

Integration Joint Board

**Thursday 12 January 2017
10.00 a.m.**

**Council Chambers, Cunninghame
House,
Irvine**

- 1. Apologies**
Invite intimation of apologies for absence.
- 2. Declaration of Interest**
- 3. Minutes / Action Note (Page 5)**
The accuracy of the Minutes of the meeting held on 15 December 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).
- 4. Matters Arising**
Consider any matters arising from the minutes of the previous meeting.
- 5. Presentation: Director of Public Health Annual Report**
Receive presentation by Dr Carole Davidson, Director of Public Health (NHS Ayrshire and Arran) on the Annual Report by the director of Public Health which provides a broad overview of population health information.
- 6. Equipment and Adaptations Project (Page 15)**
Submit report by David Rowland, Head of Health and Community Care on the work being undertaken by the Equipment and Adaptations Project (copy enclosed).
- 7. Integrated Care Fund: Funding Extensions (Page 31)**
Submit report by Michelle Sutherland, Partnership Facilitator on proposed ICF funding extensions to a range of projects (copy enclosed).
- 8. Directors' Report (Page 35)**
Submit report by Iona Colvin, Director (NAHSCP) on developments within the North Ayrshire Health and Social Care Partnership (copy enclosed).

9. Financial Performance Report as at 30 November 2016 (Page 39)

Submit report by Eleanor Currie, Principle Manager – Finance, on the 2016/17 financial position of the North Ayrshire Health and Social Care Partnership as at 30 November 2016.

Integration Joint Board

Sederunt

Voting Members	
Councillor Peter McNamara (Chair)	North Ayrshire Council
Mr Stephen McKenzie (Vice Chair)	NHS Ayrshire & Arran
Dr. Carol Davidson	NHS Ayrshire and Arran
Mr Bob Martin	NHS Ayrshire and Arran
Dr. Janet McKay	NHS Ayrshire and Arran
Councillor Anthea Dickson	North Ayrshire Council
Councillor Robert Steel	North Ayrshire Council
Councillor John Easdale	North Ayrshire Council

Professional Advisors	
David Thomson	Lead Nurse/Mental Health Advisor
Iona Colvin	Director North Ayrshire Health and Social Care
Dr. Mark McGregor	Acute Services Representative
Margaret Hogg	Section 95 Officer/Head of Finance
Stephen Brown	Chief Social Work Officer – North Ayrshire
Alistair Reid	Lead Allied Health Professional Adviser
Dr. Paul Kerr	Clinical Director
Dr. Kes Khaliq	GP Representative
Stakeholder Representatives	
Nigel Wanless	Independent Sector Representative
Martin Hunter	Service User Representative
Fiona Thomson	Service User Representative
Marie McWaters	Carers Representative
Sally Powell	Carers Representative
Jim Nicols	Third Sector Representative
David Donaghey	Staff Representative – NHS Ayrshire and Arran
Louise McDaid	Staff Representative – North Ayrshire

**North Ayrshire Health and Social Care Partnership
Minute of Integration Joint Board meeting held on
Thursday 15 December 2016
at 10.00 am, Council Chambers, Cunninghame House, Irvine**

Present

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

Iona Colvin, Director North Ayrshire Health and Social Care (NAHSCP)
David Thomson, Lead Nurse/Mental Health Advisor
Stephen Brown, Chief Social Work Officer – North Ayrshire
Margaret Hogg, Chief Finance Officer
Louise Gibson, Lead Allied Health Professional Adviser
Kez Khaliq, GP Representative

David Donaghey, Staff Representative – NHS Ayrshire and Arran
Louise McDaid, Staff Representative – North Ayrshire Council
Fiona Thomson, Service User Representative
Marie McWaters, Carers Representative
Sally Powell, Carers Representative
Jim Nichols, Third Sector Representative

In Attendance

David Rowland, Head of Health and Community Care
Eleanor Currie, Principal Manager (Finance)
Eleanor McCallum, Partnership Engagement Officer
Isabel Marr, Senior Manager (Long Term Conditions)
Kimberley Mroz, Manager (Personalisation)
Pam Milliken, Head of Primary Care and Out of Hours Community Response
Lynne McNiven, Consultant in Public Health
Karen Andrews, Team Manager (Governance)
Angela Little, Committee Services Officer

Apologies for Absence

Bob Martin, NHS Ayrshire & Arran
Councillor John Easdale, North Ayrshire Council
Dr Mark McGregor, Acute Services Representative
Nigel Wanless, Independent Sector Representative

1.	Chair's Remarks The Chair reminded IJB Members of the Partnership Staff Awards Ceremony that will be held in February 2017 and encouraged them to nominate deserving staff. On behalf of the Board, the Chair welcomed David Thomson to his first meeting of the IJB in his new role as Lead Nurse.	
1.1	Apologies Apologies were noted.	
2.	Declarations of Interest There were no declarations of interest in terms of Standing Order 7.2 and Section 5.14 of the Code of Conduct for Members of Devolved Public Bodies.	
3.	Minutes/Action Note – 17 November 2016 The accuracy of the Minutes of the meeting held on 17 November 2016 were confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973.	
3.1	Matters Arising There were no matters arising.	
4.	Presentations	
4.1	Primary Care Pam Milliken, Head of Primary Care and Out of Hours Community Response provided a presentation on primary care services, which included:- <ul style="list-style-type: none"> • The strategic direction, quality assurance and improvement and management of primary care services' contracts for General Practitioners, Community Pharmacists, Optometrists and Dentists as well as Public Health Dental Services and directly managed General Practices; • Out of Hours (OOH) services (ADOC, Social Work, OOH Community Nursing and Community Alarms overnight EA); 	

	<ul style="list-style-type: none"> • The expanded primary care multi-disciplinary team, comprising GP Practice Team, Services round practices/communities and Integrated Out of Hours Community Response Service; • Ambitious for Ayrshire Primary Care Workstreams 2015 – 2022 and the primary drivers, primary care programme progress and priorities; • General practice workforce paper – May 2016; • Urgent Care Resource Hub and progress; and • The vision for patient access to urgent OOH care. <p>Members asked questions and were provided with further information in relation to:-</p> <ul style="list-style-type: none"> • The development of Primary Care Advanced Nurse Practitioners and a business case for ongoing training; • Work that is being done to develop an Advanced Nurse Practitioner Strategy and will consider links with specialist and general nursing; • Work that is being done to support the directly managed practice and the pilot of the new locality in this practice in the Three Towns in January 2017; • The recruitment of an officer to assist the 3T medical practice; • The development of a multi-disciplinary team with 3rd sector involvement; • Engagement that has taken place, including two workshops and included the 3rd sector; • Urgent Care Hub pilots in Kilwinning; and • Concerns raised regarding the high level of missed GP appointments. <p>The Board noted (a) the information provided in the presentation; and (b) that the presentation slides would be circulated to Members for their interest.</p>	A. Little
4.2	<p>Carers</p> <p>Isabel Marr, Senior Manager (Long Term Conditions) and Kimberley Mroz, Manager (Personalisation) provided a presentation on Building a Carer Community in North Ayrshire, which included information on:-</p> <ul style="list-style-type: none"> • North Ayrshire unpaid carers; • Carers (Scotland) Act 2016; • Health and Social Care duties; • Carer's voices; • Carers journey – way forward; 	

	<ul style="list-style-type: none"> • North Ayrshire Young Carers; and • North Ayrshire Carers Appreciation Card. <p>The Board (a) acknowledged the marvellous work done by the staff working in this area and also the work of Councillor Steel as the Carers Champion; (b) welcomed the presentation and the Youth Carers' video and considered that this should be shown to as wide an audience as possible, including groups such as the Economic and Regeneration Board, Locality Forums, Education Professional Learning Academy and Education and Skills; and (c) noted that the presentation slides and the National Eligibility Thresholds for carers would be circulated to Members for their interest.</p> <p>Noted.</p>	<p>I. Marr and K. Mroz</p> <p>A. Little</p>
5.	<p>Director's Report</p> <p>Submitted report by Iona Colvin, Director NAHSCP on developments within the North Ayrshire Health and Social Care Partnership.</p> <p>The report highlighted works underway in the following areas:-</p> <ul style="list-style-type: none"> • Scottish Parliament Local Government and Communities Committee; • A visit by Sir Lewis Ritchie on 8 December 2016; • New models of care for older people and people with complex care needs; • Adaptation; • Budget update; • Extended Partnership Senior Management Team session – 28 November 2016; • Local Connections, Better Outcomes, our Locality Planning Forum staff sessions; • Asylum seeking children; • Ethical Care Charter; and • Change Programme update. <p>Members asked questions and were provided with further information in relation to:-</p> <ul style="list-style-type: none"> • A presentation by the Community Planning Team Leader to a future meeting of the Board; • Feedback from the visit by Sir Lewis Ritchie that will be provided to the Board at a future date; 	

	<ul style="list-style-type: none"> • An update in relation to New Models of Care for Older People and People with Complex Care Needs that will be provided to the Board in February 2017; • An Ethical Care event that will take place in January 2017; and • A report to the Board in January 2017 in relation to the review of the Integrated Care Fund. <p>Noted.</p>	
6.	<p>Model Publication Scheme</p> <p>Submitted report by Eleanor McCallum, Partnership Engagement Officer on the current position in relation to the Model Publication Scheme and the progress of the Partnership's website including the model publication scheme.</p> <p>A contract for the design and build of a new Partnership website has been awarded and designs will be presented to the IJB in February 2017, with the new website going live in April 2017.</p> <p>Members asked questions and were provided with further information in relation to:-</p> <ul style="list-style-type: none"> • A range of information relating to the NAHSCP that will be available within the website, such as details of functional bodies, promotion of services and relevant public facing information; • The design and content of the web pages that will be steered by the Task and Finishing Working Group, which includes carers and service users; • Areas in the web pages that will be available for news items, videos and informational messages. <p>The Board agreed to the proposals outlined in the report in relation to the creation of a website for the NAHSCP to establish an organisation presence and make integration visible.</p>	E. McCallum
7.	<p>Risk Strategy</p> <p>Submitted report by Eleanor Currie, Principal Manager (Finance) on the joint development of a Risk Management Strategy across the three Ayrshire Health and Social Care Partnerships and NHS Ayrshire and Arran. The Strategy was attached as Appendix 1 to the report. A Strategic Risk Register is being compiled and will be reported to the IJB in January 2017.</p>	

	The Board agreed to (a) approve the Partnership Risk Management Strategy; and (b) note the key areas of risk identified to date.	
8.	<p>Pan Ayrshire Sensory Impairment Update</p> <p>Submitted report by Frank McMenemy, Senior Manager (Learning Disability and Sensory Impairment) on the Pan Ayrshire Sensory Impairment Update, presented by David Rowlands, Head of Health and Community Care.</p> <p>The report provided background information on the development of the Pan Ayrshire and Arran Sensory Locality Plan, work that has been done to advance the work of the Plan and a number of key actions to be taken forward. It is proposed to create a Policy Officer post to support and co-ordinate the implementation of the Pan Ayrshire Sensory Impairment Locality Plan for a three year period, to be funded equally by the three Health and Social Care Partnerships.</p> <p>The Board agreed to (a) note the content of the report; (b) approve the proposal to create a jointly funded Policy Officer post for up to three years to further support and co-ordinate the implementation of the Pan Ayrshire Sensory Impairment Plan, at a cost to the North Ayrshire IJB of £15,800 in the first year and £14,800 in future years.</p>	
9.	<p>Director of Public Health Annual Report 2016</p> <p>Submitted report by Dr Carol Davidson, Director of Public Health, NHS Ayrshire and Arran</p> <p>The report provided a broad overview of population health information for decision makes and planners on the key health priorities that need to be addressed within Ayrshire and Arran. The report was attached at Appendix 1 and provided information on:-</p> <ul style="list-style-type: none"> • Population profile; • Health improvement; • Health protection; and • Improving health services and disease prevention. <p>The Board noted (a) the content of the report; and (b) that a presentation in the report would be provided to the next meeting.</p>	
10.	<p>Urgent Item</p> <p>The Chair agreed that the following item be considered as a matter of urgency to allow the matter to be actioned without delay.</p>	

10.1	<p>Public Partnership Forum</p> <p>Fiona Thomson, Service User Representative advised that funding for the administration of the Public Partnership Forum (PPF) and the PPF worker has been withdrawn.</p> <p>The Director NAHSCP undertook to liaise with the Service User Representative directly to investigate this matter.</p> <p>Noted.</p>	I. Colvin
	The meeting ended at 12 noon.	

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North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 15 December 2016

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	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. Economic Development	Agenda – prior to end 2016 (Report going to Cabinet on 10/5/16)	John Godwin
3.	Volunteering Strategy	11/2/16		Agenda – prior to end 2016	J. Nicols
4.	Official opening of Woodland View	11/2/16	Details of official opening to be provided to IJB Members	As soon as available	T. Bowers
5.	IJB Directions	8/9/16	Future directions to be issued to the Chief Executives of the Council and NHS Ayrshire and Arran as appropriate	Ongoing	K. Andrews
6.	Presentations Primary Care Carers	15/12/16	Presentations slides to be circulated to Members for their interest	16/12/16 slides emailed to Members	A. Little
7.	Director of Public Health Annual Report 2016	15/12/16	Provide a presentation to the January meeting		Dr. C Davidson

8.	Public Partnership Forum	15/12/16	Director to liaise with Service User Representative to investigate matter		I. Colvin

Integration Joint Board
12 January 2017
Agenda Item 6

Subject: **Adaptations Process**

Purpose: To provide an update of the work being undertaken by the Equipment and Adaptations Project

Recommendation: The Integrated Joint Board is asked to support the handover of the adaptations process and note issues highlighted

1. Introduction

- 1.1 For the last 15 months the Equipment and Adaptations Project has been undertaking improvement activities across many aspects of the Equipment and Adaptations processes in North Ayrshire. This work has been co-ordinated by the Equipment and Adaptations Steering Group, which reports through the North Ayrshire Health and Social Care Partnership (HSCP) Change Programme Steering Group to the Integration Joint Board (IJB).
- 1.2 The Public Bodies (Joint Working) (Scotland) Act 2014 established the legal framework for integrating health and social care in Scotland. The Act required that Health Boards and Local Authorities delegate some of their functions to an Integration Authority. As well as health and social care functions, Local Authorities were required to delegate some housing functions with the lead responsibility shifting to the new Integrated Authority. The housing functions that must be delegated are adaptation services for council tenants, private sector households and owner occupiers.
- 1.3 An equipment and adaptations workshop was held in April 2016 with a wide variety of staff and services in attendance, the outputs from which were reported to the IJB on 5 August 2016. The workshop highlighted that the existing equipment and adaptations process takes place across several departments and organisations and is unnecessarily complex. This results in bottlenecks and duplication across the system with discrepancies in the provision of adaptations across housing tenures being apparent. It was therefore agreed a short life working group would undertake a review of the adaptations processes with a view to transferring to the Partnership on 1 April 2017 in line with legislation. This will bring arrangements into line with the Integration Scheme.

2. Current Position

- 2.1 A short life working group was established, drawing representation from across North Ayrshire Council (NAC) Housing, Property Management and Investment (PMI) and North Ayrshire HSCP health and social care staff supported by the Change Team. The group met as a review team on three occasions with smaller teams being formed to undertake specific pieces of work, feeding back to the larger group for review and discussion.
- 2.2 The working group reviewed issues with the existing process including
- Single point of contact
 - Assessment and supervision
 - Complex case management
 - Ordering adaptations
 - Scheme of assistance
- 2.3 The group reviewed a number of key issues including the length of time taken to process and fit different adaptations, issues with definitions of complexity, as well as, requirements for transparency and reporting around the Housing Revenue Account. In addition, the group undertook a review of processes and good practice from other high performing authorities. The resulting high level process can be seen in the flow map in appendix one and the high level process summary in appendix two. Lower level operational details will be developed before handover.

3. Proposals

- 3.1 The new process in appendices one and two brings together all adaptations processes under one management system and structure and with improved clarity around Senior Manager responsibility, will help to resolve many of the previous issues in terms of complexity and duplication in the system. The new process will work in line with the professional single point of contact (SPOC) opening in December 2016, streamlining screening and triage to ensure the right person in the right place, at the right time.
- 3.2 In addition, the SPOC process will mean where an individual self refers for minor adaptations e.g. handrails and bannisters, they will no longer have to complete lengthy documentation but will receive telephone screening. There is currently a large waiting list (374) for handrails and bannisters for owner occupiers due to budgetary constraints with North Ayrshire HSCP, this equates to £74,800. The changes proposed to the Scheme of Assistance (3.6, 3.7 and 3.8) should reduce spend on this budget and help meet this demand.
- 3.3 A streamlined assessment and supervision process will ensure a clear and shared understanding across departments of how individuals with more complex cases needs should be supported, with a clear framework to undertake professional review of assessment and adaptation recommendations. A refocus on clients long term needs will ensure good outcomes for clients and sustainable investment. This process will have explicit budgetary links through the Occupational Therapy (OT) supervisors, to help monitor the budget accordingly.
- 3.4 A new process will be introduced to improve the review and support of complex cases. This will be a multi-disciplinary, multi-agency group which will regularly review complex cases with a view to providing individual innovative solutions and on-going management of any residual risk.

- 3.5 A new Adaptations Team is proposed and workers currently attached to PMI and paid for through the Housing Revenue Account as outlined in appendix three. This team will ensure recording and monitoring of all adaptations as well as on-going ordering of these. New timescales have been agreed with Building Services outlined in section 4 of appendix two.
- 3.6 In line with the NAC Corporate Building Services Strategy a review of the service level agreement is proposed to ensure compliance with standards and value for money. This will be informed by a benchmarking process with similar Authorities to explore total spend and unit cost.
- 3.7 Where an adaptation is required for a home owner, it is proposed the current Scheme of Assistance is extended to include external and internal accessibility adaptations (e.g. ramps, door widening, room reconfiguration etc.), as well as access to hygiene facilities and kitchen facilities for all owner occupiers. This will bring the North Ayrshire Scheme of Assistance in line with other authorities including East and South Ayrshire. This is fully outlined in appendix two.
- 3.8 From 2015/16 figures this would cost an additional £95,220, however this is dependent on the tenure of adaptations received. Historical figures show an underspend in this budget, although this year it is projected to come in on budget. This change will have the added benefit of relieving some of the pressure on the existing equipment budget which currently funds these items for owner occupiers. Where the budget cannot meet demand, a waiting list will be operated. The process for Registered Social Landlords (RSLs) remains unchanged as RSL's receive grants for adaptations directly from the Scottish Government
- 3.9 It is proposed that the worker paid for by the Housing Revenue Account for this process is transferred into the Adaptations Team, however, any workers paid exclusively from HRA will be required to work solely on adaptations for Council tenants, in line with HRA Guidance.
- 3.10 In addition, a finance and budget process has been agreed across NAC Finance, the Partnership and NAC Housing. After this year, budget setting for this area will align with the normal budget setting process in line with the requirements of the NAHSCP Strategic Plans. This process is outlined in appendix three. In addition, quarterly HRA monitoring meetings will be undertaken with Housing to provide comfort that the HRA is being managed appropriately and necessary recording is being undertaken correctly. Performance reporting for these will be agreed through the working group.
- 3.11 There are two key areas of risk highlighted from due diligence process. Firstly, ensuring that the current position of no backlog is maintained until 31st March 2017 to ensure the Partnership does not start from a negative position. Secondly, ensuring the ongoing budgets are appropriately funded to ensure they meet cost increases and demographic pressures. Housing have noted that the amount in these budget will depend on rent setting process for HRA and statutory obligation to consult with tenants and therefore no assurance can be given that budgets will stay at these level.

- 3.12 In addition, in line with the current equipment recycling within NAHSCP community equipment stores to ensure on-going value for money, some adaptations can be recycled e.g. stairlifts and modular ramp systems. All recycled equipment are serviced and replenished back into stock. Where an adaptation is paid for by the HRA budget, these will be noted on the stock system and financial management processes and only re-used for council tenants in line with HRA guidelines. Where an adaptation is paid for by Scheme of Assistance, this will become the owner occupier's property. However the option to donate any recyclable adaptations such as modular ramps back to the partnership for recycling will be provided.

- 3.13 The following timescales are proposed:

Area of Work	Timescale
IJB approval for high level processes	12 January 2017
Develop lower level processes/review SLA's	Jan- February 2017
Cabinet – for agreement of management principles	13 March 2017
Sign off of lower level processes and budget handover	16 March 2017
Begin new adaptations process	April 2017

- 3.14 It is proposed the IJB accepts the finance and budget process whilst noting potential risks around these and notes the HRA budget is cash limited and HSCP have no delegated authority to overspend.
- 3.15 It is proposed that the IJB Supports the development of these proposals as part of the future work of the project team.

4. IMPLICATIONS

4.1 Financial Implications

The following budgets will transfer to the Health and Social Care Partnership:

- HRA Adaptations 2016/17 Budget £1,623,669
- Private Sector Housing Grant (PSHG) Capital 2016/17 Budget £807,940
- Private Sector Housing Grant (PSHG) Revenue 2016/17 Budget £146,131

Note that the amounts quoted are for 2016/17 and the 2017/18 budget has still to be confirmed.

In addition, the paper outlines potential financial risks around the transfer of the Council Adaptations process and the Scheme of Assistance. However, there is potential to make efficiencies in the review of contracts and service level agreements.

4.2 Human Resource Implications

Existing staff attached to the process will be developed into an Adaptations Team and may therefore be required to work in a new workplace with a new line management structure. Once this is agreed with both parties – staff consultation processes will be started.

4.3 Legal Implications

There are no legal implications

4.4 Equality Implications

There are no equality implications

4.5 Environmental Implications

There are no environmental implications

4.6 Implications for Key Priorities

The proposals fully support and underpins our early intervention and prevention strategic priority

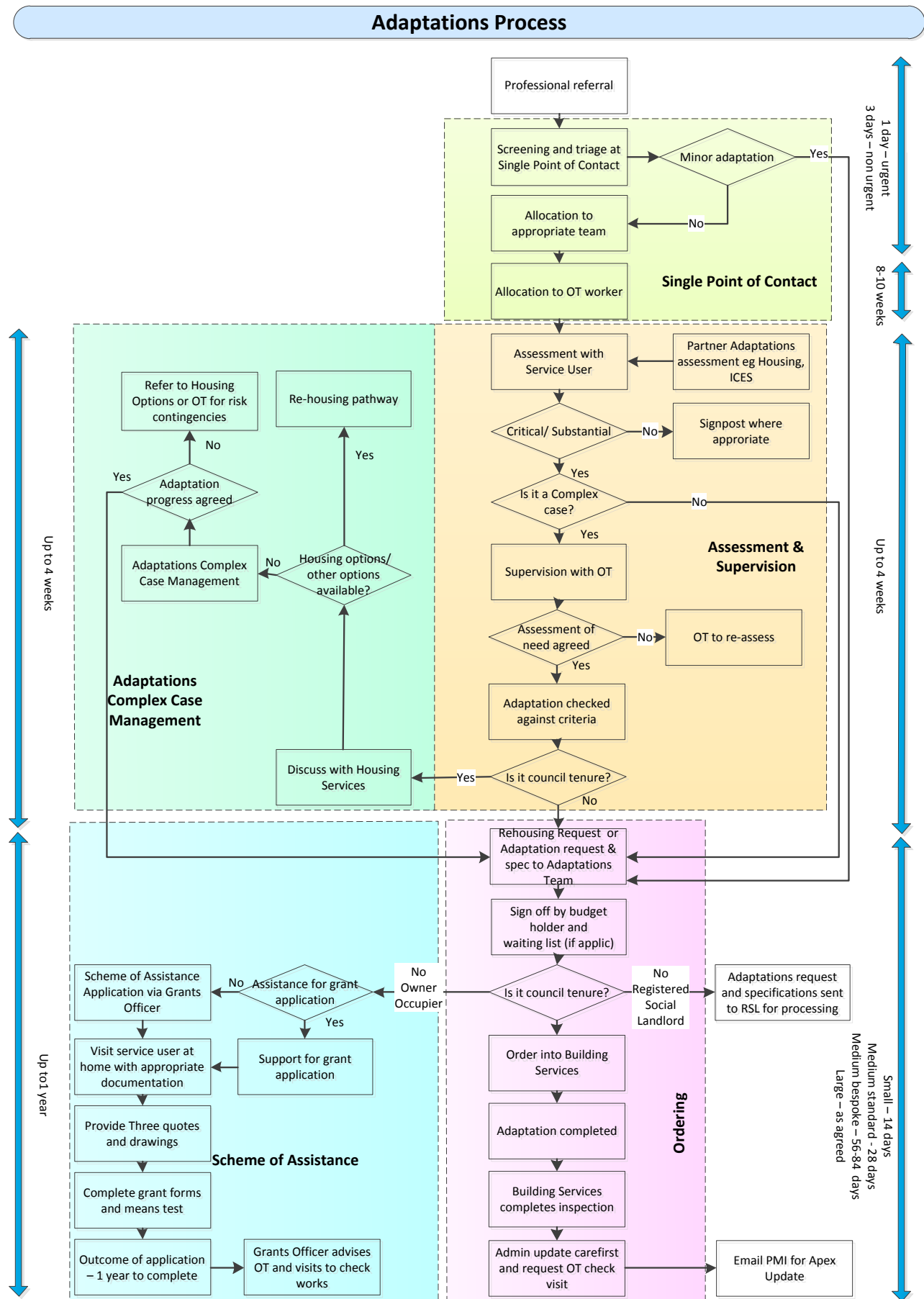
5. Consultations

- 5.1 An appreciative inquiry was undertaken in October 2015, and a multi-agency review of equipment and adaptations processes in April 2016. All work from the equipment and adaptations project is underpinned by this.

6. Conclusion

- 6.1 It is anticipated that the outcomes from this phase of the Equipment and Adaptations Project will support work around the New Models of Care, reduce waiting times for adaptations for service users and lead to costs reduction in terms of supply of adaptations. On that basis, it is recommended that IJB Members support the transition of this service to the Partnership in line with the timeline set out at 3.10 above.

For more information please contact David Rowland on 01294 317797 or davidrowland@north-ayrshire.gcsx.gov.uk



Adaptations Service - High level process

This high level adaptations process will break the process into 5 key areas:

- Single point of contact
- Assessment and supervision
- Complex case management
- Ordering adaptations
- Scheme of assistance

1. Single Point of Contact

The Single Point of Contact Team will provide a co-ordinated screening, triage and case allocation according to need to ensure the right person is allocated thus reducing waiting times and multiple allocations.

- **Professional referral** received at Single Point of Contact Team
- Each case will be **screened and triaged** appropriately.
- **Minor adaptations** (eg Grabrails, Handrails and Bannisters) will be assessed by telephone at and referred onto the Adaptations Team where further assessment is not required.
- Referrals will then be **allocated to the appropriate team**
- Here it will be **allocated to the appropriate OT worker**

In addition it is proposed:

- Equipment and adaptations criteria to support the new processes and associated forms and operational procedures will be developed by the adaptations part of SPOC working group.

Waiting times – This process does not exist however it is anticipated that urgent cases within 24 hours and non-urgent within 3 working days.

2. Assessment and Supervision

The assessment process is undertaken regardless of tenure, ability to meet need or the individuals' eligibility for service.

- The allocated OT will undertake an **assessment** of need in accordance with OT Functional Assessment process.
- Eligibility criteria are then applied – only **critical and substantial** need can be met – although signposting is undertaken for moderate/low need. Eligibility criteria is as follows:
 - **Low** - low risk to independence, health and wellbeing
 - **Moderate** - risk of some impairment to the health and wellbeing of a person, or some risk to independence
 - **Substantial** - risk of significant impairment to the health and wellbeing, or significant risk to independence
 - **Critical** - risk of major harm/danger to a person or risk to independence
- Criteria for **case complexity** has been agreed as a large complex adaptation eg extension or three small or medium adaptations. Where the case is not complex the adaptations will be directed straight to the adaptations administration team for ordering. Where it is a complex case, it will be reviewed in supervision to determine agreement on outcome of assessment. Supervisors will be linked into the budget process to ensure they have an understanding of the budget to date. Adaptation Guidelines will help support supervisory framework

- If the **assessment of need** is not **agreed** the OT will have to re-assess the individual
- Where complex case identified - discussion in supervision will outline whether the **adaptations are checked against criteria** and agreed as appropriate for further discussion with housing services.
- All council tenure complex cases will be discussed with Housing Services

In addition it is proposed:

- Forms and lower level processes will be developed by the adaptations working group

Waiting times – This processes is currently being amended. It is proposed OT allocation will 8-10 weeks with assessment taking place within one week of allocation. In addition, supervision will take place every 4 weeks, although urgent cases will be resolved accordingly.

3. Adaptations Complex Case Management

The Adaptations Complex Case Management Forum is a person centred solution focused group who will meet regularly to discuss complex cases. This forum will be attended by a range of appropriate individuals depending on the individual case.

- Where an individual requires a complex adaptation but the adaptation is not agreed by the supervision process, the OT should discuss with the individual **and discuss with housing services**. In many cases, often the discussion with housing services will lead to resolution of this issue and move the issue to another part of the process e.g. the adaptation is agreed or moves to **housing options**.
- Where the individual does not wish to discuss housing options or it is unknown if the property can be adapted then it is referred to the “**Adaptations Complex Case Management Forum**”. This group will meet on a regular basis and include Occupational Therapy, Housing Allocation, PMI, the budget holder – the Senior Manager - Intermediate Care & Rehabilitation Services and any technical/architect support, when required, to ensure the change is technically feasible. Cases identified must meet the “Complex Case” criteria. The OT will provide a clear detailed report on current circumstances, outcome of assessment, recommendations, and options already considered. The forum will then agree on realistic solutions taking into account individual social needs, accessible needs, any extreme circumstance, risks identified, future proofing and the sustainability of that house to the individual’s outcomes. Clear documentation for this process to be agreed by working group.
- Where the **adaptation is not agreed** the OT will ensure any **risk contingencies** are in place.
- All discussion will be minuted and recorded in Carefirst.

Waiting times – This processes does not currently exist but it is proposed the forum takes place approximately 4 weekly. However, it is noted that further discussion or investigation maybe required after the forum.

4. Ordering

The process ordering depends on the type of tenure for which the allocation is being made. This will be co-ordinated by the Adaptations Team.

- Where the tenure is not a council tenant but the adaptation is unsuitable for any reason, a re-housing request may be made. All adaptation requests and necessary specifications will be sent to the “**Adaptations Team**” for processing.

- The **Budget holder** will then **sign off** all requests and monitor the budget against each tenure type with the agreed budget process and if necessary place the individual on a waiting list. The waiting list is managed by date order, priority and budgetary restrictions.
- The team will check whether it is **Council Tenure** – where it is not they will refer to the Scheme of Assistance or Registered Social Landlord (RSL).
- The process for Registered Social Landlords (RSLs) remains unchanged as RSL's receive grants for adaptations directly from the Scottish Government.
- The Adaptations Team will **order from Building Services**. A separate piece of work will review the Service Level Agreement in terms of cost and/or timescales, as per benchmarking exercise.

Waiting times – Proposed timescales as follows for council and owner occupiers:

Adaptation Type	Adaptation	Timescales
Small - Minor	Fitting of Handrails, bannisters, grab rails, Door Entry, Lever Taps, Lower Threshold, Non-slip Flooring only High urgency requests to support discharge or imminent high risk. These should be actioned immediately.	14 days
Medium - Standard	Works where specialist external contractors are not required. e.g. Wet floor shower, widening doors	28 days
Medium - Bespoke	Works where specialist external contractors required. Non-bespoke adaptations Bespoke adaptations e.g. bespoke stair lift Due to manufacture.	56 days 84 days
Large - complex	Significant building works or structural changes. Expected timescales will be indicated at the beginning of works with a schedule proposed to all parties involved.	Agreed with clear schedule.

- Once the **adaptation is complete** this will prompt the **building services** to undertake an **inspection**
- When the building officer is satisfied with the adaptation the adaptation team will notify the OT who will undertake a check visit
- The adaptation team will also **email PMI to update the Apex system**.

5. Scheme of Assistance (Owner Occupiers)

The Scheme of Assistance enables Owner Occupiers to make significant changes to the structure of their home to meet their health or care needs. This process covers most medium and some large adaptation types.

- The OT will check whether **assistance** is required for the **grant application and contact support for the grant application**.
- The OT will send the adaptation request and specification to either the **Grants Officer** or whoever is supporting the grant application (where assistance to attain quotes is required).
- Either will **visit the service user** to discuss the process and the forms
- **Three quotes and drawings** must be supplied in order to process the request
- **Grant application forms** must be completed and a **means test** is in place to provide 100% grants. All other grants are 80% of the total cost of the adaptation.
- If the **outcome of the application** is successful the applicant has one year to undertake the work.

- On completion, the **grants officer inspects** and informs adaptations team for **OT follow up**.

In addition it is proposed that:

- The Scheme of Assistance will be increased to include external and internal accessibility adaptations (e.g. ramps, door widening, room reconfiguration etc.), as well as access to hygiene facilities and kitchen facilities for all owner occupiers/private rented tenures.

Waiting times –The service user will have one year to complete this work

Housing Adaptations Financial Implications

1. Housing Revenue Account (HRA) Funded Adaptations for Council Tenants

The HRA resource to fund adaptations for Council tenants has been identified and the historic budget and spend is given below.

	Budget	Actual	Variance
2016/17	1,623,669	1623,666 projected	0
2015/16	1,775,900	1,545,217	(230,683)
2014/15	1,750,000	1,361,804	(388,196)

1.1 A **due diligence** discussion was conducted with housing. The housing team manager for business planning advised that the underspend in recent years was due to less adaptations being completed i.e. there was a backlog of work at the end of each year, rather than the budget being excessive.

1.2 Housing/PMI and Building Services are working to expedite the time it takes to carry out the work. The current time delay has led to a back log however, this should be cleared and done so within the allocated budget.

If a significant backlog builds up prior to the end of the financial year this will be negotiated with housing to allow the new service delivery model to be progressed with no burden to fund a backlog.

1.2 **Future funding levels** – the level of funding for adaptations is determined as part of the annual update of the 30 year HRA business plan. The business plan is based on a set assumptions which can vary from year to year and the level of funding for each element of the HRA expenditure and income can vary.

It was agreed that the annual budget for adaptations would be set by housing following consultation with the Partnership. The funding level needs to take account of the varying factors within the HRA business plan whilst considering demand, inflation and demographic factors to ensure it is adequate to meet the needs of the service.

1.3 **Exceptional items** – e.g. extensions to properties, are either currently met from the existing budget or alternative properties are identified for the tenant. Future exceptional items will be considered on a case by case basis and where possible met from the existing resources. If this is not possible negotiations will commence with housing to reach a mutually agreeable solution.

1.4 **Financial Management and Processes** - the HRA budget is ring fenced and cannot be transferred to the Partnership. The Partnership will instead create an income and expenditure budget and recharge the spend to the HRA on a monthly basis.

The recharge will include sufficient information to allow housing to verify the validity of the charge. As a minimum the following information will be provided:

- Address
- Job Number
- Amount charged
- Summary of work carried out

The Partnership will put in place checks and safeguards to ensure that the integrity of the HRA ring-fence is protected i.e. the funding is only used for the benefit of council tenants

and properties. It is proposed to prepare an annual financial statement on the use of the adaptations budget to provide the required transparency and accountability.

The partnership need to work within the budget set and provide housing and ensure that works ordered and invoiced by Building Services are within the budget set. Projected spend against the budget will be provided to housing by financial services following discussions with the budget holder in period 4, 6, 8 and 10, with supporting analysis by address, YTD budget and spend and projection. It is recognised that there is a time lag between work being completed and recharged and projected spend calculations will need to build this factor in.

The budget holder responsibility will lie with the Senior Manager - Intermediate Care & Rehabilitation Services and they will need to ensure there is adequate systems in place to track and monitor commitments against the budget. Financial services will provide the same level of support as they do for the other partnership budgets.

2. Private Sector Housing Grant (PSHG)– General Fund

The Private Sector Housing Grant is held within the general fund and the historic budget and spend is given below for capital and revenue.

Capital	Budget	Actual	Variance
2016/17	807,940	807,940 projected	0
2015/16	632,476	614,109	(18,367)
2014/15	661,842	639,792	(22,049)

Revenue	Budget	Actual	Variance
2016/17	146,131	146,131 projected	0
2015/16	146,131	146,131	0
2014/15	146,131	146,131	0

Note that the base 2016/17 capital budget was £700,000 but has been increase to £807,940 by carrying forward unused funds from previous years.

2.1 Due Diligence – the budgets have either underspent or on-line each year. There has been no increase in the revenue budget in the period as it relates to agreed payments to contractors but the capital budget has increased by 22%.

Capital – in terms of drawing down the capital grant, customers have one full year to make their claim. As a result, the budget is always fully committed however the actual spend is determined by the frequency and value of grant claims. There is no waiting list at present.

Revenue - the revenue budget relates to the Care and Repair service which is provided by Cunninghame Housing Association (CHA) and TRUST. The service delivery with CHA is under a Public Social Partnership (PSP) model which is in place until April 2018. Following the cessation of this agreement, the mainland Care and Repair service is required to be tendered in order to adhere to procurement protocol. There is no such PSP agreement with Trust. The Island Care and Repair service is based on a historical agreement. Both organisations receive a payment of £4,000 from the NHS for the delivery of this service.

2.2 Future funding levels

Capital - the level of funding for PSHG is determined by the Council's 10 year capital plan and is monitored by the Capital Programme and Assets Group (CPAG). The value going forward is set at £0.700m per annum. The actual budget available will change each year

dependant on over or underspends in the previous year. Housing should be advised if there is any planned change to the budget set by the 10 year capital plan.

Revenue - as the PSHG is in the general fund and can transfer to the Partnership. Future funding levels will be determined as part of the annual budget setting process for the Partnership/Council. The funding level needs to consider demand, inflation and demographic factors to ensure it is adequate to meet the needs of the service.

2.3 Exceptional items

Future exceptional items will be considered on a case by case basis and where possible met from the existing resources. It may be necessary to prioritise and wait list services to ensure exceptional items are funded.

2.4 Financial Management and Processes

For all budgets the Partnership will need to work within the budget set. If at any stage the budget is projecting an overspend then mitigating action will be considered and implemented prior to any wait listing of service. Any overspend will require to be met by NAHSCP unless given specific approval by Housing re HRA tenants.

Capital – spend will be monitored and report via the Capital Programme and Assets Group (CPAG). The assessment and processing of the claims will be undertaken by the adaptations assessment team in conjunction with the grants officer for the Scheme of Assistance.

Revenue - the partnership need to include projected spend against the revenue budget in their regular financial performance managements to the IJB.

The budget holder responsibility will lie with the budget holder – the Senior Manager - Intermediate Care & Rehabilitation Services and they will need to ensure there is adequate systems in place to track and monitor commitments against the budget. Financial services will provide the same level of support as they do for the other partnership budgets.

Integration Joint Board
12th January 2017
Agenda Item 7

Subject: **Integrated Care Fund – Funding Extensions**

Purpose: To highlight to the IJB a range of projects where funding extensions to the 31 March 2018 would be beneficial to NAHSCP in terms of meeting strategic priorities, delivering locality outcomes and to provide some security to third & independent sector providers

Recommendation: That members of the IJB approve extending ICF funding to 31 March 2018 to allow the continuation of the projects identified.

1. Introduction

- 1.1 The IJB approved on 16 June 2016 the allocation of Integrated Care Fund (ICF) monies for 2016/17 to support Partnership strategic priorities and outcomes identified in the Strategic Plan. ICF funding has been confirmed until 2018/19.

2. Current Position

- 2.1 Both the Third and Independent Sector representatives declare a note of interest in this IJB paper. These sectors have also confirmed that they have contingencies in place regarding any impacts from the permanency of employment rights should project funding not be approved.

- 2.2 In reviewing the ICF projects there are a range of issues which are highlighted below. These were discussed with the HSCP Director, Third Sector Interface, Independent Sector lead and Principal Manager Finance:

i) National Third Sector Projects have requested a funding commitment to 31 March 2018 to allow successful set up in North Ayrshire.

ii) Funding to support the continuing development of capacity in the local third and independent sector to support ICF projects.

iii) Community Connector Project is receiving positive feedback but requires a longer period of testing. The sustainability of contracts to 31 March 2018 will support a reduction in staff turnover, due to funding uncertainty.

3. PROPOSALS

- 3.1 National Third Sector Projects which require resource commitment until 31st March 2018, to allow completion of a successful set up in North Ayrshire:

Project	Full Year Cost
WRVS Staying connected, Good Neighbours and Home From Hospital;	£38,610
Foodtrain	£75,000
RedCross	£93,848
Total	£207,458

- 3.2 Local projects which require funding until 31st March 2018 to reduce staff turnover and offer stability to the staff currently employed are shown in the table below. The extension of these posts also signals the HSCPs support for the Third and Independent sector's role in the Partnership. All of these roles are focussed on early intervention and prevention approaches at locality level through building community capacity. These former Reshaping Care For Older People (RCOP) projects were identified as necessary for the future and recommended for mainstreaming last year. To date, it has not been possible to identify a permanent funding stream to support this ambition, hence the recommendation of further ICF funding to March 2018.

Project		Full Year Cost
Independent Sector Development Worker	1 x shared worker with East Ayrshire	£21,000
Third Sector Interface Development Workers	2 x TSi workers	£60,000
Third Sector Interface Capacity Workers	1 x lead officer and additional project & administration support	£48,000
	Total	£129,000

- 3.3 Below is the community connector project which is receiving positive feedback and requires a longer period of testing. This sustainability will support a reduction in staff turnover.

Community Connectors	2 x TSi community connectors	£72,000
	4 x partnership community connectors	£144,000
Total		216,000
Total for all three areas		£552,458

3.4 **Anticipated Outcomes**

All of this work supports the outcomes described in the strategic Plan and a range of priorities identified by Locality Planning Forums from:

- Supporting hospital discharge
- Reducing social isolation
- Tackling Inequalities
- Building community capacity

3.5 **Measuring Impact**

All of the projects are monitored by the Third Sector Interface as part of the ICF process. Projects submit an outcomes focussed monitoring form each quarter.

4. **IMPLICATIONS**

Financial :	The cost of approving all of these projects is £552,458 which will be met from the 2017/18 Integrated Care Fund. All of these areas of work will be reviewed before the 31 st March 2018 in conjunction with the Third and Independent sector representative. The use of the remaining 2017/18 ICF allocation will be presented as part of the 2017/18 budget report to a future IJB.
Human Resources :	The Third and Independent sectors have contingencies in place regarding any impacts from the permanency of employment rights should project funding not be approved. The majority of Partnership staff have permanency of employment with their employing bodies. A review of the Change Team and its future role is currently being explored.
Legal :	None
Equality :	The ICF supports the delivery of equalities work as part of the partnerships strategic plan.
Environmental & Sustainability :	None
Key Priorities :	This work supports the Partnership strategic priorities building locality based community capacity and the outcomes identified in the Strategic Plan.
Community Benefits :	None

5. **CONSULTATION**

- 5.1 The HSCP Director, Third, Independent and Partnership Senior Management Team have been consulted in the preparation of this paper.

6. **CONCLUSION**

- 6.1 That members of the IJB approve extended ICF funding to allow project extensions to 31 March 2018 for the range of projects identified.

For more information please contact Michelle Sutherland on 01294 317751 or msutherland@north-ayrshire.gov.uk

Integration Joint Board
12th January 2017
Agenda Item No. 8

Subject: **Director's Report**

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

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

1. INTRODUCTION

- 1.1 This report informs members of the Integration Joint Board (IJB) of the work undertaken within the North Ayrshire Health and Social Care Partnership both locally and Ayrshire wide.

2. CURRENT POSITION

Ayrshire Developments

Transgender Inclusion in Drug & Alcohol Services

- 2.1 A guide on Transgender Inclusion in Drug & Alcohol Services has recently been published. The guide provides an overview of the findings and recommendations taken from the recent Scottish Trans Alliance survey into transgender inclusion within drug and alcohol services.

- 2.2 The survey was a joint project between :

- Scottish Trans Alliance
- North Ayrshire Alcohol and Drug Partnership
- North Ayrshire Health and Social Care Partnership

The survey was promoted with the help of Scottish Health Action on Alcohol Problems (SHAAP).

- 2.3 A summary report of the findings and recommendations can be accessed through this link [Report : Transgender Inclusion in Drug and Alcohol Services](#)

- 2.4 SHAAP and the Scottish Transgender Alliance (STA) are hosting an interactive workshop to present the findings into trans inclusion in drug and alcohol services. The workshop will consist of presentations on the context of health inequalities in Scotland, an overview of language and legal requirements for engaging with the trans community, and an outline of the key findings from the research. Workshop participants will participate in an interactive discussion and question session, with an opportunity to ask questions to various presenters about the findings of the report, and also work in small groups to discuss what they think the research can achieve in terms of concrete change moving forward. The workshop is being held on 11th January 2017 in the Royal College of Physicians of Edinburgh.
- 2.5 Scottish Trans Alliance are keen to deliver workshops to key local staff. Mark Gallagher, Lead Officer (Alcohol & Drug Partnership), is coordinating with Scottish Trans Alliance.

North Ayrshire Developments

Community Events

Afternoon Tea with Chat

- 2.6 In conjunction with Scottish Care, the NAHSCP hosted an event for people aged 65+ who receive support from services on Monday 5 December at Fullarton Connexions, Irvine. This provided an opportunity for people who use our services (aged over 65) to pop in for a cuppa and a blether about SDS options and to help us find ways of better supporting them in their care package choices. Scottish Care brought along a film maker to record some of the sessions and hope to create a short film to promote awareness of SDS for staff and general public.
- 2.7 Getting It Right for Older People and Self Directed Support (SDS) is funded by Scottish Government. There are four options for support and some of the options are not being accessed by older people. Scottish Care, together with North Ayrshire Health and Social Care Partnership, are trying to find ways to improve local people's experience of SDS.

Foster Carers Coffee Morning

- 2.8 North Ayrshire Foster Carers Support Group held a Coffee Morning on Monday 5th December and took the opportunity to use the event to donate items and Christmas gifts to the North Ayrshire Foodbank. Provost Ian Clarkson also generously donated raffle prizes which also realised over £100.00 for the Foodbank.
- 2.9 The foster carers enjoyed a morning of musical entertainment provided by the McNeil family and had plenty of home baking courtesy of Fullerton Connexions. The coffee morning allowed the carers to catch up with each other, and more importantly, support the very worthwhile cause of the North Ayrshire Foodbank.
- 2.10 Stephen Brown, Head of Service for Children, Families and Criminal Justice opened the event and a vote of thanks was given by the NAC Chief Executive, Elma Murray. Both of them also took the opportunity to thank the foster carers for all their hard work over the year and made mention of the fact that there are 93 fostering families who support a total of 166 children in North Ayrshire.

- 2.11 The NAHSCP is always keen to increase the numbers of foster carers available so if anyone is interested and would like to discuss fostering further, please ask them to contact Family Placement at West Road Office, Irvine on 01294 311505.

Child Protection & Adult Support & Protection Interface Guidance

- 2.12 North Ayrshire Child Protection Committee and Adult Protection Committee have worked in partnership to develop multi-agency *Child Protection and Adult Support and Protection Interface Guidance* for practitioners. This new guidance was launched on **Monday 12 December** at Fullarton Connexions, Irvine. The launch provided the opportunity for practitioners to explore a recent Case Review, as well as questions and discussion in relation to Child Protection, Adult Support and Protection and the new Guidance.

Self Directed Support (SDS) Implementation Plan 2016-18

- 2.13 The Scottish Government has published an [Implementation Plan](#) based on evidence from the first two phases of the *SDS Strategy 2010-2020*. This plan is for anyone who works and believes in the values of Self-directed Support; strategic-decision makers in organisations, carers and service users, care workers, social workers, AHPs and health and social care professionals.
- 2.14 The Implementation Plan will tie into our SDS action planning over the next two years. We have also created a SDS Practitioners Forum – the first meeting is January 2017 – and the Implementation Plan will be discussed then.

Partnership Staff Awards

- 2.15 We all work with outstanding people in our partnership. Day in, day out; social care and health, third and independent sectors, volunteers and employees, all doing great things every day to support people in North Ayrshire. They are worthy of nomination for our first Partnership Staff Awards.
- 2.16 Nominations closed **30 December**. The judging panel will meet in January to start the sifting process.
- 2.17 The Partnership Awards Organising Committee has met several times to design the process in line with Partnership values, including the awards event (“Breakfast for Champions”) now confirmed as the morning of 24th February (Fullarton Connexions). We are hoping to confirm the MC as Ronnie McGhie of Irvine Beat FM (Wikipedia reports that Irvine Beat is a community radio station staffed mostly by volunteers and aims to “increase social conditions and health within the broadcast area”). Food will be provided by Café Solace.
- 2.18 Invitations will be sent to IJB and PSMT and we are keen to ensure that there is a balance of invitees - nominators and nominees as well as non-managerial members of staff.
- 2.19 A judging panel (consisting of people from all partners) will consider all nominations. All nominees will receive a certificate signed by the Director and winners will receive a unique, distinctive trophy made by Criminal Justice, with laser engraving by a North Ayrshire sole trader. We are hoping that some winners will be able to be announcers at future Partnership Staff Awards.

Participatory Budgeting – Mental Health

- 2.20 Participatory Budgeting (PB) is here again and this time NAHSCP and Scottish Government have created a total pot of £50,000 to give to groups and people in North Ayrshire who'd like to make a positive difference to improving people's mental health and wellbeing.
- 2.21 The session, entitled Your Mental Health and Wellbeing, Your Money, You Decide is now open for bids. Local people and groups can bid for up to £1250 (per application) to help make a difference in North Ayrshire. Bids will be accepted until **31 January 2017**. Apply online at www.surveymonkey.co.uk/r/MentalHealthPB. Decision Day (when local people decide who gets the money) will be **Saturday 25 February 2017**.
- 2.22 Please spread the word within North Ayrshire. Let people know that improving mental health and wellbeing is one of the Partnership's key priorities. And that local people and groups can make a positive difference by bidding for PB monies to address Social Isolation, Stress and Anxiety, and Young People's mental health.

3. IMPLICATIONS

Financial :	None
Human Resources :	None
Legal :	None
Equality :	None
Environmental & Sustainability :	None
Key Priorities :	N/A
Community Benefits :	N/A

4. CONSULTATION

- 4.1 No specific consultation was required for this post. 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 NAHSCP on [01294 317723] or [icolvin@north-ayrshire.gcsx.gov.uk]

Integration Joint Board
12 January 2017
Agenda Item 9

Subject: **Financial Performance Report as at 30 November 2016**

Purpose: To provide an overview of the 2016/17 financial position of the North Ayrshire Health and Social Care Partnership as at 30 November 2016.

Recommendation: It is recommended that the Board:

- a) note the content of this report and the projected overspend of £5.351m for 2016/17;
- b) note the update on the mitigating action;
- c) note that the Mental Health Lead Partnership recovery plan is being developed and will be presented to a future IJB;
- d) approve the recovery plan for East Ayrshire HSCP Lead Partnership services as outlined in para 9.3;
- e) approve the recovery plan for South Ayrshire HSCP Lead Partnership services as outlined in para 9.4; and
- f) note discussions are underway with partner bodies.

1. EXECUTIVE SUMMARY

- 1.1 This report provides an overview of the 2016/17 financial position of the North Ayrshire Health and Social Care Partnership as at 30 November 2016. This report reflects the projected expenditure and income and has been prepared in conjunction with relevant budget holders.
- 1.2 The total approved budget for 2016/17 is £213.486m. This has increased to £215.107m at period 8 and budget movements are detailed in Appendix F.
- 1.3 The projected outturn is an overspend of £5.351m at the year end and the mitigating action identified at this stage is outlined in section 11. If full mitigating action is secured, this will result in the HSCP closing with a deficit balance of £3.789m. It is unlikely that full mitigation can be delivered in 2016/17 which will result in the Partnership closing with a deficit position in 2016/17 which will require to be recovered in future years. The Health and Social Care Partnership are currently engaging with all partner bodies in line with the Integration Scheme.
- 1.4 The overspend is mainly as a result of increased demand for services, unfunded services, unachieved efficiency savings and high sickness absence.

2. 2016/17 PERIOD 8 POSITION

- 2.1 Against the full-year budget of £215.107m there is a projected overspend of £5.351m (2.50%). The overspend has increased by £0.297m since period 6. The following sections (section 3 – 10) outline the main areas of variance since period 6 by service area.

3. COMMUNITY CARE AND HEALTH SERVICES

- 3.1 Against the full-year budget of £59.377m there is a projected overspend of £2.076m (3.5%). The overspend has increased by £0.181m since period 6 the main areas of which are:

- **Locality Services** – projected year end overspend of £0.851m (adverse movement of £0.310m). This consists of:
 - a) Care homes – permanent placements – is projected to overspend by £0.329m which is an adverse movement of £0.398m. This is due to prioritising hospital discharges which have been higher than the discharges from care homes. This has resulted in a net increase of placements that is higher than would normally be estimated. To minimise the overspend requests for care home placements are being wait listed and at period 8 there are 37 people on the waiting for a permanent care home placement of which 25 are already placed in a care home on an emergency basis, 5 are in the community and 7 are hospital based.
 - b) Equipment – is projected to be on-line following the implementation of previously agreed mitigating action. This is a favourable movement of £0.200m.
 - c) Residential and community care packages – are projected to overspend by £0.379m which is an adverse movement of £0.122m due to seven new high costs packages expected to be put in place prior to the year end.
- **Community Care Service Delivery** – projected year end overspend of £0.866m (favourable movement of £0.191m). This consists of:
 - a) Care at home (in house and purchased provision) is projected to overspend by £0.479m which is a favourable movement of £0.028m. The mitigating action approved in period 6 is being implemented but whilst there is a significant reduction in service for those participating in the reablement service over a four week period, there is no similar reduction in need for service amongst those in the core service. The review has found cases where the package can be reduced but other cases require an increase for whom we find ourselves having to rapidly deploy additional support to avoid readmission to acute care. The mitigating action has been operating for four weeks so it is too early to assess the full implications. This will continue to be monitored and an update provided at period 10.

To minimise the overspend requests for service are being waitlisted and only released when capacity becomes available. At period 8 there are 182 service users on the waiting list for care at home services of which 61 are hospital based and 121 are in the community.

- b) Community Alarms response service is projected to overspend by £0.124m which is a favourable movement of £0.050m since period 6. This is due to vacant posts being filled which will reduce the need for overtime.
- c) Staffing costs at Montrose House is projected to overspend by £0.123m which is a favourable movement of £0.046m due to a reduction in overtime and additional vacant posts.
- d) Income from charges to service users is projected to over recover by £0.075m following work done by the Money Matters team to maximise benefits for service users.
- e) Transport costs are projected to overspend and have an adverse movement of £0.090m due increased staff mileage within care at home and ferry charges to support Montrose House.
- **Rehab and Reablement** – projected year end overspend of £0.353m (adverse movement of £0.096m). This is mainly due to high sickness absence levels and the pressures of single room accommodation within Ward 1. There has also been an increase in use of supplementary staffing due to delays in recruitment.

4. MENTAL HEALTH SERVICES

4.1 Against the full-year budget of £68.668m there is a projected overspend of £2.328m (3.4%). The overspend has increased by £0.495m since period 6 the main areas of which are:

- **Learning Disabilities-** are projected to overspend by £0.322m which is an adverse movement of £0.410m. This relates to savings that will not be achieved of £0.254m and a revision to the projection based on the profile of actual spend to date. Delivery of a reduction in packages is still considered feasible and will be the subject of a targeted review in 2017/18 to secure delivery of this saving.
- **Lead Partnership Mental Health–** projected overspend of £2.070m (adverse movement of £0.063m). This mainly consists of:
 - a) Adult Inpatient Wards – is projected to overspend by £0.932m which is an adverse movement of £0.065m due to the transfer of funding to Ward 5 for detox beds to correct the baseline budget allocation. Wards within Woodland View and Ailsa are running at 16 WTE over establishment in addition to 10 temporary funded posts and this needs to reduce to be in line with the outcome of the workforce tool. The workforce tool has assessed current numbers to determine the appropriate workforce model for delivery of wider mental health services within Woodland view. This concluded that an additional 15.45 WTE posts are required to maintain core service delivery. Plans to reduce the WTE to a maximum of 15.45 WTE over the current funded establishment will be developed. The revised business case will be submitted to the NHS Ayrshire and Arran for consideration in due course to secure funding for these additional posts moving forward.
 - b) Elderly Inpatient Wards – are projected to overspend by £0.506m which is an adverse movement of £0.118m. The wards are currently 25 WTE over-establishment, partly due to contracted staffing exceeding establishment, but mainly due to high sickness levels (22% in some wards) and constant observations. Sickness management is being closely monitored and actively managed to reduce the levels and financial consequences of this.

- c) Specialist Addictions – are projected to underspend by £0.111m. The inpatient ward staffing is now projected to break even following the transfer of funds from adult in patients. There are underspends on the substitute prescribing budget due to a decrease in the cost of methadone and the management team supplies budget is underspending.

5. CHILDREN'S SERVICES AND CRIMINAL JUSTICE SERVICES

5.1 Against the full-year budget of £30.380m there is a projected overspend of £1.479m (4.9%). This is a favourable movement of £0.273m the main areas of which are:

- **Looked After and Accommodated Children** – are projected to overspend by £1.014m which is a favourable movement of £0.349m as follows:
 - a) Residential School Placements – is projected to overspend by £0.828m which is a favourable movement of £0.417m due to three discharges in period that occurred earlier than anticipated, one placement now part funded by education one placement now funded from Home Office funding.
- **Lead Services – NHS Children's Services** – is projected to overspend by £0.432m which is the same position as period 6. £0.081m relates to immunisation nursing as no funding has been provided for the Men B programme and £0.074m in relation to trainee health visitors (CEL 13). The Scottish Government have awarded additional funding in the 2016/17 budget to allow the planned growth in health visitor staff. However, the funding received from health has been insufficient (£0.349m shortfall) to fully fund the numbers targeted by the Scottish Government and negotiations are continuing with the NHS to resolve this.

6. PRIMARY CARE

6.1 There is no movement from the period 6 projection of £0.094m underspent.

7. MANAGEMENT AND SUPPORT COSTS

7.1 Against the full-year budget of £4.949m there is a projected overspend of £0.183m which is an adverse movement from period 6 of £0.066m. This is partly due to unfunded posts and additional costs in relation to CALMS (Crisis, Aggression, Limitation and Management) training.

8. CHANGE PROGRAMME

- 8.1
- **Integrated Care fund (ICF)** – the ICF has a full year budget of £2.890m and is projected to underspend by £0.591m mainly due to delays in posts being filled. Given the current budget position it is proposed that this is used to help assist balance the overall partnership overspend.
 - **Delayed Discharge** - delayed discharge has a full year budget of £0.867m. Due to the timing around programme start dates, it is currently estimated that £0.236m of slippage is likely on this programme. £0.200m of this is already assumed as a non-recurring saving and the balance of £0.036m has been used to facilitate emergency discharges from hospital. We are committed to fully spending against delayed discharge funding and eligible areas of spend will be allocated to this area.

See Appendix C for more detail on the Change Programme.

9. LEAD PARTNERSHIP SERVICES

- 9.1 The projected overspend for North Lead Partnership Services is £2.502m and this is already included in the £5.351m projected overspend for the partnership.

Service Area	Projected Outturn £ 000's
Mental Health	2,070
Children's Services	432
Keepwell	-
TOTAL	2,502

- 9.2 As the Lead Partner for Mental Health and Children's Services (Health Visiting) the North Ayrshire Health and Social Care Partnership has responsibility for developing a recovery plan for these areas. An update on the recovery plan agreed at period 6 is included in Appendix D. A new recovery plan is being developed for Mental Health Lead Partnership services to ensure services are delivered within budget moving forward. If agreed it will be presented to South and East Health and Social Care Partnership for approval. It is recognised that this is unlikely to deliver a balanced service within 2016/17 but is being developed to balance service delivery in 2017/18 so that assurances can be given to all partners that this position can be avoided in the future.

£0.982m of Health pressures exist and have been requested directly from Health and will not be pursued with Lead Partners unless Health disagree that these are unfunded pressures

- £0.430m Children Services linked to Trainee Health Visitors and the Immunisation Programme
- £0.552m within Mental Health linked to the Woodland View Business Case

The leaves a remaining balance of £1.520m within the Lead Partnership for Mental Health. Mitigating action of £0.480m has been identified and if delivered would reduce the balance to be funded across the Lead Partners to £1.040m.

The Integration Scheme states that where recovery plans are not successful partners can consider making interim funds available based on the agreed percentage contribution with repayment in future years. This would be split as £0.334m to the East Partnership, £0.322m to the South Partnership and £0.384m to the North Partnership. In line with the Integration Scheme interim funding has been requested and will be considered by the respective IJBs.

9.3 East Ayrshire Health and Social Care Partnership

Projected Overspend - the overall Lead Partnership Primary Care projected overspend of £0.470m includes unallocated efficiency savings of £0.657m and an ADOC projected overspend of £0.235m due to GPs having to cover gaps in the nursing rota caused by the shortage and higher turnover of Advanced Nurse Practitioners. These overspends are partially offset by savings on General Medical Services of £0.096m as well as reduced expenditure within Primary Medical Services (primarily recruitment and retention payments).

Recovery Plan - East Ayrshire Health and Social Care Partnership have been allocated additional Primary Care Transformation Funding (PCTF) £1.402m in the current financial year. In addition, Urgent Care Resource funding £0.195m has been brought-forward from 2015/16 into the current year to offset attributable costs. This additional funding totals £1.597m. There will be significant slippage in the current year within the projects linked to this funding and it is proposed to use this to offset the overspend identified above.

This recovery plan was approved by the East IJB on 24 November 2016 and is now being presented to North IJB for approval.

9.4 South Ayrshire Health and Social Care Partnership

An overspend is likely to occur in the provision of community equipment. The estimated overspend across Ayrshire is £150,000. It is proposed that this be viewed as being covered, on a non-recurring basis, from the underspend on AHPs, as the underspend on AHPs is projected to be greater than 5% of budget. This was approved by the South IJB on 9 December 2016 and is now being presented to North IJB for approval.

9.5 DUE DILIGENCE

In 2015/16 there was an agreement that the financial position would be viewed as a further year of due diligence and any outstanding issues would be discussed with each parent organisation. A due diligence exercise has been completed for the 2014/15 baseline budget and shows:

Area of Service	£'000	Solution
Care at Home – Community Alarms	81	Included in the 2017/18 budget submission
Physical Disabilities – Residential Care Packages	57	Not yet addressed but will be prioritised from the 2017/18 funding.
Mental Health – Direct Payments	32	2016/17 virement undertaken
Residential Schools for Children	137	Included in the 2017/18 budget submission
Equipment	206	Included in the 2017/18 budget submission
Standby Service	65	2016/17 virement of £40K. This is being reviewed to try and bring the costs to within available budget.
Adoption	71	2016/17 virement
Woodland View	254	Included in the 2017/18 budget submission
Total	903	

These due diligence issues are in relation to 2014/15 but due to other high priority issues they were not resolved as part of the 2016/17 budget.

Both partners have been advised of the due diligence issues which have been identified and formal resolution of outstanding issues is being progressed as part of the 2017/18 budget exercise.

10. SET ASIDE BUDGET

- 10.1 The Integration Scheme, also makes provision for the Set Aside budget to be managed in-year by the Health Board with any recurring over or under spend being considered as part of the annual budget setting process. It is difficult to estimate the total expenditure on the Set Aside budget for 2016/17 as there are a high number of unfunded beds open at the present time to meet demands. This will be managed in year by the NHS and the budget implications for 2017/18, which are not linked to base line budget issues, will be discussed across the three partnerships.

11. MITIGATING ACTION

- 11.1 At period 8 there is a projected overspend of £5.351m. To date mitigating actions of £0.527m have been delivered and are reflected in the projected position. £1.562m is still being pursued for delivery and if delivered in full will result in a closing deficit of £3.789m. This is net of the funding sought from NHS Ayrshire and Arran linked to unfunded pressures. Of this £3.789m - £1.040m relates to the Lead Partnership and is being progressed with East and South Health and Social Care Partnership.

This leaves a balance of £2.749m of which £2.906m relates to Council funded services. £2.490m of the £2.906m relates to increased volume and demographic pressures. In line with the Integration Scheme partner bodies have been contacted to establish if further funding contributions are available for 2016/17 to reflect the increases in pressures experienced by the Health and Social Care Partnership. Based on the Integration Scheme this would be split as £2.157m from North Ayrshire Council and £0.333m from NHS Ayrshire and Arran. The North Ayrshire share would be reduced by the £0.481m requested under due diligence leaving £1.676m to be requested.

	£ 000's	Comment
Projected overspend	5.351	
Less mitigation still to be delivered	(1.562)	
Less lead partnership contributions	(1.040)	This includes £0.384m from the North Partnership
Balance	2.749	
Split of the balance:		
a) Demographic and volume		
- North Ayrshire Council	2.157	Less the £0.481m being requested under due diligence = £1.676m.
- NHS Ayrshire and Arran	0.333	
b) Other areas	0.416	
c) NHS underspend on non-lead partnership services	(0.157)	
TOTAL	2.749	

12. SAVINGS UPDATE

- 12.1 The 2016/17 budget included £6.871m of savings.

All agreed Council and Health savings for 2016/17 have already been removed from the Partnership budget.

This section provides a summary update on progress in delivering these savings with detailed progress against each element shown in Appendix E.

12.2

BRAG Status	2016/17 Approved Saving	Updated Projection
Red	1,110	0
Amber	1,182	956
Green	4,105	2,882
Blue	474	1,239
TOTAL	6,871	5,077

As highlighted in the previous budget update report some savings are at risk from delivery and this is reflected in the update provided within Appendix E which shows a £1.794m shortfall in agreed savings achieved. The Health and Social Care Partnership will consider alternative savings for implementation in 2017/18 to mitigate this shortfall.

13. BUDGET MOVEMENTS

13.1 The total approved budget for 2016/17 is £213.486m. This has been increased to £215.107m at period 6. In total the budget has increased by £1.621m. Budget movements since the approved budget are detailed in Appendix F.

14. VIREMENT

14.1 There are no virement requests at period 8.

15. Implications

15.1 Financial

The projected outturn is £5.351m overspent for 2016/17 and the mitigating action identified at this stage is outlined in detail in Appendix D. This leaves a projected deficit of £3.789m at the year end. This will require to be recovered in future years. The Health and Social Care Partnership are currently engaging with all partner bodies to identify if further funding will be secured based on the Integration Scheme.

15.2 Human Resources

There are no human resource implications.

15.3 Legal

There are no legal implications.

15.4 Equality

There are no equality implications.

15.5 Environmental & sustainability

There are no environmental & sustainability implications.

16. CONSULTATIONS

16.1 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.

17. CONCLUSION

17.1 It is recommended that the Board:

- a) note the content of this report and the projected overspend of £5.351m for 2016/17;
- b) note the update on the mitigating action;
- c) note that the Mental Health Lead Partnership recovery plan is being developed and will be presented to a future IJB;
- d) approve the recovery plan for East Ayrshire HSCP Lead Partnership services as outlined in para 9.3;
- e) approve the recovery plan for South Ayrshire HSCP Lead Partnership services as outlined in para 9.4; and
- f) note discussions are underway with partner bodies.

For more information please contact Eleanor Currie, Principal Manager – Finance on 01294-317814 or Margaret Hogg, Chief Finance Officer on 01294 314560.

2016/17 Budget Monitoring Report – Period 8 Objective Summary

Appendix A

Partnership Budget - Objective Summary	2016/17 Budget									2016/17	
	Council			Health			TOTAL			Over/ (Under) Spend Variance at P6 £'000	Movement in projected budget variance from P6 £'000
	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
COMMUNITY CARE AND HEALTH	48,939	50,556	1,617	10,438	10,896	459	59,377	61,452	2,076	1,895	181
: Locality Services	24,190	24,863	673	3,415	3,592	178	27,605	28,455	851	541	310
: Community Care Service Delivery	22,480	23,346	866	0	0	0	22,480	23,346	866	1,057	(191)
: Rehabilitation and Reablement	696	776	80	1,809	2,082	273	2,505	2,858	353	257	96
: Long Term Conditions	1,148	1,172	24	2,945	2,914	(31)	4,093	4,086	(7)	(25)	18
: Integrated Island Services	425	399	(26)	2,269	2,308	39	2,694	2,707	13	65	(52)
MENTAL HEALTH SERVICES	20,954	21,305	351	47,714	49,691	1,977	68,668	70,996	2,328	1,830	498
: Learning Disabilities	15,961	16,288	327	482	476	(5)	16,443	16,764	322	(88)	410
: Community Mental Health	3,662	3,720	58	1,789	1,720	(69)	5,451	5,440	(11)	(31)	20
: Addictions	1,331	1,297	(34)	962	943	(19)	2,293	2,240	(53)	(58)	5
: Lead Partnership Mental Health NHS Area Wide				44,481	46,552	2,070	44,481	46,552	2,070	2,007	63
CHILDREN'S SERVICES AND CRIMINAL JUSTICE	26,815	27,857	1,042	3,565	4,002	437	30,380	31,859	1,479	1,752	(273)
: Intervention Services	3,814	3,663	(151)	292	311	19	4,106	3,974	(132)	(124)	(8)
: Looked After & Accomodated Children	15,111	16,125	1,014	0	0	0	15,111	16,125	1,014	1,363	(349)
: Fieldwork	6,264	6,540	276	0	0	0	6,264	6,540	276	229	47
: CCSF	469	460	(9)	0	0	0	469	460	(9)	(47)	38
: Criminal Justice	(13)	(13)	0	0	0	0	(13)	(13)	0	0	0
: Early Years	313	258	(55)	1,594	1,583	(11)	1,907	1,841	(66)	(64)	(2)
: Policy & Practice	857	824	(33)	0	0	0	857	824	(33)	(37)	4
: Lead Partnership NHS Children's Services Area Wide	0	0	0	1,679	2,108	429	1,679	2,108	429	432	(3)
PRIMARY CARE	0	0	0	48,012	47,918	(94)	48,012	47,918	(94)	(94)	0
MANAGEMENT AND SUPPORT COSTS	3,856	3,999	143	1,093	1,133	40	4,949	5,132	183	117	66
CHANGE PROGRAMME	1,242	1,095	(147)	2,279	1,835	(444)	3,521	2,930	(591)	(476)	(115)
LEAD PARTNERSHIP AND SET ASIDE	0	0	0	200	170	(30)	200	170	(30)	30	(60)
TOTAL	101,806	104,812	3,006	113,301	115,645	2,345	215,107	220,457	5,351	5,054	297

Period 8 Subjective Summary

Partnership Budget Subjective Summary	2016/17 Budget								
	Council			Health			TOTAL		
	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Employee Costs	45,484	46,614	1,130	51,974	54,304	2,331	97,458	100,918	3,461
Property Costs	434	418	(16)	16	16	0	450	434	(16)
Supplies and Services	2,048	2,184	136	5,956	6,024	68	8,004	8,208	204
Prescribing Costs	0	0	0	30,809	30,809	0	30,809	30,809	0
Primary Medical Services	0	0	0	17,204	17,110	(94)	17,204	17,110	(94)
Transport and Plant	550	667	117	0	0	0	550	667	117
Admin Costs	1,128	1,207	79	1,894	1,868	(26)	3,022	3,075	53
Other Agencies & Bodies	75,047	77,294	2,247	6,378	6,378	0	81,425	83,672	2,247
Transfer Payments	2,452	2,238	(214)	0	0	0	2,452	2,238	(214)
Other Expenditure	88	101	13	0	0	0	88	101	13
Capital Expenditure	0	0	0	0	0	0	0	0	0
Income	(25,425)	(25,911)	(486)	(930)	(864)	66	(26,355)	(26,775)	(420)
TOTAL	101,806	104,812	3,006	113,301	115,645	2,345	215,107	220,457	5,351

Integrated Care Fund

Area of Spend	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance	Explanation / Comments on the Projected Spend
Ideas and Innovation Fund	816	750	(66)	Part year vacant BBV Co-ordinator. Criminal Justice Officer £7k underspend. Community Phlebotomy service not yet commenced, assumed 4 months spend.
Reshaping Care for Older People Legacy	337	359	22	
Engagement and Locality Planning	170	80	(90)	Participatory Budgeting expected underspend £42k and Engagement post expected to be filled Jan 17, £43k underspend and Engagement and Locality Forums £5k underspend
Teams around GPs	448	210	(238)	Slippage in the See and Treat Centre and recruitment of ANPs.
Change Team	815	603	(212)	Underspend due to slippage in recruitment
Social Isolation	185	178	(7)	
Low Level Mental Health	119	119	0	
TOTAL	2,890	2,299	(591)	

Delayed Discharge

Area of Spend	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance	Explanation / Comments on the Projected Spend
SPOC	46	16	(30)	Slippage in recruitment to posts - assume filled in December 2016
Hospital at Home	338	328	(10)	
Bed Based Intermediate Care Ward 1	83	22	(61)	Slippage in recruitment to posts - assume filled between November 2016 and February 2017.
Bed Based Intermediate Care Ward 2	67	19	(48)	Slippage in recruitment to posts - assume filled between November 2016 and February 2017.
Whole Model Staffing	333	246	(87)	Slippage in recruitment to posts - assume filled by the end of 2016.
Care at Home	0	36	36	This is to fund temporary additional care at home to support hospital discharges.
Savings	0	200	200	£200k saving assumed for NHS
TOTAL	867	867	-	

**Mitigating Action being taken
to reduce the overspend**

Appendix D

Objective Heading	Service Area	Mitigation Delivered to date and included in the projection £000's	Mitigation still to be delivered at period 8 £000's	Action and Update	Council	Health	Lead Partnership
Community Care and Health	: Community Alarms	17	0	New eligibility has been agreed for community alarms and the updated figure at period 8 reflects the impact of this. Call volumes will be reviewed for potential areas of reduction. Delivered	0	0	0
	: Montrose House	22	0	Accelerate management action in relation to the suspended posts. This action has been taken and is reflected in the period 8 projection. Delivered	0	0	0
	: Equipment	200	0	<p>The approved criteria for equipment to be provided is:</p> <ol style="list-style-type: none"> 1. provide support required for end of life packages 2. complete adaptations that had started or had been committed to in writing prior to the tightened control on expenditure being put in place 3. maintain equipment and adaptations in situ and on which service users depend and 4. provide equipment deemed essential to support individuals and avoid hospital admissions <p>At period 8 this action has reduced the projection from £0.200m overspend to on-line.</p>	0	0	0

TOTAL – Community Care and Health		239	0		0	0	0
Mental Health	: Lead partnership - adult Inpatients	0	571	<p>The mitigating action has been reviewed and updated at period 8 and the latest position is reflected below.</p> <ul style="list-style-type: none"> • 1% reduction in total sickness absence levels across unit. Sickness absence rose in month 7 but reduced in month 8 but not by enough to achieve further savings. • 20 % reduction in staff hours associated with enhanced observations. The average enhanced observations reduced in period 7 but has increased again in period 8 to a similar level as period 6. • An initial review of IPCU model has been carried out but requires further work to be undertaken. • Recruitment of additional mental health nurses to the existing bank staff to support short notice needs in mental health inpatient services reducing spend on expensive agency nursing. At period 8 this is operational and reducing the need to use agency staff. • Reducing requirement for whole shift cover to meet short notice & term needs through allocation/movement of staff across Woodland View site and as per discussion at Daily Huddle • The nursing workforce tool has been undertaken to determine the appropriate workforce model for delivery of wider mental health services within Woodland view. This concluded that an additional 15.45 WTE posts are required to maintain core service delivery at a cost of £0.471m. Plans will be developed to reduce the WTE to a maximum of 15.45 	0	0	571

				WTE over the current funded establishment. The revised business case will be submitted to the NHS for consideration in due course.			
	: Lead Partnership – adult community	0	81	Continue to pursue additional funding from the NHS for out of hours liaison cover at Crosshouse	0	0	81
	: LD – Charging Income	100	0	All LD care package cases are being reviewed by the Money Matters team which has the potential to generate additional income. This is now reflected in the period 8 projections.	0	0	0
	: MH Funding Allocations	0	380	There is slippage in the additional funding allocations due to delays in the recruitment process. Psychology and CAMHS £127K NES Mental Health £40K Mental Health Innovation Fund £213K	0	0	380
TOTAL – Mental Health		100	1,032		0	0	1,032
Children’s Services and Criminal Justice	: Residential / Secure Placements	188	0	The additional Home Office Funding has been received and is included in the period 8 projection.	0	0	0
	: Health Visitors	0	349	Continue to pursue the NHS for adequate funding to support this initiative. This is the amount being requested in the report being considered by the NHS (£0.349m).	0	0	349
	: Immunisation	0	81	Continue to pursue the NHS for adequate funding to support this initiative.	0	0	81
TOTAL – Children’s Services and Criminal Justice		188	430		0	0	430
Management and Support Costs	: Increased payroll turnover	0	100	This is additional to the £1.1m target already included in the Council element of the budget.	100	0	0
TOTAL – Management and Support Costs		0	100		100	0	0
GRAND TOTAL		527	1,562		100	0	1,462
PROJECTED OVERSPEND			5,351		3,006	(157)	2,502
SHORTFALL			3,789		2,906	(157)	1,040

a) Council Element of Savings

Summary Narrative	B/R/A/G Status	2016/17 Approved Saving	2016/17 Projected Achievable Saving	2016/17 Saving Shortfall	Action being taken to address shortfall
Review of Partnership business support functions	Green	150,000	150,000	-	
Reduction in alternative family placement numbers, reducing the number of children requiring to be accommodated in this way by twenty over the next three years.	Blue	166,400	166,400	-	
Rationalisation of the Family Support services across North Ayrshire	Blue	150,000	150,000	-	
Children with Disabilities - improved procurement for provision of community support services.	Green	25,000	25,000	-	
Transfer of 8 external foster care placements to in-house carer provision	Blue	183,040	183,040	-	
Care home placements	Amber	500,000	171,000	329,000	£171k achieved based on current projection of one in one out for the remainder of the year. Discharges within Oct and November are significantly less than prior months, this has resulted in a net increase of care home placements due to hospital discharges exceeding care home placement discharges.
Older People -The support offered to individuals through their admission to Hospital and in the planning of their discharge back to community settings will be reviewed to improve the quality of support and ensure greater continuity.	Blue	50,000	22,000	28,000	Team Manager post vacated in Oct 16. Full Year savings achievable next year
Review and redesign day care for older people with a view to securing a more flexible, person centred approach that is aligned with other services to deliver greater efficiency in service provision.	Red	50,000	-	50,000	This will be reviewed and implemented during 2017/18.
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.	Green	455,000	455,000	-	
Streamlining management through the integration of services within the HSCP	Amber	90,000	90,000	-	
NACAS/Money Matters - proposed reduction in the Welfare Reform Payment plus an additional 10% funding from Money Matters	Blue	264,294	264,294	-	
Review of complex packages of care for individuals with a Learning Disability.	Red	100,000		100,000	These savings will not be made in 2016/17 but plans are progressing to achieve them in 2017/18.

Summary Narrative	B/R/A/G Status	2016/17 Approved Saving	2016/17 Projected Achievable Saving	2016/17 Saving Shortfall	Action being taken to address shortfall
Mental Health Care Packages baseline budget adjustment based on historic underspends	Amber	30,000	30,000	-	
Further rationalisation of the Family Support services across North Ayrshire	Blue	150,000	150,000	-	
Children & Families Adoption - remove additional investment	Blue	60,000	60,000	-	
Children & Families - Fostering additional savings to be delivered through revised rates, shift from external to internal carers and renegotiation of external carer rates	Amber	50,000	50,000	-	
Charging review across all services to ensure that current charging policies are being applied appropriately	Green	50,000	50,000	-	
Children & Families - remove additional investment	Blue	141,000	141,000	-	
Transport Initiative - Reduce level of taxi usage across the partnership and savings through increased use of Pool Cars	Red	33,000	-	33,000	Savings were to be achieved through reduction in staff mileage, current projections highlight this will not be achieved. A review of transport is underway and will be concluded in 2017/18.
Workforce review - maintaining core staffing levels to reduce enhanced overtime costs.	Red	183,500		183,500	Unexpected overtime incurred within Children residential units, Montrose House and Anam Cara, due to high levels of sickness.
Discretionary spend savings and minor budget realignments. This would require further review during 2016/17	Green	372,444	372,444	-	
Introduce a Pan Ayrshire shared Carefirst Support Service	Blue	30,000	30,000	-	
Dementia Respite care - sell additional places to other Authorities to generate additional income.	Red	38,610	-	38,610	Savings will not be achieved, beds fully utilised by NAC service users, no opportunities to sell to other LA's. This will be subject to review in the final quarter of 2016/17 and revised proposals brought forward for 2017/18
Learning Disability Services - development of Self Directed Support Services across the service to provide choice and	Amber	243,935	92,000	151,935	Savings to date from review.
Children's Services - development of Self Directed Support Services across the service to provide choice and flexibility for	Amber	63,000	63,000	-	
Review of sleepover provision including alternative models of service delivery e.g. telecare	Amber	34,777	34,777	-	
Contract savings within mental health and children's services	Blue	91,000	72,500	18,500	£7.5k Sacro contract - Full year £26k in 17/18 and £65k SAMH contract
Workforce Restructure - review of business support	Green	20,000	20,000	-	
Payroll Turnover - active management of the recruitment process to create additional payroll savings. This is in addition to the current target of £0.812m.	Amber	225,000	225,000	-	
		4,000,000	3,067,455	932,545	

b) Health Element of Savings

Summary Narrative	B/R/A/G Status	2016/17 Approved Saving	2016/17 Projected Achievable Saving	2016/17 Saving Shortfall	Action being taken to address shortfall
Day Activity Team, Ailsa	Green	100,000	100,000	-	
Coffee Shop	Green	5,000	5,000	-	
Addiction Supplies	Green	10,000	10,000	-	
CAMHS supplies	Green	20,000	20,000	-	
CAMHS Reserve Fund	Green	90,000	90,000	-	
Arrol Park - Payroll Turnover	Green	250,000	250,000	-	
Advocacy Post	Green	20,000	20,000	-	
LD Vacant Post	Green	35,000	35,000	-	
MH Nurse Training	Green	30,000	30,000	-	
MH Project Management Post	Green	40,000	40,000	-	
Community Addictions - vacant posts	Green	50,000	50,000	-	
Arrol Park - Long Stay Discharge	Green	110,000	110,000	-	
Psychology Supplies	Green	70,000	70,000	-	
Whole Systems Review	Red	300,000	-	300,000	The initial scoping has been completed but will be implemented in 2017/18
Community MH Vacancies	Green	50,000	50,000	-	

Summary Narrative	B/R/A/G Status	2016/17 Approved Saving	2016/17 Projected Achievable Saving	2016/17 Saving Shortfall	Action being taken to address shortfall
External NHS Service Level Agreements	Green	25,000	25,000	-	
Unpacs	Green	25,000	25,000	-	
Medical Posts - Targetted Reduction	Red	300,000		300,000	This was a non recurring saving and a reduced recurring target has been set for 2017/18 and alternative savings will need to be identified.
Slippage from Lead Nurse Vacant Post	Green	6,000	6,000	-	
Prescribing - Cost Reduction	Green	50,000	50,000	-	
Prescribing and Medication Saving Across Community Teams	Green	30,000	30,000	-	
Payroll Turnover, Reduction in Staff Absence and Review of Skills Mix	Amber	421,000	371,000	50,000	Despite holding vacancies this target will not be achieved. This will be reviewed in 2017/18.
Delayed Discharge Slippage	Green	200,000	200,000	-	
Arran War Memorial	Green	15,000	15,000	-	
Cumbræ Lodge	Green	44,326	44,326	-	
Payroll Turnover and Reduction in Staff Absence	Red	214,775	73,775	141,000	Despite holding vacancies this target will not be achieved. This will be reviewed in 2017/18.
Packages of Care	Red	70,000	-	70,000	
Huntington's Budget	Green	10,000	10,000	-	
Health Visitor Supplies	Green	20,000	20,000	-	
Payroll Turnover and Reduction in Staff Absence	Green	109,899	109,899	-	
Review of Administration	Green	150,000	150,000	-	
		2,871,000	2,010,000	861,000	

MOVEMENTS SINCE THE APPROVED BUDGET

NORTH AYRSHIRE COUNCIL	Period	Permanent or Temporary	£ 000's
Initial Approved Budget			82,490
: Resource Transfer net off	4	P	18,154
: Transport Contract Inflation transferred to Place Directorate	4	P	(84)
: Transport re Arran vans transferred to Place Directorate	4	P	(24)
: Contribution to a Health and Safety Advisor	4	T	(10)
: Transfer of HSCP WAN Circuits budgets to IT Infrastructure	4	P	(12)
: Corporate Procurement Savings Tunstall (Telecare)	4	P	(5)
: Transfer to Business Development as a contribution towards a complaint pilot project	4	P	(8)
: Integrated Care Fund Transfer to North Ayrshire Council	6	T	1,242
: Break the Silence Budget from housing to HSCP	8	P	50
: Commercial waste budget	8	P	13
Reported budget at period 8			101,806

NHS	Period	Permanent or Temporary	£
Initial Approved Budget			130,996
: Resource Transfer net off	4	P	(18,197)
: ORT Funding	4	P	87
: Temporary uplift to MH Staffing	4	T	308
: Woodland View commissioning	4	T	100
: Daldroch Income Shortfall	4	P	149
: Cumbrae Lodge Inflation	4	P	20
: Baseline Resource Transfer Adjustment	4	P	70
: Allocation for Nursing and Midwifery revalidation	6	T	27
: Transfer to Pharmacy for Woodland View HEPMA	6	P	(33)
: Reduction in NES funding for junior doctors	6	P	(26)
: Reduction in BBV allocation 7.5% outcomes framework	6	P	(22)
: Additional funding for CEL 13 health visitors	6	P	46
: Funding for district nursing community admin	6	P	6
: Additional SG funding for Family Nurse Partnership	6	T	36
: Balance of CAMHs reserves	6	P	218
: Integrated Care Fund Transfer to North Ayrshire Council	6	T	(1,274)
: Mental Health Innovation Fund allocation	6	T	311
: CAMHS & Psychology Capacity Building Allocation	6	T	316
: General Medical Services Uplift	6	P	136
: ADP funding to Public Health	8	T	(20)

: ORT funding for Consultant	8	P	60
: Pay Award for Arran Intermediate Care	8	P	4
: Medical Records Administration	8	P	3
: Reduction in NES funding for junior doctors	8	P	(16)
: Delayed Discharge to NAC	8	T	(36)
: Reduce ICF to NAC	8	T	32
Reported budget at period 8			113,301

GRAND TOTAL	215,107
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