

Integration Joint Board Meeting



Thursday, 15 March 2018 at 10:00

**Council Chambers
Ground Floor, Cunninghame House, Irvine, KA12 8EE**

1 Apologies

2 Declarations of Interest

Members are requested to give notice of any declarations of interest in respect of items of business on the Agenda.

3 Minutes / Action Note

The accuracy of the Minutes of the meeting held on 15 February 2018 will be confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973 (copy enclosed).

3.1 Matters Arising

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

Presentations

4 Strategic Plan

Receive a presentation from Michelle Sutherland, Partnership Facilitator and Scott Bryan, Team Manager (Planning).

Quality and Performance

5 Director's Report

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

6 HSCP Challenge Fund Update

Submit report by Shahid Hanif, Interim Head of Finance, on the progress and success of Phase 1 of the Challenge Fund (copy enclosed).

7 2017/18 Financial Performance Update as at 31 January 2018: Period 10

Submit report by Eleanor Currie, Principal Manager - Finance on the projected financial outturn for the financial year 2017/18 as at 31 January 2018 (copy enclosed).

8 Adaptations Service

Submit report by David Rowland, Head of Service (Health and Community Care) providing and update on the Adaptations Service since delegation to NASHCP and on proposed next steps (copy enclosed).

9 Implementation of New GMS Contract

Submit report by Vicki Campbell, Primary Care Facilitator, Strategic Programme Manager - Primary Care Transformation (copy to follow).

Strategy and Policy

10 Provision of Functional Family Therapy to support families with children at risk of being looked after and or accommodated (Children, Families and Justice Services)

Submit report by Mark Inglis, Senior Manager (Intervention Services), and Donna McKee, Head of Service, Children, Families and Justice Services, on the proposal to establish a Functional Family Therapy Service (copy enclosed).

Tenders

11 Scottish Huntington's Association

Submit report by Stuart Gaw, Senior Manager, Integrated Care and Reablement Services, on the proposal to re contract with the Scottish Huntington's Association for a further three years (copy enclosed).

Minutes of Meetings for Discussion

12 Strategic Planning Group Minutes

Submit the minutes of the Strategic Planning Group meeting held on 11 January 2018 (copy enclosed).

13 Urgent Items

Any other items which the Chair considers to be urgent.

Integration Joint Board

Sederunt

Voting Members

Stephen McKenzie (Chair)	NHS Ayrshire & Arran
Councillor Robert Foster (Vice Chair)	North Ayrshire Council
Councillor Timothy Billings	North Ayrshire Council
Alistair McKie	NHS Ayrshire and Arran
Councillor Christina Larsen	North Ayrshire Council
Bob Martin	NHS Ayrshire and Arran
Dr. Janet McKay	NHS Ayrshire and Arran
Councillor John Sweeney	North Ayrshire Council

Professional Advisors

Stephen Brown	Interim Director North Ayrshire Health and Social Care
Shahid Hanif	Interim Head of Finance
Dr. Paul Kerr	Clinical Director
David MacRitchie	Chief Social Work Officer – North Ayrshire
Dr. Calum Morrison	Acute Services Representative
Alistair Reid	Lead Allied Health Professional Adviser
David Thomson	Lead Nurse/Mental Health Advisor
Vacant	GP Representative

Stakeholder Representatives

David Donaghey	Staff Representative – NHS Ayrshire and Arran
Louise McDaid	Staff Representative – North Ayrshire
Marie McWaters	Carers Representative
Robert Steel	(Chair) IJB Kilwinning Locality Forum
Fiona Thomson	Service User Representative
Nigel Wanless	Independent Sector Representative
Vicki Yuill	Third Sector Representative
Vacant	Carers Representative
Vacant	Service User Representative



**North Ayrshire Health and Social Care Partnership
Minute of Integration Joint Board meeting held on
Thursday 15 February 2018
at 10.00am, Council Chambers, Cunninghame House, Irvine**

Present

Stephen McKenzie, NHS Ayrshire & Arran (Chair)
Councillor Robert Foster, North Ayrshire Council (Vice Chair)
Councillor Timothy Billings, North Ayrshire Council
Councillor Christina Larsen, North Ayrshire Council
Councillor John Sweeney, North Ayrshire Council
Dr Janet McKay, NHS Ayrshire & Arran
Alistair McKie, NHS Ayrshire and Arran
Bob Martin, NHS Ayrshire and Arran

Stephen Brown, Interim Director of Health and Social Care Partnership
Dr Paul Kerr, Clinical Director
Shahid Hanif, Interim Head of Finance
David MacRitchie, Chief Social Work Officer – North Ayrshire
Alistair Reid, Lead Allied Health Professional Adviser
David Thomson, Lead Nurse/Mental Health Advisor
David Donaghey, Staff Representative – NHS Ayrshire and Arran
Louise McDaid, Staff Representative – North Ayrshire Council
Fiona Thomson, Service User Representative
Nigel Wanless, Independent Sector Representative
Marie McWaters, Carers Representative
Robert Steel, Chair Kilwinning Locality Forum
Vicki Yuill, Third Sector Representatives

In Attendance

Andrew Fraser, Head of Democratic Services
Donna McKee, Head of Service (Children, Families and Criminal Justice)
Karen Andrews, Team Manager (Governance)
Angela Little, Committee Services Officer

Apologies for Absence

Dr Crawford McGuffie, Acute Services Representative

1. Apologies

Apologies were noted.

2. Declarations of Interest

In terms of Standing Order 7.2 and Section 5.14 of the Code of Conduct for Members of Devolved Public Bodies there were no declarations of interest.

3. Minutes/Action Note

The accuracy of the Minutes of the meeting held on 18 January 2018 were confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973, subject to the following amendment:-

3.1 Matters Arising – Veterans First Point Service – Action – ~~V. Yuill~~ should read T. Bowers.

3.1 Matters Arising

Volunteering Strategy - the Third Sector and North Ayrshire are to develop the strategy and it is hoped to have this in place by April 2018.

Action - V. Yuill

Public Partnership Forum - Officers will meet with Fiona Thomson and bring forward a paper to a future meeting.

Action - F. Thomson

Technology Enabled Care and Innovation - remove from the Action Note, as a report will be presented to a future meeting of the Board.

Action – D. Rowland

Peer Support Services Specification for People with Mental Health Problems in North Ayrshire - the tender has gone out and the scoping exercise is ongoing.

Action - T. Bowers

Veterans First Point Service - the service is located in North Ayrshire and accessed by South and East. Discussions are ongoing regarding an equitable financial split of funding by the three Ayrshire authorities.

Action - T. Bowers

North Ayrshire Citizen's Advice Service - NACAS are winding down their outreach service and discussion are continuing.

4. Carers Presentation

The Board noted that Isabel Marr, Senior Manager (Long Term Conditions) will provide the presentation to a future meeting.

5. Director's Report

Submit report by Stephen Brown, Director (NAHSCP) on developments within the North Ayrshire Health and Social Care Partnership.

The report highlighted works underway in the following areas:-

- West of Scotland Regional Delivery Plan Event on 1 March 2018;
- Appointment of professional lead – Psychological Services;
- North Ayrshire HSCP Website;
- Adult Support and Protection Inspection;
- Staff Partnership Awards;
- North Ayrshire HSCP Strategic Plan;
- Budget Update;
- Business Support Review Event – 2 February 2018;
- Locality Teams- Children's Services; and
- Carers (Scotland) Act 2016.

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

- 72 nominations that have been received for the Staff Partnership Awards that will be held in Ardrossan Civic Centre, Ardrossan and not Saltcoats Town Hall as stated in the report;
- A workshop that will be held for all IJB members on the Regional Delivery Plan;
- A Budget Update that will take place following the Board meeting and will focus on (i) the overspend; (ii) the Council budget setting process and the IJB allocation that will be agreed at the Council meeting on 28 February 2018; (iii) the previous and current funding allocation from the NHS, cash releasing efficiency savings (CRES), North overspend and brokerage from the Scottish Government; and
- Information from the Budget Update that will be provided to those Members who are unable to attend the session.

Marie McWaters advised the Board that there is currently a debate by Scottish Government Members on funding in respect of the Carers (Scotland) Act 2016.

The IJB noted the ongoing developments within the North Ayrshire Health and Social Care Partnership.

6. Community Payback Order Annual Report

Submitted report by David MacRitchie, Chief Social Work Officer on the Community Payback Order Annual Report 2016/17, which will be published by the Scottish Government at the end of February 2018. The report highlighted the range of work and projects undertaken through the 769 Community Payment Orders imposed in 2016/17.

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

- 100% ring-fenced funding for the project provided by the Scottish Government;
- Support that is provided to individuals to ensure they are able to fit in their CPO's around their work;
- A range of community projects undertaken by service users and consideration that will be given to identify this work
- The reduction in recorded crime in North Ayrshire as a result of the success of the CSO project.

The Board congratulated the staff involved in the successful project.

The Board agreed to note (a) the work undertaken in North Ayrshire by offenders placed on Community Payback Orders; and (b) that the Community Payback Order Annual Report 2016/17 will be published at the end of February 2018.

7. Health and Social Care Clinical and Care Governance Arrangements

Submitted report by David Thomson, Associate Director of Nursing which provided an update on the function of the Health and Social Clinical and Care Governance Group and outlined further proposals to improve the quality of reporting and promote consistent approaches across all relevant areas of practice. Appendix 1 to the report provided the framework for Clinical and Care Governance.

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

- Discussions that will take place in relation to the involvement of Pharmacy in the local Care Clinical and Care Governance Group;
- The Digital Health Strategy that will address the replacement of the Edison (the system used to record delayed discharges, locally and across Scotland);
- The development of a flash report type of communication for all staff groups to disseminate highlights and learning;
- Discussions that continue with the Chairs of the IJB Performance and Audit Committee and the Clinical and Care Governance Group on the parameters of the groups and methods of reporting to the IJB to limit overlap; and
- Third Sector Indemnity insurance that is in place and individuals who would be insured via their employer.

The Board agreed to (a) the proposed revised Health and Social Clinical and Care Governance reporting mechanisms; and (b) receive regular updates to future meetings.

8. Appointment of the Chief Financial and Transformation Officer

Submitted report by Andrew Fraser, Head of Democratic Services on the proposal to appoint a full-time Chief Finance and Transformation Officer to have responsibility for strategic and operational finance and transformation and hold the role of Section 95 Officer in terms of the Local government (Scotland) Act 1973. Appendix 1 to the report summarised key financial information for the HSCP since 2014/15.

The Board was advised that the Council have agreed to fund half of the dedicated full-time Chief Finance and Transformation Officer and to continue to fund the interim Chief Finance and Transformation Officer and that the NHS have advised that their financial contribution can be used to fund half of the dedicated full-time post.

The Board agreed to (a) put in place a dedicated full-time Chief Finance and Transformation Officer for the Integration Joint Board; (b) the post having responsibility for strategic financial planning and management of all services delegated to the IJB (with accountability to the Council, Health Board and IJB), strategic transformation and to lead in terms of Section 95 of the Local government (Scotland) Act 1973; (c) that pending the appointment of a permanent Chief Finance Officer that the current interim Head of Finance for the HSCP Council services be appointed as interim Chief Finance and Transformation Officer of the Integration Joint Board and to recommend to North Ayrshire Council and NHS Ayrshire and Arran that the additional costs of the post are met jointly by them; and (d) that the post be reviewed after three years.

9. General Medical Contract

Submitted report by Dr Paul Kerr, Clinical Director on the key points of the new General Practitioner contract, IJB/North Ayrshire Health and Social Care Partnership responsibilities relating to the new GP contract and overview proposed pan-Ayrshire (multiple IJB collaboration) approach.

The board was advised of an amendment to the report at 2.3, Para 5 – the ~~Secretary~~ of the GP Sub Committee should read **Chair** of the GP Sub Committee.

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

- The primary care funding of £3.4m for 2018/19, £4.3m for 2019/20 and £8.4m for 2020/21 that is not new funding;
- Milestones and outcomes that will be put in place to measure the success of the contract and ensure the high quality of services to all local areas;
- The requirement for joined up IT systems; and
- The work of Locality Forums to promote the new contract.

Noted.

10. Strategic Planning Group Minutes

Submitted the minutes of the Strategic Planning Group held on 2 October 2017.

Councillor Foster, Chair of the Strategic Planning Group advised of sessions that were held to discuss the content of the draft Strategic Plan and the locality sections of the plan.

Noted.

11. Integration Joint Board Performance and Audit Committee Minutes

Submitted the minutes of the IJB Performance and Audit Committee held on 29 November 2017.

Councillor Billings, Chair of the IJB performance and Audit Committee, advised that consideration is being given to the role of PAC and how it links in with all relevant bodies.

The Board agreed (a) that a meeting of the Locality Chairs would take place shortly; and (b) that Councillor Foster would provide an update to the Board once this meeting had taken place.

Meeting ended at 12 noon.

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North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 15 February 2018

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	Volunteering Strategy	15/2/18	The Third Sector and North Ayrshire are to develop the strategy and it is hoped to have this in place by April 2018.	Ongoing	V. Yuill
2.	Public Partnership Forum	15/2/18	Officers will meet with Fiona Thomson and bring forward a paper to a future meeting.	Ongoing	Officers and F. Thomson
3.	Peer Support Services Specification for People with Mental Health Problems in North Ayrshire	15/2/18	A report be provided to a future meeting on the scoping exercise undertaken in respect of the recovery college	The tender has gone out and the scoping exercise is ongoing.	T. Bowers
4.	Veterans First Point Service	15/2/18	The service is located in North Ayrshire and accessed by South and East. Discussions are ongoing regarding an equitable financial split of funding by the three Ayrshire authorities.	Ongoing	T. Bowers

5.	North Ayrshire Citizen's Advice Service	15/2/18	NACAS are winding down their outreach service and discussion are continuing.	Ongoing	D. Rowland
6.	Meeting of the Locality Chairs	15/2/18	That a meeting of the Locality Chairs take place	An update would be provided to the Board once this meeting had taken place	Councillor Foster

Integration Joint Board
15th March 2018


Subject: **Director's Report**

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

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

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

1.	EXECUTIVE SUMMARY
1.1	This report informs members of the Integration Joint Board (IJB) of the work undertaken within the North Ayrshire Health and Social Care Partnership (NAHSCP) nationally, locally and Ayrshire wide.
2.	CURRENT POSITION
	National Developments
	<u>Standards Commission for Scotland</u>
2.1	The Standards Commission for Scotland have advised of their intention to organise a training workshop in 2018 for all members of Health and Social Care Integration Joint Boards. It is intended that the workshops will include discussion on topics such as identifying conflict of interests, being clear about the capacity in which individuals appointed to the different organisations are acting, and resolving any cultural clashes that arise on Boards comprising of individuals from different organisations. Further details on dates and venue will be circulated and published in due course.
	North Ayrshire Developments
2.2	<u>The Art of the Future</u>
	Young people from Rosemount attended a private viewing of a new exhibition The Art of the Future https://www.nationalgalleries.org/exhibition/art-future at the Scottish National Gallery in Edinburgh. This exhibition will include Rosemount's most recent collaboration with National Galleries of Scotland. The artwork on display is the outcome of a mail art project that encouraged youth groups to make art from random materials they received in the post. The Art of the Future exhibition is part of the <u>Year of Young People 2018</u> and offers a unique insight into how young people see

	<p>the world they live in. The exhibition is free and is open to the public from 10 February to 29 April. Pop along and have a look – it's sure to be inspirational and thought-provoking!</p>
	
2.3	<p><u>Wellbeing and Recovery College Pilot</u></p>
	<p>We are piloting a new opportunity for people affected by mental health problems (aged 16 and over) to participate in a range of courses that focus on wellbeing and recovery. The courses will be run in venues across North Ayrshire. They will provide safe spaces where people can improve their knowledge of mental health, learn self-management techniques and receive and provide peer support.</p>
	<p>The pilot is being managed by representatives of NAHSCP along with community partners and individuals with lived experience of mental ill health.</p>
	<p>The range of courses includes, Write to Recovery, Living Life to the Full, WRAP (Wellness Recovery Action Planning) and Crafty Corner. For more detail or to apply to take part contact KA Leisure at recoverycollege@kaleisure or call 07769935734.</p>
2.4	<p><u>Staff Partnership Awards – 28th February 2018</u></p>
	<p>Unfortunately, due to the adverse weather conditions, we took the decision to cancel Staff Partnership Awards on 28th February 2018. Whilst we continued to cover essential services, it was felt that asking people to come out when not absolutely necessary was too much of a risk. We have a provisional rescheduled date of 29th March 2018 so watch this space.</p>
	<p>The 'beast from the East' aka Snowstorm Emma arrived last week with a ferocity that no amount of preparedness could truly cope with. Whilst some parts of North Ayrshire avoided the worst, the North Coast and the Garnock Valley were particularly badly affected. In addition, staff travelling from further afield had significant issues.</p>
	<p>Despite all of that, the response of front-line staff to the challenge of maintaining service delivery was first class. The efforts of staff throughout the week was hugely appreciated, not least by the people who receive our services.</p>

	Stories of how people have responded to the weather continue to appear on social media, for example colleagues in the Place Directorate assisted Care at Home staff to access vulnerable older people by clearing a route in Skelmorlie.
2.5	<u>Family Nurse Partnership</u>
	<p>As we enter our 5th year of Family Nurse Partnership in Ayrshire and Arran we are moving to a programme of expansion which will enable us to offer the programme to all eligible clients. The programme will continue to be offered to all women of 19 years and under having their first child and will be extended where capacity allows, to include women of 20-24 years who have additional vulnerabilities for example, previous care experience, mental health concerns, experiencing domestic abuse.</p> <p>We have recently recruited one further Supervisor and 3 Family Nurses, with a further 5 nurses to be recruited incrementally by March 2020. We will also explore different models of programme delivery including the option of joined up regional delivery with colleagues in Dumfries and Galloway.</p>
2.6	<u>Learning Disability Services Update</u>
	Learning Disability Strategy - A consultation event on the development of a commissioning strategy (2018-2021) for LD, mental health and physical disability services took place on 21st February 20-18 at Saltcoats Town Hall.
	Redesign of Overnight Supports - Service users have been advised of the review of overnight supports. It is proposed to introduce assistive technology to provide support in a less intrusive manner. Elected members, care inspectorate, legal service and advocacy have been updated on progress to date and pilots have been implemented to trial out a responder type service. Carer and Family information sessions have also taken place on the finer details of the overnight supports review.
	<u>Anticipated Outcomes</u>
	Not applicable.
	<u>Measuring Impact</u>
	Not applicable
3.	IMPLICATIONS

Financial:	None
Human Resources:	None
Legal:	None
Equality:	None
Children and Young People	None
Environmental & Sustainability:	None
Key Priorities:	N/A
Risk Implications:	N/A
Community Benefits:	N/A

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

4.	CONSULTATION
4.1	No specific consultation was required for this report. User and public involvement is key for the partnership and all significant proposals will be subject to an appropriate level of consultation.
5.	CONCLUSION
5.1	Members of IJB are asked to note the ongoing developments within the North Ayrshire Health and Social Care Partnership.

For more information please contact Stephen Brown, Interim Director/Chief Officer on 01294 317723 or sbrown@north-ayrshire.gcsx.gov.uk

Integration Joint Board
15 March 2018

Subject: **HSCP Challenge Fund Update**

Purpose: To inform Integration Joint Board (IJB) of the progress and success of Phase 1 of the Challenge Fund

Recommendation: Integration Joint Board to note progress of the Challenge Fund

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

1.	EXECUTIVE SUMMARY
1.1	North Ayrshire Council, during the 2017/18 budget setting process, approved the development of an innovative approach for the Health and Social Care Partnership (HSCP) to implement a 'Challenge Fund'. This is an 'invest to change' programme which is an innovative approach in Scotland and has attracted attention of Scottish Government
1.2	North Ayrshire Council provided £2.6m and the HSCP an additional £1.4million, to allow services to make investments which deliver change and sustain services from the savings generated.
1.3	The Challenge Fund created an opportunity for services, using a change approach, to realise both the required North Ayrshire Council savings target and additional savings which could be re-invested in their newly designed service moving forward to allow sustainability. The original expected level of savings to be achieved was £6.416million (gross) and of this £1.746million NHS element. The revised savings are now £2.78million (See Appendix 1 and 2).
1.4	The Challenge fund was subsequently split into three phases, with Phase 1 being £2m investment, Phase 2 being £0.6m investment and Phase 3 being £1.4m investment. Phase 1 is now being delivered from 2017/18 to 2019/20, Phase 2 projects are still being finalised for approval and Phase 3 monies were re-directed on a one-off basis to Care at Home and Learning Disability care packages in 2017/18. (See Appendix 3)

2.	BACKGROUND
2.1	The Challenge Fund created an opportunity for services, using a change approach, to realise both the required North Ayrshire Council savings target and additional savings which could be re-invested in their newly designed service moving forward to allow sustainability. The original expected level of savings to be achieved was £6.416million (gross) and of this £1.746million NHS element (See Appendix 1 and 2)
2.2	The Partnership Senior Management Team focussed on the key priorities identified within the Strategic Plan. The Heads of Service worked with their directorate teams to identify both directorate and system wide opportunities for change. The initial range of projects identified are shown in Image1 below:

Image 1: Strategic Priority Areas for Challenge Fund

£4.0m Health & Social Challenge Fund	
Tackling Inequalities	<ul style="list-style-type: none"> • Review Physical Disabilities case load & packages • School based approach to reduce looked after & accommodated children and reduction in need for residential schools • Review of threshold criteria • Review of Charging Policy
Prevention & Early Intervention	<ul style="list-style-type: none"> • Equipment & Adaptations waiting list • Pilot step up step down beds • Develop Reablement & Assessment • Capacity- Care at intervention Universal Early Years • Pilot sickness absence Task Force
Bringing services together	<ul style="list-style-type: none"> • Mainstream /Roll Out Rapid Response Service in Irvine , Three Towns and Garnock Valley • Pilot new approach to Sleepover Provision with LD • Transfer of Community Alarm , & call handling to another provider • Leadership Secondment – LD Strategy • Expansion of MAASH additional Social Worker – Adult Concern Referrals
Mental health and wellbeing	<ul style="list-style-type: none"> • Pilot See & Treat programme • Pilot MDT & introduction of Mental Health & Wellbeing Workers around GPs • Development of Families First approach within Mental Health

2.3	The Challenge Fund reports are presented to the HSCP Change Programme Board, the Council's Transformational Change Board and forms part of the financial update to the HSCP Integration Joint Board.
2.4	Given the scale of the work proposed, the Challenge Fund was split in to three phases.
2.5	<p>Phase 1 approved projects received a total of £1.980million investment to release £2.994million of savings, this was subsequently revised to £2.78million of savings to be made over three years of 2017/8 to 2019/20 (See Appendix 3 to 6).</p> <p>The progress is noted below and has delivered mixed levels of success:</p>

	<ul style="list-style-type: none"> • Review Physical Disabilities Caseload – The £53,372 investment provides additional staff hours to review Physical disabilities cases. The annual savings target is £200,000, with a total of 121 cases out of 159 having been assessed. To date this review has generated annual reductions in existing care package costs of £90,314 and is forecast to save a total of £117,000 by the end of March 2018.
	<ul style="list-style-type: none"> • Pilot a New Approach Sleepover Provision within Learning Disability – An investment of £45,000 was available to support the testing and procurement of a new model of overnight support to a number of service users with a targeted annual saving of £250,000. Successful cluster pilots and use of assistive ‘canary’ technology solutions in three tenancies to gather information has generated savings of £51,000 to date and a year-end saving of £92,992 is expected for the pilot group. As a result of the successful testing a review of all sleepovers is to commence. Further roll out and hence savings cannot be made until a cost effective responder service is put in place. Work is currently underway to explore the options available.
	<ul style="list-style-type: none"> • Investment in Universal Early Years – an investment of £158,000 is being made to generate savings of £350,000 due to a reduction in the number of children 0-5 years subject to Supervision Orders, Child Protection processes and reduction in the number requiring to be Looked After and Accommodated. Universal Early Years Teams have added posts of a perinatal mental health nurse, Family Nurturers and Speech and Language Therapist support. Due to the nature of this project a longer payback period is involved with savings targeted as £100,000 in 2018/19 and £250,000 in 2019/20.
	<ul style="list-style-type: none"> • School Based Approach An investment of £154,904 has been made and this is expected to generate an annual saving of £351,000. This money has been used, alongside Educational Attainment funds to create a multi-disciplinary team around Greenwood Academy and Elderbank Primary schools. Previous research highlighted that both these schools have generated high numbers of young people requiring to be accommodated at a cost of £750,000 per year. The work of the new team will focus on earlier identification and support to reduce these numbers, improving children’s outcomes and reducing costs.
	<ul style="list-style-type: none"> • Reduction in need for Residential School Placements Whilst the number of children in residential school and secure care placements in North Ayrshire has been on a downwards trajectory and compares favourably with areas of similar size and deprivation levels, analysis of the current cohort of young people in residential school and secure care settings suggests that 9 young people could be cared for in a different way with some focused work. The investment of £341,588 has allowed us to establish a team to work with these young people in particular and should generate savings of £435,000. The savings to date total £106,632.
	<ul style="list-style-type: none"> • Equipment and adaptations – The investment of £250,000 has been allocated to clear the waiting list of 470 people for minor aids and adaptations which will happen by the end of 2017/18. No savings were required from this project.
	<ul style="list-style-type: none"> • Expansion of Multi Agency Assessment and Screening Hub (MAASH) to provide a reduction of 50% of adult protection and adult concern referrals by placing social work staff in the Kilmarnock Police Office to support the MAASH. This investment of £45,000 will provide savings of £74,000 from reduced resourcing of the adult services area.

	<ul style="list-style-type: none"> • Pilot Sickness Absence Taskforce –This work is to enable an improvement in attendance and the £150,000 investment has been used to secure additional physiotherapy and counselling sessions. This aims to speed up access to these supports, avoiding staff from taking sick leave or assisting staff back to work. Secondment into a “Maximising Attendance” post, to assist managers in timely application of the procedures, is now in process. A Sickness Absence Performance Monitoring and Improvement Group has been established. This work is planned to generate £100,000 savings in 2018/19 and £200,000 in 2019/20, some of which will be NHS savings as well as North Ayrshire Council savings.
	<ul style="list-style-type: none"> • Reablement and Assessment Capacity – This is designed to increase our existing reablement capacity within Care at Home by appointing three additional Occupational Therapists. These staff take up post in November 2017. This model will release £228,000 savings mostly in 2018/19 and 2019/20 as a result of care packages being reduced by maximising service user independence.
	<ul style="list-style-type: none"> • Step-up/Step-down Beds – A number of care home beds were purchased using the investment cost of £341,000 until 31 March 2018. However these beds did not deliver the levels of turn-over expected to allow hospital discharge for assessment and hence did not deliver the returns expected so this model is to cease.
	<ul style="list-style-type: none"> • Leadership Secondment to Implement Learning Disabilities Strategy was advertised twice and a recruitment agency approach also proved unsuccessful. The £30,000 investment monies were used to commission the development of a learning disabilities, mental health and physical disabilities services commissioning plan for the period 2018 to 2021. This is one of the first actions embedded in the learning disabilities strategic plan to enable the 'why, what, how and when' the service should design, purchase and deliver services over the period of the strategy. Discussions are still ongoing to ensure the right external expertise can be brought in to assist and drive this project forward to achieve a payback on the any further investment in 2018/19 and 2019/20. Savings targets of £256,000 in 2018/19 and £150,000 in 2019/20 have been set to be achieved.
2.6	<p>Lessons learned:-</p> <ul style="list-style-type: none"> • New money can be hard to spend quickly. Teams need to have time to plan the projects including the costs, savings, timescale, outcomes and monitoring. The HSCP teams had a limited time to come up with projects. • Several projects are delivering positively. These are generally the projects that had been built on a stronger evidence base and given appropriate focus, resourcing and governance. • Focus was primarily put on one year timeframes, however not all savings are always able to be delivered within one year as the transformative nature of some of the work may take time to realise cash-releasing savings. • Not all projects will necessarily make savings - some investment will change how we deliver services, help stem future demand and improve quality of service. This will require to be demonstrated by the improvement of agreed non-financial metrics and key performance indicators (KPI's). • Clear governance and control is required for each project with a designated 'responsible person' to drive it forward, monitor progress and ensure deliverables are achieved. • The HSCP has a significant challenge in respect of this Challenge fund, there are projects from the Change fund and budget savings sitting alongside it. A clear

	<p>framework requires to be developed to ensure appropriate oversight of all elements.</p> <ul style="list-style-type: none"> • Senior team need to create capacity in their roles to ensure clarity of purpose and direction for the initiatives, as well as the specificity of impact and outcome.
3.	PROPOSALS
3.1	The Integration Joint Board (IJB) is asked to note the progress of the Challenge Fund Phase 1 Projects to date.
3.2	IJB is also asked to note that work is still ongoing within the Partnership to finalise proposals for Phase 2 funding that remains within the Challenge Fund pot (£657,000).
3.3	Part of the delay around this has been ensuring that we can learn from the development and implementation of the Phase 1 projects. Whilst a number of the projects in Phase 1 are on track and beginning to deliver some of the transformation and savings anticipated, a number of them have not happened in the timelines planned or realised the amounts envisaged. Others have been largely unsuccessful, for example the Step-up/Step-down Pilot. As such, the Partnership Senior Management Team want to robustly test the practice and financial assumptions behind future projects prior to bringing them forward.
3.4	IJB is asked to note that prior to the establishment of any further challenge fund it is essential for the HSCP to develop a robust framework to deliver Phase 1 of the current challenge fund, develop Phase 2 of the current challenge fund and deliver proposed savings for 2018/19 to 2020/21.
	<u>Anticipated Outcomes</u>
3.5	<p>There are a number of outcomes in relation to the Challenge Fund anticipated:-</p> <ul style="list-style-type: none"> • Summary update of current status of each project • Key themes that initial investment has had to be made for a number of projects mostly by way of mobilising teams, which will then have impact in realising savings in the medium term. • The progress made in 2017/18 will not have been as successful as had been planned, although some projects will see savings made. • Lessons will have been learned in relation to the performance of the Challenge fund for future reference and use. • Future development and delivery of the Challenge fund will be planned more effectively to ensure realistic and achievable progress can be made to deliver on time, within budget and to the targeted level of savings or income agreed.
	<u>Measuring Impact</u>
3.6	<ul style="list-style-type: none"> • The Change and Project management team have agreed measurement criteria from the outset of the project and measure and report against this including RAG status, with all savings being tracked and verified by the Finance team. • Regular monitoring and progress will be undertaken and reported to the Challenge Fund Monitoring Group on a monthly basis. • Updates shall also be taken to the Council Transformation Board on a monthly basis. • Any projects delivering adversely versus the agreed impact will be highlighted at the earliest opportunity and have corrective action agreed accordingly.

4.	IMPLICATIONS
Financial:	<p>The Challenge Fund uses a 'Spend to Change' approach. This approach requires to be carefully managed within an already complex financial environment of NAC and NHS core budgets, savings plans and time limited Transformational Change Funds e.g. NHS Primary Care Transformational Change and Integrated Care Fund.</p> <p>Appendix 1 shows the original Challenge Fund Phase 1 Appendix 2 shows the original Challenge Fund Phase 2 & 3 Appendix 3 shows the Revised Challenge Fund Phase 1,2 & 3 Appendix 4 shows the 2017/18 projected position Appendix 5 shows the 2018/19 projected position Appendix 6 shows the 2019/20 projected position</p>
Human Resources:	Appropriate Change Team resource required to be allocated to support project managers to enable, evaluate and monitor this work. All staff recruited to the 'Invest to Change' process have joined on a temporary basis.
Legal:	None
Equality:	The Challenge Fund supports delivery of the HSCP Strategic Plan Priorities which include support to people with learning disabilities and vulnerable children.
Children and Young People	The Challenge Fund supports delivery of the HSCP Strategic Plan Priorities which include support to people with learning disabilities and vulnerable children.
Environmental & Sustainability:	The Challenge Fund supports the sustainability of effective service models by allowing re-investment in these approaches after the savings targets have been generated.
Key Priorities:	The Challenge Fund supports delivery of the HSCP Strategic Plan Priorities.
Risk Implications:	The Challenge Fund is a key enabler for the IJB to deliver its services within its financial envelope, failure to deliver as planned could impact that delivery and potentially contribute towards the IJB spending in excess of its budget.
Community Benefits:	None

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

5.	CONSULTATION
5.1	The HSCP Director meets with all Heads of Service, Senior Managers and Project managers bi-monthly to monitor and evaluate progress towards both financial saving, re-investment targets and delivery of agreed outcomes.
6.	CONCLUSION
6.1	Integration Joint Board are asked to note the progress on the Challenge Fund to date.

For more information please contact Shahid Hanif, Interim Head of Finance on 01294 324954 or shahidhanif@north-ayrshire.gcsx.gov.uk

APPENDIX 1 – ORIGINAL CHALLENGE FUND PHASE 1 (£1.981m investment and £2.994m gross savings)

Phase 1

Reference Number	Summary Description of Proposal	Investment Approved in March 2017	Investment May update	Movement	Savings Identified in March 2017	Saving May Update	Movement
CF6	Review Physical Disabilities Caseload - review every package of care currently offered	70,000	53,372	- 16,628	200,000	200,000	-
CF7	Investment in Universal Early Years	158,000	158,000	- 0	350,000	350,000	-
CF8	School-based Approach to Reducing Looked After (LAC)/Looked After and Accommodated Numbers(LAAC)	120,000	154,904	34,904	351,000	351,000	-
CF9	Reduction in Needs for Residential School placements enhancing our community supports with a new team.	258,000	321,686	63,686	435,000	435,000	-
CF10	Equipment and Adaptations	250,000	250,000	-	-	-	-
CF 11	Pilot Step Up/Step Down Beds in Care Home Setting	303,000	341,588	38,588	600,000	600,000	-
CF 12	Develop Reablement and Assessment Capacity within Care at Home	187,000	189,486	2,486	228,000	228,000	-
CF13	Pilot Sickness Absence Taskforce within the HSCP	150,000	150,000	0	100,000	100,000	-
CF16	Pilot a New Approach to Sleepover Provision within Learning Disabilities	45,000	45,000	-	250,000	250,000	-
CF17	Expansion of the Multi Agency Assessment and Screening Hub (MAASH)	43,000	45,571	2,571	74,000	74,000	-
CF18	Leadership Secondment to Implement Learning Disability Strategy and new Pan Ayrshire approach	60,000	60,000	-	406,000	406,000	-
CF22	HR and Support to all projects	-	211,128	211,128	-	-	-
		1,644,000	1,980,734	336,734	2,994,000	2,994,000	-

APPENDIX 2 – ORIGINAL CHALLENGE FUND PHASE 2 & 3 - (£2.267m investment and £4.024m gross savings)

Phase Two

			Investment			Savings		
			Investment Approved in March 2017	Revised Investment	Movement	Savings Identified in March 2017	Revised Saving	Movement
CF1	David Rowland and Thelma Bowers (lead HoS TBC)	Right Intervention at the Right Time (a Review of Thresholds/Criteria Across Mental Health and Community Care)	130,000	212,237	82,237	500,000	500,000	-
CF2	All	Reduction of Bureaucracy	200,000	178,577	(21,423)	-	-	-
CF3	David Rowland	Undertake a Review and Development of a Charging Policy across the HSCP Interface with SDS	80,000	75,041	(4,959)	100,000	100,000	-
CF4	David Rowland	Roll Out of Self Directed Support in Health and Community Care and Mental Health	130,000	67,240	(62,760)	300,000	300,000	-
CF5	David Rowland	Families as a first responder to community alarms Link to SDS approach for capacity building with families and staff in new approach	140,000	140,170	170	62,000	62,000	-
CF8	Donna McKee	School-based Approach to Reducing Looked After (LAC)/Looked After and Accommodated Numbers(LAAC)	120,000	160,079	40,079	351,000	351,000	-
CF14	David Rowland	Mainstream Rapid Response Service in Irvine and Rollout to Three Towns and Garnock Valley	200,000	199,750	(250)	2,662,000	1,745,500	(916,500)
CF15	David Rowland	Creating a Joint Community Alarm Call Handling Hub	200,000	201,839	1,839	178,000	178,000	-
CF16	Thelma Bowers	Pilot a New Approach to Sleepover Provision within Learning Disabilities	45,000	45,000	0	250,000	250,000	-
CF19a	Thelma Bowers	a) Organisational Development Support to take forward the work identified through an independent review of the service	50,000	81,660	31,660	-	-	-
CF19b	David Rowland	b) LOTS workers (formerly ICF funded)	71,000	100,605	29,605	-	-	-
CF19c	David Rowland	c) MDTs around GPs (Three towns)	100,000	100,000	-	-	-	-
CF19d	Thelma Bowers	d) Primary Care Mental Health Co-ordinators (PCMHC)	155,000	138,761	(16,239)	-	-	-
CF20	David Rowland	Pilot a See and Treat Centre	300,000	321,146	21,146	175,000	175,000	-
CF21a	David Rowland	a) Befriending service within community care - agreed that this would form a joint piece of work for Neighbourhood networks with mental health. £0.080+0.135=£0.215M	80,000	80,000	-	62,000	62,000	-
CF21b	Thelma Bowers	b) Recovery College North Ayrshire	30,000	30,000	-	-	-	-
CF21c	Thelma Bowers	c) MH Circles of Support and Befriending	145,000	135,000	(10,000)	300,000	300,000	-
			2,176,000	2,267,105	91,105	4,940,000	4,023,500	(916,500)
			3,655,000	4,056,376	401,376	7,333,000	6,416,500	(916,500)

APPENDIX 3: REVISED CHALLENGE FUND – OVERALL FINANCIAL SUMMARY

CHALLENGE FUND - TOTAL							
Project	Project Name	Agreed Challenge Fund Invest	Total Original Savings Agreed	Total Revised Savings Agreed	Saving to be reinvested	Agreed Annual Net Saving (unphased Year 1)	Comment
CF6	Review PD care packages	£53,372	£200,000	£200,000	0	£146,628	Not a recurring project - will be embedded in practice
CF7	Universal Early Years	£158,000	£350,000	£350,000	£158,000	£192,000	
CF8	Reduce LAC and LAAC	£154,904	£351,000	£351,000	£154,904	£196,096	
CF9	Reduce use of Residential School	£321,686	£435,000	£871,000	£321,686	£113,314	
CF11	Step Up / Step Down Beds	£341,588	£600,000	£0	£0	£258,412	Not a recurring project
CF12	Reablement for Care at Home	£189,486	£228,000	£228,000	£189,486	£38,514	
CF13	Sickness Absence Task Force	£150,000	£100,000	£300,000	£150,000	-£50,000	
CF18	LD Sleepover service	£45,000	£250,000	£0	£0	£205,000	No recurring funding or saving assumed until the business case for the responder service is revisited
CF17	Expansion of MAASH	£45,571	£74,000	£74,000	£45,571	£28,429	
CF18	LD Strategy	£60,000	£406,000	£406,000	£60,000	£346,000	
	Sub Total	£1,519,606	£2,994,000	£2,780,000	£1,079,647	£1,474,394	
CF10	Equipment and Adaptations	£250,000	£0	£0	£0	-£250,000	Not a recurring project
CF22	HR support	£211,128	£0	£0	£162,985	-£211,128	Reduced resourcing going in 2018/19
	PHASE 1 - TOTAL	£1,980,734	£2,994,000	£2,780,000	£1,242,632	£1,013,266	

PHASE 2 **£600,000** Phase 2 is currently being reviewed to bring forward projects for approval

PHASE 3 **£1,400,000** Phase 3 was re-directed on a one-off basis to Care at Home and Learning Disability care packages in 2017/18

TOTAL FUND **£3,980,734** Challenge fund original total of £4m investment

APPENDIX 4: CHALLENGE FUND PHASE 1 – 2017/18 DELIVERY

CHALLENGE FUND PHASE 1 - 2017/18									
Project	Project Name	2017/18 Budgeted Spend	2017/18 Budgeted Saving	2017/18 Budgeted Net Saving	Projected Actual Spend	Projected Actual Saving	Projected Actual Net Saving	Variance from Projected Net Saving	Comment
CF6	Review PD care packages	£26,686	£117,000	£90,314	£26,686	£117,000	£90,314	£0	Reviewed 121 of 159 packages to date.
CF7	Universal Early Years	£52,667	£200,000	£147,333	£52,667	£106,632	£53,965	-£93,368	39 families being supported by combination of Family Nurturers, Speech & Language Therapists & Mental Health Nurse (Perinatal) – Scope extended to Midwives and GPs in Kilwinning Locality reducing number of children needing formal measures put in place (eg. Child protection & supervision orders, etc). Savings will come in 18/19 and 19/20
CF8	Reduce LAC and LAAC	£94,234		-£94,234	£94,234		-£94,234	£0	Initial spend incurred on building a multi-disciplinary team in 17/18 to work with families & pupils from Greenwood and Elderbank Academy to prevent future years accommodating costs, hence savings in 18/19 & 19/20
CF9	Reduce use of Residential School	£195,692		-£195,692	£195,692		-£195,692	£0	Working with 9 children in residential & secure schools who could be cared for in other ways, hence savings £106k to date and more in future years doing similar work
CF11	Step Up / Step Down Beds	£341,588	£600,000	-£241,588	£341,588	£0	-£341,588	-£600,000	Commissioned bed model ceased on the 31st March 2018. Money spent on extra beds to prevent delayed discharge from Crosshouse hospital, however patients put in the beds were effectively overflow from the hospital & not assessment patients, hence blocked the beds and savings not realised
CF12	Reablement for Care at Home	£47,371	£95,000	£47,629	£47,371	£47,629	£258	-£47,371	Commenced in November 2017 with 3 new Occupational Therapists to maximise service user independence, hence savings in future years on care costs.
CF13	Sickness Absence Task Force	£25,000	£50,000	£25,000	£25,000	£0	-£25,000	-£50,000	Additional Physiotherapy & Counselling sessions acquired since November 2017 which have initial cost in 17/18 however will realise staff Absence savings in future years.
CF18	LD Sleepover service	£22,500	£150,000	£127,500	£22,500	£0	-£22,500	-£150,000	Money has been spent on a 'Canary' Hardware system to replace carers for sleepovers and resulted in £90k of savings, however as the budget was already reduced for 17/18 to reflect this savings challenge then zero saving are shown here. A business case for further rollout including a responder service is being scoped out and may become a future project
CF17	Expansion of MAASH	£11,393	£30,000	£18,607	£11,393	£0	-£11,393	-£30,000	A Social Worker post within Kilmarnock Police station commenced 15th January 2018 hence this cost in 17/18. Aim to reduce 50% adult protection & concern referrals, hence savings realised in 18/19 & 19/20
CF18	LD Strategy	£30,000	£0	-£30,000	£30,000	£0	-£30,000	£0	£30,000 investment monies were used to commission the development of a system wide Learning disability and Primary Care Mental Health commissioning strategy. This will underpin savings to be realised in 18/19 & 19/20 before any further monies are invested
	Sub Total	£847,130	£1,242,000	-£105,130	£847,130	£271,261	-£575,869	-£970,739	
CF10	Equipment and Adaptations	£250,000	£0	-£250,000	£250,000	£0	-£250,000	£0	£75k spent since Dec 17 only, due to some delays in procurement process, plan to clear the 470 people on waiting list for minor aids and adaptations in 17/18, no savings were to be realised from this project. Non recurring costs
CF22	HR support	£129,635	£0	-£129,635	£129,635	£0	-£129,635	£0	For HR & Data Analysis Posts to create capacity & added resource to support the projects.
	TOTAL	£1,226,765	£1,242,000	-£484,765	£1,226,765	£271,261	-£955,504	-£970,739	

NOTE: None of the savings to be achieved in 2017/18 have been adjusted for in the 2018/19 Budget, hence they will be recognised as savings in 2018/19

APPENDIX 5: CHALLENGE FUND PHASE 1 – 2018/19 DELIVERY

CHALLENGE FUND PHASE 1 - 2018/19								
Project	Project Name	2018/19 Projected Challenge Fund Spend	2018/19 Projected Spend funded by savings	2018/19 Total projected spend	2018/19 Projected Gross Saving	2018/19 Projected Net Saving	2018/19 Projected Net Saving Realised	Comment
CF6	Review PD care packages	£26,686	£0	£26,686	£200,000	£173,314	£200,000	This is a continuation of 2017/18 work to maintain PD care package reviews being undertaken
CF7	Universal Early Years	£105,333	£52,667	£158,000	£100,000	-£58,000	£47,333	After the initial set up of teams in 17/18 & work being underway, start to realise savings in reduced and alternative facilitation for Social services for children and Accommodation
CF8	Reduce LAC and LAAC	£60,671	£94,234	£154,904	£200,000	£45,096	£105,766	
CF9	Reduce use of Residential School	£125,994	£195,692	£321,686	£536,000	£214,314	£340,308	
CF12	Reablement for Care at Home	£142,114	£47,371	£189,486	£228,000	£38,514	£180,629	Work of the 3 new Occupational Therapists starts to realise savings through lesser need for social care services in current year but more importantly to reduce future years demands. This pays back in 18/19 with a net saving of £180k however there is a cost of £142k in 2019/20 to continue reducing future demand. Net saving across the two years is £38k
CF13	Sickness Absence Task Force	£125,000	£25,000	£150,000	£100,000	-£50,000	£75,000	Additional Physiotherapy & Counselling sessions since November 2017 to be realising staff Absence savings
CF18	LD Sleepover service	£22,500	£0	£22,500	£0	-£22,500	£0	This is the cost of further roll out of Canary monitoring system to assess more suitable people to replace physical sleepover requirements. Possible further benefits can only then be assessed along with the need for a responder service - hence no savings in at this stage.
CF17	Expansion of MAASH	£34,178	£11,393	£45,571	£37,000	-£8,571	£25,607	The Social Worker post within Kilmarnock Police station commenced 15th January 2018 start to reduce 50% adult protection & concern referrals, hence savings to be realised
CF18	LD Strategy	£30,000	£30,000	£60,000	£256,000	£196,000	£226,000	£30,000 investment monies were used in 2017/18 to commission the development of a system wide Learning disability and Primary Care Mental Health commissioning strategy. This further spend of £60k will underpin savings to be realised in 18/19 & 19/20 for which plans are being progressed. No investment will be made until these are finalised and approved
	Sub Total	£672,476	£456,356	£1,128,833	£1,657,000	£528,167	£1,200,644	
CF22	HR support	£81,492	£81,492	£162,985	£0	-£162,985	-£81,492	For HR & Data Analysis Posts to create capacity & added resource to support the projects. This will be funded from surplus savings from other projects
	TOTAL	£753,969	£537,849	£1,291,817	£1,657,000	£365,183	£1,119,151	

NOTE: None of the savings to be achieved in 2017/18 have been adjusted for in the 2018/19 Budget, hence they will be recognised as savings in 2018/19

APPENDIX 6: CHALLENGE FUND PHASE 1 – 2019/20 DELIVERY

CHALLENGE FUND PHASE 1 - 2019/20							
Project	Project Name	2019/20 Projected Challenge Fund Spend	2019/20 Projected Spend funded by savings	2019/20 Total projected spend	2019/20 Projected Gross Saving	2019/20 Net Saving Realised	Comment
CF6	Review PD care packages	£0	£0	£0	£0	£0	No further savings noted at this stage, further work will be done on direction taken
CF7	Universal Early Years	£0	£105,333	£105,333	£250,000	£144,667	This is continuation of the projects from 2018/19 which will be fully self funding in 19/20 by the savings being generated and will not require challenge fund monies to continue
CF8	Reduce LAC and LAAC	£0	£60,671	£60,671	£151,000	£90,329	
CF9	Reduce use of Residential School	£0	£125,994	£125,994	£335,000	£209,006	
CF12	Reablement for Care at Home	£0	£142,114	£142,114	£0	-£142,114	This will be funded from surplus savings from other projects if proving successful as it will reduce future demand on the services and save costs in future years
CF13	Sickness Absence Task Force	£0	£125,000	£125,000	£200,000	£75,000	This is continuation of the projects from 2018/19 which will be fully self funding in 19/20 by the savings being generated and will not require challenge fund monies to continue
CF17	Expansion of MAASH	£0	£34,178	£34,178	£37,000	£2,822	
CF18	LD Strategy	£0	£30,000	£30,000	£150,000	£120,000	
	Sub Total	£0	£623,290	£623,290	£1,123,000	£499,710	
CF22	HR support	£0	£81,492	£81,492	£0	-£81,492	For HR & Data Analysis Posts to create capacity & added resource to support the projects. This will be funded from surplus savings from other projects
	TOTAL	£0	£704,783	£704,783	£1,123,000	£418,217	

Integration Joint Board 15 March 2018

Subject: 2017/18 Financial Performance Update as at 31 January 2018

Purpose: To provide an update on the projected financial outturn for the financial year 2017/18 as at 31 January 2018

Recommendation: It is recommended that the IJB:

(a) Notes the projected financial outturn for the year

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
MH	Mental Health
CAMHS	Child & Adolescent Mental Health Services
BRAG	Blue, Red, Amber, Green
UNPACS	UNPACS, (UNPlanned ACTivities) - Extra Contractual Referrals
ARG	Allocation of Resources Group

1.	EXECUTIVE SUMMARY
1.1	This report provides an overview of the 2017/18 financial position of the North Ayrshire Health and Social Care Partnership as at 31 January 2018. This report reflects the projected expenditure and income and has been prepared in conjunction with relevant budget holders.
1.2	The projected outturn is £3.433m overspent for 2017/18 after applying the £1.4m of the challenge fund to support service delivery. The previously approved mitigation plan is attached at Appendix D and if delivered will reduce the deficit marginally to £3.343m. Added to the £3.245m deficit brought forward from 2016/17 this could result in a projected closing deficit of £6.588m.
1.3	It is essential that the IJB operates within the budgets delegated and does not commission services which are higher than their delegated budgets. The IJB recognises that this is not being achieved and work is in progress to realign 2018/19 budgets and also bring a transformation and change agenda to the forefront.
1.4	The NHS have agreed to fund the total NHS element of the overspend. This report only reflects the prescribing element of this agreement pending confirmation of the final outturn.

2.	BACKGROUND
2.1	The period 8 report projected an overspend of £5.315m after use of £1.4m of the Challenge Fund to reduce the impact of mitigation on Council commissioned services in 2017/18. Since then the projected overspend has reduced to £3.433m which is a favourable movement of £1.882m of which £1.130m relates to the NHS covering the prescribing overspend. This report provides an update on projections, to enable the IJB to consider the implications for services in 2017/18.
3.	FINANCIAL PERFORMANCE
3.1	Against the full-year budget of £225.301m there is an overspend of £3.433m (1.5%). The following sections outline the significant variances in service expenditure compared to the approved budgets. Note that the main movements from the period 8 are explained. Appendix A provides the detailed position.
3.2	Health and Community Care Services
	<p>Against the full-year budget of £64.596m there is a projected underspend of £1.044m (1.6%) which is a favourable movement of £0.299m. The main reasons for the movement are:</p> <ul style="list-style-type: none"> Locality Services – projected underspend of £0.635m (favourable movement £0.208m) mainly due to: <p>Additional income of £0.067m which has been secured from charges to users in line with the charging policy.</p> <p>The planned underspend of £0.200m in equipment agreed as part of the mitigation plan has been achieved which is a £0.200m favourable movement.</p> <p>There are also favourable movements in direct Payments of £0.027m, residential packages £0.020m, employee costs £0.036m.</p> <p>Care home placements inc respite – are projected to overspend by £0.100m which is an adverse movement of £0.100m due to an increase in respite placements in recent weeks. There are currently 872 permanent placements which is 1 higher than period 8 and these are being managed on a one for one basis until the year end and 36 people are being waitlisted for services.</p> Community Care Service Delivery – projected underspend of £0.595m (favourable movement of £0.136m) mainly due to care at home (purchased and in house) which is projected to underspend by £0.958m which is a favourable movement of £0.178m due to agreed mitigation to delay the recruitment of posts. The projected underspend includes £0.177m of funds previously held in contingency to cover the projected increased costs of homecare if more services are brought in house. This is a one off underspend for 2017/18 and will be required in 2018/19.

3.3	<p data-bbox="272 129 627 165">Mental Health Services</p> <p data-bbox="272 208 1485 315">Against the full-year budget of £71.689m there is a projected overspend of £1.538m (2.1%) which is a favourable movement of £0.041m. The main reasons for the movement are:</p> <ul data-bbox="272 353 1485 2011" style="list-style-type: none"> <li data-bbox="272 353 1485 875"> <p data-bbox="272 353 1485 427">• Learning Disability – projected overspend of £1.121m (adverse movement £0.219m) which is mainly due to:</p> <p data-bbox="320 427 1485 875">Care packages are projected to overspend by £0.895m which is an adverse movement of £0.073m. The packages are being reviewed in alignment with agreed plans and progress is monitored through the bi-weekly ARG funding panel chaired by head of service, senior managers, team managers, care managers and finance. Care package requests/reductions are made against a risk criteria to ensure all risks are mitigated and vulnerable people can access services in accordance with statutory requirements - the application of a 'discharge' for an 'admission' is not always possible given the high cost of packages currently attributed to young people in transition hence the adverse movement this month. Further work is taking place to address planning for young people in transition from children's services. The projection also includes a saving of £0.093m in relation to the pilot work undertaken for sleepovers.</p> <p data-bbox="320 904 1485 1160">There are adverse movements in: payments to Cunninghame Housing Association (£0.039m) as the service was unbudgeted, direct payments (£0.031m) as the assumed recovery of unspent balances was less projected and income (£0.080m) due to charges from users and income from other local authorities for the use of Taigh Mor being less than projected. These will be monitored during 18/19 and if required included in the budget monitoring updates.</p> <li data-bbox="272 1238 1485 2011"> <p data-bbox="272 1238 1485 1312">• Lead Partnership –projected overspend of £0.468m (favourable movement of £0.219m).</p> <p data-bbox="312 1346 1485 1682">a) Adult inpatients has a projected overspend of £0.785m (adverse movement of £0.098m) of which £0.600m relates to longer than anticipated ability to income generate from other health board areas in respect of forensic beds and additional supplementary staff in relation to increased constant observations. The level of constant observations has increased due to the complexity of current cases. The mitigation plan for mental health included improving the sickness rate and at period 10 it is 9.53% which is above the quarter 3 target of 7.5%, noted there have been a number of viral outbreaks and increase is in short term sickness absence, reflecting this.</p> <p data-bbox="360 1715 1485 2011">The other contributor to the overspend is the Lochranza ward on the Ailsa site which is projected to overspend by £0.209m due to a combination of operating with Band 3 staff when only have budget for Band 2 posts and staff above budgeted establishment to support person on 1:1 support, staffed by staff who were unable to redeploy to Woodland View. This will continue into 2018/19 when the ward will close with staff redeploying to the Tarryholme Drive project or other areas of NHS Ayrshire and Arran. This will cause an overspend in the 2018/19 budget.</p>
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	<p>b) UNPACS – is projected to underspend by £0.109m (favourable movement of £0.179m) due a reduction in the three year service level agreement for Rowanbank.</p> <p>c) Psychology – is projected to underspend by £0.192m which is a favourable movement of £0.068m due to vacant posts.</p> <p>d) Elderly Inpatients – is projected to overspend by £0.472m which is an adverse movement of £0.057m due to the high level of constant observations. The increased observations are mainly in the EMH wards at Ailsa where ward environments are challenging and not in alinement with the Woodland view model. The mitigation plan for mental health included improving the sickness rate and at period 10 it is 9.27% which is above the quarter 3 target of 8% but again reflects increase in short term sickness absence as was seen in adult services. Targeted sickness absence work is ongoing.</p> <p>e) Addictions – is projected to overspend by £0.015m which is a favourable movement of £0.102m due to a reduction in substitute prescribing spend.</p> <p>f) CAMHS now projected to underspend by £0.049m, an improvement of £0.038m due to unanticipated income.</p>
3.4	<p>Children’s Services and Justice Services</p> <p>Against the full-year budget of £34.707m there is a projected overspend of £1.973m (5.7%) which is a favourable movement of £0.127m. The main reasons for the movement are:</p> <ul style="list-style-type: none"> • Looked After and Accommodated Children – projected overspend of £2.277m (favourable movement of £0.028m). <p><i>Residential Schools and Community Placements</i> – projected overspend of £1.223m (favourable movement of £0.055m from P8). This is the net result of review of funding from Education for placements which reduced the projection by £0.161m offset with one move to Secure (£0.041m) and 2 new placements (£0.065m).</p> <p><i>Looked After Children Placements</i> – projected overspend of £0.554m (favourable movement of £0.031m) due to the current mix of fostering, adoption and kinship payments.</p> <p><i>Supplies and services</i> – projected to overspend by £0.065m (adverse movement of £0.032m) due to increased spend on food within residential units and clients clothing as the units have had to operate above normal capacity, however, this has prevented more costly external placements.</p> <p><i>Employee costs</i> – projected to overspend by £0.267m (adverse movement of £0.055m) due to the impact of the closure of the Nethermain facility for refugees sooner than anticipated. This resulted in supernumerary staff in the children’s units for a short period.</p>

	<ul style="list-style-type: none"> • Early Years – projected underspend of £0.196m (favourable movement of £0.037m) as a post is now being recharged to the Named Person budget held within Education Services. • Lead Partnership – Children’s Services – projected to underspend by £0.060m within immunisation (favourable movement of £0.067m) due to unavailability of additional staff to undertake the schools flu programme this winter. This was partly covered by existing staff instead to ensure the programme was delivered.
3.5	<p>Primary Care - Prescribing</p> <p>Against a full year budget of £47.582m primary care prescribing is projected to be online which is a favourable movement of £1.130m. This is due to the NHS funding the overspend which arose from the non-achievement of savings and an increase in drug costs.</p> <p>It was agreed at the Ayrshire Finance Leads meeting on 30 January 2018 that indicative 2018/19 CRES targets will be notified to the three Clinical Directors with a request that an initial action plan outlining how the CRES targets are to be achieved is completed by 31 March 2018. This will be a key component of a system-wide approach to delivery of prescribing CRES recognising cost drivers within Acute, Primary and Secondary Care, as well as external factors including price increases due to short supply of drugs.</p>
3.6	<p>Management and Support Costs</p> <p>Against the full-year budget of £4.550m there is a projected overspend of £1.297m. This mainly relates to the NHS savings target of £1.165m which has still to be agreed and is coded to management and support costs pending allocation. There is also an unfunded post and a shortfall in the payroll turnover achieved within this section.</p>
3.7	<p>Change Programme</p> <p>There is a projected underspend of £0.463m which is a favourable movement of £0.305m. £0.394m of this relates to the Integrated Care Fund (ICF) and £0.069m to delayed discharge funding. This is reflected in the forecasted net position and the ICF is shown in Appendix C.</p>
3.8	<p>Lead Partnerships</p> <p>North Ayrshire HSCP Services managed under Lead Partnership arrangements by North Ayrshire Health and Social Care Partnership are projected to overspend by £0.408m (favourable movement of £0.283m) in 2017/18.</p> <p>Mitigating action to date and moving forward includes payroll management via the vacancy scrutiny group, a freeze on non-essential spend e.g. supplies and admin budgets and minimising the use of overtime as well as agency staff.</p> <p>NHS Ayrshire & Arran have agreed to fund the overspend so there will be no requirement to request additional funding from the other partnerships.</p>

	<p>South Ayrshire HSCP</p> <p>The partnership is anticipated to break even. This is due to the funding of prescribing overspends by NHS Ayrshire and Arran in line with the Integration Scheme, a slowing of the expenditure rate on Allied Health professionals and additional funding received which will allow the Community Equipment Store to break even.</p>												
	<p>East Ayrshire HSCP</p> <p>An on-line budget is projected due to use of non-recurring slippage on the Primary Care Transformation Fund (PCTF) and anticipated savings on other lead services, including Prison and Police healthcare.</p>												
3.9	<p>Set Aside</p> <p>The Integration Scheme 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.</p> <p>In the ten months to 31 January 2018 there is an overspend on Acute Services of £9.7m This is forecast to be £12.0m by the end of the year. A large proportion of this relates to the Set Aside Budget.</p> <p>137 additional and unfunded beds are open. These are to meet operational demand and directly affect expenditure levels, particularly in Nursing.</p>												
3.10	<p>Savings Update</p> <p>The 2017/18 budget included £6.226m of savings.</p> <table border="1"> <thead> <tr> <th>BRAG Status</th><th>2017/18 Projected Position</th></tr> </thead> <tbody> <tr> <td>Red</td><td>2.497</td></tr> <tr> <td>Amber</td><td>0.052</td></tr> <tr> <td>Green</td><td>0.058</td></tr> <tr> <td>Blue</td><td>3.619</td></tr> <tr> <td>TOTAL</td><td>6.226</td></tr> </tbody> </table> <p>Some savings will not be delivered and this is reflected in the update provided within Appendix B. This includes the £1.165m of NHS savings shortfall still to be agreed, £0.770m prescribing and £0.309m for the closure of the residential unit for children.</p>	BRAG Status	2017/18 Projected Position	Red	2.497	Amber	0.052	Green	0.058	Blue	3.619	TOTAL	6.226
BRAG Status	2017/18 Projected Position												
Red	2.497												
Amber	0.052												
Green	0.058												
Blue	3.619												
TOTAL	6.226												
3.11	<p>Mitigation Plan</p> <p>The IJB is currently forecasting an overspend of £3.433m, of which mitigation plans totalling £2.037m are in place. £0.794m of the £2.037m is projected to be delivered which leaves a shortfall of £1.243m. As reported previously £1.165m of this relates to NHS savings not achieved. The partnership has worked closely with NHS Ayrshire & Arran colleagues to identify alternative savings. However, to date no new alternative have been identified.</p> <p>Mitigating action includes payroll management via the vacancy scrutiny group, operation of an essential spend policy on non care spend e.g. supplies and admin budgets, and minimising the use of overtime as well as agency staff.</p>												

	<p>NHS Ayrshire & Arran have confirmed that in addition to funding the overspend on Primary Care (£1.130m) they will also fund the year end overspend as it relates to non achieved savings and specific service issues like failing to secure the planned income from beds and high levels of enhanced observations rather than an over commissioning of services.</p> <p>The Council agreed at Cabinet not to offer any further funding to the partnership in 2017/18, recognising the responsibility of the Integrated Joint Board to manage service delivery within the agreed financial envelope.</p>
4.	<u>Anticipated Outcomes</u>
4.1	Continuing with the Challenge Fund projects and mitigating action will assist in reducing spend in 2017/18 and minimise any overspend being carried forward into 2018/19.
5.	<u>Measuring Impact</u>
5.1	The period 12 report will reflect the final outturn against the projected position at period 10.
6.	IMPLICATIONS

Financial :	<p>The financial implications are as outlined in the report.</p> <p>The projected outturn is £3.433m overspent for 2017/18 prior to mitigation and £3.343m if £0.090m of mitigating action in Appendix D is delivered. Added to the £3.245m deficit brought forward from 2016/17 this could result in a projected closing deficit of £6.588m.</p> <p>It is essential that the IJB operates within the budgets delegated and does not commission services which are higher than their delegated budgets. The IJB recognises that this is not being achieved and work is in progress to realign 2018/19 budgets and also bring a transformation and change agenda to the forefront.</p> <p>Application of the Integration Scheme to the projected £3.300m overspend in 2017/18 would share the overspend as £2.138m for North Ayrshire Council and £1.295m for NHS Ayrshire & Arran.</p> <p>The position across Scotland is challenging for IJB's with the majority of Partnerships forecasting an overspending position for 2017/18.</p> <p>It is essential that the partnership develops plans which are financially sustainable. This will be achieved by:</p> <ul style="list-style-type: none"> • maximising the savings achievable from the Challenge Fund with phase 2 being submitted for approval early in 2018/19. • the medium term financial strategy will be finalised and presented to the IJB in April. • the action plan from the budget management audit will be rolled out to ensure operational budget management
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	arrangements are tightened to improve financial performance.
Human Resources :	There are no Human Resource implications for staff employed by Partner bodies.
Legal :	There are no Legal implications
Equality :	There are no Equality implications
Environmental & Sustainability :	There are no Environmental & Sustainability implications
Key Priorities :	There are no Key Priorities implications.
Risk Implications :	<p>The Impact of Budgetary Pressures on Service Users and associated control measures are recognised in the Strategic Risk Register.</p> <p>The approved mitigation plan detailed the risk associated with each proposal.</p>
Community Benefits :	There are no Community Benefits

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

7.	CONSULTATION
7.1	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.
8.	CONCLUSION
8.1	<p>It is recommended that the IJB:</p> <p>(a) Notes the projected financial outturn for the year</p>

For more information please contact Eleanor Currie, Principal Manager – Finance on (01294) 317814 or Shahid Hanif, Head of Finance, on (01294) 314560.

2017/18 Budget Monitoring Report – Projected Objective Summary

Appendix A

Partnership Budget - Objective Summary	2017/18 Budget									2017/18	
	Council			Health			TOTAL			Over/ (Under) Spend Variance at 8	Movement in projected budget variance from Period 8
	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	£'000	£'000
COMMUNITY CARE AND HEALTH	54,072	52,861	(1,211)	10,524	10,691	167	64,596	63,552	(1,044)	(745)	(299)
: Locality Services	26,157	25,564	(593)	3,441	3,399	(42)	29,598	28,963	(635)	(427)	(208)
: Community Care Service Delivery	25,383	24,788	(595)	0	0	0	25,383	24,788	(595)	(459)	(136)
: Rehabilitation and Reablement	756	780	24	1,837	2,126	289	2,593	2,906	313	252	61
: Long Term Conditions	1,325	1,358	33	2,962	2,922	(40)	4,287	4,280	(7)	(6)	(1)
: Integrated Island Services	451	371	(80)	2,284	2,244	(40)	2,735	2,615	(120)	(105)	(15)
MENTAL HEALTH SERVICES	22,369	23,512	1,143	49,320	49,715	395	71,689	73,227	1,538	1,579	(41)
: Learning Disabilities	17,199	18,323	1,124	467	464	(3)	17,666	18,787	1,121	902	219
: Community Mental Health	3,824	3,920	96	1,844	1,779	(65)	5,668	5,699	31	62	(31)
: Addictions	1,346	1,269	(77)	1,171	1,166	(5)	2,517	2,435	(82)	(72)	(10)
: Lead Partnership Mental Health NHS Area Wide	0	0	0	45,838	46,306	468	45,838	46,306	468	687	(219)
CHILDREN'S & JUSTICE SERVICES	30,035	32,145	2,110	4,672	4,535	(137)	34,707	36,680	1,973	2,100	(127)
: Intervention Services	3,823	3,706	(117)	295	321	26	4,118	4,027	(91)	(65)	(26)
: Looked After & Accomodated Children	15,284	17,561	2,277	0	0	0	15,284	17,561	2,277	2,305	(28)
: Fieldwork	6,518	6,642	124	0	0	0	6,518	6,642	124	75	49
: CCSF	395	366	(29)	0	0	0	395	366	(29)	(6)	(23)
: Justice Services	2,902	2,902	0	0	0	0	2,902	2,902	0	0	0
: Early Years	311	218	(93)	1,697	1,594	(103)	2,008	1,812	(196)	(159)	(37)
: Policy & Practice	802	750	(52)	0	0	0	802	750	(52)	(57)	5
: Lead Partnership NHS Children's Services Area Wide	0	0	0	2,680	2,620	(60)	2,680	2,620	(60)	7	(67)
PRIMARY CARE	0	0	0	47,582	47,582	0	47,582	47,582	0	1,130	(1,130)
MANAGEMENT AND SUPPORT COSTS	4,517	4,658	141	33	1,188	1,155	4,550	5,846	1,296	1,276	20
CHANGE PROGRAMME		(318)	(318)	2,177	2,032	(145)	2,177	1,714	(463)	(158)	(305)
LEAD PARTNERSHIP AND SET ASIDE	0	0	0	0	133	133	0	133	133	133	0
TOTAL	110,993	112,858	1,865	114,308	115,876	1,568	225,301	228,734	3,433	5,315	(1,882)

2017/18 Savings Tracker

Appendix B

Service	Description	B / R / A / G 2017/18	B / R / A / G 2018/19	Budget Savings 2017/18	Saving assumed to be fully achieved in the projected outturn?	Update on progress to date <u>and</u> proposed action moving forward
Teams Around the Child	Children's unit - Service Redesign	Red	Green	(327,000)	(18,000)	There has been enough expressions of interest in VER to ensure full delivery of this saving in 2018/19.
	Full Year Impact of Contract Savings	Blue	Green	(76,000)	Yes	Fully delivered.
	Roll out of SDS in children Services	Red	Green	(17,000)	No	Not yet commenced but planned for 2018/19
Care for Older People & those with complex needs	Whole system review of NHS provided beds in care of elderly/elderly Mental Health and purchased nursing care beds. This will be predicated on the development of a tiered model of care that offers the opportunity to continue living for longer within a community setting, with support appropriate to individual needs. This represents a 7.9% saving	Blue	Amber	(496,000)	Yes	This saving has been made in 2017/18 but relied on the Challenge Fund investment. Assumes that admissions to care homes are being made on a one for one basis with 872 placements.
	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.	Green	Green	(50,000)	(52,000)	The necessary changes to Day Services are being progressed including reducing capacity and staffing to deliver this saving.
Delivery of the Mental Health Strategy	Mental Health Care Packages baseline budget adjustment based on historic underspends	Blue	Blue	(60,000)	(91,000)	Completed
	Integration of Teams Management and Support	Blue	Blue	(50,000)	Yes	Completed
Delivery of the Learning Disabilities Strategy	Learning disabilities - develop employability skills with a wide group of service users	Amber	Green	(60,000)	Yes	Review of workforce and employability schemes underway. Posts all identified £8k achieved this year, with £76k savings identified next year

Service	Description	B / R / A / G 2017/18	B / R / A / G 2018/19	Budget Savings 2017/18		Update on progress to date <u>and</u> proposed action moving forward
	Review of sleepover provision in LD	Red	Amber - Saving will be made if current packages are reduced by 10% and any new packages are funded by a discharge	(151,000)	Assumed that this will not be achieved but is included in the projected overspend.	Sleep over pilots implemented and Canary assessment tool purchased. Current mapping of LD sleepovers, costings and areas and have identified 9 people who could transition to non sleepover provision but will require a bespoke response service and another 7 who with preparation over next year could transition from sleepover support with responder service in place. The responder service business case will be completed in 2018/19.
	Introduction to SDS in LD	Red	Amber - Savings will be made if current packages are reduced by 10% and any new packages funded by discharge	(100,000)	Assumed that this will not be achieved but is included in the projected overspend.	LD strategy launched on 28.06.17 and implementation phase of SDS development. Leadership capacity to accelerate change programme agreed with challenge fund.
	Savings in LD Community Packages	Blue	Blue	(50,000)	Assumed that this will not be achieved but is included in the projected overspend.	Review of packages underway and ARG processes. Also commence initial work to implement CM2000 later in the year.
Management and Support Services	Review of Partnership business support functions	Blue	Blue	(75,000)	Yes	A full review of business support has commenced and will be completed in 2018/19 with a view to achieving these savings. The 2017/18 saving has been made by using contingency funding.
	Review of Charging Policy	Blue	Blue	(100,000)	Yes	Complete but continue to monitor
	Review of Management and Support Across the Partnership	Blue	Blue	(80,000)	Yes	Funded by contingency
	New ways of Working Across the Partnership	Blue	Blue	(50,000)	Yes	Funded by contingency
	Review of Fleet Management and Catering Budgets across the Partnership	Blue	Blue	(22,000)	Yes	Complete but continue to monitor
	Workforce Modelling	Blue	Blue	(100,000)	Yes	Funded by contingency
Teams Around the Child	Transfer of 12 external foster care placements to in-house carer provision, and a reduction of a further 4 external long term foster placements.	Blue	Blue	(91,520)	Yes	Complete
	Alignment and Rationalisation of Learning Development functions in Children Services	Blue	Blue	(50,000)	Yes	Complete
	A Review of Management and Support in Children Services	Blue	Blue	(65,000)	Yes	Complete

GRAND TOTAL

(2,070,520)

NHS Savings

Service	Description	B / R / A / G 2017/18	B / R / A / G 2018/19	Budget Savings 2017/18	Saving assumed to be fully achieved in the projected outturn?	Update on progress to date and proposed action moving forward
Mental Health	Review of Psychology Services	Blue	Green	(200,000)	Yes	Psychology service review complete. Recommendations being developed. Reporting to a future IJB. Release of HR capacity to support re-design of workforce has delayed progress.
Primary Care - Prescribing	Prescribing Annual Review	Blue	Green	(1,346,000)	Yes	Continue to monitor
Primary Care - Prescribing	Prescribing Incentive Scheme	Red	Red	(770,000)	No	Continue to engage with GPs including raising this at meetings that have with arranged with GPs.
Mental Health	Phased Closure of House 4 at Arrol Park	Blue	Amber	(125,000)	£118K assumed to be achieved	Refurb of unit to enable segregation of unit and transfer of workforce across the unit underway/reduction of beds. This will also enable the transition of an out of area patient pending a tier 4 supported accommodation solution being identified via capital bid. Business case developed.
Mental Health	Substitute Prescribing This proposal will result in a 1% reduction in substitute prescribing.	Blue	Blue	(30,000)	Yes	Complete
Mental Health	CAMHS	Blue	Blue	(80,000)	Yes	Complete
Mental Health	MH Admin	Blue	Blue	(100,000)	Yes	Complete
Change Programme	Integrated Care Fund	Blue	Blue	(339,000)	Yes	Complete
STILL TO BE IDENTIFIED		Red	Red	(1,165,000)		
Total				(4,155,000)		

Change Programme

Appendix C

Integrated Care Fund Area of Spend	2017/18 Budget	2017/18 Projected Spend	Slippage	Comment
	£000's	£000's	£000's	
Funding Previously Agreed to 31/3/18	207	207	0	
Partnership Enablers	129	129	0	
Social Enterprise Development Opportunity	15	15	0	
Ideas and Innovation Fund	566	488	(78)	The Community Connectors will be funded by the Scottish Government for the second half of the year.
Reshaping Care for Older People Legacy	128	228	100	LOTS workers
Engagement and Locality Planning	116	74	(42)	
Teams around GPs	428	289	(139)	See and Treat Centre slippage
Change Team	835	653	(182)	Vacancies
Low Level Mental Health	132	88	(44)	
Other	(5)	(14)	(9)	
TOTAL	2,551	2,157	(394)	
Savings made in previous periods	339			
ORIGINAL BUDGET	2,890			

Mitigation Actions - Previously Agreed

Appendix D

	Approved Plan £000's	Achieved to Date and Included in the Projection £000's	Projected Amount still to be Achieved £000's	Shortfall	Comment
Savings delivered from Challenge Fund projects in 2017/18					
Phase 1					
Challenge Fund - Review Physical Disabilities Caseload	117	47	30	40	Reviews are underway and demonstrating increased costs as well as savings with a net saving of £117K projected.
Challenge Fund - Pilot Step Up/Step Down Beds	100	-	-	100	There is no saving projected as the beds are being used to alleviate delayed discharges.
Challenge Fund - Develop Reablement and Assessment Capacity Within Care at Home	95	-	25	70	The Occupational Therapist is not yet appointed so only 3mths of savings are projected.
Challenge Fund - Pilot a New Approach Sleepover Provision within Learning Disability	150	93	-	57	Consultation with carers has delayed full implementation of Canary assessment process. Consultation will be completed by end of February and full canary assessment of all over night supports (70 support packages) to take place in March. MDT meetings with service users, families and providers to take place after assessment period to identify any changes to support arrangements where this might be required. Full implementation is dependent on the implementation of a responder service. A business case is being prepared for the responder service.
Challenge Fund - Investment in Universal Early Years, School Based Approach and Reduction in Need for Residential School Placement	200	16	-	184	All staff are appointed. Progress is being made in achieving the savings but most will be in 2018/19.
Challenge Fund - Expansion of MAASH	30	-	-	30	The post has been appointed but is not yet in place.
Challenge Fund - Pilot Sickness Absence Taskforce	50	-	-	50	The post is not yet appointed.
Sub Total	742	156	55	531	

Phase 2						
Challenge Fund - Right Intervention at the Right Time - Review of Threshold/Criteria		100	-	-	100	These projects have not yet been submitted for approval to release the funds so no savings are anticipated in 2017/18.
Challenge Fund - Review and Development of Charging Policy		25	-	-	25	
Challenge Fund - Roll Out of Self Directed Support		75	-	-	75	
Challenge Fund - Pilot a See and Treat Service		50	-	-	50	
Sub Total		250	-	-	250	
Challenge Fund Total		992	156	55	781	-
		Approved Plan £000's	Achieved to Date and Included in the Projection £000's	Projected Amount still to be Achieved £000's	Shortfall	Comment
Other Agreed Mitigating Actions						
Learning Disability - Review of Packages		215	38	20	157	Care package requests/reductions are made against a risk criteria to ensure all risks are mitigated and vulnerable people can access services in accordance with statutory requirements - the application of a 'discharge' for an 'admission' is not always possible given the high cost of packages currently attributed to young people in transition. Further work is taking place to address planning for young people in transition from children's services.
Mental Health - Review of Packages		100	100	-	-	All current packages are being systematically reviewed to ensure cost effectiveness and any new packages need to be funded by a discharge . Despite this there is likely to be a shortfall in anticipated savings.
Spending Freeze on Non Essential Non		100		-	100	All managers are aware of the spending freeze
Reduction in Overtime Usage - Freeze in Non Essential Areas		100	30	15	55	Overtime use is being minimised with reduced spend in October and November
Review of Management and Support Functions		50	50	-	-	Post(s) have still to be identified.
Older people – equipment budget – waitlist new clients based on need		200	200	-	-	
Care at home – delay recruit of 10 staff to April 2018		130	130	-	-	
Children's services – additional savings to be secured from Challenge Fund projects.		150	-	-	150	
Total Other Mitigating Action		1,045	548	35	462	
Grand Total		2,037	704	90	1,243	-

BUDGET RECONCILIATION

	Partner	Period	Permanent or Temporary	£	£	
Initial Approved Budget	NAC	4		86,907		
Resource Transfer		4	P	22,591		
Transfer from Housing - Aids and Equipment		6	P	199		
Increase to OP Care Homes		6	T	977		
Increase to LD Community Packages		6	T	423		
Removal of Depreciation		6	P	(70)		
Transfer from Housing to LD – LB support		8	P	4		
Living wage removal of Budget		8	P	(38)		
Period 10 reported budget – Council					110,993	
Initial Approved Budget	NHS			136,230		
Resource Transfer		2	P	(22,137)		
Dean Funding for Junior Doctors		2	P	9		
ANP Post to East (from ORT funding)		3	P	(49)		
AHP post funded by ADP		3	T	(31)		
NES Junior Doctor reduction in funding		3	P	(13)		
Veterans/Carers Funding		4	T	210		
ANP Funding from North to South		4	P	(49)		
Arrol Park GP medical service transfer to PC		4	P	(13)		
FNP Budget adjustment to match allocation		4	T	(3)		
Dementia Specialist Nurse		6	P	29		
West of Scotland CAMHs (anticipated)		6	T	24		
Veterans/Carers Funding to NAC		6	T	(210)		
Reduction in ADP funding for NAC		6	T	(30)		
Health Visitor Trainees		8	P	278		
Family Nurse Partnership expansion		8	T	16		
Transfer of Admin hours to East HSCP		8	P	(3)		
Veterans First allocation from SG		8	T	23		
Return of Police funding to ADP		8	P	(8)		
MH Clinical Services Secondment to SG		9	T	16		
MH Nursing Forum		9	T	2		
Dean Funding for Junior Doctors		9	P	12		
Health Visitor Trainees		10	P	5		
Period 10 reported budget – NHS					114,308	
Total Partnership Budget					225,153	

Integration Joint Board 15 March 2018

Subject: **Adaptations Service**

Purpose: To provide an updated position on the Adaptations Service since delegation to NAHSCP and proposed next steps.

Recommendation: The Integration Joint Board approve the commissioning of demand analysis for future service requirements.

The Integration Joint Board approve the development of a formal Adaptations Policy.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
HRA	Housing Revenue Account
IJB	Integrated Joint Board
NAHSCP	North Ayrshire Health and Social Care Partnership
OT	Occupational Therapy
SLA	Service Level Agreement
PMI	Property, Management and Investment
RSL	Registered Social Landlords
SW	Social Work
SHIP	Strategic Housing Investment Plan

1.	EXECUTIVE SUMMARY
1.1	In March 2017 North Ayrshire Health and Social Care Partnership Integration Joint Board agreed the adaptations budgets and service provision would be delegated and administered by the Intermediate Care & Rehabilitation Services Senior Manager. In addition, it supported the development of new process and associated timescales as a means of ensuring clarity and equity of provision of adaptations, as well as developing a clear performance system (see Appendix 1).
1.2	Following delegation, on-going development of these adaptations processes were undertaken and several operational changes have taken place across the system to optimise functionality. This includes providing a partnership approach to decision making, centralising and providing a singular management structure to support staff involved in the Adaptations Service. The new approach includes building timescales into the process for efficient delivery and examining potential for procurement efficiencies. This development work has been coordinated with support from the NAHSCP Change team.

1.3	However, despite a noticeably large rise in demand on the Adaptations Service over the last two years, with a substantial waiting list in place for Council Tenant Adaptations funded through the Housing Revenue Account (HRA), as well as increased demand on the Scheme of Assistance (Owner Occupiers), the service has managed to introduce clear performance management systems and meet agreed timescales.										
2.	BACKGROUND										
2.1	During the past year, ongoing change work has progressed to ensure effective implementation of the delegated Adaptations Service. An Adaptations Steering group met on a 6 weekly basis involving key stakeholders from Housing, Building Services, Property Management and Investment (PMI), Finance, Social Work and Occupational Therapy partnership services in identifying areas for change. Multiple meetings have been held to understand, map and change various aspects of the adaptations pathway.										
2.2	With these changes, staff have expressed benefits of improved joint working and communication across the services, a collaborative commitment to ensuring effective provision, enthusiasm for change, and more creative solutions such as earlier housing solutions, charitable and rehabilitative interventions. The below table summarises these changes.										
	The Partnership team has worked hard to improve processes, turnover, removing previous bottlenecks, minimising the delay and risk to the service user. However demand continues to increase pressure on existing budgets. The partnership recognises the increasing demand of the older population, the impact of high level deprivation and lifestyle factors on well-being and the impact on health and mobility.										
2.3	SUMMARY OF IMPROVEMENT										
	<table border="1"> <thead> <tr> <th>Area of Process</th><th>Summary of improvement</th><th>Improved outcome for service user</th></tr> </thead> <tbody> <tr> <td>Single point of contact</td><td> <ul style="list-style-type: none"> Ongoing work currently being undertaken for appropriate MDT screening of OT referrals to ensure right intervention. </td><td> <ul style="list-style-type: none"> ✓ Right service, right time ✓ Prevention of unnecessary adaptations. </td></tr> <tr> <td>Occupational Therapy Assessment and supervision</td><td> <ul style="list-style-type: none"> Introduction and development of essential criteria, standard specifications and consistent supervision. Timescales for assessment. Training in equipment provision and peer support across H&SCP AHP services. Streamlined authorisation on minor adaptations. Early housing solutions and conversations training. </td><td> <ul style="list-style-type: none"> ✓ Safe consistent OT recommendations. ✓ Quicker and earlier intervention with equipment, adaptations and rehabilitation. ✓ Early intervention for accessible housing solutions. </td></tr> </tbody> </table>	Area of Process	Summary of improvement	Improved outcome for service user	Single point of contact	<ul style="list-style-type: none"> Ongoing work currently being undertaken for appropriate MDT screening of OT referrals to ensure right intervention. 	<ul style="list-style-type: none"> ✓ Right service, right time ✓ Prevention of unnecessary adaptations. 	Occupational Therapy Assessment and supervision	<ul style="list-style-type: none"> Introduction and development of essential criteria, standard specifications and consistent supervision. Timescales for assessment. Training in equipment provision and peer support across H&SCP AHP services. Streamlined authorisation on minor adaptations. Early housing solutions and conversations training. 	<ul style="list-style-type: none"> ✓ Safe consistent OT recommendations. ✓ Quicker and earlier intervention with equipment, adaptations and rehabilitation. ✓ Early intervention for accessible housing solutions. 	
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	Area of Process	Summary of improvement	Improved outcome for service user
	Complex Case Forum	<ul style="list-style-type: none"> • Introduction of 4 weekly timeous Housing and NAHSCP decision making for all complex cases. • Multidisciplinary approach, with key aspect in delivery of correct intervention, not always an adaptation. • Tenure neutral approach to all decision making. 	<ul style="list-style-type: none"> ✓ Quicker joint decision making. ✓ Right solution for long term needs. ✓ Referral onto appropriate services.
	Ordering & Delivery: Local Authority tenure.	<ul style="list-style-type: none"> • Agreed SLA and Architect timescales, and procedure for extensions. Quicker quotes for external contractors. • Progress of compliant and value for money procurement, including pilot of ramp provision with Building services. • Reduced duplicated inspections. • Collaboration on scheduled bathroom upgrades with a negotiated charge to either capital upgrade programme or adaptations budget. 	<ul style="list-style-type: none"> ✓ Quicker delivery of adaptations. ✓ Best value solution. ✓ Flexible ramp materials. ✓ More adaptations provided within current finance.
	Ordering & Delivery: Private tenure.	<ul style="list-style-type: none"> • Extended provision of Scheme of Assistance to incorporate ramps, internal reconfiguration, kitchen alterations and other access solutions. • Review of Care & Repair function and the roles undertaken. • Review of current adaptations contracts and progression of procurement exercises for handrails, banisters and door entry systems. 	<ul style="list-style-type: none"> ✓ Improved choice in provider, materials, planning and architect provision ✓ Better value for money freeing up finance for more adaptation provision.
2.4	DEMAND ON ADAPTATIONS BUDGETS Over the last two years there has been a steady rise (41%) in the demand for OT services which is reflected in the need for adaptations. In fact, from appendix two it can be noted, there is an increase in demand across the whole process.		
2.5	PERFORMANCE AGAINST TARGETS Despite a significant increase in OT assessments and the increased requests received through both the grants and adaptations budgets, the introduction of new processes, as outlined in appendix 1, reflect performance within our agreed target timescales. In addition, performance within Local Authority Housing Adaptations has reduced by 7 days. For detailed information about performance, please see appendix 2.		
2.6	ANNUAL BUDGET In March 2017, the IJB agreed the annual budget for adaptations for NAC tenures, would be set by Housing in line with the Scottish Housing Regulator and following consultation with tenants and Partnership. The NAC housing funding level needs to		

	take account of the varying factors within the Housing Revenue Account (HRA) business plan whilst considering demand. In addition, budget setting and management of the Scheme of Assistance (owner occupier) budget now sits within the Partnership. This is detailed more fully in appendix three.
2.7	In line with increased demand, both the HRA and the Scheme of Assistance (owner-occupiers) budgets are over committed. However, despite additional funds agreed mid-year to mitigate some of the impact of this commitment, this year's HRA Adaptations budget is fully committed to date. In order to further mitigate spend on the HRA budget a waiting list was put in operation early in the year, with a waiting list anticipated before the year end on Scheme of Assistance.
2.8	<p>RISK</p> <ul style="list-style-type: none"> a) Continued increasing demand for Adaptations results in further waiting times on a finite budget. b) Increased waiting times in assessment and provision of adaptations that might otherwise prevent falls or injury and decreased health to service user and/or carer. Service users will continue to live in an unsuitable environment for their needs that will impact on health and wellbeing. c) Onward impact on health care and social care services which could have otherwise been prevented. <p>Mitigation: Recommended joint demand analysis and the introduction of a robust Adaptations policy as outlined below.</p>
3.	PROPOSALS
3.1	The Integration Joint Board is asked to approve the commissioning of a demand analysis with North Ayrshire residents, supported by the Change Team .This would entail a needs assessment carried out collaboratively with the Partnership and Housing Services, to better understand the future housing and adaptation needs of older people and people with complex needs. This would support early intervention and inform future adaptations service requirements.
3.2	The Integration Joint Board is also asked to approve the review of our current Adaptations Criteria for development of an Adaptations Policy collaboratively with Housing and PMI representatives, to ensure clearly defined financial thresholds for complex cases, alongside consideration of suitable charging policy. Both pieces of work will be reported back to the IJB within 6 months in order to provide adequate time for 2019/2020 year budgetary negotiations.
3.3	<u>Anticipated Outcomes</u>
	<ul style="list-style-type: none"> • Prevention and early intervention: Service users will be able to maintain independence and remain at home longer as a result of appropriate adaptations being made available timeously. Currently NAHSCP Adaptations service provides in excess of over 1200 adaptations annually, with a rising demand. National evidence suggests that the provision of Adaptations can postpone care and admission to residential home, saving £28,080 per person¹.

¹ Laing and Buisson (2008) *Care of elderly people: UK market survey 2008*. London: Laing and Buisson.

	<ul style="list-style-type: none"> • Tackling inequalities: Transparent clear written criteria will inform targeted budget allocation, in order to ensure resource is provided to those most in need. This model will also inform early intervention and prevention to reduce risk to health and demand on social care in longer term. • Bringing services together: Analysis will inform future partnership working, towards accessible housing solutions for vulnerable people and early interventions, ensuring proactive housing solutions rather than reactive adaptations. This fits with the NAC Strategic Housing and Investment Plan (SHIP) 2018 – 22 and will inform future SHIPs.
3.4	<u>Measuring Impact</u>
	<p>The ambition is to sustain the health, well-being and independent living of people for longer in their own homes, meeting the National Health & Wellbeing outcomes. It is anticipated with a clear demand analysis informing provision, this will impact on falls prevention, reduce dependency on health and care provision, as well as admission to long term residential care.</p> <p>The provision of a clear demand analysis for adaptations will ensure appropriate resource allocation and decision making. With clarity on anticipated demand and implementation of a robust Policy, the Partnership will report back to the IJB on a 6 monthly basis, demonstrating the impact of both on the Adaptations service.</p> <p>Benchmarking and review of the cost of complex adaptations will measure the effect of a robust Adaptations Policy, allowing targeting of resource to those most in need.</p> <p>The HSCP will have a clear evidence base for suitable accessible housing solutions to inform both the Adaptations Service and the NAC Strategic Housing and Investment Plan.</p>
4.	IMPLICATIONS
Financial:	The development of a Demand analysis and Adaptations policy to provide information for a whole system approach, supporting early intervention, improving management of the budget available and informing on future budgets.
Human Resources:	No implications anticipated
Legal:	Advice from NAC Corporate Services – Legal explained that the development of an Adaptations Policy would provide a legal framework to support decision making – this would need to be agreed through Cabinet.
Equality:	The Adaptations Policy will allow the HSCP to better meet the needs of vulnerable people in North Ayrshire.
Children and Young People	Early intervention with re-housing and adaptations for children with additional needs will meet future health and wellbeing needs and will enable families to thrive.
Environmental & Sustainability:	This meets the strategic plan priorities.

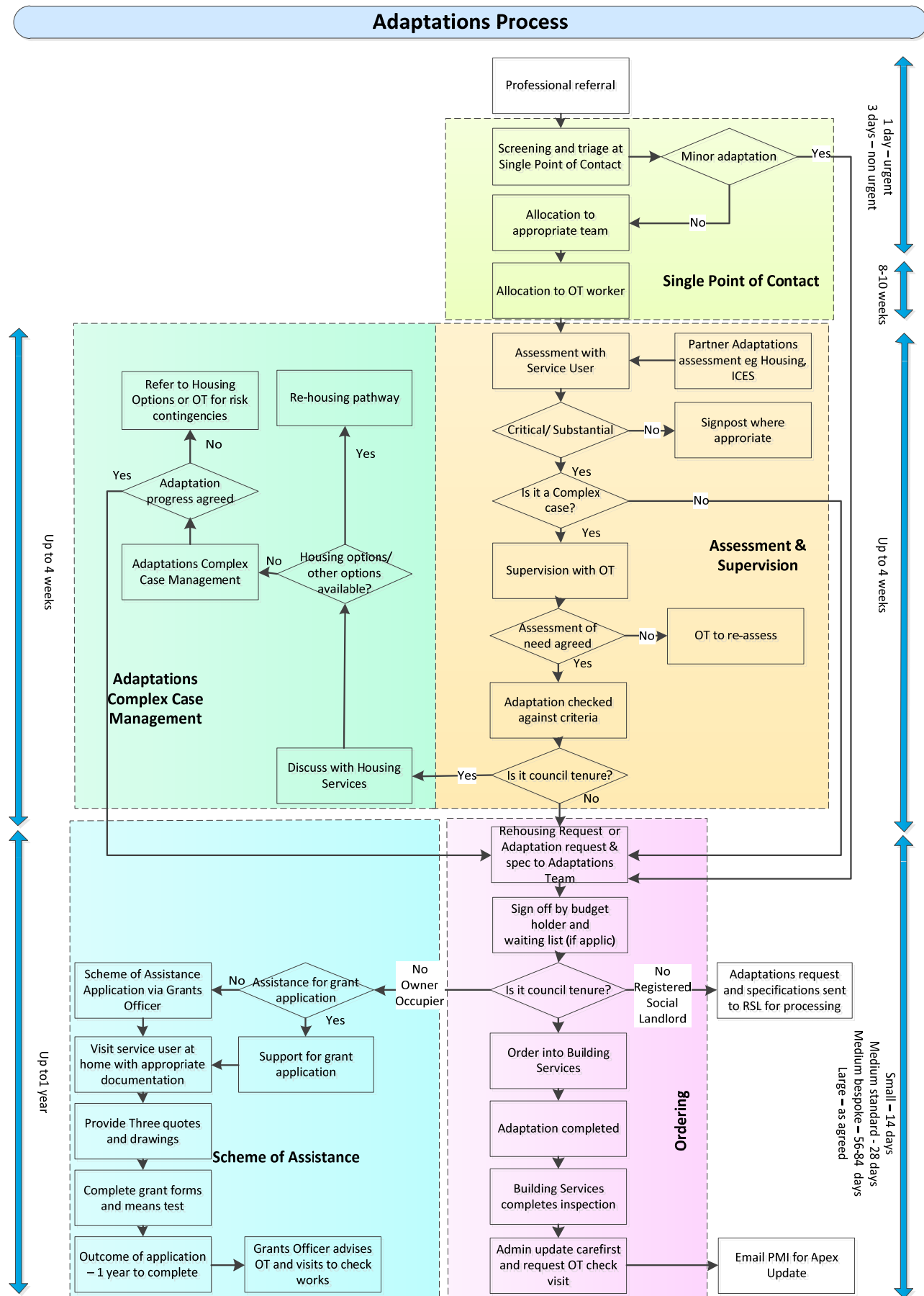
Key Priorities:	The HSCP is required to reduce the risks to people across tenures through the provision of suitable adaptations.
Risk Implications:	On-going Procurement for the delivery of adaptations services across tenures with local businesses.
Community Benefits:	The development of a Demand analysis and Adaptations policy to provide information for a whole system approach, supporting early intervention, improving management of the budget available and informing on future budgets.

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

5.	CONSULTATION
5.1	During the past year, an Adaptations Steering group met on a 6 weekly basis involving key stakeholders from Housing, Building Services, PMI, Finance, Social Work and Occupational Therapy partnership services in identifying areas for change. We have consulted with these partners on the content of this report.
6.	CONCLUSION
6.1	Whilst the demand for adaptations continues to grow at an increasingly significant level, the new processes and timescales developed have made some positive impact on service provision and timescales. The proposals outlined within this document highlight on-going transformation of the service in order to continue to provide adaptations within a tight financial envelope. This continued joint working with all partners is expected to support an anticipatory model of accessibility needs across both housing and partnership services.

For more information please contact David Rowland, Head of Service Health & Community Care on 01294 317797 or davidrowland@north-ayrshire.gcsx.gov.uk

Appendix One



Appendix Two

Trend Analysis: Demand and Performance

See Appendix one for process areas and timescale targets across whole process. The following describes the increased pressure across all aspects of the process over the past three years:

2i. Occupational Therapy Demand

Over the 3 *main* Community Occupational Therapy teams that assess for Adaptations, demand has risen steadily from 724 allocations in 2014-15, to 1023 Allocations in 2016-17, a rise of **41% over 2 years**. To date (February 2018), 669 clients have been allocated this year with a waiting list of 300 people (totalling 969 this year so far), with another two months of demand expected. Despite increased demand, a current piece of work utilising multidisciplinary screening of all OT referrals at a single point of contact, has resulted in the waiting list being significantly shortened in the past 6 weeks. Approx. 50% of the referrals screened to date have been signposted to rehabilitative, housing or other services, where deemed appropriate rather than assuming compensatory adaptations as the solution.

2.ii Occupational Therapy Performance

a) Waiting times

- 2015-16 –average waiting time 23 days, Median 7 days
- 2016-17 –average waiting time 45 days, Median 19 days

Presently waiting times have increased to **63 days (median 40 days)** due to current staff vacancies that has been persistent for the past 4 months. Reduced staffing is likely to negatively impact on the amount of adaptation requests being made, meaning that this year's adaptations requests are likely to reflect less than what the actual demand is. However this increase in waiting is also in line with increased demand year on year, as described in 2.3.1.

b) Assessments and timescales

- 2015-16 – 791 assessments completed, average length 20 days, median 7 days
- 2016-17- 882 assessments completed, average length 23 days, median 15 days
- 2017-18 – Estimated 932 to be completed by year end, average length 20 days, median 19 days to date.

Assessment undertaken increased 11% from 2015/16 to 2016/17. Presently 10 months into the year, and with a reduction in staffing, OT Assessment completions are at 778, with another expected 154 to be completed by year end, taking the total to 932 for 2017-18. This is a further rise of 5% on the year before, despite resource issues and increased waiting times. Timescales for the amount of time taken to assess have remained relatively stable, averaging 21 days over the past 3 years.

2.iii Complex Case forum

The forum has run every four weeks this past 10 months, with a tenure neutral approach. Partnership and Housing services have examined cases for approval, refusal, reduced design / cost, or sign posting to other Housing Solutions or Rehabilitative Services. The forum has afforded quicker decision making on complex referrals which were previously

delayed into several weeks, at times months, through email communication across different services. Improved communication is noted and the forum also facilitates identification of potential improvements in Partnership services and Housing. The following details outcomes of the Complex Case Forum to date:

Total Amount of cases discussed		44
Tenure	NAC Properties	34
	Owner Occupied Properties	9
	Housing Association Property	1
Brought forward	Complex cases brought forward from 2016-17	8
Outcome	Approved Requests	14
	Refused Requests	16
	Requests passed for further investigation	14
Costs from decisions taken	Estimated saved costs from refusals or reduced specification	(-£114,316)
	Estimated costs of approved complex adaptations	£91,845
Other outcomes	Requests forwarded for re-housing exploration	12
	Additional Social Care / Rehabilitation input	15

It is noted from current Complex Case Forum, some adaptations costs can often be in excess of £40,000 for one property. In discussion with Housing colleagues, the need for a clear Adaptations Policy, which supports the current Adaptations Criteria, explores a charging policy, and provides an agreed upper financial threshold for complex adaptations is recommended.

2.iv Ordering and Delivery

a) NAC Local Authority Housing HRA Adaptations

Year	Carried over from previous year	Requests Received	Requests completed in year	Average time from order to completion
2015 / 2016	75	1044	1050	133.2 days
2016 / 2017	260	1134	920	68.36 days
2017 / 2018	330	1154	623 (year to date)	61.4 days

Historic spends associated with this budget are noted in **Appendix 3**.

Historically there has been underspend on this budget in previous years, however in the most recent two years an increasing amount of commitment is noted to carry forward each year. The table demonstrates the amounts of requests on the HRA budget have continued to rise these last 3 years, unsurprisingly similarly to the demand for Occupational Therapy assessment.

In 2016/17 HRA budget had an agreed overspend, with a significant amount of work (28.6% the HRA Adaptations budget) also being committed to this year's budget on handover to the Partnership at the beginning of 2017/18. Although carry forward is normal, this is noted to be increasing year on year. In addition, several unpredicted very large projects were also carried over into this financial year. Despite agreed additional funds mid-year to mitigate some of the adverse impact of this commitment, this year's HRA Adaptations budget is fully committed to date and has a waiting list in operation early in the year, currently standing at 150 Referrals with an estimated cost of £352,869 (most of which is required for external contractors commitment) to be carried over into next year's budget. In addition another 2 months of future demand is outstanding on top of this figure.

Even with rising demand over the past 2 years, annual performance has improved and continues to do so with the recent implementation of a Service level Agreement and associated dedicated timescales.

b) Private Sector Scheme of Assistance Adaptations

Budgetary commitment for Scheme of Assistance is currently set at £700,000 however the spend over each year varies since the service user has 12 months to spend their allocated Scheme of Assistance grant once approved. This complicates the final year end spend and results in an annual carry over to ensure resources meet the previous year's demand.

Last March, on handover to the Partnership, the IJB approved the Scheme of Assistance to be extended from only providing finance for accessing hygiene/showering facilities, to now including external, internal accessibility adaptations (e.g. ramps, door widening, room reconfiguration etc) and kitchen facilities for all owner occupiers. As a result, it was anticipated there would be larger commitment than previous years to this budget.

Below demonstrates the past yearly spends with predictions to confirm this increased demand. This would be a challenging situation, should this budget be reduced.

Year	Paid during Financial Year (amount of requests in brackets)	Average per grant	Grant approved but not spent at End of Financial Year (carried over)	Total Spent & Approved in the Year.
2015/ 2016	£610,435 (161)	£3791	£164,060 (43)	£903,158
2016/ 2017	£558,894 (155)	£3605	£179,392 (40)	£753,731
2017/ 2018	£535,811 (114)	£4700	£266,355 (83) at end of Jan *additional £160,433	£802,166* Predicted to be £962,599

* 2 more months demand anticipated = estimated at additional £160,433

In addition to this added pressure, the average payment of grant is increasing, as would be expected with the Grant provision being extended alongside any inflationary increase in cost of works.

Below demonstrates the average timescale from OT referral to completion of grant, however it should be noted again this is dependent on the service user instructing the works, with 12 months to complete works from approval of the grant.

Year	Average Days from OT Referral to Payment of Grant	Median Days from OT Referral to Payment of Grant
2015 / 2016	183	161
2016 / 2017	219	192
2017 / 2018	194	164

2v. Synopsis of Performance Against Targets

The Adaptations Team and Partners have achieved the following performance against the agreed targets set out in the flow map in **Appendix 1**.

The following surmises performance in each area, with all areas averaging within the set timescale targets:

Process area	Amount	Target Time	Median	Average	Range
OT Waiting	300	8-10 weeks (56 to 70 days)	5.7 weeks (40 days)	9 weeks (63 days)	1-278 days
OT Assessment	932	4 weeks (28 days)	1.2 weeks (9 days)	3 weeks (21 days)	1-231 days
Complex Case Forum	44	4 weeks (28 days)	4 weeks (28 days)	4 weeks (28 days)	1-28 days
NAC Building Services/ PMI	863	Varies as per SLA	Not available	8.8 weeks (61.4 days)	1-378 days
Owner Grants completed	89	52 weeks (365 days)	23.4 weeks (164 days)	27.7 weeks (194 days)	23-365 days

Appendix Three

Adaptations Budget

1. HRA Adaptations Budget

Over the past 3 years, actual spend figures for associated with referrals received in each year as below. Where demand has not been achievable in the financial year, a waiting list has been in operation, resulting in year on year build-up of awaiting works outstanding.

- **2014-15 - £ 1,361,804 – underspend of £338,196**
- **2015-16 - £ 1,545,217 – underspend of £230,683**
- **2016-17 - £ 1,768,540 – overspend of £144,871**

The current budget (2017/18) is set at £1,654,560, however an additional £200,000 was provided as mitigating funds.

2016 onwards has seen an increase in spend due to operational processes changing, jobs getting completed quicker, as well as new processes developed by the Partnership, resulting in a speedier allocation of resource. As a result, this year's budget is fully committed and we now to operate a waiting earlier in the year than previous, with a large carry over expected onto next year.

2. Scheme of Assistance – Major Adaptations for Owner Occupiers

Budgetary commitment for Scheme of Assistance is currently set at £700,000 however commitment to this varies since the service user has 12 months to spend their allocated Scheme of Assistance grant within 12 months. This complicates the final year end spend and results in an annual carry over to ensure resources meet the previous year's demand. This carry over varies according to service user completing on associated works. This is demonstrated in Appendix Two (2.iv.b).

3. Owner Occupier Adaptations (not provided under Scheme of Assistance)

Owner Occupier Minor adaptations (handrails, banisters, step alterations, door entry systems, etc) and certain Major Adaptations (ceiling track hoists and stair lifts) are charged to the Partnership Equipment budget, following recommendation as an assessed need. This prevents unnecessary administration for recommended low cost adaptations and selected major adaptations. A waiting list for these adaptations has been in operation for several years due to budget pressure demand exceeds resource. Acknowledgement of this building pressure by NAHSCP was addressed by means of providing additional resource through challenge fund moneys to clear the waiting list up until December 2017. However the waiting list continues to build, with the majority of the budget already committed.

4. Registered Social Landlords

The process for Registered Social Landlords (RSLs) remains unchanged as RSL's receive grants for adaptations directly from the Scottish Government. However, although the funding scheme is different, the assessment process is the same and the outcome is then discussed with the RSL.

Integrated Joint Board
15th March 2018

Subject:	Provision of Functional Family Therapy to support families with children at risk of being looked after and or accommodated (Children, Families and Justice Services)
Purpose:	To seek IJB approval to establish a Functional Family Therapy Service.
Recommendation:	The IJB agrees to North Ayrshire Council (NAC) undertaking a collaborative commissioning exercise with east Ayrshire Council (EAC) and South Ayrshire Council (SAC) to provide a Functional Family Therapy Service (FFT).

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
NASHCP	North Ayrshire Health and Social Care Partnership
NAC	North Ayrshire Council
FFT	Functional Family Therapy

1.	EXECUTIVE SUMMARY
1.1	North Ayrshire Health and Social Care Partnership (HSCP) were responsible for the care plans and accommodation of 605 children last year. Children being accommodated for many safety and wellbeing reasons, with the most prevalent factor for North Ayrshire HSCP presently, and in the preceeding 3 years being family breakdown.
1.2	The children were supported in various accommodation settings, including kinship care, internal and external fostering, adoption, external education/residential placements, external secure accommodation and children residing within our North Ayrshire children units.
1.3	The overall cost of accommodating the children away from their family during 2017 was in excess of £15 million.
1.4	The service required will provide a specialist early intervention family support programme for children aged 11 years and over, which has proven successful in improving family resilience with families remaining together.
1.5	The programme identified is Functional Family Therapy, delivered in Scotland for 5 years in 5 Local Authority areas, licenced and delivered by Action for Children.

1.6	This provision supports NAHSCP priorities: reducing inequalities, improving mental health and wellbeing, bringing services together by providing an additional early intervention programme as part of Children and Families Intervention Services.
2.	BACKGROUND
2.1	<p>Functional Family Therapy (FFT) is a specialist service providing intensive family support. The programme is used extensively in the United States of America, Norway and Sweden and is a highly successful programme with research studies showing successful reductions in offending and importantly for North Ayrshire at improving family relations, and reducing numbers of children being accommodated.</p> <p>The programme has been running in the United Kingdom for 8 years and in Scotland for 5 years with demonstrated positive impact and outcomes for children and their families.</p>
2.2	<p>FFT is a short term intensive intervention programme with a Functional Family Therapist working alongside parents, carers or other significant people important in the child's life. The programme interventions range from twelve to thirty sessions over a 3 - 5 month period.</p> <p>Most of the activity is carried out involving all key people around the child and in the family home. The FFT programme is tailored to the individual child and family's goals and aspirations.</p> <p>The intensity and duration of the sessions are dependent on the levels of risk that the child is assessed as experiencing and or exposed to.</p> <p>There are five key phases of interventional activity :-</p> <ul style="list-style-type: none"> • Engagement • Motivation • Relational assessment • Behaviour change • Generalisation <p>The FFT therapists work with the child and family to identify what's important to each of them, what some of the challenges are, and within a context of their individual family dynamics and relationships.</p> <p>The team build on the family's collective strengths, assisting with coping strategies and approaches to overcome difficulties. It is important that the programme is a whole-family approach. Each family receives at least one session a week. In between sessions contact with the child and family is maintained.</p>
3.	PROPOSALS
3.1	That the IJB gives approval for a collaborative commissioning exercise to be undertaken to deliver Functional Family Therapy for children and families at risk of family breakdown, working with North, South and East Ayrshire.
3.2	As North Ayrshire HSCP is the lead for Child/Adolescent Mental Health and Psychology Services, the Children, Families and Justice HSCP Services will lead on the collaborative commissioning of FFT with support of NAC Service Design and Procurement Team.

3.3	North, South and East HSCP's will each contribute £50,000 annually for three years, which enables implementation and running costs of the FFT programme in each area.
3.4	<p>The financial commitment agreed will employ, in line with programme licence, an FFT Supervisor and fund supervision and training for the team from Action for Children, in addition to running costs and payment of FFT professional license fees.</p> <p>In addition, in kind contribution from each HSCPs will be made to second at least one full time staff member to train and work as a FFT therapist. The team consisting of 1 supervisor and 3 to 5 therapists. The HSCPs will offer existing accommodation for staff and admin support keeping costs to a minimum.</p>
3.5	North Ayrshire Children, Families and Justice Services have identified the 50K funding allocation required through realignment of resource within Intervention Services therefore no request for additional funding sought.
3.6	<u>Anticipated Outcomes</u>
	<p>Children and families experiencing challenges and risks will have access to a dedicated, individualised and evidenced based intervention programme which will address issues that have a negative impact on their lives and risk children being accommodated.</p> <p>More children with family challenges will be able to safely remain at home with their families, at school and in local communities.</p> <p>More children, families and children services will be aware of this programme to refer to and access in order to help.</p> <p>The programme works with vulnerable young people and their families, including those with behavioural difficulties, involvement in offending, violent behaviour and substance misuse, there will be a reduction in the number of young people entering care, having a positive impact on younger siblings and reducing the number of participants entering adult justice services.</p>
3.7	<u>Measuring Impact</u>
	<p>Monitoring reports will be provided highlighting referral numbers, sources and sessions completed</p> <p>Outcomes will be measured with families on the following dimensions:-</p> <ul style="list-style-type: none"> • Family change – evidenced by improved family relations • Improved communication skills • Improved adolescent behaviour • Improved parenting skills for handling subsequent problems • Improved parent supervision • Decreased family conflict <p>Reduced use of away from home care provision.</p>

4.	IMPLICATIONS <p>The implementation of FFT programme will reduce the number of children who become looked after and accommodated away from home, and the costs associated. It is also anticipated that the outcomes for children will be improved by remaining within a family setting and in local communities.</p>
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Financial :	£50,000 per year, per HSCP, for North Ayrshire this will be taken from identified budget in Intervention Services.
Human Resources :	Secondment of one to two posts per HSCP to a FFT therapist post.
Legal :	The Procurement will be carried out in line with the Public Contracts (Scotland) Regulations 2015 and North Ayrshire Councils Standing Orders.
Equality :	No known impact upon equality.
Environmental & Sustainability :	It would be anticipated that over three years there would be savings attached to the approach by reducing external placements. It would be anticipated that these savings would be re-invested in this approach.
Key Priorities :	There is a clear commitment within the Children Service Plan to implement FFT, it also meets the HSCP strategic priorities as well as our commitment to Part 12 of the Children and Young Peoples Act 2014 and Corporate Parenting responsibilities.
Risk Implications :	None known
Community Benefits :	The basis of the Exception Request is that, in terms of Contract Standing Orders Section 6 'Exemptions from the Application of Contract Standing Orders' the procurement of Functional Family Therapy services are exempt from the application of Contract Standing Orders by virtue of the criteria; <i>"The purchase of goods or materials, the execution of works or supply of services for which the procurement officer considers that no genuine competition can be obtained"</i>

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

5.	CONSULTATION
5.1	<p>Family Functional Therapy is an integral part of the North Ayrshire Community Planning Partnership discussions and as such included within North Ayrshire's Children Service Plan, as a promise made to introduce this provision.</p> <p>Consultation has taken place with a range of stakeholders as part of the Children Services Plan development including young people and families, mental health services, education colleagues and wider community planning partners.</p> <p>There have been children services team and management discussions, as well as a number of Pan Ayrshire discussions.</p> <p><i>Procurement within North Ayrshire Council have been consulted throughout the process and have guided the HSCP.</i></p>

6.	CONCLUSION
6.1	<p>The IJB are asked to :</p> <ol style="list-style-type: none"> 1. Note the requirement for a collaborative commissioning of FFT 2. Approve the procurement of this service as advised by the Service Design and Procurement Team in North Ayrshire Council

For more information please contact Mark Inglis on 01294 317794 or markinglis@north-ayrshire.gcsx.gov.uk

Donna McKee, Head of Service, Children, Families and Justice Services on 01294 317845 or donnamckee@north-ayrshire.gcsx.gov.uk

DIRECTION

From North Ayrshire Integration Joint Board



1.	Reference Number	15032018	
2.	Date Direction Issued by IJB	15 March 2018	
3.	Date Direction takes effect	15 March 2018	
4.	Direction to	North Ayrshire Council	
		NHS Ayrshire & Arran	
		Both	√
5.	Does this direction supercede, amend or cancel a previous direction – if yes, include the reference numbers(s)	Yes	
		No	No
6.	Functions covered by the direction	Provision of Functional Family Therapy (FFT) to support families with children at risk of being looked after and or accommodated (Children, Families and Justice Services) as highlighted in report.	
7.	Full text of direction	North Ayrshire Council is directed to undertake a collaborative procurement exercise on behalf of North Ayrshire Health and Social Care Partnership with East Ayrshire Council (EAC) and South Ayrshire Council (SAC) to provide a Functional Family Therapy Service to the value of £50,000 per annum for 3 years as outlined in report.	
8.	Budget allocated by Integration Joint Board to carry out direction	£50,000 per annum per Partnership.	
9.	Performance Monitoring Arrangements	The contracts forming part of this service will be managed in line with the Performance Management Framework for North Ayrshire HSCP and a monitoring officer will be appointed from the HSCP.	
10.	Date of Review of Direction (if applicable)	May 2021	

Integrated Joint Board
15 March 2018

Subject: **Scottish Huntington's Association**

Purpose: To seek the approval of the Integrated Joint Board to re Contract with the Scottish Huntington's Association for a further three years.

Recommendation: The Integrated Joint Board directs North Ayrshire Council, on behalf of North, South and East Ayrshire Health and Social Care Partnerships and NHS Ayrshire and Arran, to lead on the procurement of the service from the Scottish Huntington's Association.

Glossary of Terms : *No acronyms used.*

1.	EXECUTIVE SUMMARY
1.1	The Scottish Huntington's Association is the only Charitable Organisation in Scotland which provides dedicated support to Patients, their family and carers whose lives are affected by Huntington's Disease.
1.2	The Ayrshire Huntington's Disease Service provides specialist nursing support to the Huntington's Disease Management clinic; one to one support for the individual with Huntington's Disease or at risk of Huntington's Disease and their family/carers in their own home, and liaises with multi- disciplinary teams within statutory services and other voluntary partners in the delivery of a holistic health and social care service to Patients, their family and carers. Training is also provided to staff in statutory services and other environments, for example Nursing Homes,
1.3	The current Agreement between North, South and East Ayrshire Health and Social Care Partnerships and NHS Ayrshire and Arran ends on the 31 March 2018 and the recommendation is that an Agreement be entered into for a further three year period.
2.	BACKGROUND
2.1	Huntington's Disease is an inherited progressive disorder of the brain that leads to uncontrolled physical movements, emotional instability, loss of intellectual faculties and ultimately death. Huntington's disease can affect an individual at any age.
2.2	There is an Agreement in place between North, South and East Ayrshire Health and Social Care Partnerships and NHS Ayrshire and Arran (the Commissioners) which ends 31 March 2018.

2.3	The Service is monitored quarterly by a steering group chaired by the NHS Ayrshire and Arran's clinical lead for Huntington's; representatives of the Douglas Grant Rehabilitation Centre; Allied Health Professionals; Ayrshire Hospice; a genetics representative from Queen Elizabeth Hospital, Glasgow; and Community Services management and commissioning representatives from the three Ayrshire Health and Social Care Partnerships.
2.4	Considerable additionality is achieved for the Commissioners and individuals with Huntington's Disease and their family/carers through the wider resources of the Scottish Huntington's Association. For example the Commissioners benefit through participation on the National Care Framework and the Scottish Huntington Associations ability to access grants and provide additional resources to enhance the service delivered pan Ayrshire. Additionality is provided to individuals with Huntington's Disease and their family /carers, for example, through Huntington's Youth Worker and activities arranged for the children of those with Huntington's Disease; carers events; and financial well being reviews. In the period October to December 2017, inclusive, there were improvements in the finances of three new service users amounting to £20,063.
3.	PROPOSALS
3.1	The Integrated Joint Board approves the procurement of a specialist Huntington's Disease Service for a further period of three years, 1 April 2018 – 31 March 2021.
	The preferred procurement route to be the Single Tender Action Request Procedure putting forward a case to direct award to the Scottish Huntington's Association based on uniqueness of provision.
3.2	<u>Anticipated Outcomes</u>
	<p>The outcomes are:</p> <ul style="list-style-type: none"> • Implementation of the Patient Pathway through the Scottish Huntington Association nurses interventions with statutory organisations and other voluntary organisations as appropriate. • Advice will have been offered on the Genetic Assessment and Diagnostic process. • Patients living with Huntington's Disease will have continuously improved management of their condition. • Patients, their family and carers will have improved resilience and be able to manage behaviour changes and other challenges of living with Huntington's Disease. • Patients, their family and carers will be in receipt of an integrated Health and Social Care Assessment. • Patients are included in the community as part of their support plans. • Maximisation of financial income for Patients, their family and carers. • Education and Training in relation to Huntington's Disease will have been delivered.

3.3	<u>Measuring Impact</u>										
	<p>Measures will include:</p> <ul style="list-style-type: none"> • Linked activities with Health and Social Care – data collection regarding number of type of activities e.g. statutory services case conferences/reviews; community programme approach meetings and Child and Adult Support and Protection. • Collection of data on the number of symptomatic patients, family, carers and people living at genetic risk who have contact with the service is maintained with appropriate consent being obtained. • Recording of activity in association with the above including: assessments and follow up visits; carer visit; case conferences; hospital admissions; Huntington's Disease Management Clinic patients seen; liaison visits; training given; referral to other services and Partnership meetings. • Patients and their family/carers will report on their satisfaction with the service and the information and advice they have received. • Data collection regarding maintenance of patients in the community. • Audits of the Service/Huntington's Disease Management Clinic will take place every three years. The subsequent report will be fed back to inform current and future service requirements. • Patients and their family/carers will report that they feel more able to continue to cope with managing behaviour changes/challenges associated with Huntington's Disease. • Recording of training provided, to whom and evaluation of same. 										
4.	IMPLICATIONS										
Financial :	<p>The service provided by the Scottish Huntington's Association is currently funded per financial year as follows:-</p> <table> <tr> <td>NHS Ayrshire and Arran</td> <td>£20,000</td> </tr> <tr> <td>North Ayrshire Council</td> <td>£15,000</td> </tr> <tr> <td>East Ayrshire Council</td> <td>£15,000</td> </tr> <tr> <td>South Ayrshire Council</td> <td>£15,000</td> </tr> <tr> <td>Total</td> <td>£65,000</td> </tr> </table> <p>NHS Ayrshire and Arran additionally provide funding for a Huntington's Consultant post and provide office accommodation for the Scottish Huntington's Association Nurses.</p> <p>It is proposed that funding remains at the above levels for the next three years of the Agreement.</p>	NHS Ayrshire and Arran	£20,000	North Ayrshire Council	£15,000	East Ayrshire Council	£15,000	South Ayrshire Council	£15,000	Total	£65,000
NHS Ayrshire and Arran	£20,000										
North Ayrshire Council	£15,000										
East Ayrshire Council	£15,000										
South Ayrshire Council	£15,000										
Total	£65,000										
Human Resources :	There are no Human Resource implications for NAHSCP staff.										
Legal :	The Procurement will be carried out in line with the Public Contracts (Scotland) Regulations 2015 and North Ayrshire Councils Standing Orders.										
Equality :	There are no equality issues to be considered. Equality in employment and service delivery will be in accordance with statute and covered within the terms and conditions of the Agreement.										
Environmental & Sustainability :	There are no environmental /sustainability implications in connection with this proposal.										

Key Priorities :	The service fits with North Ayrshire Health and Social Care Partnerships Strategic Plan 2015-18, specifically: <ul style="list-style-type: none"> ➤ Bringing services together. ➤ Early intervention. ➤ Improving Mental Health and Wellbeing.
Risk Implications :	There is the risk that should continued funding for this service not be available that patients and their family/carers would receive a fragmented service with increased pressure on existing statutory resources. The service provided by the Scottish Huntington's Association is the linchpin enabling a holistic service to patients and their family/carers and co-ordination/support for statutory services.
Community Benefits :	These would be non core and revolve around training provided on Huntington's Disease and its management and patients continued participation in the community.

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

5.	CONSULTATION
5.1	Consultation has taken place between the three Ayrshire Health and Social Care Partnerships and Scottish Huntington's Association.
6.	CONCLUSION
6.1	It is recommended that the Integrated Joint Board approve the continued procurement of this service for the next three financial years, that is, 1 April 2018 to 31 March 2021.

For more information please contact Stuart Gaw, Senior Manager, Integrated Care and Re-ablement Services on 01294 400616 or stuart.gaw@aapct.scot.nhs.uk

DIRECTION

From North Ayrshire Integration Joint Board

1.	Reference Number	15032018-	
2.	Date Direction Issued by IJB	15 th March 2018	
3.	Date Direction takes effect	15 th March 2018	
4.	Direction to	North Ayrshire Council	
		NHS Ayrshire & Arran	
		Both	✓
5.	Does this direction supercede, amend or cancel a previous direction – if yes, include the reference numbers(s)	Yes	
		No	No
6.	Functions covered by the direction	Huntington's Disease Service to people with Huntington's Disease or at risk of Huntington's Disease, their family and carers as outlined in the report to the Integrated Joint Board.	
7.	Full text of direction	NHS Ayrshire and Arran and North Ayrshire Council are directed to re-commission the Huntington's Disease Service for the three year period 1 April 2018 to 31 March 2021. The annual cost to NHS Ayrshire and Arran is £20,000 and the annual cost to North Ayrshire Council is £15,000. This is a pan Ayrshire service and North and South Ayrshire Councils contributions will be £15,000 each per annum. Total annual cost of service being £65,000 (refer section 4 Finance of the attached report)	
8.	<i>Budget allocated by Integration Joint Board to carry out direction</i>	£35,000 per annum (refer section 4 Finance of the attached report)	
9.	Performance Monitoring Arrangements	The Agreement will be monitored by a Steering Group (refer section 2.3 of the attached report)	
10.	Date of Review of Direction (if applicable)	January 2019.	

Minutes of North Ayrshire Strategic Planning Group Meeting

Held on Thursday 11th January 2018, 10.00am

Greenwood Conference Centre, Dreghorn

Present:

Councillor Robert Foster, Chair,
 Jo Gibson, Principal Manager, Planning & Performance, NAHSCP
 Christine Speedwell, Service Coordinator, Unity Enterprise NA Carers Centre
 David Thomson, AND/ Lead Nurse, NHS A&A
 Robert Steel, Locality Lead, Kilwinning Area
 Sharon Bleakley, Local Officer, Scottish Health Council
 Elaine Young, Assistant Director of Public Health, NHS
 Gavin Paterson, Engagement Officer, NAHSCP
 Brenda Knox, Health Improvement Lead, NHS A&A
 Louise McDaid, Staff Representative
 David Bonellie, Optical Representative
 Lynne McNiven, Consultant in Public Health, NHS
 Norma Bell, Manager, Planning & Performance, Mental Health, NAHSCP
 David Donaghey, Partnership Representative, NAHSCP
 Vicki Yuill, Operations Manager, Arran CVS
 Eunice Johnstone, Portfolio Programme Manager (Transformation and Sustainability)
 Fiona Thompson, Locality Lead, Irvine
 Allan Wilson, Community Pharmacy Adviser
 Eleanor Currie, Eleanor Currie, Principal Manager (Finance),
 Nigel Wanless, Independent Sector Representative
 Heather Molloy, Independent Sector Representative
 Dr John Taylor, Associate Medical Director
 Eleanor McCallum, Partnership Engagement Office, NAHSCP
 Marion Gilchrist, Community Nurse, NHS A&A
 Laura Barrie, KA Leisure
 Fiona Comrie, KA Leisure
 Donna McKee, Head of Service, C&F and Justice Services, NAHSCP (*Final 30 mins*)
 Stephen Brown, Interim Director, NAHSCP (*Final 30 mins*)

In Attendance:

Scott Bryan, Team Manager – Planning, NAHSCP
 Debbie Campbell, Team Manager, Performance, NAHSCP
 Louise Harvie, Clerical Officer, NAHSCP

Apologies Received:

Dr Paul Kerr, Clinical Director, NAHSCP
 David Rowland, Head of Service, Health & Community Care, NAHSCP
 Shahid Hasif, Head of Finance, NAHSCP
 Annie Weir, Senior Engagement and Project Manager
 Brenda Knox, Health Improvement Lead, NHS, A&A
 Simon Morrow, Dental Representative
 Sam Falconer, Community Pharmacist NHS A&A

Dr Chris Black, GP, Bourtreehill Medical Practice
Thelma Bowers, Head of Service, Mental Health, NAHSCP
Louise Gibson, Dietetic lead, integrated services, NHS A&A
Isabel Marr, Senior Manager, Long Term Conditions
Helen McArthur, Senior Manager, Community Care
Clive Shephard, NA Federation of Community Associations
Mark Gallagher, Alcohol & Drugs Partnership
Gordon McKay, Staff Side Representative

1.	<u>WELCOME & APOLOGIES</u>	
1.1	Councillor Robert Foster welcomed all to the meeting. Apologies were noted and accepted.	
2.	<u>MINUTES/ACTION NOTE OF PREVIOUS MEETING (02.11.17)</u>	
2.1	Minutes of previous meeting dated 2 nd November 2017 were agreed as accurate with no amendments required.	
3.	<u>MATTERS ARISING</u>	
3.1	There were no matters arising to be discussed.	
Focus on: Draft Strategic Plan		
4.	Gavin Paterson, Partnership Engagement Officer provided a presentation on the Strategic Plan Consultation for 2018-21. The presentation gave detail on the key messages of the plan. Slides included:- <ul style="list-style-type: none"> • Challenging Environment (demand on service/ageing population/deprivation/reduction of budgets) • Changes since the last Strategic Planning Meeting dated 2nd November 2017 • Consulting on the Strategic Plan • Information on Library Drop in Sessions • Dates/Times of Health & Wellbeing Events 	
4.1	The draft Strategic Plan will be available for public consultation from Monday 8 th January 2018 until Friday 16 th February 2018.	
4.2	Output from the Consultation and suggested changes before publication will be tabled for discussion at the next Strategic Planning Group meeting.	Agenda – 27.02.17
Focus on: Financial Planning		
5.	Eleanor Currie, Principal Manager (Finance), provided a presentation on the Health & Social Care Partnership (HSCP) Finance Overview. The presentation covered the following areas: <ul style="list-style-type: none"> • HSCP Governance Arrangements • How does the HSCP work? 	



	<ul style="list-style-type: none"> The Story so Far ... <ul style="list-style-type: none"> (including funding arrangements/overspends/projected overspends) 2017/18 Budgets Main Areas of Pressure Challenge Fund Projects Tackling the Financial Challenge Medium Term Financial Plan 2018/19 to 2019/20 Things to Think About <ul style="list-style-type: none"> Deficit to be recovered/Financial sustainability/Financial management/Growing demand 	
5.1	Group Discussion	
5.1.1	<p>Following a Financial Survey completed by Finance Leads, it was acknowledged that 21 out of 32 Partnerships in Scotland were in a deficit position. A further survey will be carried out mid-January 2018 to establish if any changes have been made.</p> <p>Following a detailed discussion, the group agreed that the Strategic Planning Group remains an essential group that will play an important role moving forward in ensuring changes are made and the plan is deliverable.</p>	
Focus on: Update on Performance		
6.	<p>Debbie Campbell, Performance Team Manager, provided a presentation on the HSCP Performance for Quarter Two Period.</p> <p>The presentation slides included:</p> <ul style="list-style-type: none"> Background Information Actions Tackling Inequalities Engaging Communities Bringing Services Together Prevention and Early Prevention Mental Health and Wellbeing Change Programme Challenge Fund Complaints/Compliments Finance 	
6.1	Group Discussion	
6.1.1	<p>Following the presentation, the meeting separated into groups and were asked to address the following two questions:</p> <p>1) How will you support consultation?</p> <p>Response:</p> <ul style="list-style-type: none"> Share with operational teams and encourage teams to speak with service users Option of using libraries 	



	<ul style="list-style-type: none"> • Share information on Social Media (idea of setting up planned conversations/subject topics to stimulate interest – professional and public) • Share at service user groups • Issue flyers/slips to keep public consulted • Option of entering into prize draw when contribute • Share at Locality Planning Forums (LPF) 	
6.1.2	<p>2) What more does the SPG need to do in order to effectively move the plan forward?</p> <p>Response:</p> <ul style="list-style-type: none"> • From LPF view, would be good to get high level summary on a regular basis to share updated information • Share transparency of national picture • Look at the work we do alongside other Partnerships/IJB's • Social Media (online conversations/periscope) • Share user friendly information to public 	
Focus on: Communications		
7.	<p>Eleanor McCallum, Partnership Engagement Officer, provided a presentation on the Messaging, Communications and Engagement. Slides covered:</p> <ul style="list-style-type: none"> • Creating our culture, building our brand, engaging with staff, stakeholders and public • Layering our message • Information on new website • Dialogue with North Ayrshire 	
7.1	<p>Eleanor highlighted that the Partnership has now formally launched its own website. Work is ongoing to further develop content, and a full public launch (press releases, social media announcements etc.) is planned. The site can be accessed at www.nahscp.org.</p> <p>Prior to the formal public launch, Eleanor asked the group to look at the functionality of the website in more detail and provide any feedback via email to herself.</p>	
8.	Update from Locality Planning Forums (LPF)	
8.1	<p><u>Garnock Valley</u></p> <p>Janet McKay advised that the last meeting dated 22nd November 2017 focused on Children and Adolescent Mental Health Services (CAMHS). Tommy Stevenson, Senior Manager for CAMHS was also in attendance at the meeting. A further meeting has been arranged to discuss reducing the number of referrals to CAMHS.</p> <p>Janet outlined that the LPF has liaised with the Community Planning Partnership (CPP) to link action plans and priorities. Work ongoing.</p>	



8.2	<p><u>Irvine</u></p> <p>Norma Bell highlighted that the last Irvine LPF meeting took place in November 2017 with Elaine Baxter, Locality Coordinator for CPP in attendance. Elaine has since become a member of the LPF for close working links. CPP priorities are noted as employability, parking and Mental Health. Mental Health is also one of the Irvine Forum's priorities. Gavin Paterson, Partnership Engagement Officer, will attend a future meeting to provide guidance on engagement.</p> <p>Fiona noted that she feels more comfortable now that she has attended the Irvine CPP. Fiona advised that the meeting was split into groups, and she currently sits on the Mental Health Group. Highlighted that they do not have wider understanding about Health from public perspective, Fiona will keep them updated. Work continuing to progress well. Leads will continue to update.</p>	
8.3	<p><u>Kilwinning</u></p> <p>Robert Steel, Locality Lead, advised that the Kilwinning LPF continues to progress well with positive membership. The next meeting is scheduled for Tuesday 16th January 2018 where current projects will be reviewed. The Pharmacy in Kilwinning is looking at redesigning, this will support LPF in looking at generating new projects.</p> <p>The chair of the CPP has been invited to attend a future meeting to help create a better understanding of projects and priorities. LPF lead will also attend a future CPP meeting.</p>	
8.4	<p><u>Arran</u></p> <p>Vicki Yuill highlighted that the meeting scheduled for December was cancelled. Senior Leads attended the CPP meeting and provided update on ongoing work and priorities. Noted that LPF and CPP priorities are currently overlapping. Discussion took place at CPP meeting with regards to incorporating the Arran Economic Group, Audrey Sutton provided presentation on the model. Work ongoing.</p>	
8.5	<p><u>North Coast</u></p> <p>Recent meetings have been cancelled due to ill-health. Continuing to work closely with CPP to ensure priorities are aligned.</p>	
8.6	<p>Jo Gibson commented on the positive connections with LPF and CPP members. A joint meeting took place before Christmas with both LPF and CPP representatives which Jo noted was very useful.</p> <p>Jo advised that a Staff Awards Ceremony is scheduled for end of February 2018, and encouraged the group to think about nominating services including LPF's.</p> <p>The deadline for nomination process is Monday 15th January 2018, link to nomination page to be forwarded to group.</p>	E McCallum



	<p>Jo explained that the Scottish Community Development Centre (SCDC) Training scheduled for December 2017 had been postponed. Gavin Paterson is linking with SCDC to identify new date.</p> <p>Discussion took place regarding early intervention and appropriate engagement. Donna McKee asked if it is possible for Heads of Service to attend one meeting to look at aligning operational work, as opposed to attending several different forums. Jo advised that the LPF development network meeting may be the forum for this. Future links should be discussed at PSMT</p> <p>Jo reminded LPF members of their ability to influence the direction of the Community Investment Fund, for use to tackle local priorities. Discussions have taken place with Audrey Sutton regarding the best way to progress this.</p>	HoS/Future PSMT Agenda
9.	Agenda Items for Next Meeting – 27th February 2018	
9.1	<p>Councillor Robert Foster advised the group to forward any agenda items for future meetings to either himself or Scott Bryan.</p> <p><u>Agenda Items received to date:</u></p> <ul style="list-style-type: none"> Findings from Strategic Plan Consultation 	
10.	AOCB	
10.1	<p><u>Farewell</u></p> <p>The group thanked Jo Gibson, Principal Manager, Planning & Performance, for her contribution and support on behalf of the Strategic Planning Group and wished her success in her new role.</p>	
7.	Future 2018 Meeting Dates	
	<ul style="list-style-type: none"> Wednesday, 27th February 2018, at 10:00am, Greenwood Conference Centre Wednesday, 25th April 2018, at 10:00am, Greenwood Conference Centre Wednesday, 20th June 2018, at 10:00am, , Greenwood Conference Centre Wednesday, 15th August 2018, at 10:00am, Greenwood Conference Centre Wednesday, 10th October 2018, at 10:00am, Fullarton Connexions Wednesday, 05th December 2018, at 10:00am, Fullarton Connexions 	