the impact of the whole system approach to winter planning on occupied bed days saved (copy enclosed).

Integration Joint Board

Sederunt

Voting Members

| | |
|-----------------------------------|------------------------|
| Councillor Anthea Dickson (Chair) | North Ayrshire Council |
| Mr Stephen McKenzie (Vice Chair) | NHS Ayrshire & Arran |
| Dr Carol Davidson | NHS Ayrshire & Arran |
| Mr Bob Martin | NHS Ayrshire & Arran |
| Dr Janet McKay | NHS Ayrshire & Arran |
| Councillor Peter McNamara | North Ayrshire Council |
| Councillor Robert Steel | North Ayrshire Council |
| Councillor Ruth Maguire | North Ayrshire Council |

Professional Advisors

| | |
|-------------------|--|
| Mr Derek Barron | Lead Nurse/Mental Health Advisor |
| Ms Iona Colvin | Director North Ayrshire Health & Social Care |
| Dr Mark McGregor | Acute Services Representative |
| Ms Lesley Aird | Section 95 Officer/Head of Finance |
| Mr Stephen Brown | Chief Social Work Officer- North Ayrshire |
| Ms Kerry Gilligan | Lead Allied Health Professional Adviser |
| Dr Paul Kerr | Clinical Director |
| Vacancy | GP Representative |

Stakeholder Representatives

| | |
|-------------------|---|
| Mr Nigel Wanless | Independent Sector Representative |
| Mr David Donaghey | Staff Representative - NHS Ayrshire and Arran |
| Ms Louise McDaid | Staff Representative - North Ayrshire |
| Mr Martin Hunter | Service User Representative |
| Ms Fiona Thomson | Service User Representative |
| Ms Marie McWaters | Carers Representative |
| Ms Sally Powell | Carers Representative |
| Mr Jim Nichols | Third Sector Representative |

**North Ayrshire Health and Social Care Partnership
Minute of Integration Joint Board meeting held on
Thursday 11 February 2016
at 10.00 a.m., Council Chambers, Cunninghame House, Irvine**

Present

Councillor Anthea Dickson, (Chair)
Stephen McKenzie, NHS Ayrshire & Arran (Vice Chair)
Carol Davidson, NHS Ayrshire & Arran
Janet McKay, NHS Ayrshire & Arran
Councillor Peter McNamara, North Ayrshire Council
Councillor Ruth Maguire, North Ayrshire Council
Councillor Robert Steel, North Ayrshire Council

Iona Colvin, Director North Ayrshire Health and Social Care (NAHSCP)
Lesley Aird, Chief Finance Officer
Stephen Brown, Chief Social Work Officer – North Ayrshire
Nigel Wanless, Independent Sector Representative
David Donaghy, Staff Representative – NHS Ayrshire and Arran
Louise McDaid, Staff Representative – North Ayrshire Council
Fiona Thomson, Service User Representative
Jim Nichols, Third Sector Representative
Martin Hunter, Service User Representative
Marie McWaters, Carers Representative
Karen McDowall, Senior Nurse, NHS Community

In Attendance

Thelma Bowers, Head of Mental Health
Jo Gibson, Principal Manager (Planning & Performance)
David Rowland, Head of Health & Community Care
Paul Doak, Integration Joint Board Chief Internal Auditor
Vivien Mills, Occupational Therapist, Care at Home Enablement
Karen Andrews, Business Support Officer
Angela Little, Committee Services Officer

Apologies for Absence

Bob Martin, NHS Ayrshire & Arran
Dr. Paul Kerr, Clinical Director
Dr. Mark McGregor, Acute Services Representative
Derek Barron, Lead Nurse/Mental Health Advisor
Sally Powell, Carers Representative
Kerry Gilligan, Lead AHP
Dr Paul Kerr, Clinical Director

1. Chair's Remarks

The Chair agreed to vary the order of business to consider Agenda Item 6 (Integrated Care Fund) as the last item of business.

2. Apologies

Apologies were noted.

3. Declarations of Interest

In terms of Standing Order 7 and Section 5 of the Code of Conduct for Members of Devolved Public Bodies, Dr. Janet McKay, Jim Nicols and Nigel Wanless declared an interest in Agenda Item 6 (Integrated Care Fund), which would be considered as the last item of business.

4. Minutes/Action Note – 10 December 2015

The accuracy of the Minutes of the meeting held on 10 December 2015 were confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973.

The Board noted that a report on the Audit Scotland report P. Doak would be provided to the meeting on 10 March 2016.

5. Update: Review of Services for Older People and Those with Complex Needs

The Board viewed a DVD on the range of services provided by the Care at Home Service and users' experiences and views of the service.

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

- Induction training that is provided for new staff and refresher training for existing staff; and
- Processes in place to keep clients advised of any changes to their care plans, including changes to staff rotas.

The Board expressed their appreciation at the work of all care at home staff and asked that this be relayed back to the workforce. D. Rowland

6. Financial Management Report as at 30 November 2015

Submitted report by Lesley Aird, Head of Finance (North Ayrshire Council) and Fiona Neilson, Senior Finance Manager (NHS) on the current financial position of the North Ayrshire Health and Social Care Partnership as at 30 November 2015.

The projected overspend for 2015/16 is £1.066m, which is a decreased overspend of £1.375m. The main areas of overspend are Children's Services, Lead Mental Health services and Learnings Disabilities, partially offset by anticipated underspends on Older People's Services.

The Board (a) noted the content of the report; and (b) approved the actions being taken to bring the budget back into line.

7. High Volume, Low Cost Equipment

Submitted report by David Rowland, Head of Service (Health and Community Care) on the findings of the high volume, low cost equipment Lean Six Sigma (LSS) review.

The report outlined the review of the processes in place within the Equipment Store that had taken place and included:-

- An analysis of referrers and all equipment supplied;
- LSS workshops with Telecare and Occupational Therapist staff to look at waste in their processing systems and the development of the Trusted Assessor Training programme and Basic Telecare Training programme; and
- The anticipated savings/cost avoidance associated with the roll-out of the programmes as part of the wide Equipment and Adaptations Project.

The Board approved the proposal in respect of the roll out of the high volume low cost equipment.

8. Director's Report

Submitted report by the Director, North Ayrshire Health and Social Care Partnership on developments within the partnership.

The Board were also provided with information in relation to an invitation that will be extended to Board Members to visit Woodland View.

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

- Recording systems that are in place for both Social Work and NHS staff registrations and revalidations and support that will be provided to staff to ensure these are updated;
- The neuro-developmental pathway that was piloted in East Ayrshire HSCP for school age children and creates a more joined up way of working.

Noted.

9. Healthcare Associated Infection Ayrshire Central Hospital

Submitted report by Stuart Gaw, Senior Manager NHS on the action plan that has been put in place to address the areas highlighted following the HEI Inspection Team visit to Ayrshire Central Hospital.

The Action Plan was attached as Appendix 1 to the report and detailed the progress made in implementing the actions required.

Noted.

10. Woodland View Progress Report

Submitted report by Linda Boyd, NHS on the construction and commissioning progress for Woodland View and the Ayrshire Central site, Irvine and details of the Ailsa Hospital refurbishment.

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

- A report on a Volunteering Strategy that will be presented to a future meeting of the Board; and J. Nicols
- Details of the official opening that will be provided to the Board members as soon as possible T. Bowers

Noted.

11. Mental Health Innovation Fund

Submitted report by Dale Mellor, Senior Manager (Mental Health) on (i) the progress of the Pan Ayrshire People in Distress project, including the allocation of resources; and (b) details of the developing action plan and the first year activities for the Intensive Model CAMHS projects

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

- The release of existing staff to pilot the new service for people in distress and the use of funding to backfill these posts;
- Partnership working with Police Scotland and Housing Services; and
- Work that will be done to map the costings and any savings that are achieved as a result of the pilot projects.

Noted.

12. Development of Locality Planning Forums

Submitted report by Jo Gibson, Principal Manager (Planning and Performance) on the continued progress of locality planning structures and locality plans. Appendix 1 to the report provided details of the Chair, Locality Co-ordinator and GPs appointed to each of the six Locality Planning Forums.

A Locality Forum Development Network has been established and will progress the development of the Locality Planning Forums and a shared Terms of Reference. The LPFs will develop Locality Plans that will form part of the North Ayrshire Health and Social Care Partnership's Strategic Plan and will form a chapter of the Community Planning Partnerships Locality Plan.

Noted.

13. Addressing Fair Work Practice, including the Living Wage, in Procurement

Submitted report by Betty Saunders, Manager (Service Design and Procurement) on guidance to evaluate fair work practices when selecting tenderers and awarding contracts. Appendices 1 – 4 provided details of the evaluation process that have been put in place and include information on contract strategies, contracts notices/quick quotes, pre-qualification questionnaires and invitations to tender, presented by Iona Colvin, Director (North Ayrshire Health and Social Care Partnership)

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

- A report to a future meeting on self directed support in relation to the payment of the living wage; I. Colvin
- Discussions that have taken place with employers and contractors on current rates of pay and what can be done to bring these up to the living wage level; and
- Procurement processes that are in place to consider fair work practices.

Noted.

14. Winter Planning – Improving Patient Experience Programme

Submitted report by David Rowland, Head of Service (Health and Community Care) on the partnership approach to winter planning (Improving Patient Experience Programme) that has resulted in improvements in Community Connector Service, Single Point of Contact, Community Alarm Services, Care at Home Capacity, Social Care Assessment, Nursing Home Admissions.

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

- an Annual Performance Report that will be presented to the IJB and will highlight improvements to services; and J. Gibson
- role development that will be introduced for care at home staff.

Noted.

15. Veterans First Point Service

Submitted report by Thelma Bowers, Head of Mental Health on (a) the funding secured to deliver and embed a veteran's one stop shop service in Ayrshire and Arran; (b) the Memorandum of Understanding agreed between V1P Scotland, NSH Lothian and V1P services in Ayrshire and Arran (Appendix 1); (c) a recruitment programme that will commence in March 2016; (d) a breakdown of staffing and running costs for the initiative (Appendix 2); and (e) the pan-Ayrshire Steering Group that has been established to co-ordinate and ensure delivery of the programme.

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

- links that will be made with the third sector to avoid duplication of services;
- HR information that can identify reservists within the NHS and the Council; and
- work that is being done by the steering group to record a range of data.

Noted.

16. Local Delivery Plan Guidance 2016/17

Submitted report by Iona Colvin, Director (North Ayrshire Health and Social Care Partnership) on the publication of the Scottish Government's Local Delivery Plan (LDP) Guidance 2016/17 (Appendix 1) and the submission of an agreed plan to the Scottish Government by 4 March 2016.

The report provided details of (a) partnership working with colleagues in Health and Social Care Partnership to produce the LDP; (b) the tight timescales that will require the Chief Executive of NHS Ayrshire and Arran to approve the draft Plan for submission to the Scottish Government by 4 March 2016; and (c) the processes in place for submission of the draft Plan to both the NHS Ayrshire and Arran Board and the three Ayrshire Integration Joint Boards.

Members were advised of the timescales in respect of budgetary information. An interim budget will be presented to the meeting on 10 March 2016 and the IJB will receive the finalised budget for approval at its meeting on 19 May 2016.

Noted.

17. Date of Next Meeting

The next meeting will be held on Thursday 10 March 2016 at 10.00 a.m. in the Council Chambers, Cunninghame House, Irvine.

18. Exclusion of the Public

The Board resolved, in terms of Section 50(A)4 of the Local Government (Scotland) Act 1973, to exclude from the Meeting the press and the public for the following item of business on the grounds indicated in terms of Paragraphs 4 and 8 of Part 1 of Schedule 7A of the Act.

18.1 Integrated Care Fund

Submitted report by Jo Gibson, Principal Manager (Planning and Performance) on proposals for the Integrated Care Fund.

The report provided information on (a) the current position in respect of funding; (b) recommendations in respect of the Re-shaping Care for Older People Change Fund Legacy (RCOP) and the Ideas and Innovation Fund; and (c) a future report that will provide an update on the Change Programme and resources.

Members had been provided with information in relation to the recommended continued funding of 12 RCOP projects and 14 Ideas and Innovation Fund projects (shaded green) and 13 projects (shaded red) that had not been recommended for continued funding.

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

- delays in payment of the first phase of funding for some projects that impacted on the start-up of projects;
- a report to the next meeting on the outcome of discussions with each of the projects that were not recommended for continued funding; J. Gibson
- clarification that will be provided to IJB Members in respect of Members' interests in relation to the Integrated Care Fund. J. Gibson

The Board agreed to (a) approve the continued funding of 12 RCOP projects and 14 Ideas and Innovation Fund projects; (b) receive a report to the meeting on 10 March 2016 on the outcome of discussions with the 13 projects that have not been recommended for continued funding; and (c) clarification that will be provided to IJB Members in respect of Members' interests.

The meeting ended at 1.00 p.m.

North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 11 February 2016

| No. | Agenda Item | Date of Meeting | Action | Status | Officer |
|-----|---|-----------------|---|---|---------------|
| 1. | Violence Against Women Strategy | 22/1/15 | To be discussed at a future meeting of the SIB/IJB | 19 May 2016 (awaiting updated information) | Stephen Brown |
| 2. | Development and Implementation of a North Ayrshire Social Enterprise Strategy | 4/6/15 | Draft Social Enterprise Strategy to be submitted to the IJB, NACMT and NAC Cabinet Meeting. | Agenda – possibly 21 May 2016 Economic Development | John Godwin |
| 3. | GP Strategy | 13/8/15 | Progress report | Agenda – 19 May 2016 | Dr P Kerr |
| 4. | Additional Settlement Funds for Looked After Children | 5/11/15 | Provide an update on the projects outlined in the report | Agenda – 16 June 2016 | S. Brown |
| 5. | Pan Ayrshire Concerns Hub within Kilmarnock Police Office | 5/11/15 | Report on the model of delivery for the Concerns Hub | Agenda – 19 May 2016 | T. Bowers |
| 6. | Volunteering Strategy | 11/2/16 | | Agenda – future meeting | J. Nicols |
| 7. | Official opening of Woodland View | 11/2/16 | Details of official opening to be provided to IJB Members | As soon as available | T. Bowers |

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|----|---|---------|---|-------------------------|-----------|
| 8. | Self Directed Support in relation to the payment of the living wage | 11/2/16 | | Agenda – future meeting | I. Colvin |
| 9. | Integrated Care Fund | 11/2/16 | Clarification in respect of Members' interest | As soon as possible | J. Gibson |

Integration Joint Board
Thursday 10th March 2016
Agenda Item No. 4

Subject: **Kinship Care Payments**

Purpose: To seek IJB agreement on the re-alignment of Kinship Care Payments.

Recommendation: That the IJB agrees the new payment scheme outlined in the report below.

1. INTRODUCTION

- 1.1 Kinship Care is an arrangement whereby a child or young person, due to parental issues is, is cared for by a member of their extended family as a direct alternative to being cared for by the Health and Social Care Partnership.

As of the 4th February 2016, there were 286 children and young people across North Ayrshire living within a Kinship Care placement and the Kinship carer received £57.64 per week for each child looked after under this arrangement.

- 1.2 The Scottish Government has decreed that Kinship Carers should, from the 1st October 2015, receive an allowance for each child that is comparable to that paid to Foster Carers and that there should be local parity. This parity should relate to the allowance paid to Foster Carers to look after a child or young person, in other words, the amount given to clothe, feed, pay for activities and so on. It should **not** include the fee paid to Foster Carers for undertaking the role.
- 1.3 Since the Scottish Government decision, the North Ayrshire Health and Social Care Partnership has been in discussion with COSLA and the Scottish Government, as well as neighbouring Partnerships, in order to plan the new payment scheme.
- 1.4 Whilst the date of changing to a parity model was set for 1 October 2015, no area in Scotland was able to meet this deadline. It has been agreed with Scottish Government that once the new payment for Kinship Carers is agreed locally, the difference between the existing rate and new rate should be back-dated to that date.

2. CURRENT POSITION

- 2.1 In North Ayrshire, our Foster Carers are currently paid a flat rate of £400 per week. This covers their fee as well as the allowance for the child or young person in their care. We have never previously separated out which proportion of that fee relates to which element but given that Kinship Carers now require to be paid the same allowance as Foster Carers clarity is now needed.

- 2.2 The Fostering Network rates, which are considered nationally to be a fair calculation of the allowance required to look after a child are as follows:

| | |
|-------------|---------|
| 0-4 years | £142.86 |
| 5-10 years | £162.73 |
| 11-15 years | £202.58 |
| 16+ years | £246.44 |

- 2.3 Whilst the allowance costs outlined above are sound, the implementation of them at a local level could cause difficulties. The variations relating to a child's age will immediately lead to a departure from the current system whereby Kinship payments are equal regardless of the child or young person's age. In addition it will require recalculation of payment when children transition from one band to another and there will be additional administrative burden required to manage this.
- 2.4 It is therefore recommended that a single allowance amount is settled upon for every child regardless of age, stage or difficulties. £200 per week is the recommended level, slightly higher than the average across the four Fostering Network bands which is £188.65. Setting the allowance at £200 also prevents the situation whereby we are paying Foster Carers more in fee than allowance for the child.

3. PROPOSAL

- 3.1 It is therefore proposed that, to ensure parity with current Foster Care rates, the Kinship Allowance rate be set at the same rate as that of the Fostering Allowance, namely £200 per week, per child. The 'fee' element, which is a 'payment' to foster carers for undertaking the task/job and caring for children, with whom they are not related, would obviously not be payable to Kinship Carers. This would mean in effect:-
- | | | | | |
|-----------|---|------|---|-----------|
| 0 – 4 | - | £200 | - | Allowance |
| 5 – 10 | - | £200 | - | Allowance |
| 11 – 15 | - | £200 | - | Allowance |
| 16+ years | - | £200 | - | Allowance |

4. IMPLICATIONS

- 4.1 It was agreed within the 32 local authorities, that the 'Local Parity' model would be adopted whereby welfare benefits would be taken into account, when calculating the amount of allowance to be paid. These would then require to be deducted from the final amount.
- 4.2 As a result, an exercise will require to be undertaken with all Kinship Carers to offset the value of Child Benefit and Tax Credits received in relation to the looked after child from the £200 allowance paid to the family.
- 4.3 The Scottish Government has confirmed additional funding of £0.180m for the 6 months from 1 October 2015 and £0.359m for 2016/17 for North Ayrshire to support the new requirements.
- 4.4 Therefore, based on an estimated benefits offset value and taking the agreed Scottish Government funding into account it is estimated this will cost the Partnership an additional £0.571m in 2015/16 and £1.061m in 2016/17.

- 4.5 This is a substantial additional cost to the Partnership on an annual basis. We have sought Legal Counsel opinion, however, and have been advised that failure to increase the allowance paid to Kinship Carers in line with Foster Carers will be open to legal challenge. Given that the 'parity model' needs to be backdated to the 1st October 2015, the overspend within the current financial year will be covered by the Council. Following the Council's budget settlement in February, however, no additional funds were made available to offset this pressure next financial year and there is a presumption from the Council's Section 95 Officer that the IJB will be able to fund this from the new monies being routed through the NHS from Scottish Government.

5. CONSULTATIONS

- 5.1 In relation to this issue there has been contact with the Scottish Government, COSLA, Social Work Scotland as well as other local authorities.
- 5.2 Contact was made on an in-house basis with Money Matters, Legal Section and an independent Advocate was engaged to provide further advice.
- 5.3 Contact has also been made with Foster Carers and Kinship Care support groups and as stated, every current Kinship Carer will have an individual interview with staff to enable the correct amount of funding, due to them, to be calculated.
- 5.4 As per the agreement with the Scottish Government, the amount calculated, which is due to each family, will require to be backdated to 1st October 2015.

6. CONCLUSION

- 6.1 In meetings with the Scottish Government, COSLA and Social Work Scotland, the 32 local authorities agreed to adopt the 'local parity' model as a potential solution in relation to the issues around Kinship Care Allowances.
- 6.2 Within North Ayrshire, it is proposed that the amount of Foster Care Allowance of £200.00 per week, per child, would offer parity to Kinship Carers and therefore that this offers a robust solution to the issue.

For more information please contact:-

Stephen Brown, Head of Service Children, Families and Criminal Justice, North Ayrshire Health and Social Care Partnership on (01294) 317804 or sbrown@north-ayrshire.gcsx.gov.uk

Integration Joint Board
10th March 2016
Agenda Item No. 5

Subject: **Budget Deficit Recovery Plan 2015/16**

Purpose: To outline the actions being taken to address the current financial pressures within the North Ayrshire Health and Social Care Partnership budget and provide some assurance in respect of the underlying budget pressure issues for future years

Recommendation: That the Board (a) **approves** the enclosed recovery plan for 2015/16 (b) **notes** the implications for the 2016/17 budget

1. EXECUTIVE SUMMARY

1.1 This report provides an overview of the financial pressures within the North Ayrshire Health and Social Care Partnership 2015/16 budget and the recovery action that has been taken to minimise overspends. It reflects the projections contained within the period 10 finance report and has been prepared in conjunction with relevant budget holders and Directors of Finance of the Council and Health Board.

2. CURRENT POSITION

2.1 Against the full year budget of £209.647m there is a projected overspend of £1.369m as at month 10 to 31st January 2016. The projected overspend against Council budgets at month 10 is £1.421m, partially offset by the projected underspend of £0.052m on Health budgets.

2.2 The financial position is summarised in Appendix 1, detailing the significant baseline budget pressures which were identified as part of the original due diligence carried out for the 2015/16 budget together with the in-year emerging pressures together with other projected in year variances. It should be noted that the baseline budget pressure relating to Council services emerged after the Council set its 2015/16 Budget in December 2014.

2.3 Key actions taken to reduce and address the overspend include:

- Development of a 3 year business plan to secure interim funding for the transition to the new hospital
- Improved management of staff absence levels
- Early delivery of future savings through effective transition of service users from Care Home routes to Care at Home through the successful Pavilion 3 rehabilitation initiatives
- Improved in year management of UNPACs activity
-

- Review of high cost care packages across Physical Disabilities, Learning Disabilities and Mental Health
 - Proactive delay in the filling of vacancies and other in year budget freezes
 - One off use of an element of the Delayed Discharge, Mental Health Innovation and QuEST funding due to delays in filling of new posts releasing money in year which has been used to offset related in year costs
- 2.4 The baseline budget pressures for 2015/16 identified in the original due diligence exercise, as reported to the IJB 2nd April 2015, were £3.520m, £2.750m for Health budgets and £0.770m for Council budgets. As per paragraph 2.2 above, it should be noted that the baseline budget pressure relating to Council services emerged after the Council set its 2015/16 Budget in December 2014.
- 2.5 During the year the Partnership has successfully mitigated the majority of the Health budget pressures around Mental Health inpatients, the Opiate Replacement Programme and the Non District General Hospitals. Although it should be noted that some of these mitigations are short term and longer term budget realignment is still required.
- 2.6 The value of the Council budget pressures, particularly in relation to Children with Disabilities (CWD), Learning Disabilities (LD) and Mental Health (MH) has grown, due to additional demand during 2015/16. Action has been taken to address these and other emerging pressures. The Partnership has successfully mitigated an element of the in year budget pressures, £0.2m of Physical Disabilities and £0.1m of LD pressures in year.
- 2.7 A breakdown of each budget with a significant projected budget variance and, where appropriate, the remedial action required is detailed in Section 3 of this report.
- 2.8 The Integration Scheme requires the Partnership and the funding parties, ie the Health Board and Council to correct any baseline budget errors occurring in this first year. Section 8ai states that
“delegated baseline budgets for 2015/16 will be subject to due diligence and comparison to actual expenditure in previous years together with any planned changes to ensure they are realistic, with an opportunity in the second year of operation to correct any base line errors.” Which may require additional investment or further savings.
- 2.9 The process for dealing with in year variances is outlined in section 8.2 of the Integration Scheme, requiring the IJB to approve this recovery plan. It states
“where there is a forecast overspend against an element of the operational budget, the Chief Officer, the Chief Finance Officer of the Integration Joint Board and the appropriate finance officers of the Parties must agree a recovery plan to balance the overspending budget, which recovery plan shall be subject to the approval of the Integration Joint Board.”
- 2.10 The provisions of the Integration Scheme make it important to identify clearly what element of any overspend relates to baseline budget issues. For this purpose it is assumed that a baseline budget pressure includes any pressures from the 2014/15 budget unfunded in 2015/16 and any demand growth during 2015/16 which should have been anticipated and addressed as part of the 2015/16 baseline.

3. BUDGET REVIEW

3.1 Throughout the year action has been taken within individual services to mitigate and reduce potential overspends and, where possible, deliver future savings earlier than anticipated. Work is ongoing to minimise expenditure across services to help to reduce the overall projected budget shortfall.

3.2 Health Budgets

3.2.1 The Partnership inherited a number of baseline budget pressures, totalling £2.750m for 2015/16 from the Health side of the budget. These were outlined in the original due diligence report in April and are detailed in Appendix 1. It should be noted that any in year pressures relating to the Prescribing budget remain the responsibility of the Health Board.

3.2.2 Work has been ongoing throughout 2015/16 to address these budget pressures in year and longer term. This includes significant work to reduce the cost of staff absence in key areas, work to reduce the cost of UNPACs and submission of business cases for additional funding for longer term issues.

3.2.3 Business cases submitted and agreed include:

- Interim funding to support the transition of the Mental Health Inpatients service to the new Woodland View hospital and a realignment of services. The Health Board have been asked to fund £1.071m in 2015/16, £1.094m in 2016/17, £0.441m in 2017/18 and £0.229m in 2018/19. Since the business case was submitted it has been agreed that some of the 2015/16 costs will be covered by the MH Innovation and QuEST funding.
- A funding request for £0.1m to cover the Health Board share of the Partnership Management costs which were not included in the original budget.

3.2.4 In total terms the budget shortfall for Health services for 2015/16 had been addressed in full with the services now showing a forecast underspend of £0.052m.

3.3 Council Budgets

3.3.1 The Due Diligence report in April 2015 identified that the Council had provided additional investment for the Partnership of £4.673m as part of the 2015/16 Budget agreed December 2014 and that a baseline budget pressure emerged within Council services of £0.770m linked to the full year cost of increased demand for Children with Disabilities. This budget pressure emerged late in 2014/15, after the 2015/16 budget had been set. Since then a number of other pressures have emerged in year, some due to demand growth, some due to external factors outwith the control of the Partnership or the Council eg Kinship Care. Some of the emerging pressures have been successfully mitigated in year. The full position is detailed in Appendix 1.

3.3.2 Significant Budget Pressures

3.3.2.1 Learning Disabilities (LD)

As at period 10 the LD budget is projecting an overspend of £0.484m. This is £0.112m lower than the period 8 projection due to income from recharge of a high cost care package to another local authority which had not been included in previous projections.. The overspend is from:

- £0.115m overspend for residential services
- £0.716m overspend for community services

- £0.138m underspend on employee costs due to planned delays in filling of vacancies
- £0.230m additional income from service user charges being higher than anticipated, linked to early delivery of future savings.

During the year the number of service users rose by 11% from 273 in 2014/15 to 304 in 2015/16. The average package cost has reduced by 4.5% from £45.4k in 2014/15 to £43.4k in 2015/16.

Work has been ongoing to review high cost packages, 85 packages have been reviewed to date. The 2015/16 budget included a £150k saving aligned to the review of high cost packages. This saving has been delivered as the average cost of packages has been reduced in year.

3.3.2.2 Physical Disabilities (PD)

As at period 10 the PD budget is projecting an overspend of £0.094m. The projected overspend has been successfully reduced from £0.229m at period 4 through care package reviews and cost control. The overspend is made up of:

- £0.120m underspend on employee costs due to planned delay in filling of vacancies
- £0.178m overspend for residential services
- £0.111m overspend for community services
- £0.167m underspend for direct payments
- £0.092m minor overspends on various areas including Equipment Store, Lift Maintenance, CARENA software, Dirrans and an under recovery of income. These have been partially offset by projected underspends in other areas including transport costs and staff training

During the year the number of service users rose by 8.6% from 139 in 2014/15 to 151 in 2015/16. The average package cost has reduced by 3.5% from £19.8k in 2014/15 to £19.1k in 2015/16.

Work is continuing to review high cost package to further reduce the projected overspend and maintain costs within the agreed budget.

3.3.2.3 Mental Health (MH) Community Teams

As at period 10 the MH Community Teams budget is projecting an overspend of £0.231m. The projected overspend has been successfully reduced from £0.417m at period 6 through care package reviews and cost control. The overspend is made up of:

- £0.056m underspend on employee costs due to planned delay in filling of vacancies
- £0.133m underspend for residential services
- £0.376m overspend for community services
- £0.063m overspend for direct payments
- £0.019m net underspend on other budget lines

During the year the number of service users rose by 16.9% from 124 in 2014/15 to 145 in 2015/16. The average package cost has reduced by 5.6% from £14.1k in 2014/15 to £13.3k in 2015/16.

Work is continuing to review high cost package to further reduce the projected overspend and maintain costs within the agreed budget.

3.3.2.4 Children & Families

As at period 10 the Children & Families budget is projecting an overspend of £1.619m. The overspend is made up of:

- £1.040m overspend on Children with Disabilities (detailed below)
- £0.427m overspend due to the impact of legislative change around the payment of Kinship Carers from 1st October 2015 and the increase in the weekly rate from £58 to £200 per week. The total additional cost for 2015/16 is estimated as £0.751m, which has been partially offset by £0.269m of additional funding for Kinship Care costs from Scottish Government. This cost pressure was outwith the control of the Partnership and the Council. The exact final cost will not be determined until all existing carers have been financially assessed as payments are offset by related benefits.
- £0.102m net overspend for fostering services increased demand for the service and initial delays in the movement of placements from external to internal carers. Additional money for Looked After Children was received during the year, some of this funding £0.290m has been used to offset the costs of additional demand for fostering placements. The partnership has seen a 3 increase in referrals this year. 14 new internal carers were appointed during the year. External placements reduced by 5 but internal placements grew by 9. The Partnership was due to deliver an agreed 2015/16 saving of £0.175m within Fostering Services, of which only £0.061m has been delivered in year. The remaining £0.114m is reflected as an unachieved saving in 2015/16. This has contributed to the net overspend above.
- £0.185m overspend in adoption services due to demand growth. There are 3 additional packages in place than in 2014/15.
- £0.013m overspend in residential schools (including remand placements which are slightly overspent). The overspend is due to a single remand placement. This is a very volatile demand led budget which is closely monitored and managed by the service
- £0.148m underspend on Throughcare, Care Leavers and IMPACCT carers budgets partially offset the above overspends

Early intervention and prevention work is continuing to reduce future demand for these services.

3.3.2.4 Children with Disabilities (CWD)

As at period 10 the CWD budget is projecting an overspend of £1.040m. The initial due diligence exercise for 2015/16 identified a baseline budget pressure of £0.770m, being the full year effect of the additional 2014/15 demand. The current projected overspend is made up of:

- £0.680m for residential and respite services, for 6 residential packages
- £0.094m for community services, for 83 packages
- £0.267m for direct payments, for 38 packages. The total budget for direct payments in 2015/16 is £0.048m.

During the year the number of service users rose by 13.7% from 87 in 2014/15 to 99 in 2015/16.

Work is continuing to review high cost packages to minimise further costs.

3.3.3 Significant Underspends

3.3.3.1 Older People's Services

The Council made significant additional investment in Older People's Services for 2015/16 to address existing budget pressures from previous years and anticipated demand growth for 2015/16. Aligned to this the Partnership requires to deliver £1m of savings in this area across 2016/17 and 2017/18 through a planned reduction in spend on Care Homes and move from Care Home to Care at Home provision.

3.3.3.2 Significant work has taken place around rehabilitation and re-ablement through Pavilion 3 during the year and there has been an increased focus on delivering better outcomes for service users to avoid hospital admission and where that isn't possible reduce discharge times and increase the chance of a return to a community setting. This has created a better service for service users, significantly reduced hospital discharge waiting times and reduced the number of admissions to Care Homes.

3.3.3.3 The overall budget position for Older People's Services is a projected £0.741m underspend due mainly to early delivery of future savings

- Care Home, Care at Home and other budgets are forecast to underspend by a net £0.389m linked to a reduction in overall placement numbers as part of the early delivery of the £1m saving due through 2016/17 and 2017/18.
- Despite a number of in year issues around external providers the Care at Home Service is delivering an improved service, driving down the delayed discharge levels and also showing a slight underspend for the year. It is anticipated that as other initiatives around delayed discharge and the ongoing expansion of the reablement service continue to be developed that this budget will require additional funding during 2016/17 as part of a resource transfer from Care Homes and Health budgets.
- The Income budget is projected to over recover by £0.344m, again linked to early delivery of future savings

3.3.3.4 Given that the majority of the Older People's underspend is linked to delivery of future savings it is not possible to vire this money longer term to address budget pressures in other areas.

3.3.3.5 Direct Overheads and Support

As at period 10 the Direct Overheads and Support budget is projecting an underspend of £0.254m. The underspend is mainly through employee costs through the planned delay in filling of vacancies to help address overall budget pressures.

3.3.3.6 Integrated Care Fund (ICF)

There is a projected £0.166m underspend on Council projects within the ICF due to in year slippage on some projects. It is proposed that this £0.166m is used to offset part of the overall Council services overspend.

3.3.4 Delivery of savings

The Partnership was tasked with delivering £2.069m of savings within Council services during 2015/16. At period 10 £1.940m (94%) of these are projected to be delivered. As per 3.3.2.4 above the only area not delivering the targeted savings was the Fostering service, £0.114m due to delay in transfer of external placements to internal care services at the start of the year.

3.4 Proposal

It is proposed that

1. the Partnership continue to try to reduce and manage the 2015/16 overspend
2. the Partnership realign the current £0.166m projected ICF underspend to partially offset the revenue budget overspend
3. the Council is asked to agree to fund the balance of the 2015/16 overspend, after the ICF underspend has been applied. The rationale for this being that the overspend is primarily due to baseline budget pressures around Children with Disabilities and the in year impact of the Kinship Care changes which was outwith the control of the Partnership and Council
4. This arrangement would be for 2015/16 only. The 2016/17 budget proposals will be part of a separate paper. The Council anticipates that, the North Ayrshire share of the additional £250m funding for Health and Social Care Partnerships, which equates to £7.2m, will be used to fund these and additional demand growth pressures for 2016/17.

4. **IMPLICATIONS**

4.1 Financial

The net projection for the year as at 31 January 2016 is an overspend of £1.369m. Corrective action has been taken to reduce the level of overspend and agreement is being sought from the Council that they will fund the Council services overspend of £1.421m in 2015/16.

4.2 Human Resources

There are no human resource implications.

4.3 Legal

There are no legal implications.

4.4 Equality

There are no equality implications.

4.5 Environmental & sustainability

There are no environmental & sustainability implications.

5. **CONSULTATIONS**

- 5.1 This report has been produced in consultation with relevant budget holders, the Partnership Senior Management Team and the Directors of Finance of the Health Board and Council.

6. **CONCLUSION**

- 6.1 The projected Partnership overspend for 2015/16 at month 10 was £1.369m (£1.421m for Council services offset by a £0.052m projected underspend on Health services). Action has been taken to reduce the level of overspend in-year as detailed in this report. Unfortunately, due to in year emerging cost pressures around Kinship Care and further demand for services and the underlying base budget pressures this action will not be sufficient to fully recover the overspend this financial year.

- 6.2 In discussion with the Health Board Director of Finance, given that the budget is currently projecting a slight underspend, no further action is required. In the event that the final outturn is a slight overspend it is anticipated that the Health Board will fund this for 2015/16 per the agreement around the Mental Health inpatient business case as outlined in 3.2.3 above.
- 6.3 The Council has been asked to fund their elements of the overspend which are primarily linked to the base budget pressures for Children with Disabilities, inherited by the Partnership for 2015/16 and the new Kinship Care legislative requirements. Further work is required to determine the funding and budget position for the partnership for 2016/17. This is the subject of a separate report.
- 6.4 Further work has been done to determine the estimated funding and budget position for the partnership for 2016/17. The Council budget was set on 17th February 2016, providing confirmation around the Council element of the Partnership funding for 2016/17.
- 6.5 Since the Health Board budget will not be formally set until 23 May 2016 the IJB will only be able to set an interim working budget in March, based on assumed funding from the Health Board. The final budget will require to be agreed following confirmation of the Health Board budget. This interim budget is the subject of a separate report.

For more information please contact Lesley Aird, Chief Finance Officer on 01294 324560

North Ayrshire Health & Social Care Partnership
Financial Position to 31 January 2016

Appendix 1

| | Health | | | | Council | | | | Partnership Total | | |
|---|----------------|------------------------------|---|-------------------------------|----------------|------------------------------|---|-------------------------------|-------------------|---|---|
| | Budget £000 | Baseline Pressure £000 | In Year Pressures/ (Efficiencies) £000 | Adv/(Fav) Variance £000 | Budget £000 | Baseline Pressure £000 | In Year Pressures/ (Efficiencies) £000 | Adv/(Fav) Variance £000 | Budget £000 | Projected Outturn at P10 2015/16 £000 | Over/(Under) Spend Variance at P10 2015/16 £000 |
| Budget | | | | | | | | | | | |
| Level One Core | | | | | | | | | | | |
| Learning Disabilities | 501 | | (51) | (51) | 15,139 | | 484 | 484 | 15,640 | 16,073 | 433 |
| Older people | | | | 0 | 42,777 | | (741) | (741) | 42,777 | 42,036 | (741) |
| Physical Disabilities | | | | 0 | 4,074 | | 94 | 94 | 4,074 | 4,168 | 94 |
| Mental Health Community Teams | 2,285 | | (113) | (113) | 3,117 | | 231 | 231 | 5,402 | 5,520 | 118 |
| Addiction | 1,057 | | (77) | (77) | 1,312 | | 1 | 1 | 2,369 | 2,293 | (76) |
| Community Nursing | 3,816 | | 31 | 31 | | | 0 | | 3,816 | 3,847 | 31 |
| Prescribing | 29,099 | | 167 | 167 | | | 0 | | 29,099 | 29,266 | 167 |
| General Medical Services | 17,344 | | (93) | (93) | | | 0 | | 17,344 | 17,251 | (93) |
| Resource Transfer, Change Fund, Criminal Justice | 14,546 | | (88) | (88) | (12,136) | | (13) | (13) | 2,410 | 2,309 | (101) |
| Total Level One | 68,648 | 0 | (224) | (224) | 54,283 | 0 | 56 | 56 | 122,931 | 122,763 | (168) |
| Level Two - Non District General Hospitals | 6,117 | 350 | (353) | (3) | | | | | 6,117 | 6,114 | (3) |
| Level Three - Lead Partnership Services | 46,625 | 2,400 | (2,271) | 129 | | | | | 46,625 | 46,754 | 129 |
| Level Four - Children's Services | 2,369 | | 56 | 56 | 24,189 | 770 | 849 | 1,619 | 26,558 | 28,233 | 1,675 |
| Direct Overheads & Support Services | 1,208 | | (10) | (10) | 6,208 | | (254) | (254) | 7,416 | 7,152 | (264) |
| Partnership Total | 124,967 | 2,750 | (2,802) | (52) | 84,680 | 770 | 651 | 1,421 | 209,647 | 211,016 | 1,369 |

Integration Joint Board

10 March 2016

Agenda Item No. 6

| | |
|------------------------|--|
| Subject: | Financial Management Report as at 31st January 2016 |
| Purpose: | To provide an overview of the current financial position of the North Ayrshire Health and Social Care Partnership, as well as the projected outturn for 2015/16 as at period 10 to 31st January 2016 |
| Recommendation: | That the Board (a) notes the content of this report and (b) approves the actions being taken, as noted in paragraph 2.4, to bring the budget back into line. |

1. EXECUTIVE SUMMARY

- 1.1 This report provides an overview of the current financial position of the North Ayrshire Health and Social Care Partnership, as well as the projected outturn for 2015/16 as at period 10 to 31st January 2016. This report reflects projected expenditure and income and has been prepared in conjunction with relevant budget holders.
- 1.2 The total approved budget for 2015/16 was £204.818m. This has been increased to £209.647m at period 10 to 31 January 2016. The budget has increased by £4.829m in total since the budget was originally approved. (£1.503m since the period 8 report). Budget movements are detailed in Section 3.2 of this report.

2. CURRENT POSITION

- 2.1 Against the revised full-year budget of £209.647m there is a projected overspend of £1.369m.

2.2 Summary of main movements since last report

The overall position has deteriorated from a projected overspend of £1.066m at the end of November to a projected overspend of £1.369m at the end of January 2016, an increase in the projected overspend of £0.303m. This is primarily due to the impact of the anticipated additional cost of meeting the new Kinship Carer payment requirements. Significant movements since the last report are detailed below.

- 2.2.1 Level One – Core – (total projected underspend of £0.168m, increase in projected underspend of £0.012m since period 8)

Learning Disabilities, £0.111m decrease in the anticipated overspend due to income from recharge of a high cost care package to another local authority which had not been included in previous projections.

- 2.2.2 Older People, decreased underspend from period 8 of £0.270m, mainly due to reduced discharges within residential care homes and income from service user charges being lower than previously forecast due to a decrease in charges from older people care at home and day care.
- 2.2.3 Mental Health Community Teams - decrease in the projected overspend of £100k due to mainly to the review work being carried out on community packages.
- 2.2.4 An overspend of £0.167m is now being forecast within the primary care prescribing budget. This is due to the average cost of drugs increasing as a result of the short supply of some items and a growth in price so some high cost drugs. Per the Integration Scheme, any overspends in this budget are funded by the NHS not the Partnership.
- 2.2.5 The General Medical Services projected spend has reduced by £0.193m since period 8, taking it from a projected overspend to a projected underspend of £0.093m. This budget is hosted by the East HSCP with certain aspects delegated to each of the HSCPs. The implications of the uplift for 2015/16 have now been fully worked through and the non-recurring benefit identified against the budgets delegated to each of the HSCPs. This benefit is reflected in the HSCPs for the first time in the January reports; the overall benefit is estimated to be £150,000 in the North HSCP.
- 2.2.6 Resource transfer, Change Fund and Criminal Justice underspend has increased by £0.047m from period 8 due to underspends in employee costs and mileage within the Changing Children's Services Fund and delays in recruitment to ICF posts.
- 2.2.7 Level Three – Lead Partnership Services (total projected overspend £0.129m, the projected overspend has reduced by £0.174m since period 8)
The main area of improvement is within adult and elderly mental health inpatient services where the use of bank and borrowed staffing has reduced significantly and the temporary delay in filling posts has had a positive impact on the level of overspend within this service. The provision of temporary additional funding within adult inpatient services has also contributed to the reduction in projected overspend.
- 2.2.9 Level Four – Children's Services (total projected overspend £1.675m, the projected overspend has increased by £0.519m since period 8)
Mainly due to the additional cost of implementing the legislative changes to Kinship care payments from October 2015 . The cost for this financial year is £0.751m this has been partially offset by £0.269m received from the Scottish Government.

2.3 **Detailed Actual vs Budget Analysis to 31st January 2016**

The summary in Appendix 1 reflects the approved budgets and projected outturns across the Partnership, Appendix 1a details the main variances across all Partnership services, Appendices 2 and 3 detail the main variances across budgeted services delivered by North Ayrshire Council and the Health Board respectively.

Corrective Actions

The following actions are being undertaken to address projected overspends:

- Review of individual care packages across Learning Disabilities, Mental Health and Physical Disabilities to ensure packages meet service user needs and do not create increased dependency and demand. Specific staff have been tasked with reviewing the packages on a rolling basis, starting with the highest cost packages for each area. Monthly reports on progress will go to Heads of Service and the Chief Finance Officer to ensure the review process is being actively delivered.
- For the Lead Services Mental Health baseline budget pressures a business case outlining an interim funding solution was submitted to the Health Board CMT for consideration to allow the new hospital to come on stream and deliver the anticipated budget realignment over the following two years. The proposal has been approved by the Health Board Chief Executive and was discussed at a Health Board workshop.
- All budgets are being reviewed to identify any scope for reducing in year spend to allow virement to overspent budgets. This includes delaying the filling of some vacancies to generate greater in year turnover savings.
- In year, a portion of the funding allocations for Delayed Discharges, MH Innovation and QuEST have partially off-set overspends. However this will not address any underlying recurring budget pressures aligned to these areas.

Change Programme

The Partnership was allocated £2.941m for 2015/16 from the Integrated Care Fund and £0.867m for Delayed Discharge. Spend against both of these programmes is closely monitored by the Senior Management Team and the Change Programme Board.

Both funds are expected to outturn within budget for 2015/16. Consideration is given throughout the year to the use of the contingency budgets and any project slippage to ensure the funds are fully utilised within the year. Appendix 4 provides a summary of current projected spend on each fund.

3. BUDGET REVIEW**3.1 In year Savings Delivery**

- 3.1.1 All agreed Council and Health efficiency savings for 2015/16 have already been removed from the Partnership budget. This section provides an update on progress in delivering those savings.

The Council elements of the service had been targeted with delivering £2.619m of efficiency savings in 2015/16. To date as at period 10 £2.202m (84%) has been delivered. It is anticipated that only two of the agreed savings, both relating to Fostering services, totalling £0.114m, will not be delivered in year. This is already reflected in the Children & Families projected outturn figures within this report.

The agreed Health efficiency for 2015/16 was the planned closure of beds at Cumbrae Lodge. This took place in June 2015 as planned but the saving had been estimated for the full year. The impact of this for 2015/16 was a £60k shortfall in savings delivery which has been fully funded from delayed spend on the element of the Cumbrae Lodge savings which were retained by the Partnership.

A full list of the 2015/16 savings which have already been removed from the 2015/16 budgets is detailed at Appendix 5 which also shows the progress to date in delivering those savings.

3.2 Budget Movements

3.2.1 In total the budget has increased by £4.829m (a further £1.503m since the period 8 report). Significant budget movements include:

Level One Core budgets have been increased by £1.956m:

- £1.544m increase in the prescribing budget as a result of new funding from the Scottish Government
- The General Medical Services (GMS) budget has increased by £0.510m due to a higher than anticipated increase in the national GMS allocation.
- Mental health increase by £0.172m due to the transfer of the choose life allocation from Children's Services budget, an increase in contribution to MHO post, and provision of funding for management posts
- £0.3m decrease in the resource transfer budget for funding that has now been allocated to NHS services (dementia nurses £0.240m and Arran £0.060m see below)
- £0.334m decrease in the council budgets due to the pay award being lower than originally anticipated
- Additional funding of £0.291m received from the Scottish Government to address low pay in nursing homes
- £0.077m allocation received for the implementation of the carer's information strategy.

Within Level One Core budgets virements between subjective headings within Older People and Physical Disabilities were approved in period 10 to align budgets with expenditure profiles:

- Decrease in budgets for other agencies £42k, Transfer (Direct) Payments £182k, Other expenditure £1k and income £13k
- Increase in budgets for Property costs £26k, Supplies and Services £185k, Transport £15k and Admin costs £12k

3.2.2 Non District General Hospital Budgets have reduced by £0.266m due to agreed savings for Cumbrae Lodge erroneously being deducted from the mental health budget instead of Ayrshire Central in the original budget (see below). The Arran budget has increased for the intermediate care service now funded from resource transfer.

3.2.3 Lead Partnership Services Budgets have increased by £2.367m due to:

- the inclusion of budgets for Keepwell, trainee health visitors and dementia nurses £1.284m
- adjustment due to Cumbrae Lodge (see above) £0.274m
- inclusion of additional funding for psychiatry for junior doctor posts and discretionary points, CAMHs funding and the transfer of a post from public health to specialist addiction services £0.349m
- Recent addition of allocations for MH Innovation and QuEST £0.382m
- The provision of non-recurring funding for temporary nursing posts within adult inpatients totalling £0.078m.

- 3.2.4 Children's Services budgets have increased by £0.333m due mainly to an increase of £0.558m from Scottish Government funding to meet the increase in Kinship Care rates and the additional duties detailed in the Children and Young Peoples (Scotland) Act 2014 for Looked After Children. There has also been an increase in the child protection allocation of £25k, an increase of £79k in the health visiting budget for team leader posts and additional funding for Child Protection £0.038m. These budget increases have been partially offset by the pay award being lower than anticipated by £0.191m, the budgeted turnover saving increased by £0.050m, the Choose Life allocation of £0.065m moving to mental health community teams in Level One and contribution to a MHO post totalling £0.010m. A further
- 3.2.5 Direct Overhead and Support Services budgets have increased by £0.439m due to an additional £0.100m contribution from the NHS for partnership management costs and increases in council budget of £0.339m in respect of a revision to payroll turnover, pay awards, staff transferring from other services, living wage increase.

4. LEAD PARTNERSHIP AND SET ASIDE BUDGETS

- 4.1 The Integration Scheme creates various Lead Partnership roles across the three Integration Joint Boards. Within the Integration Scheme, as with all delegated budgets, the intention is that services should be delivered within budget. Should that not be possible a recovery plan requires to be developed and approved by all the Joint Integration Boards. Failure to reach agreement will require interim additional contributions in proportion to service usage pending final agreement of the recovery plan.
- 4.2 It is important to understand the financial position of the budgets being managed by other Partnerships under these Lead Partnership arrangements:

East Ayrshire HSCP

The Primary Care budgets are projected to underspend by £0.292m. There is a pressure on the out of hours medical services where new models of care are being tested at an initial higher cost. There are underspends within Community Dental Services largely from vacant posts and in addition there is an over-recovery of discount on dispensing costs.

South Ayrshire HSCP

The Allied Health Professionals (AHP) Service is projected to overspend by £0.168m after having identified corrective action in 2015/16. The main sources of this overspend are:

- Reduction in funding being received from Local Authorities for community Speech and Language Therapy posts with the staff not yet redeployed.
- Meeting an increased demand for MSK services.
- Delays in meeting efficiency savings coupled with staff being higher on the incremental scale than the level funded.

The corrective action being taken mainly relates to minimising costs in respect of staffing applying strict rigour when posts become vacant including consideration of potential skill mix opportunities.

North Ayrshire HSCP

Specialist Mental Health Services are projecting an overspend of £0.199m. Outturn spend is projected to be lower than the 2014/15 outturn because of the non-recurring benefit in 2015-16 of additional MH allocations. The overspend in both years is due to the continuing levels of nursing cover required to manage complex patients.

Workforce plans have been reviewed with utilisation of the national workforce tool which has validated the existing gap in nursing wte to facilitate enhanced observations. A proposal for fixed term staffing has been approved by the Health Board CMT to reduce some of the overspend in year. Further review of work force will be undertaken in alignment with opening of new hospital (2016/2017); new service models and new ways of working will be implemented together with delivery of a 3 year change programme.

There is agreement that the risks of overspends which cannot be recovered will be met by NHS Ayrshire & Arran in 2015/16. This allows an opportunity to develop frameworks to support these arrangements.

- 4.3 The Integration Scheme establishes that in year pressures in respect of Set Aside budgets will be managed in year by the Health Board, with any recurring over or underspend being considered as part of the annual budget setting process.

The Acute Services with NHS Ayrshire & Arran are in a significant overspend (projected at £8.4m) with particular issues around the costs of covering a high level of medical vacancies and the increasing needs of patients requiring nursing support above that funded. These pressures are being scrutinised and options developed to minimise costs.

A budget pressure bid has been put forward to address this centrally for 2016/17. One potential solution to meet on-going demands is to open an additional 30 bedded ward throughout the year. There are on-going discussions on how budget pressures will be met. Partnerships may be asked to contribute to their share of these additional beds in addition to meeting their CRES target.

5. Implications

Financial

The net projection for the year as at 31 January 2016 is an overspend of £1.369m.

Human Resources

There are no human resource implications.

Legal

There are no legal implications.

Equality

There are no equality implications.

Environmental & sustainability

There are no environmental & sustainability implications.

6. CONSULTATIONS

- 6.1 This report has been produced in consultation with relevant budget holders, the Partnership Senior Management Team and the Director of Finance for NHS Ayrshire and Arran and the Executive Director Finance and Corporate Support for North Ayrshire Council.

7. CONCLUSION

- 7.1 The projected overspend for 2015/16 is £1.369m. The main areas of overspend are Children's Services, Learning Disabilities, Prescribing, Lead Mental Health services and Learning Disabilities, partially offset by anticipated underspends on Older People's Services, Direct Overheads and Support Services.

It is recommended that the Health and Social Care Partnership note the content of this report, and approve the actions being taken to bring the budget into line, as noted in paragraph 2.4.

Further work is ongoing with the Health Board and Council to resolve outstanding baseline budget pressures.

For more information please contact Fiona Neilson, Senior Finance Manager on 01292-513301 or Lesley Aird, Chief Finance Officer on 01294 324560

| Indicative Health & Social Care Partnership Budgets: North Objective Report as at 31st January 2016 | | | | Appendix 1 | |
|--|----------------|----------------|---------------------------------------|--|---|
| Partnership Budget Objective Summary | 2015/16 Budget | | | | |
| | Aligned | | | Aligned | |
| | Budget | Outturn | Over/ (Under) Spend Variance | Over/ (Under) Spend Variance at P8 | Movement in projected budget variance from P8 |
| | £'000 | £'000 | £'000 | £'000 | £'000 |
| Level One Core | | | | | |
| Learning Disabilities | 15,640 | 16,073 | 433 | 544 | (111) |
| Older people | 42,777 | 42,036 | (741) | (1,011) | 270 |
| Physical Disabilities | 4,074 | 4,168 | 94 | 80 | 14 |
| Mental Health Community Teams | 5,401 | 5,519 | 118 | 218 | (100) |
| Addiction | 2,369 | 2,292 | (76) | (75) | (1) |
| Community Nursing | 3,816 | 3,847 | 31 | 41 | (10) |
| Prescribing | 29,099 | 29,266 | 167 | 0 | 167 |
| General Medical Services | 17,344 | 17,251 | (93) | 100 | (193) |
| Resource Transfer, Change Fund, Criminal Justice | 2,410 | 2,309 | (100) | (53) | (47) |
| Total Level One | 122,930 | 122,762 | (168) | (156) | (12) |
| Level Two - Non District General Hospitals | | | | | |
| Ayrshire Central Continuing Care | 3,939 | 3,862 | (78) | (59) | (18) |
| Arran War Memorial Hospital | 1,613 | 1,683 | 70 | 68 | 2 |
| Lady Margaret Hospital | 564 | 569 | 5 | (2) | 7 |
| Total Level Two | 6,117 | 6,113 | (3) | 6 | (9) |
| Level Three - Lead Partnership Services | | | | | |
| Mental Health Services | 44,979 | 45,178 | 199 | 328 | (129) |
| Family Nurse partnership | 476 | 476 | 0 | 0 | 0 |
| Keepwell | 441 | 371 | (70) | (41) | (29) |
| Training Health Visitors | 588 | 599 | 11 | 29 | (18) |
| Other General Services | 141 | 130 | (11) | (13) | 2 |
| Total Level Three | 46,625 | 46,754 | 129 | 303 | (174) |
| Level Four - Children's Services | | | | | |
| Community Paediatrics | 508 | 501 | (7) | 1 | (8) |
| C&F Social Work Services | 24,189 | 25,808 | 1,619 | 1,120 | 499 |
| Health Visiting | 1,861 | 1,924 | 63 | 34 | 29 |
| Total Level Four | 26,558 | 28,233 | 1,675 | 1,156 | 519 |
| Direct Overheads & Support Services | 7,417 | 7,153 | (264) | (243) | (21) |
| Partnership Total | 209,647 | 211,015 | 1,369 | 1,066 | 303 |

| Indicative Health & Social Care Partnership Budgets: North Objective Report as at 31st January 2016 | | | | | | | | | |
|--|----------------|----------|----------|-----------------|---------|----------|----------------|----------|----------|
| Subjective Summary | 2015/16 Budget | | | 2015/165 Budget | | | 2015/16 Budget | | |
| | Council | | | Health | | | Aligned | | |
| | Budget | Outturn | Variance | Budget | Outturn | Variance | Budget | Outturn | Variance |
| | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 | £'000 |
| | | | | | | | | | |
| Employee Costs | 42,548 | 41,531 | (1,017) | 52,873 | 53,756 | 883 | 95,421 | 95,287 | (134) |
| Property Costs | 507 | 426 | (81) | 16 | 30 | 14 | 523 | 456 | (67) |
| Supplies and Services | 2,108 | 2,313 | 205 | 6,162 | 5,911 | (251) | 8,270 | 8,224 | (46) |
| Prescribing Costs | 0 | 0 | 0 | 29,099 | 29,266 | 167 | 29,099 | 29,266 | 167 |
| Primary Medical Services | 0 | 0 | 0 | 17,344 | 17,251 | (93) | 17,344 | 17,251 | (93) |
| Transport and Plant | 595 | 633 | 38 | 0 | 0 | 0 | 595 | 633 | 38 |
| Admin Costs | 1,325 | 1,434 | 109 | 1,922 | 1,737 | (185) | 3,247 | 3,171 | (76) |
| Other Agencies & Bodies | 54,074 | 56,480 | 2,406 | 9,440 | 8,896 | (544) | 63,514 | 65,376 | 1,862 |
| Transfer Payments | 1,845 | 2,170 | 325 | 9,130 | 9,087 | (43) | 10,975 | 11,257 | 282 |
| Other Expenditure | 102 | 112 | 10 | 0 | 0 | 0 | 102 | 112 | 10 |
| Capital Expenditure | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Income | (18,424) | (18,998) | (574) | (1,020) | (1,020) | 0 | (19,444) | (20,018) | (574) |
| Partnership Total | 84,680 | 86,101 | 1,421 | 124,966 | 124,914 | (52) | 209,646 | 211,015 | 1,369 |

| Indicative Health & Social Care Partnership Budgets: North | | | | | | Appendix 1a |
|--|----------------|---------|---------------------------------------|--|---|--|
| Objective Report as at 31st January 2016 | | | | | | |
| Partnership Budget Objective Summary | 2015/16 Budget | | | Notes | Aligned | |
| | Aligned | | | | Over/ (Under) Spend Variance at P8 £'000 | Movement in projected budget variance from P8 £'000 |
| | Budget | Outturn | Over/ (Under) Spend Variance | | | |
| | | | | | | |
| Level One Core | | | | | | |
| Learning Disabilities | 15,640 | 16,073 | 433 | Community packages are projecting an overspend of £716k based on a projection of 232 placement numbers to the end of the year, a net increase of 2 placements is anticipated for the remainder of the year. The service is currently reviewing high cost care packages with a view to reducing supports. Residential packages are £115k overspend and voluntary organisations £22k overspend, offset by a reduction in direct payment packages £8k over recovery on income £230k, and underspend in employee costs £138k. NHS vacancies in community teams continue to remain unfilled. | 544 | (111) |
| Older people | 42,777 | 42,036 | (741) | Care Homes/Care at Home (£0.570m projected underspend) Residential and nursing care placements are projecting an underspend of £470k, due to lower than anticipated occupancy levels at the start of the year and discharge numbers being higher than anticipated at this stage in the year. Efficiency savings of £500k are to be achieved in 2016/17 as a result of changes in the profile of admissions and discharges and Pavilion 3 enablement provision. Care at home is projecting an underspend of £100k. Income Income is expected to over recovery by £341k, mainly due to income received from charging orders for residential placements. For 16/17 the base income budget has been increased by £505k. Other Budgets Anticipated overspend of £170k mainly due to one off costs for mobile phones and staff uniforms for care at home staff who transferred from external providers and furniture costs for Anam Cara. | (1,011) | 270 |
| Physical Disabilities | 4,074 | 4,168 | 94 | Overspends are projected in Residential placements, £178k, based on total number of 40 residential packages at the end of the year, an anticipated net decrease of 1 placement for the remainder of the year, £40k projected overspend within the equipment budget offset with underspends in employee costs £123k. | 80 | 14 |
| Mental Health Community Teams | 5,401 | 5,519 | 118 | Residential packages projecting an underspend of £133k based on 32 placements at the end of the year. Community packages are projecting an overspend of £376k, these have increased significantly from the start of the year, with a net increase of 15 placements. Direct payments are also projecting an overspend of £63k. Further overspends within legal costs of £35k in relation to expenses for Financial intervention orders. Overspends are offset with projected underspends in employee costs £56k and increase in charges from services users £46k. Vacancies are in the process of being filled. Additional vacancies in EMH team has increased projected overspend. | 218 | (100) |

| Partnership Budget Objective Summary | 2015/16 Budget | | | Notes | Aligned | |
|--|----------------|---------|---------------------------------------|---|--|---|
| | Aligned | | | | Over/ (Under) Spend Variance at P8 | Movement in projected budget variance from P8 |
| | Budget | Outturn | Over/ (Under) Spend Variance | | | |
| | | | | | | |
| Level One Core | | | | | | |
| Addiction | 2,369 | 2,292 | (76) | The projected overspend within Addictions include staff mileage, mobile phones and supplies and services based on current spending patterns. Addiction Services are projected to underspend by £77k. This arises from a number of vacancies at the start of the year which have now been filled. | (75) | (1) |
| Community Nursing | 3,816 | 3,847 | 31 | Community Nursing is projected to overspend by £31k. This arises from District Nurse staff in post being above the funded establishment and increased costs in the provision of packages of care. The recently appointed Senior Manager - Locality Services is currently reviewing the staffing levels in each locality to understand how unfunded posts have been appointed to and to clarify workforce requirements going forward. At the same time, the needs of those who require complex adult care packages will be reviewed during this year to determine the level of support required and the most efficient and effective manner of securing this. | 41 | (10) |
| Prescribing | 29,099 | 29,266 | 167 | The average cost of drugs has increased due to the short supply of some drugs and an increase in other high cost drugs. | 0 | 167 |
| General Medical Services | 17,344 | 17,251 | (93) | The budget has been adjusted to reflect the annual allocation. An assessment of spend against this budget has revealed a non-recurring benefit. | 100 | (193) |
| Resource Transfer, Change Fund, Criminal Justice | 2,410 | 2,309 | (100) | Favourable variance within Changing Children's Services Fund in relation to staff turnover and mileage costs less than budgeted. Delay in allocation of Cumbrae Lodge resource transfer to following year releases a non-recurring benefit as does | (53) | (47) |
| Total Level One | 122,930 | 122,762 | (168) | | (156) | (12) |
| Level Two - Non District General Hospitals | | | | | | |
| Ayrshire Central Continuing Care | 3,939 | 3,862 | (78) | <p>There continue to be issues with high occupancy, patients being more frail and high staff sickness levels across a number of wards. The promoting attendance policy has been applied rigorously in Pavilion 3 and staff have been supported in clarifying their roles and enhancing their skills and competencies. This is having a positive impact and while managers continue to deal with a small number of outstanding issues on an individual basis, it is necessary to utilise Bank and occasionally Agency staff to sustain a safe level of service. At the same time, the Pavilion 3 budget is under a historic pressure relating to former staff members who are being supported in finding alternative opportunities.</p> <p>While the management of sickness absence for Pavilion 6 continues to be undertaken by the South Ayrshire Health and Social Care Partnership on a short-term basis to enable the flexible use of staffing within Biggart Hospital, the Senior Manager - Long-Term Care and their Service Manager will become more active within the unit to prepare staff for the return to the Ayrshire Central site. This will involve a significant Organisational Development input and it is anticipated that this will have a positive impact on the current pressures. In the meantime, Pavilion 6 continues to deliver a reduced level of service with only 26 of the 30 bed capacity being made available to support patient care.</p> <p>£380k of Delayed Discharge funding has been allocated non-recurringly for winter planning purposes and is offsetting the recurring overspend.</p> | (59) | (18) |
| Arran War Memorial Hospital | 1,613 | 1,683 | 70 | | 68 | 2 |
| Lady Margaret Hospital | 564 | 569 | 5 | | (2) | 7 |
| Total Level Two | 6,117 | 6,113 | (3) | | 6 | (9) |

| Partnership Budget Objective Summary | 2015/16 Budget | | | Notes | | |
|---|----------------|---------|---------------------------------------|---|--|---|
| | Aligned | | | | Aligned | |
| | Budget | Outturn | Over/ (Under) Spend Variance | | Over/ (Under) Spend Variance at P8 | Movement in projected budget variance from P8 |
| | £'000 | £'000 | £'000 | | £'000 | £'000 |
| Level Three - Lead Partnership Services | | | | | | |
| Mental Health Services | 44,979 | 45,178 | 199 | Lead partnership mental health services are projected to overspend by £199k in 2015/16. The position has improved from the previous report due to in the applicationnon-recurringly of MH Innovation and QuEST funding within adult inpatient services to address increasing demand and acuity of patients and a reduction in UNPACs expenditure. The overspend is incurred in the adult in-patient wards due to staff in post exceeding establishment as a result of high levels of constant observation and high sickness absence. Permission has been given recruit temporarily a numer of staffing non-recurringly which should help reduce the reliance and bank staffing and the level of overspend.It is anticipated that once services move to the new location of Woodland View in April 2016 the level of overspend will reduce as it is expected that the therapeutic and functional design of the wards in the new hospital will have an anticipated impact on the progress of patient recovery and support clinical/therapeutic interventions which may in turn result in a reduction in the frequency and longevity of enhanced observations post admission. Other actions to mitigate the overspend include: Review of work force requirements and re- implementation of the national nursing workforce tool post 6 months service transfer to new hospital to ensure workforce skill mix is adjusted to reflect design impact of new service Review and embed new ways of working within the new hospital to ensure/maximise service efficiency and release staff capacity | 328 | (129) |
| Family Nurse partnership | 476 | 476 | 0 | | 0 | 0 |
| Keepwell | 441 | 371 | (70) | | (41) | (29) |
| Training Health Visitors | 588 | 599 | 11 | The delay in trainees starting on the HV course from 2014-15 and delays in others completing their qualifcation has put pressure on the 2015-16 budget. Steps are being taken to bring the budget back into balance. | 29 | (18) |
| Other General Services | 141 | 130 | (11) | | (13) | 2 |
| Total Level Three | 46,625 | 46,754 | 129 | | 303 | (174) |

| Partnership Budget Objective Summary | 2015/16 Budget | | | Notes | Aligned | |
|---|----------------|---------|---------------------------------------|--|---|--|
| | Aligned | | | | Over/ (Under) Spend Variance at P8 £'000 | Movement in projected budget variance from P8 £'000 |
| | Budget | Outturn | Over/ (Under) Spend Variance | | | |
| | £'000 | £'000 | £'000 | | | |
| Level Four - Children's Services | | | | | | |
| Community Paediatrics | 508 | 501 | (7) | | 1 | (8) |
| C&F Social Work Services | 24,189 | 25,808 | 1,619 | <p>Children with Disabilities (£1.04m projected overspend) This is the most significant area of overspend due to 4 new residential packages, 3 which started during 14/15 and 2 which started in 15/16 and one existing package. The overspend relating to these 6 packages is £619k, residential respite is projecting an overspend of £61k based on current levels of activity. Further overspends are also projected within Community packages, £94k and Direct Payments £267k.</p> <p>Residential Schools including Secure accommodation and Community Supports (£0.013m projected overspend) Residential schools and community supports are projected to underspend by £17k mainly due to community placements being lower than budgeted and over a shorter time period. Secure accommodation is projecting an adverse variance of £30k due to one remand placement.</p> <p>Fostering, Adoption and Kinship (£0.714m projected overspend) Overall Fostering is projected to overspend by £102k due to a delay in moving placements from external to internal carers in the first three months of the year, this has now been addressed and placements have been moved. Additional funding for Continuing Care and Throughcare of £290k was allocated in period 10 to fund foster placements for young people aged over 16 years old. There is a projected overspend of £185k in relation to adoption placement fees and assessment costs which are higher than budgeted based on current demand. Kinship placements are projecting an overspend of £427k, this is due to an increase in the Kinship rate of £58 to £200 per week in line with foster allowances. The cost of back dating the payments to the 1st of October is £751k, this is offset by £269k received from the Scottish Government and an existing underspend of £55k.</p> <p>Other Expenditure (£0.148m projected underspend) Agency costs of £100k have been incurred for assessment purposes within the fieldwork teams offset with favourable variance in employee costs £47k. Family Support Network budget overspend by £39k and Standby Service projecting an overspend of £21k based on prior years outturn, offset with anticipated underspends in Throughcare and Care Leavers due to lower than anticipated demand £149k, IMPACCT carers projecting an underspend of £67k due to less than budgeted carers,</p> | 1,120 | 499 |
| Health Visiting | 1,861 | 1,924 | 63 | There is currently an imbalance in the health visiting budget across the 3 HSCPs. An exercise is underway to redress this imbalance and it is assumed for the purposes of the projection that funding will be transferred to the North HSCP from another partnership. | 34 | 29 |
| Total Level Four | 26,558 | 28,233 | 1,675 | | 1,156 | 519 |
| Direct Overheads & Support Services | 7,417 | 7,153 | (264) | Employee costs underspending by £221k due to holding of vacancies, over recoveries of income from Universities for Practice Teachers £30k, anticipated underspend within Money Matters team £65k, offset with revision of Health Income expected to be received for Management Posts. Agreement has been given by the NHS to provide additional funding for partnership management. The CD post remains unfunded. | (243) | (21) |
| Partnership Total | 209,647 | 211,015 | 1,369 | | 1,066 | 303 |

| Council Services Objective Summary | 2015/16 Budget | | | Notes | Council | |
|---------------------------------------|----------------|---------|---------------------------------------|--|--|---|
| | Council | | | | Over/ (Under) Spend Variance at P8 | Movement in projected budget variance from P8 |
| | Budget | Outturn | Over/ (Under) Spend Variance | | | |
| | £'000 | £'000 | £'000 | | £'000 | £'000 |
| Level One Core | | | | | | |
| Learning Disabilities | 15,139 | 15,623 | 484 | Community packages are projecting an overspend of £716k based on a projection of 232 placement numbers to the end of the year, a net increase of 2 placements is anticipated for the remainder of the year. The service is currently reviewing high cost care packages with a view to reducing supports. Residential packages are £115k overspend and voluntary organisations £22k overspend, offset by a reduction in direct payment packages £8k over recovery on income £230k, and underspend in employee costs £138k. | 596 | (112) |
| Older people | 42,777 | 42,036 | (741) | Care Homes/Care at Home (£0.570m projected underspend) Residential and nursing care placements are projecting an underspend of £470k, due to lower than anticipated occupancy levels at the start of the year and discharge numbers being higher than anticipated at this stage in the year. Efficiency savings of £500k are to be achieved in 2016/17 as a result of changes in the profile of admissions and discharges and Pavilion 3 enablement provision. Care at home is projecting an underspend of £100k. Income Income is expected to over recovery by £341k, mainly due to income received from charging orders for residential placements. For 16/17 the base income budget has been increased by £505k. Other Budgets Anticipated overspend of £170k mainly due to one off costs for mobile phones and staff uniforms for care at home staff who transferred from external providers and furniture costs for Anam Cara. | (1,011) | 270 |
| Physical Disabilities | 4,074 | 4,168 | 94 | Overspends are projected in Residential placements, £178k, based on total number of 40 residential packages at the end of the year, an anticipated net decrease of 1 placement for the remainder of the year, £40k projected overspend within the equipment budget offset with underspends in employee costs £123k. | 80 | 14 |

| Council Services Objective Summary | 2015/16 Budget | | | Notes | Council | |
|--|----------------|----------|---------------------------------------|--|--|---|
| | Council | | | | Over/ (Under) Spend Variance at P8 | Movement in projected budget variance from P8 |
| | Budget | Outturn | Over/ (Under) Spend Variance | | | |
| | £'000 | £'000 | £'000 | | £'000 | £'000 |
| Level One Core | | | | | | |
| Mental Health Community Teams | 3,117 | 3,348 | 231 | Residential packages projecting an underspend of £133k based on 32 placements at the end of the year. Community packages are projecting an overspend of £376k, these have increased significantly from the start of the year, with a net increase of 15 placements. Direct payments are also projecting an overspend of £63k. Further overspends within legal costs of £35k in relation to expenses for Financial intervention orders. Overspends are offset with projected underspends in employee costs £56k and increase in charges from services users £46k. | 310 | (79) |
| Addiction | 1,312 | 1,313 | 1 | The projected overspend within Addictions include staff mileage, mobile phones and supplies and services based on current spending patterns. | 6 | (5) |
| Community Nursing | | 0 | 0 | | 0 | 0 |
| Prescribing | | 0 | 0 | | 0 | 0 |
| General Medical Services | | 0 | 0 | | 0 | 0 |
| Resource Transfer, Change Fund, Criminal Justice | (12,136) | (12,149) | (13) | Favourable variance within Changing Children's Services Fund in relation to staff turnover and mileage costs less than budgeted. | (8) | (5) |
| Total Level One | 54,283 | 54,339 | 56 | | (27) | 83 |
| Level Two - Non District General Hospitals | | | | | | |
| Ayrshire Central Continuing Care | | | | | | 0 |
| Arran War Memorial Hospital | | | | | | 0 |
| Lady Margaret Hospital | | | | | | 0 |
| Total Level Two | 0 | 0 | 0 | | 0 | 0 |

| Council Services Objective Summary | 2015/16 Budget | | | Notes |
|---|----------------|---------|---------------------------------------|--|
| | Council | | | |
| | | | Over/ (Under) Spend Variance | |
| | Budget | Outturn | | |
| | £'000 | £'000 | £'000 | |
| Level Three - Lead Partnership Services | | | | |
| Total Level Three | 0 | 0 | 0 | |
| Level Four - Children's Services | | | | |
| Community Paediatrics | | | | |
| C&F Social Work Services | 24,189 | 25,808 | 1,619 | <p>Children with Disabilities (£1.04m projected overspend)</p> <p>This is the most significant area of overspend due to 4 new residential packages, 3 which started during 14/15 and 2 which started in 15/16 and one existing package. The overspend relating to these 6 packages is £619k, residential respite is projecting an overspend of £61k based on current levels of activity.</p> <p>Further overspends are also projected within Community packages, £94k and Direct Payments £267k.</p> <p><u>Residential Schools including Secure accommodation and Community Supports (£0.013m projected overspend)</u></p> <p>Residential schools and community supports are projected to underspend by £17k mainly due to community placements being lower than budgeted and over a shorter time period.</p> <p>Secure accommodation is projecting an adverse variance of £30k due to one remand placement.</p> <p><u>Fostering, Adoption and Kinship (£0.714m projected overspend)</u></p> <p>Overall Fostering is projected to overspend by £102k due to a delay in moving placements from external to internal carers in the first three months of the year, this has now been addressed and placements have been moved. Additional funding for Continuing Care and Throughcare of £290k was allocated in period 10 to fund foster placements for young people aged over 16 years old. There is a projected overspend of £185k in relation to adoption placement fees and assessment costs which are higher than budgeted based on current demand.</p> <p>Kinship placements are projecting an overspend of £427k, this is due to an increase in the Kinship rate of £58 to £200 per week in line with foster allowances. The cost of back dating the payments to the 1st of October is £751k, this is offset by £269k received from the Scottish Government and an existing underspend of £55k.</p> <p><u>Other Expenditure (£0.148m projected underspend)</u></p> <p>Agency costs of £100k have been incurred for assessment purposes within the fieldwork teams offset with favourable variance in employee costs £47k. Family Support Network budget overspend by £39k and Standby Service projecting an overspend of £21k based on prior years outturn, offset with anticipated underspends in Throughcare and Care Leavers due to lower than anticipated demand £149k, IMPACCT carers projecting an underspend of £67k due to less than budgeted carers, staff training projecting and underspend of £90k, £45k other overspends within transport and supplies and services.</p> |
| Health Visiting | | | | |
| Total Level Four | 24,189 | 25,808 | 1,619 | |
| Direct Overheads & Support Services | 6,209 | 5,955 | (254) | Employee costs underspending by £221k due to holding of vacancies, over recoveries of income from Universities for Practice Teachers £30k, anticipated underspend within Money Matters team £65k, offset with revision of Health Income expected to be received for Management Posts. |
| Partnership Total | 84,680 | 86,101 | 1,421 | |

| Indicative Health & Social Care Partnership Budgets: North - Health Funded Budgets | | | | | | Appendix 3 | |
|--|-----------------|------------------|--|--|---|--|--|
| Objective Report as at 31st January 2016 | | | | | | | |
| Health Services Objective Summary | 2015/16 Budget | | | Notes | Health | | |
| | Health | | | | Over/ (Under) Spend Variance at P8 £'000 | Movement in projected budget variance from P8 £'000 | |
| | Budget £'000 | Outturn £'000 | Over/ (Under) Spend Variance £'000 | | | | |
| | | | | | | | |
| Level One Core | | | | | | | |
| Learning Disabilities | 501 | 450 | (51) | NHS vacancies in community teams contiune to remain unfilled. | (52) | 1 | |
| Older people | 0 | 0 | 0 | | 0 | 0 | |
| Physical Disabilities | 0 | 0 | 0 | | 0 | 0 | |
| Mental Health Community Teams | 2,285 | 2,172 | (113) | Vacancies are in the process of being filled. Additional vacancies in EMH team has increased projected overspend. | (92) | (21) | |
| Addiction | 1,057 | 980 | (77) | Addiction Services are projected to underspend by £77k. This arises from a number of vacancies at the start of the year which have now been filled. | (81) | 4 | |
| Community Nursing | 3,816 | 3,847 | 31 | Community Nursing is projected to overspend by £31k. This arises from District Nurse staff in post being above the funded establishment and increased costs in the provision of packages of care. The recently appointed Senior Manager - Locality Services is currently reviewing the staffing levels in each locality to understand how unfunded posts have been appointed to and to clarify workforce requirements going forward. At the same time, the needs of those who require complex adult care packages will be reviewed during this year to determine the level of support required and the most efficient and effective manner of securing this. | 41 | (10) | |
| Prescribing | 29,099 | 29,266 | 167 | The average cost of drugs has increased due to the short supply of some drugs and an increase in other high cost drugs. | 0 | 167 | |
| General Medical Services | 17,344 | 17,251 | (93) | The budget has been adjusted to reflect the annual allocation. An assessment of spend against this budget has revealed a non-recurring benefit. | 100 | (193) | |
| Resource Transfer, Change Fund, Criminal Justice | 14,545 | 14,458 | (87) | Delay in allocation of Cumbrae Lodge resource transfer to following year releases a non-recurring benefit as does an underspend on the NHS elements of the ICF. | (45) | (42) | |
| Total Level One | 68,648 | 68,423 | (224) | | (129) | (95) | |
| Level Two - Non District General Hospitals | | | | | | | |
| Ayrshire Central Continuing Care | 3,939 | 3,862 | (78) | There continue to be issues with high occupancy, patients being more frail and high staff sickness levels across a number of wards. The promoting attendance policy has been applied rigorously in Pavilion 3 and staff have been supported in clarifying their roles and enhancing their skills and competencies. This is having a positive impact and while managers continue to deal with a small number of outstanding issues on an individual basis, it is necessary to utilise Bank and occasionally Agency staff to sustain a safe level of service. At the same time, the Pavilion 3 budget is under a historic pressure relating to former staff members who are being supported in finding alternative opportunities. While the management of sickness absence for Pavilion 6 continues to be undertaken by the South Ayrshire Health and Social Care Partnership on a short-term basis to enable the flexible use of staffing within Biggart Hospital, the Senior Manager - Long-Term Care and their Service Manager will become more active within the unit to prepare staff for the return to the Ayrshire Central site. This will involve a significant Organisational Development input and it is anticipated that this will have a positive impact on the current pressures. In the meantime, Pavilion 6 continues to deliver a reduced level of service with only 26 of the 30 bed capacity being made available to support patient care. £380k of Delayed Discharge funding has been allocated non-recurringly for winter planning purposes and is offsetting the recurring overspend. | (59) | (18) | |
| Arran War Memorial Hospital | 1,613 | 1,683 | 70 | | 68 | 2 | |
| Lady Margaret Hospital | 564 | 569 | 5 | | (2) | 7 | |
| Total Level Two | 6,117 | 6,113 | (3) | | 6 | (9) | |

| Health Services Objective Summary | 2015/16 Budget | | | Notes | Health | |
|---|----------------|---------|---------------------------------------|--|---|--|
| | Health | | | | Over/ (Under) Spend Variance at P8 £'000 | Movement in projected budget variance from P8 £'000 |
| | Budget | Outturn | Over/ (Under) Spend Variance | | | |
| | £'000 | £'000 | £'000 | | | |
| Level Three - Lead Partnership Services | | | | | | |
| Mental Health Services | 44,979 | 45,178 | 199 | Lead partnership mental health services are projected to overspend by £199k in 2015/16. The position has improved from the previous report due to in the applicationnon-recurring of MH Innovation and QuEST funding within adult inpatient services to address increasing demand and acuity of patients and a reduction in UNPACs expenditure. The overspend is incurred in the adult in-patient wards due to staff in post exceeding establishment as a result of high levels of constant observation and high sickness absence. Permission has been given recruit temporarily a number of staffing non-recurringly which should help reduce the reliance and bank staffing and the level of overspend.It is anticipated that once services move to the new location of Woodland View in April 2016 the level of overspend will reduce as it is expected that the therapeutic and functional design of the wards in the new hospital will have an anticipated impact on the progress of patient recovery and support clinical/therapeutic interventions which may in turn result in a reduction in the frequency and longevity of enhanced observations post admission. Other actions to mitigate the overspend include: Review of work force requirements and re- implementation of the national nursing workforce tool post 6 months service transfer to new hospital to ensure workforce skill mix is adjusted to reflect design impact of new service Review and embed new ways of working within the new hospital to ensure/maximise service efficiency and release staff capacity Optimise workforce attendance with review of staff absence & well being recovery plans to ensure targets are reached | 328 | (129) |
| Family Nurse partnership | 476 | 476 | 0 | | 0 | 0 |
| Keepwell | 441 | 371 | (70) | | (41) | (29) |
| Training Health Visitors | 588 | 599 | 11 | The delay in trainees starting on the HV course from 2014-15 and delays in others completing their qualification has put pressure on the 2015-16 budget. Steps are being taken to bring the budget back into balance. | 29 | (18) |
| Other General Services | 141 | 130 | (11) | | (13) | 2 |
| Total Level Three | 46,625 | 46,754 | 129 | | 303 | (174) |
| Level Four - Children's Services | | | | | | |
| Community Paediatrics | 508 | 501 | (7) | | 1 | (8) |
| C&F Social Work Services | 0 | 0 | 0 | | 0 | 0 |
| Health Visiting | 1,861 | 1,924 | 63 | There is currently an imbalance in the health visiting budget across the 3 HSCPs. An exercise is underway to redress this imbalance and it is assumed for the purposes of the projection that funding will be transferred to the North HSCP from another partnership. | 34 | 29 |
| Total Level Four | 2,369 | 2,425 | 56 | | 36 | 20 |
| Direct Overheads & Support Services | 1,208 | 1,198 | (10) | Agreement has been given by the NHS to provide additional funding for partnernership management. The CD post remains unfunded. | 22 | (32) |
| Partnership Total | 124,967 | 124,914 | (52) | | 238 | (290) |

| Change Programme Financial Summary | | | | | | Appendix 4 |
|---|-------------------|-----------------------|--------------------------|------------------------|------------------------------|--------------------------|
| | | | | | | |
| Integrated Care Fund | | | | | | |
| | Allocation | Total Projected Spend | NAC Projected Variance | NHS Projected Variance | Arran CVS Projected Variance | Total Projected Variance |
| Ideas and Innovation | £1,041,788 | £936,914 | -£26,746 | -£78,128 | £0 | -£104,874 |
| RCOP | £993,487 | £1,099,865 | £35,349 | £71,029 | £0 | £106,378 |
| Change Team | £802,448 | £684,572 | -£82,912 | -£34,964 | £0 | -£117,876 |
| Contingency | £103,836 | £12,000 | -£91,836 | | | -£91,836 |
| TOTAL | £2,941,559 | £2,733,351 | -£166,145 | -£42,063 | £0 | -£208,208 |
| | | | | | | |
| | | | | | | |
| Delayed Discharge Allocation | | | | | | |
| | Allocation | Total Projected Spend | Total Projected Variance | | | |
| Rehab and Reablement | £228,616 | £169,803 | -£58,813 | | | |
| Aids and Adaptations | £19,250 | £6,417 | -£12,833 | | | |
| Care at Home | £603,179 | £161,734 | -£441,445 | | | |
| Community Equipment | | £97,666 | £97,666 | | | |
| Contingency | £15,956 | £0 | -£15,956 | | | |
| Winter Pressures | | £431,381 | £431,381 | | | |
| TOTAL | £867,000 | £867,000 | £0 | | | |
| | | | | | | |
| | | | | | | |
| Note : negative variance represents an underspend | | | | | | |
| | | | | | | |

| HSCF 2015/16 Savings Tracker | | | | | | | | | Appendix 4 |
|--|-------------------|--|-------------|---------|-------------------|---------------------|-----------------------|--------|---|
| Budget Savings | Senior Manager | | Reference | 2015/16 | Savings Delivered | Projected Full Year | Anticipated Shortfall | BRAG | |
| | | | | £ | at Month 10 | Saving | | Status | Comment |
| Health and Social Care Partnership | | | | | | | | | |
| Staff turnover baseline budget saving based on historic trends | ALL | | SP-HSC-23 | 298,000 | 298,000 | 298,000 | | Blue | Staff turnover will be achieved |
| Mental Health Care Package baseline budget adjustment based on historic underspends | Dale Mellor | | SP-HSC-24 | 200,000 | 260,000 | 200,000 | - | Blue | Review of care packages and temporary decreases to packages has resulted in savings of £260k |
| Increase the administrative charge for Criminal Justice Service to 8% | David MacRitchie | | SP-HSC-15 | 112,000 | 112,000 | 112,000 | - | Green | Admin charge allocated at year end to Section 27 Grant. Charge increased at end of FY14/15 to bring in line with 8% overhead allocation |
| Reduction through early intervention in the demand for foster care and alternative family placements | Elizabeth Stewart | | SP-HSC-08 | 83,200 | - | | 83,200 | Red | Work ongoing at present with a number of placements, outcomes not known at present. Risk full saving is not achieved. At period 10 there has been no change in the number of foster placement from the start of the year. |
| Children with Disabilities - improved procurement for provision of community support services. | Elizabeth Stewart | | SP-HSC-09 | 25,000 | 25,000 | 25,000 | | Blue | Achieved through reduction of budget for community supports provided by supported carers |
| Realignment of foster care services from external to in-house carer provision | Elizabeth Stewart | | SP-HSC-11 | 91,520 | 60,833 | 60,833 | 30,687 | Blue | Slippage due to placements not moved until July, previously anticipated to be before April 15, in order to achieve full year savings |
| Efficiency savings which will accrue through the implementation of the CM2000 system. | Helen McArthur | | SP-SS-13-18 | 200,000 | - | 200,000 | | Blue | Savings will not be achieved through use of CM2000, savings have been reallocated and expected to be delivered from various other budgets as detailed in 16/17 plans eg. savings to overtime expenditure and training budgets |
| The full implementation of CM2000 will enable the management of more efficient services, delivering a 15% saving, in line with other local authorities | Helen McArthur | | SP-HSC-04 | 200,000 | - | 200,000 | | Blue | Savings will not be achieved through use of CM2000, savings have been reallocated and expected to be delivered from various other budgets as detailed in 16/17 plans eg. savings to overtime expenditure and training budgets |
| Review information systems team | Janine Hunt | | SP-SS-13-09 | 30,092 | 30,092 | 30,092 | | Blue | Post given up in C & F to fund trainer post within carefirst team |
| Review of Partnership support functions | Janine Hunt | | SP-HSC-03 | 50,000 | 50,000 | 50,000 | | Green | Saving to date achieved through grade 10 post no. 309809 replaced with Grade 7 (0.6FTE) post no. 311712, balance expected to be achieved this year through vacancies still to be identified |

| Budget Savings | Senior Manager | Reference | 2015/16 | Savings Delivered | Projected Full Year | Anticipated Shortfall | BRAG | Comment |
|--|-------------------------------|-------------|-----------|-------------------|---------------------|-----------------------|--------|--|
| | | | £ | at Month 10 | Saving | | Status | |
| Health and Social Care Partnership | | | | | | | | |
| Review of block contracted services - including George Steven Centre | John McCaig | SP-SS-13-29 | 14,846 | - | - | | Red | Saving will not be achieved, review of Block Contract was achieved in 2013/14. NAC utilising more places than block contract, therefore additional costs are being incurred. Additional savings from review of high cost care packages in SP-SS-13-42 will be achieved to offset non delivery of this saving |
| Rationalisation of Local Area Coordinator posts | John McCaig | SP-SS-13-35 | 45,875 | 45,875 | 45,875 | - | Blue | Savings achived prior year |
| Redesign of Council LD Day Services | John McCaig | SP-SS-13-31 | 122,900 | 122,900 | 122,900 | - | Blue | Savings achived prior year |
| Review of high cost care packages | John McCaig | SP-SS-13-42 | 100,000 | 127,000 | 100,000 | | Blue | Review plan in place, savings have been achieved though temporary and permanent reductions to care packages |
| Review of complex packages of care for individuals with a Learning Disability | John McCaig | SP-HSC-07 | 50,000 | 50,000 | 50,000 | | Blue | High Cost care packages currently being reviewed |
| Additional income from charges. The actual income received is greater than the amount budgeted and the budget is being amended to reflect the actual position | John McCaig - Charging Policy | SP-SS-13-04 | 41,000 | 41,000 | 41,000 | | Blue | Increase in charge for Dirrans Head Injuries Unit has been implemented with East Ayrshire Council resulting in achieving income savings |
| Increase in Income Budget. Revision of base budget to reflect inflation increases and improvements to the charging process to ensure charges are implemented according to the policy. | John McCaig - Charging Policy | SP-HSC-13 | 100,000 | 100,000 | 100,000 | | Blue | Income to date projecting an over recovery |
| Review Assessment and Care Management staff within Older People | Mary Francey | SP-SS-11-29 | 100,668 | 67,000 | 100,668 | | Green | £67k achieved through restructure Nov 13, balance to be achieved. Post has been identified awaiting on confirmation from Mary |
| Review of purchased service contracts - including supported living | Mary Francey | SP-SS-13-38 | 108,000 | 206,000 | 108,000 | | Blue | Savings achieved through review of care packages and temporary decreases |
| Older People - Review of support offered to individuals through admission to Hospital and the planning of discharges back to community settings to improve the quality of support and ensure greater continuity. | Mary Francey | SP-HSC-10 | 40,000 | - | 40,000 | | Green | Post identified awaiting on confirmation |
| Transport Savings - introduction of a central transport hub, taking over responsibility for the management and utilisation of all journey provision, will enable a 10% saving across the Council's fleet | n/a | SP-SS-13-05 | 6,000 | 6,000 | 6,000 | - | Blue | |
| Rationalisation of the Family Support services across North Ayrshire linked to the Dartington research work | Stephen Brown | SP-HSC-22 | 50,000 | 50,000 | 50,000 | | Blue | Reduction of Family Network service from Quarriers |
| Cumbrae Lodge | Isabel Marr | NHS | 550,000 | 550,000 | 550,000 | - | Blue | Beds didn't close until June |
| Total for Health and Social Care Partnership | | | 2,619,101 | 2,201,700 | 2,490,368 | 113,887 | - | - |

Integration Joint Board
10th March 2016
Agenda Item No. 7

Subject: **Reserves Strategy**

Purpose: To agree a Reserves Strategy for the North Ayrshire Integration Joint Board (IJB)

Recommendation: That the Board (a) **approves** the enclosed Reserves Strategy

1. EXECUTIVE SUMMARY

1.1 The Integration Scheme states that

“Where an underspend in an element of the operational budget arises from specific management action, this will be retained by the Integration Joint Board to either fund additional capacity in-year in line with its Strategic Plan or be carried forward to fund capacity in subsequent years of the Strategic Plan subject to the terms of the Integration Joint Board’s Reserves Strategy. Any windfall underspend will be returned to Parties in the same proportion as individual Parties contribute to joint pressures.”

1.2 Reserve Funds are established as part of good financial management. The purposes of reserve funds are as follows:

- a) As a working balance to help cushion the impact of uneven cash flows
- b) As a contingency to cushion the impact of unexpected events or emergencies and

As a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities

2. CURRENT POSITION

2.1 The enclosed Reserves Strategy outlines the process for creating and using IJB Reserves. In line with CIPFA recommended practice the Strategy recommends that the IJB Reserves are between 2 and 4% of revenue expenditure. This would equate to between £4m and £8m.

3. Implications

- 3.1 Financial
The Reserves Strategy ensures that the IJB has a formal process for holding and using reserves generated, in line with the Integration Scheme.
- 3.2 Human Resources
There are no human resource implications.
- 3.3 Legal
There are no legal implications.
- 3.4 Equality
There are no equality implications.
- 3.5 Environmental & sustainability
There are no environmental & sustainability implications.

4. CONSULTATIONS

- 4.1 This report has been produced in consultation with the Directors of Finance of the Health Board and Council.

5. CONCLUSION

- 5.1 The Board is asked to approve the enclosed Reserves Strategy.

For more information please contact Lesley Aird, Chief Finance Officer on 01294 32456

NORTH AYRSHIRE INTEGRATION JOINT BOARD

RESERVES STRATEGY

| | |
|-----------|---|
| 1. | Introduction |
| 1.1 | <p>Reserve Funds are established as part of good financial management. The purposes of reserve funds are as follows:</p> <ul style="list-style-type: none"> a) As a working balance to help cushion the impact of uneven cash flows b) As a contingency to cushion the impact of unexpected events or emergencies and <p>As a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities</p> |
| 1.2 | <p>North Ayrshire Integration Joint Board (IJB) is a legal entity in its own right created by Parliamentary Order following Ministerial approval of the Integration Scheme and has been formally constituted under a body corporate model. The IJB is expected to operate under public sector best practice governance arrangements. The revenue budget for the day to day running costs of the Partnership is delegated by North Ayrshire Council and NHS Ayrshire and Arran (the Parties) and the Partnership subsequently commissions services from these two partner organisations.</p> |
| 1.3 | <p>On 1 April 2015, the Scottish Government formally approved the Integration Scheme for the North Ayrshire IJB. This includes a section on reserves and balances which states that where an underspend in an element of the operational budget arises from specific management action, this will be retained by the IJB to either fund additional capacity in-year in line with its Strategic Plan or be carried forward to fund capacity in subsequent years of the Strategic Plan subject to the terms of the IJB's Reserves Strategy. Any windfall underspend will be returned to Parties in the same proportion as individual parties contribute to joint pressures.</p> |
| 1.4 | <p>Financial Regulations for North Ayrshire Health and Social Care Partnership were formally approved by the IJB on 2 April 2015. Section 29 of the Financial Regulations highlights that legislation empowers the IJB to hold reserves which should be accounted for in the financial accounts and records of the IJB.</p> |
| 1.5 | <p>This Reserves Strategy should be read in conjunction with the Financial Regulations for the IJB.</p> |
| 2. | <p>Categorisation of Reserve Funds</p> <p>There are two categories of reserve fund which are:</p> <ul style="list-style-type: none"> • Committed Balances/Carry forwards • Financial Planning Balances |

| | |
|------------|--|
| 2.1 | Committed Balances/Carry Forwards |
| 2.1.1 | <p>Balances which are essential to the IJB to enable it to meet definite commitments, these will include:</p> <ul style="list-style-type: none"> • Funding received from external organisations with spending conditions attached and where expenditure has yet to be incurred or conditions satisfied • Policy decisions of the IJB / Council / NHS Board, i.e. approval to commit the Health and Social Care Partnership to future spend on specific initiatives |
| 2.2 | Financial Planning Balances |
| 2.2.1 | Financial planning balances may be held by the IJB to plan ahead to meet the cost of potential commitments which may occur in the short to medium term. Such balances can be held to fund capacity within service priorities as set out in the Strategic Plan. |
| 2.2.2 | These balances may be generated through specific management action during the financial year or at the financial year-end following a review of the Partnership's final outturn position by the Chief Officer in conjunction with the Chief Financial Officer (CFO). |
| 2.2.3 | Where additional expenditure / reduced income offset against financial planning balances is of a recurring nature the Chief Officer and CFO should ensure a plan is established to enable the commitment to be financed in subsequent financial years. |
| 2.2.4 | Such balances need to be agreed in advance with the Director of Finance (NHS Ayrshire and Arran) and the Chief Finance Officer (section 95) of North Ayrshire Council to confirm that they should not be considered as windfall, therefore, uncommitted balances, see section below. |
| 2.3 | Lead Partnership Services Reserves |
| 2.3.1 | Reserves generated in respect of underspends in Lead Services must be ringfenced to be used for that Lead Service. In the event that it is not required for use within the Lead Service the reserve must be disbursed between the three Ayrshire IJBs on the same basis as the budget share for the Lead Service for that year. |
| 3. | Level of Balances Held |
| 3.1 | CIPFA recommend that reserves balances should be between 2 and 4% of revenue expenditure. The IJB should, therefore, in total, hold no more than 4% of revenue expenditure as desirable balances. Where balances are significantly in excess of this or not identified for future anticipated liabilities or projects, the IJB may consider transfer of the excess to fund specific projects. In the event that the IJB is unable to identify appropriate projects excess balances may, with IJB approval, transfer to partners in |

| | |
|------------|---|
| | the same proportion as individual parties contribute to joint pressures. |
| 4. | Review of Balances |
| 4.1 | North Ayrshire IJB's Reserves Strategy requires the Board to review balances on an annual basis following the external audit of the Statement of Accounts to allow board members to examine the level and detail of balances held. The Reserves Strategy will be reviewed annually as part of the closure of accounts process for the IJB. |
| 4.2 | The annual report will provide details of and the reason for retaining existing balances. |
| 5. | Utilisation of Balances |
| 5.1 | Where a balance has been committed for a specific purpose and expenditure has been incurred or grant conditions met a request should be made to the CFO in order that the balance is drawn down and matched against expenditure incurred. The subsequent Financial Management Report to the IJB will note that a budget transfer has taken place. |
| 5.2 | In order to demonstrate movement in specific balances it is important that draw downs are requested even on occasions where the IJB is reporting an in year underspend. |
| 5.3 | Where the balance exceeds the expenditure incurred then the remaining balance will be reclassified as an uncommitted balance and treated accordingly. |
| 5.4 | Financial Management and Financial Reporting Arrangements |
| 5.4.1 | <p>The Integration Scheme outlines that recording of all financial information in respect of the IJB will be in the financial ledger of the Party which is delivering financial services on behalf of the IJB. The two key factors influencing this are:</p> <ul style="list-style-type: none"> • NHS Boards are not permitted to earmark revenue funding allocations for carry-forward as a matter of course • IJBs have been classified as local authority bodies for the purposes of their annual accounts and committed balances and financial planning balances require to be transferred to North Ayrshire Council for earmarking as part of the closure of accounts process for the IJB. |
| | Date Approved: 10 March 2016 |
| | Review Timeframe: Every three years |

Integration Joint Board
10th March 2016
Agenda Item No. 9

Subject: **Corporate Parenting**

Purpose: This report provides an update on the work progressing as part of the Corporate Parenting responsibilities of the Health and Social Care Partnership for Looked After children.

Recommendation: That the IJB approves of the approach to Corporate Parenting under the new Act and agrees to adopt the Scottish Care Leavers Covenant (2015).

1. INTRODUCTION

- 1.1 When a child or young person becomes 'looked after' the state assumes duties and responsibilities to safeguard and promote their welfare and wellbeing. At time of writing, this includes a total of 635 young people in North Ayrshire who are formally 'looked after' either at home, with foster carers or kinship carers or with a residential establishment.
- 1.2 Despite the extensive framework of law and policy, many looked after children and care leavers experience some of the poorest personal outcomes of any group in Scotland. Low levels of educational engagement and achievement feed into high levels of poverty, homelessness and poor mental health. Rates of suicide and self-harm are higher than that of the general population. In 2013 a third of young offenders had been in care at some point in their childhood.
- 1.3 The needs of looked after children and care leavers are often complex, reflecting backgrounds of trauma, loss and instability. Some have physical and/or mental/learning disabilities. Therefore safeguarding and promoting their welfare and wellbeing can be challenging.
- 1.4 Good parents aim to do much more than the basics for their young people and Scotland's care leavers should expect their corporate parents to do the same.
- 1.5 Corporate parenting represents the principles and duties on which improvements can be made for these young people. The term refers to an organisation's performance of actions necessary to uphold the rights and secure the wellbeing of a looked after child or care leaver, and through which physical, emotional, spiritual, social and educational development is promoted, from infancy through to adulthood.

- 1.6 In other words, corporate parenting is about responsible organisations such as Health and Social Care Partnerships, the NHS and Local Authorities listening to the needs, hopes and wishes of children and young people, and being proactive and determined in their collective efforts to meet them.
- 1.7 The introduction of the Scottish Care Leavers Covenant (2015) supports Scotland's corporate parents, in fulfilling their duties to improve the life chances of all of Scotland's care leavers.
- 1.8 By endorsing and signing up to the Scottish Care Leavers Covenant corporate parents can demonstrate their commitment to excellence by transforming practice, culture and outcomes for all care leavers.

2. CURRENT POSITION

- 2.1 North Ayrshire Health and Social Care Partnership, North Ayrshire Council, the NHS and their community planning partners are committed to improving outcomes for all our young people with care experience.
- 2.2 There is presently significant activity which fulfils many of the expectations of the Scottish Care Leavers Covenant (2015) with the ambition of making maximum difference to the lives of our children and young people with Care experience.
- 2.3 Our Corporate Parenting strategy 2014 – 2017 is due for renewal in light of the Children and Young Person Act 2014. There is presently a writing group established made up of key partners which will create a Corporate Parenting Strategy, ambitious for improving the wellbeing our young people with Care experience.
- 2.4 Through these strategies, all agencies will commit to work in partnership to ensure the achievement of the eight well-being indicators and will ensure that our young people are: safe, healthy, active, nurtured, achieving, respected responsible and included (SHANARRI).
- 2.5 The support for looked after children and young people and care leavers takes many varied forms. However it is particularly evident within Education and the Health and Social Care Partnership. These services, along with others, prioritise the needs of Children and Young people with care experience and provide services to improve their wellbeing and life chances.
- 2.6 As an example;

Presently Education have specific staff who support looked after children and each school have a Looked After coordinator and extended outreach offer weekly homework clubs to all Children's units.

In partnership, Health and Social Care staff provide Activity Agreements and preparation for employability work through the work of Throughcare, Aftercare and the Rosemount Project. Presently there is one member of staff whose sole role is to support young people with Care experience to move closer to employment or into employment, education or training. This employment adviser is funded by the Economies and Communities department and delivers an education funded activity agreement for those deemed not job ready.

We currently also have an agreement in place where young people who have been through the care system, have exclusive access to a selection of North Ayrshire Council posts and a guarantee of an interview where they meet the essential criteria. We also now offer a guarantee of an interview to Care Leavers for council's modern apprenticeship posts.

There is also work on going to seek to get agreement from companies whom the council procure services from agreeing to a similar approach to guarantee interviews for Care Leavers when they meet the essential criteria.

There have been some very positive recent examples of external companies whom we have developed good working relationships with, who have directly approached the Throughcare and Aftercare service to offer modern apprenticeships and work placement's and training opportunities with the real option of employment.

3. PROPOSALS

3.1 There is much within the Scottish Care Leavers Covenant (2015) which we are already fulfilling, however there is also room for improvement.

3.2 The proposals below are highlighted as areas where we could improve our approach to Corporate Parenting practice in North Ayrshire Health and Social Care Partnership, the NHS and North Ayrshire Council.

3.3 Should these improvements be agreed it is anticipated that this would be seen as progression towards creating a Corporate Parenting Strategy which reflects a commitment to the Covenant and enable the Partnership, NHS and Council to complement and enhance corporate parenting activity and improve consistency of practice across all areas.

3.4 **Improvement in supporting young care leavers towards entering Education, Employment and Training**

- A commitment to create a staged vocational / educational programme between the HSCP and Economy and Communities, designed to target the most displaced or hard to reach young people with Care Experience. This would be as preparation for entering the Skills Pipeline, a programme designed around the needs of young people preparing them to start the journey into the employment pipeline,
- The council, NHS and other partners ring fence a number of Modern Apprenticeships exclusively for young people with Care Experience. It is proposed that any Care leavers who almost meet the criteria for a Modern Apprenticeship or who can show a genuine desire and aptitude for a post, be given the opportunity for a ring fenced MA post. It would be anticipated that this would require supports from the HSCP to enable that young person to sustain employment.
- A more structured format through the procurement or tendering process to ensure firms or companies who have contracts with the council agree to offer Modern Apprenticeships or work experience and where they meet essential criteria can progress onto a guaranteed interview for young people with care leaver experience.

3.5 The completion of the new Corporate Parenting Strategy

- The Corporate Parenting Plan writing group will complete the Corporate Parenting Strategy and consider how the strategy can incorporate the Scottish Care Leavers Covenant (2015) in its promises.
- This is at the early stages of completion and may include other promises which enhance Corporate parenting, such as; support for young care leavers from within Jobcentre Plus to ease access to the service. Access to targeted Mental Health service for Young people with Care experience, as well as access to money matters advice regarding the implication of young people securing employment upon their benefits.

4. IMPLICATIONS

- 4.1 There already exist good practice examples from the North Ayrshire HSCP, Council, NHS and other partners in delivering on our Corporate Parenting responsibilities. This proposal will build upon existing partnerships and utilise current or agreed resources and posts to complement and enhance corporate parenting activity and improve consistency of practice and provision across the local authority, NHS and Health and Social Care Partnership.

5. CONSULTATIONS

- 5.1 There has been consultation with Throughcare managers, and members of the Corporate Parenting writing group and the Head of Service for Children and Families and Criminal Justice regarding the proposals.
- 5.2 Discussions with other partners are ongoing in relation to other areas of development. Further work is required, however, to shape these developments but they will form part of the draft Corporate Parenting Strategy that will be widely consulted upon prior to publication.

6. CONCLUSION

- 6.1 Corporate parenting is about responsible organisations such as Health and Social Care Partnerships, the NHS and Local Authorities listening to the needs, hopes and wishes of children and young people who have care experience, and being proactive and determined in their collective efforts to meet them.
- 6.2 With the introduction of the Children and Young People (Scotland) Act 2014 which came into force on the 1st of April 2015, there is a need for the Health and Social Care Partnership, the NHS and Local Authority to complete the Corporate Parenting Strategy in line with Part 9 of the act. The introduction of the Scottish Care Leavers Covenant supports this development of the corporate parent strategy and organisations in fulfilling their duties to improve the life chances of all of Scotland's care leavers.

- 6.3 The above proposal goes some way to ensuring that North Ayrshire's Corporate Parents understand the lives of their looked after young people and care leavers and respond to their needs as they would to their own children's needs.

For more information please contact Mark Inglis, Senior Manager, Children and Families, Intervention Services on 01294317794 or Markinglis@north-ayrshire.gcsx.gov.uk

Integration Joint Board
10th March 2016
Agenda Item No. 11

Subject: **Director's Report**

Purpose: To advise members of the North Ayrshire Integration Joint Board of developments within the North Ayrshire Health & Social Care Partnership (NAHSCP).

Recommendation: That members of the IJB note progress made to date.

1. INTRODUCTION

- 1.1 This report presents a high level overview for members of the Integration Joint Board (IJB) of the work undertaken within the North Ayrshire Health and Social Care Partnership, both locally and with the other Ayrshire partnerships.

2. CURRENT POSITION

Strategic Planning & Operational Group (SPOG)

- 2.1 The SPOG continue to meet on a weekly basis, chaired by Iona Colvin. The meeting on 5th February 2016 considered a draft framework for the Clinical and Care Governance arrangements across the three partnerships and NHS. The draft framework has been developed to include Risk Management; Corporate Governance/Internal Audit; Reporting Arrangements and Complaints. The SPOG endorsed the draft framework and agreed that a period of consultation take place. The draft framework will be circulated through Partnership Management Teams, NHS CMT and Staff Partnership Fora and submitted to IJBs, NHS Integrated Governance Committee, Council Audit Committees in May 2016.
- 2.2 The group agreed to commission work around the feasibility of an integrated transport hub to assist with health and social care transport provision across Ayrshire and to make best possible use of resources.. The programme scope and financial commitment of £24k across four partners was agreed and a report will be brought to the IJB in due course.

National Developments

- 2.3 The Scottish Government recently launched a consultation on the Refresh of the Guidance on the role of the Chief Social Work Officer (CSWO). The guidance has been redrafted to take account of the changed landscape relating to the delivery of social work and social care services following the Public Bodies Act 2014 and the variety of arrangements through Integrated Joint Boards.

2.4 The key changes relate to the CSWO's role in relation to oversight of delivery and decision-making regardless of where social work functions sit within new structures. The guidance is intended to ensure that whilst local government cannot delegate the appointment of CSWO, the CSWO has access to relevant Boards, senior officers and politicians as required to effectively discharge their functions.

2.5 Arrangements in North Ayrshire already take into account the role of CSWO and they are members of IJB, Care and Governance Group and have access to elected members and Chief Executive as required.

2.6 **National Clinical Strategy for Scotland**

NHS Scotland published the National Clinical Strategy on 17th February 2016. The strategy aims to layout how the NHS and its strategic partners (e.g., IJBs) will continue to deliver and develop clinical services. I have included a link to both the summary report and the main report. Given the timescale of the publication I have asked our lead clinicians to prepare an overview report for the next IJB.

<http://www.gov.scot/Resource/0049/00494144.pdf> (Full document)

<http://www.gov.scot/Resource/0049/00494095.pdf> (Summary)

Ayrshire Developments

Woodland View

2.7 Balfour Beatty, contractor for Woodland View has advised that the 18th March 2016 handover for Woodland View will not be achieved. A three week delay has been agreed with the contractor who has assured they will achieve this timescale. All dates for moving into Woodland View have been rescheduled. This will be achieved with minimum disruption but the situation will be kept under review.

New Models of Care for Older People and People with Complex Needs

2.8 As previously advised, the Health and Social Care Partnerships (East, North and South) and NHS Ayrshire & Arran, are working together with our partners in the third and independent sectors, to review how older people and individuals with complex needs are supported.

2.9 Their aim is to :-

- support people to live as independently as possible at home or in a homely setting.
- improve outcomes and the quality of care and support for older people and people with complex needs living in Ayrshire.
- partner organisations and all professions that provide health and social care, to work together with communities and in communities, to support people to stay well and reduce the demand for visits to hospital. *A Review of Services for Older People and People with Complex Care Needs – An Initial Paper for Discussion*, sets out this vision. (Appendix 1)

2.10 A Pan-Ayrshire transformational programme (**New Models of Care for Older People and People with Complex Needs**) has been developed to meet the vision. This includes representatives from all sectors and professions. A questionnaire has been developed to assist in engaging with staff, service users and carers, as well as Ayrshire residents to make sure we co-design care and support that is safe, effective, person-centred, affordable and sustainable.

2.11 The programme has four key workstreams:

1. Workforce Planning – to review our teams and their skills and development, including education and training.
2. Financial Planning – to see how much money we have and how we can use resources better.
3. Data and Analysis – to review where services and support are provided, understand their impact and help us project future needs.
4. Future Models of Care – to review and co-design new models of care and support across all care settings and stages; community care (including care at Home, GP and community services), rehabilitation and intermediate care, elderly mental health, palliative and end of life care, care in hospitals or care homes and the clinical model.

Transforming Care After Treatment Employability Project

2.12 An innovative Ayrshire wide project that will support people recovering from cancer to get back into work has been launched by North Ayrshire Health and Social Care Partnership and Macmillan Cancer Support, working with partners in the private, public and third sectors. The Transforming Care After Treatment or TCAT employability project is available across Ayrshire. A range of free business seminars are being held between 17th March and 6 December 2016 to find out employers can take positive action to support employees with cancer that will benefit them and their businesses.

2.13 Ayrshire partners include East Ayrshire Health and Social Care Partnership, South Ayrshire Health and Social Care Partnership. East Ayrshire Council, North Ayrshire Council, South Ayrshire Council, NHS Ayrshire & Arran, Macmillan Cancer Support, Ayrshire Cancer Support, CEIS Ayrshire and Ayrshire Chamber of Commerce.

A full schedule of Business Seminars is attached (Appendix 2).

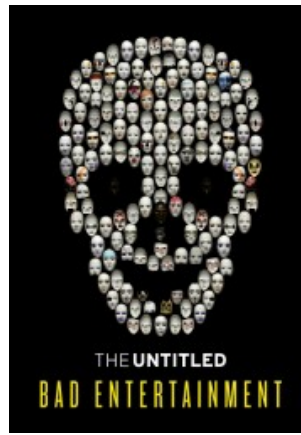
North Ayrshire Developments

The Untitled : Bad Entertainment Exhibition

2.14 A group of young people from North Ayrshire unveiled their own exhibition at the Scottish National Portrait Gallery on 29th January 2016. The exhibition was the product of 18 months of work. Staff and clients from the Irvine-based Rosemount Project attended the official opening of the event.

2.15 Debbie Masterson (17), Emma Walker (18), Katie McCann (18) and Caleb Fotheringham (19) were selected to work with artists from the National Galleries after attending the Rosemount Project, run by the North Ayrshire Health and Social Care Partnership. The exhibition will run until May 8, 2016. To find out more information please click on the attached link :

<https://www.nationalgalleries.org/whatson/on-now-coming-soon/the-untitled/>



Foster Carer Awards

- 2.16 The North Ayrshire Health and Social Care Partnership hosted an award ceremony on 4th March 2016, Greenwood Resource Centre, Dreghorn, to recognise the long service of North Ayrshire Foster Carers who combined have accumulated 500 years of fostering. I am sure the IJB will join me in thanking our foster carers for their hard work and the inspirational care they often offer to our children and young people.

GP / Primary Care Event

- 2.17 A successful GP/Primary Care Event “Improving the Health and Wellbeing of People in North Ayrshire” was held on Tuesday 16th February 2016 at the Hallmark Hotel, Irvine. Around 25 GPs attended from across North Ayrshire. The event provided an opportunity to engage with GPs, and have conversations about how best the GP community can collaboratively work to improve the health and wellbeing of the people of North Ayrshire. The output from the session will feed into a wider event with other primary care professionals on 16th March 2016.

3. IMPLICATIONS

3.1 Financial Implications

There are no financial implications arising directly from this report.

3.2 Human Resource Implications

There are no human resource implications arising directly from this report.

3.3 Legal Implications

There are no legal implications arising directly from this report.

3.4 Equality Implications

There are no equality implications.

3.5 Environmental Implications

There are no environmental implications.

3.6 Implications for Key Priorities

NAHSCP will continue to work to the delivery of the five objectives within the Strategic Plan.

4. CONSULTATIONS

- 4.1 No specific consultation was required for this report. User and public involvement is key for the partnership and all significant proposals will be subject to an appropriate level of consultation.

5. CONCLUSION

- 5.1 Members of the IJB are asked to note the ongoing developments within the partnership.

For more information please contact Iona Colvin, Director on (01294) 317723 or icolvin@north-ayrshire.gcsx.gov.uk

Review of Services for Older People And Those with Complex Care Needs An Initial Paper for Discussion

Background

With an increasingly elderly population, rising levels of frailty and increasing prevalence of dementia, the needs of our older people s becoming ever more complex. At the same time, an increasing number of younger adults with complex care needs are being supported to live as independently as possible at home or in a homely setting.

In this context, it is evident that the current models of care will not meet the needs of local people over the next decade. The time is therefore right for a paradigm shift to a model underpinned by a shared value set. This model must recognise older people and those with complex care needs as assets within local communities and places individuals in control over how services are designed and delivered to best meet their needs and desired outcomes.

This is in line with the Reshaping Care for Older People - Ten Year Vision for Joint Services which set out a high level vision, future direction of travel, as well as specific areas for action, to show how the Ayrshire Health and Social Care Partnerships will work to develop new models of care and support and reshape services to improve outcomes for older people, their families and carers.

Critical to the successful transformation of local services will be the initial agreement of the high level vision of the future; the mission for those involved in the planning and delivery of service that must underpin that vision; the principles upon which the new model of care should be formed; and overarching model of care itself. These are set out below.

Critical to the successful transformation of local services will be

- an initial high level agreement of our vision of the future
- the mission for those involved in the planning and delivery of service that must underpin that vision
- the principles upon which the new model of care should be formed
- an overarching model of care itself.

Vision

Older people and those with complex care needs will be supported to proactively access and direct the high quality care and services they require to live a long, safe, active and healthy life at home or in a homely setting, drawing on support from informal networks and services available in their local community such as:

- AHP's
- Care at home
- Community Nursing
- Housing
- Independent Sector
- Primary care
- Social Work
- Specialists in Care of the Elderly Medicine
- Specialists in Elderly Mental Health
- Third Sector

Mission

The organisations, people and services responsible for supporting the attainment of that vision will ensure that:

- Older people and those with complex care needs receive assessment, care and treatment within their local communities
- These teams will adopt a consistent, holistic and person centred approach to support individuals to live at home or in a homely setting.
- When the needs of an older person or those requiring complex care become acute, these teams will continue to support them within an acute hospital setting supporting them to return home as soon as they are able.

Principles

The future model of care will be designed to:

- Place the older person and those with complex care needs at the heart of decision-making about their assessment, treatment, care and support, with a focus on maximising independence;
- Create a fully integrated, community-based physical health, mental health and social care team within each Partnership;
- Focus on preventative care and early intervention to support the effective management of long-term conditions;
- Establish home or homely setting as the norm for the delivery of specialist health and social care service delivery;
- Offer consistency and continuity of care for individuals at home, in a homely setting and in hospital; and
- Make use of technological advances to support the older person and those with complex care needs in managing their long-term condition(s) with rapid support when required from the integrated team.
- Support the individual receiving care and their family in planning, securing and delivering the highest quality of person-centred end of life care.
- Connect people to a local community based support network

Model of Care

In delivering the future vision and mission for these services and in embedding the principles on which these are based, there will be a requirement to transform

- how care is delivered,
- how those from the statutory, third and independent sectors work better together;
- and the relationships with older people and their families.

Transforming How Care Is Delivered

Working from the principle of all care, as a norm, being delivered to older people within local communities, new fully integrated Older People's Teams¹ will be formed. Based within local communities, these teams will comprise Medical, Nursing and AHP staff from Physical and Mental Health Services; Social Work staff; and staff from the Third Sector. Offering care to individuals at home and in-reach to Care Homes, these teams will also work closely with General Practice and Community Pharmacy to ensure the individual with the right skills, experience and expertise is in place to support each older person based on a thorough knowledge of their needs at any given time.

Recognising the changes in an individual's needs over time, these teams will work with Care at Home Services, Housing Services and Care Home providers to ensure the older person continues to benefit

¹ these may be virtual teams in some areas, at least in the first instance

from the right level of support within their home or a homely environment in line with their needs. This will include providing highly specialist end of life care and support to the older person and their family, drawing on the skills and experience of the Older People's Team and the enhanced support offered by the Ayrshire Hospice and MacMillan Nursing.

While through proactive, preventative support every attempt will be made to prevent the older person's health rapidly deteriorating, there will be occasions when their needs become so acute that access to 24 hour nursing and a full suite of diagnostic tests will be required. In such circumstances, consistency and continuity of care is vital, as is a thorough and in-depth knowledge of the older person, their condition and their capabilities. The Older People's Team will therefore be best suited to continue to meet their needs in such circumstances and will therefore continue to offer assessment, treatment, care and support within the Combined Assessment Unit at the Acute Hospital site.

During such a stay every effort will be made to safely return the older person home within 72 hours. Where circumstances dictate this will not be possible, appropriate alternatives will be secured:

- For an individual who remains acutely unwell, the Older People's Team will work with the Acute Team to stabilise, diagnose, treat and plan the person's discharge.
- For an individual who would benefit from a period of rehabilitation, the Medical and AHP staff from the Older People's Team will work with the team within the locality based Intermediate Care and Reablement Facilities to plan and deliver a package of care aimed at achieving the outcomes set by the older person and/or their carers.
- For an individual who may need more time to recover and have their long-term care needs fully assessed, the Social Work and AHP staff from the Older People's Team would work with the team within the locality based Intermediate Care and Reablement Facilities to maximise the older person's independence.
- For an individual who requires a short period of more intensive support for an associated mental health condition, the Medical, Nursing and AHP staff from the Older People's Team would work with local care homes, specialist respite facilities or specialist inpatient wards, depending on the individual's needs, to support their recovery and return home.

Transforming Hospital Services

With the transformation of care of the elderly services and service structures moving towards the predominance of service delivery within local communities, there will be a need to ensure that the traditional hospital based services are reconfigured to ensure they reflect the resulting changes in need.

With the focus on assessment, diagnosis, care planning and discharge within the assessment units, complemented by access to acute medicine for the acutely unwell older person who requires a slightly longer stay in hospital, the new model of care will require a review of the current acute care of the elderly capacity to create a small, highly specialist Frailty Unit with each District General Hospital. These units will provide short-term access to specialist care, support and interventions for the most frail older people who can no longer be supported at home and who require intensive services until a long-term care environment appropriate to their needs can be secured.

At the same time, facilities such as the current rehabilitation and continuing care wards at Ayrshire Central Hospital, Biggart Hospital, East Ayrshire Community Hospital and Kirklandside Hospital will need to be reconfigured to reflect the increased need for rehabilitation and intermediate care and the reducing need for NHS continuing care, thereby ensuring fit with new models of specialist Care Home provision and supported housing developments.

Finally, the future capacity and range of services offered from community hospitals, such as those in Girvan and on Arran and Cumbrae will need to be reviewed to ensure they are configured to support and complement the specialist community-based model of care.

Transforming Joint Working across the Independent, Third and Statutory Sectors

Recognising the unique and vital role each sector has to offer in supporting older people and those with complex care needs to live long, safe, active and healthy lives, the new model of care will ensure services are complementary and supportive, with improved information sharing across agencies and sectors to ensure a holistic and consistent approach.

At the heart of this, the Older People's Team will maintain an overview of changing needs at individual, locality and Local Authority population levels. This information will be used by the team to:

- Identify gaps in service provision and / or community support that could best be filled by the Third Sector, engaging with colleagues to design systems and structure to fill these gaps, ensuring they are procured and commissioned through the most appropriate mechanisms.
- Jointly design with Care Home providers new models of provision including options for shared care, that are required to fully meet increasingly complex and specialist needs, ensuring these are procured through the established Local Authority mechanisms.
- Continuously review the capacity, capability and nature of the Care at Home services with the respective teams within each Partnership to ensure they continue to support older people in their homes either through the redesign of directly managed services and / or the commissioning of independently provided care.
- Work with Local Authority Housing colleagues, Housing Associations and Registered Social Landlords to jointly design and secure innovative housing developments specifically designed to meet the needs and preferences of older people.

Transforming Relationships with Older People or Those with Complex Care Needs and Their Carers

Finally, under this model of care the relationship between the Older People's Team, the older people they serve and their carers will be transformed.

In doing so – we will ensure:

- Individuals determine how their needs can be best met with professional support and advice
- The value of carers is recognised by health, social care and local communities.
- Carers' needs are identified and proactive help is given to support their caring role.

In transforming relationships in this way, the Older People's Teams will be supporting older people to determine how they want the services offered by the team to be delivered to best meet their own needs, as well as the needs of those who care for them.

TCAT Employability Project

Business Seminar Schedule

East Ayrshire

| | | |
|--------------------------|------------------------|--------------|
| Tuesday 22 March 2016 | Park Hotel, Kilmarnock | 12-2pm |
| Thursday 12 April 2016 | Dumfries Arms, Cumnock | 8.30-10.30am |
| Thursday 19 May 2016 | Park Hotel, Kilmarnock | 12-2pm |
| Thursday 25 August 2016 | Dumfries Arms, Cumnock | 12-2pm |
| Thursday 3 November 2016 | Park Hotel, Kilmarnock | 8.30-10.30am |
| Thursday 8 December 2016 | Park Hotel, Kilmarnock | 12-2pm |

North Ayrshire

| | | |
|--------------------------|--------------------------|--------------|
| Thursday 17 March 2016 | Hallmark Hotel, Irvine | 12-2pm |
| Tuesday 5 April 2016 | Waterside, West Kilbride | 8.30-10.30am |
| Tuesday 10 May 2016 | Hallmark Hotel, Irvine | 12-2pm |
| Tuesday 6 September 2016 | Brisbane Hotel, Largs | 12-2pm |
| Thursday 27 October 2016 | Hallmark Hotel, Irvine | 8.30-10.30am |
| Tuesday 6 December 2016 | Waterside, West Kilbride | 12-2pm |

South Ayrshire

| | | |
|---------------------------|----------------------|--------------|
| Thursday 24 March 2016 | Mercure Hotel, Ayr | 12-2pm |
| Tuesday 3 May 2016 | Mallon Court, Girvan | 8.30-10.30am |
| Thursday 9 June 2016 | Mercure Hotel, Ayr | 12-2pm |
| Thursday 8 September 2016 | Mercure Hotel, Ayr | 12-2pm |
| Tuesday 8 November 2016 | Mercure Hotel, Ayr | 8.30-10.30am |
| Thursday 1 December 2016 | Mallon Court, Girvan | 12-2pm |

Integration Joint Board
10th March 2016
Agenda Item No. 12

| | |
|------------------------|--|
| Subject: | Audit Scotland report – Health and Social Care Integration |
| Purpose: | To provide IJB Members with an overview of the recent national report by Audit Scotland on the integration of Health and Social Care services and to provide a local context for the North Ayrshire partnership. |
| Recommendation: | That IJB Members note the findings of the Audit Scotland report. |

1. Introduction

- 1.1 Audit Scotland has recently published a national report entitled 'Health and Social Care Integration' which seeks to review early progress made in implementing the Public Bodies (Joint Working) (Scotland) Act 2014. This audit provides a progress report during 2016/17
- 1.2 This is first of three planned audits which Audit Scotland will carry out on integration. Subsequent audits will look at the progress made by Integration Authorities after their first year of being established, and their longer-term impact in shifting resources to preventative services and community-based care and in improving outcomes for service users.
- 1.3 This report provides an overview for IJB Members of the findings of the Audit Scotland work and some local context for North Ayrshire.
- 1.4 The Audit Scotland report is attached for information as an appendix.

2. Current Position

- 2.1 The Audit Scotland report is structured in four main sections, covering expectations for integrated services, current progress, current issues and recommendations. This report will cover each of these four areas in turn.

Expectations for Integrated Services

- 2.2 The first section of the report provides background information around the reasons for integration and the process which must be followed in establishing an Integration Authority, much of which will be familiar to IJB Members.

Current Progress

- 2.3 The report notes that 31 Integration Authorities are being established across Scotland, with one for each Council area and a shared IA between Stirling and Clackmannanshire Councils. All are following the 'body corporate' model with the exception of Highland, which implemented a 'lead agency' model in 2012 and will continue with this.
- 2.4 As IJB Members will be aware, the three Ayrshire partnerships were the first to become operational in April 2015. Most Integration Authorities will not be operational until just before the statutory deadline in April 2016.
- 2.5 The scope of the services being integrated varies widely across Scotland. All partnerships have delegated more services than the statutory minimum, but there are a variety of combinations of children's social work services, children's health services, criminal justice social work services and planned acute health services being delegated. The report notes the importance of good clinical and care governance arrangements to ensure that service users using integrated and non-integrated services experience high standards of care.
- 2.6 Audit Scotland also note that various 'hosting' arrangements are being implemented, particularly for specialist services, and cite the example of North Ayrshire providing services such as inpatient and child and adolescent mental health services for East and South Ayrshire.
- 2.7 The report outlines arrangements for appointing board members and the Chief Officer; again North Ayrshire is well ahead of most partnerships in this regard. The complex reporting lines of the Chief Officer are noted, with dual accountability to the IJB for the Board's responsibilities under the Act, and to the NHS Board and Council for any operational responsibility for integrated services.

Current Issues

- 2.8 Audit Scotland notes that there is widespread support for the significant opportunities offered by integration, which include improving services and therefore their impact on local people, improving outcomes and using resources more effectively. The Scottish Government expects integration to emphasise preventative care and reduce both the level of hospital admissions and the time that some patients spend in hospital.
- 2.9 The Government also expects integration to generate estimated annual savings of between £138 million and £157 million; these will result from reducing delayed discharge, using alternative forms of care to prevent people being admitted to hospital in the first place and reducing inefficiencies between different Integration Authorities in the same Health Board area. The Government has also estimated that the initial cost of making the reforms will be £34.2 million in the five years to 2016/17 and £6.3 million thereafter.
- 2.10 The report notes that it is unclear whether the anticipated savings will release money that IJBs can reinvest or how the Scottish Government will monitor and report progress towards these savings.

- 2.11 The importance of having good governance arrangements in place is noted; the outline governance framework for North Ayrshire was approved by the IJB on 04/06/2015 and is in the final stages of being established. The framework is the subject of a current review by Internal Audit to provide assurance on the arrangements. The outcome of this audit will be reported to the Performance and Audit Committee on completion.
- 2.12 The report notes the importance of IJB members understanding and respecting each other's differing backgrounds and organisational cultures and in particular the need for voting members, drawn exclusively from Councils and NHS Boards, to have a shared vision and purpose. It is also seen as important that Boards do not become too large and that good development, training and support arrangements are in place. Again, an Internal Audit review of organisational development arrangements in the North Ayrshire IJB is currently being carried out.
- 2.13 Audit Scotland notes that IJB Members and senior officers will have to manage conflicts of interest. For example, the role of IJB Members is to represent the IJB's interests, but will also continue in their roles of Councillor or NHS Board, where they are required to represent the interests of those bodies. Equally, the Chief Finance Officer is required to support the needs of the IJB but will also have a role with the Council or NHS Board. The importance of taking action to minimise these tensions is emphasised.
- 2.14 There is also a risk that the complex interrelationship between IJBs, Councils and NHS Boards will get in the way of clear lines of accountability. The respective roles appear to be clear, with IJBs responsible for planning and commissioning services, and Councils and NHS Boards responsible for delivering those services. However, the understanding of accountabilities could be tested when there is a service failure.
- 2.15 This emphasises the need to have good clinical and care governance arrangements in place, and to ensure that these are consistent and aligned to the existing arrangements in the Council and NHS Board.
- 2.16 It is also important that good scrutiny arrangements are in place to monitor progress against the IJB strategic objectives and the nine national outcomes and to hold partners to account. In North Ayrshire this role will be carried out by the Performance and Audit Committee. The report notes that IJB Members must also use performance measures to help redesign services and ensure they become more effective.
- 2.17 Audit Scotland notes that Integration Authorities are establishing sound financial procedures but that there are significant concerns about funding. These arise from financial constraints over a number of years and increasing demands for services. There are further difficulties in agreeing budgets for Integration Authorities arising from set-aside budgets and differing planning cycles between Councils and NHS Boards. The report notes the specific example of North Ayrshire Council agreeing its 2015/16 budget in December 2014, while NHS Ayrshire and Arran agreed its budget in March 2015. It is also noted that very few IJBs have informed the Scottish Government of their agreed budgets, although again this comment does not apply in North Ayrshire.

- 2.18 Many Integration Authorities are still developing their Strategic Plans, with North Ayrshire one of only six to have published these at the time of the audit review. Audit Scotland notes the importance of ensuring that Strategic Plans are clear about local priorities and the money and staff that are in place over the longer term to deliver these priorities, as well as being clear about how they will shift resources towards community-based care and the performance measures that are in place.
- 2.19 It is noted that strategic planning is even less developed at a locality level. Localities are intended to be the key drivers of change, bringing together service users, carers, and health and social care professionals to help redesign services. North Ayrshire has identified six localities and these arrangements will be further developed during 2016.
- 2.20 Audit Scotland notes that Integration Authorities require to produce supporting strategies, covering areas such as workforce planning, risk management, data sharing and how they will work with service users. Workforce planning in particular is highlighted as a critical area to the success of integration, and the report highlights challenges in long-term workforce planning such as financial pressures, difficulties in recruiting and retaining social care staff and GPs and the role of the private and voluntary sectors.
- 2.21 The report expresses concern that the proposed performance measurement systems will not provide information on some important areas or help to identify good practice. In particular, it is noted that the core integration indicators do not take account of all the expected benefits of the reform programme, the process of linking measures and outcomes is incomplete making it difficult to measure success, and that it is important that there is a balance between targeted local measures and national reporting on impact.
- 2.22 Audit Scotland carried out a comparison between the performance management arrangements in North Ayrshire and North Lanarkshire. They found that some different measures were being used and each partnership had linked a different mix of performance measures to different national outcomes, making it difficult for the Government to compare performance.
- 2.23 Finally, the report recognises the wide variation in arrangements that are being put in place across the 31 Integration Authorities and notes that, in the future, it would be beneficial for the Scottish Government to review the initial arrangements and consider how these might evolve to reflect good practice from across Scotland.

Recommendations

- 2.24 The Audit Scotland report concludes with a range of recommendations to help organisations address potential risks to the success of health and social care integration. This includes recommendations for both the Scottish Government and Integration Authorities; these are summarised at the end of this report together with details of relevant actions both taken and planned locally.

3. Proposals

- 3.1 It is proposed that IJB Members note the findings of the Audit Scotland report.

4. Conclusion

- 4.1 The Audit Scotland report provides a useful overview of the background to integration and the national progress so far. A number of the issues highlighted have already been addressed locally as the North Ayrshire partnership is at a more advanced stage than many across the country.

For more information please contact Paul Doak, IJB Chief Internal Auditor on 01294-324561 or pdoak@north-ayrshire.gov.uk

AUDIT SCOTLAND RECOMMENDATIONS FOR INTEGRATION AUTHORITIES

| Audit Scotland recommends that Integration Authorities should: | NAIJB Current Position | NAIJB Planned Actions |
|--|--|--|
| Provide clear and strategic leadership to take forward the integration agenda. | IJB established since April 2015, with Chief Officer and Shadow Integration Board in place for preceding year. Representation from Council, NHS and third and independent sectors. The IJB meets monthly to ensure that the integration agenda is being met. | No further action required. |
| Set out clearly how governance arrangements will work in practice. | High-level governance framework approved by the IJB in June 2015. | Finalise and approve remaining elements of the governance framework, including Clinical and Care Governance arrangements, Risk Strategy and Complaints Strategy. |
| Ensure that a constructive working relationship exists between IJB members, the Chief Officer, Chief Finance Officer and the public. | This is in place. Code of Conduct for IJB Members was approved in April 2015. | No further action required. |
| Be rigorous and transparent about how decisions are taken and listening and acting on the outcome of constructive scrutiny. | Performance and Audit Committee established during 2015/16. This Committee provides the scrutiny role for the IJB. | |
| Develop strategic plans that do more than set out the local context for the reforms. | Strategic Plan agreed for 2015/16 and plans in place to establish locality planning forums. | Refresh Strategic Plan and establish Locality Planning Forums by summer 2016. |
| Develop financial plans that clearly show how they will use resources such as money and staff to provide more community-based and preventative services. | Financial Plans in place for 2015/16 and under development for 2016/17. | Finalise financial plans for 2016/17 and beyond. |
| Shift resources, including the workforce, towards a more preventative and community-based approach. | Outlined in Strategic Plan. Shared management structure in place between NHS Ayrshire and Arran and North Ayrshire Council. A Change Programme Board has been set up comprised of officers, IJB members, service users and service providers. This Board is overseeing the projects designed to deliver effective shift in service delivery models and resources. | Refresh Strategic Plan and establish Locality Planning Forums by summer 2016. |

| Audit Scotland recommends that Integration Authorities should: | NAIJB Current Position | NAIJB Planned Actions |
|--|---|---|
| Recognise and address the practical risks associated with the complex accountability arrangements. | High-level governance framework approved by the IJB in June 2015. | Finalise and approve remaining elements of the governance framework by NAIJB. |
| Review clinical and care governance arrangements to ensure a consistent approach. | Draft clinical and care governance arrangements outlined. | Finalise and approve clinical and care governance arrangements by June 2016. |
| Agree budgets, both for the first year and for the next few years to provide continuity and certainty. | Budgets agreed for 2015/16 to 2017/18 in April 2015 as part of the Strategic Plan. Revised budget for 2016/17 in progress due to funding changes since the original three year budget was developed. | Finalise budget for 2016/17 by end June 2016 once NHSAAA budget is agreed. There are difficulties in agreeing budgets for future years as no longer-term settlement information has been provided by the Scottish Government. |
| Establish effective scrutiny arrangements to ensure that councillors and NHS non-executives are kept fully informed of the impact of integration for local people. | <p>The Strategic Planning Group has a wide range of membership both from within and outwith the Partnership. As part of its work this Group receives regular feedback on the impacts of integration for local people.</p> <p>In addition, a robust performance management reporting process has been developed. Reports are considered by managers and the Performance and Audit Committee to ensure that integration and performance KPIs are being met.</p> | Continue to develop performance reporting arrangements to the IJB, Performance and Audit Committee as well as NHS Ayrshire and Arran and North Ayrshire Council. |
| Put in place data-sharing agreements to allow access to new data provided by ISD Scotland. | An information sharing protocol is in place. | Further work required with Partners on this. |

Health and social care integration



ACCOUNTS COMMISSION 

AUDITOR GENERAL 

Prepared by Audit Scotland
December 2015


The Accounts Commission

The Accounts Commission is the public spending watchdog for local government. We hold councils in Scotland to account and help them improve. We operate impartially and independently of councils and of the Scottish Government, and we meet and report in public.

We expect councils to achieve the highest standards of governance and financial stewardship, and value for money in how they use their resources and provide their services.

Our work includes:

- securing and acting upon the external audit of Scotland's councils and various joint boards and committees
- assessing the performance of councils in relation to Best Value and community planning
- carrying out national performance audits to help councils improve their services
- requiring councils to publish information to help the public assess their performance.

You can find out more about the work of the Accounts Commission on our website: www.audit-scotland.gov.uk/about/ac 


Auditor General for Scotland

The Auditor General's role is to:

- appoint auditors to Scotland's central government and NHS bodies
- examine how public bodies spend public money
- help them to manage their finances to the highest standards
- check whether they achieve value for money.

The Auditor General is independent and reports to the Scottish Parliament on the performance of:

- directorates of the Scottish Government
- government agencies, eg the Scottish Prison Service, Historic Scotland
- NHS bodies
- further education colleges
- Scottish Water
- NDPBs and others, eg Scottish Police Authority, Scottish Fire and Rescue Service.

You can find out more about the work of the Auditor General on our website: www.audit-scotland.gov.uk/about/ags 

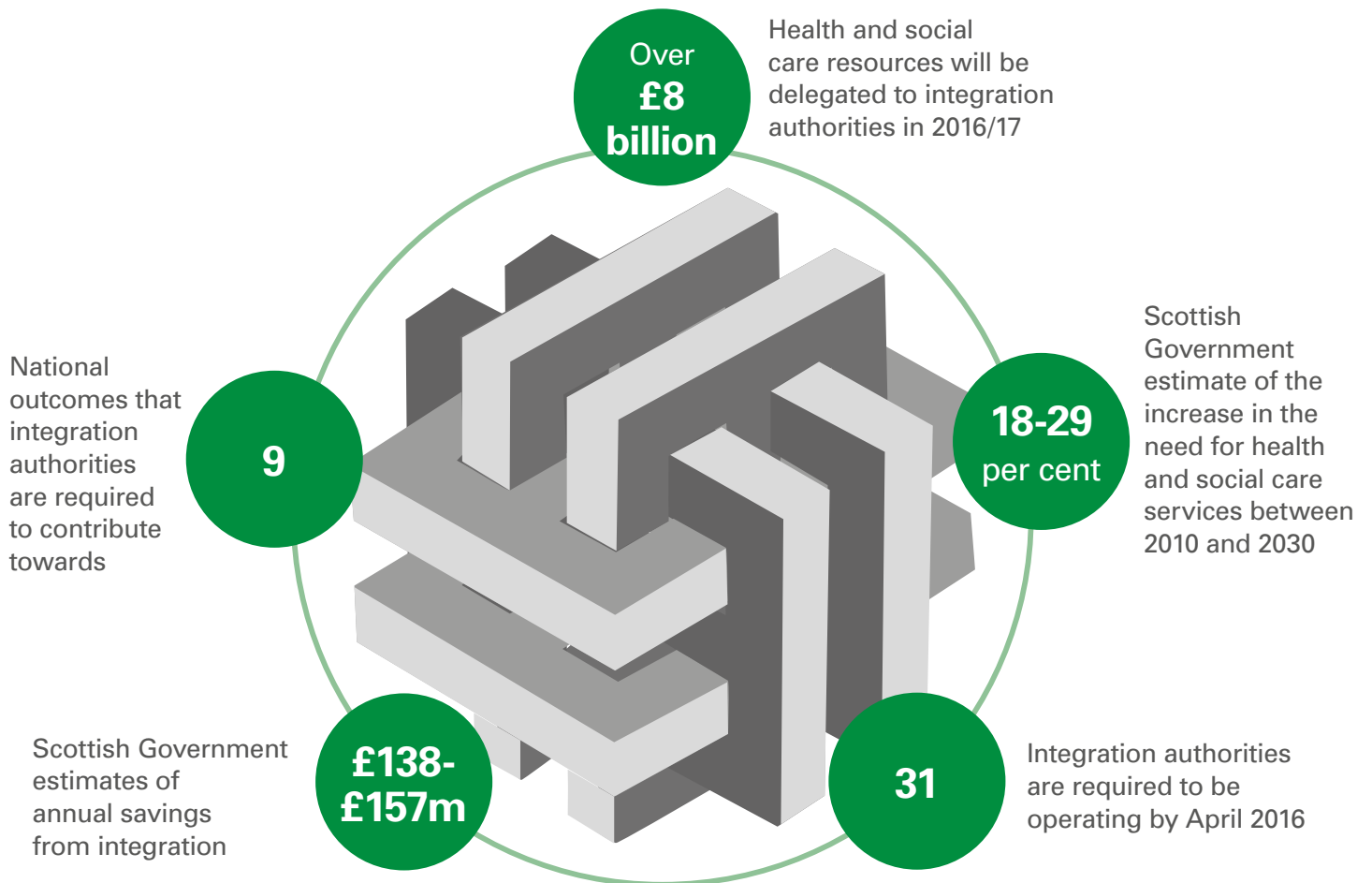
Audit Scotland is a statutory body set up in April 2000 under the Public Finance and Accountability (Scotland) Act 2000. We help the Auditor General for Scotland and the Accounts Commission check that organisations spending public money use it properly, efficiently and effectively.

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Key facts



Summary



Key messages

- 1** The Public Bodies (Joint Working) (Scotland) Act 2014 introduces a significant programme of reform affecting most health and care services and over £8 billion of public money. The reforms aim to ensure services are well integrated and that people receive the care they need at the right time and in the right setting, with a focus on community-based and preventative care. The reforms are far reaching, creating opportunities to overcome previous barriers to change.
- 2** We found widespread support for the principles of integration from the individuals and organisations implementing the changes. The Scottish Government has provided support to partnerships to establish the new arrangements, including detailed guidance on key issues and access to data to help with strategic planning. Stakeholders are putting in place the required governance and management arrangements and, as a result, all 31 integration authorities (IAs) are expected to be operational by the statutory deadline of 1 April 2016.
- 3** Despite this progress, there are significant risks which need to be addressed if integration is to fundamentally change the delivery of health and care services. There is evidence to suggest that IAs will not be in a position to make a major impact during 2016/17. Difficulties in agreeing budgets and uncertainty about longer-term funding mean that they have not yet set out comprehensive strategic plans. There is broad agreement on the principles of integration. But many IAs have still to set out clear targets and timescales showing how they will make a difference to people who use health and social care services. These issues need to be addressed by April 2016 if IAs are to take a lead in improving local services.
- 4** There are other important issues which also need to be addressed. The proposed governance arrangements are complex, with some uncertainty about how they will work in practice. This will make it difficult for staff and the public to understand who is responsible for the care they receive. There are significant long-term workforce issues. IAs risk inheriting workforces that have been organised in response to budget pressures rather than strategic needs. Other issues include different terms and conditions for NHS and council staff, and difficulties in recruiting and retaining GPs and care staff.

there are significant risks which need to be addressed if integration is to fundamentally change the delivery of health and care services

Recommendations

Stakeholders have done well to get the systems in place for integration, but much work remains. If the reforms are to be successful in improving outcomes for people, there are other important issues that need to be addressed:

- Partners need to set out clearly how governance arrangements will work in practice, particularly when disagreements arise. This is because there are potentially confusing lines of accountability and potential conflicts of interests for board members and staff. There is a risk that this could hamper the ability of an IA to make decisions about the changes involved in redesigning services. People may also be unclear who is ultimately responsible for the quality of care. In addition, Integration Joint Board (IJB) members need training and development to help them fulfil their role.
- IAs must have strategic plans that do more than set out the local context for the reforms. To deliver care in different ways, that better meets people's needs and improves outcomes, IAs need to set out clearly:
 - the resources, such as funding and skills, that they need
 - what success will look like
 - how they will monitor and publicly report on the impact of their plans.
- NHS boards and councils must work with IAs to agree budgets for the new IAs. This should cover both their first year and the next few years to give them the continuity and certainty they need to develop and implement strategic plans. IAs should be clear about how they will use resources to integrate services and improve outcomes.

Integration authorities need to shift resources, including the workforce, towards a more preventative and community-based approach. Even more importantly, they must show that this is making a positive impact on service users and improving outcomes.

A more comprehensive list of recommendations is set out in [\(Part 4\)](#).

Background

1. The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) sets out a framework for integrating adult health and social care services. Social care services include supporting people to live their daily lives and helping them with basic personal care like washing, dressing and eating. People are living longer and the number of people with long-term conditions such as diabetes, and complex needs, such as multiple long-term conditions, is increasing. Current health and social care services are unsustainable; they must adapt to meet these changing needs. This means shifting from hospital care towards community-based services, and preventative services, such as support to help prevent older people from falling at home or to encourage people to be more active.

2. Integrating health and social care services has been a key government policy for many years. Despite this, there has been limited evidence of a shift to more community-based and preventative services. The Act sets out an ambitious programme of reform affecting most health and social care services. The scale and pace of the changes anticipated are significant, with a focus on changing how people with health and social care needs are supported.

3. The Act creates new partnerships, known as IAs, with statutory responsibilities to coordinate local health and social care services. The Act puts in place several national outcomes for health and social care and IAs are accountable for making improvements to these outcomes. The Act also aims to ensure that services are integrated, taking account of people's needs and making best use of available resources, such as staff and money. Each IA must establish at least two localities, which have a key role, working with professionals and the local community to develop services local people need.

4. IAs are currently at various stages in their development; all are required to be operational, that is taking on responsibility for budgets and services, by April 2016. The Scottish Government has estimated that IAs will oversee annual budgets totalling over £8 billion, around two-thirds of Scotland's spending on health and social work.

About this audit

5. This is the first of three planned audits of this major reform programme. Subsequent audits will look at IAs' progress after their first year of being established, and their longer-term impact in shifting resources to preventative services and community-based care and in improving outcomes for the people who use these services.



6. This first audit provides a progress report during this transitional year. We reviewed progress at this relatively early stage to provide a picture of the emerging arrangements for setting up, managing and scrutinising IAs as they become formally established. This report highlights risks that need to be addressed as a priority to ensure the reforms succeed. The audit is based on fieldwork that was carried out up to October 2015. We hope that the issues raised in the report are timely and helpful to the Scottish Government and local partners as they continue to implement the Act.

7. We gathered audit evidence by:

- reviewing documents available at the time of our work, including integration schemes, strategic plans, and local progress reports on integration arrangements¹
- drawing on the work of local auditors, the Care Inspectorate, and Healthcare Improvement Scotland
- issuing a short questionnaire to IAs on their timetable for reaching various milestones

- interviewing stakeholders who included, board members, chief officers and finance officers from six IAs, and representatives from the Scottish Government, the British Medical Association, the voluntary sector, the Convention of Scottish Local Authorities and NHS Information Services Division.²

[Appendix 1](#) provides further information on our audit approach.

8. This work builds on previous audits that have examined joint working in health and social care. For example, our [Review of Community Health Partnerships \[PDF\]](#)  highlighted the organisational barriers to improving partnership working between NHS boards and councils, and the importance of strong, shared leadership across health and social care.³ Our subsequent report [Reshaping care for older people \[PDF\]](#)  found continuing slow progress in providing joined up health and social care services.⁴ This lack of progress in fundamentally shifting the balance of care from hospital to community settings, coupled with the unsustainability of current services, mean that there is a pressing need for this latest reform programme to succeed.

9. The Accounts Commission and Auditor General are currently conducting two other audits which complement this work:

- *Changing models of health and social care* examines the financial, demographic and other pressures facing health and social care and the implications of implementing the Scottish Government's 2020 vision for health and social care. We will publish the report in in spring 2016.
- *Social work in Scotland* will report on the scale of the financial and demand pressures facing social work. It will consider the strategies councils and integration authorities are adopting to address these challenges, how service users and carers are being involved in designing services, and leadership and oversight by elected members. We will publish the report in summer 2016.

Part 1

Expectations for integrated services



Integration authorities will oversee more than £8 billion of NHS and care resources

10. The Public Bodies (Joint Working) (Scotland) Act 2014 sets out a significant programme of reform for the Scottish public sector. It creates a number of new public organisations, with a view to breaking down barriers to joint working between NHS boards and councils. Its overarching aim is to improve the support given to people using health and social care services.

11. These new partnerships will manage more than £8 billion of resources that NHS boards and councils previously managed separately. Initially, service users may not see any direct change. In most cases, people seeking support will continue to contact their GP or social work services. But, behind the scenes, IAs are expected to coordinate health and care services, commissioning NHS boards and councils to deliver services in line with a local strategic plan. Over time, the intention is that this will lead to a change in how services are provided. There will be a greater emphasis on preventative services and allowing people to receive care and support in their home or local community rather than being admitted to hospital.

Change is needed to help meet the needs of an ageing population and increasing demands on services

12. Around two million people in Scotland have at least one long-term condition, and one in four adults has some form of long-term illness or disability. These become more common with age ([Exhibit 1, page 10](#)). By the age of 75, almost two-thirds of people will have developed a long-term condition.⁵ People in Scotland are living longer. Combined life expectancy for males and females at birth has increased from 72 to 79 years since 1980, although there are significant variations across Scotland, largely linked to levels of deprivation and inequalities.⁶ The population aged over 75 years is projected to increase by a further 63 per cent over the next 20 years.⁷

13. The ageing population and increasing numbers of people with long-term conditions and complex needs have already placed significant pressure on health and social care services. The Scottish Government estimates that the need for these services will rise by between 18 and 29 per cent between 2010 and 2030.⁸ In the face of these increasing demands, the current model of health and care services is unsustainable:

- The Scottish Government has estimated that in any given year just two per cent of the population (around 100,000 people) account for 50 per cent of hospital and prescribing costs, and 75 per cent of unplanned hospital bed days.

the
significant
changes
under way
will have an
impact on
everyone
who needs
to access,
provide or
plan health
and social
care services

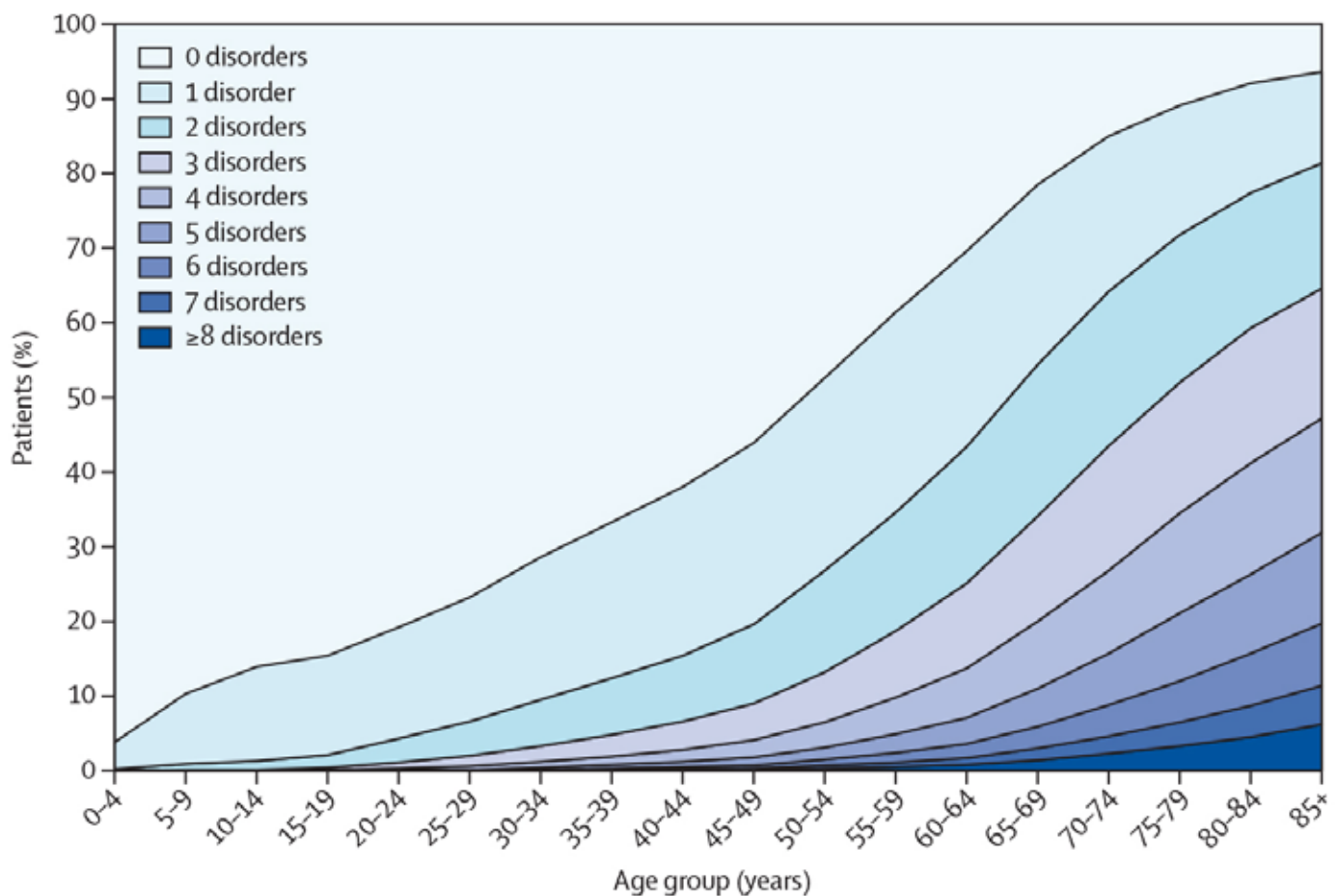
- A patient's discharge from hospital may be delayed when they are judged to be clinically ready to leave hospital but unable to leave because arrangements for care, support or accommodation have not been put in place. In 2014/15, this led to the NHS in Scotland using almost 625,000 hospital bed days for patients ready to be discharged.⁹

14. As a result of these pressures, there is widespread recognition that health and social care services need to be provided in fundamentally different ways. NHS boards, councils and the Scottish Government have focused significant efforts on initiatives to reduce unplanned hospital admissions and delayed discharges, yet pressures on hospitals remain. There needs to be a greater focus on anticipatory care, helping to reduce admissions to hospitals. There also needs to be better support to allow people to live independently in the community.

Exhibit 1

Long-term conditions by age

The number of long-term conditions that people have increases with age.



Source: Reprinted with permission from Elsevier (*The Lancet*, 2012, 380, 37-43)

15. None of this is unique to Scotland. Other parts of the UK and Europe face similar challenges. There have been various responses across the UK, but all try to deal with the changing needs of an ageing population, putting more emphasis on prevention and anticipatory care and seeking to shift resources from hospitals to community-based care.

16. A series of initiatives in Scotland over recent years has aimed to encourage a more joined-up approach to health and social care ([Exhibit 2](#)). Perhaps the most significant of these was creating Local Health Care Cooperatives (LHCCs) in 1999 and replacing them with Community Health Partnerships (CHPs) in 2004. While these reforms led to some local initiatives, LHCCs and CHPs lacked the authority to redesign services fundamentally. As a result, they had limited impact in shifting the balance of care, or in reducing admissions to hospital or delayed discharges.¹⁰

Exhibit 2

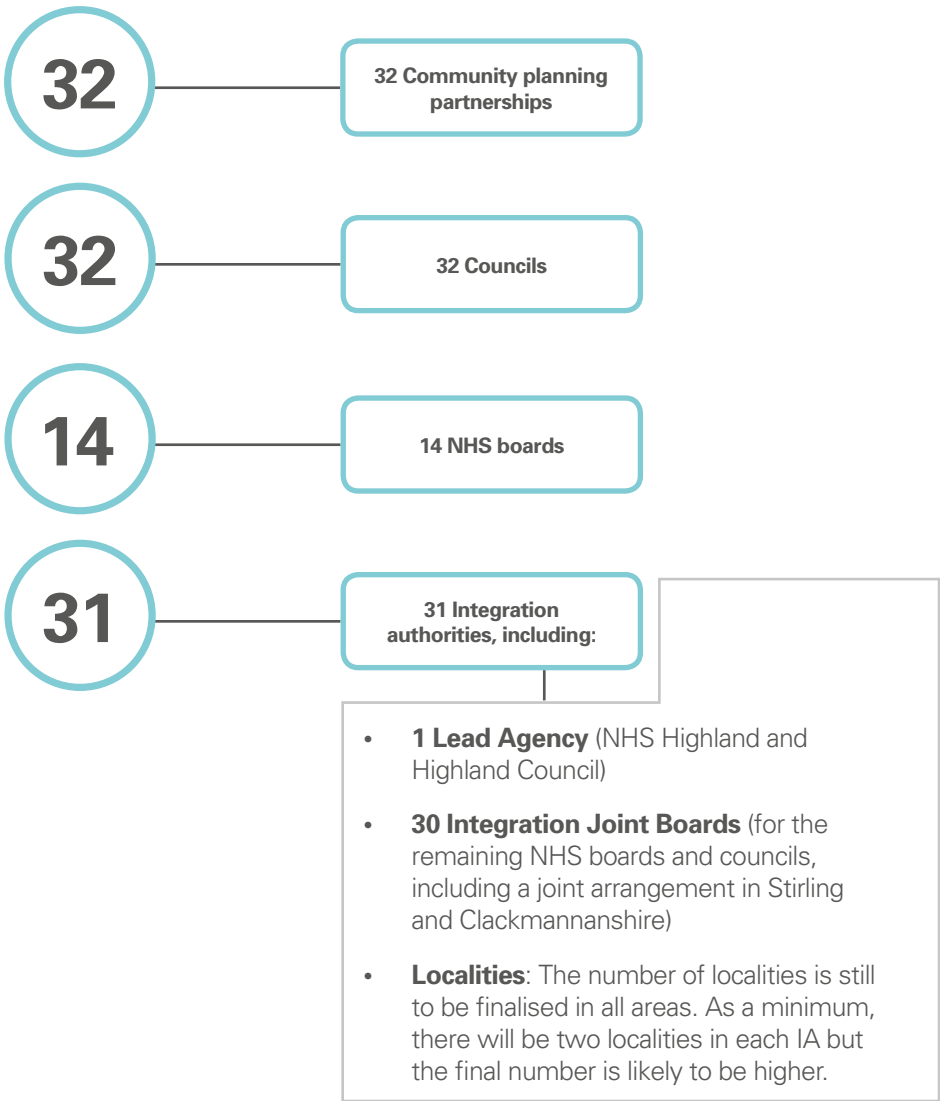
A brief history of integration in Scotland

| | |
|-------------|---|
| 1999 | Seventy-nine Local Health Care Cooperatives (LHCCs) established, bringing together GPs and other primary healthcare professionals in an effort to increase partnership working between the NHS, social work and the voluntary sector. |
| 2002 | Community Care and Health (Scotland) Act introduced powers, but not duties, for NHS boards and councils to work together more effectively. |
| 2004 | NHS Reform (Scotland) Act , required health boards to establish CHPs, replacing LHCCs. This was a further attempt to bridge gaps between community-based care, such as GPs, and secondary healthcare, such as hospital services, and between health and social care. |
| 2005 | Building a Health Service Fit for the Future: National Framework for Service Change . This set out a new approach for the NHS that focused on more preventative healthcare, with a key role for CHPs in shifting the balance of care from acute hospitals to community settings. |
| 2007 | Better Health, Better Care set out the Scottish Government's five-year action plan, giving the NHS lead responsibility for working with partners to move care out of hospitals and into the community. |
| 2010 | Reshaping Care for Older People Programme launched by the Scottish Government. It introduced the Change Fund to encourage closer collaboration between NHS boards, councils and the voluntary sector. |
| 2014 | Public Bodies (Joint Working) (Scotland) Act introduced a statutory duty for NHS boards and councils to integrate the planning and delivery of health and social care services. |
| 2016 | All integration arrangements set out in the 2014 Act must be in place by 1 April 2016. |

Source: Audit Scotland

17. The relative lack of progress of earlier attempts at integration led to the Public Bodies (Joint Working) (Scotland) Act 2014. This is the first attempt in the UK to place a statutory duty on the NHS and councils to integrate health and social care services. The Act abolished CHPs, replacing them with a series of IAs ([Exhibit 3, page 12](#)). These bodies will manage budgets for providing all integrated services. Most will not initially employ staff, but instead direct NHS boards and councils to deliver services in line with a strategic plan.

Exhibit 3
The public sector bodies overseeing health and social care services



Note: See Exhibit 4 for details of Integration Joint Board and lead agency approaches.
Source: Audit Scotland

The Scottish Government has set out a broad framework that allows for local flexibility

18. The Public Bodies (Joint Working) (Scotland) Act 2014 sets out a broad framework for creating IAs. The Act and the supporting regulations and guidance give councils and NHS boards a great deal of flexibility, allowing them to develop integrated services that are best suited to local circumstances. The main aspects of this flexible framework follow below.

Timing for establishing the new integration authorities

19. Scottish ministers must formally approve integration schemes for IAs: these set out the scope of services that are to be integrated and broad management and governance arrangements, including the structures and processes for

decision-making and accountability, controls and behaviour. Within this overall framework, IAs can choose when they become operational but all IAs must be established and operational, with delegated responsibility for budgets and services, by 1 April 2016.¹¹ Subject to the approval of their integration scheme, they can take on delegated responsibility for budgets and services at any time between April 2015 and 1 April 2016.

Scope of services to be integrated

20. Councils and NHS boards are required to integrate the governance, planning and resourcing of adult social care services, adult primary care and community health services and some hospital services. The hospital services included in integration are the inpatient medical specialties that have the largest proportion of emergency admissions to hospital. These include:

- accident and emergency services
- general medicine
- geriatric medicine
- rehabilitation medicine
- respiratory medicine
- psychiatry of learning disability
- palliative care
- addiction and substance dependence service
- mental health services and services provided by GPs in hospital.

Other, non-integrated, hospital services continue to be overseen directly by NHS boards. The Act also allows NHS boards and councils to integrate other areas of activity, such as children's health and social care services and criminal justice social work.

How IAs are structured

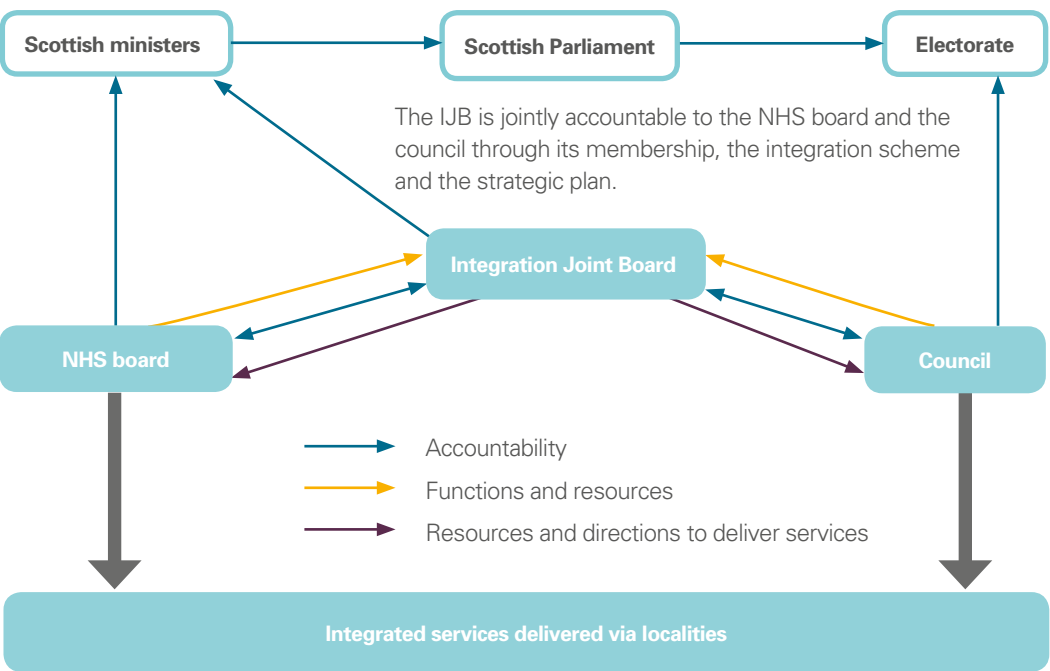
21. IAs will be responsible for overseeing certain functions that are delegated from the local NHS board and council(s). IAs can follow one of two main structural models ([Exhibit 4, page 14](#)).

22. All areas, apart from Highland, are planning to follow the body corporate model, creating an Integration Joint Board to plan and commission integrated health and social care services in their areas. IJBs are local government bodies, as defined by Section 106 of the Local Government (Scotland) Act 1973. Partners will need to understand the implications of differences between how councils and NHS boards carry out their business, so they are able to fulfil their duties. For example:

- IJBs must appoint a finance officer. The finance officer, under the terms of Section 95 of the Local Government (Scotland) Act 1973, has formal responsibilities for the financial affairs of the IJB.

Exhibit 4
Integration authorities will follow one of two main models

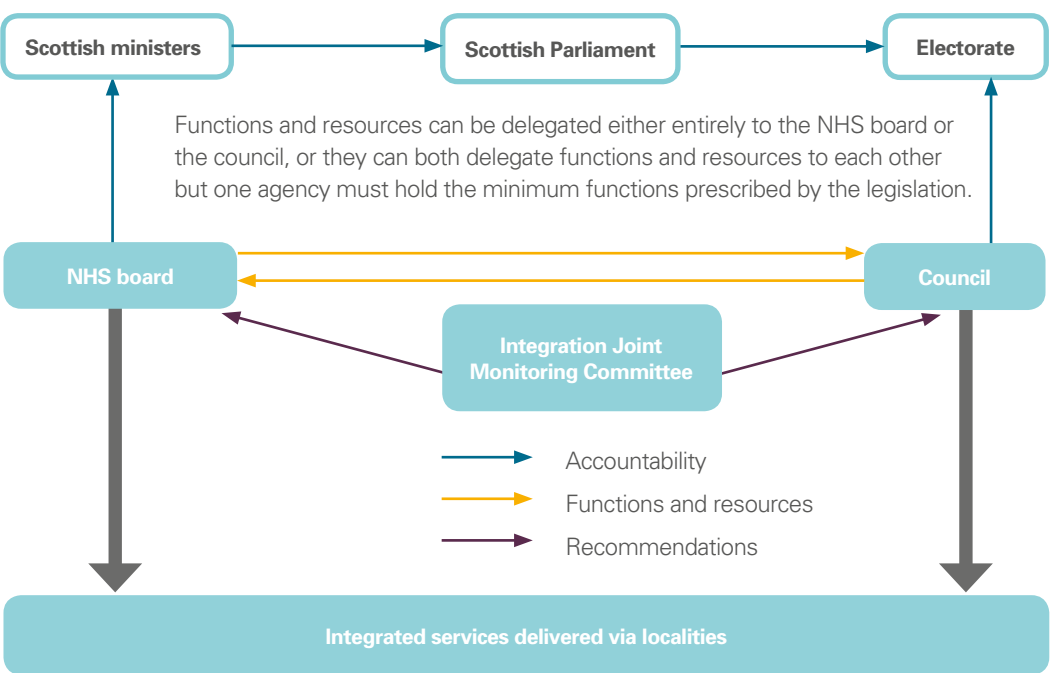
Body corporate or Integration Joint Board model



Body corporate

- NHS boards and councils delegate health and social care functions to an Integration Joint Board (IJB)
- The Act allows for partners to work jointly, for example, for two councils to work with their local NHS board to create a single IJB

Lead agency model



Lead agency

- NHS boards and councils delegate some of their functions to each other
- Carrying out of functions is overseen and scrutinised by an Integration Joint Monitoring Committee

Source: Audit Scotland

- The way local government bodies make decisions differs to NHS boards. Local government bodies in Scotland must take corporate decisions. There is no legal provision for policies being made by individual councillors.
- A statutory duty of Best Value applies to IJBs.

23. NHS boards and councils delegate budgets to the IJB. The IJB decides how to use these resources to achieve the objectives of the strategic plan. The IJB then directs the NHS board and council to deliver services in line with this plan. Only Highland has chosen the lead agency model, continuing arrangements established in earlier years for integrated services.¹² Under powers first set out in the Community Care (Scotland) Act 2002, NHS Highland is the lead for adult health and care services, with Highland Council the lead for children's community health and social care services. This provides continuity with lead agency arrangements in place in Highland since 2012. The council and the NHS board cannot veto decisions taken by the lead agency. Instead, as required by the legislation, they have established an integration joint monitoring committee (IJMC). The IJMC cannot overturn a decision made by the council or NHS board, but it can monitor progress in integrating services and make recommendations.

24. Whichever model is chosen, the underlying objective remains the same. The IA is expected to use resources to commission coordinated services that provide care for individuals in their community or in a homely setting and avoid unnecessary admissions to hospital.

Membership of Integration Joint Boards (IJBs)

25. For the IAs that follow the body corporate model, board members of IJBs are a mix of voting and non-voting members. Councils and NHS boards are each required to nominate at least three voting members. The NHS board and council can nominate more members, but both partners need to agree to this and the number from each body needs to be equal. The NHS board nominates non-executive directors to the IJB, and the council nominates councillors. Where the NHS board is unable to fill their places with non-executive directors, it is able to nominate other members of the NHS board. At least two of the NHS members should be non-executive directors. The IJB should also include non-voting members, including a service user and a representative from the voluntary sector ([Exhibit 5, page 16](#)).¹³

26. Initially, IJBs are not expected to directly employ staff, operating only as strategic commissioning bodies.¹⁴ This may change over time as the Act allows IJBs to employ staff, but this needs to be approved by Scottish ministers, rather than decided locally. A chief officer and finance officer provide support for the IJB, but they are employed by either the council or NHS board and seconded to the IJB. The finance officer, under the terms of Section 95 of the Local Government (Scotland) Act 1973, has formal responsibilities for the financial affairs of the IJB.

Scrutinising integrated health and social care

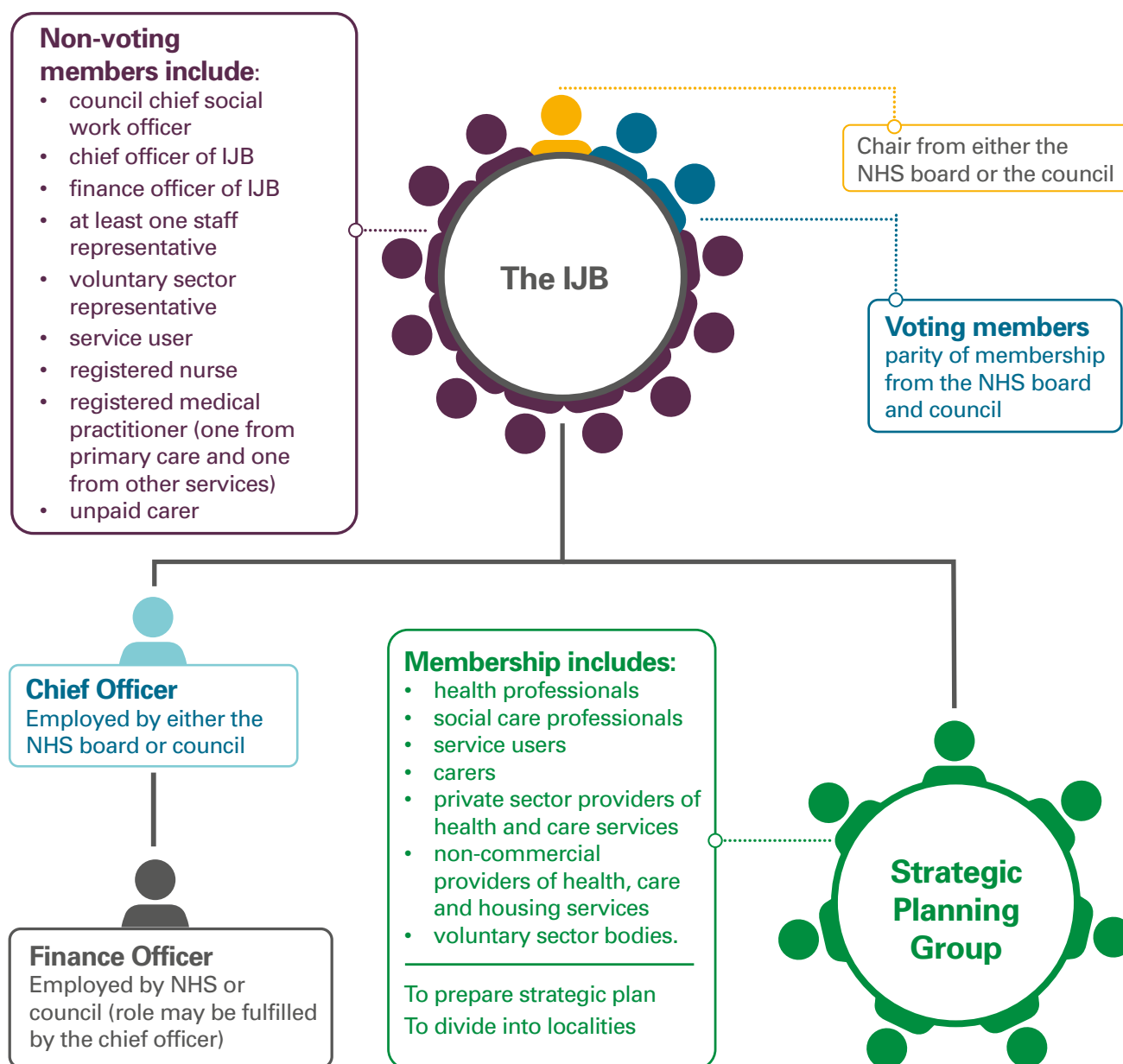
27. Various scrutiny bodies have an interest in the integration of health and social care:

- The Accounts Commission is responsible for appointing auditors to IJBs and so has an interest in financial management and governance arrangements. As local government bodies, IJBs are also covered by the duty of Best Value as set out in the Local Government in Scotland Act 2003. The Accounts Commission has the power to audit the extent to which local government bodies are discharging their Best Value duty.

- Health and social integration is a significant national policy development. Therefore, the Auditor General for Scotland (alongside the Accounts Commission) has an audit interest in the extent to which it is being implemented at a national and local level, and in its impact on NHSScotland.
- The Care Inspectorate and Healthcare Improvement Scotland are responsible for scrutinising and supporting improvement in health and care services. Both organisations inspect individual services and work together to perform joint inspections of health and care services. These organisations will inspect the planning, organisation or coordination of

Exhibit 5

Organisation chart for a typical IJB




Source: Audit Scotland

integrated health and social care services. From April 2017, the Care Inspectorate and Healthcare Improvement Scotland are required by legislation to assess progress in establishing joint strategic commissioning and the early impact of integration.

Implications for the public, voluntary and private sectors

28. The significant changes under way will have an impact on everyone who needs to access, provide or plan health and social care services. Integration is part of the Scottish Government's focus on developing person-centred care. This is aimed at improving services, ensuring people using health and social care services can expect to be listened to, to be involved in deciding upon the care they receive and to be an active participant in how it is delivered. The aim is that this will result in improved outcomes for people, enabling them to enjoy better health and wellbeing within their homes and communities.

29. Health and social care integration is complex and it is important that IAs engage with the public on an ongoing basis so that they understand the purpose of integration and are able to influence the way services change. People may not see a significant difference in the services they receive immediately, but the reforms are focused on making better use of all health and social care services. Therefore there are implications for how people use services, for example GP, A&E and community-based services. If the reforms are to be successful, IJBs, NHS boards and councils need to involve people in decisions about the implications for local services. To help with this, there is a requirement that a service user and unpaid carer are members of the IJB and that IJBs consult and engage with local people as they develop their strategic and locality plans. It is also important that IAs are clear about how they link into the wider community planning process.

30. It is not only statutory services that need to change, other providers need to be involved. Voluntary and private sector providers employ two-thirds of the social services workforce and provide many social care services across Scotland. They are significant partners in developing integrated services, with the voluntary sector represented on the IJB as a non-voting member. Our previous report [Self-directed support \[PDF\]](#)  highlighted some of the ways that councils have started to change how they work with the voluntary and private sectors.¹⁵ There are lessons here for IJBs.

Localities

31. The Act requires IAs to divide their area into at least two localities, but they can choose to create more. Localities have an important role in reforming how to deliver services. They bring together local GPs and other health and care professionals, along with service users, to help plan and decide how to make changes to local services. A representative from each locality is expected to be part of the IA's strategic planning group, helping to ensure that specific local needs are taken into account. Localities also have a consultative role. When an IA is planning a change that is likely to affect service provision in a locality significantly, it must involve representatives of the local population in that decision.

32. As part of their role in planning services, localities are expected to plan expenditure on integrated health and social care services in their area, based on local priorities and to help shift resources towards preventative and community-based health and care services.

Outcomes and performance measures

33. IAs are required to contribute towards nine national health and wellbeing outcomes (**Exhibit 6**). These high-level outcomes seek to measure the quality of health and social care services and their impact in, for example, allowing people to live independently and in good health, and reducing health inequalities. This is the first time that outcomes have been set out in legislation, signalling an important shift from measuring internal processes to assessing the impact on people using health and social care services. IAs are required to produce an annual performance report, publicly reporting on the progress they have made towards improving outcomes.

The Scottish Government is providing resources to help support integration

34. The integration of health and social care is a complex reform and the Scottish Government is providing support to help organisations as they establish the new arrangements. The Scottish Government will provide more than £500 million over the three years from 2015/16 to 2017/18 to help partnerships establish new ways of working that focus on prevention and early intervention in a bid to reduce

Exhibit 6

National health and wellbeing outcomes

IAs are required to contribute to achieving nine national outcomes.

| | |
|---|---|
| 1 | People are able to look after and improve their own health and wellbeing and live in good health for longer. |
| 2 | People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community. |
| 3 | People who use health and social care services have positive experiences of those services, and have their dignity respected. |
| 4 | Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services. |
| 5 | Health and social care services contribute to reducing health inequalities. |
| 6 | People who provide unpaid care are supported to look after their own health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing. |
| 7 | People who use health and social care services are safe from harm. |
| 8 | People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide. |
| 9 | Resources are used effectively and efficiently in the provision of health and social care services. |

Source: National Health and Wellbeing Outcomes, Scottish Government

long-term costs. This money is not directly to support integration, but to continue initiatives that were already under way to improve services. The money is made up as follows:

- £300 million is an integrated care fund to help partnerships achieve the national health and wellbeing outcomes and move towards preventative services
- £100 million to reduce delayed discharges
- £30 million for telehealth
- £60 million to support improvements in primary care
- £51.5 million for a social care fund.

35. The Scottish Government has provided guidance to partnerships, covering issues such as strategic commissioning of health and care services, clinical and care governance, and the role of housing services and the voluntary sector. The timescales to implement the Act are tight. For some partnerships, guidance came too late. For example, the Scottish Government issued its guidance on localities in July 2015, yet localities play an important part in strategic plans and many partnerships had already begun the strategic planning process by then. The Scottish Government plans to issue further guidance on performance reporting late in 2015. However, for some areas this is coming too late – the three Ayrshire IJBs will present their first performance reports on or before 2 April 2016 and are developing these in advance of the guidance being issued.

36. The Scottish Government is supplementing this formal guidance with a series of support networks for IJB chairs and finance officers, such as regular learning events, and through the work of the Joint Improvement Team (JIT), including support for IJBs in developing their strategic plans.¹⁶ Healthcare Improvement Scotland and the Care Inspectorate are currently developing a support programme for IAs, tailoring training and development events to fit local needs.

37. IAs are also being supported by the Information Services Division (ISD) of NHS National Services Scotland. ISD is creating a single source of data on health, social care and demographics. It is making this information available to NHS boards, councils and IAs to help them to gain a better understanding of:

- the needs of their local population
- current patterns of care
- how resources are being used.

38. This is the first time this detailed information on activity and costs will be routinely available to partnerships to help them with strategic planning. It will also help inform decisions on how to better use resources to improve outcomes for service users and carers. ISD is also providing data and analytical support through a Local Intelligence Support Team initiative, where partnerships can have an information specialist from ISD working with them in their local area.

Part 2

Current progress



Integration authorities are being established during 2015/16

39. Thirty-one IAs are being established, with one for each council area and a shared one between Clackmannanshire and Stirling. All partners submitted their draft integration schemes to Scottish ministers by the April 2015 deadline. Some, such as East Dunbartonshire, already plan to extend the scope of services being integrated and will resubmit their integration scheme for approval. By October 2015, 25 integration schemes had been formally approved, with the remainder expected to be agreed by the end of 2015.

40. By October 2015, six IAs had been established and taken on operational responsibility for budgets and services ([Exhibit 7, page 21](#)). The remaining IAs plan to be operational just before the statutory deadline, in March and April 2016.

Most integration authorities will oversee more than the statutory minimum services, and their responsibilities vary widely

41. The Act requires councils and NHS boards to integrate adult health and social care services. But it also allows them to integrate other services, such as children's health and social care services and criminal justice social work services.

42. The scope of the services being integrated varies widely across Scotland. Almost all the IAs will oversee more than the minimum requirement for health services, mainly by including some aspects of children's health services. But there is a wide range in responsibilities for other areas, such as children's social work services, criminal justice social work services, and planned acute health services ([Exhibit 8, page 22](#)). These differences in the scope of services included create a risk of fragmented services in some areas. Good clinical and care governance arrangements will be important to ensure that vulnerable people using integrated and non-integrated services experience high standards of care.

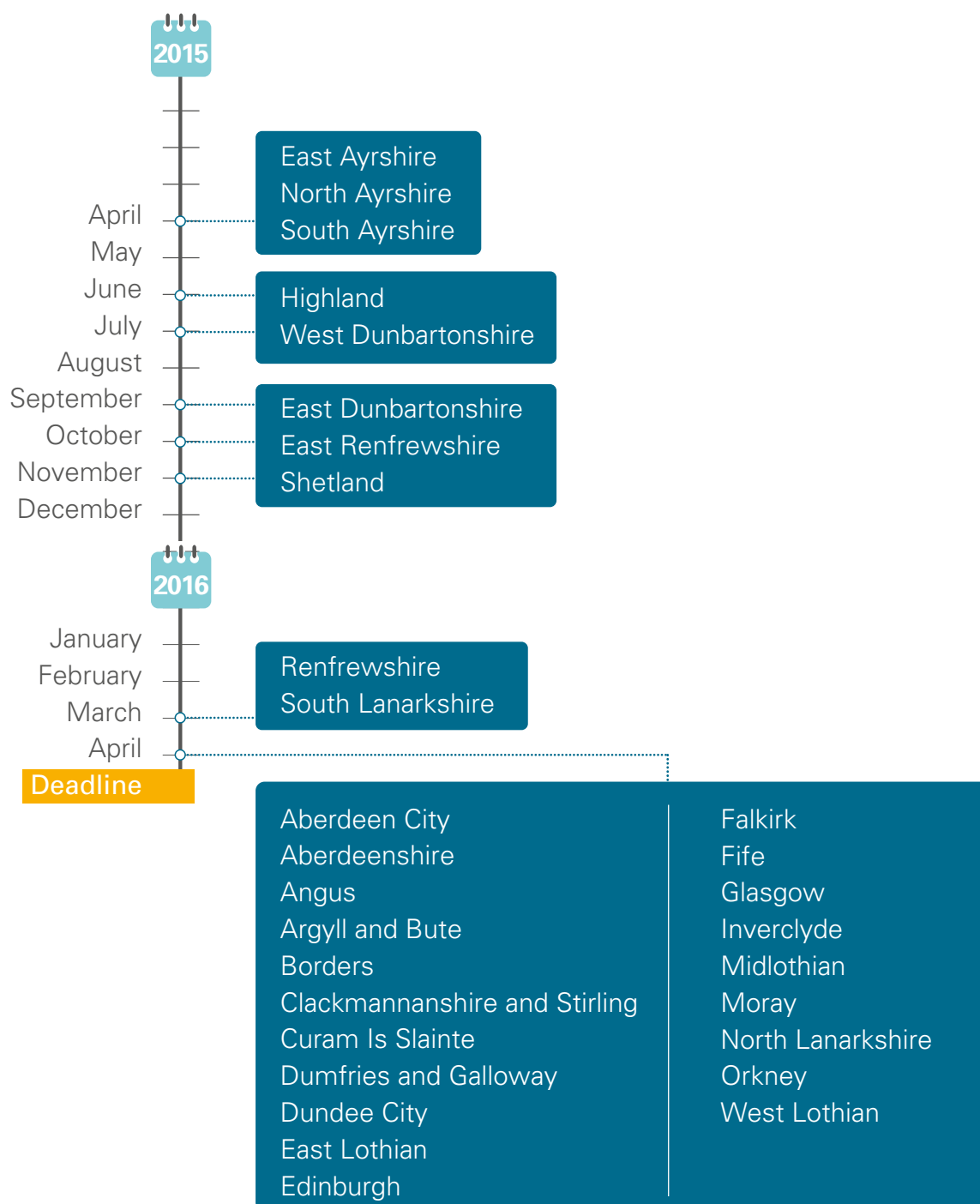
43. Among the variations the most notable are in Argyll and Bute IJB and Dumfries and Galloway IJB. These IJBs will oversee all NHS acute services, including planned and unplanned hospital services. In theory, this should allow these IJBs to better coordinate all health and care services in their area.

44. Various 'hosting' arrangements are also being implemented across the country. Where the area covered by an NHS board has more than one IJB it is often not practical or cost-effective to set up separate arrangements to deliver services for individual IJBs. This is particularly the case for specialist services, such as certain inpatient mental health services with small numbers of patients or staff. For example, North Ayrshire IJB hosts the following services on behalf of East Ayrshire and South Ayrshire IJBs:

the scope
of the
services
being
integrated
varies widely
across
Scotland

Exhibit 7

Services will be delegated to IAs throughout 2015/16 with most delegating in April 2016



Notes:

1. The date of becoming operational is still to be agreed in Perth and Kinross.
2. Curam Is Slainte is the name for the partnership between NHS Western Isles and Comhairle nan Eilean Siar.

Source: Audit Scotland

Exhibit 8

Additional integrated services

Partnerships are integrating a wider range of services in addition to the statutory minimum.

| | | | | |
|-------------------------------|---|---|---|---|
| Argyll and Bute |  |  |  |  |
| East Ayrshire |  |  |  | – |
| East Renfrewshire |  |  |  | – |
| Glasgow |  |  |  | – |
| Inverclyde |  |  |  | – |
| North Ayrshire |  |  |  | – |
| Orkney |  |  |  | – |
| South Ayrshire |  |  |  | – |
| West Dunbartonshire |  |  |  | – |
| Aberdeen City | – |  |  | – |
| Aberdeenshire | – |  |  | – |
| Curam Is Slainte | – |  |  | – |
| East Lothian | – |  |  | – |
| Midlothian | – |  |  | – |
| Moray | – |  |  | – |
| Shetland | – |  |  | – |
| Highland |  | – |  | – |
| Dumfries and Galloway | – | – |  |  |
| Angus | – | – |  | – |
| Borders | – | – |  | – |
| Clackmannanshire and Stirling | – | – |  | – |
| Dundee | – | – |  | – |
| East Dunbartonshire | – | – |  | – |
| Edinburgh | – | – |  | – |
| Falkirk | – | – |  | – |
| Fife | – | – |  | – |
| North Lanarkshire | – | – |  | – |
| Perth and Kinross | – | – |  | – |
| Renfrewshire | – | – |  | – |
| South Lanarkshire | – | – |  | – |
| West Lothian | – | – |  | – |

Key



Children's social work services



Criminal justice social work services



Children's health services



Planned acute health services

Notes:

1. Criminal justice social work services can include services such as providing reports to courts to assist with decisions on sentencing. Planned acute health services can include services such as outpatient hospital services.
2. The range of children's health services delegated varies by IA. They may include universal services (such as GPs) for people aged under 18, or more specialised children's health services such as school nursing or health visiting, or both universal and specialised services.
3. IAs may also be responsible for additional integrated services not listed here.
4. East Dunbartonshire plan to amend their integration scheme to include children's primary and community health services before 1 April 2016.
5. Where integration schemes have not yet been approved by ministers, the final integration scheme may vary from the information included here.

- inpatient mental health services
- learning disability services
- child and adolescent mental health services
- psychology services
- community infant feeding service
- family nurse partnership
- child health administration team
- immunisation team.

IJBs are appointing voting board members and most have chief officers in post

45. Most IJBs are currently appointing board members. Our review of the 17 IJB integration schemes that Scottish ministers had approved at the time of our audit shows the following:

- Thirteen IJB boards will initially be chaired by a councillor, with the remaining four chaired by a non-executive from the local NHS board.
- Only three areas have chosen to nominate the minimum of three voting members each from the council and NHS board.¹⁷ In 13 schemes, councils and NHS boards have each nominated four voting members. In Edinburgh, the council and NHS board each have five voting members.
- There are also local variations in the number of additional non-voting members. For example, East Renfrewshire has appointed an additional GP member to help provide knowledge on local service needs. In most cases, these variations do not add significantly to the number of IJB board members. But some IJBs have very large boards. For example, Edinburgh has 13 non-voting members, in addition to its ten voting members. The IJB board for Clackmannanshire and Stirling is expected to be even larger, reflecting the joint arrangements between the two council areas, with 12 voting members and around 23 non-voting members.

46. Almost all IJBs have now appointed a chief officer.¹⁸ Edinburgh and Falkirk expect to have their chief officers in post by the end of 2015.¹⁹ Chief officers are employed by either the NHS board or the council and then seconded to the IJB. Terms and conditions of employment vary between councils and NHS boards, so successful candidates choose their preferred employer, based on the packages offered.

Chief officer accountability

47. Accountability arrangements for the IJB chief officer are complex and while there may be tensions in how these arrangements will work in practice, we have attempted to set out the technical arrangements as clearly as possible. The chief officer has a dual role. They are accountable to the IJB for the

responsibilities placed on the IJB under the Act and the integration scheme. They are accountable to the NHS board and council for any operational responsibility for integrated services, as set out in the integration scheme.

Accountability to the IJB

- The chief officer is directly accountable to the IJB for all of its responsibilities. These include: strategic planning, establishing the strategic planning group, the annual performance report, the IJB's responsibilities under other pieces of legislation (for example, the Equalities Act and the Public Records Act), ensuring that its directions are being carried out, recommending changes and reviewing the strategic plan.
- Integration schemes can pass responsibility for overseeing the operation of specific services from the NHS board or council to the IJB. In these circumstances, the chief officer is accountable to the IJB for establishing the arrangements to allow it to do this. This includes setting up performance monitoring, reporting structures, highlighting critical failures, reporting back based on internal and external audit and inspection. If the council or NHS board passes responsibility for meeting specific targets to the IJB, the IJB must take this into account during its strategic planning, and the chief officer is accountable for making sure it does so.

Accountability to the NHS board and council

- All integration schemes should set out whether the chief officer also has operational management responsibilities. Where the chief officer has these responsibilities, they are also accountable to the NHS board and the council.
- Where the chief officer has operational management responsibilities, the integration scheme makes the chief officer the responsible operational director in the council and NHS board for ensuring that integrated services are delivered. The chief officer is therefore responsible to the NHS board and council for the delivery of integrated services, how the strategic plan becomes operational and how it is delivered. They are also responsible for ensuring it is done in line with the relevant policies and procedures of the organisation (for example staff terms and conditions).
- Although this is untested, the accountable officers for delivery should still be the chief executives of the NHS board and the council. But they must discharge this accountability through the chief officer as set out in their integration scheme. The chief executives of the NHS board and council are responsible for line managing the chief officer to ensure that their accountability for the delivery of services is properly discharged.

48. Although employed by one organisation only, most chief officers are line managed by the chief executives of both the council and the NHS board. This means that in some NHS board areas the chief executive is line managing several IJB chief officers. South Lanarkshire has adopted a more streamlined approach, where the chief officer reports to both the council and NHS board chief executive, but the organisation that employs the chief officer performs day-to-day line management.

Part 3

Current issues



There is wide support for the opportunities offered by health and social care integration


49. Integrated health and social care offers significant opportunities. These include improving the services that communities receive, the impact these services have on people, improving outcomes and using resources, such as money and skills, more effectively across the health and care system. The Scottish Government expects integrated services to emphasise preventative care and reduce both the level of hospital admissions and the time that some patients spend in hospital. A measure of success will be the extent to which integration has helped to move to a more sustainable health and social care service, with less reliance on emergency care.

50. Because integrated services with a focus on improving outcomes should result in more effective use of resources across the health and social care system, the Scottish Government expects integration to generate estimated annual savings of £138 - £157 million. The savings are as follows:

- Annual savings of £22 million if IAs can meet the current target to limit the delay in discharging patients to no more than two weeks and £41 million if they can reduce this further, to no more than 72 hours.
- Annual savings of £12 million by using anticipatory care plans for people with conditions that put them at risk of an unplanned admission to hospital. These plans provide alternative forms of care to try to avoid people being admitted to hospital.
- Annual savings of £104 million from reducing the variation between different IAs in the same NHS board area. The Scottish Government expects that IAs will identify the inefficiencies that cause costs to vary and, over time, reduce them.²⁰

51. The Scottish Government estimated the initial cost of making these reforms to adult services to be £34.2 million over the five years up to 2016/17, and £6.3 million after this. It has not estimated the additional costs, or savings, from integrating other services such as children's health and social care or some criminal justice services.²¹ It is unclear whether these anticipated savings will release money that IJBs can invest in more community-based and preventative care or how the Scottish Government will monitor and report progress towards these savings.

widespread support for the policy of health and social care integration, but concerns about how this will work in practice

52. There have been previous attempts at integration, as listed in [Exhibit 2 \(page 11\)](#). Our [Review of Community Health Partnerships \[PDF\]](#)  highlighted that CHPs had a challenging remit, but lacked the authority needed to implement the significant changes required.²² We also found limited progress with joint budgets across health and care services. This latest reform programme contains important new elements to help partnerships improve care. The Act:

- provides a statutory requirement for councils and NHS boards to integrate services and budgets, in contrast to previous legislation that encouraged joint working with resources largely remaining separate
- provides, for the first time, a statutory requirement to focus on outcome measures, rather than activity measures
- introduces a requirement for co-production as part of strategic planning. Co-production is when professionals and people who need support combine their knowledge and expertise to make joint decisions
- has clear links to other significant legislation, including The Children and Young People (Scotland) Act 2014 and the Community Empowerment (Scotland) Act 2015, where similar principles of co-production, engagement and empowerment apply.

53. Throughout our audit, we found there is widespread support for the policy of health and social care integration, but concerns about how this will work in practice. In this part of our report, we summarise the most important risks and issues we have identified through our audit. These are significant and need to be addressed as a priority nationally and locally to integrate health and care services successfully.

NHS boards, councils and IJBs need to be clear about how local arrangements will work in practice

Sound governance arrangements need to be quickly established

54. Good governance is vital to ensure that public bodies perform effectively. This can be a particular challenge in partnerships, with board members drawn from a wide range of backgrounds. Previous audit reports on community planning partnerships (CPPs) and CHPs have highlighted the importance of issues such as:

- a shared leadership, which takes account of different organisational cultures
- a clear vision of what the partnership wants to achieve, with a focus on outcomes for service users
- a shared understanding of roles and responsibilities, with a focus on decision-making
- an effective system for scrutinising performance and holding partners to account.

Members of IJBs need to understand and respect differences in organisational cultures and backgrounds

55. IJBs include representatives from councils, NHS boards, GPs, the voluntary sector, and service users. Everyone involved in establishing the new arrangements needs to understand, respect and take account of differences in organisational cultures so these do not become a barrier to progress. Members of the IJB need quickly to establish a shared understanding of their new role, how they will work together and measure success.

56. Voting members are drawn exclusively from councils and NHS boards and it is particularly important that they have a shared vision and purpose. There are important differences in how councils and NHS boards operate. Councils, for example, are accountable to their local electorate, while NHS boards report to Scottish ministers. There are also differences in how councils and the NHS work with the private sector. Councils have had many years of contracting services out to the voluntary and private sectors; for example, around 25 per cent of home care staff are employed in the private sector.

57. IJBs are aware of the need to establish a common understanding of the roles and responsibilities of board members. We found that many are planning opportunities for board development by providing training and support to board members. Other IJBs are also reinforcing this by developing codes of conduct to ensure that their board members follow the same standards of behaviour.

58. IJBs include representatives from a wide range of organisations and backgrounds. This inclusive approach has benefits, including a more open and inclusive approach to decision making for health and care services, but there is a risk that boards are too large. For example, the Edinburgh IJB will have 23 members and the Clackmannanshire & Stirling IJB will have around 35. As we have highlighted in previous audits of partnerships across Scotland, there is a risk that large boards will find it difficult to reach agreement, make decisions and ensure services improve.

IJB members will have to manage conflicts of interest

59. The design of IJBs brings the potential for real or perceived conflicts of interest for board members. The NHS board and council nominate all voting members of the IJB. Their role is to represent the IJB's interests. Voting members will also continue in their role as an NHS board member or councillor. As a result, there is a risk that they may have a conflict of interest, particularly where there is a disagreement as part of IJB business.²³

60. There is a similar potential for a conflict of interest for senior managers. IJB finance officers, for example, are required to support the needs of the IJB, but may also have responsibilities to support their employer – either the local NHS board or council. Similarly, legal advisers to the IJB will be employed by the council or the NHS board and, at a time of disagreement, may have a conflict of interest.

61. There is also a particular issue for NHS board members. Some NHS boards have to deal with several IJBs, and this places significant demands on their limited number of non-executive members. As a result, the Act and its associated regulations allow for NHS executive members to be appointed as voting members of the IJB. This means that there is the possibility of individuals acting as IJB board members who commission a service, and as NHS board members, responsible for providing that service. IJBs need to resolve this tension as part of their local governance arrangements.

62. IJBs are taking action to manage these tensions. For example, they are providing training to alert board members to the need to act in the IJB's interests when taking part in IJB meetings, and declaring conflicts of interest when they arise. But underlying conflicts of interest are likely to remain a risk, particularly at times of disagreement between local partners.

Although IJBs will lead the planning of integrated services, they are not independent of councils and NHS boards

63. IJBs set out how they will deliver services in their strategic plans, which they develop through strategic planning groups. The legislation allows NHS boards and councils jointly to ask IJBs to change their strategic plans only if they think it hinders their work in achieving the national health and wellbeing outcomes. As such, NHS boards and councils cannot individually veto an IJB decision. However IJBs are not fully independent of NHS boards and councils which can influence them through the following:

- **Membership of IJBs:** Chairs, vice chairs and voting members are all nominated by NHS boards and councils.
- **The approval process to agree future budgets:** Guidance issued by the Scottish Government's Integrated Resources Advisory Group (IRAG) suggests that, for future years, each IJB develops a business case and budget request and submits this to the NHS board and council to consider.
- **Control of integration schemes:** NHS boards and councils can decide to resubmit their integration schemes, changing the terms under which the IJB operates, or replacing it with a lead agency approach.

64. IJBs may overcome the challenges of working with a large board, with different organisational cultures and tensions, but once difficult decisions have been made there are still complex relationships back to the NHS board and council to negotiate. As a result, it is not clear if IJBs will be able to exert the necessary independence and authority to change fundamentally the way local services are provided.

Only a few IJBs will oversee the operation of acute services in their area, potentially limiting their impact

65. Regulations allow NHS boards and councils to choose what role IJBs will have in relation to operational management of services, in addition to commissioning and planning services. This flexibility allows, for example, NHS boards to remain solely responsible overseeing the operation of large hospital sites. The alternative is a more complex arrangement where responsibility for overseeing the operation of an A&E department is shared across several IJBs. Where the IJB has no operational management of hospital services, the IJB will receive regular performance reports from the NHS board on hospital services, so the IJB can assess whether the NHS board is delivering services in line with the IJB strategic plan. From the 17 schemes we reviewed that establish IJBs, we found the following:

- All 17 IJBs oversee the operation of non-acute integrated services, such as district nursing.
- To date, only Argyll and Bute, and Dumfries and Galloway IJBs will oversee the operation of the acute hospital integrated services in their areas, and

the chief officer will operationally manage these services. In Argyll and Bute, this continues an arrangement that existed previously and arises because the NHS board contracts most acute services from NHS Greater Glasgow and Clyde. Argyll and Bute CHP received information from the NHS board as part of the contract monitoring process. The IJB and NHS Greater Glasgow and Clyde are in the process of agreeing the information the chief officer and IJB board members will receive on the operational performance and delivery of these services.

- In Dumfries and Galloway, the IJB will oversee the operation of all integrated services, including all acute hospital services. The chief officer will be responsible for managing the operation of these integrated services, receiving regular information from the council Chief Social Work Officer and the NHS board acute services management team. The geographical circumstances in Dumfries and Galloway help to make this arrangement possible, as there is only one IA in the NHS board area, with only one acute hospital.

There needs to be a clear understanding of who is accountable for service delivery

66. There is a risk that the complex interrelationship between IJBs and councils and NHS boards will get in the way of clear lines of accountability. Their respective roles appear to be clear: IJBs are responsible for planning and commissioning services; councils and NHS boards are responsible for delivering those services.

67. But this understanding of accountabilities could be tested when there is a service failure, either in the care of an individual or in meeting outcome targets. The consensus amongst those we spoke with during our audit is that responsibility would lie with the council or NHS board delivering the service. But it could also be argued that ultimate responsibility might lie with IJBs, which plan and direct councils and NHS boards in how services are to be delivered. All parties need to recognise this risk and set out clearly an agreed understanding of each other's roles and responsibilities. It is essential that the chief officer is clear about how this joint accountability will work in practice from the start.

68. Clear procedures also need to be in place for clinical and care governance. These are procedures for maintaining and improving the quality of services and safeguarding high standards of care. NHS boards use long-established clinical governance approaches within the NHS. Similarly, councils follow well-established approaches for social care. IJBs have a great deal of flexibility over this issue and are required only to consider what role they will have in supporting the councils' and NHS boards' clinical and care governance work and how integration might change some aspects of this.

69. The Act introduced a requirement that IJBs set out in their integration scheme how they will work with NHS boards and councils to develop an integrated approach to clinical and care governance. We found that, at present, most IJBs plan to retain existing arrangements, with NHS boards directly overseeing clinical governance and councils overseeing care governance. However, IJBs will need to have a role in monitoring clinical and care standards without duplicating existing arrangements. Perth and Kinross IJB has developed a new clinical and care governance framework that other IJBs are now considering. In addition, the Royal College of Nursing has developed an approach that helps IJBs, councils and NHS

boards review their clinical and care governance arrangements. The aim is to ensure consistent approaches within each integrated service, and that these are aligned to existing clinical and care governance arrangements in the NHS and councils.²⁴

IAs need to establish effective scrutiny arrangements to help them manage performance

70. IAs need to establish effective arrangements for scrutinising performance, monitoring progress towards their strategic objectives, and holding partners to account. Using the nine statutory outcome measures, listed at [Exhibit 6](#), will help IAs to focus on the impact of health and care services. But as well as simply monitoring performance, IJB members will need to use these to help redesign services and ensure services become more effective.

71. There is also a need for regular reporting to partner organisations. This is particularly important where most members of the local council or NHS board are not directly involved in the IJB's work. Aberdeenshire Council, for example, has 68 councillors, with only five sitting on the IJB. Those not directly involved need to be kept informed on how the budgets provided to the IJB have been used and their effectiveness in improving outcomes for local people.

Councils and NHS boards are finding it difficult to agree budgets for the new integration authorities

72. At this stage, IAs are establishing financial procedures that look to be sound. While there is a range of approaches to financial monitoring and dealing with overspends and underspends, the processes outlined in the integration schemes are reasonable.

73. There are, however, significant concerns about funding. Councils and NHS boards are having great difficulty in agreeing budgets for the new IAs. At October 2015, six months before they were required to be established and commissioning health and care services, the Scottish Government had only been informed of the agreed budgets for six IAs. This uncertainty about budgets is likely to continue until early 2016. The results of the UK spending review were not announced until November 2015, and the Scottish Government will only publish its financial plans on 16 December 2015.

74. NHS boards and councils have faced several years of financial constraints and this is expected to continue in the coming years. There is a risk that, if NHS boards and councils seek to protect services that remain fully under their control, IAs may face a disproportionate reduction in their funding, despite the focus on outcomes that all partners should have. We have reported previously on increasing pressures on health and care budgets. This risk of budget overspends is a significant risk for IJBs. Other specific factors add to these difficulties in agreeing budgets:

- **Set-aside budgets:** These relate to the budgets retained by NHS boards for larger hospital sites that provide both integrated and non-integrated services. There are difficulties in agreeing these set-aside budgets, despite the Scottish Government issuing specific guidance. The current difficulties relate to how to determine the integrated and non-integrated costs for these hospitals and how to allocate a fair share to each IJB within the NHS board area. More fundamentally, however, there is a risk that NHS

boards may regard this funding as continuing to be under their control, making it difficult for IAs to use the money to shift from acute hospital care to community-based and preventative services. As a result of these uncertainties, not all of the strategic plans published so far consider the set-aside budgets or plan for the level of acute services that will be needed in future years.

- **Different planning cycles:** NHS boards and councils agree budgets at different times. In North Ayrshire, for example, the council agreed its 2015/16 budget in December 2014, while the NHS agreed its budget in March 2015. NHS budgets and allocations can change during the financial year. This could bring further challenges for IJBs. Similar budget-setting cycles exist across Scotland. If councils and NHS boards continue with these cycles, then IJBs will be involved in protracted negotiations for budgets and ultimately cannot expect partners to approve their plans until just before the start of each financial year. In response, NHS Forth Valley has adapted its budgeting process to allow it to provide an earlier indication of the integrated health budget to its local IAs. In addition, as part of the community planning process, there is an expectation that community planning partners will share information on resource planning and budgets at an early stage, before formal agreement.²⁵ This should help IAs' financial planning.

Integration authorities need to make urgent progress in setting out clear strategic plans

Most IAs are still developing their overall strategic plans, but those that are in place tend to be aspirational and lack important detail

75. Strategic planning is central to the role that IAs will have in commissioning and helping redesign local health and care services. Scottish Government guidance emphasises the importance of localities in this process, and of strategic plans to reflect the different priorities and needs of local areas.

76. At the time of our audit, only six IAs had published their strategic plans. Some, such as Aberdeen City, Aberdeenshire and Moray, have developed draft plans in advance of the formal approval of the integration schemes. Difficulties with reaching agreement on budgets are an important factor hindering IAs from developing comprehensive strategic plans. This raises concerns about the readiness of IAs to make an immediate impact in reshaping local services. Our audit involved speaking to people involved with strategic planning, including IJB board members. Many of them felt it would be at least another year before most IAs have established plans that are genuinely strategic and can redesign future service delivery rather than simply reflect existing arrangements.

77. Even where strategic plans are in place, there tend to be weaknesses in their scope and quality. They often set out the broad direction of how to provide integrated health and social care services in their areas over the next three or so years, identifying local priorities for their area and for localities. But they can be unclear about what money and staff are available, particularly over the longer term, or how to match these to priorities. They lack detail on what level of acute services is needed in an area and how they will shift resources towards preventative and community-based care. They generally lack performance measures that directly relate to the national outcomes.

78. Strategic planning is even less developed at the locality level. There is a risk that strategic planning is not joined up with locality planning. Some IAs have completed strategic needs assessments, helping to identify the different needs and priorities of individual localities. They are using these to develop local priorities and budgets. There are also significant challenges in involving a wide range of service users, voluntary organisations, GPs and other clinicians and other professional staff in the planning process. These groups are represented at IJB board level, as non-voting members. But involving these groups more widely and actively at locality level is crucial to providing community-based and preventative health and social care services.

Most IAs have still to produce supporting strategies

79. In addition to their overall strategic plans, IAs need to establish supporting strategies for important areas such as workforce, risk management, data sharing, and how they will work with people who use health and social care services. They are required to set out a broad timetable for producing these in their integration schemes.

80. We analysed the timetables in the approved integration schemes available at the time of our audit. This reveals some significant variations ([Exhibit 9, page 33](#)). Some risk management and workforce strategies have been developed and are scheduled to be agreed well in advance of the IA becoming operational. In others, however, it will be up to 12 months after the IA becomes operational before these strategies are due to be agreed and can start to contribute to progress with integrating services.

81. This raises questions about the effectiveness of some IAs, at least in the first year of their operation. It is important that IA strategies are well thought through, built on an analysis of local needs and resources and meaningful consultation, clearly setting out how the IA will deliver against the aspirations of the Act. We did not look in detail at the strategies produced at this early stage. But there is a risk that strategies produced quickly lack the detail needed to show how IAs will take practical steps that:

- improve outcomes
- integrate services
- make best use of the funds, skills and other resources available to them.

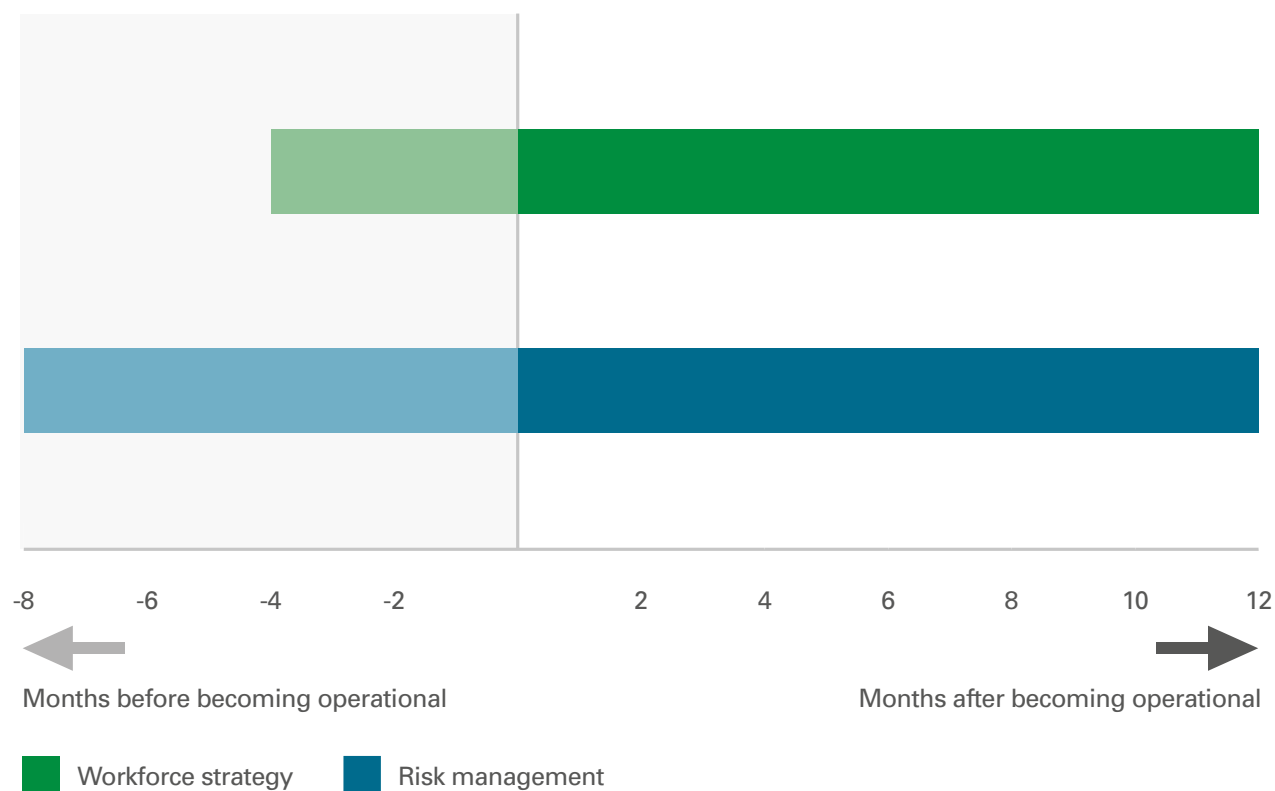
Equally, there are risks where the IA will not have plans in place until they have been operational for many months. It is important that IAs have clear strategic priorities and use these in developing:

- a workforce strategy, showing how they will redesign health and care services
- a risk management strategy to demonstrate that they are properly prioritising their work and their resources.

Exhibit 9

Range of timescales for supporting strategies

It will be up to a year before some IJBs have established workforce and risk management strategies.



Source: Audit Scotland analysis of available integration schemes

There is a pressing need for workforce planning to show how an integrated workforce will be developed

82. The health and social care workforce is critical to the success of integration. Health and social care services are personal services; it is important that staff have the skills and resources they need to carry out their roles, including providing emotional and physical support and clinical care.

83. At present, few IAs have developed a long-term workforce strategy. Developing a suitably skilled workforce is crucial to the success of integrated health and social care services. This is particularly challenging, given the wide range of people involved and the size of the workforce. NHS Scotland employs around 160,000 staff.²⁶ Social services employ almost 200,000, both directly employed council staff and others from the private and voluntary sector.²⁷ Furthermore, an estimated 759,000 people in Scotland are carers for family members, friends or neighbours.²⁸ IJBs need to work closely with professional and regulatory bodies in developing their workforce plans.

84. IJBs do not directly employ staff, but they are responsible for coordinating services from this varied mix of staff and carers. There will be implications for the skills and experience that staff will need to deliver more community-based support as services change. Developing and implementing workforce strategies to meet these needs will be challenging.

85. The following will add to these difficulties:

- **Financial pressures on the NHS and councils.** NHS boards and councils continue to face pressures from tightening budgets and rising demand for services. Most councils have responded to these pressures in part by reducing staff numbers and outsourcing some services to the private and voluntary sectors. These changes are less evident in the health sector. As a result, there are concerns that any future changes to the workforce will not affect health and care staff equally.
- **Difficulties in recruiting and retaining social care staff.** Over many years, councils have had difficulties recruiting and retaining care home and home care staff. Organisations in areas such as Edinburgh and Aberdeen, with high living costs, have had particular difficulties. There is a need to develop a valued, stable, skilled and motivated workforce. We found examples of organisations developing new approaches to making careers in caring more attractive. For example in Dumfries and Galloway and Aberdeen City they are considering creating caring roles that are part of a defined career path, to encourage more people into these roles.
- **The role of the voluntary and private sectors.** Voluntary and private organisations play an important role in providing care and support, but there are particular challenges in how IJBs can involve these diverse organisations as part of a coordinated workforce plan. The introduction of the national living wage will have a significant impact on the voluntary sector and their ability to provide the same level of support for health and care services. We will comment on this further in our audit of Social Work in Scotland.

86. GPs have a particularly important role but there are concerns over GPs having time available to contribute actively towards the success of integrated services. Most GPs are independent contractors, not employed by the NHS. GPs have a crucial role in patient referrals and in liaising with other health and care services. Ultimately, if there are concerns about the quality or availability of community-based services, there is a risk that GPs will refer patients to hospital to ensure they receive the care they need.

87. Throughout Scotland, there are difficulties in recruiting and retaining GPs. As a result, GPs are facing increasing pressures, at a time when a planned shift to community care and support can be expected to increase their workload. The Scottish Government has recognised this issue and has announced £2.5 million to fund a three-year programme to improve recruitment and retention of GPs and improve the number of people training to be GPs. It also has plans to revise GP contracts, to allow GPs to delegate some services to other healthcare professionals, freeing up GPs' time. However, it will be many years before these measures will have a significant impact.

The proposed performance measurement systems will not provide information on some important areas or help identify good practice

88. There is wide support for the Scottish Government's focus on health and wellbeing outcomes (set out earlier at [Exhibit 6](#)). In addition to the nine national outcomes, the Scottish Government developed core integration indicators to measure progress in delivering the national health and wellbeing outcomes and to allow national comparison between partnerships. These 23 measures, listed in [Appendix 2](#), cover a mixture of outcome indicators – based on people's perception of the service they received – and indicators based on system or organisational information, such as people admitted to hospital in an emergency or adults with intensive care needs receiving care at home.

89. The Scottish Government has provided further support through the Information Services Division (ISD) of NHS National Services Scotland. It provided access to local data and technical support to help partnerships understand and plan for their areas' health and social care needs. The ISD data brings together health, social care and demographic information for the first time and is a significant step forward in providing partnerships with the information they need to plan locally and to measure the impact of their activity. Much of the data is already available for partnerships to use, and ISD plans to develop the data further including analysing the cost of end-of-life care.

90. Some IAs have been unable to make use of this resource as data-sharing agreements are not yet in place. ISD has access to health data but requires permission from councils to access the social work data they hold for their areas. Before councils can grant access they need to ensure they are not breaching data protection legislation and are doing this by agreeing data-sharing procedures. Most councils and NHS boards are making progress with this, but where information sharing has not been agreed IAs are having to plan without it.

91. National care standards were created in 2002 to help people understand what to expect from care services and to help services understand the standard of care they should deliver. Given the way that services have changed since then, in June 2014, the Scottish Government issued a consultation on new national care standards. The consultation proposed developing overarching standards, based on human rights, setting out the core elements of quality that should apply across all health and social care services.

92. The standards are an important part of integrating and scrutinising health and care services and it is important that they are in place quickly and publicised widely. However, overarching principles will not be finalised until April 2016; this will be followed by a consultation on specific and generic standards, with a view to them being implemented from April 2017.

93. While all these developments are clearly a step in the right direction, all partners need to consider the following issues:

- **The core integration indicators do not fully take account of all the expected benefits of the reform programme.** Overall, the Scottish Government's reform programme is expected to shift the balance of care to community-based or preventative services. However, demographic pressure will create increased demand for both hospital and community-

based services. It is not clear how the proposed indicators will measure progress in transferring from hospital to community care. There may be central data that the Scottish Government can use to track some of these changes but these should be set out clearly as part of measures to publicly monitor and report on progress. It is also unclear how the Scottish Government will track expected savings. An example is the expected annual savings of £104 million from reducing some of the variation evident in the cost of providing health and social care services across different parts of Scotland.²⁹ The core set of integration indicators does not attempt to give a national measure of reductions in cost variation or the savings that arise from this. Anticipatory care plans are projected to yield savings of £12 million a year, but there are no proposed indicators to assess if IAs are using them, or what impact they have on releasing resources such as skills and equipment.³⁰ This means the Scottish Government will not know if integration has freed up resources for other uses, in line with its expectations, or if it has achieved a shift from institutional to community-based care.

- **The process of linking measures and outcomes is incomplete and it may be difficult to measure success.** This means that the Scottish Government will be unable to see what progress is being made nationally, or to compare the different approaches adopted by IAs to identify which are most effective. For example, one of the measures seen as indicating success is ‘reducing the rate of emergency admission to hospitals for adults’. (A reduction in this is seen as evidence of a positive impact on outcomes 1, 2, 4, 5 and 7, as listed at [Exhibit 6](#).) But hospital emergency admission rates can reduce for many reasons. At present, it is up to individual partnerships to decide which additional local measures they will adopt to explore why hospital emergency admission rates are changing.

Councils and NHS boards are required to set out in their strategic plans which local measures they will use. We compared plans for North Lanarkshire and North Ayrshire IAs, both relatively advanced in their performance management arrangements at the time of our audit. We found the following:

- They will use different measures from each other. This has the benefit of allowing IAs to focus on their local priorities. However, it will make it difficult for the Scottish Government to compare performance across IAs to identify what approaches are working best ([Exhibit 10, page 37](#)).
- In various places, both IAs have associated a different mix of indicators to an outcome from that set out in Scottish Government guidance. This occurs more frequently in North Ayrshire which developed its plans before the Scottish Government published its approach. But North Lanarkshire also has taken a different view on which indicators it will use to measure progress on some of the national outcomes, making it difficult for the Scottish Government to measure progress at a national level.
- We have provided a more detailed comparison of the approaches used by North Lanarkshire and North Ayrshire IAs in a [supplement](#) to assist other IJBs when developing their plans ([Exhibit 10, page 37](#)).


Exhibit 10

Integration authorities can use different information to measure progress towards national outcomes

| National Outcome | Core integration indicator | | Number of additional local indicators mapped to national outcome | |
|---|---|--|--|-------------------|
| | Mapped to national outcome by both | Not mapped to national outcome by both | North Ayrshire | North Lanarkshire |
| People are able to look after and improve their own health and wellbeing and live in good health for longer | Percentage of people who say they are able to look after their health very well or quite well | <ul style="list-style-type: none"> Premature mortality rate | 5 | 19 |
| | | <ul style="list-style-type: none"> Emergency admission rate | | |
| People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide | None | <ul style="list-style-type: none"> Percentage of staff who say they would recommend their workplace as a good place to work | 8 | 8 |
| Resources are used effectively and efficiently in the provision of health and social care services | None | <ul style="list-style-type: none"> Percentage of adults supported at home who agree that their health and care services seemed to be well coordinated | 10 | 31 |
| | | <ul style="list-style-type: none"> Readmission to hospital within 28 days | | |
| | | <ul style="list-style-type: none"> Proportion of last six months spent at home or in community setting | | |
| | | <ul style="list-style-type: none"> Falls rate per 1,000 population aged 65+ | | |
| | | <ul style="list-style-type: none"> Number of days people spend in hospital when clinically ready to be discharged per 1,000 population | | |

 NL = North Lanarkshire map this to outcome

 NA = North Ayrshire map this to outcome

 AL = Neither map this to outcome

Source: Audit Scotland analysis of performance frameworks

- **It is important that there is a balance between targeted local measures and national reporting on impact.** This has the benefit of providing flexibility so that local partnerships can focus their efforts on priority areas. It is important that local partnerships set ambitious targets. The reforms bring the opportunity to have local outcome measures that local people recognise as responding to specific issues in their community. However, the Scottish Government and IAs need to resolve tensions between introducing better local measures and the need for clarity at national level about the impact that IAs are having. An increasing focus on local measures means it is timely to review whether existing national measures are fit for purpose.

The role of localities still needs to be fully developed

94. Localities are intended to be the key drivers of change, bringing together service users, carers, and health and care professionals to help redesign services. The Act requires IAs to establish at least two localities within their area. Scottish Government guidance, issued in July 2015, suggests that localities should be formed around natural clusters of GP practices. Naturally, the number and size of localities vary. Edinburgh, for example, has established four localities, with an average population of around 120,000. By contrast, Shetland has seven localities, each with an average population of around 4,000. Under the Act, localities need to be involved in both planning services and play a consultative role about service change in their local area. This raises an issue about the scale and size of localities – the optimal scale for locally planning services may not be the same as that for consulting on service change.

95. With IAs still focusing on their overall budgets and governance arrangements, the arrangements for localities are relatively underdeveloped. Some have now agreed priorities and budgets for individual localities, but in most cases, work at locality level has initially focused on networking with stakeholders and on needs assessments. Localities are key to the success of integration, therefore IJBs must focus on how localities will lead the integration of health and care.

96. We found that GPs are becoming involved in locality planning. But, in many areas, there are concerns about their ability to remain fully involved in locality planning. Some GPs are also sceptical, given earlier experiences with LHCCs and CHPs, which failed to provide a fundamental shift towards preventative and community-based services. In response, the Scottish Government is piloting a new approach in ten health centres across the country. These centres will form 'community care teams' and test different ways of delivering healthcare. It is important that there is a clear link between the work of these teams and locality planning arrangements to avoid confusion.

There will be a continuing need to share good practice and to assess the impact of integration

97. The 31 IAs are putting different arrangements in place to deliver integrated health and social care services. This high level of variation is permitted by the Act and, in allowing IAs to respond to their local context and priorities, has many advantages. However, at some point, the Scottish Government and individual IAs will need to review their initial arrangements and consider how these might evolve to reflect good practice in other parts of Scotland. We hope that this report, and our subsequent audits, will contribute towards this wider review.

Part 4

Recommendations



We have made recommendations to help organisations address potential risks to the success of health and social care integration. We will monitor progress as part of our future work on integration.

The Scottish Government should:

- work with IAs to help them develop performance monitoring to ensure that they can clearly demonstrate the impact they make as they develop integrated services. As part of this:
 - work with IAs to resolve tensions between the need for national and local reporting on outcomes so that it is clear what impact the new integration arrangements are having on outcomes and on the wider health and social care system
- monitor and publicly report on national progress on the impact of integration. This includes:
 - measuring progress in moving care from institutional to community settings, reducing local variation in costs and using anticipatory care plans
 - reporting on how resources are being used to improve outcomes and how this has changed over time
 - reporting on expected costs and savings resulting from integration
- continue to provide support to IAs as they become fully operational, including leadership development and sharing good practice, including sharing the lessons learned from the pilots of GP clusters.

Integration authorities should:

- provide clear and strategic leadership to take forward the integration agenda; this includes:
 - developing and communicating the purpose and vision of the IJB and its intended impact on local people
 - having high standards of conduct and effective governance, and establishing a culture of openness, support and respect
- set out clearly how governance arrangements will work in practice, particularly when disagreements arise, to minimise the risk of confusing lines of accountability, potential conflicts of interests and any lack of clarity about who is ultimately responsible for the quality of care and scrutiny.

This includes:

- setting out a clear statement of the respective roles and responsibilities of the IJB (including individual members), NHS board and council, and the IJB's approach towards putting this into practice
- ensuring that IJB members receive training and development to prepare them for their role, including managing conflicts of interest, understanding the organisational cultures of the NHS and councils and the roles of non-voting members of the IJB
- ensure that a constructive working relationship exists between IJB members and the chief officer and finance officer and the public.

This includes:

- setting out a schedule of matters reserved for collective decision-making by the IJB, taking account of relevant legislation and ensuring that this is monitored and updated when required.
- ensuring relationships between the IJB, its partners and the public are clear so each knows what to expect of the other
- be rigorous and transparent about how decisions are taken and listening and acting on the outcome of constructive scrutiny, including:
 - developing and maintaining open and effective mechanisms for documenting evidence for decisions
 - putting in place arrangements to safeguard members and employees against conflict of interest and put in place processes to ensure that they continue to operate in practice
 - developing and maintaining an effective audit committee
 - ensuring that effective, transparent and accessible arrangements are in place for dealing with complaints
 - ensuring that an effective risk management system is in place
- develop strategic plans that do more than set out the local context for the reforms; this includes:
 - how the IJB will contribute to delivering high-quality care in different ways that better meet people's needs and improves outcomes
 - setting out clearly what resources are required, what impact the IJB wants to achieve, and how the IA will monitor and publicly report their progress
 - developing strategies covering the workforce, risk management, engagement with service users and data sharing, based on overall strategic priorities to allow the IA to operate successfully in line with the principles set out in the Act and ensure these strategies fit with those in the NHS and councils
 - making clear links between the work of the IA and the Community Empowerment (Scotland) Act and Children and Young People (Scotland) Act







- develop financial plans that clearly show how IAs will use resources such as money and staff to provide more community-based and preventative services. This includes:
 - developing financial plans for each locality, showing how resources will be matched to local priorities
 - ensuring that the IJB makes the best use of resources, agreeing how Best Value will be measured and making sure that the IJB has the information needed to review value for money and performance effectively
- shift resources, including the workforce, towards a more preventative and community-based approach; it is important that the IA also has plans that set out how, in practical terms, they will achieve this shift over time.

Integration authorities should work with councils and NHS boards to:

- recognise and address the practical risks associated with the complex accountability arrangements by developing protocols to ensure that the chair of the IJB, the chief officer and the chief executives of the NHS board and council negotiate their roles in relation to the IJB early on in the relationship and that a shared understanding of the roles and objectives is maintained
- review clinical and care governance arrangements to ensure a consistent approach for each integrated service and that they are aligned to existing clinical and care governance arrangements in the NHS and councils
- urgently agree budgets for the IA; this is important both for their first year and for the next few years to provide IAs with the continuity and certainty they need to develop strategic plans; this includes aligning budget-setting arrangements between partners
- establish effective scrutiny arrangements to ensure that councillors and NHS non-executives, who are not members of the IJB board, are kept fully informed of the impact of integration for people who use local health and care services
- put in place data-sharing agreements to allow them to access the new data provided by ISD Scotland.

Endnotes



- ◀ 1 This included reviewing 18 approved integration schemes, 17 of which were for integration joint boards following the body corporate model and one of which was for Highland's lead agency model.
- ◀ 2 Clackmannanshire and Stirling, Dumfries and Galloway, East Renfrewshire, Edinburgh City, North Ayrshire and North Lanarkshire.
- ◀ 3 [Review of Community Health Partnerships \[PDF\]](#) , Audit Scotland, June 2011.
- ◀ 4 [Reshaping care for older people \[PDF\]](#) , Audit Scotland, February 2014.
- ◀ 5 *Maximising Recovery, Promoting Independence: An Intermediate Care Framework for Scotland*, Scottish Government, 2012.
- ◀ 6 *Scotland Performs*, Scottish Government, 2015.
- ◀ 7 *Projected Population of Scotland (2014-based)*, National Records Scotland, 2015.
- ◀ 8 *Finance Committee. 2nd Report, 2013 (Session 4): Demographic change and an ageing population*. Scottish Parliament, 11 February 2013.
- ◀ 9 *Bed days occupied by delayed discharge patients*, ISD Scotland, May 2015.
- ◀ 10 [Review of Community Health Partnerships \[PDF\]](#) , Audit Scotland, 2011.
- ◀ 11 After approval of its integration scheme, an IJB is established by parliamentary order. An IJB is operational when it has delegated responsibility from the NHS board and council for integrated budgets and services.
- ◀ 12 The lead agency is between Highland Council and NHS Highland. NHS Highland also has an IJB with Argyll and Bute Council.
- ◀ 13 Where the IJB spans across more than one council area, the minimum number of voting members is different. For IJBs of two council areas, at least two councillors from each council are required. For IJBs of more than two areas at least one councillor from each council is required. In both cases, the NHS board must nominate board members equal to the total number of councillors.
- ◀ 14 As IJBs have no plans to directly employ staff in this early stage of development, we are not commenting on related potential risks and issues. We are likely to return to this issue in more detail in future reports on integration.
- ◀ 15 [Self-directed support \[PDF\]](#) , Audit Scotland, June 2014
- ◀ 16 The Joint Improvement Team is a partnership between the Scottish Government, NHSScotland, COSLA (Convention of Scottish Local Authorities) and the voluntary, independent and housing sectors.
- ◀ 17 East Dunbartonshire, Shetland and West Dunbartonshire.
- ◀ 18 Some areas, have a chief officer designate. This happens where, although recruitment for a chief officer is complete, until the IJB is established it cannot formally appoint the chief officer.
- ◀ 19 Falkirk currently has an interim chief officer in post and expects to make a permanent appointment to this role by the end of the year.
- ◀ 20 Public Bodies (Joint Working) (Scotland) Bill, Financial Memorandum, 2013.
- ◀ 21 Ibid.
- ◀ 22 [Review of Community Health Partnerships \[PDF\]](#) , Audit Scotland, June 2011.
- ◀ 23 We explore these tensions more fully in our report [Arm's-length external organisations \(ALEOs\): are you getting it right? \[PDF\]](#) , Audit Scotland, June 2011.
- ◀ 24 *RCN briefing 2: Clinical and care governance in an integrated world*, May 2015, Royal College of Nursing.
- ◀ 25 *Agreement on joint working on community planning and resourcing*, Scottish Government and COSLA, September 2013.

- ◀ 26 *NHS Scotland Workforce Information Quarterly update of Staff in Post, Vacancies and Turnover at 30 June 2015*, ISD Scotland, 2015. This figure refers to all staff in NHS Scotland, not just those working in integrated services.
- ◀ 27 *Scottish Social Service Sector: Report on 2014 Workforce Data*, Scottish Social Services Council, 2015.
- ◀ 28 *Scotland's Carers*, Scottish Government, March 2015.
- ◀ 29 Public Bodies (Joint Working) (Scotland) Bill, Financial Memorandum, 2013.
- ◀ 30 Ibid.

Appendix 1

Audit methodology



We reviewed a range of documents during our audit. Where available, this included:

- the Act and national guidance and regulations on implementing the Act
- 18 approved integration schemes¹
- strategic and related financial plans
- minutes, papers and agendas for IJB meetings
- internal audit reports and local reports on integration arrangements
- financial audit information
- joint inspection reports from the Care Inspectorate and Healthcare Improvement Scotland.

We interviewed stakeholders in the following IA areas:

- Clackmannanshire and Stirling
- Dumfries and Galloway
- East Renfrewshire
- Edinburgh City
- North Ayrshire
- North Lanarkshire.

We drew on the work already carried out by:

- the Care Inspectorate
- Healthcare Improvement Scotland
- local auditors.

We also interviewed staff from:

- the Scottish Government
- the Joint Improvement Team
- the British Medical Association
- the Convention of Scottish Local Authorities
- NHS Information Services Division
- the Care Inspectorate
- Healthcare Improvement Scotland
- the voluntary sector.

Note: 1. We reviewed 17 integrations schemes establishing IJBs for Argyll & Bute, East Ayrshire, East Dunbartonshire, East Lothian, East Renfrewshire, City of Edinburgh, Eilean Siar, Inverclyde, Midlothian, North Ayrshire, North Lanarkshire, Renfrewshire, Shetland Isles, South Ayrshire, South Lanarkshire, West Dunbartonshire and West Lothian, and Highland's integration scheme setting out its lead agency approach.

Appendix 2

Scottish Government core integration indicators



Outcome indicators, based on survey feedback, available every two years, include:

- Percentage of adults able to look after their health very well or quite well.
- Percentage of adults supported at home who agree that they are supported to live as independently as possible.
- Percentage of adults supported at home who agree that they had a say in how their help, care or support was provided.
- Percentage of adults supported at home who agree that their health and care services seemed to be well coordinated.
- Percentage of adults receiving any care or support who rate it as excellent or good.
- Percentage of people with positive experience of care at their GP practice.
- Percentage of adults supported at home who agree that their services and support had an impact in improving or maintaining their quality of life.
- Percentage of carers who feel supported to continue in their caring role.
- Percentage of adults supported at home who agree they felt safe.
- Percentage of staff who say they would recommend their workplace as a good place to work.*


Outcome indicators derived from organisational/system data, primarily collected for other reasons, available annually or more often, include:

- Premature mortality rate.
- Rate of emergency admissions for adults.*
- Rate of emergency bed days for adults.*
- Readmissions to hospital within 28 days of discharge.*
- Proportion of last six months of life spent at home or in community setting.
- Falls rate per 1,000 population in over 65s.*
- Proportion of care services graded 'good' or better in Care Inspectorate Inspections.
- Percentage of adults with intensive needs receiving care at home.
- Number of days people spend in hospital when they are ready to be discharged.
- Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency.
- Percentage of people admitted from home to hospital during the year, who are discharged to a care home.*
- Percentage of people who are discharged from hospital within 72 hours of being ready.*
- Expenditure on end-of-life care.*

* Indicates indicator is under development.

Health and social care integration

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Integration Joint Board
10th March 2016
Agenda Item No. 13

Subject: **North Ayrshire Children's Services Plan 2016-20**

Purpose: To advise on the development of the North Ayrshire Children's Services Plan 2016-20: Getting It Right For You

Recommendation: That the Board notes the North Ayrshire Children's Services Plan 2016-20

1. INTRODUCTION

- 1.1 On 13 August 2015, the IJB noted the progress made in developing the Improving Children's Outcomes Project and that how that project would inform the next North Ayrshire Children's Services Plan.
- 1.2 The Scottish Government has advised that the three year Children's Services Plans (CSPs) for 2017/20 required under Part 3 of the Children and Young People's (Scotland) Act 2014 should be in place by April 2017. The Act requires Councils and NHS Boards to jointly prepare a Children's Services Plan and to jointly publish an annual report.
- 1.3 The Act also requires that public authorities report on the steps they have taken to secure or further effect the United Nations Convention on the Rights of the Child. The statutory guidance is to be published in April 2016 and the draft guidance is awaited.
- 1.4 On 10 September 2015, the CPP Board approved proposals for the drafting of the Children's Services Plan for 2016-20 in advance of this timetable. A Writing Group was formed by the Children's Services Strategic Partnership (CSSP) to produce the plan. The Group took an innovative approach based on the life course of a child, covering the early years, primary and secondary school. The Plan has a focus on children and young people, rather than on specific groups of children or on services. It has been written as far as possible to describe its proposals to a young person. It contains "promises" on what services will do and "did you know" sections on relevant points of information.

- 1.5 The Plan's vision links to the Early Years Collaborative's national vision to make Scotland the best place in the world to grow up.



- 1.6 It is based on the four priorities from the Improving Children's Outcomes survey with the Scottish Government and the Dartington Social Research Unit where almost 8,000 young people in North Ayrshire were asked questions about their lives. A survey of 630 families with young children was also held to help understand the issues for them.

- 1.7 The Children's Services Plan's priorities are to:

- improve how children and young people engage with school
- help children and young people to keep fit and be at a healthy weight
- reduce smoking, drinking and taking substances at an early age
- support children and young people's social and emotional development

An Action Plan is appended to the Plan detailing the actions against each promise to indicate what is planned to deliver them.

2. CURRENT POSITION

- 2.1 The Draft Plan was consulted on during November and December 2015 to obtain views on its "promises" and to ensure that its plans to improve children's services and outcomes meet with local needs, expectations and aspirations.

- 2.2 This consultation exercise included:

- Workshops at the Youth Conference
- Consultation with the Youth Joint Cabinet
- Group discussions with secondary school pupils
- CPP Lunchtime Briefing
- Consultation event for children's services managers
- Focus groups with parents
- Young people at the Rosemount Crisis Intervention Service
- SMT meetings, Directors' weekly emails, press releases, websites & social media

- 2.3 Young people were consulted directly for their views by Community Workers in 6 secondary and 6 primary schools in North Ayrshire. These online and face to face consultations with 1,295 children and young people showed that 98% agreed with the vision and 94% with the priorities.

- 2.4 Other issues highlighted by this consultation included financial education, mental health, feeling safe, & bullying. The most popular title for the Plan was “Getting it Right for You”, with 636 responses in its favour. There was general agreement with the promises and a preference to receive information on it through Facebook, Twitter, Instagram, and various websites.
- 2.5 There were 65 surveymonkey responses by adults which showed general support for the Plan and highlighted issues about child protection, internet use, and parenting. In addition, there were email responses received from 30 individuals and organisations and three formal responses.
- 2.6 The key points raised from this consultation exercise were:

Early Years

- More of a focus needed on the role of dads
- The need for more financial and benefits advice
- More support needed in parenting
- Issues around breastfeeding
- Family breakdown and support
- Housing and homelessness issues
- Diagnosis of disability & complex needs

Primary School

- Internet Safety
- Bullying, including cyberbullying
- Young carers
- Transitions between school
- High quality education

Secondary School

- Mental Health priority welcomed
- More support needed in life skills training & independent living
- Peer mentoring offered by young people
- Sexual health

- 2.7 The feedback from the consultation was generally positive on the Plan's approach, style and content. It is regarded as easy to read and accessible and there is broad agreement with proposals. The consultation shows that mental health & wellbeing continues to be a key theme.
- 2.8 On 12 January 2016 a special meeting of the Children's Services Strategic Partnership was held to consider these comments in detail and to agree changes to the draft Plan to respond to them.
- 2.9 Further work has been done on the action plan and in putting together a performance framework based around the four priorities. Monitoring arrangements are being developed.

3. PROPOSALS

- 3.1 The finalised plan is attached at **Appendix 1**. The CPP Board, the governing board for the CSSP, will consider this Plan for approval at its meeting on 24 March. It will also be considered by the Council's Cabinet. The IJB is invited to comment on the Plan.
- 3.2 There have been discussions on how to make the Plan more accessible and attractive to children and young people, as well as to adults. It is planned that there will be a comic strip booklet produced on the promises for Primary School children. This has been developed by pupils at St Bridget's Primary School, Kilbirnie.
- 3.3 Youth Services consulted young people for their views. There was a preference for a z-card that folds out with each promise with the action planned underneath. This card and the comic strip would include telephone helplines and websites for support e.g. on bullying. This information will also be available online.
- 3.4 Art students at Greenwood Academy have drawn cartoon designs to be inserted in the Plan, based on children's rights. They have also worked on the front cover design. There will be posters for schools, bookmarks and other leaflets produced to make sure the Plan is promoted widely, including through social media.

4. IMPLICATIONS

4.1 Financial Implications

The Plan includes a section on resources which indicates that more than £140 million is to be spent on children's services in North Ayrshire in 2015/16 and that, of this amount, approximately 3% is being spent on early intervention. It is intended that there will be a further shift towards early intervention over the next four years.

4.2 Human Resource Implications

There are no direct implications.

4.3 Legal Implications

There are no direct implications.

4.4 Equality Implications

An equality impact assessment has been carried out and the draft Plan was amended in light of its findings.

4.5 Environmental Implications

There are no direct implications.

4.6 Implications for Key Priorities

The proposals in this Plan have implications for the Health and Social Care Partnership's strategic priorities, in particular in relation to:

- Tackling inequalities
- Bringing services together in teams around children
- Prevention and early intervention
- Improving mental health and wellbeing as a priority for children and young people

5. CONSULTATIONS

- 5.1 There has been a wide-ranging consultation exercise on the draft Children's Services Plan and the comments made have been used to amend the final Plan.
- 5.2 The draft plan has been shared with the Scottish Government, the Children's Commissioner's Office and the Care Inspectorate amongst others and the feedback has been generally very positive.

6. CONCLUSION

- 6.1 The Children's Services Plan has been developed taking a different approach to previous plans in order to place more of a focus on the needs and issues for children and young people as they grow up in North Ayrshire.
- 6.2 The Plan is built on an extensive research project carried out to gain a better understanding of what more could be done to improve their outcomes. Its priorities are based on the findings from this Improving Children's Outcomes project.
- 6.3 The Plan includes commitments as "promises" to make clear what partners will do to improve outcomes.
- 6.4 There has been a widespread consultation on the draft Plan and the comments received have broadly welcomed its innovative approach. The Plan will be reviewed once the Scottish Government's guidance on the production of Children's Services Plans is available.
- 6.5 The IJB's views are invited on the final version. Plans are being developed to ensure that the Plan is as accessible as possible to children and young people. Implementation of the Plan will be monitored and reported on annually to the CSSP and subsequently shared with the CPP and the IJB.

For more information please contact Marjorie Adams on 01294 317801 or madams@north-ayrshire.gov.uk

NORTH AYRSHIRE

Children's Services Plan 2016–20

Getting it right for you

[Cover design to be inserted]

Acknowledgements

With grateful thanks to the young S3 and S6 illustrators from Greenwood Academy, Dreghorn for the use of their artwork throughout this Plan and for the support of their Art Teacher, Miss L McCormack.

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[Add new CSSP Logo]

North Ayrshire Children's Services Strategic Partnership



Ayrshire
Area Support Team

TSI North
Ayrshire

Foreword

We have written this Children's Services Plan for you – all the children and young people in North Ayrshire – because we want to make sure that you are at the centre of everything we do.

We've put it together in this style so that it tells you what we promise to do to help you grow up.

The Plan's aims are set out in the Children and Young People (Scotland) Act 2014. These are to:

- best safeguard, support and promote your wellbeing
- ensure that any action to meet your needs is taken at the earliest appropriate time and that action is taken to prevent needs arising
- be most joined up from a child or young person's point of view
- make the best use of available resources

We asked for your views in surveys carried out by the Dartington Social Research Unit. Almost 8000 young people aged between nine and 16 years old and more than 600 families of young children gave us information which we've used to set out the priorities in this Plan.

Our "promises" pledge what we will do – there is more about them in our Action Plan. We want to give each one of you the best start in life. We want each one of you to think that North Ayrshire is the best place in Scotland to grow up. This Plan explains how we aim to do this.

March 2016



Willie Gibson

*Chair of North Ayrshire Community
Planning Partnership*



John Butcher

*Chair of North Ayrshire Children's
Services Strategic Partnership*

Executive summary

Introduction

This Plan explains how North Ayrshire Children's Services Strategic Partnership aims to give you the best start in life and to make North Ayrshire the best place in Scotland to grow up.

The Plan is for you – all of the children and young people from 0 to 18 years in North Ayrshire. It aims to join up our services and make sure that you are at the centre of what we do over the next four years. It explains what we plan to do in:



PROMISE Our promises
to help you
as you grow up

It also explains the “Promises” we are making to you and gives some facts about growing up in “Did You Know” boxes.

Useful information and facts about growing up in North Ayrshire.



We asked almost 8,000 of you and also more than 600 families with young children to tell us about your lives.

We also asked some of you with disabilities about your lives and your views. We then used what you told us to decide that our priorities should be to:

- improve how you engage with school
- help you to be physically active and be at a healthy weight
- prevent smoking, drinking and taking substances at an early age
- support your social and emotional development

The Plan explains how we will work with you on these priorities.

A new Act for children and young people gives you better, more effective rights and brings in new ways to support you. It also helps to find any problems at an early stage, rather than waiting until it is too late. There is information about how we will do this in the Plan.

The action plan in the Appendix of this Children's Services Plan tells you more about how we are going to keep the promises we make. We are going to write a report every year about how we are doing.

Our first promises are to:

- work on the Children's Services Plan priorities to improve your outcomes
- make sure that your rights are protected
- work closely with you and your family to make sure that you are safe and protected
- care for your needs if you have health needs or a disability

Early Years (0–5 years)

This is a very important time for you and your family as you change and develop.

We promise that:

- your mum will have a named midwife who will look after both of you
- if your mum smokes, drinks alcohol or takes substances when she is pregnant with you, we will offer her a programme to help her to stop
- we will help your mum if she wants to breastfeed, as this is best for you
- we will support your dad and family members as they will be of great support to you and your mum
- you will have a named person (health visitor) who will be there for you and your family

- we will help your mum and dad to learn the most important things about looking after you
- if your mum and dad have problems and decide to split up, we will be there to support you all through it
- we will help your mum and dad to get the best information on money, benefits and employment to make sure that you have food to eat and a safe, dry and warm house to live in
- your Health Visitor (named person) will check your growth, your health and wellbeing and how you talk to and communicate with people when you reach 27–30 months and before you start school
- if you are three years old, we will give you the chance to learn, develop social skills and meet other young children in an early learning centre
- every day you will be able to get exercise, play outside and eat healthy snacks at your early learning centre
- we will put all the people who are there to support you into your local area so they can work more closely together for you and with you

Primary school (5–12 years)

You will usually start school when you are around five years old. You will learn lots of things to help you as you grow up. Your body will go through changes too.

We promise to:

- help you move through these stages as smoothly as possible
- help you to read, write and count before leaving Primary school
- give you and your family help if you are above a healthy weight
- give you the chance to take part in sport, physical activity and dance
- give you with the best education possible through high quality teaching
- build your confidence and help you to be the best you can be
- help your parents and carers support you in your learning

Secondary school (13–18 years)

The next key period when you can improve your chances to do well in your life happens when you change from childhood to adulthood. This change can bring challenges for you, your family and those who care for you.

We promise to:

- give you opportunities to help you develop into the best person you can be
- give you access in school to the professionals who can give you the right support at the right time
- talk to you and your family about your needs and the services we have to support those needs
- make sure that your mental health and wellbeing will be a priority
- work with you and your family to help you feel safe from drugs, alcohol and domestic abuse
- support you so that you know and understand what a healthy sexual relationship is
- provide you with skills for life, learning and work, including financial education
- help you to follow a learning plan that suits you so that you can achieve your full potential
- support you as you move from school towards a job, further education or training course
- make sure that you are looked after as quickly as possible in a new caring home when it is not possible for you to stay with your family, to keep your moves to a minimum. We will tell you about the reasons for these decisions
- work with you and your family to encourage and support positive family relationships
- make sure that you are safe and that nobody will be able to hurt you

Resources

In 2015–16 we spent more than £140 million on services to improve the lives and outcomes of children and young people living in North Ayrshire. We weren't able to spend as much as we would have liked on children who needed extra help early on so we could prevent problems later on. We want to do more of this in the future. We also want to evaluate what we are doing to make sure we are spending money effectively.

Conclusion

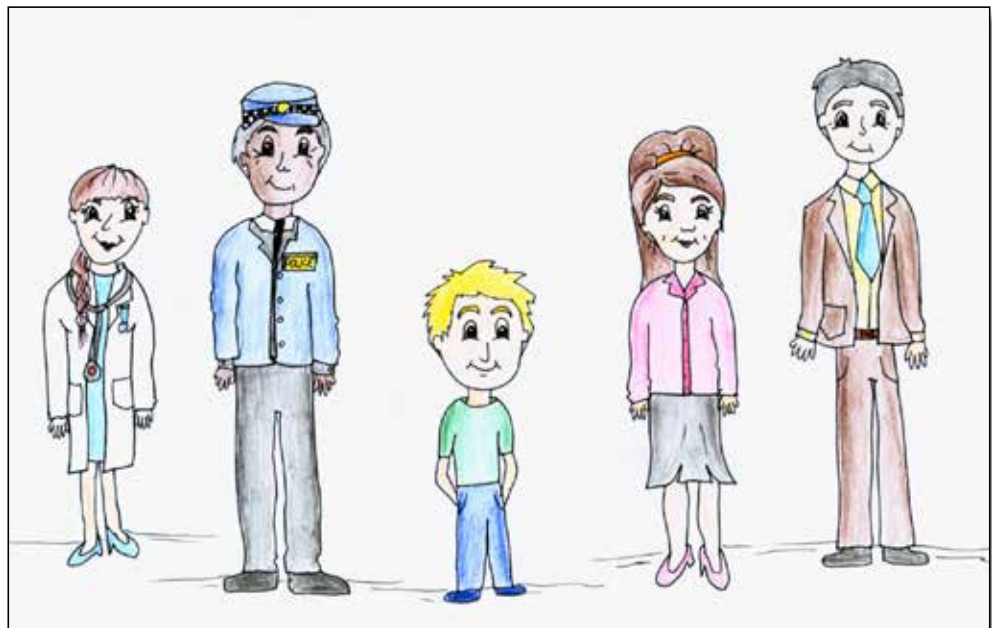
This Plan sets out how we will work with you over the next four years to help you grow to be a healthy, confident adult and to make North Ayrshire the best place to grow up.

1. Introduction

- 1.1** Every child and young person in North Ayrshire is a unique and talented person and should feel confident and happy with themselves and the place where they live. We have written this Plan to tell you and all the other children, young people and families living in North Ayrshire about what we promise to do to give you the best start in life and to help you as you grow up.
- 1.2** We are the North Ayrshire Children's Services Strategic Partnership, and we are made up of the following organisations:
- North Ayrshire Council
 - NHS Ayrshire & Arran
 - North Ayrshire Health and Social Care Partnership
 - Police Scotland
 - Scottish Children's Reporters Administration
 - Children's Panel Area Support Team
 - Voluntary Sector

We should always do
what's best for you!

*UN Convention on the
Rights of the Child: Article 3*



- 1.3** We want to help you to feel good about yourself and to give you the chance to achieve all that you can in your life. We also want you to feel safe, happy, healthy and secure in the place where you live.

1.4 We know that there will be times when you feel sad, let down, lonely, upset or worried and that things just won't be going right. When you feel like that, we will help you, because we want you to be:

1. **Safe** – we will protect you from being hurt, neglected or badly treated
2. **Healthy** – we will help you to make healthy, safe choices so that your body and mind work as well as they can
3. **Achieving** – we will support you while you learn so you feel happy and confident
4. **Nurtured** – we will make sure that you are cared for and encouraged to think and do things for yourself
5. **Active** – we will give you the chance to take part in lots of different activities that will help you to develop into a happy and confident adult
6. **Respected** – we will give you the chance to have your say about decisions that affect you
7. **Responsible** – we will encourage you to do your bit for your school and your community
8. **Included** – we will help you to be a full member of the community where you live and learn, no matter what challenges, disabilities or learning difficulties you might have



All children have rights!

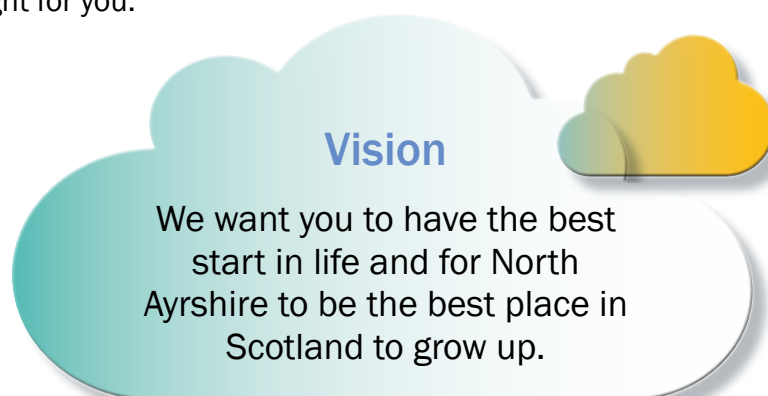
UN Convention on the Rights of the Child: Article 1

Promises

- 1.5** In the Plan we make our “promises”. By making these promises, we are saying that we will do our very best to improve the services we offer you. It might be that one particular promise doesn't apply to your age and your circumstances. It might be that one particular promise applies to every age and every circumstance. The important part is that we will do what we can to give you the opportunities to achieve what you want in life.
- 1.6** We use the words “mum” and “dad” in this plan to mean your carer or other family members when you aren't living with your mum or dad.

Action plan

- 1.7** We will give more information about how we'll deliver our promises in an Action plan (see Appendix 1). This Action plan tells you more about what we'll do to keep our promises and how we will get it right for you.



Priorities

To help us understand your needs, we carried out a survey with the Scottish Government and the Dartington Social Research Unit where we asked almost 8,000 young people in North Ayrshire questions about their lives. We also carried out a survey of 630 families with children aged between zero and eight years old to help us understand your needs.

We looked at the key issues that came out of these surveys and agreed that our priorities should be to:

- improve how you engage with school
- help you to do regular exercise and be at a healthy weight
- prevent smoking, drinking and taking substances at an early age
- support your social and emotional development

- 1.8** Our Action plan tells you what we will do to help to make these things better. We used what we know has worked well to improve children's lives in other places along with with our ideas about what will work in North Ayrshire to put it together.

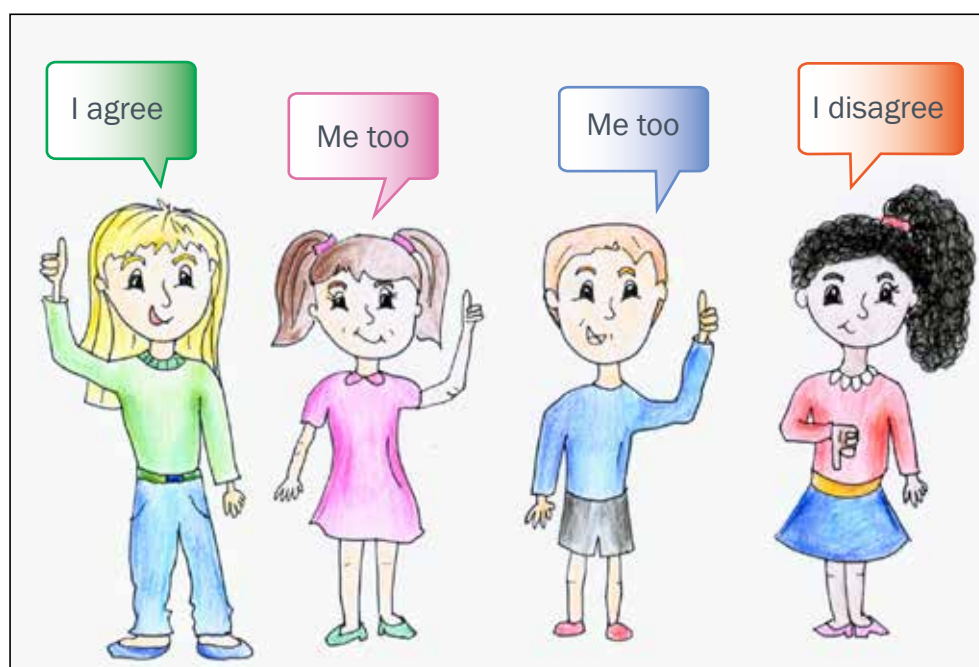
PROMISE

**We promise to
work on the Children's Services Plan priorities
to improve your outcomes**

Your rights

- 1.9** As a child or young person growing up in North Ayrshire you have many different rights. Here are some of them:

- What is best for you must always come first.
- You have the right to life, survival and development.
- We must listen to your views when we are considering things that affect you and take them seriously.
- You have the right to be protected from being hurt or badly treated.



You should have a say in decisions that affect you.

UN Convention on the Rights of the Child: Article 12

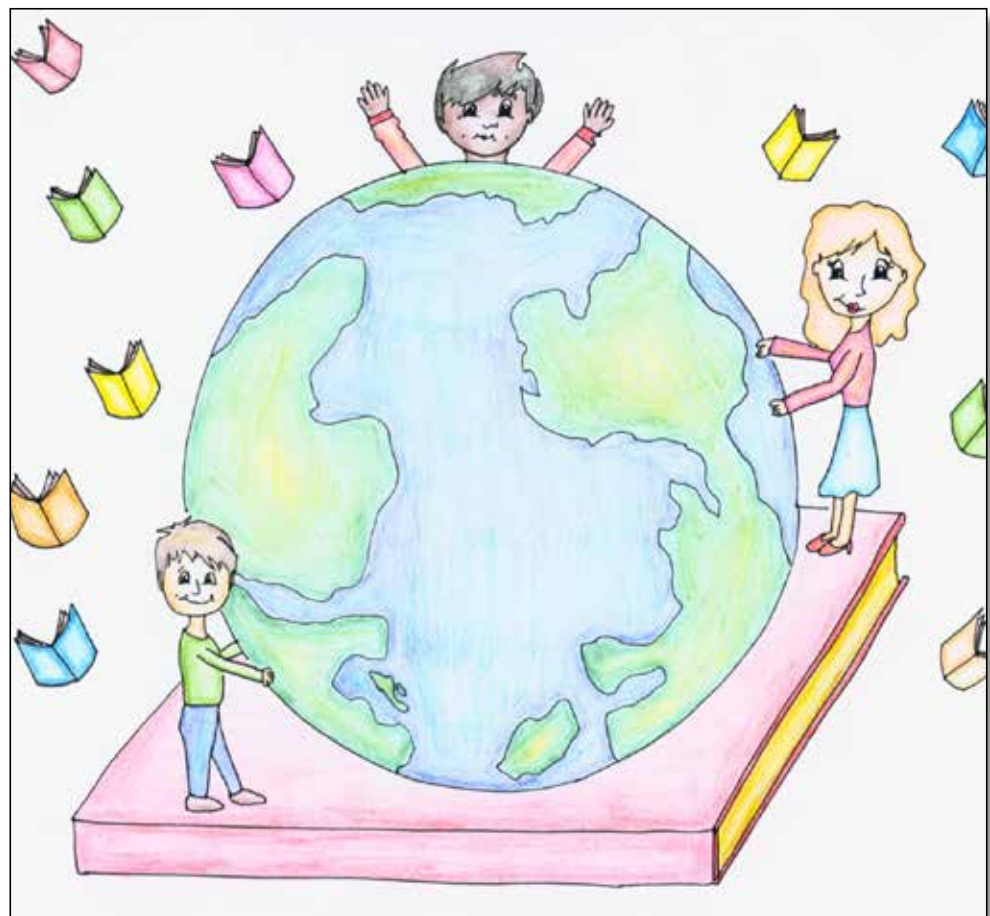
- 1.10** Nearly every country in the world has agreed to make sure your rights are protected by signing up to a document called the UN Convention on the Rights of the Child. This Convention defines a child as everyone under 18.

PROMISE

**We promise to
make sure your rights
are protected**

Your responsibilities

- 1.11** We will protect your rights but you also have a part to play in being responsible. For example, you have a responsibility to respect each other in a caring way. You have a right to a clean environment and a responsibility to do what you can to look after your environment.



**Education should help
you care for the world**

*UN Convention on the
Rights of the Child: Article 29*

Children and Young People (Scotland) Act 2014

- 1.12** A new law called the Children and Young People (Scotland) Act 2014 has now strengthened your rights. It says that we must report each year on the steps we have taken to make sure that your rights are protected.
- 1.13** This Act has also brought in new ways to support you and to help find any problems at an early stage, rather than waiting until it is too late.

Named person

- 1.14** One way this new law does this is by making sure that you have a “named person”. This person is someone that you or anyone else can approach if you (or they) are worried about your wellbeing or think that you need some help or support.
- 1.15** The named person will decide – usually along with you and your parents – what kind of support you need. They will then help you to get this support. This would be included in a document called your “Child’s Plan”.
- 1.16** Your named person will change as you get older. From your birth until you start school your named person will be your health visitor. At school, the named person will usually be your head teacher or they might be a guidance or principal teacher if you are at Secondary school. If you choose to leave school before your 18th birthday, we will provide a named person service. Your school will inform you who that will be before you leave.
- 1.17** While every child and young person will have a named person, this doesn’t mean they will be actively involved in your life. You might never need the support of your named person, or you might need lots of support.

A Child’s Plan

- 1.18** A Child’s Plan will be developed for you and with you if you need extra support or help.
- 1.19** The Child’s Plan will contain information about:
- why you need support
 - the type of support you need
 - how long support will be needed for and who should provide it
- 1.20** The idea is that instead of different people creating lots of separate plans, the people who are supporting you can keep the information in one place.
- 1.21** We will ask for permission from others to share information about you. If this is not possible, we will share this information, when it is in your best interests to do so.

If things are not going to plan in your life

1.22 The Children's Hearings System is the care and justice system for Scotland's children and young people.

1.23 At the heart of the system are Children's Reporters. Children and young people are referred to the Reporter from a number of sources, including police, social work, education and health. Your named person will have a key role in whether you need to be referred to the Reporter.

1.24 You might be referred because some aspect of your life is giving cause for concern. For example, you might need protection, care or guidance due to your parents or carers not looking after you as well as they could, or if you are not going to school regularly or because you are in trouble with the police.

Young people accused of crimes should be helped through the legal process, which should take account of the young person's needs

UN Convention on the Rights of the Child: Article 40



1.25 There are a few different things that a Reporter can do:

- arrange a Children's Hearing for you
- decide that you need some help from somebody else from the local authority – for example your named person or social worker
- decide that you don't need to go to a Children's Hearing

1.26 The vast majority of children and young people do not need to go to a Hearing.

A Children's Hearing is a legal meeting with three Panel Members – all trained volunteers from the local community. The Hearing listens to your circumstances and then decides what actions are required for your protection, care, welfare and guidance.



Additional support for learning

1.27 If you need extra help to learn we will make sure that you have the support you need so that you make the most of your education. This might be because you have problems at home, for example, or because you have a disability. There are lots of reasons why you might need some extra help.



If you are disabled you have the right to special care and education and to be included in the community

UN Convention on the Rights of the Child: Article 23

1.28 We will try to find out about what you need as early as possible and to provide the help you need, so that you can learn and have the best start in life.

PROMISE

We promise to
care for your needs if you have an illness
or disability

1.29 Enable Scotland asked 21 children and young people in North Ayrshire with different disabilities and needs what they thought about school, family, friends, food and having fun. They also asked the same questions of their parents and carers. This is what we found out:

- Lots of parents said that they felt they had to watch their children all the time to keep them safe. Equipment would help them to solve this problem.
- Some children said they had problems with bullying. They wanted schools to do more to teach that bullying is wrong and to help children with disabilities to speak up about it.
- Young people and their parents felt that moving from children's services to adult services could be difficult. They thought that creating a plan for each young person would help to make this smoother.

Early intervention and prevention

1.30 We know from experience that if you have difficulties, it is much better if we can listen to you and your family as early as possible to avoid things getting to crisis point. We will listen and do what we can to stop things getting worse and, where possible, make them better.

1.31 Parenting programmes and nurture classes can help you and your family cope more easily with the difficulties you can experience as you grow up.

1.32 We have been working with others from across Scotland in the Early Years Collaborative to test out with you the best ways of improving how we help you. This has shown that ways to improve family engagement in learning, e.g. through bedtime reading, can have lots of benefits for you.

In 2014 the End Child Poverty Campaign published a report showing that in North Ayrshire 27% of children (more than one in four) were living in poverty. North Ayrshire ranked third highest in Scotland in relation to rates of child poverty, next to Glasgow and Dundee, with rates of 33% and 28%.



Child poverty

1.33 In North Ayrshire 18.7% of children in the North Coast and Cumbrae area are living in poverty compared to 35.1% in Saltcoats and Stevenston.

1.34 The Child Poverty Action Group for Scotland has said that poverty can affect children's health and wellbeing and how they get on at school. For example:

- children from higher income families are further ahead in problem-solving and have a bigger vocabulary than children from lower-income families
- three-year-olds in households with incomes below £10,000 are two and a half times more likely to suffer chronic illness than children in households with incomes above £52,000
- children from lower-income families are three times more likely to suffer mental health problems than children from higher income families.
- a report by the Children's Commissioner showed that many young people don't enjoy school because of the things they can't afford, such as school meals, uniforms and the cost of materials and trips. We are trying to help with this in our schools
- the Institute of Fiscal Studies has predicted that by 2020 there will be up to 100,000 more children living in poverty in Scotland than there were in 2012

1.35 We will do what we can to reduce child poverty in North Ayrshire. We have written an inequalities strategy to do this.

2. Early Years (0 to five years)

When your mum is pregnant with you

- 2.1 Having a baby can be a wonderful time for mums, dads, families and friends. It is also a time of change for your family as you begin to grow and develop inside your mum and they prepare for your arrival.
- 2.2 This is very exciting, yet it can be a worrying time for mums and dads because there is a lot involved in preparing for a new baby. Your midwife will support you and your family throughout this time.

PROMISE

**We promise that
your mum, dad and family will have a named
midwife who will look after both of you**

- 2.3 This midwife will see your mum and dad regularly during your mum's pregnancy to support her wellbeing and your healthy development.
- 2.4 Your midwife will work closely with other colleagues (such as your doctor) to make sure that the right people are aware of your needs and to provide the best support to your mum, dad and family.
- 2.5 It is important that your mum is as calm and as relaxed as possible when she is pregnant with you. She needs to eat a healthy diet. It is also really important that your mum does not drink alcohol or smoke while she is pregnant because this affects how you grow and develop and can also affect how you grow and learn when you are born. At this time your dad, family and other friends can help to support your mum with these important healthy choices.
- 2.6 Your mum will be invited to join other pregnant mums at events or clinics in local communities. This can help mums to share experiences of their pregnancy and ways to be healthy, more active and happy. Dads are always welcome too.

PROMISE

**We promise that
if your mum smokes, drinks alcohol or takes
substances when she is pregnant with you, we
will offer her a programme to help her to stop**

- 2.7** If your mum is a teenager and you are her first baby we offer the Family Nurse Partnership Programme. This means that your mum will have a family nurse who is specially trained to support first-time teenage mums. The family nurse will work alongside your mum, dad, family and your midwife during your mum's pregnancy and up until you are two years old.
- 2.8** Some babies don't grow or develop as they are expected to and experience health problems. If this happens to you, we will work alongside your parents and other family members to plan and provide the very best care to help you all cope with the different challenges that you might face.



Everyone should let you
LIVE and GROW

*UN Convention on the
Rights of the Child: Article 6*

- 2.9** We will make sure that decisions about any plans, treatment or activities put your needs first and concentrate on keeping you safe and healthy.

When you are a new-born baby (from birth to four weeks)

- 2.10** You have arrived and we welcome you to the world! This is the start of a shared journey we are making with you and your family and we want you to look back and think that North Ayrshire was a great place to grow up.

Until you are around six months old all the nutrition your body needs to grow normally is contained in your mum's milk.



PROMISE

We promise to help your mum if she wants to breastfeed, as this is best for you

- 2.11** You will start to learn straight away through the basic daily routines that your mum and other people put in place for you. When you get milk and hugs and a nappy change just at the time you need it, then it reassures and comforts you, and it makes you feel secure, safe and loved. That's when you grow and develop best.
- 2.12** As a newborn baby you tell the world what you want by crying. This is normal. When the people who are looking after you respond to your cries through cuddling, feeding you with milk, changing your nappy or bathing, a trust starts to build between you and your family. This is called "attachment".
- 2.13** A healthy attachment at this age is the building block for all your future relationships and can even affect how good you feel about yourself throughout your life.
- 2.14** Lots of families find it difficult to build attachment. This can be for many different reasons. If this happens, we will help the people looking after you to understand that you are crying because you need them to do something for you – you need them to respond to you.

Breastfeeding gives you the best nutrition there is. When you are being breastfed you have really close skin-to-skin contact with your mum, and this makes you both feel safe and calm and helps with attachment.



- 2.15** It is really important for adults to have an input into your life from before you are born to when you become an adult. Mums, dads, family and carers all help you to grow and develop.

PROMISE

We promise to support your dad and family members as they will be of great support to you and your mum

- 2.16** All newborn babies have a named person. This will be a health visitor, or if your mum is a teenager then you will have a family nurse. They are there for you and your family up until you reach school age.

- 2.17** The health visitor will give your mum and your family advice about healthy eating, breastfeeding, getting enough rest and sleep, keeping active, how to keep you safe and how you should grow and develop at different stages. Your mum, dad and family can talk to them if they have any worries about you.

PROMISE

We promise that you will have an allocated named person (health visitor) who will be there for you and your family

- 2.18** Your health visitor is a very experienced specialist nurse who can reassure your parents when they need this. The health visitor can also help your parents to identify if you are not growing or developing as normal, and will help them to decide what to do about this.

When you are born, it might seem as though you don't do very much, but there are actually a lot of things happening in your tiny body. Your brain is growing faster than it ever will again. Every experience that you have – such as seeing smiles, hearing songs and feeling hugs and kisses – will help your brain to make the connections that make you feel safe and secure. And that's when you grow healthily.



- 2.19** Sometimes your parents aren't able to meet all of your needs on their own because you or they are ill or have a disability. They might have money or housing problems or issues with smoking, drugs or alcohol. They might not be getting on well. When this happens we will work with your mum, dad and family to find out what we can do to help.

PROMISE

**We promise that
if your mum and dad have problems and
decide to split up, we will be there to support
you all through it**

- 2.20** These challenges are very stressful and can have a bad effect on you. But the good thing is that if we know about them early enough we can give your family the support and services they need to stop the situation getting worse.

PROMISE

**We promise to
help your mum and dad get the best
information on money, benefits and
employment to help make sure that you have
food to eat and a safe, dry and warm house to
live in**

When you are an infant (up to 12 months)

- 2.21** The next milestone is when you are an infant – a really interesting time for you and your family. You will be getting attached to your parents and family and they will be amazed every day by how quickly you change and how you learn new things. It is a very busy and wonderful time.
- 2.22** You will be fascinated by what you see and what you are learning to do. Your health visitor will offer support and advice on things like the rate at which your body is growing, what you should eat, how to keep you safe, how your changing development affects your behaviour, how your communication skills are developing and how fun and play helps with these.

Babies learn by playing because play helps them to learn new skills, to express what they are feeling and to improve their language development. One of the most important things your parents can do for you is to play with you every day.



- 2.23** Now that you are an infant you will be more active, although your feeding and sleeping patterns will probably be becoming more routine. Your parents might feel more relaxed because of this. But if you don't have a settled routine by now it can be difficult for your parents because they'll be tired too! Your health visitor can help with establishing routines so everyone gets the rest they need.
- 2.24** As an infant, you like soothing noises and smiling faces. You learn quickly that this means there are people around you who care for you. You don't like too many different people or people behaving differently from usual because you are trying to make sense of the world and predict what is happening. This helps you to feel safe. You also pick up on your parents' emotions. If they are angry or upset you will feel anxious and you might become unsettled or cry. You like to be handled gently and feel supported. You don't like being jerked or shaken because this can be very damaging and dangerous to you.

PROMISE

We promise to help your mum and dad learn what is important to be a supportive and confident parent for you

When you are a toddler (from one to three years old)

- 2.25** When you are a toddler, your views of the world begin to change. You want and will demand more independence. It is important that the adults in your life are able to provide a safe environment for you to explore the world about you.
- 2.26** Letting you make choices such as what drink to have or what shoes to wear will help you feel more in control of your world. You are still dependent on the familiar people around you and you like familiar routines. Everyday experiences are fun and exciting, and you learn about your world every day by talking to family.

Play is still one of the most important parts of your life when you are a toddler. Every time you play, you learn.



2.27 There are many groups in the local community that families can go to. A lot of these are free and can help your mum and family to meet other families with children, so they can share experiences. It also gives you the opportunity to develop social skills and to play with and make friends.

2.28 As an infant, you are given free dental care and fluoride varnishing.

Tooth brushing, a healthy diet and fluoride varnishing can prevent nearly all tooth decay.



2.29 When you are between 27 and 30 months the health visitor will assess you and will decide how to deal with anything that's affecting your development. This will help you to get ready for the next stage of your life – the early years centre or nursery.

PROMISE **We promise that you are offered a developmental growth assessment by your health visitor (named person) when you reach 27–30 months and at preschool age, with a focus on growth, wellbeing, communication and language development**

2.30 You've probably heard of the "terrible twos" – so-called because you are exploring and testing ways of expressing your emotions through your behaviour. That's a nice way of saying that this is the time when you probably have screaming temper tantrums if you don't get your own way!

2.31 It can be a challenging time for your family and they might need extra guidance and support to help them understand your behaviour in a positive and nurturing way. For example, the health visiting team can offer one-to-one practical home support and there are parents' support groups that can help with child behaviour.

2.32 During this time your language skills will be developing quickly. The amount of speech you use is a lot less than the amount you understand. Learning how to communicate and use language is difficult.

When you are a young child (from three to five years old)

2.33 You have now moved beyond toddler stage and are even more confident, sociable and independent. You have a need to be physically and mentally active as you become increasingly more inquisitive about the world in which you live.

Did you know that almost 80% of your brain develops before you are five years old?

Because you use it to absorb what you hear and what is around you, you enjoy adults reading to you and learning new words.



2.34 When you become three years old you are entitled to early learning and childcare that will enhance your development. Although you have been learning and using language since birth, you will still be learning to pronounce sounds. Lots of children have some difficulties with these sounds until school age.

2.35 Within North Ayrshire we have five early years centres. There are also nurseries in Primary schools and other nurseries too. Many have a range of services for you, your family and your local community. Your health visitor works very closely with the staff in these centres and educational psychologists can provide advice, consultation and training. If you don't attend an early years centre, your health visitor will also be aware of what is available in the local community to support you and your family.

PROMISE

We promise that we will offer all children aged three years old early learning to help you learn, develop social skills and meet other young children

- 2.36** Sometimes at this age you need support to help you get into a sleeping pattern. Your parents might also need help from your health visitor or key worker in the early years centre to deal with how you react and behave in different situations. They might suggest local community parenting support groups or activities you could use in discussion and agreement with your parents. To be able to learn properly we know that you must eat healthily and take part in physical activity.

PROMISE

We promise that in your early years establishment we will provide daily physical activity, that you will be able to play outside and that all snacks provided will be of nutritional value

The eating patterns that you develop as a child will often stay with you into adulthood. In North Ayrshire there are a lot of children who are overweight. Being overweight causes health problems and can mean that you miss out on a chance to play or be physically active. We can prevent this by making sure that you receive healthy food and establish good eating habits from a young age.



- 2.37** We also know that it's good for your language, brain and emotional development if somebody reads to you every day. Your early years centre or nursery will provide all of these healthy activities for you, and if it's difficult for you to take part in them, we will work with your parents and/or your health visitor to think of other activities that will meet your needs.



Children with disabilities should be helped to take part in things

UN Convention on the Rights of the Child: Article 23

- 2.38** In North Ayrshire there are two main parenting programmes for young children your age. One is called Incredible Years and the other is called Triple P.
- 2.39** These are run regularly in your local area and can be accessed by your parents, health visitor or any professionals working with you. These are effective and interesting programmes that you and your family can use to help you learn and develop.
- 2.40** During your final term at your early years centre, you and your family will have visits to the Primary school. This is the next step in your journey to being an adult, and will help you to get to know your teachers and your new surroundings.
- 2.41** To give you the best start possible at Primary school, we will offer all children in North Ayrshire a development assessment before they start. This will look at how you are learning at the early years centre. It will also contain your health visitor's assessment and your parents' assessment of how you are doing.
- 2.42** You are growing up now and over the last couple of years you will have formed relationships with staff at the early years establishment. It might make you feel sad as these relationships end. The early years workers and your parents will involve you in getting emotionally and practically ready for school by talking about this change and what it means for you, and how they can support you through this.

- 2.43** If you have a plan of your needs in place because you have learning difficulties, family challenges or health problems, then all the key people who have been in your life so far (health visitor, early years worker and new head teacher) will meet up to talk about how to carry on meeting these needs. This is called a review.
- 2.44** Sometimes we call reviews “teams around the child” because their purpose is to make sure your wellbeing always remains at the heart of what is happening.

PROMISE

**We promise that
where we can, we will put all our children's
services into local areas so that they can work
more closely together for you**

When things go wrong for children and families one of the most common problems is how we communicate with you and with each other. By being in communities near where you live, close to your early years centre and to your school, we will improve how we communicate with you and share information with each other.



3. Primary school (5–12 years)

Curriculum for Excellence

- 3.1 You will usually start Primary school in August when you are aged between four-and-a-half and five-and-a-half years old. From age three, through primary school and until the end of S3, you will be taught what is called the “Curriculum for Excellence”.
- 3.2 You can go at your own pace through the five curriculum levels. They are flexible and allow for careful planning if you have additional support needs or learning difficulties.

Preparing for changes

- 3.3 ‘Transitions’ are what we call the changeovers that you have as you move from stage to stage, between schools or leaving school.
- 3.4 Primary school staff will work with early learning and childcare staff and with Secondary school staff before these change-overs.

PROMISE

**We promise to
make sure that you move from stage to stage
as smoothly as possible for you**

What will you learn during your time at Primary school?

- 3.5 There are eight areas that you will learn and build on as you grow and develop through school.

Expressive arts

This is where you learn about art and design, dance, drama and music. You will get the chance to find out about and express your feelings and emotions and imagine those of others.

PROMISE

**We promise that
you will be able to read, write and count
before leaving Primary school**

Literacy and Numeracy

This is where you learn about language to help you to listen, talk, read and write. You will learn about English, as well as learning another language. English might be your second language and we will help you learn it.

You might need other forms of support such as readers, scribes, braille or other technology to help you learn.

By age five children know up to 10,000 words.



Religious and moral education

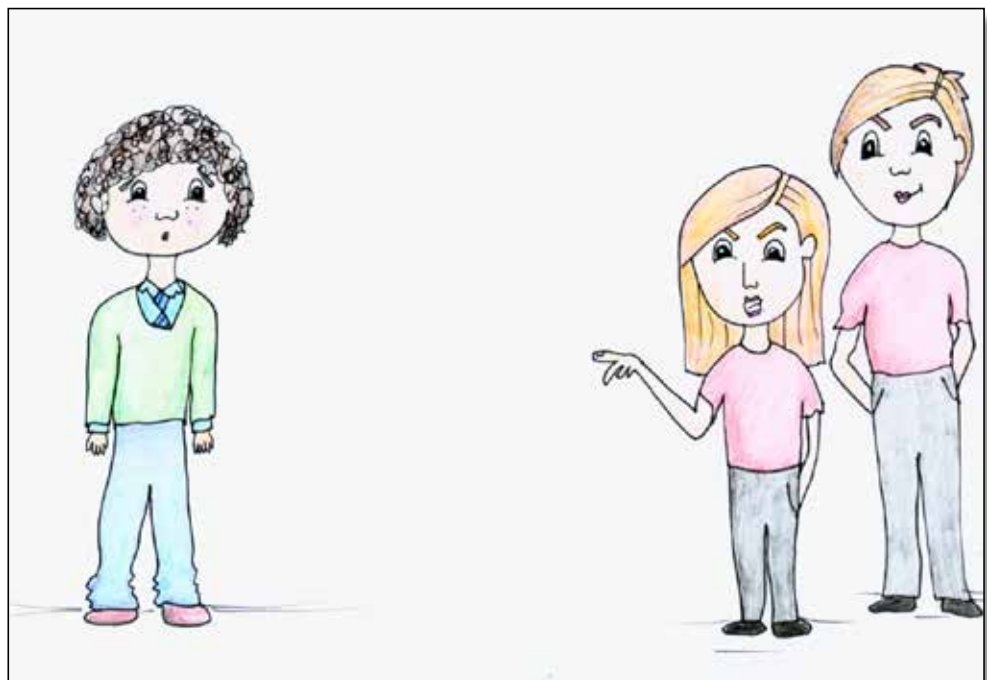
This is where you learn about different religions and what people believe, as well as views that are non-religious. You will think about these and begin to form your own beliefs.

Social studies

This is where you learn about our world and about other people and their values in different times, places and circumstances. We will help you to discuss and understand the differing abilities, religions and cultures that different people and families have.

You shouldn't be
treated badly because
you seem different

*UN Convention on the
Rights of the Child: Article 2*



Health and wellbeing

This is where you learn about keeping safe, growing up to be fit and healthy and being able to work with and care for others. You will learn about your feelings and about living with others. You will also learn to take part in making choices and changes in your life.

You might need extra help with your health and wellbeing. We will help to link you with people and agencies which can support you.

Mathematics

This is where you will learn about numbers and how and why we use them to make predictions, to understand information and to solve problems.

Sciences

This is where you learn about the natural world and living things, forces, chemical changes and using our senses.

Technologies

This is where you learn about business, computing science, food production, textiles, craft, engineering, graphics and using ICT. Some of you use technology for support in your learning.

Being healthy

- 3.6 We want to make sure that you feel safe in school and have regular contact with and access to adults you can trust. They will help you to work out where there might be a risk to you and to explore how to make the right choices – including staying safe online. You can learn how to cope when things go wrong and can develop your confidence to tell an adult if you have been harmed or if you feel scared or threatened.
- 3.7 You will explore why we all need to eat healthy food, keep physically and mentally well and the importance of playing outside. You can do at least two hours of PE a week at school, as well as drama and dance. You can learn about how to become happy with who you are, and to care and show respect for others.

PROMISE

**We promise to
give you and your family help if you are
above a healthy weight**

Children should take part in at least 60 minutes of physical exercise each day.



PROMISE

We promise to offer you lots of sport, physical activity and dance

- 3.8** At school you will learn about the things you can do and the things you need to work on. We will celebrate the activities you take part in outwith school, too.

PROMISE

We promise to provide you with the best education possible through high quality teaching and to encourage and celebrate your achievements

A nurture group is a small group of six to 12 pupils based in school and staffed by two trained adults. They can help you manage difficulties you may be having at home or in school.



- 3.9** We will support and nurture you by giving your family advice and support when it is needed. We will also work with you and your family to look after you and help you be the best you can be. You will get regular praise and encouragement and will be encouraged to feel part of your school. We hope that in turn you will care for and respect others.

PROMISE

**We promise
through our nurturing schools approach to
build your confidence and to help you attain
the highest standards you can**

- 3.10** We want you to feel respected and good about who you are by involving you in taking decisions about your life. We will regularly ask you what you think, so we can improve services for you. We will encourage you to work and learn with others and to help them accept your abilities and differences.
- 3.11** We will help you to understand that you are responsible for your own actions and that actions have consequences. You will have opportunities to develop life, friendship and leadership skills, acting as a role model for others.

PROMISE

**We promise to
help your parents and carers support you in
your learning**

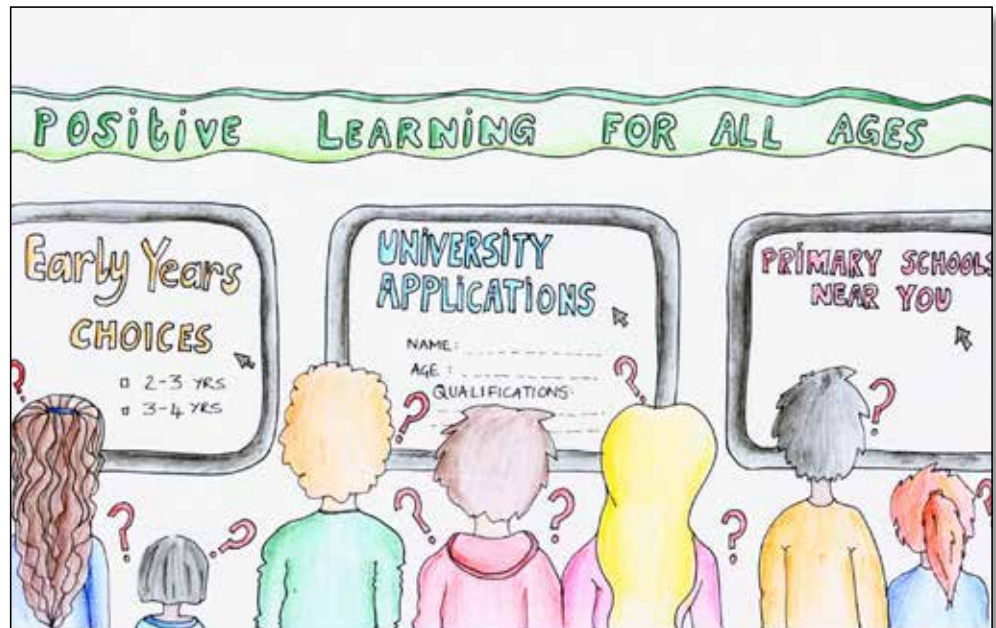
- 3.12** It really matters that, as you grow up, you live in a safe and caring home with people who love you, care for you and listen to you. It matters that you live in a home that gives you healthy food, warmth, clothes, keeps you clean and gives you the chance to be active, to play and to be well rested. It's important that you feel safe and understood. For most children, you will have parents and carers who provide you with all that you need, and to whom you can turn when things are difficult and confusing for you. For other children, services will support parents and carers to meet your needs.

PROMISE

**We promise that
you will have an allocated named person
(normally your Head Teacher) and we will tell
you who they are when you register for school**

Parents' rights to advise and guide you change as you grow up

UN Convention on the Rights of the Child: Article 5



Living and growing between the ages of five and 12: changes to your body

3.13 Between the ages of five and 12, you will continue to build strength and further develop the control of your muscles. This will allow you to take part in more physical activities from kicking a ball to learning to dance. Even if sports aren't your first choice, it is important that you take part in physical activities to build your body's strength and your ability to control it.

Between age five and 12 your arms and legs get longer. You learn to control them better. Your movement and balance gets better too.



From the age of about six, baby teeth start to become 'wobbly' and fall out to make way for adult teeth. It is perfectly normal for you to lose your first tooth up to a year or two earlier or later than six years of age. Girls tend to lose teeth earlier than boys. The first tooth to fall out is usually in the front of the lower jaw.



- 3.14** Around age 11, you will go through a number of physical changes. A growth spurt will take place in girls that may temporarily cause boys to fall behind in height. Your bodies will begin to change and this is part of changing into teenagers.
- 3.15** It is important to realise these changes are normal even if your friends are experiencing it at different rates and times. We will support you at a pace that is right for you and your needs.

Changes to how you think and learn

- 3.16** Between the ages of six and 10, you are better able to understand and think more deeply about different experiences, but you are still likely to think about things you know about.
- 3.17** After age 10, your thinking begins to change and you will be able to use more abstract ideas. You will also get a better understanding of consequences, even though you might not fully understand how these consequences will impact on your own or others in later life. In school you will be making the connections between the skills you develop and how these are used in the wider world and at work.

Changes to your feelings

- 3.18** You will experience a whole new world of working with others and taking on responsibility. Making, having and changing friends will continue to grow in importance as you form your own friendship groups.
- 3.19** Around age 11, you might start to spend less time with the family and more time with your friends or in your own room.

Sexuality isn't just about sex – it's about your feelings, emotions, attractions and desires and how you express them. Having these feelings is a normal, healthy part of human life. This is true whether you're attracted to boys, girls or both.

Some people aren't much interested in sex at all, and this is normal too.

It takes time to figure out who we are sexually and to understand our gender identity, just as it takes time to figure out other areas of our lives.

The important thing is to be true to how you feel at the time and to respect yourself and others around you.



- 3.20** All of this is normal, but there might be times when you may need extra help.

What is bullying?

- 3.21** Bullying is behaviour that can make you or others feel scared, left out and hurt. It can take something away from you so you feel less in control of your feelings. Bullying can be face-to-face or behind your back. Somebody can bully you by writing something nasty. You can be bullied online – cyberbullying. This can make you feel embarrassed, left out and hurt. It takes place through mobile phones, emails, instant messaging, online gaming, social networking and much more. Bullying is always wrong, wherever or whenever it happens. You should never have to put up with it.
- 3.22** Although everyone is different in their own way, sometimes people are bullied just because they are a bit different. This can hurt them and make them want to act differently, or change themselves to “fit in”.
- 3.23** Being different isn't the problem – the problem is often other people's attitude towards that difference.
- 3.24** Remember – you have a right to be you! And so does everyone else!

What will we do?

- 3.25** We will encourage respect for each other, valuing others' views and celebrating our differences. We will not tolerate bullying and will make it clear that it is never acceptable. There are procedures for dealing with bullying. These will be explained to you regularly at school and you will be asked to help keep bullying out of schools and out of your lives.
- 3.26** There are different ways of dealing with bullying – whether online or not. These can include:
- telling an adult you trust
 - telling a good friend
 - calling the ChildLine Bullying Line on 0800 44 1111 for confidential advice and support
 - asking them to stop! – the person cyberbullying you might not know that they are hurting you
 - being a good friend – if this is happening to someone you know being a good friend can make all the difference!

When you need help

3.27 You might need extra help at school because you are:

- having difficulties with reading or spelling
- having problems at home, such as parents splitting up or someone dying
- experiencing abuse or neglect at home
- being bullied
- being far ahead of your classmates in some (or all) of your subjects
- being in care (also called being looked after)
- having to care for someone at home
- having a physical or learning disability
- finding it hard to manage your emotions and behaviour
- moving home and having to change schools a lot
- feeling depressed or anxious or having an eating disorder
- finding it difficult to join in or make friends
- being homeless or in temporary housing

These are just a few examples of why you might need help at school. You might need help for a reason that isn't on the list.

3.28 We are studying how to work more closely with your mum, dad and family to help you as you learn. We have been looking at how best to support them – so they can help you with numbers and how to count.

3.29 Some children and young people are “young carers” – they help to care for someone at home in a way that we would normally expect of an adult.

3.30 As a young carer you might come across some of these issues:

- missing out on a lot of school time
- having fewer opportunities to meet up with friends
- having a feeling that you are the only one in this situation

3.31 Through our partners such as the North Ayrshire Carer's Trust we can offer advice, guidance and support so you can:

- meet and socialise with other young carers
- understand more about the health condition of the person you care for
- access information and advice on carers' benefits
- stay in school and make the most of your education
- identify suitable education and training opportunities

3.32 If English isn't your family's first language, you might worry about how you will cope in an English-speaking school. Schools are used to helping families where English is a second language. There is lots of evidence that children who speak more than one language do well at school. You and your parents can get extra help if you need it, especially in the early days.

How we can help

3.33 Here are some examples of the extra help you can get if you need it:

- Extra time with a teacher or assistant, by yourself or in a group
- Understanding from teachers if you're having a hard time
- Help from outside school (such as a social worker, doctor or youth worker)
- Different work or homework to help you catch up
- Help to come to school, like a taxi
- More time to do your work
- Someone to write for you in lessons (a scribe)
- Equipment (like a laptop, eye gaze technology and touch talker)
- Someone to help you take medicine
- Help with learning English, if you come from a different country
- Time with a counsellor or a therapist (such as a speech therapist, physiotherapist or occupational therapist)
- A buddy (an older pupil who looks out for you in the playground or helps you study)

3.34 If you need extra help we will make sure you get it. Then again, you might be the first person to know you need help. If this happens, here's some advice from other young people about what to do:

- Always ask for help
- If someone asks what's wrong, don't be afraid to tell them
- Tell your favourite teacher or a person you can trust
- Don't feel alone
- Be positive!
- Don't bottle up your feelings. If you need help, tell someone

3.35 And remember, we all need extra help at some point.

4. Secondary school (12–18 years)

Between childhood and adulthood

- 4.1** Making the change from childhood to adulthood is a key period in everyone's life. In fact, after the early years, the adolescent years are the next most important period for improving your chances to do well in life. You will experience key biological, cognitive, emotional and social changes. These will bring challenges and opportunities for both you and your family.
- 4.2** As a young person it is normal that you are curious about the adult world. You will want to discover new things and challenge boundaries. As a young person you will also want to take more risks and to experiment as you discover the greater freedom you have. Along with this newly discovered freedom comes new responsibilities to behave in a safe and considerate way as a member of a wider community

PROMISE

We promise to
provide you with access to opportunities that
value you as an individual and your aspirations

At 14 you can get a Saturday job for up to five hours, drive an electronically assisted pedal bike or vote in the Scottish youth parliament.



- 4.3** Your parents will support you during this key time in your life and they might need some extra help themselves! Your named person will be someone within your school – most likely a head teacher or principal teacher. They will become more involved with you and your parents and will listen to you and offer you support and advice.
- 4.4** When there is a need for more specific support and help, then someone else – such as a social worker or educational psychologist – will take the lead. They will ensure that you get all the help you need for as long as you need it.

PROMISE We promise wherever possible to place a number of professionals in schools so that “teams around the child” can make sure you get the right support at the right time. This will include your named person

- 4.5 We have a responsibility to provide services that reflect Government priorities as well as legal duties, and we do our best to shape and deliver our services and activities in a way that is relevant to you. That is why we value your views and opinions.

You should have a say in decisions that affect you

UN Convention on the Rights of the Child: Article 12



- 4.6 When you choose to actively engage with us, we become better informed of your needs. This in turn enables us to provide the services and support that are best suited to your age, stage, interests and capabilities.

PROMISE We promise to consult with you and your family about your needs to inform the services we deliver

Becoming a teenager: 12–14 years old

- 4.7** The experience of moving from primary to secondary education can be an exciting and yet an unsettling time. Change is the norm when you're at this age and stage of life, with changes to your body, how you think and feel and your relationships and interests.

Your adolescent brain has been developing since well before your birth. This process begins in your late primary years and continues into the first few years of secondary school. This is necessary for lots of skills that are essential to adults, for example: good judgement, controlling impulses, solving problems, setting goals, organising and planning.



- 4.8** At Secondary school, you will continue to experience a broad general education that builds on what you learned in primary school. The curriculum is organised to provide you with opportunities to develop your skills and abilities and your knowledge and understanding in a variety of contexts.
- 4.9** There will also be lots of opportunities for you in this phase of your life. Many of them will be really positive and helpful for you as you grow up.
- 4.10** There are many community opportunities available to you in North Ayrshire, such as sports through KA Leisure. Other community groups include dance, football, rugby, swimming, gymnastics and martial arts.
- 4.11** All schools in North Ayrshire support Active Schools, which is a SportScotland initiative encouraging children and young people to get active and keep active. These services aim to provide high quality opportunities for participation in sport within schools, and are well connected to and supported by local and national sports partners.
- 4.12** Through sports, dance, music and art you can express yourself, keep active and help your body to grow as it should. You can develop interests that are healthy and could have a very positive outcome for you as you grow up. These activities can help you to feel part of a team and community as well as pushing and testing you physically, emotionally and intellectually.

You should be able to express yourself freely, while respecting other people's rights

UN Convention on the Rights of the Child: Article 13



- 4.13** As you move from childhood to adulthood you discover that you have more freedom, and yet you might find that you become overwhelmed with the new found responsibility that this brings. If needed, we are here to help you in the early years of Secondary school. Being a unique individual means that you have different needs requiring different levels of support and guidance at different times.
- 4.14** We know that at this age you will be curious and want to discover other things for yourself and not just take the word of those adults round you. We want to support you so you can make decisions that are safe, healthy and improve your life. Issues such as drugs and alcohol, sex and sexuality and relationships are often a pressure for young people.
- 4.15** Where there is a need for more specialist support, we will work together with you and your family to reach a solution that is right for you. We will keep your needs and wellbeing at the heart of all we do.
- 4.16** Your parents might also need a bit of support at this time to better understand how to deal with challenging teenage behaviours and needs. In the first instance the named person (a head teacher or principal teacher) will be the person they can talk to.
- 4.17** Where there are complex issues that require more specific support and services, we might create a Child's Plan. If this is the case, a social worker will probably be identified to help you and your family develop the plan and to ensure that it is fit for purpose. The Plan will be created in partnership with other appropriate care professionals and will be written with you at the centre.

Adolescence can be a time of risk-taking and rule-breaking. These are normal teenage behaviours. You might need access to caring adults to give advice and guidance at key times, and this support is provided mostly by parents. However, there are other adults who can contribute to your decision-making and support improved wellbeing and a healthy lifestyle. Talking with your parents, carers and other adults you trust can promote resilience and increase your potential and wellbeing.



4.18 This Plan could involve accessing a range of support such as:

- specialist health support
- parenting support
- access to youth support
- educational psychology
- the Children's Reporter

4.19 You can get this support no matter where you live in North Ayrshire. We will continue to develop our services in your local area to ensure that you and your family have easy access to the support you most need.

Online safety



You have the right to protection against discrimination

UN Convention on the Rights of the Child: Article 2

PROMISE

We promise to ensure that your mental health and wellbeing will be a priority

- 4.20** The internet is one of the most wonderful things on the planet and has revolutionised the way that we live, work and play. It's a place where we can go to communicate, learn, interact and relax.

PROMISE

We promise to work with your family to help you feel safe from drugs, alcohol and domestic abuse

- 4.21** We understand that there are lots of interesting games and experiences out there on the internet and more and more of us are beginning to live our lives online.
- 4.22** However, it is important to remember that like other things in life, there can be dangers to the internet. For some, the "online experience" isn't always a positive one and we know that some people do not use the internet for good reasons. Issues to be aware of include:
- cyberbullying
 - cyberstalking
 - harassment by trolling or frapping
 - trying to find out personal information about you or your friends
 - inappropriate material such as sexually explicit content, graphic violence, gambling and hate or racist websites
 - people pretending to be someone else so they can make friends with you and then exploit you
- 4.23** We want you to have the same positive experiences online as we hope you have in the real world. To help you do this we will do a number of things. We will:
- make sure that you have access to up-to-date information about how to keep you and others safe online
 - make sure that you have someone you can talk to about any worries like a teacher or a youth worker
 - keep those involved in your life up-to-date with the latest

information about how they can help to keep you safe

Continuing the journey into adulthood: 15–18 years old

4.24 As you enter full adolescence, your brain is growing at a rapid rate and is full of enormous potential. You become more open to new

Parents and carers can help to keep children and young people safe online by asking the same types of questions they ask in the real world:

- *Where are you going?*
- *Who are you meeting?*
- *Who are you going with?*
- *What will you be doing?*

Having conversations about what children and young people do online is the best way to help avoid harmful situations.



ideas and change is less frightening.

4.25 You are likely to be going through puberty. For girls, this normally begins around 11 years old and around 14 years old for boys. You might find that your skin is perhaps no longer as clear as it once was, and that there are other physical changes which take a little getting used to.

In adolescence the emotional brain is in transition – it is normal to feel overwhelmed at times. Your brain is very vulnerable to stress, so having a good support network around you is very important to help you navigate this time of change.



Teenagers like living on the edge – and exploring exciting, challenging experiences. Chemical changes in your brain lead you to perceive risk and consequence differently. Having people around you to help you to choose positive risks and avoid potentially harmful ones is important.



- 4.26** You will find that you sleep longer. On average an adolescent needs nine hours' sleep a night to be at his or her best. Your mood can go up and down very quickly – sometimes for no apparent reason – and you will, at times, be preoccupied by sex and relationships. All these things are a normal part of adolescence and can be confusing and exciting all at the same time.
- 4.27** What is sexual health? It means being positive and respectful about sexuality and within sexual relationships. It means having safe sex experiences, free from any coercion, discrimination or violence. Sexual health is also about respecting, protecting and fulfilling the sexual rights of all people.
- 4.28** When you move into S4 in school, you enter the senior phase of the curriculum. You will make a number of choices about which subjects and skills you are going to take forward to nationally recognised qualifications (such as National 1–5, Higher and Advanced Higher Courses and Units). Alongside the wide range

PROMISE

We promise to support you to build and maintain healthy relationships free from coercion and harm

of subjects you will already have experienced at school, there will be an increasing selection of new options and qualifications that focus on developing wider skills and abilities to equip you fully for your life after school.

- 4.29** We recognise that this can be a stressful time, so we will ensure that you have access to support from the school and from other services to manage some of these feelings and emotions. We will help you to spend time considering your future career aspirations,

Teenagers need more sleep – an adequate amount of sleep is essential for good brain development. It's official: tired teenagers are not just being lazy! Due to all the changes occurring in the adolescent brain, you actually need more sleep than adults. Chemicals and hormones can affect you when you feel tired. You should get about nine hours of sleep each night. This will help you to cope positively with all the changes happening in your life.



and your senior phase pathway will be tailored to meet your needs and ambitions.

4.30 You will have an opportunity to experience the world of work through a work placement at a time that is appropriate for you. To make this experience as meaningful as possible, we have forged strong partnerships with local businesses and together we will help you to develop the skills you need to be successful in the workplace.

4.31 You will also have the opportunity to take part in activities that allow you to be really challenged and to receive acknowledgment and accreditation through various award schemes, such as Youth

PROMISE

**We promise to
provide you with skills for life, learning and
work, including financial education**

Achievement Award, Duke of Edinburgh or SQA Modules.

4.32 As you approach your school leaving date you will be faced with a range of options. This can be an exciting time but the range

PROMISE

**We promise to
address differences in educational attainment
so that you can achieve your full potential**

of choices can, at times, seem complex and daunting. You may wish to go straight into employment or go to college or university. If you do not feel confident about making that move immediately, programmes such as Activity Agreements or employability training can help you on your way.

4.33 A whole range of professionals will be able to offer you support at this time if you require it. Teachers, careers advisors known as Job Coaches, youth workers and others will be able to provide advice and guidance to help you make the choices most appropriate to your needs and aspirations.

4.34 In North Ayrshire, young people are already valuable contributors

PROMISE

**We promise to
enable you to move from school towards a
job, further education or training course**

to their communities and are actively involved in influencing the way that decisions are made and our priorities. It is everyone's job in North Ayrshire to ensure that you are kept safe so that you can develop into the adult you want to be and that your community needs.

When you need extra support

4.35 While crime is at a 40 year low, and North Ayrshire has seen a significant reduction in offending behaviour by young people, things can still go wrong. Whether it has gone wrong for you, a friend, a parent, carer or family member we have support and services here to help. We want to work together to reduce the likelihood of future anti-social or criminal behaviour.

4.36 If you live in a home where things happen that make you feel

From the age of 12 you can be prosecuted in a court, consent to adoption, access your own records and be subject to an Anti Social Behaviour Order (ASBO).



The Police Risk and Concern Hub partner agencies work together to discuss risks to children and young people so they can protect them and keep them safe.



upset, frightened or worried, we'd like to help. Examples of this could be adults being verbally or physically aggressive, drinking alcohol or using drugs or not taking care of you. Although it's hard to talk about things like this, there are services that help with these kinds of difficulties.

4.37 The sooner we can identify these difficulties and work with you and



You have the right to be protected from abuse or neglect by parents or carers.

UN Convention on the Rights of the Child: Article 19

your family towards improvements, the greater chance there is of success – so talk to a trusted adult and we'll work together to make things safer and better for you.

4.38 If for any reason it is not safe for you to be at home, we will provide a safe and nurturing place for you to stay while your family can't care for you. This may be for a short or longer time. We can also arrange for you to stay with other members of your family, if this is possible. This is called kinship care. We will work with you and your family to try to make it safe for you to return home.

4.39 We want to make sure that you are cared for and are not moved about between different homes as this is upsetting for you.

4.40 Our partnership with the Children's Reporter and Children's Panel

We promise that

PROMISE when it is not possible for you to stay with your family, we will make sure that you are looked after as quickly as possible in a new caring home, to keep any moves to a minimum and to tell you about the reasons for these decisions

system ensures that we have all the necessary resources and powers to keep you safe when things at home are not as they should be.

PROMISE

We promise to
work with you and your family to encourage
and support positive family relationships

- 4.41 We need to ensure that you are safe. Through our Early and Effective Intervention and Diversion approaches we will ensure that you are supported to avoid entering more formal systems for offending and anti social behaviour.

Over the past six years, offences committed by young people in North Ayrshire that need a social work report to the Children's Reporter have been reduced by 87 %.



PROMISE

We promise to
work together to make North Ayrshire a safer
and more secure place where you are safe
and not at risk of intentional or unintentional
harm

Children and young people who live in families where there is violence between parents can suffer emotionally, even if they are not physically harmed. Some of the symptoms can be anxiety, depression, difficulty sleeping and nightmares. It is never a child or young person's fault if there is violence within the home. It shouldn't happen. If you are concerned then you should discuss your worries with a trusted adult in your family or school.

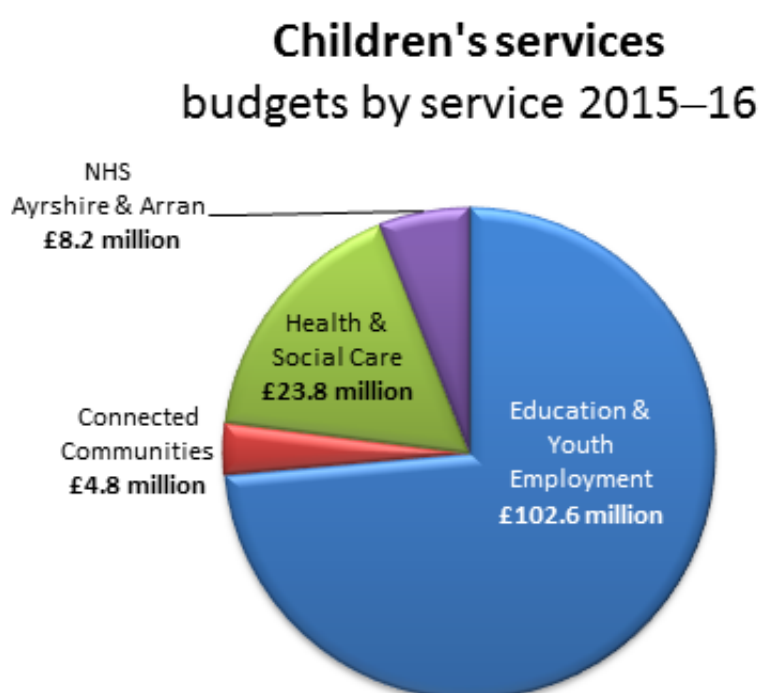


5. Resources

5.1 We want to know how effective our services are and how well they meet your needs. We want to make sure that what we spend will help to give you the best start in life.

5.2 We have looked at the money we spend on your services in 2015–16. We were given information by:

- Education and Youth Employment
- Connected Communities
- Health and Social Care Partnership
- NHS Ayrshire & Arran



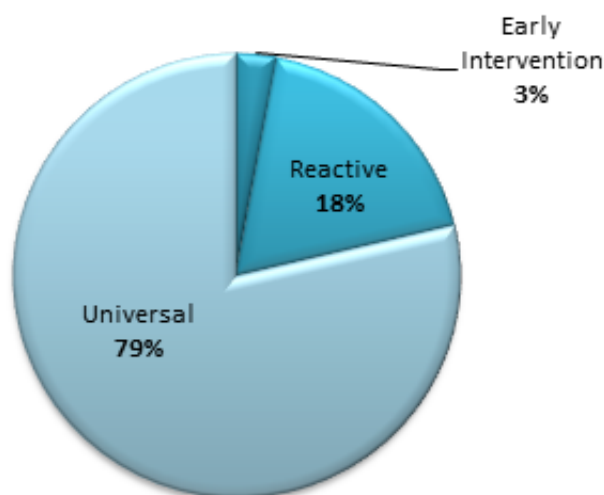
5.3 There are lots of other services that spend money on children's services and support you such as the police, voluntary organisations and the Children's Hearing System. We have not included what they spend.

5.4 We did this to see if we could change how we spend money so that we can help you if are having problems as early as we can.

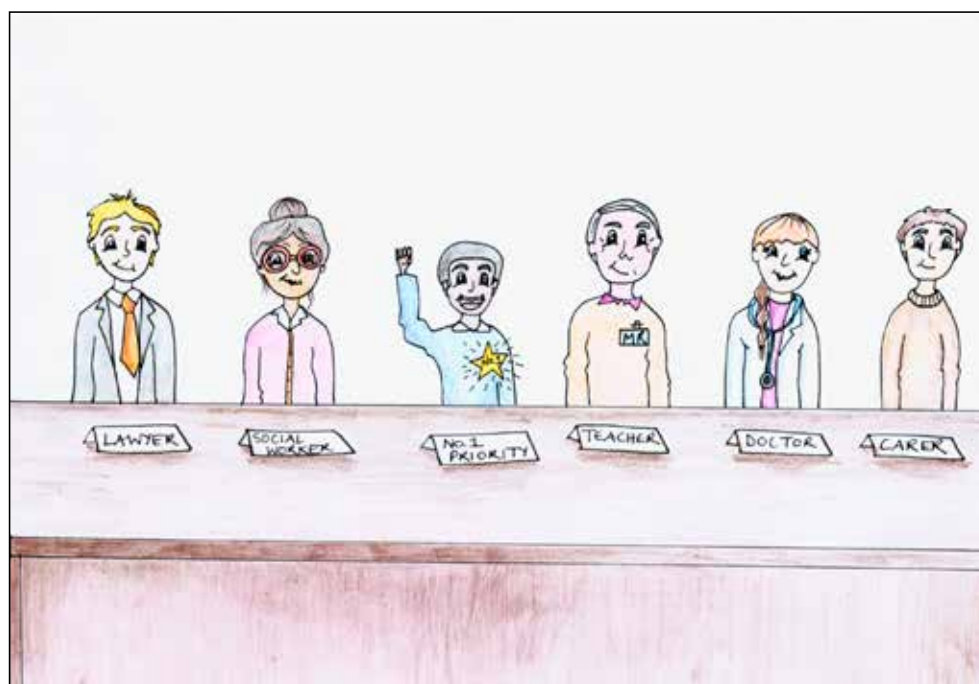
5.5 We planned to spend more than £140 million on children's services in 2015–16. We looked at this money to see if it was spent on services for:

- all children and young people (universal)
- early intervention and prevention
- a small group of children and young people who need help (reactive)

Children's services spending on Universal, Reactive and Early Intervention Services 2015–16



- 5.6** We will move more money towards early intervention over the next four years to help stop problems getting worse and to make sure you get the chances to achieve what you want to do.



Anyone making decisions that affect young people should make young people's interests a high priority

UN Convention on the Rights of the Child: Article 3

6. Conclusion

- 6.1 We are on a journey together with you throughout your childhood, and as you become an adult. This Plan sets out some of the support that can help you to reach your potential. It is based on the evidence from the recent social research unit survey on Improving Children's Outcomes and other consultations and research that have been carried out.
- 6.2 We asked you about our draft version of this Plan in 2015 and more than 1,200 told us what you thought about our ideas and priorities. You mostly agreed with what we were saying, but made some suggestions about bullying, financial education and mental health. You also said you would like information about the Plan through social media, and through Council and Young Scot websites.
- 6.3 We have given promises about the help we can offer. The Action plan attached to this Plan (see **Appendix 1**) translates our promises into the specific actions that we will take.
- 6.4 We will use the Action plan to make a Commissioning Plan that sets out the services we need to deliver over the next four years.
- 6.5 There are also appendices on facts about children and young people in North Ayrshire (see **Appendix 2**), Improving Children's Outcomes (see **Appendix 3**), key outcomes and documents (see **Appendix 4**), membership of the Children's Service Plan Writing Group (see **Appendix 5**) and a glossary of words and terms that we use in the Plan (see **Appendix 6**).
- 6.6 We will produce a report each year, comparing how we have done against this plan, and we will share this with you. We have prepared a performance framework with measures to tell us in the future how the Plan is working.
- 6.7 We will continue to look at different ways to make your life better.
- 6.8 The new laws recently introduced for you (the Children and Young People (Scotland) Act 2014) will bring about more changes during 2016 which will strengthen your rights and support you in being safe, happy and healthy.
- 6.9 We want to do all that we can to help you. You can help too.
- 6.10 We know that you are responsible and caring. You can make your own promises about how you can contribute to making North Ayrshire the best place to grow up.

Some suggested promises for children

We promise to tell an adult we trust if we are worried about something

We promise to eat food that is good for us

We promise to take part in physical activity

We promise to look out for others if they need help

We promise to try hard to learn at school

We promise to respect and care for other people who are different from us

We promise to help make North Ayrshire a good place to live in

We promise to speak out about the things that matter to us so that they can change

We promise to help each other with advice and support

Appendix 1

Action plan

| | Our promise | How will we do it? |
|---|--|---|
| 1 | We promise to work on the Children's Services Plan priorities to improve your outcomes | Review and publish a report on progress annually |
| 2 | We promise to make sure that your rights are protected | Ensure that 90% of schools have achieved a Commitment or Level 1 Unicef Rights Respecting Schools award by 2020 |
| 3 | We promise to work closely with each other and with your family so that you are safe and protected | Share information with the named person or service provider on a wellbeing concern within one day of the concern being identified |
| 4 | We promise to care for your needs if you have an health needs or disability | Provide a Plan for all children with additional support needs in the year before their transition |

| Early Years (0–5 years) | | |
|-------------------------|--|--|
| | Our promise | How will we do it? |
| 1 | We promise that your mum will have a named midwife who will look after both of you | Allocate every new pregnant mum with a named Community Midwife at first booking |
| 2 | We promise that if your mum smokes, drinks alcohol or takes substances when she is pregnant with you, we will offer her a programme to help her to stop | Co-ordinate a plan of support & intervention to reduce smoking, alcohol and/or drug intake using specialist services – for example, Fresh Air-shire, Addictions Services, Vulnerable Pregnancy Service |
| 3 | We promise to help your mum if she wants to breastfeed, as this is best for you | Provide information and advice about breastfeeding |
| 4 | We promise to support your dad and family members as they will be of great support to you and your mum | Include dads and other members of the family in the services we provide and make sure we get in touch with them about this |
| 5 | We promise that you will have an allocated named person (health visitor) who will be there for you and your family | Recruit 17 additional health visitors by 2017 |
| 6 | We promise that if your mum and dad have problems and decide to split up, we will be there to support you all through it | Provide information and support |
| 7 | We promise to help your mum and dad get the best information on money, benefits and employment to help make sure that you have food to eat and a safe, dry and warm house to live in | Provide access to Money Matters, information from health visitors and other support services |
| 8 | We promise to help your mum and dad learn what is important to be a supportive and confident parent | Expand delivery of parenting programmes, including Incredible Years, Triple P, Mellow Parenting, Parents Matter and PEEP training, so that all parents can access the right support for them |

Early Years (0–5 years)

| | Our promise | How will we do it? |
|-----------|---|---|
| 9 | We promise that you are offered a developmental growth assessment by your health visitor (named person) when you reach 27–30 months and at preschool age, with a focus on growth, wellbeing, communication and language development | Provide a Communication Champion in all early years establishments by 2017 who has had extra training in speech, language and communication |
| 10 | We promise that we will offer all children aged three years old early learning to help you learn, develop social skills and meet other young children | Provide four Scottish Book Trust story bags each year from birth to Primary 1 for all children through early years establishments |
| 11 | We promise that in your early years establishment we will provide daily physical activity, that you will be able to play outside and that all snacks provided will be of nutritional value | Deliver exercise and healthy eating programmes in early years establishments |
| 12 | We promise that where we can, we will put all our children's services into local areas so that they can work more closely together for you | Co-locate early years services in locality areas to improve communication and support the delivery of the named person service |

| Primary school (5–12 years) | | |
|-----------------------------|---|--|
| | Our promise | How will we do it? |
| 1 | We promise to make sure that you move from stage to stage as smoothly as possible for you | Establish processes to share relevant information from one named person to another at transition points |
| 2 | We promise that you will be able to read, write and count before leaving Primary school | Set, implement and assess personal targets at the appropriate level of the curriculum for excellence in relation to reading, writing and mathematics |
| 3 | We promise to give you and your family help if you are above a healthy weight | Provide access to a child healthy lifestyle programme |
| 4 | We promise to offer you lots of sport, physical activity and dance | Introduce ‘Walk a Mile a Day’ and walking to school in 80% of Primary schools by 2018 |
| 5 | We promise to provide you with the best education possible through high quality teaching and to encourage and celebrate your achievements | Provide high quality learning and teaching and hold regular events in schools to celebrate success – for example, at school assemblies, prize givings, in wall displays and in the local press |
| 6 | We promise through our nurturing schools approach to build your confidence and to help you attain the highest standards you can | Provide nurture training to staff and create nurture classes in 15 schools by 2017 Provide counselling services by setting up Place2be in five schools by 2018 Provide evidence based programmes – for example, Stop Now and Plan (SNAP) and Promoting Alternative Thinking Strategies (PATHS), and introduce CAMHs trained teachers |
| 7 | We promise to help your parents and carers support you in your learning | Set up local learning groups to inform parents/ carers about how they can help learning at home. |
| 8 | We promise that you will have an allocated named person (normally your Head Teacher) and we will tell you who they are when you register for school | Allocate a named person when registering for school |

Secondary school (12–18 years)

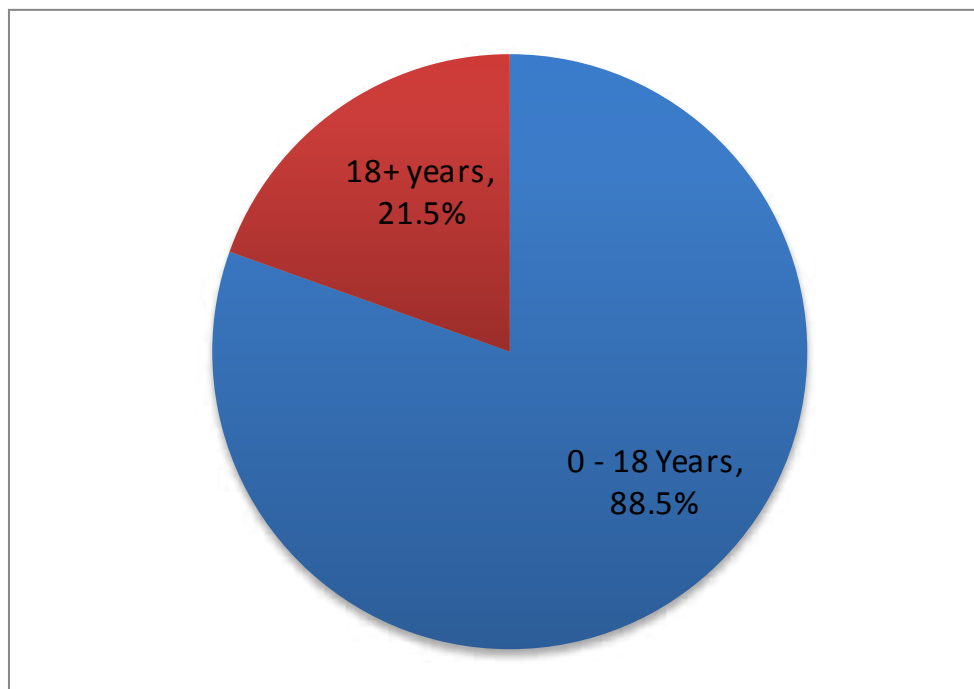
| | Our promise | How will we do it? |
|----------|---|---|
| 1 | We promise to provide you with access to opportunities that value you as an individual and your aspirations | Provide access to a range of learning opportunities, as well as academic qualifications, which build self-esteem and lead towards positive destinations – for example, Duke of Edinburgh, Activity Agreements, John Muir awards and Saltire awards |
| 2 | We promise, wherever possible, to place a number of professionals in schools so that “teams around the child” can make sure you get the right support at the right time. This will include your named person. | Base multi-agency teams in every secondary school (for example, staff from Educational Psychology, Health and Social Care, Young Person Support and Youth Services) to support the named person to get help for a young person in a timely way |
| 3 | We promise to consult with you and your family about your needs to inform the services we deliver | Provide regular consultation opportunities and events so that views are given which inform service delivery |
| 4 | We promise to ensure that your mental health and wellbeing will be a priority | Establish a community-based mental health resource to reduce the number of young people being admitted to hospital with mental health problems Deliver training on use of mental health toolkit to staff in schools and in the community |
| 5 | We promise to work with your family to help you feel safe from drugs, alcohol and domestic abuse | Provide information and opportunities in the school curriculum, with Youth Services, in college and through targeted services in Health and Social Care to discuss relationships, domestic abuse and personal safety Provide advice through Curriculum for Excellence at school and preventative programmes – for example, SPICE, CHARLIE, CHAT, Youth work programmes, School Nurse assessments and at college through NHS Addictions Liaison Officer |

| | | |
|-----------|---|---|
| 6 | We promise to support you to build and maintain healthy sexual relationships free from coercion and harm | Provide help and advice about healthy relationships and sexual health |
| 7 | We promise to provide you with skills for life, learning and work including financial education. | Provide life skills training and financial education through a range of activities |
| 8 | We promise to address differences in educational attainment so that you can achieve your full potential | Implement the Education Attainment Challenge projects to reduce inequalities |
| 9 | We promise to enable you to move from school towards a job, further education or training course | Provide support to achieve an appropriate level of school qualifications and, through access to other learning experiences to move towards a chosen career or further education course |
| 10 | We promise that when it is not possible for you to stay with your family, we will make sure that you are looked after as quickly as possible in a new caring home, to keep your moves to a minimum, and to tell you about the reasons for these decisions | Produce and deliver a Corporate Parenting Plan |
| 11 | We promise to work with you and your family to encourage and support positive family relationships | Introduce Functional Family Therapy (FFT) programme to provide support to the most vulnerable families |
| 12 | We promise to work together to make North Ayrshire a safer and more secure place where you are safe and not at risk of intentional or unintentional harm | Provide Child Protection and GIRFEC training to staff across services to help identify early indications of risk and abuse Introduce a new system for dealing with wellbeing concerns through a Concerns Hub |

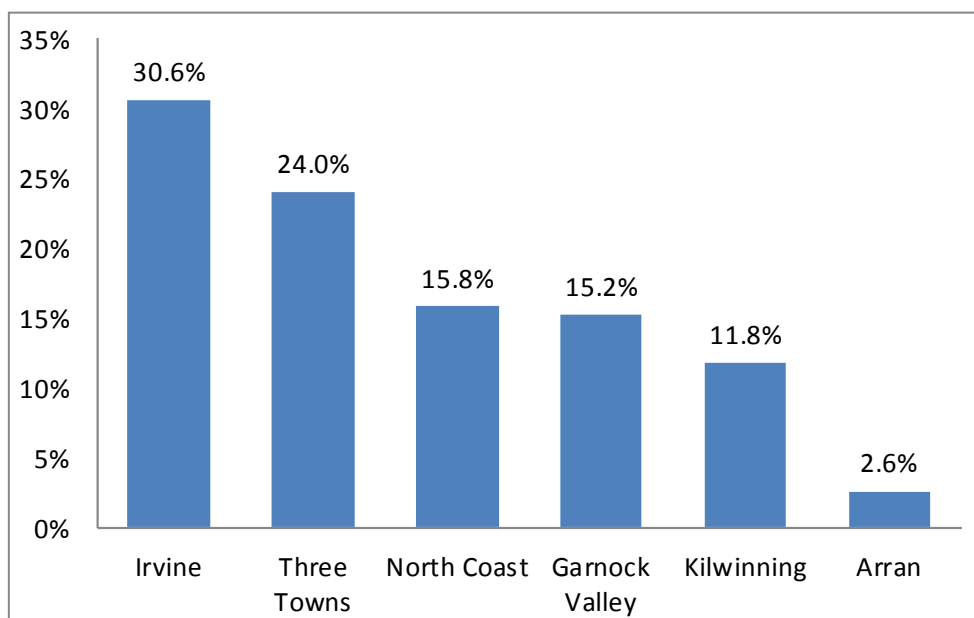
Appendix 2

Statistics about children in North Ayrshire

Child population



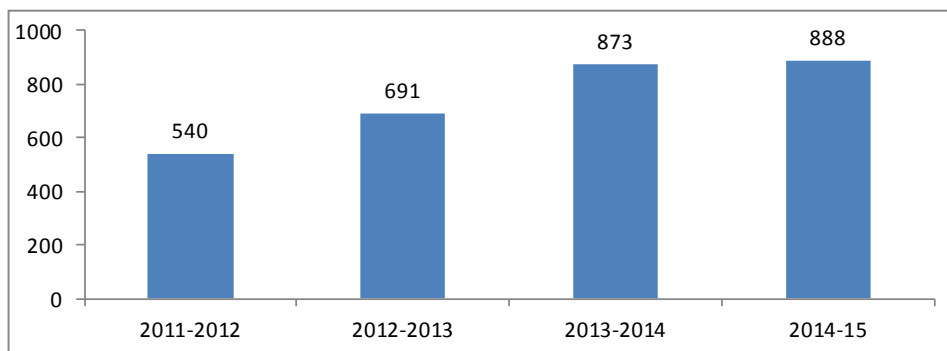
Child population as proportion of total population in North Ayrshire



North Ayrshire population by locality, 2011 Census

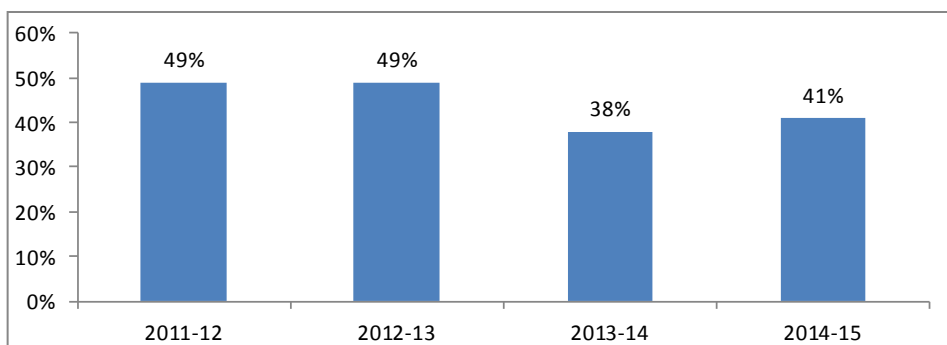
Child Protection Data for Children's Services Plan

Increasing numbers of **concerns about children** are being shared with social services. Concerns are usually shared by police, education, Ayrshire Out of Hours Service or identified within social services. Sharing concerns demonstrates effective information-sharing and the increasing number of concerns indicates that adults are alert to indicators of concern about children.



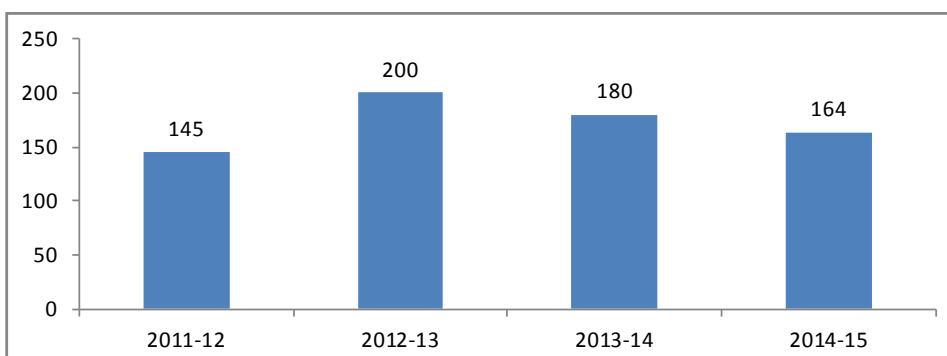
Concerns about children

Fewer concerns about children are resulting in a **formal child protection investigation**. This means these concerns do not meet the threshold for child protection procedures and is an indication that concerns are being shared at an earlier stage. Sharing concerns early can help prevent difficulties escalating because support can be offered to families.



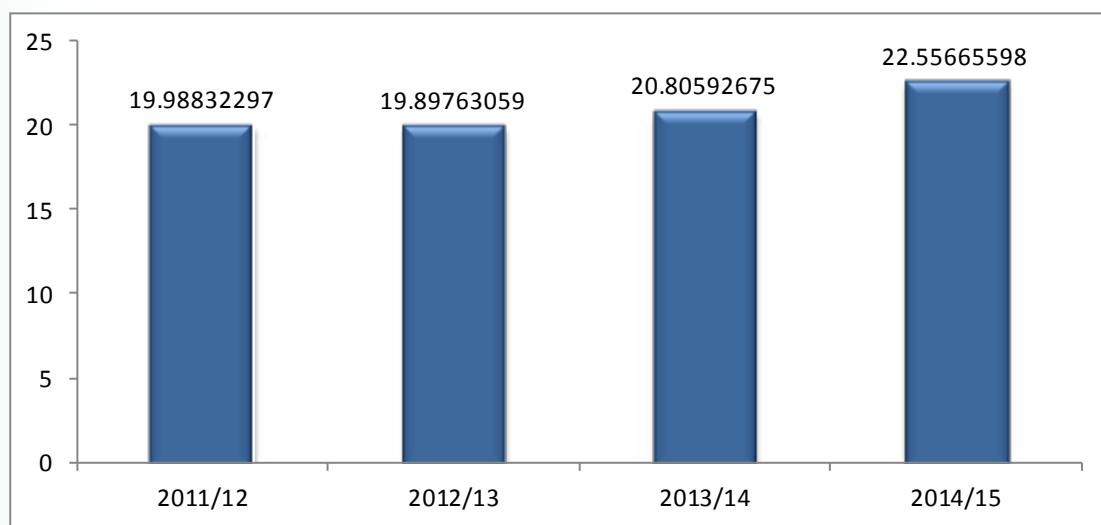
Concerns resulting in investigation

Children are placed on the child protection register if they are at risk of significant harm and need a protection plan to keep them safe. Fewer children are being placed on the child protection register in North Ayrshire. This indicates that sharing information early about concerns about children and offering support can lead to less children being at risk of significant harm.

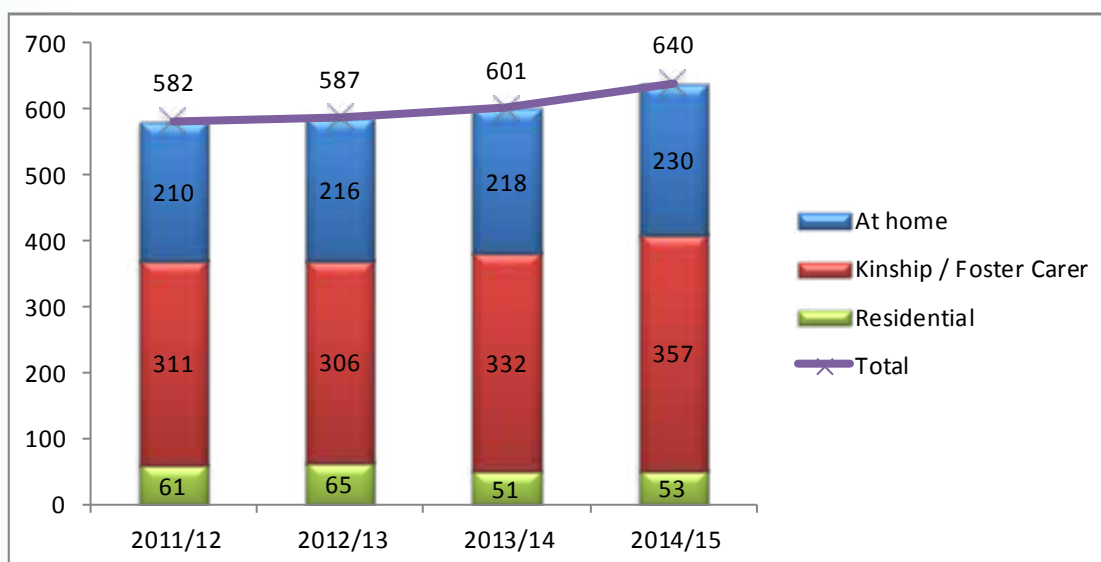


Children placed on the register

Children Looked After

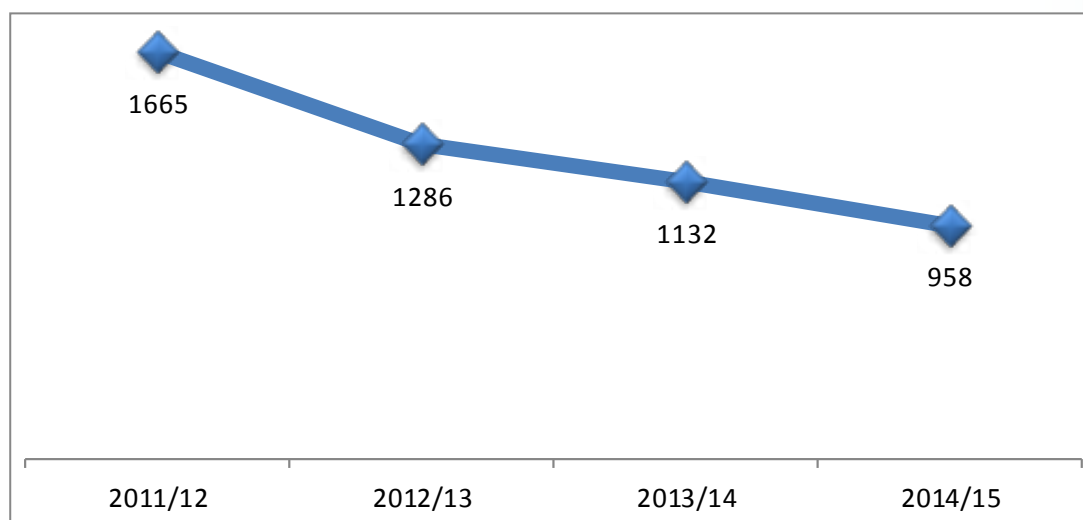


Children looked after (rate per '000 North Ayrshire 0–18 population)

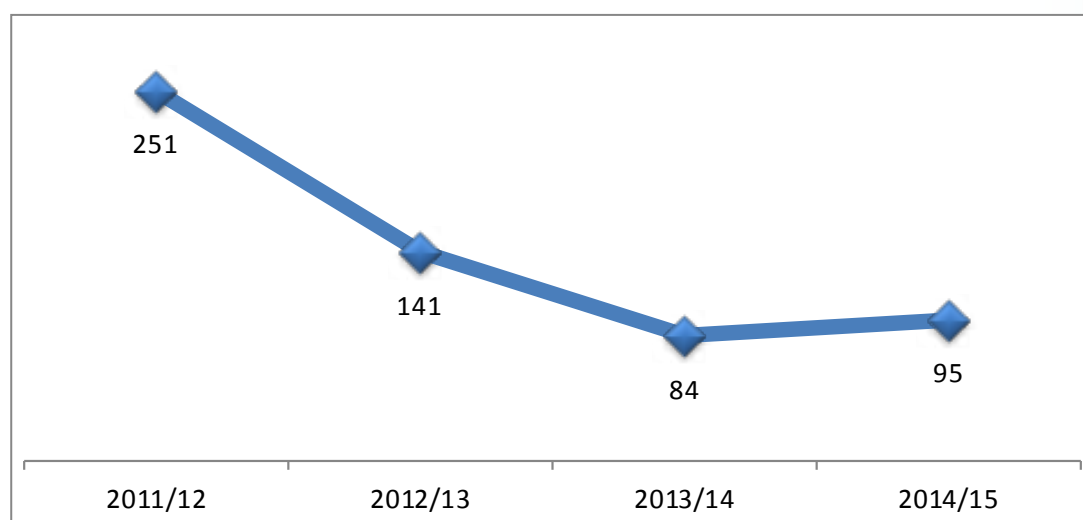


Children looked after – placement type (31 July)

Youth Justice

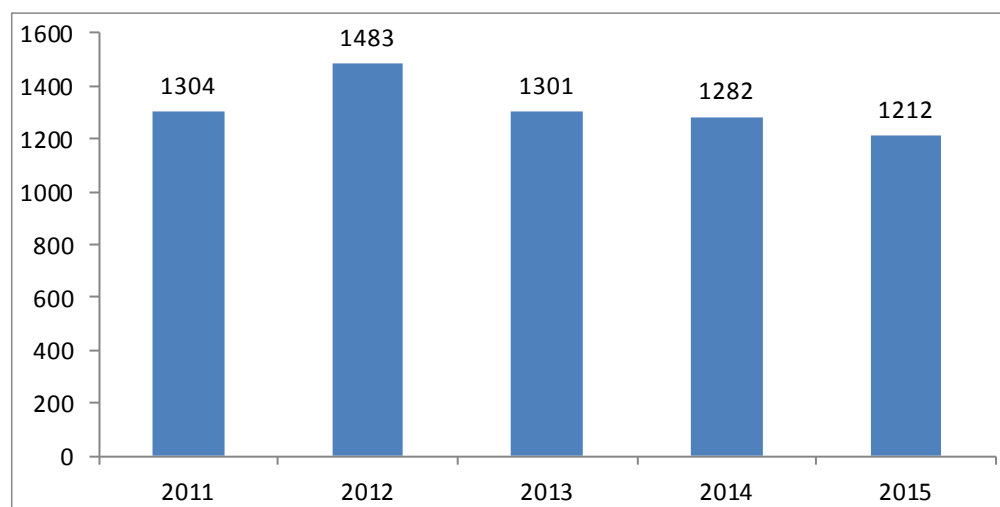


Referrals to Children's Reporter on offence grounds

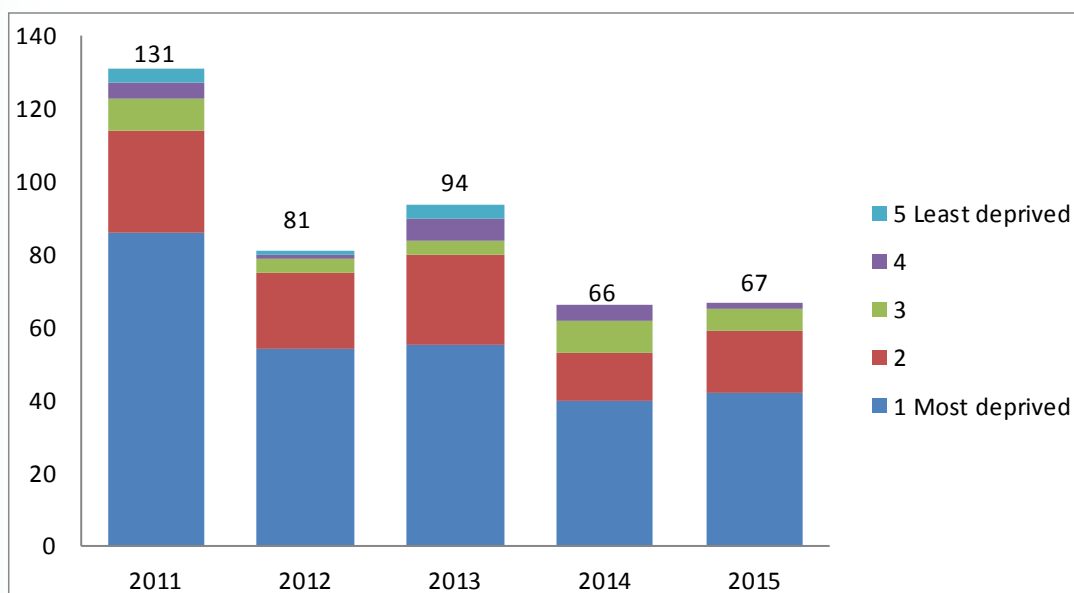


Referrals to Children's Reporter on non-offence grounds

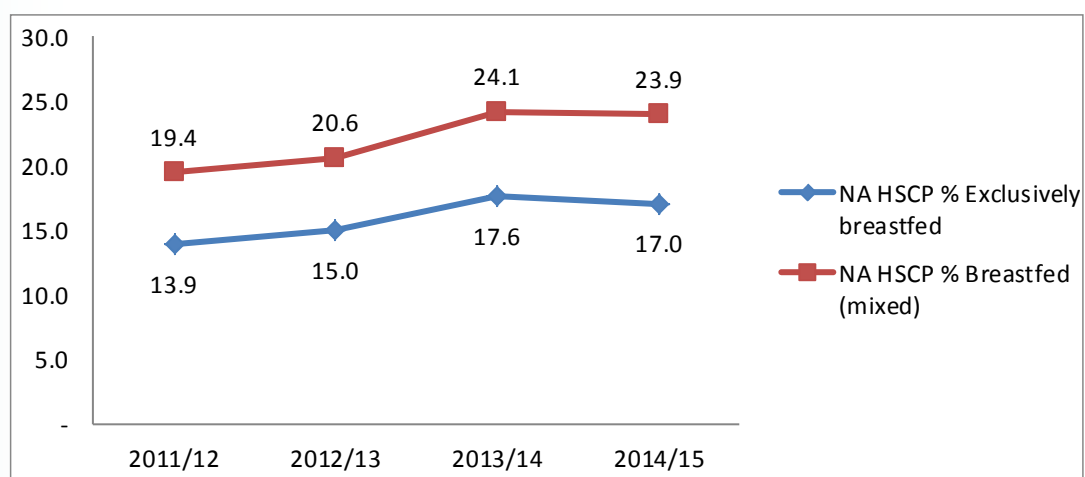
Health Data



Births in North Ayrshire

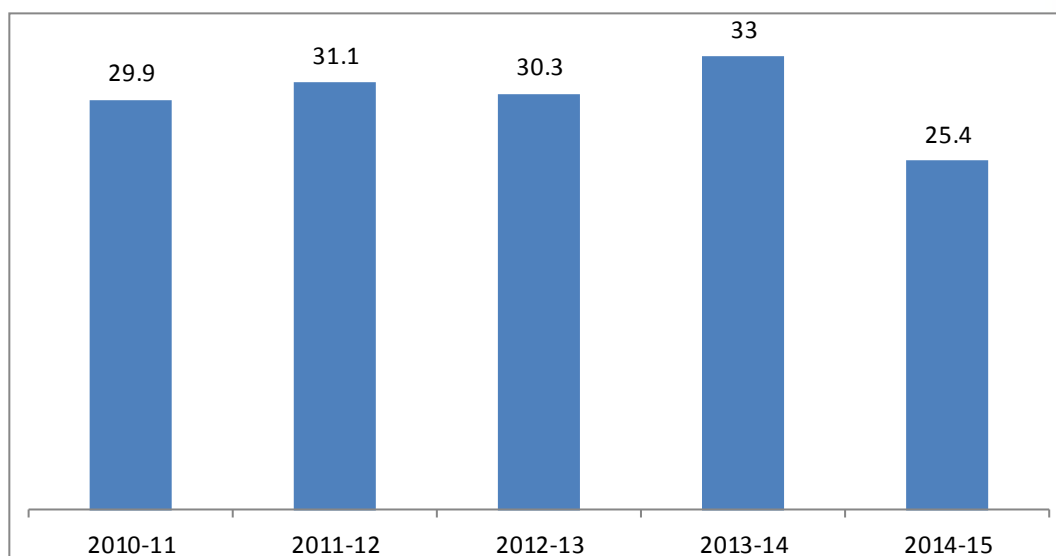


Teenage pregnancies in North Ayrshire (by datazone quintile)



Breastfeeding rates in North Ayrshire

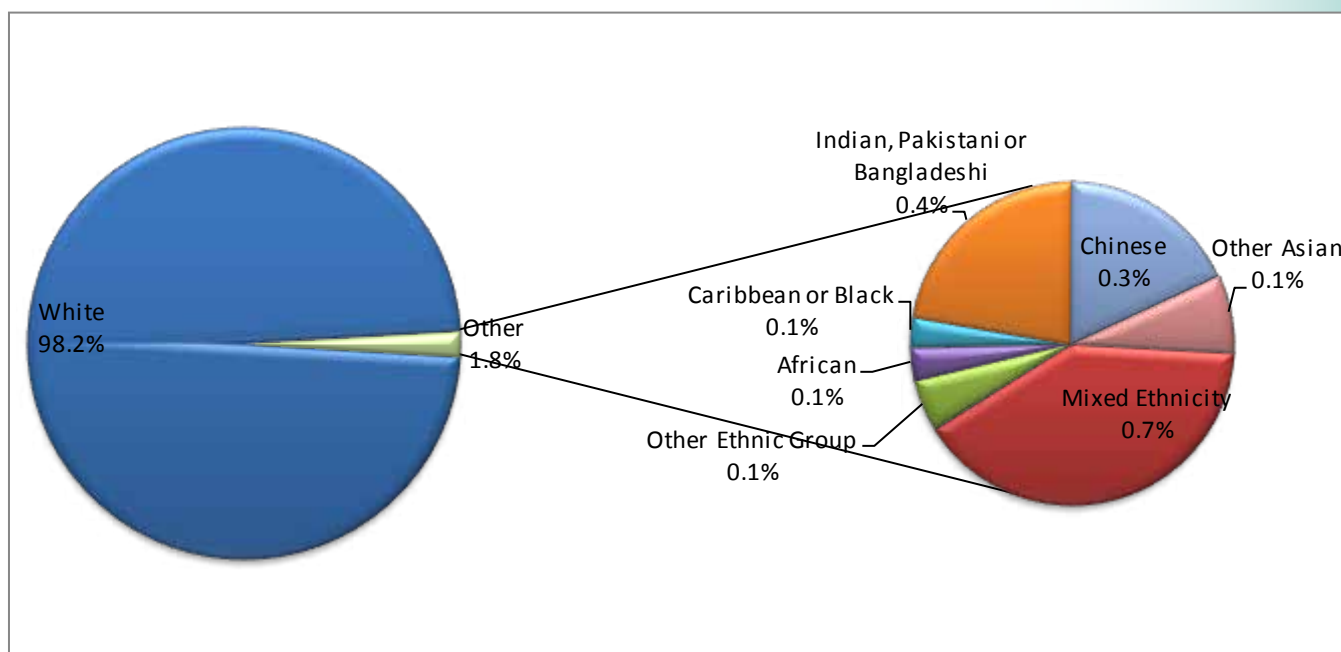
Childhood Obesity



% Primary 1 children at risk of being overweight and obese

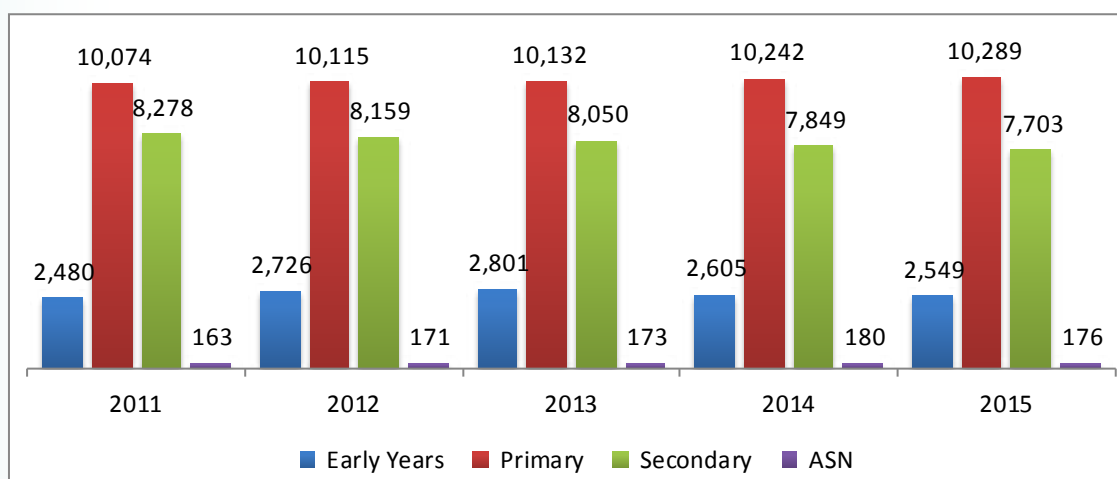
Figures are percentages of the population of 5 year olds in North Ayrshire (NRS mid-year estimates) with a BMI greater than or equal to the 85th percentile

Demographic

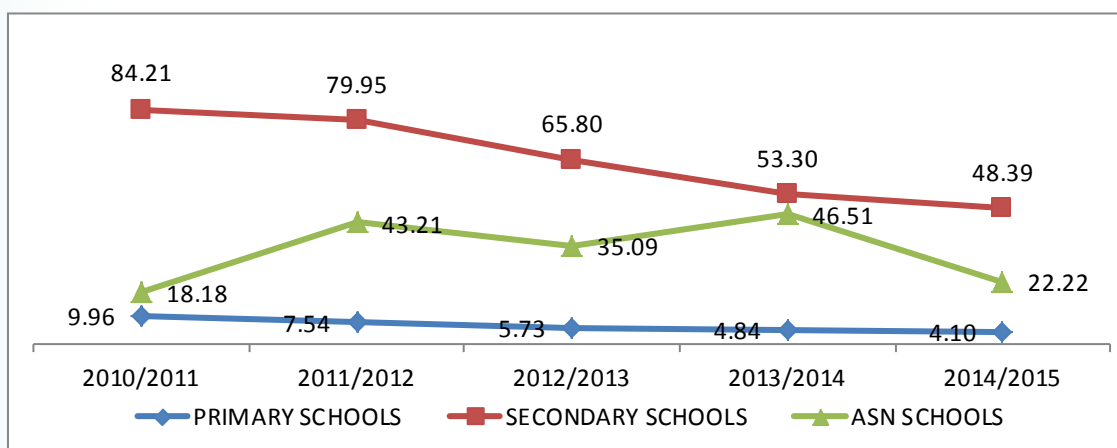


Percentage breakdown of North Ayrshire's 0-17 population by Ethnicity,
2011 Census

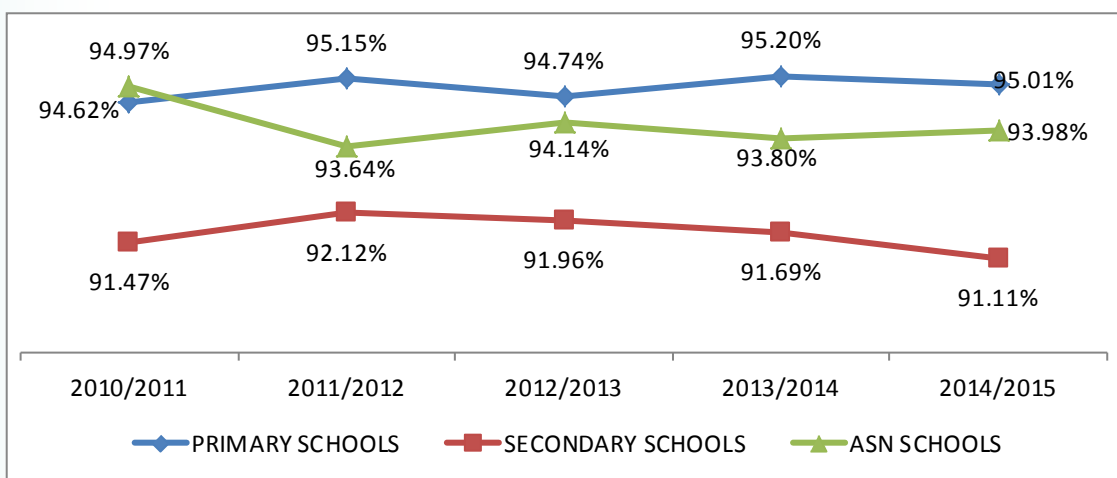
Education



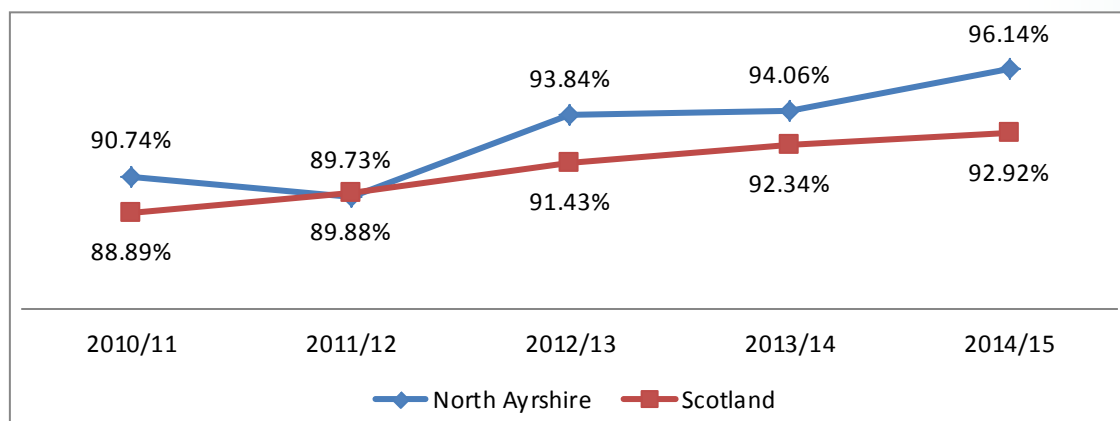
School roll 2011–15



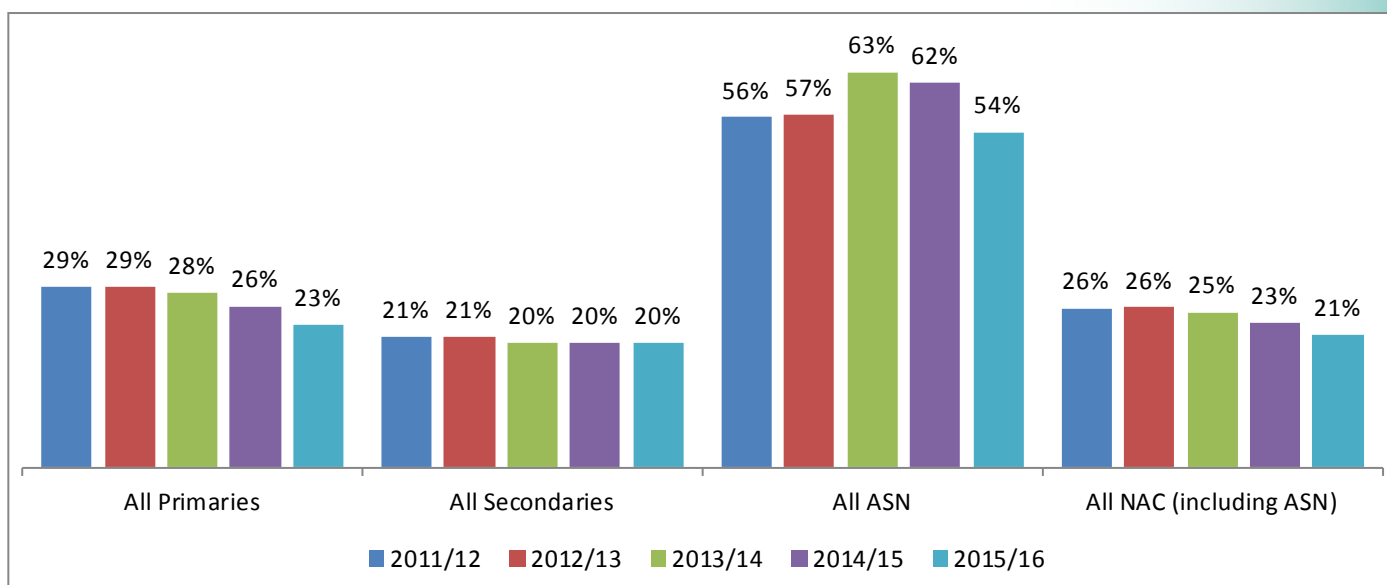
Attendance at school, 2011–15



Exclusion incidents (per 1000 pupils), 2011–15

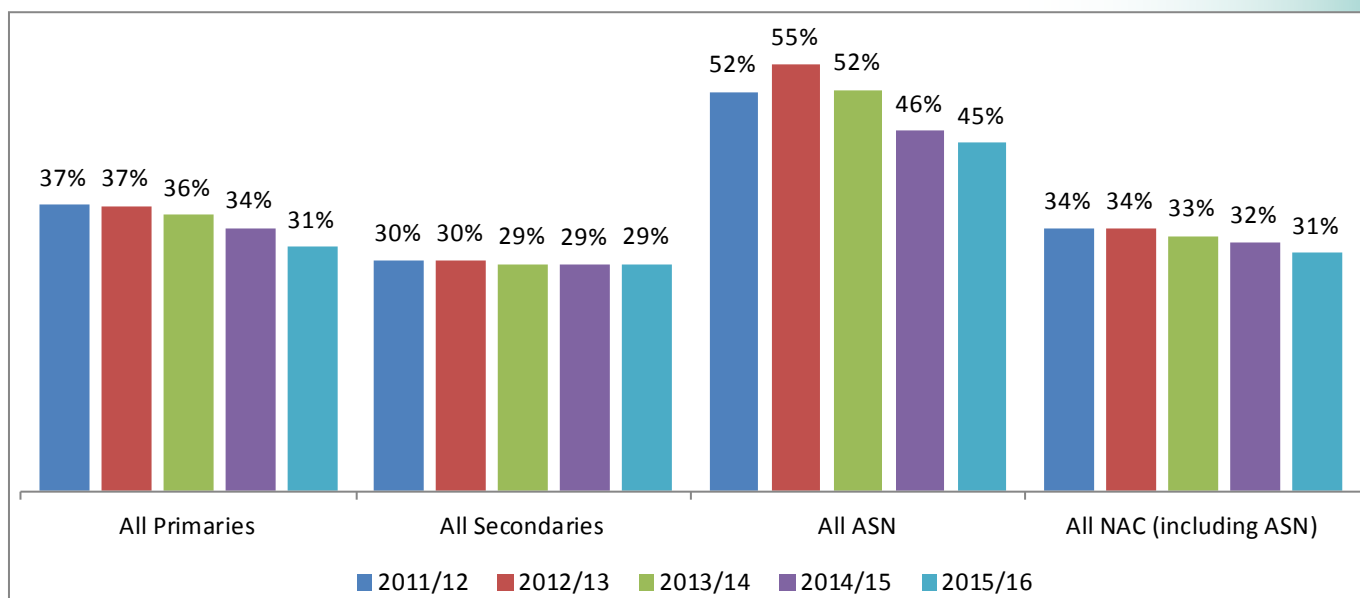


%pupils entering a positive destination, 2011–15



North Ayrshire pupils registered for free meals*

*2014/15 and 2015/16 data covers only Primaries 4-7, since introduction of meals to Primary 1-3 pupils



North Ayrshire pupils registered for clothing grants

Appendix 3

Improving Children's Outcomes

Why did we do the Improving Children's Outcomes project?

We wanted to find out what more we could do to give you – children and young people in North Ayrshire – the best start in life so that you can be safe, happy, healthy and secure. We needed to understand more about what was affecting you in a negative way so that we could focus our attention on improving this.

Who was involved?

North Ayrshire Community Planning Partnership worked on this project with the Scottish Government and the Dartington Social Research Unit. Dundee City, Angus, Perth and Kinross and Renfrewshire Councils have also been involved.

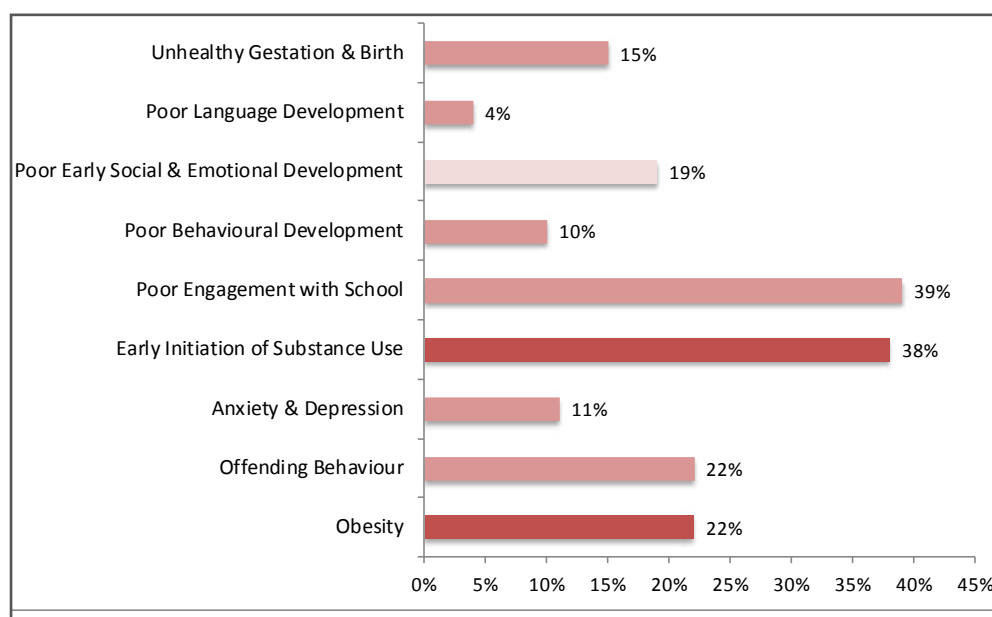
What did we do?

We carried out a community survey with 635 families with young children and a schools survey completed by 7951 children and young people (93% response rate).

What did we find?

We found that we needed to:

- improve how you engage with school
- help you to keep fit and be at a healthy weight
- reduce smoking, drinking and taking substances at an early age
- support your social and emotional development



The graph is an overall summary of North Ayrshire's results for the Key Developmental Outcomes. Please note * indicates that North Ayrshire is significantly worse than the average elsewhere, ** indicates that North Ayrshire is significantly better than the ChildrenCount average.

What are we doing about it?

We have made these our priorities in this Plan 2016–20 and have shown how we plan to help with them in our Action Plan.

Appendix 4

Key outcomes and documents

Scottish Government National Outcomes

Four of the Scottish Government's 15 national outcomes relate to children and young people. These are:

- **Our** children have the best start in life and are ready to succeed
- We have improved the life chances for children, young people and families at risk
- We have tackled the significant inequalities in Scottish society
- Our young people are successful learners, confident individuals, effective contributors and responsible citizens

Key national documents, legislation and drivers

UN Convention on the Rights of the Child (1989)

Curriculum for Excellence (2004)

Getting It Right For Every Child (2006)

We Can and Must Do Better: Improving Outcomes for Looked After Children (2007)

These are Our Bairns: CPP Corporate Parenting Guidance (2008)

Equally Well (2008)

Road to Recovery (2008)

Early Years Framework (2009)

Children's Hearings (Scotland) Act 2011

National Parenting Strategy (2012)

Early Years Collaborative (2012)

Chief Executive Letter (CEL) 13: Public Health Nursing Services 2013

Social Care(Self-directed Support)(Scotland) Act 2013

National Guidance for Child Protection in Scotland 2014

Children and Young People (Scotland) Act 2014

A More Active Scotland 2014

Ready to Act: Plan for children requiring support from allied health professionals (AHPs) 2015

Single Outcome Agreement 2013–17

North Ayrshire Community Planning Partnership's Single Outcome Agreement (2013–17) has the following outcome relating to children: "Children's health and wellbeing is improved by breaking the cycle of poverty, inequality and poor outcomes."

Key North Ayrshire documents

Single Outcome Agreement 2013–17

Health & Social Care Strategic Plan 2015–18

Improving Children's Outcomes ChildCount Survey Findings

Early Intervention & Prevention Strategy 2013–17: Early Years

Parenting & Family Support Strategy 2010–15

Corporate Parenting Strategy

Violence Against Women Strategy 2015–18

Child Protection Committee Business Plan 2015–16

Youth Employment Strategy 2013–2020

Alcohol and Drugs Partnership Strategy 2015–18

Young People's Participation Strategy 2015–18

Joint Health and Wellbeing Policy Framework 2015–19

GIRFEC Components Implementation Plan

Strategic Review of Educational Services: 2015

NHS Ayrshire & Arran Healthy Weight Strategy 2014–24

NHS Ayrshire & Arran Mental Health and Wellbeing Strategy 2015–27

NHS Ayrshire & Arran Tobacco Control Strategy 2012–21

Appendix 5

Members of the Children's Services Plan Writing Group

| | | |
|--------------------------|--|-------------------------------------|
| Stephen Brown (Chair) | Head of Service, Children, Families & Criminal Justice | Health & Social Care Partnership |
| Alison Clark | Head teacher, James McFarlane School | Education & Youth Employment |
| Andrew Keir | GIRFEC & Corporate Parenting Manager | Health & Social Care Partnership |
| Andrew McClelland | Senior Manager | Education & Youth Employment |
| Angela Morrell | Manager, Youth Services | Economy & Communities |
| Barbara Hastings | Chief Executive | Third Sector Interface |
| Donna McKee | Senior Manager, Universal Early Years | Health & Social Care Partnership |
| Elizabeth Stewart | Senior Manager, Children & Families | Health & Social Care Partnership |
| Frances Rodman | Senior Manager, Early Years & Childcare | Education & Youth Employment |
| Jillian Ingram | Lead Officer, Child Protection | Health & Social Care Partnership |
| Joanne Inglis | Health Improvement Officer (North Locality) | NHS Ayrshire & Arran |
| Jo Gibson | Principal Manager, Planning & Performance | Health & Social Care Partnership |
| Marjorie Adams | Programme Manager, Children's Services Planning | Health & Social Care Partnership |
| Mark Inglis | Senior Manager, Intervention Services | Health & Social Care Partnership |
| Neil McKinlay | Locality Reporter Manager | SCRA |
| Nicola Murphy | Family Nurse Partnership Supervisor | NHS Ayrshire & Arran |
| Paul Kerr | Clinical Director, Community Care Fieldwork | Health & Social Care Partnership |
| Philip Gosnay | Senior Manager | Education & Youth Employment |
| Scott Bryan | Team Manager, Planning | Health & Social Care Partnership |
| Tim Ross | Chief Inspector, Ayrshire Division | Police Scotland |
| Tommy Stevenson | Senior Manager, CAMHS | Health & Social Care Partnership |

Appendix 6

Glossary of Terms

ASBO (Anti Social Behaviour Order)

An ASBO is a legal order preventing someone from causing, or being to likely to cause, alarm or distress to one or more persons, not of the same household. In some cases, it can ban the offender from going to certain areas. An ASBO can be served on anyone aged 12 or over.

CAMHS (Child and Adolescent Mental Health Service)

This service offers a range of interventions from short-term treatments to more complex ones for children and young people experiencing mental health problems.

CHARLIE

A group work programme for children and young people affected by parental substance use.

CHAT (Children Harmed by Alcohol Toolkit)

A new resource for children and young people who are affected by someone else's drinking. Building on existing Oh Lila!, Rory and other resources, C.H.A.T. introduces new stories, worksheets and interactive resources for practitioners who are working with 3-16 year olds.

Concerns Hub

The Concerns Hub will screen concerns raised about children to ensure that appropriate priority is given to each referral. It should also ensure that each concern reaches the appropriate destination for information and for further action, where needed.

Early Years Collaborative

A multi-agency quality improvement programme to support the transformation of early years. Launched in October 2012, it involves all 32 Community Planning Partnerships and a wide range of National Partners in Scotland. Its focus is on using improvement methodology to test, measure, implement and scale up new ways of working to improve outcomes for children and families.

GIRFEC (Getting It Right For Every Child)

A programme to place the child at the centre of service provision in Scotland. It sets out an approach for all services based on ensuring that a child is safe, healthy, active, nurtured, achieving, respected, responsible and included.

Named person

A named person will be available to children and young people across Scotland from birth to age 18, or beyond if still in school from August 2016. This ensures a child, young person, parent, family member or someone who works with them, knows who they can approach for help or advice if they need it. The named person will typically be a health visitor for pre-school children or a head teacher or guidance teacher for school aged children and young people.

Parenting Programmes

A range of these programmes are delivered to improve parents' capacity to be supportive and confident parents and to build capacity for parents to support each other.

PATHS (Promoting Alternative Thinking Strategies)

A curriculum designed to promote social and emotional thinking in primary school aged pupils. It aims to increase emotional understanding and decrease behavioural difficulties.

Place2be

Place2Be provides emotional and therapeutic services in primary and secondary schools, building children's resilience through talking, creative work and play. It works through schools, helping children and young people to cope with various issues including bullying, bereavement, domestic violence, family breakdown, neglect and trauma.

SNAP (Stop Now and Plan)

A programme to reduce behavioural problems in primary school children and to improve their resilience and ability to deal with their emotions.

SPICE

An education pack for tackling alcohol and substance misuse aimed primarily at secondary schools.

UN Convention on the Rights of the Child

All children and young people share the same fundamental rights. These are clearly set out in the United Nations Convention on the Rights of the Child (UNCRC). The UNCRC advises what makes for a safe, healthy, happy childhood and a good start in life. It underpins the approach to children's rights in Scotland, providing a framework for ensuring we consider children's rights whenever we take decisions.

All of our publications are available in different languages, larger print, braille (English only), audio tape or another format of your choice.

Wszystkie nasze publikacje są dostępne w różnych językach, dużym drukiem, brajlem (tylko w wersji angielskiej), na taśmie dźwiękowej lub w innym formacie Twojego wyboru.

我們所有的印刷品均有不同語言版本、大字體版本、盲文（僅有英文）、錄音帶版本或你想要的另外形式供選擇。

كافة مطبوعاتنا متاحة بلغات مختلفة و بالأحرف الطباعية الكبيرة و بطريقة بريل الخاصة بالمكفوفين (باللغة الإنكليزية فقط) و على شريط كاسيت سمعي أو بصيغة بديلة حسب خيارك.

Tha gach sgrìobhainn againn rim faotainn ann an diofar chànanan, clò nas motha, Braille (Beurla a-mhàin), teip clastinn no riochd eile a tha sibh airson a thaghadh.

हमारे सब प्रकाशन अनेक भाषाओं, बड़े अक्षरों की छपाई, ब्रेल (केवल अंग्रेज़ी), सुनने वाली कसेट या आपकी पसंदनुसार किसी अन्य फॉरमेट (आरूप) में भी उपलब्ध हैं।

我們所有的印刷品均有不同語言版本、大字体版本、盲文（仅有英文）、录音带版本或你想要的另外形式供选择。

ہماری تمام مطبوعات مختلف زبانوں، بڑے حروف کی چھپائی، بریل (صرف انگریزی)، سننے والی کسٹ یا آپ کی پسند کے مطابق کسی دیگر صورت (فارمیٹ) میں بھی دستیاب ہیں۔

ਸਾਡੇ ਸਾਰੇ ਪਰਚੇ ਅਤੇ ਕਿਤਾਬਚੇ ਵਗ਼ੈਰਾ ਵੱਖ ਵੱਖ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਅੱਖਰਾਂ ਅਤੇ ਬ੍ਰੇਲ (ਸਿਰਫ਼ ਅੰਗਰੇਜ਼ੀ) ਵਿਚ, ਆਡੀਓ ਟੇਪ 'ਤੇ ਜਾਂ ਤੁਹਾਡੀ ਮਰਜ਼ੀ ਅਨੁਸਾਰ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ ਵੀ ਮਿਲ ਸਕਦੇ ਹਨ।

Integration Joint Board
10th March 2016
Agenda Item No. 14

Subject: Nursing and Midwifery Revalidation

Purpose: To update the IJB on current position

Recommendation: The Integration Joint Board (IJB) is asked to note the introduction of nursing and midwifery (N&M) revalidation by the Nursing and Midwifery Council (NMC), the regulatory body for nurses and midwives in the UK.

The IJB is asked to note the actions underway, and those that are planned in preparing our Nurses for revalidation (NB we have no midwives working within the partnership).

1. INTRODUCTION

1.1 The NMC has introduced revalidation for all N&Ms – the first N&Ms will go through revalidation in April 2016.

1.2 Revalidation is a three yearly process, enhancing the current model of PREP; it places additional requirements on our nurses as well as the organisation.

1.3 Revalidation is based around the Code (NMC 2015) – the standards of professional practice. It represents both an opportunity and a risk for the Partnership.

- Opportunity for nurses to proactively demonstrate their professionalism.
- Risk in that some nurses may not revalidate and some may not meet the requirements.

1.4 **Key Messages:**

- Revalidation is non-optional
- It is the personal, professional responsibility of each registrant to meet the requirements of revalidation
- It is the duty of organisations to ensure that nurses/midwives they employ hold a valid registration with the NMC
- Nurses will continue to pay their £120 annual registration fee
- N&Ms who are prepared will complete revalidation without much difficulty
- The organisation needs to ensure its own preparedness to support N&Ms
- Revalidation applies to ALL nurses irrespective of field of practice – NHS, third and independent sector

2. CURRENT POSITION

- 2.1 The NMC is the largest regulator in the world, with 680,000 registrants – it regulates all ‘registered’ nurses and midwives in the UK and in some circumstances beyond.

Their primary role is to protect the public – they do this by setting standards for all registered nurses and midwives and by setting the standards for undergraduate nursing and midwifery education. The NMC maintain a register of all N&Ms – only a nurse or midwife who is on the NMC register is legally allowed to practice as a registered nurse/midwife.

- 2.2 Currently registrants complete a Notification of Practice every three years, they confirm their intention to practice and confirm that they have completed 35 hours of continuing professional development (CPD) in the past three years.

Currently the above requirements are self declarations with no additional checks on the information being submitted.

- 2.3 Revalidation is being introduced in response to a number of high profile failures in care (Mid Staffs being the most obvious) and the resultant dent in public (and political) confidence in the profession.

On the 8th October 2015, the NMC gave approval for the introduction of a model of revalidation, from April 2016

- 2.4 Ahead of revalidation the NMC introduced a revised and updated Code of Conduct. The new code is the underpinning standards that nurses and midwives will need to demonstrate they meet in order that they can revalidate and remain on the register.

<https://www.nmc.org.uk/standards/code/>

3. PROPOSALS

- 3.1 (Unchanged) A nurse or midwife must complete a minimum of 450 hours of practice, in the three year period leading up to revalidation (approximately three months work for a full time member of staff). A registrant who is practicing both as a nurse and a midwife must complete 900 hours of practice (450hrs in both parts of the register).

- 3.2 **(Unchanged)** The registrant must complete 35 hours of Continued Professional Development (CPD) during the three years leading up to their revalidation date

(NB this relates to professional practice not mandatory/statutory training).

(Changed) Twenty of the CPD hours must be participatory i.e. completed with others e.g. a training event

- 3.3 **(Changed)** The registrant must get five pieces of written third party feedback on their professional practice. The registrant must reflect on that feedback.

- 3.4 **(Changed)** The registrant must provide five written pieces of reflective learning – this can be related to their feedback above or on their CPD. It should be centred round the standards laid out in the Code.

- 3.5 **(Changed)** The registrant must have a practice based, reflective discussion with another registrant (advised to be the line manager where possible). This discussion will centre round the evidence above (hours of practice, CPD hours, the third part feedback and the written reflective accounts) with a focus on how these pieces of evidence meet the standards set out in the Code.
- 3.6 **(Unchanged)** The registrant must make a health and character declaration that they are able to undertake their role as a nurse or midwife – although this is unchanged the expectation is an enhancement on the previous declaration.
- 3.7 **(Changed)** The registrant must confirm that they have appropriate indemnity insurance arrangements in place.
- 3.8 **(Changed)** The registrant must have a confirmer who confirms to the NMC that the registrants has completed all the necessary steps for revalidation. The confirmer does not need to be a registrant.
- 3.9 **(Unchanged)** The registrant must pay their annual fee of £120.

4. Expected Benefits

- 4.1 It will increase public confidence in the professions due to regulatory reviews of nurses and midwives.
- 4.2 It will introduce a stringer regulatory framework for the NMC, which will raise standards and promote professionalism. It will provide a clearer framework for professional development.
- 4.3 It will provide insight (at a regulator level), on how nurses and midwives are practicing. This may inform future regulatory or practice standard changes.
- 4.4 Provides employers with great confidence in their staff.

It will underline and emphasis the need for us to embed annual appraisal for all registrants.

5 Risks

- 5.1 Some nurses may choose not to revalidate and simply retire.
- 5.2 If a registrant falls off the register, by failing any of the revalidation requirements, it will take between two – six weeks to have them re-entered on the register. During this period they cannot work as a nurse. NHS Ayrshire & Arran has taken the decisions (as have most Health Boards), that registrants who fall off the register will be placed on unpaid leave.
- 5.3 Nurses who fall off the register (even temporarily) are unable to fulfil an function of a nurse, as such this may impact on our ability to deliver safe services e.g. a district nursing team may be working short of a member of staff for up to six weeks.
- 5.5 Also of importance is the risk that care homes may face if a nurse fails to revalidate and is then unable to take charge of a care home – this may adversely impact on the care homes registration with the Care Inspectorate.

- 5.5 Registrants who fail to prepare appropriately may be unable to revalidate and stay on the register.
- 5.6 While the process of revalidation can be incorporated into a registrant's annual appraisal, the process of revalidation will take additional time to complete.
- 5.7 Non-registrants, who take on the role of confirmer, will need awareness training to prepare them for the role/expectations – this will take time, however it is not an onerous process. An example being in HSCPs where a social work manager may need to undertake the confirmer role.

6 Actions Taken

- 6.1 The Chief Nursing Officer's Directorate (Scottish Government) has funded a band 7 post, until October 2016, to support the roll out revalidation.
- 6.2 The person will work with the NAHSCP Lead Nurse/Associate Nurse Director (lead for revalidation across NHS Ayrshire & Arran) in ensuring organisations, and individual registrants are prepared for revalidation. The organisations include the HSCPs, NHS A&A, third and independent organisations who may also employ nurses e.g. care homes, hospice etc.
- 6.3 Our approach to the scope of the role has been different to almost all other areas in that we have specified that the postholder (Revalidation Practice Educator – Beth Wiseman) will provide awareness sessions and support to all nurses and midwives across Ayrshire and Arran, irrespective of which organisation they work for i.e. NHS, third and independent organisations.
- 6.4 We have identified those nurses who are potentially due to revalidate in April – July 2016 - 166 with a further 534 July to September.
- 6.5 We have held numerous awareness sessions across Ayrshire – within partnerships, within NHS A&A, with independent organisations (incl GP surgeries, Care Homes, Hospice etc), attended meetings, used NHS Stop Press, Social Media and 1.2.1 engagement to promote awareness of the requirements.
- 6.6 We are in the process of organising awareness sessions for those who will have to undertake the confirmation process.
- 6.7 We have encouraged all registrants through team meetings and digital channels to register with NMC Online, which they will need to do in order to revalidate.
- 6.8 We have established a site on AthenA for information; this incorporates a Discussion Board where questions can be posted by staff (internal to NHS A&A).

7. CONCLUSION

- 7.1 The IJB is asked to note the actions undertaken thus far in raising awareness and supporting registrants in preparing for revalidation.

For more information please contact Derek T Barron on 01294 8137800 or Derek.barron@aapct.scot.nhs.uk

Integration Joint Board
10th March 2016
Agenda Item No. 15

Subject: Occupied Bed Days

| | |
|------------------------|--|
| Purpose: | To provide the Integrated Joint Board with an update on the impact of our whole system approach to winter planning on occupied bed days saved. |
| Recommendation: | IJB to continue to support our integrated approach to winter planning and to note the impact of this approach in saving bed days in acute hospitals. |

1. INTRODUCTION

- 1.1 At the IJB meeting on the 11th February 2016 the positive impact of whole system winter planning, through 'Improving Patient Experience Programme' (IPEP), was discussed.
- 1.2 The IJB requested a detailed assessment of the impact that North Ayrshire IPEP Programme has had on occupied bed days saved and other key performance measures, which show positive patient outcomes.
- 1.3 The following North Ayrshire IPEP work continues:
 - Increased availability and responsiveness of Care at Home, with waiting times hugely reduced from previous years.
 - Care at Home, Community Alarm, staff accompanying Scottish Ambulance Service (SAS) to homes in the Irvine area to ensure all other options are considered before the client is taken to hospital.
 - Pavilion 3 Intermediate Care and Rehabilitation hub supporting older people to come out from Crosshouse Hospital at the earliest opportunity.
 - Intermediate Care & Enablement Service (ICES) working daily in A&E and receiving wards to support discharges. The service also screens all Crosshouse Hospital planned admissions to Pavilion 3.
 - Care at Home Manager based within care of the elderly wards in Crosshouse and Care at Home Managers working in A& E at the weekends to support discharges and prevent admissions.
 - Partnership Director undertakes the telephone conference call at 6.00 pm each evening to discuss and resolve pressures.
 -
- 1.4 The Partnership is developing a projection model which will link projected population changes to historical occupied bed days in acute hospitals. It is hoped that this model will be able to track and identify changes in the use of acute occupied bed days as Partnership community models are implemented.

2. FUTURE PROJECTIONS – INITIAL FINDINGS

2.1 Projection model – Population Change ²

The changing age structure represents a key challenge for North Ayrshire in terms of the delivery of health and social care. Between 2015 and 2037, the population is expected to decrease from 136,535 to 125,465 (decrease of 8.1%).

There is a projected decrease in each ten year age category for children and those of working age (up to 60-69) to a varying extent.

However the total 70+ population is expected to increase from 19,823 in 2015 to 31,858 in 2037 (increase of 60.1%)

The older population experience more emergency inpatient admissions than the general population and are also likely to have a longer stay when they are admitted. The changing population, therefore, will undoubtedly lead to further pressure on the acute system.

2.2 Projection model – Bed days ³

Taking the current rates of emergency bed days by five year age groups, and applying them to the respective projected population size, it is possible to estimate future demand in terms of occupied bed days.

2.3 Projection model – Average Occupied Beds ³

Average occupied beds

| | 2015 | 2020 | 2025 | 2030 | 2035 |
|-------------|------|------|------|------|------|
| All | | | | | |
| Ages | 322 | 354 | 391 | 428 | 459 |
| 70+ | 199 | 236 | 275 | 316 | 356 |

Between 2015 and 2035, the average occupied beds required will rise from 322 to 459 for the population overall. It will rise from 199 for the 70+ population to 356 (based on current model of care).

New Beds required by:

| | 2020 | 2025 | 2030 | 2035 |
|-------------|------|------|------|------|
| All | | | | |
| Ages | 33 | 69 | 106 | 138 |
| 70+ | 37 | 75 | 117* | 157 |

*Need fewer beds for <70 age group

157 new beds will be required for the 70+ population, however this is offset by requiring 19 fewer beds for the <70 population.

¹ Because of the mixed profile of people supported and variable factors affecting potential length of stay the report has used an estimated average stay figure which is based on the information provided by the King's Fund (Cornwell, J, Levenson, J, Sonola, L and Poteliakhoff, E (2012) *Continuity of care for older hospital patients - A call for action*, London, The Kings Fund. This is used to provide an estimated notional benefit and is not an actual financial saving.

² = NRS Population Projections

³ = ISD Scotland, SMR01

In total, based on current usage and population projections, North Ayrshire residents will require 138 new beds by 2035 (these would have 100% occupancy for 365 days a year).

- 2.4 This analysis has shown the impact of the changing population structure on occupied bed days. It is important to note that there are other factors which can drive an increase in bed day usage, such as increasing social isolation or resident expectation. If these phenomena continue (and the model of care remains the same), it is likely that demand for emergency beds will exceed the increase predicted above.

Another key factor is the role of the caring population. With the younger age groups expected to decrease in coming years, there will be fewer people who are able to take on caring responsibilities of the older population. This is likely to further increase demand for emergency beds for North Ayrshire residents.

3. CURRENT POSITION

- 3.1 The Partnership identified the following North Ayrshire initiatives which are contributing to IPEP and have compared the 1st October 2014 to 31st January 2015 against the same period in 2015/16.

For the purposes of these calculations we have assumed an **average daily bed cost of £420** and an **average stay of 5¹ days** should someone be admitted. We also give values based on **11.3 days**, which is the average length of stay of Ayrshire Frail Elderly wards in 2015, for comparison as this is more typically the service user group we are supporting in the Partnership.

3.2 Increased Care at Home Capacity

The Partnership through additional investment has increased Care at Home staffing capacity. Following extensive recruitment, by the end of December 2015 an additional 1,720 hours has been available to deliver provision. This increased capacity has allowed, from October 2015 to end January 2016, an additional 110 community based service users, who required Care at Home as an emergency, to receive services immediately thus preventing admissions to hospital.

| 5 occupied bed days saved total | 11.3 occupied bed days saved total |
|---|---|
| This saved a total of 550 occupied bed days over a 4 month period | This saved a total of 1,243 occupied bed days over a 4 month period |

Over a full year period this work would equate to a total of 1,650 or 3,729 occupied bed days saved.

¹ Because of the mixed profile of people supported and variable factors affecting potential length of stay the report has used an estimated average stay figure which is based on the information provided by the King's Fund (Cornwell, J, Levenson, J, Sonola, L and Poteliakhoff, E (2012) *Continuity of care for older hospital patients - A call for action*, London, The Kings Fund. This is used to provide an estimated notional benefit and is not an actual financial saving.

2 = NRS Population Projections

3 = ISD Scotland, SMR01

A further 582 service users went straight on to the Care at Home service from October 2015 to 31 January 2016; rather than the historical position of experiencing a waiting time.

| | |
|---|---|
| 5 occupied bed days saved total | 11.3 occupied bed days saved total |
| This saved a total of 2,910 occupied bed days over a 4 month period | This saved a total of 6,576 occupied bed days over a 4 month period |

Over a full year period this work would equate to a total of 8,730 or 19,728 occupied bed days saved.

3.3 Admissions to Pavilion 3 – Intermediate Care and Rehabilitation Hub

An additional 17 patients from Crosshouse Hospital received support in Pavilion 3 over the period. From 1st October 2015 to 31st January 2016 there were 78 admissions to Pavilion 3 increasing to 95 patients from 1st October 2015 to 31st January 2016

| | |
|--|---|
| 5 occupied bed days saved total | 11.3 occupied bed days saved total |
| This saved a total of 85 occupied bed days over a 4 month period | This saved a total of 192.1 occupied bed days over a 4 month period |

Over a full year period this work would equate to a total of 225 or 576.3 occupied bed days saved.

3.4 Occupancy and Lengths of Stay in Pavilion 3

The new model of rehabilitation in Pavilion 3 has resulted in a reduction in the average occupancy rates from 98% in 2014-2015 to 95% in 2015-2016 as detailed below:

| Month 2014/2015 | Occupancy | Month 2015/2016 | Occupancy |
|--------------------|-----------|--------------------|-----------|
| Oct 2014 | 99% | Oct 2015 | 95% |
| Nov 2014 | 97% | Nov 2015 | 94% |
| Dec 2014 | 97% | Dec 2015 | 93% |
| Jan 2015 | 97% | Jan 2016 | 99% |

This has resulted in a saving of 68 occupied bed days within Pavilion 3 over the period. Over a full year period this work would equate to a total of 204.

¹ Because of the mixed profile of people supported and variable factors affecting potential length of stay the report has used an estimated average stay figure which is based on the information provided by the King's Fund (Cornwell, J, Levenson, J, Sonola, L and Poteliakhoff, E (2012) *Continuity of care for older hospital patients - A call for action*, London, The Kings Fund. This is used to provide an estimated notional benefit and is not an actual financial saving.

2 = NRS Population Projections

3 = ISD Scotland, SMR01

This rehabilitation work has also reduced the average length of stay from 43.37 days to 33.99 days - a reduction of 9.38 days as detailed below:

| Month 2014/2015 | Average Length of Stay | Month 2015/2016 | Average Length of Stay |
|--------------------|---------------------------|--------------------|---------------------------|
| Oct 2014 | 61.47 | Oct 2015 | 38.48 |
| Nov 2014 | 38.00 | Nov 2015 | 32.35 |
| Dec 2014 | 30.93 | Dec 2015 | 27.77 |
| Jan 2015 | 43.10 | Jan 2016 | 37.36 |

Reduced occupancy rate and reduced length of stay equates to an increased throughput for Pavilion 3. The throughput rate (which is a measure used to roughly describe the number of patients treated per bed during the period) in 2014/15 was 8.80, increasing to 10.46 in 2015/16.

For the 95 patients in the ward over the four month period this saved a total of 891.1 occupied bed days.

Over a full year period, with similar patient numbers, this work would equate to a total of 2,673.3 occupied bed days saved.

¹ Because of the mixed profile of people supported and variable factors affecting potential length of stay the report has used an estimated average stay figure which is based on the information provided by the King's Fund (Cornwell. ,Levenson. J, Sonola. L and Poteliakhoff. E (2012) *Continuity of care for older hospital patients - A call for action*, London, The Kings Fund. This is used to provide an estimated notional benefit and is not an actual financial saving.

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3.5 Funding of Care Home Placements

The move to real-time funding, from a weekly process, has also reduced the average number of days to complete discharges from 24 days to 17 days; a reduction of 7 days.

The service also collates a wide range of improvement measures which are shown below:

| | October 2014 to January 2015 | October 2015 to January 2016 | Occupied bed days saved for 75 patients assessed using 5 days saved (although 7 day reduction has been achieved) | Occupied bed days saved for 75 patients assessed using 11.3 days saved |
|--|------------------------------|------------------------------|--|--|
| No. of assessments to CARG for hospital patients | 95 | 86 | | |
| No. withdrawn as not medically fit. continuing care or died before discharge could be arranged | 13 (14%) | 11 (13%) | | |
| Average number of days to complete an assessment | 14 | 7 | 375 | 847 |
| Average time from funding to discharge due to care home assessment and transport issues | 10 | 10 | 0 | 0 |
| Total | | | 375 | 847 |

Over a full year period, with similar average number of days to complete an assessment, this work would equate to a total of 1,125 or 2,541 occupied bed days saved.

3.6 Telecare/Community Alarm Service – 999 Response Service

In the Irvine locality **only** a new pilot commenced at the start of December 2015 involving the Telecare/Community Alarm staff working in partnership with the Scottish Ambulance Service.

¹ Because of the mixed profile of people supported and variable factors affecting potential length of stay the report has used an estimated average stay figure which is based on the information provided by the King's Fund (Cornwell, Levenson, J, Sonola, L and Poteliakhoff, E (2012) *Continuity of care for older hospital patients - A call for action*, London, The Kings Fund. This is used to provide an estimated notional benefit and is not an actual financial saving.

2 = NRS Population Projections

3 = ISD Scotland, SMR01

When an Irvine Community Alarm service user requests an ambulance/paramedic via Cordia (the Telecare call monitoring station) Cordia send one of the Community Alarm staff at the same time as the paramedic/ambulance crew. This means that where the service user doesn't require further medical interventions the Telecare/Community Alarm staff member can spend time with the service user offering practical assistance/reassurance, assistance with personal care needs, etc. Since the Irvine pilot commenced the results to date are as follows:

December 2015 - 24 service users were visited who had requested an ambulance via the Community Alarm service. Of the 24 service users 14 required to be taken to Crosshouse Hospital via SAS as they required further medical intervention and the other 10 service users remained at home with support provided by the Community Alarm staff.

| | |
|--|---|
| 5 occupied bed days saved total | 11.3 occupied bed days saved total |
| This saved a total of 50 occupied bed days over a 1 month period | This saved a total of 113 occupied bed days over a 1 month period |

This result is for a single locality and if the same impacts are delivered across the six localities then the result will show 300 and 678 occupied bed days saved approximately, over the 1 month period.

January 2016 - 23 service users were visited who had requested an ambulance via the Community Alarm service. Of the 23 service users 9 required to be taken to Crosshouse Hospital via SAS as they required further medical intervention and the other 14 service users remained at home with the support provided by the Community Alarm staff.

| | |
|--|---|
| 5 occupied bed days saved total | 11.3 occupied bed days saved total |
| This saved a total of 70 occupied bed days over a 1 month period | This saved a total of 158.2 occupied bed days over a 1 month period |

This result is for a single locality and if the same impacts are delivered across the six localities then the result will show approximately 420 and 949.2 occupied bed days saved.

Based on an average of the two months and the service delivered across the six localities this may equate to 2,160 per month and 4,881.6 per month.

Over a full year period, based on the two month average and six localities would equate to a total of approximately 25,920 or 1,720,440 occupied bed days saved.

¹ Because of the mixed profile of people supported and variable factors affecting potential length of stay the report has used an estimated average stay figure which is based on the information provided by the King's Fund (Cornwell, Levenson, J, Sonola, L and Poteliakhoff, E (2012) *Continuity of care for older hospital patients - A call for action*, London, The Kings Fund. This is used to provide an estimated notional benefit and is not an actual financial saving.

2 = NRS Population Projections

3 = ISD Scotland, SMR01

3.7 Social Care Assessments in Hospital;

A total of 31 additional assessments were undertaken during the four month period.

| | Oct-Dec 2014/15 | Oct-Dec 2015/16 |
|-----------------------------------|-----------------|-----------------|
| SSAQ – Assessment & Support Plans | 54 | 85 |

| | |
|---|---|
| 5 occupied bed days saved total | 11.3 occupied bed days saved total |
| This saved a total of 155 occupied bed days over a 4 month period | This saved a total of 350.3 occupied bed days over a 4 month period |

Over a full year period, this would equate to a total of 465 or 1,050.9 occupied bed days saved.

3.8 The summary of occupied bed days saved for each area is noted below. This shows the four month period* October 2015 to January 2016:

| | 5 occupied bed days saved total | 11.3 occupied bed days saved total |
|---|---------------------------------|------------------------------------|
| Increased Care at Home capacity (actual) | 550 | 1,243 |
| Increased Care at Home – no waiting times(actual) | 2,910 | 6,576 |
| Increased admissions to Pavilion 3 (actual) | 68 | 192 |
| Increased occupancy within Pavilion 3 (actual) | 891 | - |
| Funding for Care Home placements (actual) | 375 | 847 |
| Community Alarm/ Scottish Ambulance Service Pilot * | 1,800 | 4,068 |
| Social care Assessments in Hospital (actual) | 155 | 350 |
| Estimated Totals | 6,749 | 13,276 |

***Scaled up to 4 month/6 locality potential impact**

3.9 Based on the Kings Fund¹ calculation of an **average daily bed cost of £420**, it could be argued that our programme and interventions have diverted activity away from the acute sector to the indicative values outlined below during the period **1st October 2015 to 31 January 2016:**

| | |
|---------------------------------|------------------------------------|
| 5 occupied bed days saved total | 11.3 occupied bed days saved total |
| £2,834,580 | £5,575,920 |

3.10 The information presented above remains an estimate at this time due to Edison and Carefirst recording issues, which are being resolved.

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- 3.11 The initial feedback from staff at Crosshouse has been that the pressures they have felt, although consistent and at times challenging, have not been as severe as in previous years due to this new approach.
- 3.12 Although this report has captured just the IPEP work there are a range of additional work areas which have an impact on bed days saved and these still require to be fully evaluated. Some examples include:
- Care at Home Manager working in Accident and Emergency over weekends
 - Red Cross Hospital to Home transport service.
 - Food Train.
 - WRVS ward in reach.
 - Faster access to equipment.
 - Dementia Liaison Nurses.
 - Community Alarms – Falls response.

4. IMPLICATIONS

4.1 Financial Implications

Section 3.9 provides an estimate of the indicative financial impact of occupied bed days saved.

4.2 Human Resource Implications

None.

4.3 Legal Implications

None.

4.4 Equality Implications

None.

4.5 Environmental Implications

None

4.6 Implications for Key Priorities

The North Ayrshire IPEP work has significant implications for the following areas of the Partnership:

- North Ayrshire Strategic Plan Priorities
- Future Commissioning models

5. CONSULTATIONS

5.1 None for this report

¹ Because of the mixed profile of people supported and variable factors affecting potential length of stay the report has used an estimated average stay figure which is based on the information provided by the King's Fund (Cornwell. J, Levenson. J, Sonola. L and Poteliakhoff. E (2012) *Continuity of care for older hospital patients - A call for action*, London, The Kings Fund. This is used to provide an estimated notional benefit and is not an actual financial saving.

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3 = ISD Scotland, SMR01

6. CONCLUSION

- 6.1 This report summarises an assessment of the initial and indicative impact of North Ayrshire Health & Social Care Partnership on occupied bed days saved in the acute sector within the context of the winter planning approach.

This presents an exciting opportunity to plan, model and assess the impact of future service models as the Partnership moves forward, in its work with acute colleagues in continuing to shift the balance of care.

For more information please contact David Rowland, Head of Health & Community Care on 01294 317797 or davidrowland@north-ayrshire.gcsx.gov.uk

¹ Because of the mixed profile of people supported and variable factors affecting potential length of stay the report has used an estimated average stay figure which is based on the information provided by the King's Fund (Cornwell. J, Levenson. J, Sonola. L and Poteliakhoff. E (2012) *Continuity of care for older hospital patients - A call for action*, London, The Kings Fund. This is used to provide an estimated notional benefit and is not an actual financial saving.

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