

## **Integration Joint Board Meeting**



**Thursday, 17 March 2022 at 10:00**

**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 14 February 2022 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.

**4 Presentation – Third Sector Interface**

Receive a presentation by Vicki Yuill, Arran Community & Voluntary Service on the Third Sector Interface.

**5 Community Mental Health and Wellbeing Fund**

Submit report by Vicki Yuill, Arran Community & Voluntary Service on the Community Mental Health and Wellbeing Fund (copy enclosed).

**6 Director's Report**

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

**7     2021-22 – Month 10 Financial Performance Report**

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

**8     Budget 2022/2023**

Submit report by Paul Doak, Head of Service (HSCP Finance and Transformation) on the 2022/2023 Budget (copy enclosed).

**9     Medium Term Financial Outlook**

Submit report by Paul Doak, Head of Service (HSCP Finance and Transformation) on the Medium Term Financial Outlook (copy enclosed).

**10    Caring for Ayrshire**

Submit report by Michelle Sutherland, Partnership Facilitator (HSCP Finance and Transformation) on the Caring for Ayrshire priorities (copy enclosed).

**11    Risk Register**

Submit report by Paul Doak, Head of Service (HSCP Finance and Transformation) on the IJB Strategic Risk (copy enclosed).

**12    Strategic Commissioning Plan 2022-30**

Submit report by Scott Bryan, Strategic Planning Policy and Inequalities Officer (HSCP Finance and Transformation) on the Strategic Commissioning Plan 2022-30 (copy enclosed).

**13    Urgent Items**

Any other items which the Chair considers to be urgent.

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# Integration Joint Board

## Sederunt

## Voting Members

Bob Martin (Chair)	North Ayrshire Council
Councillor Robert Foster (Vice-Chair)	NHS Ayrshire & Arran
Councillor Timothy Billings	North Ayrshire Council
Adrian Carragher	NHS Ayrshire and Arran
Councillor Anthea Dickson	North Ayrshire Council
Jean Ford	NHS Ayrshire and Arran
Marc Mazzucco	NHS Ayrshire and Arran
Councillor John Sweeney	North Ayrshire Council

## Professional Advisors

Caroline Cameron	Director
Paul Doak	Head of Service (HSCP Finance & Transformation)
Vacancy	Clinical Director
Scott Hunter	Chief Social Work Officer – North Ayrshire
Philip Hodgkinson	Acute Services Representative
Alistair Reid	Lead Allied Health Professional Adviser
Darren Fullarton	Associate Nurse Director/IJB Lead Nurse
Dr Louise Wilson	GP Representative

## Stakeholder Representatives

David Donaghey	Staff Representative – NHS Ayrshire and Arran
Louise McDaid	Staff Representative – North Ayrshire
Vacancy	Carers Representative
Graham Searle	Carers Representative (Depute for Marie McWaters)
Clive Shephard	Service User Representative
Glenda Hanna	Independent Sector Representative
Vicki Yuill	Third Sector Representative
Sam Falconer	IJB Kilwinning Locality Forum (Chair)
Janet McKay	IJB Garnock Valley Locality Forum (Chair)
Louise Gibson	IJB Irvine Locality Forum (Chair)





**North Ayrshire Health and Social Care Partnership**  
**Minute of Integration Joint Board meeting held on**  
**Monday 14 February 2022 at 11.00 a.m.**  
**involving participation by remote electronic means**

**Present**

**Voting Members**

Bob Martin, NHS Ayrshire and Arran (Chair)  
Councillor Robert Foster, North Ayrshire Council (Vice Chair)  
Councillor Timothy Billings, North Ayrshire Council  
Adrian Carragher, NHS Ayrshire and Arran  
Councillor Anthea Dickson, North Ayrshire Council  
Jean Ford, NHS Ayrshire and Arran  
Councillor John Sweeney, North Ayrshire Council

**Professional Advisers**

Caroline Cameron, Director of Health and Social Care Partnership  
Paul Doak, Chief Finance and Transformation Officer  
Scott Hunter, Chief Social Work Officer – North Ayrshire  
Alistair Reid, Lead Allied Health Professional Adviser

**Stakeholder Representatives**

David Donaghey, Staff Representative (NHS Ayrshire and Arran)  
Louise McDaid, Staff Representative (North Ayrshire Council)  
Glenda Hanna, Independent Sector Representative  
Louise Gibson, IJB Irvine Locality Forum (Chair)

**In Attendance**

Aileen Craig, IJB Monitoring Officer  
Alison Sutherland, Head of Service (Children, Families and Criminal Justice)  
Scott Bryan, Strategic Planning, Policy and Inequalities Officer  
Karen Andrews, Team Manager  
Angela Little, Committee Services Officer  
Craig Stewart, Committee Services Officer

**Apologies**

Philip Hodkinson, Lead Allied Health Professional Adviser  
Vicki Yuill, Third Sector Representative

## **1. Apologies and Chair's Remarks**

Apologies for absence were noted.

## **2. Declarations of Interest**

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

## **3. Minutes/Action Note**

The accuracy of the Minutes of the meeting held on 16 December 2021 were confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973.

### **3.1 Matters Arising from the Action Note**

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

- Distress Brief Intervention Update – the Head of Service (Mental Health) will provide a report to the IJB in April 2022;
- Year end Financial Performance 2020/21 – the Chief Social Work Officer will report to the IJB in May/June 2022;
- Community Alarm/transition from analogue to digital – funding has been secured for a lead for the programme – the programme planning will ensure a landline is not required and a report will be provided May/June 2022.

Noted.

## **4. Director's Report**

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

The report provided an update on the following areas:-

- National developments that included, free digital resource for carers, National Care Service Responses and Audit Scotland Briefing – Social Care;
- Consultations on the Prevention of Homelessness Duties Consultation; the Healthcare Framework for Care Homes and the Young Carers survey;
- North Ayrshire developments that including Appointments, North Ayrshire Inspection of Children's Services, Unaccompanied Asylum Seeking Children (UASC), Hearing Impairment Support from SISG, Blue Monday boost for community groups, North Ayrshire Family Centre Wellbeing Service and Primary Care and Social Care Staff Wellbeing;
- COVID Update; and
- Updates on Self Isolation for Residents in Adult Care Homes, Vaccinations, Testing, Care Home Oversight Group and Care at Home Oversight Group.

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

- Arrangements made for one UASC to be placed in North Ayrshire and plans to accommodate a second young person; and
- Recent Council approval of participation in the mandated rota set by the UK Government as part of the revised National Transfer Scheme (NTS), which will potentially see up to a further 6 UASC being accommodated within North Ayrshire in the first year.

Noted.

## 5. Financial Performance

Submitted report by Paul Doak, Head of Service (HSCP Finance and Transformation) on the financial position of the Health and Social Care Partnership. Appendix A to the report provided the financial overview of the partnership position, with detailed analysis provided in Appendix B. Appendix C (i) showed the full Transformation Plan for 2021/22, which had been agreed by the Transformation Board. An overview of those service changes which do have financial savings attached to them and the current BRAG status around the deliverability of each saving was outlined at Appendix C (ii). Appendix D highlighted the movement in the overall budget position for the partnership following the initial approved budget and sought approval for the reductions in Telephones (Corporate) and Recovery and Renewal funding. The local finance mobilisation plan submission was provided at Appendix E to the report.

The report also included details of the estimated costs and potential financial impact of the Covid-19 response.

The Board was advised that

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

- The projected underspend of £1.283m for a number of reasons including turnover savings exceeding the target, parts of the service not currently delivering services or services operating in a different way;
- The provision of the Winter Plan (previously circulated in December) along with a briefing note to Members on the budget for next year that sets out the current funding position, pressures, potential gaps and how changing patterns in demographics and demands will be recognised;
- An overspend this year following the closure of the Lochranza Ward mainly due to staff in redeployment that has now been resolved and will not result in a recurring cost;
- The provision of information from East Ayrshire on the medical contracts in both Prison and Police that have reduced that will be shared with Members;
- Under recovery in Care at Home charging as a result of a shift towards non-chargeable personal care that this will be met next year through the Care at Home funds; and
- Additional specific funding allocation for adult social work capacity that will be considered within the budget for next year.

The IJB agreed to (a) note (i) the overall integrated financial performance report for the financial year 2021-22 and the current overall projected year-end underspend of £1.283m; ii) the progress with delivery of agreed savings; and (iii) the remaining financial risks for 2021-22, including the impact of remaining Covid-19 estimates and costs; and (b) approve the reductions outlined in Appendix D, relating to Telephones

(transfer of budget to corporate services £0.053m) and Recovery and Renewal Funding (Eglinton Gardens transfer to Communities £0.040m).

## **6. Strategic Plan**

Submitted report by Scott Bryan, Strategic Planning, Policy and Inequalities Officer on the draft Strategic Commissioning Plan for 2022-30. A short summary of the consultation on the main elements of the Strategic Commissioning Plan was attached at Appendix 1 to the report.

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

- The inclusion of the Community Wealth Building Strategy and Ayrshire Growth Deal within the full Strategic Plan;
- Work that is being done on the first 3 years of the Strategic Plan to ensure that the Strategic Plan and Delivery Plan ties in with the Medium Term financial outlook;
- Challenges in setting long term budgets when funders provide single year settlements;
- Grants issued from the Scottish Government's mental health funding that could demonstrate how we are tackling the big issues

The IJB agreed to approve (i) the vision, values and priorities and strategic direction of the new Strategic Commissioning Plan 2022-2030; and (ii) the finalisation of the document to include current information gaps and improve design elements.

## **7. Risk Appetite Statement**

Submitted report by Paul Doak, Head of Finance and Transformation, providing an overview of the first risk appetite statement for the partnership. The assessed risk appetite for each of the key elements of service, quality, people and finance was detailed at Appendix A to the report.

Discussion took place on the risk appetite that included:-

- the experiences of the pandemic where services had to be innovative in service delivery and whether the compliance element of the risk matrix could be moved from Low to Moderate to adhere to all regulations but being creative in doing so;
- High degree of scrutiny in areas of Care Homes and child/adult protection and significant case reviews that require full compliance with no deviation;
- The use of the Risk Appetite Matrix at each IJB meeting to ensure risk management information is part of decision making;
- An annual refresh of the Matrix, or more frequently if operational changes require;
- Operational service delivery that sits with the local authority and Health Board and that the compliance and safety elements in the matrix are about operational service delivery and regulation that front line workers comply with; and
- Further discussion that is required to be clear around IJB decisions rather than operational service delivery.

The Board agreed to (a) request the IJB PAC to consider the feedback from the IJB in respect of the risk appetite statement; and (b) approve the Partnership Risk Appetite Statement.

## **8. IJB Governance Review**

Submitted report by Aileen Craig, Head of Service (Democratic Services) on the Governance Review. Appendix 1 to the report provided the revised Standing Orders and the revised Scheme of Delegation was attached at Appendix 2 to the report.

The Board agreed to approve the revised Standing Orders and Scheme of Delegation outlined at Appendix 1 and 2 respectively.

The meeting ended at 12.30 p.m.

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## North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 14 February 2022

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	Distress Brief Intervention Update	17/12/20	The Board agreed to (a) endorse and approve the implementation of the plan to support Distress Brief intervention across Ayrshire; and (b) to receive an update, including case studies, at a future meeting.	Update in June 2022	Thelma Bowers
2.	Year End Financial Performance 2020-21	17/06/21	The Board was advised that details of Carers Act Funding will be reported to a future meeting; and an update on vacancy savings will be reported to the IJB Performance and Audit Committee.	Carers Act Update to IJB in June 2022	CSWO
3.	Community Alarm/Telecare Services Transition from Analogue to Digital	26/09/19	Funding has been secured for a lead for the programme – the programme planning will ensure a landline is not required and a report will be provided May/June 2022.	Update June 2022	David Thomson
4.	Mental Welfare Commission Report: Authority to Discharge	21/10/21	The Board agreed to (a) note the terms of the report; (b) approve the North Ayrshire Health and Social Care Partnership response to the recommendations; and (c) receive an update report to the IJB in 12 months in terms of progress with the recommendations of the Mental Welfare Commission report.	Update by October 2022	David Thomson

**Integration Joint Board**  
**17th March 2022**

**Subject:** **Communities Mental Health & Wellbeing Fund**

**Purpose:** To provide an overview of the Communities Mental Health & Wellbeing Fund distribution process and funding awarded

**Recommendation:** The IJB are asked to note and consider the success of the process to date, acknowledge the breadth of third sector activity across North Ayrshire.

<b>Glossary of Terms</b>	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
TSINA	Third Sector Interface North Ayrshire
CMH&WB	Communities Mental Health & Wellbeing
CVS	Community & Voluntary Service

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	<p>This report presents an update on the North Ayrshire Communities Mental Health &amp; Wellbeing Fund Plan</p> <p>The plan can be accessed here.</p> <p><a href="https://storage.googleapis.com/wp-static/arrancvs/ef26eb84-cmhwb-local-plan-north-ayrshire.pdf">https://storage.googleapis.com/wp-static/arrancvs/ef26eb84-cmhwb-local-plan-north-ayrshire.pdf</a></p>
<b>2.</b>	<b>BACKGROUND</b>
2.1	<p>As part of the Recovery and Renewal Fund, the Minister for Mental Wellbeing and Social Care announced a new Communities Mental Health and Wellbeing Fund for adults on 15 October 2021, with £15 million made available across Scotland in 2021-22. The first year of a two-year fund to support mental health and wellbeing in communities.</p>
2.2	<p>North Ayrshire's allocation of this fund is £407,213.24. Locally the fund is distributed by Arran Community &amp; Voluntary Service (Arran CVS), as a partner in the Third Sector Interface North Ayrshire (TSINA) taking the lead in administering the fund and securing input from their Integration Authority and wider partners throughout. Arran CVS as the grant holders have overall accountability for spend at a local level and will lead on reporting to national monitoring processes as well as to local evaluation. The TSI will not hold any funds allocated by the Scottish Government for 2021-22 beyond 31 March 2022.</p>

2.3	<p>This fund comes in response to the mental health need arising from the pandemic and is intended to benefit the full agenda for mental health and wellbeing in line with the key need set out in a local plan. The fund is to support community-based initiatives that promote and develop good mental health and wellbeing and mitigate and protect against the impact of distress and mental ill health within the adult population. Applications were accepted from a range of voluntary, 'not for profit' organisations, associations, groups, clubs, or consortiums/partnerships which have a strong community focus to deliver activities and opportunities, many of which will help people to connect with each other, build trusted relationships and revitalise communities. These projects will help develop a culture of mental wellbeing and prevention within local communities with improved awareness of how we can all stay well and help ourselves and others.</p>
2.4	<p>Partners from Health and Social Care, Community Planning, other organisational representatives, and people with lived experience were brought together through pre-existing positive TSI relationships to develop a local plan. Award panels were formed to review and discuss the applications over an 8-week period in a live scoring process. The process highlighted the many worthy, creative locally driven projects from groups who had grown in strength to meet local needs during the pandemic.</p>
<b>3.</b>	<b>CURRENT POSITION</b>
3.1	<p>The fund was oversubscribed, total value of applications £1,169,973</p> <p>Applications have highlighted the wide range of innovative and creative ideas that local communities have developed to assist in delivering local solutions, all with the common aim of caring for mental health.</p>
3.2	<p>The live score process led to identification of projects which focussed on meeting needs around financial insecurities, these were noted by the senior management team within North Ayrshire Councils as being highly beneficial, an agreement was welcomed whereby NAC would meet some of the shortfall from the Covid Financial Insecurities fund an addition £353,134.</p>
3.3	<p>This action led to suggestion of a contribution to projects which would support the good mental health of families, some projects were passed to the Children, Young People and Families CMH&amp;WB Fund which has been underway for some time. At that point, the group had identified an underspend. Five projects met their approval and a further £52,999 was approved for distribution.</p>
3.4	<p>Following final decisions, the intimation of funding went out on 17<sup>th</sup> January 2022 (deemed as Blue Monday)</p> <ul style="list-style-type: none"> <li>• Total applications submitted 86 (5 of these were withdrawn)</li> <li>• Applications processed 81 (2 withdrew at this point)</li> <li>• 61 funded projects</li> <li>• 55 organisations funded (4 have more than one project)</li> </ul> <p>Total awards - £813,346</p>
3.5	<p>Twenty-five organisations have been offered support by the TSI to find alternative funds or to amend and improve applications or provisions to apply in 2023. Support was offered throughout the process and two have already secured funding via the Big Lottery, one is working with another partner to support them and a further two are being supported to apply for Community Benefits.</p>



3.6	<b><u>Anticipated Outcomes</u></b>
	<p>The projects aim to address priorities around improving mental health and well-being</p> <ul style="list-style-type: none"> <li>• Reducing social isolation and loneliness</li> <li>• Developing personal self-care/self-management, coping skills</li> <li>• Prevention and early intervention</li> <li>• Preventing suicides</li> <li>• Enabling financial inclusion and tackling poverty</li> </ul> <p>There is a focus on the inclusion of certain key groups within these interventions. These will be highlighted as the projects emerge. Within the process each applicant was asked to consider accessibility and inclusion. Funded applicants will be provided with additional the 'Active, Connected, Included' resource, developed by the Scottish Commission for People with Learning Disabilities (SCLD). As part of the monitoring of allocated awards, all recipients will be asked in the coming months to say how they used the resource.</p> <p>The fund will provide significant investment into community support for adults in North Ayrshire, helping to grow community mental health resilience and the base for direct social prescribing. Project mapping has begun in line with pre-existing knowledge it will provide an information base for sharing with community, partners, and professionals to access supports.</p> <p>The fund brings the opportunity of shared learning, both thematic and geographical as partners and organisations collaborate to support and deliver activities over the coming months.</p>
3.7	<b><u>Measuring Impact</u></b>
	<p>Monitoring will be conducted by Arran CVS as part of TSINA in accordance with Scottish Government requirement and will consider initial approach to support immediate-term and longer-term impact. It is anticipated that light touch processes will be suitable for ongoing monitoring arrangements, this will be presented in a creative manner. However, there will be additional gathering of some baseline information. There are opportunities for shared learning with partners and anticipation is the local steering group will continue to oversee monitoring results and ensure knowledge is shared across services.</p>
4.	<b>IMPLICATIONS</b>
<b>Financial:</b>	None
<b>Human Resources:</b>	None
<b>Legal:</b>	None
<b>Equality:</b>	The process and practice identified within this report and the local plan reflect equality of access.
<b>Children and Young People</b>	None
<b>Environmental &amp; Sustainability:</b>	None
<b>Key Priorities:</b>	It is anticipated projects will support outcomes within the North Ayrshire Strategic plan, priorities from the Ayrshire Mental Health Conversation and through priorities identified in locality partnership forums and locality planning partnerships across North Ayrshire, □
<b>Risk Implications:</b>	
<b>Community Benefits:</b>	

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

For more information, please contact **Vicki Yuill** on **[01770 600611]** or **[vicki.yuill@arrancvs.org.uk]**

## Integration Joint Board 17th March 2022

**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.

<b>Glossary of Terms</b>	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
IFIC	International Foundation for Integrated Care
ASCPP	Alzheimer Scotland Centre for Policy and Practice
COSLA	Convention of Scottish Local Authorities
SDS	Self Directed Support
MTU	Mobile Testing Unit
CHOG	Care Home Oversight Group
CAHOG	Care at Home Oversight Group

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
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.
<b>2.</b>	<b>CURRENT POSITION</b>
	<b><u>North Ayrshire Developments</u></b>
2.1	<b><u>North Ayrshire Peers 4 HOPE</u></b>
	<p>Peers 4 HOPE's support workers have lived experience of mental health problems and are willing to share their personal experiences in a way empowers those they support.</p> <p>Run by mental health charity Penumbra, the service is open to adult residents in North Ayrshire who:</p> <ul style="list-style-type: none"> <li>• Are aged between 18 and 65</li> <li>• Are currently or have previously engaged with mental health services</li> </ul>

	<p>As well as one to one peer support, the service also offers optional well-being workshops that can help people with mental health problems to:</p> <ul style="list-style-type: none"> <li>• Have increased feelings of hope</li> <li>• Have decreased feelings of isolation</li> <li>• Be more able to exercise choice and develop greater control in their recovery</li> </ul> <p>The service accepts self-referrals as well as referrals from a range of sources, including the NHS, social work and the voluntary sector.</p> <p>Further information is available at :- <a href="mailto:peers4hope@penumbra.org.uk">peers4hope@penumbra.org.uk</a></p>
2.2	<p><u>Community Alarm/Telecare Service</u></p>
	<div data-bbox="284 600 826 1361"> <p><b>Important update for community alarm and telecare service users</b></p> <p>The way your community alarm connects is changing, and all community alarm/telecare users will need to have new equipment installed by the end of 2025.</p> <p>Traditional analogue phone lines are currently being phased out in the UK and all telephone lines will become digital by the end of 2025. To prepare for this, communication providers (eg. BT, TalkTalk, Sky etc) will be gradually switching all telephone lines from analogue to digital, and some have already started this process.</p> <p>By the end of 2025, all of our community alarm/telecare service users will have new equipment installed that will work with the new digital lines. Currently, our units only work with traditional (analogue) phone lines.</p> <p><b>Keep us informed</b></p> <p>If you need to have a new phone or internet line installed before your replacement equipment is set up, then it is important that you let us know.</p> <p>This is so that we can ensure that your alarm continues to work, as there is a risk that your community alarm/telecare may not be compatible if you switch your phone package right now.</p> <p><b>Please continue to test your alarm on a monthly basis. If you have any concerns that your telecare is not working, please call 01294 310222 and ask to speak to the Community Alarm Care at Home Manager</b></p> </div> <div data-bbox="852 600 1497 1361"> <p>Traditional analogue telephone lines are currently being phased out in the UK, with all telephone lines becoming digital by the end of 2025. This change will affect community alarm and telecare services as the partnership's traditional equipment only works using analogue phone lines.</p> <p>To prepare for this, communication providers such as BT, TalkTalk, Sky etc will gradually be switching all telephone lines from analogue to digital, with some having already started this process. The attached information sheet provides relevant information on how this change will affect the community alarm and telecare service.</p> <p>The partnership has written to all affected service users including the attached leaflet advising who to contact in relation to their provider.</p> </div>
2.3	<p><u>Changes to the Law on Fire Alarms</u></p>
	<p>By February 2022, every home in Scotland needs to have interlinked smoke and heat alarms and a carbon monoxide alarm if the home has a boiler, fire, heater or flue.</p> <p>Interlinked smoke and heat alarms are connected to each other within your home. When one goes off, they all go off, so you will hear the alarm from anywhere in your home. This helps people to react quicker and saves more lives.</p> <p>All telecare/community alarm service users may have one or more smoke/heat alarms and a carbon monoxide alarm provided by the telecare/community alarm service. The telecare smoke, heat and carbon monoxide alarms connect to a call centre. When a telecare smoke, heat and carbon monoxide alarm goes off, the call centre is alerted.</p> <p>We will be sending out further advice and guidance to all North Ayrshire service users to advise that if they are having new alarms fitted they should ensure that no smoke alarms linked to a Community Alarm should be removed.</p>

	Further information is available via this <a href="#">link</a> .
2.4	<u>New Assisted Living Complex, Largs</u>
	<p>The first residents at North Ayrshire's latest supported living complex have moved into their new homes, with an additional new facility due for completion next month.</p> <p>Bute Walk in Largs is a 22-home development on the site of the old Largs Academy building, adjacent to the newly-opened sheltered housing complex. It is part of a recently completed total development of 123 new homes built by North Ayrshire Council.</p> <p>Consisting of sixteen 1-bedroom and six 2-bedroom properties, Bute Walk offers modern accommodation that is specifically designed for adults with physical or learning disabilities and/or mental health illnesses.</p> <p>Each home is equipped so that assistive technology can be installed to suit the needs of the individual, helping to support residents in a way that promotes independence as well as reducing risk.</p> <p>Residents will have access to a newly-built social hub that will be available for all sorts of community activities, as well as 24-hr responsive support provided by Enable.</p>
	<p>An additional supported living site at St Michael's Gardens in Kilwinning is also due to open next month. Comprising of ten homes, the complex will promote independent living for those with mental illnesses, with support provided by The Richmond Fellowship (Scotland).</p> <p>An additional 15-home development is also under way at Caley Court in Stevenston, with the build due for completion in late summer 2022.</p>
	<b><u>National Developments</u></b>
2.5	<u>Integrated Care Roundtables</u>
	<p>IFIC Scotland and partners from the International Centre for Integrated Care have announced a series of Roundtables in collaboration with Health and Social Care Scotland.</p> <p>These virtual events will explore integrated care policy and strategic topics of interest for Chief Officers, Strategic Planners, IJB Chairs and Vice Chairs, Heads of Health and Social Care, as well as for senior practitioners, managers and partners from health, social care, housing, third and independent sectors.</p> <p>Each 'Integrated Care Blether' will feature panellists from Scotland in conversation with colleagues engaged in policy, planning or delivery of integrated care in other countries. Further information is available <a href="#">here</a>.</p>
2.6	<u>Alzheimer Scotland Carers' Academy</u>
	<p>The Alzheimer Scotland Centre for Policy and Practice (ASCPP) Carers' Academy programme has been specifically designed to support the needs of family members caring for a relative living with dementia.</p>

	<p>The programme aims to enhance understanding of the effects of dementia, support the development of practical care skills and provide opportunities for peer-to-peer support and learning. Any family member who is caring for a relative living with a mild, moderate or advanced dementia condition is welcome to attend.</p> <p>The programme is delivered by an integrated team of nursing and academic staff. All have expert skills and knowledge in dementia care and a special interest in enhancing the care experience.</p> <p>To find out more, click <a href="#">here</a>.</p> <p>A reminder that NHS Ayrshire &amp; Arran also has dementia app to help support people following a diagnosis of dementia, as well as their family and friends.</p> <p>You can read more about the app and how to download it <a href="#">here</a></p>
2.7	<p><u><a href="#">Coming Home Implementation Report</a></u></p>
	<p>The Scottish Government, jointly with COSLA, has published “Coming Home Implementation: A report from the working group on complex care and delayed discharge has been published at <a href="https://www.gov.scot/isbn/9781804350850">https://www.gov.scot/isbn/9781804350850</a>.</p> <p>The report sets out a framework that includes the introduction of a new national register to improve monitoring and performance, a new national support panel to provide national oversight of the register, and a peer support network to share best practice.</p> <p>Strong local and national partnerships and genuine collaboration will be essential to deliver the quality services needed to deliver on these recommendations. This must happen as a matter of priority and there must be real visibility and accountability for people with complex care needs going forward.</p> <p>The North Ayrshire HSCP have an established working group for Complex Care working on a strategy and plan for investment in local service provision, an update on Complex Care will be brought to a future IJB meeting.</p>
2.8	<p><u><a href="#">COVID Economic Recovery Fund</a></u></p>
	<p>A new £80 million Covid Economic Recovery Fund targeting support for businesses and communities will help Scotland as it moves to a new phase in the Coronavirus (COVID-19) pandemic.</p> <p>Councils will have the flexibility to target support either using existing schemes like Scotland Loves Local, Business Improvement Districts or place based investment programmes, or individual local authority grant schemes. Councils will also be able to use the funding to support low income households.</p>
2.9	<p><u><a href="#">Health, Social Care &amp; Sport Committee Inquiry – Health Inequalities</a></u></p>
	<p>The Health, Social Care and Sport Committee is undertaking an inquiry into health inequalities in Scotland.</p> <p>The inquiry will explore:</p>

	<ul style="list-style-type: none"> <li>• Progress towards tackling health inequalities in Scotland since the Committee's predecessor, the Health and Sport Committee, published its <a href="#">report</a> on health inequalities in January 2015.</li> <li>• Any cross-sectoral work undertaken over that time period to address social inequalities.</li> <li>• What impact any work undertaken has had on health inequalities.</li> <li>• Opportunities to reduce health inequalities and increase preventative work to tackle social inequalities before they impact on individuals' health.</li> <li>• What is needed at a policy level to improve the situation, making recommendations for the Scottish Government and other key decision makers involved in policy development.</li> <li>• The role of the third sector, local government and others in tackling health inequalities.</li> </ul> <p>In addition the inquiry will explore what positive and negative impacts the COVID-19 pandemic has had on health inequalities and action to address them. It will seek to sustain and maintain any progress achieved during the pandemic in addressing health inequalities as well as exploring how tackling health inequalities can be prioritised during COVID-19 recovery.</p> <p>The consultation is now open on Citizen Space where you can provide your views until <b>23.59pm on Thursday 31 March 2022</b> via the attached submission form: <a href="https://yourviews.parliament.scot/health/health_inequalities">https://yourviews.parliament.scot/health/health_inequalities</a></p>
2.10	<p><u>Update to SDS Guidance</u></p> <p>The Scottish Government, in conjunction with COSLA and Social Work Scotland, has published an update to Self-directed Support Guidance for the Pandemic.</p> <p>The new guidance took effect on Friday 11 February for all children and adult services and is more important than ever because of the significant demand and pressure being placed on the system and our teams/services to deliver social care support.</p> <p>The aim of this guidance is to ensure supported people have flexibility of choice over how they manage and direct their SDS budgets to meet their personal outcomes.</p> <p>The guidance also enables and encourages HSCPs to maximise flexibility of spend, ensuring staff and supported individuals can develop their support arrangements to meet their personal outcomes in a way that works for them.</p> <p>For a link to the Scottish Government update, as well as information on how this applies to NAHSCP, click <a href="#">here</a>.</p>

2.11	<u>Mapping the journey for unpaid carers: Local assessment pathways and data collection</u>
	<p>The Carers Census collects a variety of information on unpaid carers and the support they are provided with, in order to help monitor the implementation of the Carers Act and see what difference it is making to the lives of carers across Scotland.</p> <p>In order to implement the Act, changes were made to local assessment and data collection/management, which has impacted on carer and workforce experience.</p> <p>The latest Carers Census report was published in December 2021 and highlighted that data for most local areas remains incomplete and there are still significant challenges in capturing and understanding local carer data.</p> <p>Healthcare Improvement Scotland is working in partnership with user researchers from NHS National Services Scotland on a project to better understand these challenges and opportunities for the future.</p> <p>In collaboration with the Carers Trust, an online session was held for social work and carers centre staff who have a role in carer assessment and/or support planning on <b>Monday 14 March</b> to :-</p> <ul style="list-style-type: none"> <li>• Identify the steps for carers to access support in the West of Scotland region</li> <li>• Identify what and when data is collected</li> <li>• Identify key challenges or in current systems</li> </ul> <p>The sessions were interactive, with participants supported in small groups to discuss and map local carer assessment journeys.</p>
2.12	<u>National Care Service Consultation Analysis</u>
	<p>The Scottish Government have published the high level analysis of responses to the National Care Service consultation. There is no further information available on this at this time and will await further Scottish Government communication on the construct of National Care Services. The Analysis Report can be accessed <a href="#">here</a></p>
	<b>COVID Update</b>
	<p>This update continues to offer assurance to IJB on the partnership's continued response to the COVID 19 pandemic. The partnership, along with NHS and NAC still operate on an "emergency" footing.</p>
	<u><b>Updates since last IJB</b></u>
	<u><b>Guidance</b></u>
2.13	<u>Scotland's Strategic Framework Update</u>
	<p>The Scottish Government have published the updated Strategic Framework for Scotland for the next stage of the pandemic. A link to the full document is below:</p> <p><a href="https://www.gov.scot/publications/scotland-strategic-framework-for-the-next-stage-of-the-pandemic/pages/2-introduction-to-the-framework-update-2022-02-01.aspx">Coronavirus (COVID-19): Scotland's Strategic Framework update - February 2022 - gov.scot (www.gov.scot)</a></p>



	<p>Whilst changes have been announced in relation to vaccinations, testing and mask wearing for the general public we are awaiting further guidance on implications for Health and Social Care services. Health Care Workers can now revert back to twice weekly testing rather than the daily testing which was stepped up to respond to the new variant but other than that there has been no new guidance issued for our services.</p>
2.14	<p><u>Vaccinations</u></p>
	<p><b>Covid 19 Data Dashboard</b>  Based on SG Dashboard <b>94.3%</b> of 12 years plus population <b>in North Ayrshire</b> have received first dose vaccination with <b>89%</b> receiving 2<sup>nd</sup> dose; <b>73.5%</b> have also received booster or dose 3.</p> <p>Overall, <b>94.6% of Ayrshire &amp; Arran</b> 12 years plus population received first dose vaccination – <b>89.6%</b> second dose and <b>74.8%</b> booster or dose 3.</p> <p><b>Population in Scotland</b> – <b>92.3%</b> have received 1<sup>st</sup> dose; <b>86.6%</b> 2<sup>nd</sup> dose and <b>71.5%</b> booster or dose 3.  Third primary dose is administered to immunosuppressed cohorts only.</p> <p>Please note measures are based on people aged 12 years and over. Figures as at 25<sup>th</sup> February 2022 from Scottish Government Public Health dashboard.</p>
	<p><b>Covid 19 Programme Delivery</b></p> <p>Ayrshire &amp; Arran Health Board continue to deliver the Covid 19 Vaccination programme as prioritised by JCVI guidance.</p> <p>Clinic activity during the months of February to April is as follows:</p> <ul style="list-style-type: none"> <li>• Remaining adult boosters (including 16-17 years), second dose 12- 15 years.</li> <li>• Inclusion focus to maximise uptake in under served groups</li> <li>• Continuing 5-11 years “at risk” and household contacts of immunosuppressed</li> <li>• 12-15 years “at risk” and household contacts of immunosuppressed booster 12 weeks after 2<sup>nd</sup> primary dose</li> <li>• Ongoing Evergreen offer</li> <li>• 5-11 year old universal offer</li> <li>• Spring booster to be offered at least 24 weeks after the last vaccine dose to :  Residents in care homes for older adults  Adults aged 75 years and over</li> <li>• Individuals aged 12 years and over who are immunosuppressed</li> </ul>

2.15	<p><u>Community Testing</u></p> <p>Within North Ayrshire there continues to be a range of both Symptomatic Testing (for people with COVID-19 symptoms) and Asymptomatic Testing (for people with no COVID-19 symptoms).</p> <p><b><u>Symptomatic Testing (for people with COVID-19 symptoms)</u></b></p> <p><u>Mobile Testing Unit (MTU)</u> MTU's rotate between 7 different venues throughout North Ayrshire. The MTU allows anyone with COVID-19 symptoms to get a swab test as part of the Government's drive to improve the accessibility of coronavirus testing for communities. MTU's operate 7 days a week.</p> <p><u>Walk-Through Test Centre</u> Harbour Road Car Park in Irvine continues as a temporary local facility for people who have COVID-19 symptoms to get a swab test as part of the Government's UK-wide drive to improve the accessibility of coronavirus testing for communities.</p> <p><b><u>Asymptomatic Testing (for people with no COVID-19 symptoms)</u></b></p> <p>In North Ayrshire the Asymptomatic Testing Centre is operating from Bridgegate, Irvine. The Centre is open 7 days a week from 1000 to 1800 hours and operates on a walk-in basis with no booking required.</p> <p>In addition to the Asymptomatic Testing Centre people can also collect testing kits from local community pharmacists, libraries, pop-up point at Rivergate Shopping Mall or by ordering through NHS Inform website.</p>
2.16	<p><u>Staff Testing</u></p> <p>Lateral Flow Device Testing continues for all frontline health and social care staff who are in regular contact with users of our services.</p>
2.17	<p><u>Care Home Oversight Group Update</u></p> <p>The Care Home Oversight Group (CHOG) in North Ayrshire now meets weekly to discuss any concerns highlighted in relation to care homes in North Ayrshire. The group continue to monitor and support care homes and monitor the sustainability and resilience in the social care sector.</p> <p>The group continue to receive updates from Public Health in relation to any outbreaks within care homes and from the Care Inspectorate in relation to any service issues/concerns. Each week the group considers data in relation to :-</p> <ul style="list-style-type: none"> <li>• RAG status relating to COVID outbreaks; PPE; Infection Prevention and Control (IPC); Staffing;</li> <li>• Staff Testing;</li> <li>• Beds Available;</li> <li>• Visiting Status;</li> <li>• Current Concerns</li> </ul>

2.18	<u>Care at Home Oversight Group Update</u>
	<p>The HSCP was asked in September 2021 by the Scottish Government to replicate Care Home oversight arrangements for Care at Home services. The North Ayrshire Care at Home Oversight Group has a remit to monitor, at minimum on a weekly basis, the care and support for adults in our community. The group also consider care at home and community health pressures in the local area and work as a multi-disciplinary team to find solutions to address these issues, focussing on managing risk.</p>
	<p>At present, the North meeting is held weekly, and is Chaired by the Chief Officer. Each week, the group considers data and information in relation to :-</p> <ul style="list-style-type: none"> <li>• Workforce issues – sickness, annual leave, vacancies, hours worked/available;</li> <li>• Waiting lists for assessment; care packages;</li> <li>• Capacity issues for inhouse and commissioned providers;</li> <li>• Community Nursing provision, capacity and pressures;</li> <li>• Progress with winter plan recruitment.</li> </ul>
2.19	<u>Future Ways of Working</u>
	<p>Scottish Government are encouraging employers to consider the implementation of a hybrid approach of return to work – with staff spending some time in the office and some time at home. This new way of working in many ways provides an opportunity to build positively the flexibility we have had over the last two years through necessity in a way that benefits the staff and organisation moving forward. North Ayrshire Council have agreed a way forward which will result in an effective balance of home/flexible/hybrid working models for staff and there will be a phased approach to the re-opening of offices with this approach beginning April 2022.</p> <p>NA HSCP Senior Management Team have considered the flexible return and have acknowledged that for all staff this will be a new working model, and requested that a working group with cross service representation be established to take forward and co-ordinate all necessary planning arrangements. Members of the working group have responsibility to represent their service and for communication into and outwith the group. The management team have also agreed that Managers in conjunction with their team members would discuss and agree an appropriate way forward in terms of determining each individual's time spent office based/home based dependant on the needs of their particular service and of the staff members.</p> <p>North Ayrshire Council has identified, through consultation, four different workstyles and each post in the council has been attributed to one of these. These workstyles have been shared with staff previously and include In Building, Mobile, Agile and Home. The majority of the HSCP (NAC) workforce has been identified as Agile – <i>i.e.. 100% of time spent working agile (flexibly) and interacting with others. Able to work at home, office or multiple locations.</i></p>
	<p>Therefore it is not expected that all staff will be back working within offices, and to allow North Ayrshire Council to reduce office accommodation, we are working on a “generic” desk model. This means that staff will give up their personal desk within their office base but be able to book a desk whenever they wish to be within the office. The system will also allow for staff to book additional desks to allow colleagues to network, sit together, particularly in terms of peer support etc., where and when required.</p>

	<p>It is acknowledged that this is a new way of working for all staff but believe this will continue to allow staff some flexibility for caring arrangements, e.g. children being able to come home after school, being picked up from school, assist in the health and wellbeing of our staff and as you know we are continuing to run a number of wellbeing events and encouraging staff to participate in same. Managers have been asked to consider the needs of all their staff and communication has been issued Partnership wide regarding all of the above.</p> <p>Initially this will focus on the buildings of Cunninghame House, Bridgegate House and Saltcoats Town Hall – then look at smaller offices and consider how these best work at a later date. As the HSCP have both Local Authority and NHS staff working from these buildings a standardised approach is being taken to applying the new ways of working across our office-based workforce.</p>
<b>3.</b>	<b>PROPOSALS</b>
3.1	<b><u>Anticipated Outcomes</u></b>
	Not applicable.
3.2	<b><u>Measuring Impact</u></b>
	Not applicable

<b>4.</b>	<b>IMPLICATIONS</b>
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<b>Financial:</b>	None
<b>Human Resources:</b>	None
<b>Legal:</b>	None
<b>Equality:</b>	None
<b>Children and Young People</b>	None
<b>Environmental &amp; Sustainability:</b>	None
<b>Key Priorities:</b>	N/A
<b>Risk Implications:</b>	N/A
<b>Community Benefits:</b>	N/A

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

<b>5.</b>	<b>CONSULTATION</b>
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5.1	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.
<b>6.</b>	<b>CONCLUSION</b>
6.1	Members of IJB are asked to note the ongoing developments within the North Ayrshire Health and Social Care Partnership.

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





## Integration Joint Board 17th March 2022

<b>Subject:</b>	<b>2021-22 – Month 10 Financial Performance</b>
<b>Purpose:</b>	To provide an overview of the IJB's financial performance as at Month 10 (January) including an update on the estimated financial impact of the Covid-19 response.
<b>Recommendation:</b>	<p>It is recommended that the IJB:</p> <ul style="list-style-type: none"> <li>(a) notes the overall integrated financial performance report for the financial year 2021-22 and the current overall projected year-end underspend of £1.780m;</li> <li>(b) notes the progress with delivery of agreed savings;</li> <li>(c) notes the remaining financial risks for 2021-22, including the impact of remaining Covid-19 estimates and costs; and</li> <li>(d) approves the budget reductions which are detailed at paragraph 2.11.</li> </ul>

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

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	The report provides an overview of the financial position for the Partnership and outlines the projected year-end outturn position informed by the projected expenditure and income commitments; these have been prepared in conjunction with relevant budget holders and services. It should be noted that, although this report refers to the position at the end of January, further work is undertaken following the month end to finalise projections, therefore the projected outturn position is as current and up to date as can practicably be reported.

1.2	The projected outturn is a year-end underspend of £1.780m (0.65%) for 2021-22 which is a favourable movement of £0.497m since Month 9. Note that the last updated position for health was Month 7.
1.3	From the core projections, overall, the main areas of pressure are learning disability care packages, residential placements for children and Unplanned Activities (UnPACs) within the lead partnership for mental health.
<b>2.</b>	<b>CURRENT POSITION</b>
2.1	<p>The report includes an overview of the financial position including commitments against the available resource, explanations for the main budget variances, an update on progress in terms of savings delivery and plans to work towards financial balance.</p> <p>The report also includes detail of the estimated costs and potential financial impact of the Covid-19 response.</p>
	<b>FINANCIAL PERFORMANCE – AT MONTH 10</b>
2.2	<p>At Month 10 against the full-year budget of £270.941m there is a projected year-end underspend of £1.780m (0.65%). The Integration Scheme outlines that there is an expectation that the IJB takes account of the totality of resources available to balance the budget in year. Following this approach, an integrated view of the financial position should be taken, however it is useful to note that this overall position consists of a projected underspend of £0.392m in social care services and a projected underspend of £1.388m in health services.</p> <p>Appendix A provides the financial overview of the Partnership position. The sections that follow outline the significant variances in service expenditure compared to the approved budgets with detailed analysis provided in Appendix B.</p>
2.3	<b>Health and Community Care Services</b>
	<p>Against the full-year budget of £79.497m there is a projected underspend of £1.413m (1.8%) and the main variances are:</p> <p>a) Care home placements including respite placements (net position after service user contributions and charging order income) are projected to underspend by £0.334m after applying £0.318m of Covid funding, which is an adverse movement of £0.007m.</p> <p>The budgeted number of permanent placements is 790 and at month 10 there are 749 placements. The projection assumes this number of placements will continue until the end of the financial year. Within the projection there is an assumption that recent placements which do not have a completed financial assessment (often due to the pressure to discharge from hospital) are costed with 50% of the cases at the current average cost of a placement and 50% at the gross or interim funded rate. It is likely that there will still be some cases being gross or interim funded at the year end. Their actual cost will not be known until the FA1 financial assessment is completed.</p>



The level of income recovered from charging orders was under recovered during 2020-21 due to the impact the pandemic had on house sales and for 2021-22 it is assumed to be £0.383m under recovered; this will continue to be reviewed during the year. This is included in the overall projected underspend of £0.334m above.

- b) Care at home is projecting to be online after applying £2.004m (£0.559m adverse movement) of funding for additional capacity for Covid and Winter Planning. Bank staff are being offered contracts and additional staff are being recruited for the in-house service. Additionally, the capacity for care at home will continue to grow to meet the increase in demand for the service, this will be part of our longer-term ambition to shift the balance of care and funded through the recently announced Scottish Government funding (see para 2.8 below).
- c) Care at Home Charging Income is projected to under recover by £0.169m (no movement) due to the ongoing shift towards personal care which is non chargeable.
- d) Care at Home non-employee costs are projected to be online after applying £0.030m of the recently announced funding to enhance care at home capacity.
- e) Direct Payments are projected to be online after applying £0.123m (£0.047m favourable movement) of the recently announced funding to enhance care at home capacity.
- f) Residential Placements are projected to overspend by £0.230m (£0.005m favourable movement). The overspend is due to placements transferring from adult to older people services, new packages and increases to existing packages.
- g) Adaptations are projected to overspend by £0.157m (no movement) based on spend to date. Spend to date is higher due to increasing demand combined with increased costs due to supply issues.
- h) Carers Act funding is projected to underspend by £1.083m (£0.222m favourable movement). This projected position assumes charges for respite are waived per the IJB 2021-22 budget paper recommendation and a contribution is made to the increased capacity for children's respite.
- i) Day Care for Older People is projected to underspend by £0.432m (£0.007m adverse movement) as vacancies have been held whilst the service has been closed due to Covid and the unachieved saving of £0.050m is assumed to be Covid funded.
- j) Anam Cara is projected to be online after applying £0.151m of the recently announced Scottish Government funding for interim care.
- k) District Nursing is projected to overspend by £0.130m (no movement) due to an overspend on supplies.
- l) Rehab wards are projected to overspend by £0.075m which is a £0.022m favourable movement (Redburn ward £0.215m overspent and Douglas Grant £0.140m underspent). The overspend at Redburn is due to cover costs for

	vacancies as well as supplementary staffing for patients who require one to one support.
2.4	<b>Mental Health Services</b>
	<p>Against the full-year budget of £83.818m there is a projected overspend of £0.031m (0%). The main variances are:</p> <p>a) Learning Disabilities are projected to overspend by £1.069m (£0.027m adverse movement). The main variances are:</p> <ul style="list-style-type: none"> <li>Care Packages (including residential and direct payments) - projected overspend of £0.702m in community care packages (£0.077m adverse movement), £0.319m in direct payments (£0.006m favourable movement) and £0.563m for residential placements (£0.027m favourable movement).</li> </ul> <p>Community Learning Disability Care packages are proving to be one of the most challenging areas to address overspends and to project spend. This is partly due to the impact of services still remobilising in the earlier part of the year and also the impact of the roll out of the CM2000 call monitoring system. The data from CM2000 will be reported back to the service to allow them to see where care has deviated from the planned level and focus reviews to those areas.</p> <ul style="list-style-type: none"> <li>Purchased day care is projected to underspend by £0.110m (£0.010m adverse movement) as day care services have not fully remobilised.</li> <li>In house day care is projected to underspend by £0.272m (adverse movement of £0.005m) as a result of reduced service provision due to Covid restrictions and the ongoing service redesign and staffing model changes.</li> <li>Residential Respite is projected to overspend by £0.133m (no movement) which reflects funding the new facility to full capacity and security costs prior to the facility opening.</li> </ul> <p>b) Community Mental Health services are projected to underspend by £0.365m (favourable movement of £0.075m) and included within this are underspends of £0.426m in community packages (including direct payments) and an overspend of £0.102m for residential placements. The flexible intervention service (FIS) is projected to underspend by £0.047m due to the service being brought in house and recruitment delays.</p> <p>c) Supported Accommodation - there are potentially additional costs in relation to the upcoming supported accommodation developments. This is in relation to security, energy costs, additional adaptation costs and void rent loss during the period between the builds being completed and the service users moving in. These costs are not fully quantified but will be met by non-recurring slippage from transition care packages.</p>

d) The Lead Partnership for Mental Health is projecting to be £0.650m underspent (£0.396m favourable movement) and the main variances are as follows:

- A projected overspend in Adult Inpatients of £0.125m mainly due to staff in redeployment (£0.219m favourable movement) following the closure of the Lochranza ward. There is also reduced bed sale income of £0.130m but this is included in the quarter 3 LMP return and will be covered by Covid-19 funding.
- UNPACS is projected to overspend by £0.683m (no movement) this is based on current number of placements. These placements are for individuals with very specific needs that require a higher level of security and/or care from a staff group with a particular skill set/competence. This can necessitate an UNPlanned Activities (UNPACs) placement with a specialist provider which can be out-of-area. Applications to approve a placement are made to the Associate Medical Director for Mental Health who needs to be satisfied that the placement is appropriate and unavoidable prior to this being agreed.
- A projected underspend in MH Pharmacy of £0.120m (£0.040m adverse movement). The adverse movement is due to an increase in substitute prescribing costs.
- Learning Disability Services are projected to overspend by £0.549m (£0.070m adverse movement). This is mainly due to high usage of supplementary staffing, cross-charging for a LD patient whose discharge has been delayed and redeployment staffing costs. Supplementary staffing costs relate to backfill for sickness, increase and sustained enhanced observations and vacancies. The enhanced observations are reviewed on a daily basis however, due to the individuals being acutely unwell at present, this level of enhanced observations has been maintained for a lengthy period of time.
- Daldorch charging income is projected to under recover by £0.156m (no movement). Previously income was received from other Health Boards for out of area Children/Young Persons attending Daldorch but the service has been redesigned and is no longer chargeable as it is not an education provider.
- The turnover target for vacancy savings for the Lead Partnership is held within the Lead Partnership as this is a Pan-Ayrshire target. There is a projected over-recovery of the vacancy savings target of £1.763m (£0.271m favourable movement) in 2021-22, further information is included in the table below:

Vacancy Savings Target	(£0.400m)
Projected to March 2022	£2.163m
Over/(Under) Achievement	£1.763m

The current projection to the year-end is informed by the recruitment plans and the confidence in recruitment success and realistic timescales for filling individual vacancies.

The main areas contributing to this vacancy savings position are noted below:

- Adult Community Health services £0.160m
- Elderly Inpatients £0.340m
- CAMHS £0.543m
- Mental Health Admin £0.280m
- Psychiatry £0.340m
- Psychology £0.450m
- Associate Nurse Director £0.050m

2.5	<b>Children and Justice Services</b>
	<p><b><u>Children's Services</u></b></p> <p>Against the full-year budget of £36.971m there is a projected overspend of £1.319m (3.6%). The main variances are:</p> <p>a) Care Experienced Children and Young People is projected to overspend by £1.570m (£0.079m adverse movement). The main areas within this are noted below:</p> <ul style="list-style-type: none"> <li>• Children's residential placements are projected to overspend by £2.042m (£0.089m favourable movement) prior to Covid funding and projected to overspend by £1.289m after £0.783m of Covid funding. We started 21/22 with 17 placements which included 1 in Secure but this increased to 22 (including 1 secure) by month 10. Of these placements two are assumed to be discharged in February taking the placement numbers to 20 by the end of year.</li> <li>• Fostering placements are projected to underspend by £0.219m (£0.012m favourable movement) based on the budget for 131 places and 116 actual placements (of which 6 are Covid related and are funded through the Covid-19 mobilisation plan) since the start of the year. Recruitment of foster carers is an active priority for the team, both to limit the requirement for external foster placements and reduce pressures elsewhere on the service. This is promoted through regular targeted recruitment campaigns, community awareness raising and daily presence on various social media platforms. Our active recruitment strategy is gaining some interest and we are actively pursuing a number of enquiries as a result.</li> <li>• Fostering Xtra placements are projected to be £0.074m underspent (no movement) after £0.086m of Covid funding. The projection is based on the budget for 33 placements and 26 actual placements since the start of the year.</li> <li>• Private Fostering placements are projected to be £0.147m overspent (£0.012m favourable movement) based on the budget for 10 placements and 16 actual placements since the start of the year.</li> <li>• Kinship placements are projected to overspend by £0.088m (£0.009m favourable movement) based on the budget for 353 places and 354 actual placements since the start of the year. The number of placements was higher during the first six months of the year hence the level of overspend.</li> <li>• Adoption placements are projected to overspend by £0.099m (no movement) based on the budget for 57 places and 69 actual placements since the start of the year.</li> </ul> <p>b) Children with disabilities – residential placements are projected to underspend by £0.058m (£0.012m favourable movement) based on 7 placements which are expected to continue until the end of the year.</p> <p>c) Residential respite – placements are projected to overspend by £0.496m (adverse movement of £0.109m) due to short-term placements continuing longer than previously projected. These short-term placements are used to prevent an admission to full residential care.</p> <p>d) Transport costs – projected underspend of £0.066m (£0.002m favourable movement) due to less mileage being incurred.</p>

	<p><b><u>Justice Services</u></b></p> <p>Against the full-year budget of £2.430m there is a projected underspend of £0.140m (6%). This projected underspend is not included in the overall projection as it will need to be paid back to the Scottish Government as a ring-fenced grant.</p>												
2.6	<p><b>ALLIED HEALTH PROFESSIONALS (AHP)</b></p> <p>AHP services are projected to underspend by £0.095m (£0.029m adverse movement) due to underspends in non-employee costs.</p>												
2.7	<p><b>MANAGEMENT AND SUPPORT</b></p> <p>Management and Support Services are projected to underspend by £1.437m (£0.003m favourable movement). The main areas of underspend are:</p> <ul style="list-style-type: none"><li>• £0.353m relates to funding set aside for unscheduled care. £0.277m of this funding is uncommitted and £0.076m relates to the enhanced hospital social work team only incurring part year costs.</li><li>• There is also an over-recovery of payroll turnover of £0.551m for health services as outlined in para 2.9 below.</li><li>• Slippage of £0.802m in funding set aside for transition packages and the balance of funding from the living wage allocation.</li></ul>												
2.8	<p><b>ADDITIONAL SCOTTISH GOVERNMENT FUNDING</b></p> <p>The Scottish Government confirmed on 5 October 2021 a range of measures and new investment that is being put in place to help protect health and social care services over the winter period, and to provide longer term improvement in service capacity across health and social care systems.</p> <p>This funding is predicated on four key principles:</p> <ul style="list-style-type: none"><li>• Maximising Capacity.</li><li>• Ensuring Staff Wellbeing.</li><li>• Ensuring System Flow and</li><li>• Improving Outcomes.</li></ul> <p>On 4<sup>th</sup> November the Scottish Government announced additional funding to support this. It is expected that NHS Boards, Integration Authorities and Local Authorities will work collaboratively to ensure a whole system response.</p> <p>Specifically it covers the areas below but the Scottish Government have confirmed that there will be flexibility across the funding streams:</p> <table><tr><th></th><th><b>National Funding 21/22 £m</b></th><th><b>NAHSCP Share 21/22 £m</b></th><th><b>National Funding 22/23 £m</b></th></tr><tr><td>Interim care arrangements*</td><td>40</td><td>1.109</td><td>20</td></tr><tr><td>Enhanced care at home capacity</td><td>62</td><td>1.719</td><td>124</td></tr></table>		<b>National Funding 21/22 £m</b>	<b>NAHSCP Share 21/22 £m</b>	<b>National Funding 22/23 £m</b>	Interim care arrangements*	40	1.109	20	Enhanced care at home capacity	62	1.719	124
	<b>National Funding 21/22 £m</b>	<b>NAHSCP Share 21/22 £m</b>	<b>National Funding 22/23 £m</b>										
Interim care arrangements*	40	1.109	20										
Enhanced care at home capacity	62	1.719	124										

Increase hourly rate to £10.02 for adult social care staff employed by commissioned providers	48	0.866	144
Enhancing Multi-Disciplinary Teams (MDTs)	20	0.555	40
<b>TOTAL</b>	<b>170</b>	<b>4.249</b>	<b>328</b>

\*non-recurring beyond 2022/23.

£0.857m of this funding is included in the reported position at Month 10 to offset spend in some areas.

The underspend on these additional Scottish Government funds at the year-end will be earmarked and held in reserve for use in 2022/23.

## 2.9 Turnover/Vacancy Savings

The turnover targets and projected achievement for the financial year for Health and Social Care services out with the Lead Partnership is noted below:

	<b>Social Care</b>	<b>Health Services</b>
Vacancy Savings Target	(2.014m)	(0.655m)
Projected to March 2022	2.014m	1.206m
<b>Over/(Under) Achievement</b>	<b>0.000m</b>	<b>0.551m</b>

The position in the table above reflects the assumption in the current financial projections. For social care a total of £1.776m (88% of annual target) has been achieved to date. It is anticipated that the level of vacancies will continue at this rate to the financial year-end, the full annual target will be met.

The health vacancy projection to the year-end is based on the month 10 position and is informed by the recruitment plans and confidence in recruitment to posts for the remainder of the year.

The areas contributing to the health and social care vacancy savings are spread across a wide range of services with vacancy savings being achieved in most areas, however, the most significant areas are:

- Management and Support £0.368m
- Care experience young people £0.289m
- Locality services £0.278m
- Intervention services £0.160m

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

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



2.10

Savings Progress

a) The approved 2021-22 budget included £2.528m of savings.

BRAG Status	Position at Budget Approval £m	Position at Month 10 £m
Red	-	0.552
Amber	0.204	0.050
Green	2.324	0.650
Blue	-	1.276
TOTAL	2.528	2.528

b) The main areas to note are:

i)

Red savings of £0.450m relating to reducing children’s residential placements, £0.066m adoption allowances and £0.036m external fostering placements, all of which are projected to overspend.

ii)

Whilst all savings remain on the plan to be delivered there are delays with some savings with delays in implementation due to Covid-19, for example the savings in relation to day care for adults and older people. These savings of £0.138m are noted as blue as they will be achieved through vacancies rather than service design and are not included in the projected position as it is assumed they will be funded by Covid funding.

iii)

The confidence with some savings has reduced since the budget was set due to the ongoing impact of Covid-19, for example Care at Home related savings. These savings been superseded by the additional Scottish Government Funding.

Appendix C (i) shows the full Transformation Plan for 2021/22 which has been agreed by the Transformation Board; the Board is in place to provide oversight and governance to the programme of service change. A focus of the Board is to ensure plans are in place to deliver savings and service change, with a solution focussed approach to bringing programmes back on track.

Not all the service changes on the Transformation Plan have savings attached to them but there is an expectation that they will lead to service improvements. The Plan is critical to the ongoing sustainability and safety of service delivery and to supporting the delivery of financial balance in future.

Appendix C (ii) provides an overview of those service changes which do have financial savings attached to them and the current BRAG status around the deliverability of each saving.

The unachieved savings due to Covid-19 have been reflected in the overall projected outturn position as it is assumed the savings delays would be compensated with additional funding. The delays were included in the mobilisation plan return to the Scottish Government.

2.11	<b>Budget Changes</b>
	<p>The Integration Scheme states that <i>“either party may increase it’s in year payment to the Integration Joint Board. Neither party may reduce the payment in-year to the Integration Joint Board nor Services managed on a Lead Partnership basis.... without the express consent of the Integration Joint Board”</i>.</p> <p>Appendix D highlights the movement in the overall budget position for the Partnership following the initial approved budget.</p> <p><b>Reductions Requiring Approval:</b></p> <ol style="list-style-type: none"> <li>1) MSK Physio and materials to East - £0.008m</li> <li>2) Trauma Funding to Capital - £0.307m</li> <li>3) Training Grade adjustment - £0.013m</li> <li>4) GMS LDS Transfer to East - £0.007m</li> <li>5) District Nurse Bladder Scanners to Capital - £0.023m</li> <li>6) CAMHS transfer to Capital - Ward 1b £0.082m</li> </ol>
2.12	<b>NHS – Further Developments/Pan Ayrshire Services</b>
	<p><u>Lead Partnerships:</u></p> <p>The IJB outturn position is adjusted to reflect the impact of Lead Partnership services. The outturn for all Lead Partnership services is shared across the 3 Partnerships on an NRAC basis; this position is currently the default pending further work to develop a framework to report the financial position and risk sharing across the 3 Partnerships in relation to hosted or lead service arrangements, which has been delayed by the requirement to focus efforts on the Covid response.</p> <p>The final outturn in relation to North Lead Partnership services would not be fully attributed to the North IJB as a share would be allocated to East and South Partnerships; similarly, the impact of the outturn on East and South led services will require to be shared with North. At Month 10 the MH lead partnership is projected to underspend by £0.650m (£0.211m NRAC share for East and £0.200m for South).</p> <p>East and South HSCP do not report at Month 10 which means there is no change from the information reported below which is Month 9 for East and Month 6 for South.</p> <p><b>East HSCP</b> – projected underspend of £1.678m (£0.604m NRAC share for NA IJB). The main areas of variance are:</p> <ol style="list-style-type: none"> <li>a) <u>Primary Care and Out of Hours Services</u></li> </ol> <p>There is a projected underspend of £1.352m on the Primary Care Lead Partnership budget. The projected underspend includes savings in Dental Services due to reduced service provision with an anticipated increase in staffing costs going forward. There are reduced projected costs in Ayrshire Urgent Care Services</p>



(AUCS) with work being undertaken to cross charge costs related to the Covid-19 pandemic against the Local Mobilisation Plan (Community Clinical Hub). The projected underspend on AUCS assumes a similar level of cross charging from August until December this year with further consideration of the Covid-19 position at that stage. The level of GP activity will continue to be closely monitored going forward. Savings in Primary Care contract administration are also contributing to the projected underspend. This projected underspend is the anticipated outturn position based on all available information at Month 9. Activity continues to be extremely fluid, and the delegated budget will continue to be closely monitored with movements highlighted in future reports to the three Ayrshire IJBs.

It is anticipated that the Primary Care Improvement Fund will outturn on budget. The sum of £1.272m has been brought-forward as an earmarked balance within the IJB Reserve and will be used to meet initial East Ayrshire spending plans and priorities being taken forward to meet agreed outcomes. Sums of £0.935m and £0.732m have been brought-forward from 2020/21 by North and South Ayrshire IJBs respectively to meet their own priorities and outcomes.

#### Prison and Police Healthcare (Lead Partnership)

The £0.339m projected underspend is largely due to net staffing savings. In addition, the medical contracts at both Prison and Police have reduced and is contributing to the projected underspend.

**South HSCP** – projected overspend of £0.021m (£0.008m NRAC share for NAHSCP). The overspend is mainly due to an overspend in the community store and continence service offset by vacancies in the Family Nurse Partnership.

#### Set Aside:

The budget for set aside resources for 2021-22 is assumed to be in line with the amount for 2020/21 (£33.054m) inflated by the 2.8% baseline uplift. The 2020/21 value was based on 2019/20 activity as 2020/21 was not considered representative.

At the time of setting the IJB budget it was noted that this may require to be updated following the further work being undertaken by the Ayrshire Finance Leads to establish the baseline resources for each Partnership and how this compares to the Fair Share of resources. It was anticipated that 2020-21 would be used as a shadow year for these arrangements, however this work has been delayed due to the Covid-19 response. A Q2 set aside update for 2021/22 has been issued to IJBs and Q3 is imminent. A method of capturing up to date local activity and pricing it for set aside calculations is now in place, subject to IJB review and refinement.

The annual budget for Acute Services is £379.9m. The directorate is overspent by £2.0m, caused by increasing overspends on agency medical and nursing staff, as well as overtime and bank usage. These have been required due to the level of operational pressure being experienced, in common with many other areas in Scotland at present.

There is a material underlying deficit caused by:

- Unachieved efficiency savings
- High expenditure on medical and nursing agency staff, high rates of absence and vacancy causing service pressure
- High numbers of delayed discharges

The IJBs and the Health Board work closely in partnership to maintain service and improve performance. The £300m nationally announced investment will also be used to address service pressures in acute through increased investment in community.

## **COVID-19 – FINANCE MOBILISATION PLAN IMPACT**

### **2.13 Summary of position**

From the outset of the pandemic the HSCP acted very swiftly to respond and developed a mobilisation plan detailing the additional activities to support our response, alongside the estimated financial impact. Financial returns were submitted to the Scottish Government on a regular basis during 2020-21, on the premise that any additional costs aligned to mobilisation plans would be fully funded. This process has continued during 2021-22. There is a risk that if the full cost of the Covid-19 response is not funded that the IJB may require to recover any overspend in-year, however, the most recent update from the Scottish Government is that the costs including reasonable unachieved savings will be fully funded.

### **2.14 Mobilisation Plan**

The initial 2021-22 mobilisation plan cost submission was submitted in February and estimated the costs to be £5.481m to March 2022. The quarter 3 return updated these costs to £8.850m. The costs remain estimates as the situation continually evolves and there will be a further update submitted after quarter 4.

The local finance mobilisation plan submission is included as Appendix E. The main areas of cost together with the movement over the period are summarised below:

<b>Service Area</b>	<b>Initial 2021-22 Return £m</b>	<b>Quarter 1 Update £m</b>	<b>Quarter 2 Update £m</b>	<b>Quarter 3 Update £m</b>	<b>Change from Q2 £m</b>
Payments to Providers	0.750	2.421	2.119	2.854	0.735
PPE	2.000	2.000	0.581	0.472	(0.109)
Additional Staff	1.459	1.901	3.704	3.309	(0.395)
Mental Health	1.172	1.172	0.000	0.000	0.000
Loss of Income	0.100	0.430	0.480	0.569	0.089
Unachieved Savings	-	0.138	0.138	0.138	0.000
Children & Families	-	-	0.949	0.914	(0.035)
Other Areas	-	0.217	0.396	0.594	0.198
<b>TOTAL</b>	<b>5.481</b>	<b>8.279</b>	<b>8.367</b>	<b>8.850</b>	<b>0.483</b>

The most recent changes to estimated costs are in relation to:

- Increased sustainability payments to providers to reflect recent claims including some backdated claims;
- Reduced PPE costs as more PPE is being sourced from the national hub at no cost; and
- Reduced staff costs to reflect that some costs can now be met from other sources.

2.15	<b>Covid-19 Funding Position</b>
	<p>At the outset of the pandemic there was an assurance that subject to any additional expenditure being fully aligned to local mobilisation plans, including the IJB responses, reasonable funding requirements will be supported. This was on the basis that a process would be developed for these to be accurately and immediately recorded and shared with the Scottish Government. The basis of this reporting was drawn up and agreed with COSLA and Health and Social Care Partnerships.</p> <p>The Scottish Government are continuing to work with Health Boards and IJBs to review and further revise financial estimates. This will allow identification of the necessary additional support required with an expectation that an allocation to bring funding up to 100% will be provided. On this basis the overall financial risk to the IJB for 21-22 is minimised.</p>
2.16	<b>Provider Sustainability Payments and Care Home Occupancy Payments</b>
	<p>COSLA Leaders and Scottish Government have agreed an approach to supporting the social care sector to ensure that reasonable additional costs will be met. We have been making payments to commissioned social care providers in line with the agreed national principles for sustainability and remobilisation payments to social care providers during COVID 19.</p> <p><b>Care Home Occupancy Payments</b> - we have engaged with older people's care homes in relation to care home occupancy payments and make regular monthly payments to care home providers with emergency faster payments being made if required. The Scottish Government ceased these payments at the end of October 2021. Meetings are being held with each care home to discuss ongoing sustainability and to provide support.</p> <p><b>Sustainability payments</b> - providers are responsible for submitting a claim for additional support to the Partnership for sustainability payments and this is assessed as to what support is required on a case-by-case basis based on the supporting evidence provided. Each case is assessed by the same group to ensure equity and consistency across providers.</p> <p>In general, all payment terms have been reduced and once any payment is agreed it is being paid quicker to assist the cash flow position of providers. The assessment of some claims has been difficult due to delays with additional information and supporting evidence being submitted to support claims, hence there are a number of claims that are in process.</p> <p>The sustainability payments are estimated to be a significant cost in our mobilisation plan and the timely submission and assessment of claims is key to ensuring we can accurately estimate the financial cost and ensure the costs are reclaimed from the Scottish Government.</p> <p>Providers in North Ayrshire are not all strictly adhering to these timescales, and we are still receiving backdated claims; the commissioning team are working with providers to support them to submit claims. The tables below show the support provided to date and the outstanding claims as at the end of January.</p>

The current financial sustainability principles (excluding care home occupancy payments), guidance and criteria have now been extended until 30th June 2022.

<b>PROVIDER SUMMARY</b>	<b>NCHC Care Homes</b>	<b>Other</b>	<b>Total</b>
Total Number of Providers	17	49	66
Number contacting NAC	17	30	47
Providers Supported to date	17	17	34

<b>OUTSTANDING CLAIMS</b>	<b>NCHC Care Homes</b>	<b>Other</b>	<b>Total</b>
Total Number of Claims	5	5	10
Value of Claims	48,090	160,371	208,462

<b>SUPPORT PROVIDED</b>	<b>NCHC Care Homes</b>	<b>Other Services</b>	<b>TOTAL</b>
	<b>£</b>	<b>£</b>	<b>£</b>
Occupancy Payments up to October 2021	1,099,145	-	1,099,145
Staffing	767,022	103,226	870,248
PPE, Infection Control	393,744	119,017	512,760
Other	150,923	60,735	211,658
<b>TOTAL</b>	<b>2,410,834</b>	<b>282,977</b>	<b>2,693,811</b>

Arrangements for support have been agreed alongside guidance which sets out the criteria that need to be met for financial support, the approach for payment for care that cannot be delivered, the categories of additional costs which may be met, the approach to evidencing additional costs and key principles for requesting and making payments. The key principles of this ongoing support include:

- Understanding the reasons why care cannot be delivered, only Covid related impacts can be funded through sustainability payments;
- The 'planned care' approach of continuing to pay for undelivered care has been removed and providers and HSCPs will be required to explore opportunities for creatively delivering services in a different way, temporarily re-deploy staff into other HSCP services (voluntarily), where this is not possible providers will be required to access national supports in the first place, including the potential to furlough staff;
- Where payment for undelivered care is agreed as the only option this will be at a reduced level depending on the type of service, for example for care homes subject to the NCHC occupancy payments will be made at 80% of the rate for all vacancies, this is dependent on care homes continuing to admit new residents where it is clinically safe to do so;
- The Social Care Staff Support Fund will remain in place to ensure all staff receive their full pay during a Covid related absence; and

- Additional reasonable costs that are incurred as a result of Covid which cannot be covered from other funding sources will be reimbursed, including for example PPE, infection prevention control and additional staffing costs.

## 2.17 RESERVES

The IJB reserves position is outlined in the table below.

The 'free' general fund balance of £4.151m is held as a contingency balance, this equates to around 1.6% of the IJB budget for 2021-22. If the current projected underspend is maintained to the year-end, the free general fund balance will be around 2%, which is the minimum recommended level.

£1.486m is held by the Council to support a further repayment of debt at the end of 2021-22 and this is not reflected in the financial projection. This position will continue in future years until the debt is cleared.

	General Fund Reserves		Earmarked Reserves		Total
	Debt to NAC £m	Free GF £m	SG Funding £m	HSCP £m	£m
<b>Opening Balance - 1 April 2021</b>	<b>(3.807)</b>	<b>4.151</b>	<b>5.487</b>	<b>0.681</b>	<b>6.512</b>
Prior Year Adjustment	-	-	1.245	-	1.245
<b>Revised Opening Balance</b>	<b>(3.807)</b>	<b>4.151</b>	<b>6.732</b>	<b>0.681</b>	<b>7.757</b>
<b>Earmarked as follows:</b>					
: Primary Care Improvement Fund			0.935		
: Mental Health Action 15			0.224		
: Alcohol and Drugs Partnership			0.336		
: Community Living Change Fund			0.513		
: Covid Funding			4.724		
: Challenge Fund				0.500	
: 2021-22 Budget Gap				0.181	

## 3. PROPOSALS

### 3.1 Anticipated Outcomes

Continuing to closely monitor the financial position will allow the IJB to take corrective action where required to ensure the Partnership can deliver services in 2021-22 from within the available resource, thereby limiting the financial risk to the funding partners.

The estimated costs and funding in relation to the Covid-19 response also require to be closely monitored to ensure that the IJB can plan for the impact of this and to ensure that the IJB is in the position to re-claim funding to compensate for the additional costs.

3.2	<b><u>Measuring Impact</u></b>	
	Ongoing updates to the financial position will be reported to the IJB throughout 2021-22.	
4.	<b>IMPLICATIONS</b>	
<b>Financial:</b>	The financial implications are as outlined in the report. Against the full-year budget of £270.941m there is a projected underspend of £1.780m (0.65%). The report outlines the main variances for individual services.	
<b>Human Resources:</b>	The report highlights vacancy or turnover savings achieved to date. Services will review any staffing establishment plans and recruitment in line with normal practice when implementing service change and reviews as per agreement with the IJB, there is no intention to sustain this level of staffing capacity reduction on a recurring or planned basis.	
<b>Legal:</b>	None	
<b>Equality:</b>	None	
<b>Children and Young People</b>	None	
<b>Environmental &amp; Sustainability:</b>	None	
<b>Key Priorities:</b>	None	
<b>Risk Implications:</b>	Within the projected outturn there are various over and underspends including the non-achievement of savings.	
<b>Community Benefits:</b>	None	
<b>Direction Required to Council, Health Board or Both</b>	Direction to: -	
	1. No Direction Required	
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	√
5.	<b>CONSULTATION</b>	
5.1	<p>This report has been produced in consultation with relevant budget holders and the Partnership Senior Management Team.</p> <p>The IJB financial monitoring report is shared with the NHS Ayrshire and Arran Director of Finance and North Ayrshire Council's Head of Finance after the report has been finalised for the IJB.</p>	
6.	<b>CONCLUSION</b>	
6.1	<p>It is recommended that the IJB:</p> <p>(a) notes the overall integrated financial performance report for the financial year 2021-22, the overall projected year-end underspend of £1.780m;</p> <p>(b) notes the progress with delivery of agreed savings;</p> <p>(c) notes the remaining financial risks for 2021-22, including the impact of remaining Covid-19 estimates and costs;</p>	

	(d) approves the budget reductions which are detailed at para 2.11.
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**For more information please contact:**

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2021-22 Budget Monitoring Report–Objective Summary as at 31<sup>ST</sup> January 2022

## Appendix A

Partnership Budget - Objective Summary	2021/22 Budget									Over/ (Under) Spend Variance at Period 9	Movement in projected variance from Period 9
	Council			Health			TOTAL				
	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
COMMUNITY CARE AND HEALTH	62,214	60,593	(1,621)	17,283	17,491	208	79,497	78,084	(1,413)	(1,039)	(374)
: Locality Services	25,752	25,649	(103)	5,249	5,399	150	31,001	31,048	47	43	4
: Community Care Service Delivery	30,274	29,719	(555)	0	0	0	30,274	29,719	(555)	(550)	(5)
: Rehabilitation and Reablement	1,768	1,936	168	1,501	1,481	(20)	3,269	3,417	148	165	(17)
: Long Term Conditions	2,326	1,247	(1,079)	8,362	8,607	245	10,688	9,854	(834)	(477)	(357)
: Integrated Island Services	2,094	2,042	(52)	2,171	2,004	(167)	4,265	4,046	(219)	(220)	1
MENTAL HEALTH SERVICES	25,716	26,512	796	58,102	57,337	(765)	83,818	83,849	31	476	(445)
: Learning Disabilities	19,727	20,806	1,079	474	464	(10)	20,201	21,270	1,069	1,042	27
: Community Mental Health	5,109	4,819	(290)	1,548	1,473	(75)	6,657	6,292	(365)	(290)	(75)
: Addictions	880	887	7	1,400	1,370	(30)	2,280	2,257	(23)	(22)	(1)
: Lead Partnership Mental Health NHS Area Wide	0	0	0	54,680	54,030	(650)	54,680	54,030	(650)	(254)	(396)
CHILDREN & JUSTICE SERVICES	32,984	34,303	1,319	3,987	3,987	0	36,971	38,290	1,319	1,273	46
: Irvine, Kilwinning and Three Towns	3,646	3,593	(53)	0	0	0	3,646	3,593	(53)	(51)	(2)
: Garnock Valley, North Coast and Arran	2,027	1,978	(49)	0	0	0	2,027	1,978	(49)	(34)	(15)
: Intervention Services	1,687	1,682	(5)	337	337	0	2,024	2,019	(5)	(3)	(2)
: Care Experienced Children & Young people	21,618	23,188	1,570	0	0	0	21,618	23,188	1,570	1,491	79
: Quality Improvement	1,293	1,145	(148)	0	0	0	1,293	1,145	(148)	(132)	(16)
: Public Protection	0	0	0	0	0	0	0	0	0	0	0
: Justice Services	2,430	2,430	0	0	0	0	2,430	2,430	0	0	0
: Universal Early Years	283	287	4	3,224	3,224	0	3,507	3,511	4	2	2
: Lead Partnership NHS Children's Services	0	0	0	426	426	0	426	426	0	0	0
PRIMARY CARE	0	0	0	49,510	49,510	0	49,510	49,510	0	0	0
ALLIED HEALTH PROFESSIONALS			0	6,873	6,778	(95)	6,873	6,778	(95)	(124)	29
COVID NHS	0	0	0	1,717	1,717	0	1,717	1,717	0	0	0
MANAGEMENT AND SUPPORT COSTS	5,431	4,545	(886)	7,124	6,573	(551)	12,555	11,118	(1,437)	(1,434)	(3)
OUTTURN ON A MANAGED BASIS	126,345	125,953	(392)	144,596	143,393	(1,203)	270,941	269,346	(1,595)	(848)	(747)
Return Hosted Over/Underspends East	0	0	0	0	211	211	0	211	211	83	128
Return Hosted Over/Underspends South	0	0	0	0	200	200	0	200	200	78	122
Receive Hosted Over/Underspends South	0	0	0	0	8	8	0	8	8	8	0
Receive Hosted Over/Underspends East	0	0	0	0	(604)	(604)	0	(604)	(604)	(604)	0
OUTTURN ON AN IJB BASIS	126,345	125,953	(392)	144,596	143,208	(1,388)	270,941	269,161	(1,780)	(1,283)	(497)



## Detailed Variance Analysis on a Managed Basis

## Appendix B

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
<b>COMMUNITY CARE AND HEALTH</b>	<b>79,497</b>	<b>78,084</b>	<b>(1,413)</b>	
Locality Services	31,001	31,048	47	<p><b>Older People care homes inc respite and charging order income</b> - net underspend of £0.334m based on 749 permanent placements with average cost applied to 50% of Gross &amp; Interim funded places &amp; full cost applied to the remainder. No current plans for return to use of Care Home Respite.</p> <p><b>Independent Living Services :</b></p> <p>* Residential Packages - overspend of £0.230m, an adverse movement of £0.005m from P9 based on 38 packages.</p> <p>* Community Packages (physical disability) - overspend of £0.069m a favourable movement of £0.04m from P9 based on 46 packages.</p> <p><b>District Nursing</b> - overspend of £0.130m largely due to additional supplies.</p>
Community Care Service Delivery	30,274	29,719	(555)	<p><b>Care at Home</b> (inhouse &amp; purchased ex Arran) - online following the application of Covid funding, Winter Pressures funding and the recently announced Scottish Govt funding.</p> <p><b>Day Care</b> - projected to underspend by £0.432m due to holding vacancies whilst the service has been closed.</p>
Rehabilitation and Reablement	3,269	3,417	148	<b>Adaptations</b> budget projected overspend of £0.157m, no change from P9 due to additional demand and increased costs.
Long Term Conditions	10,688	9,854	(834)	<p><b>Carers Centre</b> - underspend of £1.083mm a favourable movement of £0.222m from P9.</p> <p><b>Anam Cara</b> - projected online after applying £0.151m of employee cost overspend to Scottish Govt funding for interim care.</p>
Integrated Island Services	4,265	4,046	(219)	<b>GP Services</b> - projected underspend of £0.167m due to a refunded charge made in March 2021 in error.
<b>MENTAL HEALTH SERVICES</b>	<b>83,818</b>	<b>83,849</b>	<b>31</b>	
Learning Disabilities	20,201	21,270	1,069	<p><b>Residential Packages</b>- overspend of £0.563m based on 37 current packages.</p> <p><b>Community Packages (inc direct payments)</b> - overspend of £1.021m based on 340 current packages.</p> <p><b>Trindlemoss Day care</b> - payroll underspend £272k due to restructuring</p>
Community Mental Health	6,657	6,292	(365)	<b>Community Packages ( inc direct payments) and Residential Packages</b> - underspend of £0.324m based on 87 community packages, 12 Direct Payments and 28 residential placements.
Addictions	2,280	2,257	(23)	Outwith the threshold for reporting
Lead Partnership (MHS)	54,680	54,030	(650)	Net underspend on lead partnership activities.
<b>CHIDREN'S AND JUSTICE SERVICES</b>	<b>36,971</b>	<b>38,290</b>	<b>1,319</b>	
Irvine, Kilwinning and Three Towns	3,646	3,593	(53)	<p><b>Transport Costs</b> - Projected underspend £0.017m, favourable movement of £0.002m from P9</p> <p><b>Cornerstone Respite</b> - Projected underspend £0.036m, Adverse movement of £0.012m from P9</p>
Garnock Valley, North Coast and Arran	2,027	1,978	(49)	Outwith the threshold for reporting

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
Intervention Services	2,024	2,019	(5)	Outwith the threshold for reporting
Care Experienced Children & Young People	21,618	23,188	1,570	<p><b>Looked After Children placements</b> - Overall Projecting underspend of £0.023m which is made up of the following:-</p> <p><b>Kinship</b> - Projected overspend of £0.088m, which is an favourable movement of £0.009m from P9 .Budget for 353 placements, actual no of placements is 354.</p> <p><b>Adoption</b> - Projected overspend of £0.099m, adverse movement of £0.002m from P9 Budget for 57 Placements, actual no of placements is 69.</p> <p><b>Fostering</b> - Projected underspend of £0.219m, which is a favourable movement of £0.012m from P9 Budget for 131 placements, actual no of placements is 116</p> <p><b>Fostering Xtra</b> - Projected underspend £0.160m, Adverse movement of £0.004m from P9 Budget for 33 placements, actual no of placements is 26.</p> <p><b>Fostering Respite</b> - Projected underspend of £0.015m, adverse movement of £0.003m since P9</p> <p><b>Private fostering</b> - Projected overspend of £0.147m, Favourable movement of £0.013m from P9 Budget for 10 placements, current no of placements is 16</p> <p><b>CDIS Community Packages</b> - Projected underspend of £0.037m, which is am adverse movement of £0.004m from P9, current no of packages is 91</p> <p><b>CDIS Direct Payments</b>- Projected underspend of £0.044m, which is a favourable movement of £0.007m from P7, current no of packages is 36</p> <p><b>Residential School placements</b> - Projecting overspend £2.148m, however 4 Placements costing £0.783m will be funded from COVID Monies resulting in a Projected overspend of £1.259m which is an Favourable movement of £0.088m from P9.</p> <p><b>Children's Residential Respite</b> - Projected overspend of £0.496m, which is an adverse movement of £0.108m from P9</p> <p><b>Children's CDIS Residential Placements</b> - Projected underspend of £0.58m which is a Favourable movement of £0.012m from P9, current no of placements is 7.</p>
Head of Service - Children & Families	1,293	1,145	(148)	<b>Third Party payments</b> - Projected underspend of £90k, which is a favourable movement of £0.012m from P9
Quality Improvement	0	0	0	Outwith the threshold for reporting
Justice Services	2,430	2,430	0	Outwith the threshold for reporting
Universal Early Years	3,507	3,511	4	Outwith the threshold for reporting
Lead Partnership NHS Children's Services	426	426	0	Outwith the threshold for reporting
PRIMARY CARE	49,510	49,510	0	Outwith the threshold for reporting
ALLIED HEALTH PROFESSIONALS	6,873	6,778	(95)	Underspend on non employee costs
MANAGEMENT AND SUPPORT	12,555	11,118	(1,437)	Underspend in relation to 1) unscheduled care funding, 2) an over recovery of payroll turnover and 3) slippage in transition funding and 4) living wage funding.
<b>TOTAL OUTTURN ON A MANAGED BASIS</b>	<b>269,224</b>	<b>267,629</b>	<b>(1,595)</b>	

Threshold for reporting is + or - £50,000

## 2021/22 Transformation Plan

North Ayrshire Health and Social Care Partnership

2021/22 Savings

## Appendix C(i)

Savings reference number	#	Description	Approved Saving 2021/22 £
<b>Children, Families and Justice Services</b>			
SP/HSCP/20/1	1	Children and Young People - External Residential Placements	450,000
SP/HSCP/20/4	2	Adoption Allowances	66,000
SP/HSCP/20/19	3	Fostering - reduce external placements.	36,000
SP/HSCP/20/5	4	Community Support - Children's Care Packages	8,000
TBC A	5	Locality Based teams	
TBC B	6	Childrens RosayIn House	
NACSTA4030	7	Fostering Short Breaks	
TBC C	8	Unaccompanied asylum children - to be confirmed	
TBC D	9	The Promise	
<b>Mental Health</b>			
TBC E	10	Integration of LD/MH Teams	50,000
SP-HSCP-20-9	11	Learning Disability Day Services	88,000
SP-HSCP-20-14	12	Mental Health - Flexible Intervention Service	8,000
TBC F	13	Rehab Model/ Stepdowm from woodland view	
TBC G	14	Perinatal Mental Health model	
TBC H	15	Unschedule Care hub	
TBC I	16	LD Adult Respite Delivery at Red Rose House	
TBC J	17	Community MDT Model	
TBC K	18	ACORN busines model	
NAC/4168	19	Self Harm Project	
NAC/4185	20	Peer Support	
NAC/4257	21	IPA (Employment)	
TBC L	22	Elderly Mental Health Phase 3	
<b>Health and Community Care</b>			
TBC M	23	Care Homes	500,000
TBC N	24	TEC Solutions	150,000
SP/HSCP/20/17	25	Care at Home - Reablement Investment	300,000
TBC O	26	Care at Home - Review	135,000
SP/HSCP/20/20	27	Day Centres - Older People	50,000
SP/HSCP/20/21	28	Charging Policy - Montrose House	50,000
TBC P	29	Community elderly MH Team Model	
TBC Q	30	NHS Beds Complex Care MH Beds	
TBC R	31	Pallative care and EOL business case	
TBC S	32	develop care at home minimum dataset	
TBC T	33	Occupational Therapy Review	
TBC U	34	Analogue to digital	
<b>Partnership Wide</b>			
TBC V	35	Supported acc models - NAC housing/ Sleepover/ outreach model	204,000
TBC W	36	Complex Care Model - Independent living change fund	
TBC X	37	Adult Complex care model - CM2000	
TBC Y	38	Payroll Turnover Inflation	57,000
TBC Z	39	Review of Admisinistrative Systems and Processes	150,000
SP/HSCP/20/22	40	Transport	50,000
TBC AA	41	Charging Policy - Inflationary Increase	50,000
TBC AB	42	North Payroll Turnover Inflation	10,000
TBC AC	43	North Elderly Mental Health inpatients (lead partnership)	116,000
TBC AD	44	HSCP Challenge Fund - invest to save	
TBC AE	45	Transitions	
TBC AF	46	Caring for Ayrshire prioritisation list	
TBC AG	47	SDS/ Carers Review	
TBC AH	48	Adult Review of Social Care	

**Total**

**2,528,000**

## 2021-22 Savings Tracker

## Appendix C (ii)

Savings ref number	Description	Deliverability Status at budget setting	Approved Saving 2021/22 £m	Deliverability Status Month 10	Saving Delivered @ Month 10 £m	Projected to Deliver during Year £m	Projected Shortfall £m	Comment
<b>Children, Families &amp; Criminal Justice</b>								
1	Children and Young People - External Residential Placements	Green	0.450	Red	-	-	0.450	Currently projecting an overspend. Further focus session arranged.
2	Adoption Allowances	Green	0.066	Red	-	-	0.066	Currently projecting an overspend.
3	Fostering - Reduce external placements	Green	0.036	Red	-	-	0.036	Currently projecting an overspend.
4	Community Support - Children's Care Packages	Green	0.008	Blue	0.008	-	-	Achieved
<b>Mental Health and LD Services</b>								
5	Integration of LD/ MH Teams	Green	0.050	Blue	0.050	-	-	Achieved
6	Learning Disability Day Services	Green	0.088	Blue	0.088	-	-	Delayed due to Covid-19 but will be achieved due to vacant posts
7	Mental Health - Flexible Intervention Service	Green	0.008	Blue	0.008	-	-	Achieved
<b>Health and Community Care</b>								
8	Care Homes	Green	0.500	Green	0.417	0.083	-	Small overspend projected - covid funding re delayed discharges.
9	TEC Solutions	Green	0.150	Blue	0.150	-	-	Ability to make savings in this area whilst responding to the pandemic are limited. The saving is shown as achieved as the overall overspend on care at home will be funded by the additional Scottish Government funding.
10	Care at Home - Reablement Investment	Green	0.300	Blue	0.300	-	-	
11	Care at Home - Review	Green	0.135	Blue	0.135	-	-	
12	Day Centres - Older People	Green	0.050	Blue	0.050	-	-	Delayed due to Covid-19 but will be achieved due to vacant posts
13	Charging Policy - Montrose House	Green	0.050	Green	0.050	-	-	Will be achieved.
<b>Whole System</b>								
14	Payroll Turnover Inflation	Green	0.057	Blue	0.057	-	-	Achieved
15	Business Support Review	Green	0.150	Amber	0.100	-	0.050	Small shortfall but work continuing to identify further savings.
16	Suppprted Accomodation	Amber	0.204	Blue	0.204	-	-	Not achived but included in the projected outturn.
17	Transport	Green	0.050	Blue	0.050	-	-	Achieved
18	Charging Policy - Inflationary Increase	Green	0.050	Blue	0.050	-	-	Achieved
<b>TOTAL SOCIAL CARE SAVINGS</b>			<b>2.402</b>		<b>1.717</b>	<b>0.083</b>	<b>0.602</b>	

Savings ref number	Description	Deliverability Status at budget setting	Approved Saving 2021/22 £m	Deliverability Status Month 10	Saving Delivered @ Month 10 £m	Projected to Deliver during Year £m	Projected Shortfall £m	Comment
19	Payroll Turnover Inflation	Green	0.010	Blue	0.010	0	0	Achieved
20	Elderly Mental Health inpatients (lead partnership)	Green	0.116	Blue	0.116	0	0	Achieved
<b>TOTAL HEALTH SAVINGS</b>			<b>0.126</b>		<b>0.126</b>	<b>0.000</b>	<b>0.000</b>	
<b>TOTAL NORTH HSCP SAVINGS</b>			<b>2.528</b>		<b>1.843</b>	<b>0.083</b>	<b>0.602</b>	

## 2021-22 Budget Reconciliation

## Appendix D

COUNCIL	Period	Permanent or Temporary	£'m
Initial Approved Budget			100.065
Base budget adjustments	1		(0.053)
Resource Transfer	1	P	21.086
BSL Budget Correction	2	P	(0.005)
941 x CAH O365 Licences (6 months)	2	P	(0.017)
Summer Play Funding	4	T	0.042
Education Contribution - Roslin House	5	T	0.311
MH INVESTMENT - EM FUNDS	5	T	0.445
Computer Lines Budget Transfer WAN	6	P	(0.002)
£500 Payment reimburse other departments	6	T	(0.054)
Commercial Waste - Corporate Adjustment	7	T	0.020
Occupational Health Recharges	7	P	(0.121)
Commercial Waste - Corporate Adjustment	8	T	0.007
Wages Uplift Funding - £10.02	9	T	0.866
Fin Circ 9/2021 Living Wage £9.50	9	T	0.861
Fin Circ 9/2021 MH Recovery and Renewal	9	T	0.068
Fin Circ 9/2021 Care at Home Winter Plan	9	T	1.719
Fin Circ 9/2021 Interim Care	9	T	1.109
National Trauma Training	9	T	0.050
Scottish Disability Assistance	9	T	0.028
Telephones - Corporate	9	P	(0.053)
Recovery & Renewal Funding - Eglinton Gardens transfer to Community Gardens	9	T	(0.040)
Internal Commercial Waste - Corporate	10	P	0.010
Roundings	10	T	0.003
<b>Budget Reported at Month 10</b>			<b>126.345</b>

HEALTH	Period	Permanent or Temporary	£'m
<b>Initial Approved Budget</b>			<b>154.659</b>
Resource Transfer			(21.086)
Month 10-12 Adjustments			18.437
Adjust for Non recurring funding			(20.435)
Full Year effect of Part Year Reductions			(0.057)
RX Return to reserves			1.027
Additional 1.3% Uplift			1.324
RX Cres			(0.828)
<b>REVISED 21-21 BUDGET</b>			<b>133.041</b>
Anticipate Trauma Funding	3	P	0.375
Anticipate Vet 1st Point - North Hscp	3	T	0.105
Anticipate Nsais Funding	3	P	0.634
Podiatry Re-align	3	P	0.678
RX Uplift 21.22	3	P	0.756
RX Uplift 21.22 NR	3	P	0.396
DOAC REVERSAL DRUG-NORTH	3	P	0.100
Funding transfer to Acute (Medical Records)	3	P	(0.034)
Specialist Pharmacist in Substance Misuse	3	P	0.012
Public Health Outcomes Bundle	3	P	0.242
Training Grade Funding	3	P	(0.044)
District Nursing Funding	3	P	0.119

HEALTH	Period	Permanent or Temporary	£'m
Respiratory Rapid Response	3	P	(0.078)
Hd56 Action 15 Tranche 1	3	P	1.180
Hd69 Mat & Neo Psychol Interv	3	P	0.123
Hd70 Perinatal & Infant Mh	3	P	0.303
Hd7 Mh Recovery And Renewal	3	T	2.393
Hd8 Mh Support For Hosp Covid	3	T	0.103
North Hscp Covid Rmp3 M1-3	3	T	0.158
North Hscp Covid M1-3	3	T	0.034
Diabetes Prevention	4	T	0.040
Iona/Lewis Patient	4	T	(0.046)
North TEC contribution	4	T	(0.053)
ANP Allocation - MIN	4	T	0.020
Long Covid Funding	4	T	0.400
Covid-19 Service Funding North	4	T	0.283
Veterans 1st Point	4	T	0.028
Training Grade Funding	5	P	0.029
PCRS CRES	5	P	(0.044)
ADP Funding -Recurring	5	P	0.366
ADP Funding -Non-Recurring	5	T	0.744
Covid-19 Service Funding North	5	T	0.147
Training Grade Funding	6	P	0.001
Hd301-camhs Improve-ipc	6	P	0.122
Hd302-camhs Improve-ihtt	6	P	0.148
Hd303-camhs Improve-ld, F & S	6	P	0.052
Hd304-camhs Improve-ooH U/care	6	P	0.086
Hd305-camhs Improve-liaison	6	P	0.129
Hd306-camhs Improve-neuro	6	P	0.226
Non Fatal O'dose Fr East	6	T	0.053
Hd264-emerg Covid-eat Disorders	6	T	0.328
Community Store Funding To Sth	6	P	(0.017)
Covid-19 Service Funding North	6	T	0.082
Training Grade Funding	7	P	(0.021)
GMS Premises to East	7	P	(0.140)
Community Store Funding To Sth-corr	7	P	(0.001)
Covid-19 Service Funding North	7	T	0.108
Winter Funding Excl Covid-19	7	T	0.112
Pay Award - Band 8A+	7	P	0.080
MSK Physio and physio materials tfr to East	8	P	(0.008)
Covid-19 Service Funding North	8	T	0.136
Hd466 Psychological Therapies Funding	8	T	0.286
Hd369 Buvidal Funding	8	T	0.295
Covid-19 Service Funding North	8	T	0.016
Trauma 20/21 Underspent To Capital	8	T	(0.307)
Training Grade adjustment	8	P	0.037
Training Grade adjustment	9	P	0.032
Covid-19 Service Funding North	9	T	0.167
Training Grade adjustment	10	P	(0.013)
Early Years Health Promotion supplies funding from East	10	T	0.003
GMS LDS Transfer to East	10	T	(0.007)
Dist Nrs Bladder Scanners To Capital	10	T	(0.023)
Hd305 Camhs Tfr To Cap For Ward 1b	10	T	(0.082)
Hd595 Trauma Funding Uplift	10	P	0.023
Covid-19 Service Funding North	10	T	0.187
Roundings	10	T	(0.004)
<b>Budget Reported at Month10</b>			<b>144.596</b>
<b>COMBINED BUDGET MONTH 10</b>			<b>270.941</b>

## Mobilisation Submission – Quarter 3

Total Covid-19 Costs														
£000s		April	May	June	July	August	September	October	November	December	January	February	March	2021-22 Revenue Total
Additional PPE		167	167	167	0	0	0	(13)	(3)	(3)	(3)	(3)	(3)	472
Contact Tracing		0	0	0	0	0	0	0	0	0	0	0	0	0
Testing		0	0	0	0	0	0	0	0	0	0	0	0	0
Covid-19 Vaccination		0	0	0	0	0	0	0	0	0	0	0	0	0
Flu Vaccination		0	0	0	0	0	0	0	0	0	0	0	0	0
Scale up of Public Health Measures		0	0	0	0	0	0	0	0	0	0	0	0	0
Additional Community Hospital Bed Capacity		0	0	0	0	0	0	0	0	0	0	0	0	0
Community Hubs		0	0	0	0	0	0	0	0	0	0	0	0	0
Additional Care Home Placements		0	0	0	0	0	0	0	0	0	0	0	0	0
Additional Capacity in Community		81	81	139	182	149	149	144	141	140	140	140	140	1,626
Additional Infection Prevention and Control Costs		5	1	3	(0)	(9)	0	0	0	0	0	0	0	0
Additional Equipment and Maintenance		0	0	0	0	0	19	1	17	4	0	0	0	41
Additional Staff Costs		40	42	155	171	131	145	168	168	167	167	167	162	1,683
Staff Wellbeing		0	0	0	0	0	0	0	0	0	0	0	0	0
Additional FHS Prescribing		0	0	0	0	0	0	0	0	0	0	0	0	0
Additional FHS Contractor Costs		6	9	8	7	7	11	0	8	12	11	11	12	102
Social Care Provider Sustainability Payments		422	422	422	163	143	157	165	192	192	192	192	192	2,854
Social Care Support Fund Claims		0	0	0	0	0	0	0	0	0	0	0	0	0
Payments to Third Parties		0	0	0	0	0	0	0	0	0	0	0	0	0
Homelessness and Criminal Justice Services		0	0	0	0	0	0	0	0	0	0	0	0	0
Children and Family Services		18	18	18	18	18	18	445	72	72	72	72	72	914
Loss of Income		50	50	50	33	33	33	91	48	47	44	45	44	569
Other		0	0	0	25	7	50	(37)	6	6	6	6	6	75
<b>Total Covid-19 Costs</b>		<b>788</b>	<b>790</b>	<b>962</b>	<b>598</b>	<b>479</b>	<b>582</b>	<b>965</b>	<b>649</b>	<b>637</b>	<b>629</b>	<b>630</b>	<b>625</b>	<b>8,336</b>
Unachievable Savings		23	23	23	23	23	23	0	0	0	0	0	0	138
Offsetting Cost Reductions		0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Covid-19 Costs - HSCP - NHS</b>		<b>811</b>	<b>813</b>	<b>985</b>	<b>621</b>	<b>502</b>	<b>605</b>	<b>965</b>	<b>649</b>	<b>637</b>	<b>629</b>	<b>630</b>	<b>625</b>	<b>8,474</b>
		0	0	-	0	0	-	0	-	-	0	-	-	0
Total Remobilisation Costs														
£000s		April	May	June	July	August	September	October	November	December	January	February	March	2021-22 Revenue Total
Adult Social Care		0	0	0	0	0	0	0	0	0	0	0	0	0
Reducing Delayed Discharge		0	0	0	19	19	19	19	19	19	88	88	87	376
Digital & IT costs		0	0	0	0	0	0	0	0	0	0	0	0	0
Primary Care		0	0	0	0	0	0	0	0	0	0	0	0	0
Other		0	0	0	0	0	0	0	0	0	0	0	0	0
<b>Total Remobilisation Costs</b>		<b>0</b>	<b>0</b>	<b>0</b>	<b>19</b>	<b>19</b>	<b>19</b>	<b>19</b>	<b>19</b>	<b>19</b>	<b>88</b>	<b>88</b>	<b>87</b>	<b>376</b>
		-	-	-	-	-	-	-	-	-	-	-	-	-
<b>Total HSCP Costs</b>		<b>811</b>	<b>813</b>	<b>985</b>	<b>640</b>	<b>521</b>	<b>624</b>	<b>984</b>	<b>668</b>	<b>656</b>	<b>717</b>	<b>718</b>	<b>712</b>	<b>8,850</b>



**Integration Joint Board**  
**17th March 2022**

**Subject:** **IJB 2022-23 Budget**

**Purpose:** To update the IJB on the financial position for the partnership for 2022-23, including the proposed delegated funding, service budget pressures, plans developed to set a balanced budget and the associated risks.

**Recommendation:** That the Board:  
(a) approves the budget for 2022-23 for North Ayrshire Health and Social Care Partnership inclusive of all pressures and savings, noting that the funding position is subject to confirmation by NHS Ayrshire and Arran; and  
(b) notes the risks associated with this budget.

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

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	The report outlines the funding allocations from North Ayrshire Council and NHS Ayrshire and Arran, the service pressures, resulting budget gap and the savings plan for 2022-23. The Council budget was set on 2 March and NHS AA will set their budget on 28 March; the funding assumption from NHS AA reflected in the report is based on the expected funding settlement and if this changes the plans for the IJB will require to be re-visited.
1.2	The Scottish Government finance settlement set out a number of conditions and requirements for Health Boards and Councils in relation to funding delegated to Integration Authorities. The delegated funding outlined in the report (indicative for NHS AA) meets those Scottish Government requirements.

1.3	<p>The table below summarises the overall financial position for 2022-23:</p> <table><tr><td></td><td><b>Social Care (NAC) £m</b></td><td><b>Health (NHS AA) £m</b></td><td><b>Total £m</b></td></tr><tr><td>Scottish Government Funding Increase</td><td>(16.137)</td><td>(1.457)</td><td>(17.594)</td></tr><tr><td>Committed to delivering Scottish Government policies</td><td>10.895</td><td>1.457</td><td>12.352</td></tr><tr><td>Uncommitted Funding Increase</td><td>(5.242)</td><td>-</td><td>(5.242)</td></tr><tr><td>Baseline uplift</td><td>-</td><td>(2.626)</td><td>(2.626)</td></tr><tr><td>Net Funded Pressures</td><td>4.946</td><td>3.605</td><td>8.551</td></tr><tr><td><b>Budget Gap</b></td><td><b>(0.296)</b></td><td><b>0.979</b></td><td><b>0.683</b></td></tr><tr><td>% Baseline Budget</td><td><b>(0.3%)</b></td><td><b>0.6%</b></td><td><b>0.26%</b></td></tr></table> <p>The approval of the savings plans included in Appendix C will fully address the budget gap with no requirement to draw on IJB reserves.</p>		<b>Social Care (NAC) £m</b>	<b>Health (NHS AA) £m</b>	<b>Total £m</b>	Scottish Government Funding Increase	(16.137)	(1.457)	(17.594)	Committed to delivering Scottish Government policies	10.895	1.457	12.352	Uncommitted Funding Increase	(5.242)	-	(5.242)	Baseline uplift	-	(2.626)	(2.626)	Net Funded Pressures	4.946	3.605	8.551	<b>Budget Gap</b>	<b>(0.296)</b>	<b>0.979</b>	<b>0.683</b>	% Baseline Budget	<b>(0.3%)</b>	<b>0.6%</b>	<b>0.26%</b>
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% Baseline Budget	<b>(0.3%)</b>	<b>0.6%</b>	<b>0.26%</b>																														
1.4	<p>A number of financial risk areas are highlighted in the report and the IJB are asked to note these at this stage; the IJB may be asked during 2022-23 to approve any appropriate action to mitigate or manages these areas. The main risks include the ongoing response to the Covid-19 pandemic, the pending pay award for Local Government and NHS staff and the negotiated uplifts for the National Care Home Contract.</p>																																
1.5	<p>The proposed integrated budget for the IJB is £314.855m (inclusive of the estimated Set Aside budget of £34.850m). A summary of the 2022-23 budget and net budget increase is detailed within Appendix A.</p>																																
1.6	<p>The budget assumes that all ongoing Covid related costs during 2022-23 will be fully funded from the separate recently announced Scottish Government funding.</p>																																
2.	<b>BACKGROUND</b>																																
2.1	<p>The Integration Scheme outlines a process of planning for budgets in future years where the Chief Officer and the Chief Finance Officer develop the funding requirements for the Integrated Budget based on the Strategic Plan and present it to the Parties for consideration as part of the annual budget setting process. This includes consideration of pay awards, contractual uplifts, prescribing, resource transfer and ring-fenced funds.</p> <p>The Integration Scheme approved by Scottish Ministers states that following determination of the Council and NHS payments to the IJB, the IJB will refine its Strategic Plan to take account of the totality of resources available and there is an implicit requirement to set a balanced budget prior to the new financial year.</p> <p>The process as outlined in the Integration Scheme has been eroded in recent years with Scottish Government directives and expectations in relation to funding levels to be passed on to IJBs. Whilst the IJB are required to engage with the partner bodies in relation to budget pressures and savings, the overall funding allocation reflects an element of ring fencing and settlement conditions in relation to funding for IJBs.</p>																																
2.2	<b>NATIONAL POSITION – SCOTTISH GOVERNMENT FUNDING</b>																																

2.2.1	<b>Scottish Government Medium Term Financial Strategy</b>
	<p>The Scottish Government Medium-Term Financial Strategy (December 2021) covers the period to 2026-27. It compares the funding and spending scenarios to assess the scale of the challenge and the opportunities over the Resource Spending Review period. The role of the MTFS is to set out Scotland's fiscal outlook over the next five years, including financial opportunities and risks that may impact on the fiscal position. In line with the recommendations of the Budget Process Review Group, the document does not set out new spending plans or explain how prioritisation decisions will be made to meet policy objectives. These decisions are made in the Scottish Government budget.</p> <p>The Resource Spending Review Framework published in December 2021 notes that the Feeley Report on Adult Social Care has estimated that approximately 36,000 people in Scotland would benefit from but do not currently access social care support, and the cost of that unmet need is estimated at £436 million. The report also emphasised the need for continued investment in social care and referred to the Health and Social Care Medium Term Financial Framework (MTFF) published in 2018. The MTFF projected that, if the system does not adapt or change, social care expenditure could be expected to grow by 4% per annum. This reflected inflationary and demographic effects, which are intensified in a service which supports the very elderly. This projection pre-dates the pandemic which exacerbated pressures on social care, so the underlying assumptions will need to be revisited. However, it illustrates potential growth in social care costs and funding required over the spending review period driven by the demographic and workforce pressures.</p> <p><b>The Scottish Budget for 2022-23 highlighted:</b></p> <ul style="list-style-type: none"> <li>• Investment of over £1.6 billion in social care and integration and lays the groundwork for the delivery of a National Care Service.</li> <li>• £61 million to address drugs deaths.</li> <li>• Investment of £290 million in mental health, including £120 million for the Mental Health Recovery and Renewal Fund</li> <li>• Investment in the Health and Sport Portfolio will increase to over £16 billion, with a further £869 million of funding to address pressures related to COVID-19.</li> </ul>
2.2.2	<b>Finance Settlement Conditions</b>
	<p>As part of the Scottish Government budget and finance settlement, funding letters were issued to NHS Boards and Councils; these detailed the requirements in relation to the level of funding to be delegated to IJBs in 2022-23 (copies in Appendix E).</p> <p>The specific requirements are as follows:</p> <ul style="list-style-type: none"> <li>• £174.5 million for continued delivery of the real Living Wage within Health and Social Care;</li> <li>• £15 million for uprating of free personal and nursing care payments;</li> <li>• £20.4 million for implementation of the Carers Act;</li> <li>• Additional investment of £124 million to provide care at home;</li> <li>• £20 million to support Interim Care;</li> <li>• Scottish Disability Assistance funding to support processes for gathering supporting information on behalf of clients applying for the new forms of Child Disability Payment.</li> <li>• Mental Health Recovery and Renewal – funding for additional Mental Health Officer (MHO) capacity.</li> <li>• £22m for Adult Social Work Capacity - to relieve pressure on the adult social care sector by increasing social work workforce capacity.</li> </ul>

- An additional £200 million to support investment in health and social care.
- Mental Health and CAMHS Funding of £246 million for Improving Patient Outcomes. It will support the commitment to increase direct mental health funding by at least 25% over the parliamentary term. It will incorporate recurring funding of £120 million, which was provided in 2021-22 to support the delivery of the Mental Health Transition and Recovery Plan.
- Health Boards and their partners are expected to prioritise mental health and to deliver the Programme for Government commitment that at least 10% of frontline health spending will be dedicated to mental health and at least 1% will be directed specifically to services for children and young people by the end of this parliamentary session.
- Trauma Networks funding will increase from £37.8 million to £44.3 million, taking forward the implementation of the major trauma networks.
- Alcohol and drugs - the total 2022-23 Portfolio budget of £85.4 million includes £50 million to be targeted towards reducing drugs deaths. This is part of the delivery of the National Drugs Mission, with a commitment to provide a total of £250 million of additional funding by 2025-26.

It is anticipated that the Scottish Government will again seek assurance from partnerships that funds are being spent in line with priorities and that funding conditions are being met.

## 2.3 NORTH AYRSHIRE POSITION – PARTNER FUNDING

### 2.3.1 North Ayrshire Council

Based on the 2022-23 Finance Settlement, the Council confirmed a net contribution to the Partnership of £9.931m through its agreed budget. The budget also noted that further resources have yet to be distributed. These are noted at 2.2.2 above and relate to Social Care investment (£200m nationally) and to additional funding (£22m nationally) for adult social work capacity. These have been included in the table below and show the reconciliation to the Council agreed budget.

As a condition of the settlement, funding allocated to the IJB should be in addition to the 2021-22 recurring baseline position. A summary is noted below:

Description	All Scotland (£m)	NAC (£m)
Living Wage	174.500	4.819
Free Personal and Nursing Care	15.000	0.345
Carers Act	20.400	0.574
Care at Home	124.000	3.418
Interim Care	20.000	0.551
Implementation of National Trauma Training Programme	1.600	0.050
Scottish Disability Assistance	3.216	0.083
Mental Health Recovery & Renewal	3.710	0.091
<b>Per Council Budget paper</b>	<b>362.426</b>	<b>9.931</b>
<b>Funding announced after settlement:</b>		
Social Care Investment	200.000	5.600
Adult Social Work Capacity	22.000	0.606
<b>Additional Funding from Council</b>	<b>584.426</b>	<b>16.137</b>

For years 2022-23 and 2023-24 the financial planning assumption of North Ayrshire Council is that, out with specific funding to be passed through by Scottish Government,

	<p>that financial pressures facing the IJB will be fully met by savings, i.e. a flat cash financial settlement is assumed.</p> <p>In addition to the delegated funding allocation to the IJB, the Council budget includes £1.486m set aside to support repayment of the IJB debt to the Council; this budget allocation remains unchanged for 2022-23.</p>
2.3.2	<p>NHS Ayrshire and Arran</p> <p>The Scottish Government letter outlines the expectations in terms of resource for IJBs including a directive for a funding uplift to be applied; this is the same approach taken in 2021-22 and again is not the bottom-up approach outlined in the Integration Scheme.</p> <p>In relation to the Scottish Government directive, the elements which impact on the IJB Health funding allocation are noted below:</p> <ul style="list-style-type: none"> <li>• NHS payments to Integration Authorities for delegated health functions must deliver an uplift of 2% over 2021-22 agreed recurring budgets and make appropriate provision for increased employer national insurance costs.</li> <li>• In addition there are monies for Primary Care, Waiting Times, MH and CAMHS, Trauma Networks and Drugs Deaths to be allocated in-year. We are currently awaiting further information on these allocations.</li> <li>• Outcomes framework increases remains static at to £74.1m.</li> </ul> <p>The 2% uplift is based on the payroll assumptions for the Scottish Public Sector Pay Policy. Any pay award agreed above this public sector pay policy assumption may result in the funding for NHS Boards, and IJBs, being revisited during the year in line with the outcome of pay negotiations.</p>
	<p>Discussions have taken place with Health Board colleagues in relation to the funding for 2022-23; there is an expectation that the Health Board plans will reflect the pass through of the 2% increase plus 0.56% for National Insurance, 2.56% in total to the IJB. The IJB will then plan to fund pressures and develop savings plans within the overall financial allocation. This has not been formally approved and the Health Board will meet on 28 March to set their budget, including agreeing funding allocations for partnerships. If the Health Board decision does not reflect this position this will require to be updated and brought back to the IJB for further consideration.</p> <p>Assuming the 2.56% Health Board uplift is passed through to the IJB there has been a determination of the value of the uplift on that basis. The Health Board will delegate each IJB a budget based on a delegated service basis; the position in this report reflects the position on a managed basis as this is the position delegated to the North partnership to financially manage. The Ayrshire Finance Leads have agreed the reconciliation of the uplift and pressures from an IJB to managed basis.</p> <p>The baseline budget requires to be appropriately adjusted to not apply the uplift where:</p> <ul style="list-style-type: none"> <li>• There are significant in-year allocations of funding, as these allocations do not form part of the Health Board baseline funding to which the annual uplift is applied, for example Action 15 Mental Health funding.</li> <li>• There are separate risk sharing arrangements in place, e.g. prescribing.</li> <li>• There is a separate uplift basis other than the general board uplift, e.g. GMS.</li> </ul> <p>The determination of the appropriate baseline budget to apply the uplift has been agreed with the Ayrshire Finance Leads and the Health Board Director of Finance.</p>

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

	£m	
2021-22 Budget	165.396	As per period 9 monitoring report adjusted for non-recurring budget transfers.
<i>Less:</i>		
In-year allocations	(6.711)	Including Action 15, Mental Health Bundle, District Nurses, Veterans, ADP, Winter Plan, CAMHS Improvement Funding Streams.
Covid Funding	(1.363)	Covid Funding
Risk Sharing	(30.593)	Prescribing
Different Uplift	(20.137)	General Medical Services (GMS)
<b>Revised Baseline</b>	<b>102.592</b>	
<b>2.56% Uplift</b>	<b>2.626</b>	

The expectation is that on a managed basis a baseline funding uplift of £2.626m will be passed through to the IJB from the Health Board.

In addition, the Health Board will pass through additional funding for Multi-Disciplinary Teams (£1.109m) and for Health Care Support Workers (£0.348m), totalling £1.457m.

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

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

### 3. PROPOSALS

#### 3.1 2021-22 FINANCIAL POSITION

	<p>The overall projected outturn position for 2021-22 as at period 10, is a projected year-end underspend of £1.780m. This excludes any underspends on funds that will require to be earmarked in reserves for use in future years.</p> <p>The main areas of pressure for the core budget during 2021-22 are learning disability care packages, looked after children and adult in-patients within the lead partnership. The underspend position is likely to be sustained until the financial year end, and as all Covid-19 costs are fully funded, the IJB will underspend and repay £1.486m of the debt to North Ayrshire Council as planned.</p> <p>The savings plan for 2021-22 anticipates that a total of £1.926m of savings will be delivered in-year, with £0.602m of savings potentially delayed or reduced. The savings which have been delayed are:</p> <ul style="list-style-type: none"> <li>• External residential placements – £0.450m</li> <li>• Adoption Allowances - £0.066m</li> <li>• External Foster Placements £0.036m</li> <li>• Business Support - £0.050m</li> </ul> <p>Some of the 2021-22 projected overspends will continue into 2022-23. The main areas of risk for this are:</p> <ul style="list-style-type: none"> <li>• Children's residential placements – projected to overspend in 2022-23 by £0.628m based on reducing from 19 to 10 placements by August 2022.</li> <li>• LD care packages – this area is difficult to project with confidence as the 2021-22 year was not representative of a typical year of service activity. Based on the 2021-22 outturn, an estimated overspend of £0.702m in community care packages, £0.319m in direct payments and £0.563m for residential placements may continue into 2022-23.</li> <li>• UnPACs – projected to overspend by £1.083m in 2022-23 based on current placements.</li> </ul> <p>Work will continue to reduce the recurring overspends. If these cannot be contained within the overall final 2022-23 outturn position, then the free general fund reserve will be required to underwrite the financial risk, noting that the UnPACs overspend is part of the Lead Partnership for Mental Health services.</p>
<b>3.2</b>	<b>2022-23 REVENUE BUDGET PLANS</b>
	<p>The NAHSCP 2022-23 integrated budget is expected to be £280.005m (excluding Set aside) and £314.855m (including Set Aside budget of £34.850m).</p> <p>A summary of the 2022-23 total budget and net funding increase is detailed within Appendix A. The pressures and savings are detailed separately in Appendix B (pressures) and C (savings). Sections 3.2.1 to 3.2.4 provide an overview of the pressures and savings.</p>
<b>3.2.1</b>	<b>BUDGET PRESSURES</b>
	Service cost and demand pressures are detailed within Appendix B.

Total net budget pressures for health and social care services total £8.551m. These have been developed in partnership, with finance supporting front line services to identify current and emerging financial pressures, considering historic demand and costs and potential future variations.

The provision of funding for pressures has the impact of increasing the budget gap to be addressed through savings, therefore the pressures are only included in budget plans where these are assessed as being absolutely unavoidable.

The pressures are noted below with full detail in Appendix B:

Category	Social Care (NAC)	Health (NHS A&A)	TOTAL
	£m	£m	£m
Pay pressures	2.156	3.020	5.176
Demographic Pressures	0.979	-	0.979
Transitions of Care	0.800	-	0.800
Contract Inflation	1.251	0.030	1.281
Pan Ayrshire Pressures	-	0.147	0.147
Resource Transfer Inflation	(0.421)	0.421	0.000
Previous draw on surplus	0.181	-	0.181
<b>Total New Pressures</b>	<b>4.946</b>	<b>3.618</b>	<b>8.564</b>
Increased recharge income	-	(0.013)	(0.013)
<b>TOTAL NET PRESSURES</b>	<b>4.946</b>	<b>3.605</b>	<b>8.551</b>

Provision has been made for Health Lead Partnership pressures recognising the North Ayrshire contribution towards pressures faced for services led by East or South. These pressures were agreed with the Ayrshire Finance Leads with an agreement that the IJBs have a shared responsibility to fund.

The pay award assumption in the budget is different for Local Government than the NHS, as there is an expectation that no additional funding would be provided for a pay award higher than the public sector pay assumption for the Local Government workforce. Therefore a 3% provision for the pay award for Social Care is provided for in the budget pressures.

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

The IJB budget planning discussions for 2022-23 included a number of potential pressure areas where the pressures are not recommended to be specifically provided for in the budget. This is because there are uncertainties around the value or the timing of the pressure or the costs may be managed in-year either by developing a financial recovery plan or within the overall in-year financial position.

These pressures were noted as including:

- Band 2 to Band 3 regrading for some health staff following a review of the role.
- Office 365 implementation costs for Primary Care (East Lead Partnership)
- Prison Healthcare – additional costs relating to an increased prison population from 2023 as a consequence of the planned reduced capacity at Barlinnie prison.



Prescribing remains the responsibility for the Health Board to fund as under the terms of the Integration Scheme the Board underwrite the prescribing risk across all three Ayrshire IJBs. Prescribing is a volatile budget, and the approach is to minimise risk across years with the Health Board retaining responsibility for any under or overspends, as such no pressures or savings are detailed for prescribing.

### 3.2.2 SCOTTISH GOVERNMENT POLICY AREAS

As detailed above at 2.3, the finance settlement includes funding for investment in health and social care integration aligned to Scottish Government policy areas. The estimated costs associated with delivering these policies are in the table below:

<b>Via Health</b>	<b>£m</b>
Multi-Disciplinary Teams	1.109
Health Care Support Workers	0.348
<b>TOTAL</b>	<b>1.457</b>

<b>Via Council</b>	<b>£m</b>
Carers Act	0.574
Living Wage (21/22 increases)	3.019
Free Personal and Nursing Care	0.345
Implementation of National Trauma Training Programme	0.050
Scottish Disability Assistance	0.083
Care at Home	3.418
Interim Care	0.551
Mental Health Recovery & Renewal	0.091
Social Care Investment	2.158
Adult Social Work Capacity	0.606
<b>TOTAL</b>	<b>10.895</b>

Elements of the funding were allocated by the Scottish Government on a part year basis for 2021-22, including for the Living Wage, Care at Home, Interim Care and Multi-Disciplinary Teams.

The IJB approved a plan in December 2021 to focus this funding on four main areas – Maximising Capacity, Ensuring Staff Wellbeing, Ensuring System Flow and Improving Outcomes with the overarching aim being to reduce risks in community settings and supporting flow through acute hospitals.

The Living Wage will increase from £10.02 per hour to £10.50 per hour from 1 April 2022. After the agreed weightings are applied this will increase the hourly rates being paid to providers and self-directed support recipients as follows:

	<b>2021-22 Rate Per Hour</b>	<b>2022-23 Rate Per Hour</b>	<b>% Increase</b>
Care at Home & Housing Support	£18.58	£19.35	4.14%
Sleepovers	£12.26	£12.77	4.16%
Personal Assistant Day Time Hourly Rate	£13.57	£14.16	4.35%
Personal Assistant Sleepover Hourly Rate	£12.64	£13.19	4.35%

The cost of this rate uplift will be met from the £5.6m (£200m nationally) funding allocated to support investment in health and social care.

The Carer's Act funding is aligned to the support for unpaid carers and is intended to put in place supports identified through Carers Assessments and other supports for carers. Effective support for carers is not a new issue but the increasing pressures on carers and local carers services have been highlighted throughout the pandemic. Support for carers is also a significant focus of the Independent Review of Adult Social Care, which recommends that carers need better, more consistent support to carry out their caring roles and to take a break from caring.

We will focus on reinvigorating the Carers supports during 2022-23 with a targeted plan to ensure the resources are used in the most effective way, a further update will be brought to the IJB later in the year.

### 3.2.3 BUDGET GAP

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

	<b>Social Care (NAC) £m</b>	<b>Health (NHS AA) £m</b>	<b>Total £m</b>
Scottish Government Funding Increase	(16.137)	(1.457)	(17.594)
Committed to delivering Scottish Government policies	10.895	1.457	12.352
Uncommitted Funding Increase	(5.242)	-	(5.242)
Baseline uplift	-	(2.626)	(2.626)
Net Funded Pressures	4.946	3.605	8.551
<b>Budget (Surplus) / Shortfall</b>	<b>(0.296)</b>	<b>0.979</b>	<b>0.683</b>
% Baseline Budget	<b>(0.3%)</b>	<b>0.6%</b>	<b>0.26%</b>

This gap is inclusive of the draw on the reserves which was approved as part of the 21-22 budget.

### 3.2.4 BUDGET SAVINGS

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

<b>RAG Deliverability Status</b>	<b>Social Care (NAC) £m</b>	<b>Health (NHS A&amp;A) £m</b>	<b>Total £m</b>
Red	-	-	-
Amber	0.060	-	0.060
Green	-	0.623	0.623
<b>TOTAL</b>	<b>0.060</b>	<b>0.623</b>	<b>0.683</b>

Adoption Allowances (£0.060m) – a saving is expected to be generated through the introduction of a new Adoption Allowances Policy.

	<p><u>Payroll Turnover Inflation (£0.302m)</u> – the vacancy savings targets have been increased across Health lead partnership and non-lead partnership services. The current targets have been significantly over-recovered in both 2020-21 and 2021-22. There is no policy to deliberately delay the filling of vacancies, but this will be achieved through the natural turnover in staffing and the time taken to recruit to new posts when they are created.</p> <p><u>Elderly Mental Health Inpatients (£0.321m)</u> - Significant savings have been delivered to date from the review of Elderly Mental Health inpatient services at the Ailsa site. The balance of savings was agreed on a Pan Ayrshire basis to be retained within the lead partnership pending consideration of any proposals for re-investment in community services. The priority requires to be to balance the lead partnership position prior to any further investment, therefore at this time the remaining uncommitted amount of £0.321m is being proposed as a recurring saving. East and South Ayrshire partners have been consulted on this position.</p>																		
	<p>The IJB are recommended to approve the savings proposals. The savings fully address the budget gap of £0.683m and there is no requirement to make a draw on the reserves carried forward from 2021-22.</p>																		
<b>3.2.5</b>	<b>LEAD PARTNERSHIP MENTAL HEALTH SERVICES</b>																		
	<p>The North partnership lead on acute and specialist Mental Health services across Ayrshire and therefore require to ensure that the services have plans to balance the budget moving into 2022-23. We have developed plans to ensure that lead partnership Mental Health services are sustainable and are not impacted by pressures elsewhere in services.</p> <p>The overall position for the lead partnership element of the North managed budget is summarised below:</p> <table border="1"> <thead> <tr> <th></th><th>£m</th></tr> </thead> <tbody> <tr> <td>2021-22 Baseline Budget</td><td>51.464</td></tr> <tr> <td><b>2.56% Baseline funding uplift</b></td><td><b>1.317</b></td></tr> <tr> <td>Pay Pressures (mainly pay related)</td><td>(1.690)</td></tr> <tr> <td>Contract Inflation - SLAs</td><td>(0.030)</td></tr> <tr> <td><b>Budget Gap/Savings Requirement</b></td><td><b>(0.403)</b></td></tr> <tr> <td>Savings - Elderly Mental Health Bed Redesign</td><td>0.321</td></tr> <tr> <td>Savings – Payroll Turnover</td><td>0.082</td></tr> <tr> <td><b>Net position</b></td><td><b>-</b></td></tr> </tbody> </table> <p>The appropriate share of funding increases, pressures and savings has been included here. These are detailed elsewhere in the report.</p>		£m	2021-22 Baseline Budget	51.464	<b>2.56% Baseline funding uplift</b>	<b>1.317</b>	Pay Pressures (mainly pay related)	(1.690)	Contract Inflation - SLAs	(0.030)	<b>Budget Gap/Savings Requirement</b>	<b>(0.403)</b>	Savings - Elderly Mental Health Bed Redesign	0.321	Savings – Payroll Turnover	0.082	<b>Net position</b>	<b>-</b>
	£m																		
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Savings - Elderly Mental Health Bed Redesign	0.321																		
Savings – Payroll Turnover	0.082																		
<b>Net position</b>	<b>-</b>																		
<b>3.3</b>	<b>ACUTE SET ASIDE BUDGET</b>																		
	<p>The Scottish Government's Health and Social Care Medium Term Financial Framework refers to system reform assumptions including material savings to be achieved from reducing variation in hospital utilisation across health and social care partnerships, with assumed efficiencies from reduced variation in hospital care coupled with 50% reinvestment in the community to sustain improvement. Furthermore, the Ministerial Strategic Group for Health and Community Care Review of Progress with Integration of Health and Social Care contained the proposal that delegated hospital budgets and set aside requirements must be fully implemented. Each Health Board, in partnership with the Local Authority and IJB, must fully</p>																		

	<p>implement the delegated hospital budget and set aside budget requirements of the legislation, in line with the statutory guidance published.</p> <p>The full implementation of the set aside arrangements is key to delivering this commitment to planning across the whole unplanned care pathway and partnerships must ensure that set aside arrangements are fit for purpose and enable this approach.</p> <p>This has not been achieved in Ayrshire and Arran during the current financial year as the priority was the response to Covid-19. However preparatory work is underway with NHS AA and the other Ayrshire partnerships to progress and develop the set aside arrangements to fully implement the legislative requirement. This includes arrangements in relation to the use of Directions, Commissioning Plans and overall progression towards Fair Share allocations of resources.</p> <p>The budget for set aside resources for 2022-23 is £34.850m. This is based on the set aside resources for 2020-21 of £33.054m inflated by the 2021-22 uplift of 2.8% and the 2.56% baseline uplift for 2022-23. This may require to be updated following the further work being undertaken by the Ayrshire Finance Leads to establish the baseline resources for each partnership and how this compares to the Fair Share of resources. It is anticipated that 2022-23 will be used as a shadow year for these arrangements. A further update will be provided to IJBs as this work progresses.</p>
<b>3.4</b>	<b>FINANCIAL RISKS</b>
	<p>There are a number of ongoing financial risk areas that may impact on the 2022-23 budget during the year, these include:</p> <ul style="list-style-type: none"> <li>• High risk areas of low volume / high-cost services areas e.g. Learning Disability care packages, children's residential placements, complex care packages; initial 2022-23 projections for these budget areas have been noted at 3.1</li> <li>• Progress with the work to develop set aside arrangements and the risk sharing arrangements agreed as part of this</li> <li>• Ongoing implementation costs of the Scottish Government policy directives</li> <li>• Lead / hosted service arrangements, including managing pressures and reporting this across the 3 IJBs</li> <li>• The impact on Lead Partnership and acute services from decisions taken by other Ayrshire areas</li> <li>• The potential financial impact of the HSCP response to the Covid 19 pandemic and the wider public sector financial impact, including on the Council and Health Board and the funding allocated by the Scottish Government aligned to our mobilisation plans. Costs associated with Covid are estimated to be £8.85m for 2021-22, which has been fully funded by the Scottish Government. Additional funding for Covid has been received in March 2022 and it is anticipated that £14.237m will be carried forward into 2022-23 as an earmarked balance to cover future costs incurred by Health and Social Care services.</li> <li>• The Covid recovery process and re-mobilisation of services, including the ability to change and improve services following learning from the Covid response</li> <li>• The impact and implementation of the National Care Service.</li> <li>• The Local Government and NHS pay awards are not settled for 2022-23 and negotiations are ongoing; as outlined in the report the risk is mitigated for the social care workforce by providing for a 3% increase and for NHS it is anticipated that additional funding would be allocated if the pay award settlement is higher than the current assumption</li> </ul>

- National Care Home Contract increases are subject to ongoing negotiation and further complicated by the impact of the pandemic on care homes
- Delivery of 2021-22 savings delayed by COVID 19
- The planned review of the Care at Home service which will commence in Spring 2022

These risks will be monitored during 2022-23 and financial impact reported through the financial monitoring report.

### 3.5 IJB RESERVES

The IJB is established as a Local Government body therefore has the ability to hold reserve balances. Reserve balances are held as part of an approach to good financial management, the purpose of reserves is as follows:

- As a working balance to help cushion the impact of uneven cash flows;
- As a contingency to manage the impact of unexpected events or emergencies; and
- As a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities.

The balance of reserves should be considered as part of the budget setting process. The IJB has a reserves policy in place which outlines an optimum value of reserves to be held uncommitted in contingency, this is currently set as 2% to 4% of net expenditure, based on the lower value this would be around £5.6m.

The position in the North Ayrshire IJB is unique in that we hold a negative reserve balance which has accumulated from previous year overspends, the negative reserve balance is offset by a debtor on the balance sheet reflecting the debt due to North Ayrshire Council. There is currently £1.486m of resource set aside outwith the IJB delegated budget to repay this debt. There is no expectation from North Ayrshire Council that the IJB increase this annual debt repayment as a consequence of any underspend in the IJB budget.

In addition, the projected outturn position at period 10 for the IJB is a year-end underspend of £1.780m, with further detail on this included in the financial management report.

The estimated position for IJB reserves is noted below:

	General Fund Reserves		Earmarked Reserves		Total
	Debt to NAC £m	Free GF £m	SG Funding £m	HSCP £m	£m
<b>Opening Balance 01/04/21</b>	<b>(3.807)</b>	<b>4.151</b>	<b>6.732</b>	<b>0.681</b>	<b>7.757</b>
<b>Earmarked as follows:</b>					
: Primary Care Improvement Fund			0.935		
: Mental Health Action 15			0.224		
: Alcohol and Drugs Partnership			0.336		
: Community Living Change Fund			0.513		

: Covid Funding			4.724		
: Challenge Fund				0.500	
: 2021-22 Budget Gap				0.181	
<b>Projected Change 2021-22</b>	<b>1.486</b>	<b>1.780</b>			
<b>Projected Position at 31/03/22</b>	<b>(2.321)</b>	<b>5.931</b>			

The earmarked reserve balances relate to ring-fenced funding for the ADP, Mental Health Action 15, PCIF, Community Living Change Fund and the additional Integration Funding set out in the table above, including funding to assist with ongoing Covid costs. These earmarked balances will be adjusted after the year-end to reflect the updated carry forward position.

The 2021-22 budget established a challenge fund reserve of £0.5m to assist the HSCP with developing longer term plans for delivering savings and service improvement. One of the main areas this would support would be the investment in technology solutions. The allocation and assessment of this funding would be determined by the PSMT with reporting of progress through the financial monitoring report to the IJB. There has been no spend against this in 2021-22 as services have had to prioritise their response to Covid and the funding will continue to be earmarked for this purpose.

There has been further additional funding allocated to IJBs from the Scottish Government during 2021-22 for use in future years, there is an expectation that IJBs will carry forward these funds in reserves. This will result in a significant value of earmarked reserves as at 31 March 2022.

The projected 'free' general fund balance of £5.931m is proposed to be held as a contingency balance, this equates to around 2.2% of the IJB budget for 2022-23 and meets the lower target of 2%. The final position for reserves will be outlined in the year-end outturn report in June 2022 and in the Annual Accounts. Any movement in the year-end outturn position will be adjusted in the free general fund balance.

### 3.6 **TRANSFORMATION PROGRAMME**

The Partnership Transformation Board has a key role to:

- Monitor, track and challenge the delivery of the Health and Social Care Partnership Change Programme.
- Monitor track and challenge the budget position including pressures, and savings.
- Provide oversight of the delivery of service transformational change priorities.

The Transformation Board meets regularly to oversee the change programme and the group is solutions focussed with a view to identifying and implementing actions to get any off-track plans back on target. The planned 2022-23 transformation and savings plans have been reviewed and the change team resource has been aligned to the delivery of these plans and these will be monitored through the Transformation Board.

### 4. **Anticipated Outcomes**

There are a number of outcomes anticipated in relation to the 2022-23 Budget:

- The proposed plans will deliver a balanced budget for 2022-23.

	<ul style="list-style-type: none"> <li>Financial resources will be effectively targeted to improve the health and care outcomes for the people of North Ayrshire.</li> <li>The level of free general fund reserves and earmarked resources for service investment provides confidence re the financial sustainability of the IJB</li> <li>Investment in social care capacity will improve system flow and improve outcomes for people accessing services in our communities</li> <li>Transformational Change for financial and service sustainability will feature at the forefront of the IJB and NAHSCP agenda throughout 2022-23 and beyond.</li> <li>The pan-Ayrshire work will provide further clarity on the use of resources and how we work together this move towards Fair Shares, this will facilitate improved reporting during 2022-23.</li> </ul>
<b>5.</b>	<b><u>Measuring Impact</u></b>
	<ul style="list-style-type: none"> <li>Full year financial outturn forecasts will be compiled monthly with variance analysis and relevant explanations.</li> <li>Regular financial review sessions will be undertaken with the Director, all Heads of Service and relevant senior managers in NAHSCP to ensure timely action is being taken where needed to stay within budgets.</li> <li>Regular financial performance reports will be presented to the IJB to ensure it is kept fully informed of performance and importantly any major areas of concern requiring corrective action.</li> <li>The Transformation Board will meet regularly to review progress with savings and any corrective action required to bring any plans back online.</li> <li>Monthly monitoring and progress of all savings will be undertaken and reported on alongside budgetary performance, with any projects delivering adversely versus the agreed plans being highlighted at the earliest opportunity and having corrective action agreed accordingly.</li> <li>Ongoing close monitoring and reporting of Covid-19 related costs and the remobilisation plans.</li> </ul>
<b>6</b>	<b>IMPLICATIONS</b>
<b>Financial:</b>	<p>It is essential that the IJB and NAHSCP operate within the 2022-23 delegated budget, this is supported by approving a balanced budget before the new financial year.</p> <p>The report outlines estimated delegated funding and the pressures required to be met from within the overall integrated budget. It is estimated there is a requirement to deliver £0.683m of savings during 2022-23 alongside dealing with a number of other known pressures and the risk of managing fluctuating demand for services. The plans outlined in the report allow for a one-year balanced position to be approved.</p> <p>The estimates are based on a robust understanding of the additional resources available, the risks and challenges faced by the Partnership and the anticipated budget pressures.</p> <p>Appendix A shows the total 2022-23 IJB Budget  Appendix B shows the proposed service pressures  Appendix C shows the proposed savings  Appendix D shows the NHS baseline uplift for 2022-23 on a managed basis  Appendix E shows the Scottish Government Finance Settlement letters</p>

<b>Human Resources:</b>	There will be full consultation with the Trade Unions as appropriate.
<b>Legal:</b>	The IJB has an implicit obligation to funding partners to set a balanced budget prior to the start of the new financial year. The financial position and funding as detailed out would result in both partners complying with the Scottish Government directives re delegated funding for Integration Authorities.
<b>Equality:</b>	Equality Impact Assessments (EIAs) are undertaken for all savings proposals. None of the proposals require a full impact assessment at present.
<b>Children and Young People</b>	Approval of relevant pressures will allow continued and greater investment in early intervention and prevention in relation to children and young people, hence reducing the future likelihood of the need for care in institutional settings.
<b>Environmental &amp; Sustainability:</b>	There are no environmental and sustainability implications.
<b>Key Priorities:</b>	The 2022-23 budget proposals support delivery of the HSCP Strategic Plan Priorities.
<b>Risk Implications:</b>	Failure to operate within the delegated budget would delay the repayment of previous year's debts and add further to the requirement to repay any further overspends to NAC and/or NHS AA. This would impact on the overall financial sustainability and credibility of the partnership.
<b>Community Benefits:</b>	Effective delivery of services as per the 2022-23 budget and associated plans should allow key strategic priorities to be met which should maximise benefits for the North Ayrshire community as a whole, but also benefit those areas of the community most in need.



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

<b>7.</b>	<b>CONSULTATION</b>
7.1	The budget plans detailed in this report have been produced in consultation with relevant budget holders, the NAHSCP Senior Management Team and IJB members. The funding assumptions align with information shared and agreed with the Directors of Finance for NAC and NHS AA.
<b>8.</b>	<b>CONCLUSION</b>
8.1	The plans outlined in the report support the IJB to approve a balanced budget for 2022-23. The IJB are recommended to approve the budget for 2022-23 inclusive of all related pressures and savings. The IJB may be asked to re-visit plans if the Health Board delegated funding changes from that outlined in the report.

**For more information please contact:**

**Paul Doak, Head of Finance and Transformation at [pdoak@north-ayrshire.gov.uk](mailto:pdoak@north-ayrshire.gov.uk) or Eleanor Currie, Principal Manager – Finance at [eleanorcurrie@north-ayrshire.gov.uk](mailto:eleanorcurrie@north-ayrshire.gov.uk)**

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# North Ayrshire Health and Social Care Partnership 2022-23 Total Budget

	NAC £m	NHS AA £m	Total £m
Baseline Budget	99.880	159.905	259.785
Baseline Funding Increase	-	2.626	2.626
SG Funding Adjustment*	16.137	1.457	17.594
2022-23 Budget excluding set aside	<b>116.017</b>	<b>163.988</b>	<b>280.005</b>
Draft set aside budget	-	<b>34.850</b>	<b>34.850</b>
2022-23 Budget including set aside	<b>116.017</b>	<b>198.838</b>	<b>314.855</b>

Scottish Government Policies												
	Funding Increase				Committed				Uncommitted Increase			
Policy Area	Social Care	Health	TOTAL		Social Care	Health	TOTAL		Social Care	Health	TOTAL	
Multi Disciplinary Teams	-	1,109	1,109		-	1,109	1,109		-	-	-	
Health Care Support Workers	-	348	348		-	348	348		-	-	-	
Carers Act	574	-	574		574	-	574		-	-	-	
Living Wage	4,819	-	4,819		3,019	-	3,019		- 1,800	-	- 1,800	
Free Personal and Nursing Care	345	-	345		345	-	345		-	-	-	
National Trauma Training programme	50	-	50		50	-	50		-	-	-	
Scottish Disability Assistance	83	-	83		83	-	83		-	-	-	
Care at Home	3,418	-	3,418		3,418	-	3,418		-	-	-	
Interim Care	551	-	551		551	-	551		-	-	-	
Mental Health R&R	91	-	91		91	-	91		-	-	-	
Social Care investment (including uplift to £10.50)	5,600	-	5,600		2,158	-	2,158		- 3,442	-	- 3,442	
Adult SW capacity	606	-	606		606	-	606		-	-	-	
TOTAL	16,137	1,457	17,594		10,895	1,457	12,352		- 5,242	-	- 5,242	

# North Ayrshire Health and Social Care Partnership

## 2022-23 Budget Pressures

	Social Care £m	Health £m	TOTAL £m	
<b>Pay Award</b>	2.156	3.020	5.176	Provision in line with Public Sector Pay Policy for NHS and 3% provision for NAC/Social Care
<b>Demographic Pressures:</b>				
: Physical Disabilities	0.145	-	0.145	Historic increase in PD care packages.
: Mental Health	-	-	-	
: Children	0.145	-	0.145	Historic increase in fostering and kinship
: Learning Disabilities (Older Clients & Carers)	0.264	-	0.264	Historic trend of increase in LD care packages, increase in client base due to support being provided due to inability for familial care supports not able to continue or at the same level.
: Mental Health	0.079	-	0.079	Historic increase in mental health care packages
<b>Transitions of Care:</b>				
: Learning Disability	0.546	-	0.546	Known individuals planned to transition from children's to adult services.
: Mental Health	0.254	-	0.254	Known individuals planned to transition from children's services or a hospital setting to adult services.
<b>Contract Inflation:</b>				
: National Care Home Contract	0.901	-	0.901	Inflation increase for payments to care homes - assumption pending outcome of negotiations.
: Outwith the Living Wage and NCHC	0.350	-	0.350	Inflation increase for all contracts outwith care homes and those covered by the Living Wage hourly rate.
: Service Level Agreements		0.030	0.030	Inflation increase for NHS SLAs
<b>Pan Ayrshire Pressures</b>				
: Foxgrove revenue costs - part year		0.050	0.050	Contribution towards the Foxgrove development (North lead)
: Community Equip Store drivers		0.006	0.006	Contribution towards the increased cost of drivers (South lead).
: Huntingtons Contract		0.014	0.014	Contribution towards the revised contract (North lead).
: Trakcare post		0.017	0.017	Contribution to a new post for the implementation of Trakcare (North lead)
: Marie Curie		0.004	0.004	Contribution towards the revised contract (East lead).
: Daldorch Income		0.056	0.056	Contribution to eliminating the income target as the revised service is no longer chargeable.
<b>Other Areas</b>				
: Children's respite contract	0.155		0.155	Shortfall relating to the contract
: Supported Accommodation Contracts	0.468		0.468	Additional cost of the new supported accommodation developments,
: Resource Transfer Inflation	(0.421)	0.421	-	Inflationary increase to historic resources passed from health to community services when hospital beds are decommissioned and to Integration funding - based on 2% NRAC uplift.
: 21-22 Budget Gap - previously a draw on reserves	0.181		0.181	Resolving the 21-22 budget gap on a recurring basis
<b>TOTAL GROSS PRESSURES 2022-23</b>	<b>5.223</b>	<b>3.618</b>	<b>8.841</b>	
: Unscheduled Care Funding from 21-22	(0.277)		(0.277)	Balance if unused funding
: Increased Recharge Income		(0.013)	(0.013)	Inflationary increase to East for Ward 2 costs.
<b>TOTAL NET PRESSURES 2022-23</b>	<b>4.946</b>	<b>3.605</b>	<b>8.551</b>	

**North Ayrshire Health and Social Care Partnership  
2022-23 Savings**

Savings ref number	Description	Deliverability Status at budget setting	Previously Agreed or New	Approved Saving 2022/23 £m
<b>Children, Families &amp; Criminal Justice</b>				
1	Adoption Allowances	<b>Amber</b>	Previously Agreed	0.060
<b>TOTAL SOCIAL CARE SAVINGS</b>				<b>0.060</b>

**Health:**

Savings ref number	Description	Deliverability Status at budget setting	Previously Agreed or New	Approved Saving 2021/22 £m
2	Payroll Turnover Inflation	<b>Green</b>	New	0.302
3	Elderly Mental Health inpatients (lead partnership)	<b>Green</b>	New	0.321
<b>TOTAL HEALTH SAVINGS</b>				<b>0.623</b>
<b>TOTAL NORTH HSCP SAVINGS</b>				<b>0.683</b>

## NHS Ayrshire and Arran 2.56% Baseline Uplift 2022-23

	East £'m	North £'m	South £'m	TOTAL
Baseline Budget on a managed basis	71.475	102.592	51.492	225.558
Funding Increase	1.830	2.626	1.318	5.774

	East	North	South	Total
<b>Base budgets by IJB</b>	<b>200,566,160</b>	<b>165,396,382</b>	<b>98,909,225</b>	<b>464,871,767</b>
Less COVID-19	- 3,847,839	- 1,363,307	- 820,875	- 6,032,021
Less Prescribing Sch 5 (Lead)	- 25,856,625	- 30,592,762	- 24,362,017	- 80,811,404
Less Prescribing Sch 5	- 2,268,852			- 2,268,852
Less East Central FHS	- 58,999,999			- 58,999,999
Primary Medical Services	- 23,488,890	- 24,136,967	- 19,422,825	- 67,048,682
Primary Care Improvement Fund - Tranche 1	- 9,877,301			- 9,877,301
Less Action 15		- 1,180,093		- 1,180,093
Tranche 1 Family Nurse Partnership			- 1,284,394	- 1,284,394
District Nurse Posts	- 117,809	- 132,167	- 110,395	- 360,371
Maternity and Neonatal Psychological Interventions		- 122,871		- 122,871
Perinatal and Infant Mental Health Services		- 302,991		- 302,991
Funding uplift for Alcohol and Drug Partnerships	- 326,117	- 364,842	- 304,743	- 995,703
Primary Care Out of Hours Transformation	- 368,779			- 368,779
Ventilation Improvement Allowance	- 368,779			- 368,779
Veterans First Point		- 104,962		- 104,962
School Nurse commitment Tranche 1	- 135,341	- 151,835	- 126,824	- 414,000
Emergency Covid Funding for Eating Disorders		- 328,213		- 328,213
Workforce Wellbeing - Primary Care and Social Care	- 48,314	- 54,051	- 45,147	- 147,512
CAMHS improvement - Intensive Psychiatric Care Units		- 121,697		- 121,697
CAMHS improvement - Intensive Home Treatment Team		- 147,512		- 147,512
CAMHS improvement - LD, Forensic and Secure		- 51,629		- 51,629
CAMHS improvement - Out of Hours unscheduled care		- 86,294		- 86,294
CAMHS improvement - CAMHS Liaison Teams		- 129,073		- 129,073
CAMHS improvement - Neurodevelopmental		- 225,693		- 225,693
Long-acting Buprenorphine (Buvidal)		- 295,023		- 295,023
Workforce Wellbeing - Primary Care and Social Care	- 51,677	- 53,103	- 42,732	- 147,512
GDS element of the Public Dental Service	- 1,950,000			- 1,950,000
Winter Planning Funding 2021/22	- 116,871	- 131,114	- 109,516	- 357,500
Remobilisation of NHS Dental Services	- 346,652			- 346,652
Primary Medical Services - Telephony Systems	- 39,579			- 39,579
ADP Frontline Services	- 157,019	- 175,664	- 146,728	- 479,412
ADP Programme for Government 2021-2022	- 410,864	- 459,652	- 383,936	- 1,254,453
Psychological Therapies		- 285,598.00		- 285,598
Mental Health Outcomes Framework		- 1,492,428.00		- 1,492,428
Dementia Post Diagnostic Support Service		- 258,145		- 258,145
District Nursing Training	- 50,489	- 56,643	- 47,312	- 154,444
Tranche 2 - Family Nurse Partnership			- 210,000	- 210,000
GP Premises Improvement	- 258,145			- 258,145
Community Link Workers £500 payments	- 5,690			- 5,690
<b>Revised IJB Baseline</b>	<b>71,474,527</b>	<b>102,592,052</b>	<b>51,491,781</b>	<b>225,558,359</b>
<b>2.56% Uplift</b>	<b>1,829,748</b>	<b>2,626,357</b>	<b>1,318,190</b>	<b>5,774,294</b>

## SCOTTISH GOVERNMENT FUNDING LETTERS

Directorate for Health Finance and Governance

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Scottish Government  
Riaghaltas na h-Alba  
gov.scot

Chief Executives, NHS Scotland

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

### ***Issued via email***

9 December 2021

Dear Chief Executives

### **Scottish Government Budget 2022-23**

Following the announcement of the Scottish Government's Budget for 2022-23 by the Cabinet Secretary for Finance and the Economy in Parliament today, I am writing to provide details of the funding settlement for Health Boards. A breakdown of the total is provided in **Annex A** to this letter.

The Cabinet Secretary has set out that this is a transitional budget, paving the way for a full resource spending review in May 2022, and taking the next steps to deliver the Health and Social Care commitments outlined in the Programme for Government. As in previous years, the position set out in this letter will be subject to any amendments agreed through the Scottish Parliament's Budget Bill process, as well as recognising the further work that we will undertake with you specifically in relation to Covid-19 funding arrangements. I will keep you up to date with any changes to our planning assumptions.

### **Baseline Funding**

All Boards will receive a baseline uplift of 2% along with further support for increased employer national insurance costs arising from the UK Health and Social Care Levy. In addition, those Boards furthest from NRAC parity will receive a share of £28.6 million, which will continue to maintain all Boards within 0.8% of parity.

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

Boards should make appropriate provision for medical, dental and other staff groups, and expect to accommodate these costs within the baseline uplift.

### **Covid-19 Funding**

We recognise the scale of anticipated Covid commitments and expenditure for 2022-23 and are keeping this under close review. To this end, we are currently seeking clarity on the level of Covid-19 funding that will be provided by HM Treasury in 2022-23. In addition however to the baseline uplift we will provide:

- an initial £30 million in 2022-23 on a recurring basis to support the permanent recruitment of Vaccination staff. Further funding will be provided following review of staffing models across NHS Boards.

- funding of £33 million for the first six months of 2022-23 for the National Contact Centre staffing and Test and Protect contact tracing staffing, £17.5 million for mobile testing units, and a further £4.1 million for the regional labs staffing in 2022-23.

We will set out more detail on overall financial support as we receive further clarity from HM Treasury and as planning arrangements are developed. We will continue to work closely with NHS Directors of Finance and Chief Financial Officers, to ensure that all appropriate steps are being taken to deliver value and efficiency across totality of spending.

### Investment in Improving Patient Outcomes

In addition to the funding above, a total of £845.9 million will be invested in improving patient outcomes in 2022-23, as set out below:

Improving Patient Outcomes	2021-22 Investment in reform (£m) Restated	2022-23 Investment in reform (£m)	Increase for 2022-23 (£m)
Primary Care	250.0	262.5	12.5
Waiting times	196.0	232.1	36.1
Mental Health and CAMHS	231.1	246.0	14.9
Trauma Networks	37.8	44.3	6.5
Drugs Deaths	61.0	61.0	0.0
<b>TOTAL</b>	<b>775.9</b>	<b>845.9</b>	<b>70.0</b>

When combining the £70 million increase in investment set out above with the increase of £317.4 million in baseline funding for frontline NHS Boards, the total additional funding for frontline NHS Boards will amount to £387.4 million (3.2 per cent) in 2022-23 - see **Annex A**.

### Core Areas of Investment

Further detail on funding allocations and arrangements will be set out by individual policy areas, however please note the overall funding committed:

#### Primary Care

Investment in the Primary Care Fund will increase to £262.5 million in 2022-23 as a first step to increasing primary care funding by 25% over the life of this Parliament. Funding will continue to support the delivery of the new GP contract as well as wider Primary Care reform and new models of care including multi-disciplinary teams and increased use of data and digital.

#### Waiting Times Recovery

Investment of £232.2 million is being provided to support waiting times improvement, recovery and reform. This includes £60 million for NHS Recovery and an additional support for National Treatment Centres. As in previous years this includes £10 million for winter, to allow Boards maximum opportunity to plan as appropriate.

#### Mental Health and CAMHS

Funding of £246 million for Improving Patient Outcomes will be directed to a range of partners for investment to support mental health and children and young people's mental health. It will help fund a range of activities which support prevention and early intervention through offering a sustained increase in investment in mental health services. It will support our commitment to increase direct mental health funding by at least 25% over this parliamentary term. It will incorporate recurring funding of £120 million, which was provided in 2021-22 to support the delivery of the Mental Health Transition and Recovery Plan, published in October 2020, including significant funding to improve Child and Adolescent Mental Health Services and to reduce waiting times.

As part of the 2022-23 budget we are investing to deliver commitments across perinatal and infant mental health, school nursing service, increased funding for suicide prevention, enhanced services for children and young people, and action on dementia, learning disabilities and autism.

Health Boards and their partners are expected to prioritise mental health and to deliver the Programme for Government commitment that at least 10% of frontline health spending will be dedicated to mental health and at least 1% will be directed specifically to services for children and young people by the end of this parliamentary session.

### Trauma Networks

This funding will increase from £37.8 million to £44.3 million, taking forward the implementation of the major trauma networks.

### Alcohol and drugs

The total 2022-23 Portfolio budget of £85.4 million includes £50 million to be targeted towards reducing drugs deaths. This is part of the delivery of the National Drugs Mission, with a commitment to provide a total of £250 million of additional funding by 2025-26. Funding will support further investment in a range of community-based interventions, with a focus on supporting individuals and their families within their community, as well as an expansion of residential rehabilitation and improving delivery of frontline care as part of the overarching aim of reducing harms and avoidable deaths caused by substance misuse.

### Health and Social Care Integration

In 2022-23, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of 2% over 2021-22 agreed recurring budgets, and make appropriate provision for increased employer national insurance costs.

The Health and Social Care Portfolio will transfer additional funding of £554 million to Local Government to support social care and integration, which recognises the recurring commitments on adult social care pay and on winter planning arrangements. In doing so, we recognise the potential range of costs associated with elements of the winter planning commitments, and that some flexibility in allocation of funding may be required at a local level.

The overall transfer to Local Government includes additional funding of £235.4 million to support retention and begin to embed improved pay and conditions for care workers, with the Scottish Government considering that this funding requires local government to deliver a £10.50 minimum pay settlement for adult social care workers in commissioned services, in line with the equivalent commitment being made in the public sector pay policy. The additional funding will also support uprating of FPNC and the Carers Act.

The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2021-22 recurring budgets for social care services and therefore, Local Authority social care budgets for allocation to Integration Authorities must be at least £554 million greater than 2021-22 recurring budgets.

### Capital Funding

Territorial Boards should assume a five per cent increase in their initial capital formula allocation. National Boards formula capital will be unchanged.

### **2022-23 Financial Planning**

As previously confirmed, we will return to three year financial planning in 2022-23. It is expected that Boards will submit these plans in line with the timescales for three year operational plans, however we will provide further updates on this in advance of the new financial year.

It is recognised that some specific cost pressures have been highlighted by NHS Boards, such as those relating to CNORIS, Office 365 and PACS reprovisioning. We will undertake further work with Directors of Finance to determine the extent of these pressures and planning assumptions that should be made.

Yours sincerely



**RICHARD MCCALLUM**

Director of Health Finance and Governance



## Annex A – Board Funding Uplifts

NHS Territorial Boards	2021-22 Allocation	Recurring Allocations**	Total 2021- 22 Allocation	Uplift***	Uplift	2022-23 Total Allocation	NRAC Funding	Distance from NRAC Parity
	£m	£m	£m	£m	%	£m	£m	%
Ayrshire and Arran	774.5	12.0	786.4	20.3	2.6%	806.8	0.2	-0.8%
Borders	222.7	3.7	226.3	8.5	3.7%	234.8	2.7	-0.8%
Dumfries and Galloway	320.6	5.2	325.8	8.3	2.6%	334.1	0.0	1.3%
Fife	712.6	11.2	723.8	25.5	3.5%	749.4	7.0	-0.8%
Forth Valley	569.4	9.2	578.7	19.4	3.4%	598.1	4.6	-0.8%
Grampian	1,027.9	17.6	1,045.5	26.7	2.6%	1,072.2	0.0	-0.5%
Greater Glasgow and Clyde	2,398.1	43.4	2,441.5	62.4	2.6%	2,504.0	0.0	1.9%
Highland	691.9	12.6	704.5	21.2	3.0%	725.6	3.1	-0.8%
Lanarkshire	1,286.1	20.2	1,306.3	40.6	3.1%	1,346.8	7.2	-0.8%
Lothian	1,569.5	26.0	1,595.5	43.8	2.7%	1,639.3	3.0	-0.8%
Orkney	54.8	0.9	55.7	1.4	2.6%	57.1	0.0	0.6%
Shetland	54.6	0.9	55.6	1.4	2.6%	57.0	0.0	2.4%
Tayside	819.9	14.4	834.4	22.2	2.7%	856.5	0.8	-0.8%
Western Isles	81.1	1.2	82.4	2.1	2.6%	84.5	0.0	12.1%
<b>Territorials Total</b>	<b>10,583.7</b>	<b>178.5</b>	<b>10,762.2</b>	<b>303.9</b>	<b>2.8%</b>	<b>11,066.1</b>	<b>28.6</b>	
<b>NHS National Boards</b>								
National Waiting Times Centre	60.9	4.9	65.9	2.2	3.4%	68.1		
Scottish Ambulance Service	283.7	14.2	297.9	8.0	2.7%	305.9		
The State Hospital	38.1	0.8	39.0	1.0	2.7%	40.0		
NHS 24	73.8	2.4	76.2	2.2	2.9%	78.4		
NHS Education for Scotland	471.7	8.3	479.9	12.4	2.6%	492.3		
NHS National Services Scotland	341.4	5.4	346.8	8.5	2.4%	355.3		
Healthcare Improvement Scotland	27.5	2.2	29.7	0.7	2.5%	30.4		
Public Health Scotland	48.6	1.7	50.4	1.7	3.4%	52.1		
<b>Nationals Total</b>	<b>1,345.8</b>	<b>39.9</b>	<b>1,385.8</b>	<b>36.8</b>	<b>2.7%</b>	<b>1,422.6</b>		
<b>Total NHS Boards</b>	<b>11,929.5</b>	<b>218.4</b>	<b>12,148.0</b>	<b>340.7</b>	<b>2.8%</b>	<b>12,488.7</b>		
<b>Improving Patient Outcomes****</b>	<b>775.9</b>		<b>775.9</b>	<b>70.0</b>		<b>845.9</b>		
<b>Total Frontline NHS Boards*</b>	<b>11,816.2</b>	<b>200.9</b>	<b>12,017.1</b>	<b>387.4</b>	<b>3.2%</b>	<b>12,404.4</b>		

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

\*\* Includes recurring allocations from 2020-21 and funding for Agenda for Change and Medical & Dental pay uplift in 2021-22.

\*\*\* Includes funding for increased employer NI contributions and NRAC parity adjustments.

\*\*\*\* Restated for Mental Health and NHS Recovery Funding



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HSCP Chief Finance Officers  
NHS Board Directors of Finance  
Cc:  
HSCP Chief Officers  
Local Government Directors of Finance  
NHS Chief Executives

via email

25<sup>th</sup> February 2022

Colleagues

### Further Covid funding 2021-22

Following the recent submission of your Quarter 3 financial returns, I am writing to confirm further funding of £981 million for NHS Boards and Integration Authorities to meet Covid-19 costs and to support the continuing impact of the pandemic. This funding is being provided on a non-repayable basis and includes provision for under-delivery of savings. While I anticipate that funding will be allocated in line with **Annexes A and B**, it will be a matter for NHS Boards and Integration Authorities to agree any revisions where appropriate to take account of local circumstances.

Within the overall funding outlined above, £619 million is being provided for Integration Authorities, which includes funding for a range of Covid-19 measures. The significant disruption to services has created a backlog of demand as well as increasing unmet need and frailty of service users. Investment is needed across day care services, care at home and to support unscheduled care, to keep people within the community, where possible and safe to do so, to avoid unplanned admissions and impacts on delayed discharges. Alongside this is the impact on mental health and services have been stepped up through, for example, Mental Health Assessment Units. This funding will also cover sustainability payments to social care providers and additional staff costs across Health & Social Care.

Where funding remains at year end 2021-22, this must be carried in an earmarked reserve for Covid-19 purposes in line with usual accounting arrangements for Integration Authorities, and I expect that this funding to be used before further allocations are made through the Local Mobilisation Planning process. This can be used to support continuation of costs which were funded in 2021-22 as a direct result of Covid-19. Use of these allocations to meet Covid-19 expenditure should be agreed by the IJB Chief Finance Officer and the NHS Board Director of Finance. The funding should be targeted at meeting all additional costs of responding to the Covid pandemic in the Integration Authority as well as the NHS Board.

/cont'd



Any proposed utilisation of the earmarked reserves to meet new expenditure that had not been funded in 2021-22 will require agreement from the Scottish Government, and it will remain important that reserves are not used to fund recurring expenditure, given the non-recurring nature of Covid funding.

Thank you for your support and engagement during 2021-22 and I look forward to continued close work with you as we take forward plans for 2022-23 and beyond.

Yours sincerely



Richard McCallum  
Director of Health Finance and Governance

## Annex A Funding by Board Area

Further Covid-19 Funding (£000s)	Health Board	HSCP	Total
NHS Ayrshire & Arran	14,420	42,765	57,185
NHS Borders	7,471	17,575	25,046
NHS Dumfries & Galloway	13,997	16,146	30,143
NHS Fife	20,947	43,961	64,908
NHS Forth Valley	7,531	32,355	39,886
NHS Grampian	7,533	55,697	63,230
NHS Greater Glasgow & Clyde	88,484	132,917	221,401
NHS Highland	10,947	37,604	48,551
NHS Lanarkshire	15,121	68,810	83,931
NHS Lothian	31,641	114,566	146,207
NHS Orkney	2,575	3,746	6,321
NHS Shetland	999	3,620	4,619
NHS Tayside	2,441	45,355	47,796
NHS Western Isles	1,608	3,887	5,495
NHS National Services Scotland	118,110	-	118,110
Scottish Ambulance Service	11,326	-	11,326
NHS Education for Scotland	- 1,909	-	- 1,909
NHS 24	-	-	-
NHS National Waiting Times Centre	5,436	-	5,436
The State Hospital	-	-	-
Public Health Scotland	3,071	-	3,071
Healthcare Improvement Scotland	- 176	-	- 176
<b>Total</b>	<b>361,573</b>	<b>619,004</b>	<b>980,577</b>

Please note these figures represent the total funding across several allocations (PPE, Test & Protect, Vaccinations and General Covid Funding). A detailed analysis will be provided to each NHS Territorial Board setting out the split across Board and Integration Authorities.

## **Annex B Total Funding by Integration Authority**

<b>Integration Authority</b>	<b>Further Covid-19 Funding £000s</b>
East Ayrshire	14,143
North Ayrshire	15,891
South Ayrshire	12,731
Scottish Borders	17,575
Dumfries and Galloway	16,146
Fife	43,961
Clackmannanshire & Stirling	16,819
Falkirk	15,536
Aberdeen City	24,317
Aberdeenshire	19,675
Moray	11,705
East Dunbartonshire	9,930
East Renfrewshire	14,781
Glasgow City	73,130
Inverclyde	10,370
Renfrewshire	16,964
West Dunbartonshire	7,741
Argyll & Bute	11,881
North Highland	25,724
North Lanarkshire	32,102
South Lanarkshire	36,708
East Lothian	13,537
Edinburgh City	70,314
Midlothian	9,506
West Lothian	21,209
Orkney	3,746
Shetland	3,620
Angus	11,843
Dundee	16,784
Perth & Kinross	16,728
Western Isles	3,887
<b>Total</b>	<b>619,004</b>

Please note these figures represent the total funding across several allocations (PPE, Test & Protect, Vaccinations and General Covid Funding). A detailed analysis will be provided to each NHS Territorial Board setting out the split across Board and Integration Authorities.



**Integration Joint Board**  
**17th March 2022**

<b>Subject:</b>	<b>Medium Term Financial Outlook 2022-25</b>
<b>Purpose:</b>	To advise the IJB of the Medium-Term Financial Outlook for the period 2022 to 2025, aligning to the first three years of the new Strategic Plan.
<b>Recommendation:</b>	That the IJB notes the Medium-Term Financial Outlook and the potential financial position in years 2 and 3.

<b>Glossary of Terms</b>	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
MTFO	Medium-term Financial Outlook

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	This MTFO covers the first three years (2022-2025) of the Strategic Plan period. The annual budget for 2022-23 is also on the agenda for this meeting for IJB approval.
1.2	The MTFO looks at the range of factors which influence the financial planning of the Integration Joint Board.
1.3	A range of possible scenarios for the financial position in 2023-24 and 2024-25 are considered based on the information currently available. This helps to identify the financial challenges which will be faced by the IJB, enabling the IJB to see the impact of current and future decisions on its medium-term financial health.
<b>2.</b>	<b>BACKGROUND</b>
2.1	North Ayrshire Integration Joint Board (NAIJB) has responsibility for planning how community health and social care services are delivered across North Ayrshire. It does this by directing North Ayrshire Council and NHS Ayrshire and Arran to work together to deliver integrated services through the Health and Social Care Partnership. Elsewhere on the agenda for this meeting, the IJB is asked to approve the new Strategic Plan through to 2030, which sets out how we plan to improve services and the health and wellbeing of the local community.
2.2	A Medium-Term Financial Outlook (MTFO) is a critical part of the strategic planning process. The financial context for public services remains very challenging and so it is vital that the IJB's strategic ambitions are set against the financial resources which are anticipated to be available.
2.3	This MTFO covers the first three years (2022-2025) of the Strategic Plan period. The annual budget for 2022-23 is also on the agenda for this meeting for IJB approval.

2.4	<p>There are a range of factors which influence the financial planning of the IJB. These are considered through the MTFO and include the following:</p> <ul style="list-style-type: none"> <li>• Demographic changes</li> <li>• Local priorities</li> <li>• Workforce challenges</li> <li>• The UK and Scottish Economy</li> <li>• Policy and Legislation</li> <li>• Cost and demand pressures</li> <li>• Available funding</li> </ul>
	<b>Local Context</b>
2.5	<p>Our Strategic Needs Assessment details a range of demographic and health factors which will see growing demand for services:</p> <ul style="list-style-type: none"> <li>• Decreasing and ageing population</li> <li>• High deprivation</li> <li>• Long-term health conditions which increase in older people</li> <li>• Unplanned and emergency admissions to hospital which increase in older people</li> <li>• Increasing mental health concerns</li> <li>• Higher than average numbers of Looked After and Accommodated Children</li> </ul>
2.6	<p>The IJB faces workforce challenges with an ageing workforce and already there are difficulties in recruiting to certain job roles. There is a reducing working age population and a national shortage of appropriately trained staff for particular professions.</p>
	<b>The UK and Scottish Economies</b>
2.7	<p>The economy continues to face challenges with funding pressures for the public sector, high inflation and the complexities caused by Brexit and the Covid pandemic. This will impact on the funding available for Health and Social Care, and a range of possible scenarios from the Scottish Government Medium Term Financial Strategy are outlined in section 3 of the MTFO.</p>
	<b>Policy and Legislation</b>
2.8	<p>The IJB requires to deliver on a range of national and local priorities and demonstrate that it has made progress in shifting the balance of care towards more community-based settings. In addition, the National Care Service will represent a huge change in how the IJB operates in the coming years.</p>
2.9	<p>Set against all of this, Health and Social Care is a clear priority for the Scottish Government, and this may result in additional financial support, although this will undoubtedly come with additional cost commitments to deliver new policies.</p>
	<b>Cost and Demand Pressures</b>
2.10	<p>Pressures fall largely into three categories: price inflation, demographic change and non-demographic change. The budget pressures below have been identified by the Partnership and are reflected in the financial modelling within the MTFO.</p>



		<b>2022/23 (£m)</b>	<b>2023/24 (£m)</b>	<b>2024/25 (£m)</b>
	<b>Price inflation:</b>			
	• Pay	5.176	5.175	5.272
	• NCHC inflation	0.901	0.930	0.960
	• Other contract inflation	0.380	0.389	0.398
	<b>Demographic Changes:</b>			
	• Physical Disabilities	0.145	0.151	0.158
	• Mental Health	0.079	0.082	0.085
	• Learning Disabilities	0.264	0.264	0.264
	• Children and Young People	0.145	0.148	0.152
	• Older People	-	0.407	0.352
	<b>Non-demographic Changes:</b>			
	• Mental Health transitions	0.254	0.249	0.201
	• LD transitions	0.546	0.534	0.491
	• Other service changes	0.661	0.300	0.300
	<b>TOTAL COST PRESSURES</b>	<b>8.551</b>	<b>8.629</b>	<b>8.633</b>
	<b>Funding</b>			
2.11	<p>The Scottish Government has made several spending commitments over the lifetime of this parliamentary term (2021 to 2026) which are relevant to community health and social care services:</p> <ul style="list-style-type: none"> <li>• Increase NHS frontline spending by 20%</li> <li>• Create a National Care Service backed by increasing investment in social care by 25%</li> <li>• A £250million National Drugs Mission (£50m per year starting 2021-22)</li> <li>• Increase direct investment in Mental Health services by 25% and ensure that 10% of the frontline NHS budget is spent on Mental Health services.</li> <li>• Increase Primary Care funding by at least 25%</li> </ul>			
2.12	<p>However, there remains a lack of certainty about the funding settlement beyond 2022-23 although the Scottish Government has committed to publishing multi-year spending plans by Summer 2022. This will assist with future revisions of this Medium-Term Financial Outlook.</p>			
	<b>Medium-term Financial Outlook</b>			
2.13	<p>Based on the budget pressures which are detailed above, three scenarios have been developed which align to the Scottish Government Medium-term Financial Strategy – best-case, medium-case and worst-case. In 2022/23, the actual funding levels have been applied across each of the three, with the possible scenarios applied for 2023/24 and 2024/25.</p>			
2.14	<p><u>Best-Case Scenario</u> – this assumes a 5% increase in funding per annum for Social Care, in line with the Scottish Government commitment to a 25% increase over the lifetime of the current Parliament. A 4% increase per annum has been assumed for</p>			

	Health funding, which is also in line with the Government commitment to a 20% increase in frontline health spending over the lifetime of the current Parliament.
2.15	<u>Medium-Case Scenario</u> – this assumes funding increases in line with the average of the two previous years. For social care, this equates to 2.5% for 2022-23 and 3.7% for 2023-24 and for health, this would equate to 2% for 2022-23 and 3.8% for 2023-24.
2.16	<u>Worst-Case Scenario</u> – this assumes a flat cash settlement for both Social Care and Health across both years.
2.17	Against each of the three scenarios, sensitivity analysis has been used to demonstrate what the impact would be in 2023/24 and 2024/25 if the funding was to increase or decrease by 5% or 10%.
2.18	For 2023-24, the forecast budget gap ranges from a surplus of £0.866m in the best-case scenario, which would allow for additional investment in services, to a shortfall of £3.811m in the medium-case and a shortfall of £8.599m in the worst-case.
2.19	The most likely position is considered to be somewhere between best and medium case which would suggest there could be a shortfall in the region of 0.5% to 1% of the Partnership budget to address for 2023-24.
2.20	For 2024-25, the forecast budget gap ranges from a surplus of £1.294m in the best-case scenario, to a shortfall of £0.468m in the medium-case and a shortfall of £8.602m in the worst-case.
2.21	The most likely position is considered to be somewhere between best and medium case which would suggest there may not be any significant shortfall to fund in 2024-25.
<b>3.</b>	<b>PROPOSALS</b>
3.1	It is proposed that the IJB <b>notes</b> the Medium-term Financial Outlook and the potential financial position in years 2 and 3.
3.2	<b><u>Anticipated Outcomes</u></b>
	<p>The development of the Medium-term Financial Outlook provides key information on the possible financial position of the IJB over the next three years.</p> <p>It identifies the financial challenges which will be faced by the IJB enabling the IJB to see the impact of current and future decisions on its medium-term financial health.</p> <p>The MTFO will also be used to identify pressure points and inform decisions which are required to ensure the Partnership remains financially sustainable.</p>
3.3	<b><u>Measuring Impact</u></b>
	The IJB receives in-year financial monitoring reports which assist with monitoring the financial position and addressing any concerns. The MTFO will support the development of future annual budgets.

<b>4.</b>	<b>IMPLICATIONS</b>	
<b>Financial:</b>	The Medium-term Financial Outlook outlines potential funding and expenditure scenarios for 2022-25, identifying possible budget gaps for each financial year.	
<b>Human Resources:</b>	None.	
<b>Legal:</b>	The IJB requires to agree a balanced budget each financial year and a Medium-term Financial Outlook helps to support that requirement in future years.	
<b>Equality:</b>	Equality Impact Assessments are carried out as necessary in relation to any new savings proposals.	
<b>Children and Young People</b>	The Strategic Plan and the Medium-term Financial Outlook help support the delivery by the Health and Social Care Partnership of services to support our children and young people.	
<b>Environmental &amp; Sustainability:</b>	There are no anticipated environmental or sustainability implications.	
<b>Key Priorities:</b>	A Medium-term Financial Outlook helps to support the delivery of the Strategic Plan 2022-2030.	
<b>Risk Implications:</b>	Any financial gap in future years presents a risk to the financial position of the IJB. Savings will require to be identified to address these funding gaps. The IJB has free general fund reserves, estimated at just under £6m at the end of 2021-22, which could help support any shortfalls on a non-recurring basis.	
<b>Community Benefits:</b>	Not applicable.	

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

<b>5.</b>	<b>CONSULTATION</b>
5.1	No consultation has been required in the preparation of this report.
<b>6.</b>	<b>CONCLUSION</b>
6.1	Based on the scenarios within this MTFO, it is possible that the IJB will have funding gaps to address for 2023-24 and 2024-25. Some potential routes for addressing any such gaps are identified within the MTFO, and detailed proposals will be brought to the IJB for approval through the budget exercises for these years.

**For more information, please contact Paul Doak, Head of Service (Finance and Transformation) at [pdoak@north-ayrshire.gov.uk](mailto:pdoak@north-ayrshire.gov.uk)**



*Delivering care  
together*

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

### **Medium Term Financial Outlook**

**2022-2025**

## MEDIUM TERM FINANCIAL OUTLOOK 2022-2025

### 1 Introduction

- 1.1** North Ayrshire Integration Joint Board (NAIJB) has responsibility for planning how community health and social care services are delivered across North Ayrshire. It does this by directing North Ayrshire Council and NHS Ayrshire and Arran to work together to deliver integrated services through the Health and Social Care Partnership.
- 1.2** The Vision of the Health and Social Care Partnership is that “All people who live in North Ayrshire are able to have a safe, healthy and active life”.
- 1.3** The Partnership has five strategic priorities:
- Enable Communities
  - Develop and Support our Workforce
  - Provide Early and Effective Support
  - Improve Mental and Physical Health and Wellbeing
  - Tackle Inequalities
- 1.4** The Partnership provides locality-based health and social care services for people throughout their life. Our service areas and key partners are:
- Delivery Services:
- Children, Families and Justice Services
  - Health and Community Care Services
  - Mental Health, Addictions and Learning Disability Services (Including the pan-Ayrshire mental health lead partnership)
- Support Services:
- Business Support
  - Finance and Transformation
- Key Partners:
- North Ayrshire Third Sector Interface
  - The Independent Sector
  - Wider community planning partners including Ayrshire Justice Partnership, Police Scotland and Scottish Fire and Rescue Service.
- 1.5** The IJB has agreed a long-term strategic plan through to 2030. This sets out how we plan to improve services and the health and wellbeing of the local community.
- 1.6** A Medium-Term Financial Outlook (MTFO) is a critical part of the strategic planning process. The financial context for public services remains very challenging and so it is vital that the IJB’s strategic ambitions are aligned with the financial resources which are anticipated to be available. It has been very difficult to put in place meaningful medium term financial planning arrangements due to the pandemic and the ongoing one-year funding settlements for the IJB.
- 1.7** This MTFO, covering the first three years (2022-2025) of the Strategic Plan period, assists with ensuring that resources are directed towards the priorities of the Strategic Plan, as well as with annual financial planning.

**1.8** There are a range of factors which influence the financial planning of the IJB. These are considered through the MTFO and include the following:

- Demographic changes
- Local priorities
- Workforce challenges
- The UK and Scottish Economy
- Policy and Legislation
- Cost and demand pressures
- Available funding

## **2 Local Context**

### **Strategic Needs Assessment**

**2.1** North Ayrshire covers an area of 340 square miles, including the islands of Arran, Great Cumbrae and Little Cumbrae.

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

- The North Ayrshire population continues to decrease and is expected to shrink by 1% between 2012 and 2025, falling to 132,482. By 2030, the population is expected to further decrease to 129,987, a further 1.9% reduction from 2025.
- Within this falling population, we will continue to see a growing older people population, with those 65+ accounting for over 25% of the population by 2025, and almost 28% by 2030. This correlates with a shrinking younger (0-15) and working age (16-64) population, resulting in an increasing dependency ratio which places increasing financial stress on the working age population.

**2.3** Between 2022 and 2025, those between 65 and 74 will increase by 5%. However, those 75 plus will increase by 8.3% over the same period. From 2025 to 2030, the 65-74 age group will increase by a further 9%, with those 75 plus increasing by a further 7%. As outlined at 2.6 and 2.7 below, older people are more likely to develop multiple long-term conditions. An increase in this population implies a greater demand on Health and Social Care services in the future.

**2.4** In the latest period available (2018-2020 3-year aggregate), the average life expectancy in North Ayrshire was 75.3 years old for men, and 80.1 years old for women. The average healthy life expectancy in North Ayrshire was 58.5 years for men and 56.3 years for women in 2017-2019.

**2.5** North Ayrshire continues to be an area of high deprivation resulting in both social and health inequalities across the population. The most recently published Scottish Index of Multiple Deprivation figures suggest as much as 41% of North Ayrshire's population live within areas that are considered among the most deprived areas in Scotland. Information published by the charity End Poverty Now, suggests that 28.3% of children in North Ayrshire live in poverty.

**2.6** 27% of local people are living with a long-term condition (LTC) (which could include Arthritis, Asthma, Diabetes or Chronic Obstructive Pulmonary Disease (COPD)). Long-term conditions are more common in older age groups, with the proportion of

people living with one or more LTC increasing with age. When compared, only 1.7 people in 10 under 65 have a long-term condition, unlike those 85+ where 8.2 people in every 10 live with an LTC.

- 2.7** Projected prevalence up to 2025/2026 shows there is an expected gradual increase in the older age groups for LTC. For people 85 plus, it is forecast that this will increase to 8.8 in 10 people. (7.3% increase). Those living with more than one long-term condition (multi-morbidity) increases with age, with approximately 15% of over 65s with multi-morbidities, compared to less than 5% of under 65s for 3 LTCs.
- 2.8** Across most acute hospital measures (including Emergency Admissions, Unscheduled Bed days, Delayed Discharges, and preventable admissions), we see higher proportions of people from older age groups and those proportions increase with age. As such, those aged 75 or over account for the greatest volume of emergency admissions, unscheduled bed days and delayed discharges. When taking this in context with the population projections outlined at 2.2 and 2.3 above, a growing population of those 75+ is likely to place additional demands on local health and care services. However, those 75+ also account for the greatest volume of potentially preventable admissions, which suggests investment in community-based services could help reduce demand on acute hospitals.
- 2.9** Mental Health concerns continue to rise, with the percentage of the local population receiving medication for some form of mental health condition increasing each year. In the 2019/20 financial year, 22% of local people were receiving some form of Mental Health medication. North Ayrshire is continually higher than the overall percentage for the health board area and Scotland. This suggests a greater demand for local Mental Health support. When looking at hospital admissions, North Ayrshire's rates are below that of Scotland as a whole, and mostly in line with the NHS Ayrshire and Arran health board area. However, unlike general acute admissions, the highest proportion of Mental Health admissions are among adults aged 18-44, suggesting a demand within this age group for mental health services.
- 2.10** Over the period from 2013 to 2020, North Ayrshire has continually had a higher rate of children looked after than Ayrshire as a whole and Scotland. The number of children that were looked after in 2020 for North Ayrshire was 22.7 (rate per 1000), which was 62% higher than rates observed across the whole of Scotland (14 per '000) and 24% higher than the Ayrshire and Arran rate (18.3 per '000).

### **Locality Priorities**

- 2.11** North Ayrshire is divided into 6 locality areas – Irvine, Kilwinning, Three Towns, Garnock Valley, North Coast and Cumbrae, and Arran.
- 2.12** Our six Locality Planning Forums (LPFs) are one of our key mechanisms for engaging with local people. The Chairs of the LPFs are also members of our Integration Joint Board and LPF membership is made up of a range of health and social care professionals, third and independent sector representatives and local community groups. Their role is to use their knowledge of services and the local area to support and engage with local people and communities, to identify locality priorities.
- 2.13** During 2021, each LPF reviewed and updated their locality priorities. These have been agreed by the IJB's Strategic Planning Group. These priorities will inform local action by the HSCP and our partners to help address the concerns raised.

**2.14** All mainland locality planning forums adopted the priorities below:

- Improving Mental Health and Wellbeing
- Reducing social Isolation
- Prevention, early intervention and recovery from drug and alcohol related harms and deaths
- Recovering from the COVID experience

**2.15** Due to additional local concerns, other identified priorities were adopted in specific localities:

- Enabling financial inclusion and tackling poverty, was adopted in the Three Towns
- Enabling digital inclusion, was also adopted in Three Towns
- Preventing suicides, was adopted by the North Coast and Cumbrae.

**2.16** The following priorities of opportunity are shared by all Locality Planning Forums:

- Capitalising on the Covid experience – continuing the legacy of the great partnership working that was developed in the early stages of the pandemic
- Developing personal self-care/ self-management, coping skills and health literacy

### **Workforce Challenges**

**2.17** At the end of December 2021, the Health and Social Care Partnership had 3,502 employees, with just over half employed by North Ayrshire Council and the remainder employed by NHS Ayrshire and Arran. This figure does not include the workforce employed by our commissioned health and social care providers.

**2.18** 43% of the staff were over the age of 50 which indicates that many will retire in the coming years and the Partnership will face challenges in replacing them.

**2.19** As outlined above, the local population will reduce in number in the next few years and the age profile will increase. Older people are more likely to have multiple Long-Term Conditions. This means there will be more demand on health and social care services in future but less people of working age to fill these job roles.

**2.20** The Partnership and its commissioned service providers are already facing challenges in recruiting to certain job roles. This challenge is compounded when investment in our services is predicated on growing our workforce, particularly where that similar investment and recruitment is being replicated across Scotland.



### **3 National Context**

- 3.1** IJBs operate in a complex and changing environment where national issues have an impact on what services are delivered and how they are delivered, as well as the financial resources which are available to support the IJB in commissioning services. An understanding of this national context is essential when developing a medium-term financial outlook.

#### **The Economy**

- 3.2** The Scottish Economy continued to recover during 2021 as restrictions on economic activity have largely been lifted. By the time of the Scottish Budget in December 2021, the outlook for both the Scottish and UK economies was more positive than at the time of the previous budget in January 2021, although the pandemic continues to weigh on the economy and uncertainties remain heightened.
- 3.3** Forecasts from the Scottish Fiscal Commission (SFC) which were used to inform the Budget show the economy returning to pre-pandemic levels by April-June 2022, two years earlier than predicted at the time of the previous Scottish Budget. Scottish GDP continued to edge back towards pre-pandemic levels and by September 2021 was 1.1% below that level, having fallen 20% at the start of the pandemic.
- 3.4** Labour market conditions continued to improve, with the number of payrolled employees above pre-pandemic levels, having fallen 4% in 2020. Data suggests that many furloughed employees have returned to work, which should contribute to long-term economic scarring being lower than feared.
- 3.5** The level of long-term economic “scarring” to the Scottish economy from COVID-19 has been revised down from an anticipated permanent reduction in long-term GDP of around -3% at last year’s Budget to one of around -2%, reflecting the SFC’s view that the pandemic has not damaged the long-term productive capacity of the Scottish economy as much as previously feared. This is similar to the Office of Budget Responsibility (OBR)’s latest view of the degree of long-term scarring to the UK economy, and smaller than the 4% long-term reduction in living standards that the OBR attributes to leaving the European Union (EU).
- 3.6** SFC’s outlook for inflation changed significantly since January 2021, when it was forecast to remain low and below the Bank of England’s 2% target. The forecast used in the December 2021 budget suggests inflation will peak at 4.4% in April-June 2022 and gradually return to 2% by the second half of 2024. However actual rates of inflation have increased even higher than this in the early months of 2022. This is driven by the rebound in global demand for goods and services which has put strong pressure on supply chains. These price increases are expected to settle as the supply chains adjust to the higher levels of demand.

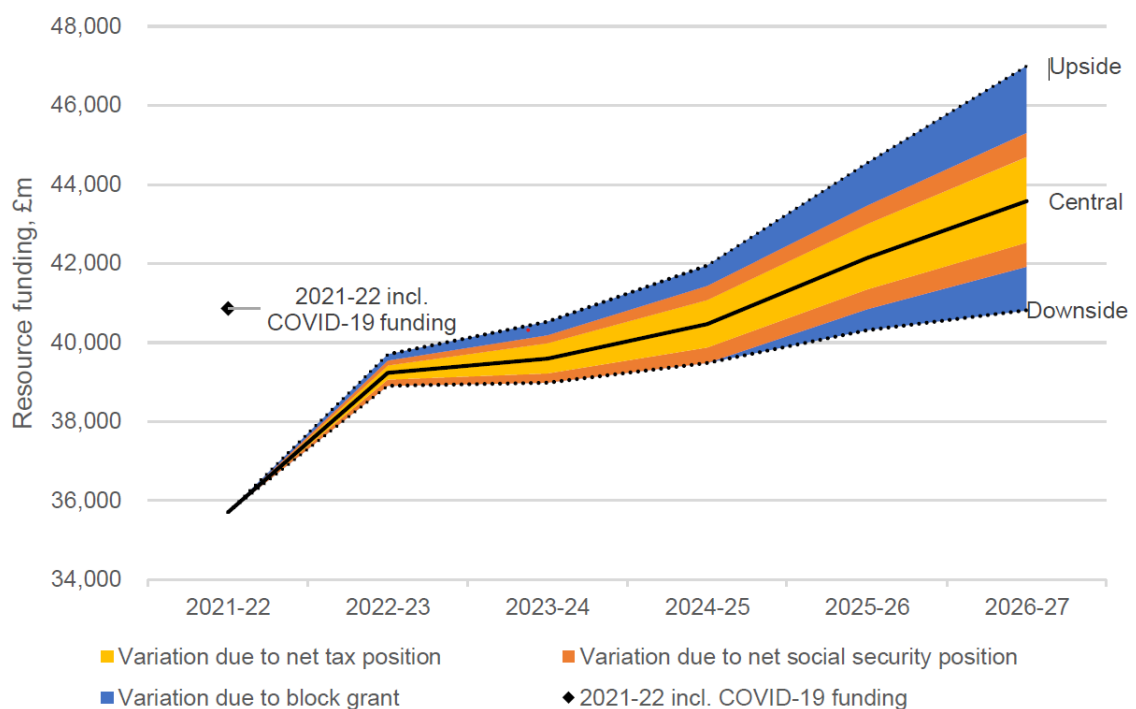
#### **Fiscal Outlook**

- 3.7** The Scottish Government Medium-Term Financial Strategy (December 2021) covers the period to 2026-27. It compares the funding and spending scenarios to assess the scale of the challenge and the opportunities over the Resource Spending Review period.

### 3.8 Three factors determine the available funding for the Scottish Budget:

- UK Government spending decisions: through the Barnett formula, the change in the Scottish Government's Block Grant each year is determined by the change in the UK Government's spending on areas devolved to the Scottish Parliament.
- Relative growth in Scottish Government and UK Government devolved tax revenues: under the Fiscal Framework, if Scottish devolved tax revenue per person grows relatively faster than in the rest of the UK (rUK), the Scottish Budget is better off and vice versa. This means that Scotland's budget is influenced not only by tax policy and economic performance in Scotland, but also by tax policy and economic performance in the rest of the UK.
- Relative growth in Scottish and UK social security expenditure: under the Fiscal Framework, if Scottish devolved social security expenditure grows relatively faster than in the rUK, the Scottish Budget is worse off. If UK expenditure grows relatively faster, additional funds are available within the Scottish Budget. Again, this means that Scotland's budget is influenced not only by policy changes within Scotland, but also what happens in the rest of the UK.

### 3.9 The Scottish Government MTFS models three scenarios (a central resource funding outlook and an upside and downside scenario, indicating plausible alternative funding paths) and outlines the immediate and longer-term pressures on public spending which need to be considered when developing spending plans to ensure that they meet the needs of a changing population and build resilience for the future.



£ million	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27
Upside	35,704	39,702	40,529	41,956	44,541	46,997
Resource funding						
Central	35,704	39,236	39,595	40,463	42,143	43,576
Downside	35,704	38,907	38,980	39,485	40,308	40,817

2021-22 figures do not include COVID-19 funding.

**3.10** The central scenario is based on UK Spending Review announcements to 2023-24 for the block grant, and Office for Budget Responsibility (OBR) forecasts for growth in government spending beyond that. It reflects Scottish Fiscal Commission (SFC) tax revenue forecasts and the OBR's forecasts for block grant adjustments. Upside and downside scenarios have been modelled to illustrate the potential impact of UK spending decisions (with greater uncertainty after the UK spending review period which runs to 2024-25), and the impact of Scottish tax performance.

**3.11** The central scenario is considered the most likely outcome and is used by the Scottish Government for planning purposes. However, the alternative scenarios help to illustrate the risks to the Scottish Budget funding outlook, should there be significant changes to UK fiscal policy or to economic or fiscal forecasts.

### Resource Spending Outlook

**3.12** The Scottish Government's spending trajectory must mirror the funding trajectory outlined in the graph and table at 3.9 above. While these suggest a large increase in funding between 2021-22 and 2022-23, it should also be noted that block grant funding has been significantly reduced due to the withdrawal of Covid-19 funding.

**3.13** In December 2021, alongside the Scottish Budget for 2022-23, the Scottish Government launched a resource spending review, with an intention to publish multi-year spending plans from 2023-24 through to the end of the parliamentary term in 2026-27, in May 2022.

**3.14** The priorities of the resource spending review include:

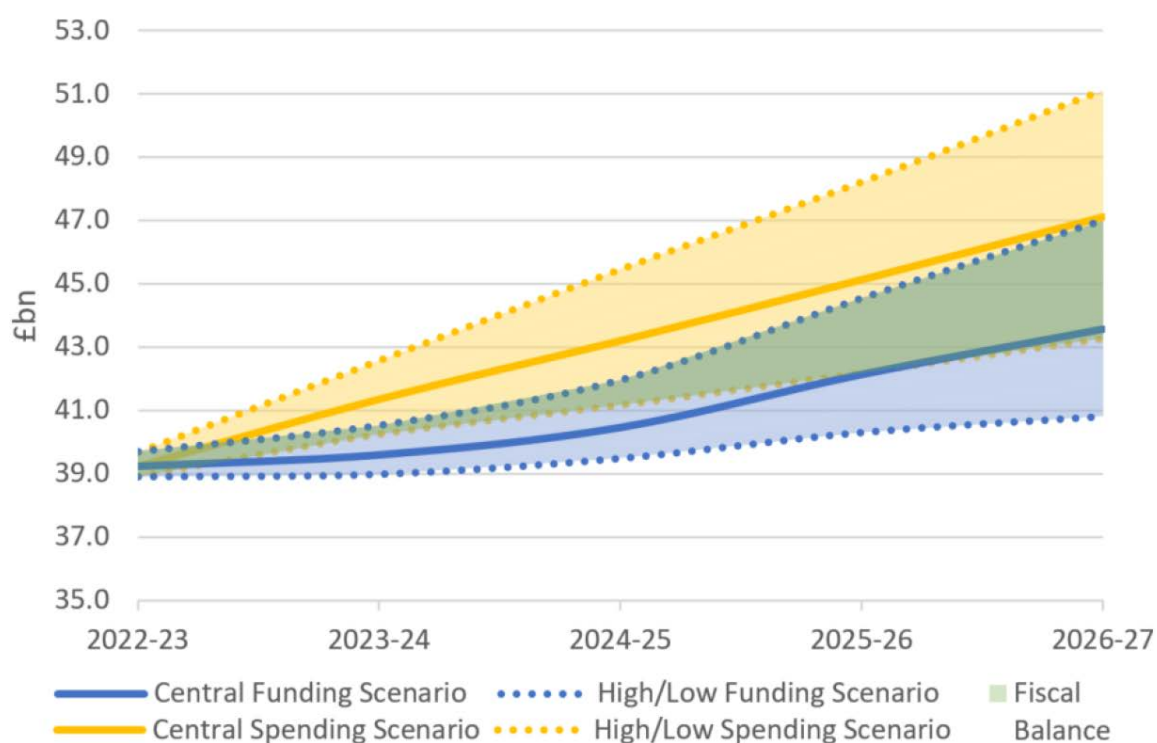
- Mitigating the effects of the pandemic, which has deepened existing inequalities and exposed the effects of digital exclusion, wealth inequality and generational divides
- Rebuilding public services including increasing social care capacity and establishing the National Care Service
- Ensuring that spending choices support progress towards meeting child poverty and climate change targets and securing a stronger and fairer green economy.

**3.15** The resource spending review will require decisions to be made about how to prioritise resources within the available financial envelope, against a background of volatile funding streams and changing patterns of demand.

**3.16** The risks to the resource spending outlook are the key drivers of public expenditure and include the following:

- Demand-led spend volatility
- Pay
- Growth in the public sector workforce
- Public service pensions
- Ageing population

**3.17** This chart shows how the funding and spending scenarios compare. They illustrate a widening gap between the available resources and the cost of providing services. Spending plans will need to match the funding which is available and so investment in the priorities will require efficiencies and reductions in spending elsewhere.



### Scottish Government Legislative and Policy Changes

**3.18** National Care Service – the Independent Review of Adult Social Care (published February 2021) recommended the creation of a National Care Service (NCS), with Scottish Ministers being accountable for the delivery of adult social care services. In Autumn 2021, the Scottish Government consulted widely on the creation of a NCS which would have a much wider remit, assuming responsibility for the delivery of a community health and social care service which would support people of all ages. Following the end of the consultation period in November, a summary of consultation responses and analysis was published in February 2022. The Scottish Government is currently drafting legislation and has committed to the NCS being operational by the end of the current parliamentary term in 2026. The establishment of a NCS may fundamentally change the role and operation of the Integration Joint Board and will have significant implications for the whole health and social care system.

**3.19** GP Contract 2018 and Primary Care Improvement Plans – the new General Medical services contract came into force in April 2018 and aims to refocus the role of GP as

an Expert Medical Generalist, supported by multi-disciplinary teams in general practice. These teams will provide services such as vaccination, pharmacotherapy, community treatment and care (CTAC), urgent care and additional professional services such as acute musculoskeletal physiotherapy, community mental health and community link workers. The three Ayrshire IJBs are working together to deliver Primary Care Improvement Plans (PCIP), supported by additional Scottish Government funding, to ensure these multi-disciplinary teams are available in each medical practice. The PCIP links closely to Caring for Ayrshire, which will ensure that more health provision is available in communities, and that GP surgeries have the capacity to host multi-disciplinary teams.

- 3.20** Carers Act (Scotland) 2016 - this Act is designed to support carers' health and wellbeing and help make caring more sustainable and came into effect from 1 April 2018. It places a duty for local authorities to provide support for carers, based on the carer's identified needs which meet the local eligibility criteria and supported by adult carer support plans or young carer statements to identify carers' needs and personal outcomes. This duty is supported by additional funding which has incrementally increased each year since 2018.
- 3.21** Mental Health Strategy 2017-2027 - In March 2017, the Scottish Government published its Mental Health Strategy, providing a 10-year vision to improve Mental Health services and improve support to those affected by poor mental health and other complex conditions. The national strategy had a large focus on prevention and early intervention of mental health concerns, with a goal of ensuring mental health problems were treated with the same approach as physical health problems. In 2019 we undertook the Ayrshire Mental Health Conversation and engaged with people across Ayrshire to co-produce a strategic response to the national strategy. Significant additional funding has provided for investment in mental health services.
- 3.22** The Promise – the findings of the Independent Care Review, published in February 2020, form the promise to all young people who have experienced the care system in Scotland. The aim is to improve the experience of all children and young people and their families if they require additional support and will create a more compassionate care system.
- 3.23** Scottish Living Wage – this is part of a Scottish Government policy to improve people's lives and help create a fairer society. The rate was increased to £9.90 in November 2021 and is subject to annual review. This impacts on the costs for the Council and NHS Board as employers and on the cost of services which we commission from other providers.
- 3.24** Annual Adult Social Care Workforce Uplift – this policy was introduced by Scottish Government to replace the living wage in the sector. Rates of pay for eligible employees of commissioned providers will be increased beyond the living wage. The Government provided additional funding for an hourly rate of £10.02 across the sector from December 2021, in advance of a further increase to £10.50 per hour from 1<sup>st</sup> April 2022. This is a step towards the Fair Work commitments in the NCS and could support recruitment and retention of staff.
- 3.25** National Drugs Mission – In 2021 the Scottish Government announced a new national mission to reduce drug related deaths and harms. This will provide £50m of funding per year for five years to support a number of key approaches and priorities including the roll out of the Medication Assisted Treatment Standards.

## National Demand Pressures

**3.26** There are many studies which consider the factors driving expenditure on health and social care. Most of these conclude that demand will increase faster than the rate of growth of the wider economy and an increasing proportion of GDP will require to be spent on these services. The factors driving growth can be classified into three areas:

- Prices: the general price inflation within health and social care services
- Demographic Change: the effect of population changes as well as the impact of people living longer
- Non-demographic Change: demand-led growth, generated by increased public expectation and advances in new technology or service developments, for example the introduction of new drugs.

**3.27** An increasing proportion of people of pensionable age leads to increased pressures on health and social care services and a smaller working age population. Both alter the demographic make-up of society, the tax base and the needs which public services must meet; people living longer lives with higher and more complex care needs. Policy interventions are required to maintain the affordability of the health care system over the longer-term, including more efficient service delivery and demand management through more self-care, prevention and health improvement.

## 4 Reserves

**4.1** As the North Ayrshire IJB has the same legal status as a local authority, i.e. a section 106 body under the Local Government (Scotland) Act 1973 Act, it is able to hold reserves which should be accounted for in the financial accounts and records of the IJB.

**4.2** The IJB has a Reserves Strategy which was approved in October 2019. The purpose of this Strategy is to:

- outline the legislative and regulatory framework underpinning the creation, use or assessment of the adequacy of reserves;
- identify the principles to be employed by the IJB in assessing the adequacy of the IJB's reserves;
- indicate how frequently the adequacy of the IJB's balances and reserves will be reviewed; and
- set out arrangements relating to the creation, amendment and use of reserves and balances.

**4.3** At 31<sup>st</sup> March 2021, the IJB held reserves as follows:

- Unallocated General Fund Balance = £4.151m
- Earmarked General Fund Balance = £0.681m
- Earmarked Scottish Government Funding = £6.732m
- Negative Reserve (debt to North Ayrshire Council) = £3.807m

**4.4** The IJB is in the unusual position of holding a negative reserve balance, which reflects an outstanding debt to North Ayrshire Council in respect of deficits incurred in earlier years. The outstanding balance will reduce by £1.486m on 31/03/22 which leaves a



balance moving into 2022/23 of £2.321m. There is an agreed repayment plan covering 22/23 and 23/24 to clear the outstanding debt.

- 4.5** At 31<sup>st</sup> January 2022 (Month 10), the IJB was projecting an underspend for the 2021-22 financial year of £1.780m. If this position was maintained to the year-end, this could increase the unallocated general fund balance to £5.931m, which is around 2.1% of the annual revenue budget. It was also anticipated that some elements of Scottish Government funding provided during 2021-22 would be underspent and this would result in additional earmarked balances being carried forward in 2022-23. In addition, the Scottish Government provided significant non-recurring funding in March 2022 for future Covid-related costs and this will be carried forward as an earmarked balance.
- 4.6** The Chief Finance Officer is responsible for advising on the targeted optimum levels of reserves the IJB would aim to hold (the prudential target). In determining the prudential target the Chief Finance Officer must take account of the strategic, operational and financial risks facing the IJB over the medium term and the IJB's overall approach to risk management.
- 4.7** Good practice suggests that a prudent level of unallocated general reserves would be in the range 2% to 4% of the revenue budget. In cash terms, this would be between £5.6million and £11.2 million. The projected unallocated balance at 31<sup>st</sup> March 2022 meets the minimum recommended level, however is towards the lower end of the range.

## **5 Scottish Government Funding**

- 5.1** The Scottish National Party manifesto for the Scottish Parliament Elections in May 2021 made several spending commitments over the lifetime of this parliamentary term (2021 to 2026) which are relevant to community health and social care services:
- Increase NHS frontline spending by 20%
  - Create a National Care Service backed by increasing investment in social care by 25%
  - A £250million National Drugs Mission (£50m per year starting 2021-22)
  - Increase direct investment in Mental Health services by 25% and ensure that 10% of the frontline NHS budget is spent on Mental Health services.
  - Increase Primary Care funding by at least 25%
- 5.2** It can be seen how these indicative funding commitments link to the highlighted legislative and policy changes. As funding settlements are for one year, the detailed announcements made in the Scottish Budget in December 2021 only cover financial year 2022-23.
- 5.3** The detailed funding commitments made in the Scottish Budget for 2022-23 covered the following areas which have been reflected in our financial planning:

### Via Health

- Health Boards must provide IJBs with an uplift of 2% onto the base budget from 2021-22 and a share of £70million nationally to cover Employers National Insurance increases (NA IJB share £2.626m)

- The full-year effect of funding for Multi-Disciplinary Teams and Health Care Support Workers which was announced as part of the 'Winter Pressures' funding in November 2021 (£1.457m)

#### Via Local Authorities

- Carers Act – additional funding of £20.4m (NA IJB share £0.574m)
- Free Personal and Nursing Care – additional funding of £15m (£0.345m)
- Real Living Wage - £174.5m (£4.819m)
- Care at Home Capacity - £124m (£3.418m)
- Interim Care - £20m (£0.551m non-recurring)
- Social Care investment - £200m (£5.6m)
- National Trauma training - £1.6m (£0.050m)
- Adult social work capacity – £22m (£0.606m)
- Scottish Disability Assistance – £3.216m (£0.083m)
- Mental Health recovery and renewal - £3.71m (£0.091m)

- 5.4** In setting the budget for 2022-23, the Scottish Government confirmed that a spending review is being undertaken and will be launched around May 2022. This will give greater certainty over future funding streams and will assist greatly with future iterations of the medium-term financial plan.

## **6 Delivering our Local Priorities**

- 6.1** As noted at 1.7 above, this MTFO, covering the first three years (2022-2025) of the Strategic Plan period, assists with ensuring that resources are directed towards the priorities of the Strategic Plan, as well as with annual financial planning. This supports shifting the balance of care to a community setting and planning based on the entirety of resources available across the Health and Social Care system.
- 6.2** The statements below, against each of our 5 strategic priorities, describe how our services operate to deliver each priority. The Partnership's financial resources are aligned to this delivery model.

<b>Strategic Priority</b>	
Enable Communities	<p>We recognise the communities of North Ayrshire as a key partner of the Health and Social Care Partnership. We know that many of the solutions to improve the health and wellbeing of local people lie in our communities. Supporting them to improve local capacity, health literacy and resilience will help improve the overall health and wellbeing of communities. We effectively work with wider public sector partners and colleagues to support a multi-agency support to enabling our communities.</p> <p>We also recognise and value the knowledge local people have of their own area. Through our various engagement methods, including our Locality Partnership Forums, we will continue to provide a voice for local people in North Ayrshire.</p>



Develop and Support our Workforce	<p>We face a challenge in ensuring the health and care workforce has the capacity to meet both current and future health and care demands of the local population. Our financial resources are targeted across services to increase workforce capacity aligned to need and demand and also to alleviate pressure on existing teams. We proactively review skill mix of teams to afford progression opportunities and to ensure we can recruit and retain a sustainable workforce. We have focussed efforts on staff wellbeing through the Covid pandemic and this approach will be embedded as we move forward.</p> <p>All our people, including our health and social care professionals, frontline workers, third and independent sector colleagues, and support staff, ensure we can provide vital health and care services to people across North Ayrshire every day.</p>
Provide Early and Effective Support	<p>It is a key priority for the partnership to provide support to people as early as possible, this is reflected in our investment decisions in relation to increasing capacity in community teams and on resourcing services to minimise waits for access to services. Dealing with problems at an early stage can increase the chances of positive outcomes for people and prevent issues from becoming much more serious and difficult to address.</p> <p>Prevention and early intervention work takes place across all Partnership services. In our children, families and justice service we work with at risk families to help prevent them from reaching crisis point. In our mental health services, we seek to support people at the earliest stage to prevent any mental health concern from growing into a complex mental health condition. In our health and community care services, we support people to stay healthy and well while remaining active in their own communities, to help them stay independent for longer.</p>
Improve Mental and Physical Health and Wellbeing	<p>Improving mental health and wellbeing has been a priority for the Partnership since 2015 and the focus on supporting those with both complex mental health conditions and low-level mental wellbeing concerns continues to be a priority. We know that mental health concerns are increasing in the population, and this means a greater demand for mental health services and community supports. The Scottish Government's Mental Health Recovery and Renewal Plan backed by significant investment in specialist Mental Health services provides an opportunity to take forward investment in mental health services to address gaps which have been exacerbated by the pandemic but also at a local level have been evident for some time.</p>

	<p>We also recognise the benefits physical wellbeing has on an individual. Many of our statutory services and community supports are focussed on improving the physical wellbeing of local people, for example helping to support children and young people to maintain a healthy body weight or providing rehabilitation support to those who have been in hospital. We know, that by supporting and maintaining the physical health of local people, they can remain in good overall health for longer, supporting their independence and overall wellbeing.</p>
Tackle Inequalities	<p>North Ayrshire is an area with high levels of poverty and people living in relative deprivation. As a result, many people experience poorer life chances and health outcomes than others. Experiencing inequality can be the result of several factors: for example, people can face additional challenges on account of their age, if they have a physical or learning disability, a long-term medical condition (including addiction), if they are care experienced, or have experience of the justice system.</p> <p>We believe by helping to reduce the impact of inequalities locally, we can improve the long-term economic, social and health outcomes for the people of North Ayrshire. However, we realise that addressing local inequalities is not something we can do alone and we continue to work closely with our partners and local people to help tackle inequalities together.</p>

## 7 Budget Pressures

7.1 As noted at 3.26 above, pressures fall largely into three categories: price inflation, demographic change and non-demographic change.

7.2 The budget pressures below have been identified by the Partnership and are reflected in the financial modelling which follows:

### Price Inflation

7.3 Pay – it has been assumed that pay will increase by 3% per annum in both Council and NHS staff groups. Provision has also been made in 2022-23 for the 1.25% increase in Employers' National Insurance contributions which has been introduced by the UK Government and for increased superannuation contributions linked to pensions auto-enrolment.

7.4 National Care Home Contract (NCHC) inflation – each year discussion takes place between COSLA and Scottish Care to negotiate new NCHC rates for residential and nursing care. A prudent provision has been made for an increase of 5% per annum, on the basis of the significant impact of the pandemic on the care home sector.

- 7.5 Other Contract inflation – provision of 2.5% per annum has been made for other services which are commissioned from external providers, and which do not fall under the NCHC.

### **Demographic Changes**

- 7.6 Physical Disabilities – increased demand of 4.4% per annum has been anticipated based on the average increase in community packages since 2018/19.
- 7.7 Mental Health – increased demand of 4% per annum has been built into the financial plan based on annual increases in residents being prescribed medication for mental health concerns and rates of depression.
- 7.8 Learning Disabilities - there is a pressure in relation to service users living longer with an increased acuity of need, particularly those with older carers where the Partnership is required to provide additional support for a longer period. The pressure is solely based on the service information available on the expected increase in the number of clients requiring support due to sustainability of the current care arrangements in place.
- 7.9 Children and Young people – provision has been made for increased demand for foster care and kinship care.
- 7.10 Older People – provision has been made in 2023/24 and 2024/25 for increased demand for Care at Home services linked to the expected increase in the over 65 population. No additional budget pressure has been included in 2022/23 as additional Scottish Government funding to increase Care at Home capacity has been made available. This funding has been aligned to fully meet the current unmet need for Care at Home services but is not sufficient to meet the future demographic challenges.

### **Non-demographic Changes**

- 7.11 Mental Health and Learning Disabilities transitions of care – provision has been made for known service users who are expected to move from Children's services into adult health services. Complex care arrangements are required to support a number of individuals, it is anticipated that through the investment in supported accommodation models of care in the community that there will be a longer-term reduction in the ongoing need to invest in individual care packages. This ambition is aligned to the review of complex care arrangements and the Community Living Change Fund.
- 7.12 Service changes – provision has been made for specific changes to service delivery, including increased costs associated with the new Supported Accommodation developments in Kilwinning, Largs and Stevenston, the new respite provision at Red Rose House and Roslyn House and staff rebanding exercises within Health.
- 7.13 These budget pressures have been quantified as shown in the table below:

	2022/23 (£m)	2023/24 (£m)	2024/25 (£m)
<b>Price inflation:</b>			
• Pay	5.176	5.175	5.272
• NCHC inflation	0.901	0.930	0.960
• Other contract inflation	0.380	0.389	0.398

<b>Demographic Changes:</b>			
• Physical Disabilities	0.145	0.151	0.158
• Mental Health	0.079	0.082	0.085
• Learning Disabilities	0.264	0.264	0.264
• Children and Young People	0.145	0.148	0.152
• Older People	-	0.407	0.352
<b>Non-demographic Changes:</b>			
• Mental Health transitions	0.254	0.249	0.201
• LD transitions	0.546	0.534	0.491
• Other service changes	0.661	0.300	0.300
<b>TOTAL COST PRESSURES</b>	<b>8.551</b>	<b>8.629</b>	<b>8.633</b>

- 7.14** It should be noted that there is no significant year on year change to the level of financial pressures over the next three years and that the assumptions are also in line with the actual cost increases over recent years.

## **8 Risk Assessment and Sensitivity Analysis**

- 8.1** The IJB must be aware of the risks to its financial modelling – it has an approved Risk Strategy and Risk Appetite Statement which support ‘risk aware’ decision-making.
- 8.2** The key risks to this Medium-term Financial Outlook include the following:
- The impact of national and local factors is over or understated
  - Public expectation around levels of service delivery
  - The impact of decisions made by NHS Ayrshire and Arran and North Ayrshire Council on the IJB
  - Demand and cost pressures are over or underestimated
  - The ongoing impact of Covid-19
  - Failure to identify the impact of a national policy change
  - Failure to accurately estimate sources of income, including grant funding or charges to service users.
- 8.3** The next section of the MTFO looks at three different scenarios with different levels of funding and estimates and what the budget position of the IJB could be over the next three financial years under each of these scenarios.
- 8.4** Sensitivity analysis has also been used to test the assumptions made by the MTFO and understand what the implications would be if the assumptions change.

## 9 Scenarios

- 9.1** Based on the budget pressures which are detailed in Section 6 above, three scenarios have been developed which align to the Scottish Government Medium-term Financial Strategy – best-case, medium-case and worst-case. In 2022/23, the actual funding levels have been applied across each of the three, with the possible scenarios applied for 2023/24 and 2024/25.
- 9.2** Best-Case Scenario – this assumes a 5% increase in funding per annum for Social Care, in line with the Scottish Government commitment to a 25% increase over the lifetime of the current Parliament. A 4% increase per annum has been assumed for Health funding, which is also in line with the Government commitment to a 20% increase in frontline health spending over the lifetime of the current Parliament.
- 9.3** Medium-Case Scenario – this assumes funding increases in line with the average of the two previous years. For social care, this equates to 2.5% for 2022-23 and 3.7% for 2023-24 and for health, this would equate to 2% for 2022-23 and 3.8% for 2023-24.
- 9.4** Worst-Case Scenario – this assumes a flat cash settlement for both Social Care and Health across both years.
- 9.5** Against each of the three scenarios, sensitivity analysis has been used to demonstrate what the impact would be in 2023/24 and 2024/25 if the funding was to increase or decrease by 5% or 10%.

## 2022-2023

9.6

	2022-23			
	Social Care (NAC) £m	Health - Lead (NHS A&A) £m	Health - Non Lead (NHS A&A) £m	Total £m
<b>FUNDING</b>				
Best Case Scenario	(5.242)	(1.317)	(1.309)	(7.868)
Medium Case Scenario	(5.242)	(1.317)	(1.309)	(7.868)
Worst Case Scenario	(5.242)	(1.317)	(1.309)	(7.868)
<b>ESTIMATED PRESSURES</b>				
Best Case Scenario	4.946	1.719	1.885	8.551
Medium Case Scenario	4.946	1.719	1.885	8.551
Worst Case Scenario	4.946	1.719	1.885	8.551
<b>POTENTIAL BUDGET GAP</b>				
: Based on Best Case Scenario	(0.296)	0.402	0.576	0.682
: Based on Medium Case Scenario	(0.296)	0.402	0.576	0.682
: Based on Worst Case Scenario	(0.296)	0.402	0.576	0.682
<b>EXISTING SAVINGS</b>	(0.060)	(0.321)	0.000	(0.381)
<b>POTENTIAL BUDGET GAP (AFTER EXISTING SAVINGS)</b>				
: Based on Best Case Scenario	(0.356)	0.081	0.576	0.302
: Based on Medium Case Scenario	(0.356)	0.081	0.576	0.302
: Based on Worst Case Scenario	(0.356)	0.081	0.576	0.302
<b>NEW SAVINGS</b>	0.000	(0.081)	(0.220)	(0.301)
<b>POTENTIAL BUDGET GAP (AFTER NEW SAVINGS)</b>				
: Based on Best Case Scenario	(0.356)	(0.000)	0.356	0.000
: Based on Medium Case Scenario	(0.356)	(0.000)	0.356	0.000
: Based on Worst Case Scenario	(0.356)	(0.000)	0.356	0.000

9.7

For 2022-23, the three scenarios are the same as they are based on the confirmed funding settlements for the year and the identified budget pressures. This aligns with the budget which was approved by the IJB on 17<sup>th</sup> March 2022.

9.8

	2023-24			
	Social Care (NAC) £m	Health Lead (NHS A&A) £m	Health - Non Lead (NHS A&A) £m	Total £m
<b>FUNDING</b>				
Best Case Scenario	(5.256)	(2.111)	(2.097)	(9.465)
Medium Case Scenario	(2.658)	(1.069)	(1.062)	(4.788)
Worst Case Scenario	0.000	0.000	0.000	0.000
<b>ESTIMATED PRESSURES</b>				
Best Case Scenario	4.758	1.771	2.100	8.629
Medium Case Scenario	4.758	1.771	2.100	8.629
Worst Case Scenario	4.758	1.771	2.100	8.629
<b>POTENTIAL BUDGET GAP</b>				
: Based on Best Case Scenario	(0.498)	(0.340)	0.002	(0.836)
: Based on Medium Case Scenario	2.100	0.702	1.038	3.841
: Based on Worst Case Scenario	4.758	1.771	2.100	8.629
<b>EXISTING SAVINGS</b>	0.000	0.000	0.000	0.000
<b>POTENTIAL BUDGET GAP (AFTER EXISTING SAVINGS)</b>				
: Based on Best Case Scenario	(0.498)	(0.340)	0.002	(0.836)
: Based on Medium Case Scenario	2.100	0.702	1.038	3.841
: Based on Worst Case Scenario	4.758	1.771	2.100	8.629
<b>NEW SAVINGS</b>	0.000	(0.030)	0.000	(0.030)
<b>POTENTIAL BUDGET GAP (AFTER NEW SAVINGS)</b>				
: Based on Best Case Scenario	(0.498)	(0.370)	0.002	(0.866)
: Based on Medium Case Scenario	2.100	0.672	1.038	3.811
: Based on Worst Case Scenario	4.758	1.741	2.100	8.599

9.9

For 2023-24, the forecast budget gap ranges from a surplus of £0.866m in the best-case scenario, which would allow for additional investment in services, to a shortfall of £3.811m in the medium-case and a shortfall of £8.599m in the worst-case.

**9.10** The most likely position is considered to be somewhere between best and medium case which would suggest there could be a shortfall in the region of 0.5% to 1% of the Partnership budget to address for 2023-24.

**9.11** The sensitivity analysis below shows the impact on each scenario if funding was to increase or decrease by 5% or 10%.

	2023-24
FUNDING SCENARIO	£ Impact
<b>1) BEST CASE</b>	
Base data:	
<i>Scenario a: 5% more</i>	<i>(0.473)</i>
<i>Scenario b: 5% less</i>	<i>0.473</i>
<i>Scenario c: 10% more</i>	<i>(0.946)</i>
<i>Scenario d: 10% less</i>	<i>0.946</i>
<b>2) MEDIUM CASE</b>	
Base data:	
<i>Scenario a: 5% more</i>	<i>(0.239)</i>
<i>Scenario b: 5% less</i>	<i>0.239</i>
<i>Scenario c: 10% more</i>	<i>(0.479)</i>
<i>Scenario d: 10% less</i>	<i>0.479</i>
<b>3) WORST CASE</b>	
Base data:	
<i>Scenario a: 5% more</i>	<i>0.000</i>
<i>Scenario b: 5% less</i>	<i>0.000</i>
<i>Scenario c: 10% more</i>	<i>0.000</i>
<i>Scenario d: 10% less</i>	<i>0.000</i>



9.13

	2024-25			
	Social Care (NAC) £m	Health Lead (NHS A&A) £m	Health Non Lead (NHS A&A) £m	Total £m
<b>FUNDING</b>				
Best Case Scenario	(5.519)	(2.196)	(2.181)	(9.896)
Medium Case Scenario	(3.987)	(2.080)	(2.066)	(8.133)
Worst Case Scenario	0.000	0.000	0.000	0.000
<b>ESTIMATED PRESSURES</b>				
Best Case Scenario	4.660	1.824	2.149	8.633
Medium Case Scenario	4.660	1.824	2.149	8.633
Worst Case Scenario	4.660	1.824	2.149	8.633
<b>POTENTIAL BUDGET GAP</b>				
: Based on Best Case Scenario	(0.859)	(0.371)	(0.032)	(1.263)
: Based on Medium Case Scenario	0.673	(0.256)	0.083	0.499
: Based on Worst Case Scenario	4.660	1.824	2.149	8.633
<b>EXISTING SAVINGS</b>	0.000	0.000	0.000	0.000
<b>POTENTIAL BUDGET GAP (AFTER EXISTING SAVINGS)</b>				
: Based on Best Case Scenario	(0.859)	(0.371)	(0.032)	(1.263)
: Based on Medium Case Scenario	0.673	(0.256)	0.083	0.499
: Based on Worst Case Scenario	4.660	1.824	2.149	8.633
<b>NEW SAVINGS</b>	0.000	(0.031)	0.000	(0.031)
<b>POTENTIAL BUDGET GAP (AFTER NEW SAVINGS)</b>				
: Based on Best Case Scenario	(0.859)	(0.403)	(0.032)	(1.294)
: Based on Medium Case Scenario	0.673	(0.287)	0.083	0.468
: Based on Worst Case Scenario	4.660	1.793	2.149	8.602

**9.14** For 2024-25, the forecast budget gap ranges from a surplus of £1.294m in the best-case scenario, to a shortfall of £0.468m in the medium-case and a shortfall of £8.602m in the worst-case.

**9.15** The most likely position is considered to be somewhere between best and medium case which would suggest there may not be any significant shortfall to fund in 2024-25.

**9.16** The sensitivity analysis below shows the impact on each scenario if funding was to increase or decrease by 5% or 10%.

**9.17**

	2024-25
FUNDING SCENARIO	£ Impact
<b>1) BEST CASE</b>	
Base data:	
Scenario a: 5% more	(0.495)
Scenario b: 5% less	0.495
Scenario c: 10% more	(0.990)
Scenario d: 10% less	0.990
<b>2) MEDIUM CASE</b>	
Base data:	
Scenario a: 5% more	(0.407)
Scenario b: 5% less	0.407
Scenario c: 10% more	(0.813)
Scenario d: 10% less	0.813
<b>3) WORST CASE</b>	
Base data:	
Scenario a: 5% more	0.000
Scenario b: 5% less	0.000
Scenario c: 10% more	0.000
Scenario d: 10% less	0.000

## 10 Balancing the Budget

**10.1** There are a number of options open to the IJB to balance any budget gap for 2023-24 and 2024-25. These include:

- Revisiting the budget pressures which have been identified
- Reviewing staff turnover savings targets
- Utilising an element of any additional Scottish Government funding against core service pressures
- Identification of further savings
- Service transformation via the Transformation Plan
- Efficiency savings
- Use of reserves on a non-recurring basis.

## 11 Conclusions

- 11.1** The IJB faces a number of challenges in the coming years which will place increasing pressure on its budgets. These are outlined in this document.
- 11.2** Our Strategic Needs Assessment details a range of demographic and health factors which will see growing demand for services:
- Decreasing and ageing population
  - High deprivation
  - Long-term health conditions which increase in older people
  - Unplanned and emergency admissions to hospital which increase in older people
  - Increasing mental health concerns
  - Higher than average numbers of Looked After and Accommodated Children
- 11.3** The IJB faces workforce challenges with an ageing workforce and already there are difficulties in recruiting to certain job roles. There is a reducing working age population and a national shortage of appropriately trained staff for particular professions.
- 11.4** The economy continues to face challenges with funding pressures for the public sector, high inflation and the complexities caused by Brexit and the Covid pandemic.
- 11.5** This will impact on the funding available for Health and Social Care, and a range of possible scenarios from the Scottish Government Medium Term Financial Strategy are outlined in section 3.
- 11.6** The IJB requires to deliver on a range of national and local priorities and demonstrate that it has made progress in shifting the balance of care towards more community-based settings. In addition, the National Care Service will represent a huge change in how the IJB operates in the coming years.
- 11.7** Set against all of this, Health and Social Care is a clear priority for the Scottish Government, and this may result in additional financial support, although this will undoubtedly come with additional cost commitments to deliver new policies.
- 11.8** There remains a lack of clarity about the funding settlement beyond 2022-23 although the Scottish Government has committed to publishing multi-year spending plans by Summer 2022. This will assist with future revisions of this Medium-Term Financial Outlook.
- 11.9** Based on the scenarios within this MTFO, it is possible that the IJB will have funding gaps to address for 2023-24 and 2024-25. Some potential routes for addressing any such gaps are identified at section 10 above, and detailed proposals will be brought to the IJB for approval through the budget exercises for these years.

## **12 Reference Documents**

North Ayrshire Health and Social Care Partnership Strategic Plan 2022-2030 (March 2021)

Scottish Government Medium-term Financial Strategy (December 2021)

Scottish Government Health and Social Care Medium-term Financial Strategy (October 2018)

'Investing in Scotland's Future' – Scottish Government Resource Spending Review Framework (December 2021)

Scottish Public Sector Pay Policy 2022-23 (December 2021)

Scottish Budget 2022-23 (December 2021)

Scottish Government – Priorities of Government Statement (May 2021)

**Paul Doak**

**Head of Service (Finance and Transformation)**

**17th March 2022.**

**Integration Joint Board**  
**17<sup>th</sup> March 2022**

**Subject:** **Caring for Ayrshire**

**Purpose:** To highlight the Caring for Ayrshire priorities and the next steps identified by NHS Ayrshire and Arran to support implementation.

**Recommendation:** IJB to note the priorities identified for North Ayrshire which have been approved by the NHS Ayrshire and Arran Infrastructure Programme Board and receive an update when timelines for implementation have been agreed.

**Glossary of Terms**

CfA	Caring for Ayrshire
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
IPB	Infrastructure Programme Board

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	This report highlights the outcome of the review of the Caring for Ayrshire (CfA) service model across North Ayrshire HSCP and recommendations for the prioritised focus of future developments to meet the Caring for Ayrshire ambitions and is provided in a full report at <b>Appendix 1</b> .
1.2	The North Ayrshire Health and Social Care Partnership has explored how it will commission the Caring for Ayrshire (CfA) programme. This 10-year programme is delivered in partnership with NHS Ayrshire & Arran (NHSAA) and the two other Ayrshire HSCPs. This will re-design how we provide local health and care services in the future. The programme recognises that there are many demands on health and care services both locally and nationally. Our whole system requires to do things differently, particularly when continuing to respond to the covid pandemic.
1.3	This paper has therefore, been developed using a new needs assessment, which show the impact of deprivation and other inequalities on the 10-year plan for community-based health & social care services.
1.4	It should be recognised that at this time, HSCP legislation does not delegate Property and Estates functions, with these remaining directly managed by both NHSAA and North Ayrshire Council (NAC). However, the HSCP does have a commissioning responsibility for future service models, and this will drive the premises required in the future.
1.5	The NHSAA Infrastructure Programme Board (IPB) approved the HSCP, and Acute Priorities submitted for their meeting on 14 <sup>th</sup> of December 2021 and the IPB are content with the proposed next steps highlighted at section 2.4 of this report.

2.	<b>BACKGROUND</b>
2.1	<p>Caring for Ayrshire is a 10-year programme in partnership with NHS Ayrshire and Arran and the three Ayrshire HSCPs to redesign how we provide local health and care services in the future. The programme understands the many demands on health and care services nationally and the need to do things differently, particularly as a continuing response to the covid pandemic.</p> <p>This strategic transformation programme will build on developing an integrated community health and care service model. This model will look at all aspects of health and care from birth, to end of life, with people being at the heart of the proposals ensuring our future services consider the changing population demographics (e.g., ageing population and increasing inequalities, particularly as a result of poverty). Going forward the programme will develop clear health and care pathways for the people of Ayrshire and Arran. Greater emphasis and resources will be focussed on providing care as close to home as possible, ensuring people can access appropriate health and care support in their own communities. This work will explore local Community Health and Social Care Centres providing more localised alternatives to acute hospital attendances and admissions. These could provide a wide range of services currently provided within acute hospital settings including:</p> <ul style="list-style-type: none"> <li>• Treatment for minor injuries and illnesses</li> <li>• Primary Care out of hours services</li> <li>• Rehabilitation after a stay in hospital (step-down beds)</li> <li>• Midwife-led maternity service</li> <li>• Day surgery and planned investigations</li> <li>• CT scanning</li> <li>• Endoscopy</li> <li>• Renal dialysis (day service)</li> <li>• Blood analysis.</li> <li>• Chemotherapy (day service)</li> <li>• An overnight stay in a bed if you can't be cared for at home but don't need to go into hospital (step-up beds)</li> </ul>
2.2	<p>Locally in North Ayrshire, Caring for Ayrshire (CfA) includes:</p> <ul style="list-style-type: none"> <li>• Development of HSCP Multidisciplinary teams including effective rehabilitation and mental health supports,</li> <li>• Primary Care Implementation plan and interim solutions to support GP Practices where space is limited and work to explore local Community Health &amp; Social Care Centres providing more localised alternatives to acute hospital attendances and admissions.</li> <li>• On the 5th of November 2021 the CfA team also requested a position statement in relation to the priorities of the Lead Partnership for Mental Health Services, and these fifteen option appraisal requests, including HSCP mental health services, are included in the attached appendix report at Appendix 4.</li> </ul> <p>The model also details the joint partnership arrangements for Children, Family &amp; Justice services, which have been in place with North Ayrshire Council Education Services, to deliver early intervention approaches within early year centres and school clusters, as well as GP practices, over many years.</p> <p>At the current time the transfer of acute services has not yet been agreed and the impact on future unscheduled care services, currently based on the Ayrshire Central Hospital site, Arran War Memorial and St Margaret's on Cumbrae in North Ayrshire has to be determined.</p>

2.2	A short life group was created with partners across health, social care, primary care, the CfA team, data analysts, NHSAA and North Ayrshire Council Estates departments. This group created a prioritisation tool using information about deprivation, GP disease impact, building suitability and sustainability from Property Services information, new areas of work and its impact e.g., Primary care Improvement Fund, impact of transport and analysis of new housing builds.
2.3	However, due to the complexity of the information it was not possible to weight factors such as deprivation, building sustainability etc. as the short life working group found that some buildings in deprived areas e.g., Eglington Family Practice (a Deep End practice) is relatively new, but others in less deprived areas e.g., Beith Health Centre are an operational risk. The group therefore used the evidence base, local knowledge, feedback from GP Cluster Quality leads & GP Cluster Locality meetings and an intuitive approach to generate prioritisation recommendations to the HSCP Partnership Senior Management team and Integration Joint Board.
2.4	<p>The NHSAA Infrastructure Programme Board (IPB) approved the HSCP and Acute Priorities information that was submitted for their meeting on 14/12/21 and the IPB are content with the proposed next steps as detailed below: -</p> <ul style="list-style-type: none"> <li>• A pan Ayrshire prioritisation approach will now be required to determine the projects that are to be taken forward in the short, medium, and long term.</li> <li>• HSCPs and Acute will be asked to provide all necessary information to allow the IPB Advisory Group to undertake the NHS Ayrshire &amp; Arran Capital Investment Prioritisation process</li> <li>• The prioritisation process is anticipated to inform a sequence for delivery of projects under the Caring for Ayrshire Programme. However, the timing of delivery of projects will then have to be aligned, where possible, with wider community developments being undertaken by local authorities and projects will also be dependent upon the availability of capital provided by Scottish Government following successful approval by the Capital Investment Group.</li> <li>• The output from the IPB Advisory Group's work including recommendations will be presented in a paper to be submitted to the IPB for approval</li> </ul> <p>Timelines for the above will now be developed.</p>
<b>3.</b>	<b>PROPOSALS</b>
3.1	<p>IJB to approve the following order of priorities. Phase 1 identifies the immediate operational pressures:</p> <ol style="list-style-type: none"> <li>1. Oxenward – Kilwinning</li> <li>2. Beith Health Centre – Garnock Valley</li> <li>3. Frew Terrace – Irvine</li> <li>4. Skelmorlie Practice - North Coast</li> </ol> <p>Medium term (1-5 years) option appraisals Phase 2:</p> <ol style="list-style-type: none"> <li>5. Irvine and Kilwinning locality (Frew Terrace in Phase 1)</li> <li>6. Arran Integrated Island Services</li> <li>7. Three Towns, including West Kilbride Sub practice</li> </ol> <p>And, long-term infrastructure option appraisal solutions Phase 3:</p> <ol style="list-style-type: none"> <li>8. Garnock Valley (Beith in phase 1)</li> <li>9. North Coast and Cumbrae Locality (Skelmorlie Practice in Phase 1 and West Kilbride sub in Phase 2)</li> </ol>

	These recommendations ask for an option appraisal of each locality to assess the placement of GP practices and a new Community Health and Social Care Centre. It should be noted that this the prioritisation list will always be influenced by external factors e.g., new legislation, flood, fire etc. and as a result NHS Ayrshire & Arran will require to respond to resolve. Appendix 1 within the full report, highlights this priority order in more detail.
3.2	The model also details the joint partnership arrangements for Children, Family & Justice services, which have been in place with North Ayrshire Council Education Services, to deliver early intervention approaches within early year centres and school clusters, as well as GP practices, over many years.
3.3	On the 5th of November 2021 the CfA team also requested a position statement in relation to the priorities of the Lead Partnership for Mental Health Services, and these fifteen option appraisal requests, including HSCP mental health services, are included in the attached appendix report at Appendix 4.
3.4	<b><u>Anticipated Outcomes</u></b>
	The Caring for Ayrshire programme will deliver outcomes to both the National Health & Wellbeing outcomes, National Recovery outcomes and the National Mental Health Quality Indicators.
3.5	<b><u>Measuring Impact</u></b>
	With the creation of the Caring for Ayrshire programme; a new set of performance indicators, linked to revised outcomes will be identified.
<b>4.</b>	<b>IMPLICATIONS</b>

<b>Financial:</b>	The implementation of Caring for Ayrshire will provide the relevant financial information.
<b>Human Resources:</b>	The implementation of Caring for Ayrshire will provide the relevant workforce information.
<b>Legal:</b>	Legal advice has been sought to ensure the implementation of Caring for Ayrshire meets the required legislation.
<b>Equality:</b>	An Equality Impact Assessment will be developed.
<b>Children and Young People</b>	This will be considered as part of the new Equality Impact Assessment.
<b>Environmental &amp; Sustainability:</b>	This will be considered as part of the new Equality Impact Assessment.
<b>Key Priorities:</b>	As part of the planning process the key priorities and plans will be reviewed.
<b>Risk Implications:</b>	The implementation of Caring for Ayrshire will consider HSCP risks and challenges.
<b>Community Benefits:</b>	N/A

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



<b>5.</b>	<b>CONSULTATION</b>
5.1	<p>On Arran there was extensive community and staff engagement on the proposals for an integrated hub on the island. This took place in 2018-9. The detail is included in the Initial Agreement which was endorsed at the IJB in June 2020 and the Ayrshire and Arran Health Board in August 2020.</p> <p>The Mental Health Lead Partnership undertook the Ayrshire Mental Health Conversation during 2017 and 2018 and developed a key set of Priorities and Outcomes 2019-2027. On the mainland work progress was updated at the GP Quality Cluster leads on the 3rd of November 2021 by the HSCP stakeholder GP, to the Strategic Planning Group on the 28th of October and the 23rd of November 2021, to the CfA team on the 29th of November 2021, to the HCSP Partnership Senior Management Team on the 18th of November 2021, the GP Locality Meeting on the 1st of December 2021 and all of the GP locality cluster meetings. A draft set of papers also went to the Joint Property Board on the 4th of November 2021. The report will also go to the HSCP Integration Joint Board in February 2022.</p> <p>Some engagement opportunities were cancelled due to covid emergency footing e.g., practice managers, professional lead meetings - so engagement has not been as wide as we would have liked. There has been no opportunity to engage widely with CPP partners or communities. (Please note majority of non-essential meetings were cancelled by NHS Ayrshire &amp; Arran throughout August and September 2021 due to covid).</p> <p>The NHSAA Infrastructure Programme Board (IPB) approved the HSCP, and Acute Priorities submitted for their meeting on 14th of December 2021.</p>
<b>6.</b>	<b>CONCLUSION</b>
6.1	<p>The Caring for Ayrshire (CfA) programme is a significant 10-year programme delivered in partnership with NHS Ayrshire &amp; Arran (NHSAA) acute services and the two other Ayrshire HSCPs to improve the health &amp; well-being outcomes of the Ayrshire population as close to home as possible and in an integrated way across health and social care as a single 'whole system'.</p>

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# **Caring for Ayrshire - North Ayrshire HSCP Service and Premises Priorities**

The outcome of the review of the Caring for Ayrshire service model across North Ayrshire HSCP and recommendations for the prioritised focus of future developments to meet the Caring for Ayrshire ambitions.

**November 2021**



## Index



Section 1 - Executive Summary .....	5
Section 2 – Background and Purpose.....	8
Caring for Ayrshire .....	8
Section 3 - North Ayrshire Needs Assessment .....	10
Lead Partnership Mental Health – Needs assessment.....	10
Section 4 – North Ayrshire Caring for Ayrshire Model.....	11
North caring for Ayrshire Model.....	11
1. HSCP – Community Health & Social Care Centre (at Locality/GP Cluster level) operating 24/7 .....	12
2. Interface Services.....	14
3. General Practice Model .....	14
4. Lead Partnership - Mental Health Services .....	16
Mental Health Inpatient Services .....	16
Crisis Resolution Team .....	17
Learning Disability Assessment and Treatment Service .....	17
Psychology Services .....	18
Child and Adolescent Mental Health Service (CAMHS) .....	18
Alcohol and Drug Services .....	18
Community Mental Health Services .....	19
Section 5 - Recent & Future Developments .....	19
GP Practice Primary Care Improvement Fund - Impact .....	19



Phase1: Core GP Practice MDT Model.....	19
Mental Health Practitioners .....	19
Advanced Musculoskeletal (MSK) Physiotherapist .....	20
Community Link Workers .....	20
Clinical Pharmacists – Pharmacotherapy Service .....	20
Advanced Nurse Practitioners .....	21
CTAC Core GP Practice MDT Model .....	21
Phase 2: Proposed Primary Care Occupational Therapy Team.....	21
PCIF: Additional Building space .....	22
Health & Community Care – Locality Community Health & Social Care Centre Services .....	23
HSCP Multi-Disciplinary Locality Team Working – A Case for Change.....	23
How should we structure Multi-Disciplinary Locality Team working?.....	24
Social Care Services .....	24
Complex Packages of Care.....	25
Community Elderly Mental Health .....	25
Community Alarm Responder Team .....	25
Care Home Liaison support.....	25
Community Nursing .....	25
AHP Rehabilitation whole system review .....	26
Enhanced Intermediate Care .....	26
Welfare Advice and Health Partnerships 'Test and Learn Programme' .....	26
Children, Families & Justice Services .....	26
Previous Integrated Service Model reviews .....	27
Workforce Pressures .....	27
Digital Approaches .....	28
Agile and Distributed Working .....	28
Environmental Factors .....	28
Section 6 - System Interfaces .....	28



Unscheduled Care – Ayrshire Unscheduled Care Service .....28

Health and Wellbeing Services.....29

New Housing Developments .....29

Care Homes .....29

Supported Accommodation Models.....30

North Ayrshire Community Planning Partnership - LOIP and Regeneration Plans .....30

Section 7 - Engagement.....31

Appendices .....32

    Appendix 1: Caring for Ayrshire: North Ayrshire Partnership – Prioritisation .....32

    Appendix 2: Locality Site Information Supporting Prioritisation .....41

    Appendix 3: Community Health and Social Care Priorities with initial costings .....57

    Appendix 4: Lead Partnership Mental Health Priorities .....62

    Appendix 5: SLWG Membership .....67

    Appendix 6: Prioritisation Tool .....68

    Appendix 7: CfA Methodology .....69

    Appendix 8: 7-year new build housing impact.....71

    Appendix 9: Medication Assisted Treatment Standards .....73



## Section 1: Executive Summary

The North Ayrshire Health and Social Care Partnership has explored how it will commission the Caring for Ayrshire (CfA) programme. This 10-year programme is delivered in partnership with NHS Ayrshire & Arran (NHSAA) and the two other Ayrshire HSCPs. This will re-design how we provide local health and care services in the future. The programme recognises that there are many demands on health and care services both locally and nationally. Our whole system requires to do things differently, particularly when continuing to respond to the covid pandemic.

This paper has therefore, been developed using a new needs assessment, which show the impact of deprivation and other inequalities on the 10-year plan for community-based health & social care services. It should be recognised that at this time, HSCP legislation does not delegate Property and Estates functions, with these remaining directly managed by both NHSAA and North Ayrshire Council (NAC). However, the HSCP does have a commissioning responsibility for future service models, and this will drive the premises required in the future.

It should also be noted that this plan will be iterative and may adapt because of unforeseen future events or strategic policy changes.

The North Ayrshire HSCP CfA model is described at **Section 4** of this report. This model includes nineteen GP Practices, plus two branch surgeries and one GP Practice using a community centre for delivery of clinical sessions, twenty-five dental practices, twenty-two optometry practices and thirty-eight community pharmacies and rehabilitation wards (Ward 1, Redburn & the Douglas Grant Centre) in Ayrshire Central Hospital and the two community hospitals on the isles of Arran and Cumbrae. Patients in the North Coast locality also attend Greater Glasgow & Clyde services at Inverclyde Royal Hospital and the Royal Alexandra Hospital in Paisley. The outstanding work is in relation to which acute services would migrate to delivery from local community health and social care centres and the future impact on out of hours i.e., minor injuries and unscheduled care services currently delivered from Ayrshire Central Hospital, and on the isles of Arran and Cumbrae. The model also includes Lead Partnership for Mental Health Services, HSCP Mental health Services and the arrangements for Children, Family & Justice services.

North HSCP has provided a high-level summary of immediate operational pressures with Phase 1:

1. Oxenward – Kilwinning
2. Beith Health Centre – Garnock Valley
3. Frew Terrace – Irvine
4. Skelmorlie Practice - North Coast



### Medium term (1-5 years) option appraisals Phase 2:

5. Irvine and Kilwinning locality (Frew Terrace in Phase 1)
6. Arran Integrated Island Services
7. Three Towns, including West Kilbride Sub practice

### and long-term infrastructure option appraisal solutions Phase 3:

8. Garnock Valley (Beith in phase 1)
9. North Coast and Cumbrae Locality (Skelmorlie Practice in Phase 1 and West Kilbride sub in Phase 2)

These recommendations ask for an option appraisal of each locality to assess the placement of GP practices and a new Community Health and Social Care Centre. It should be noted that this the prioritisation list will always be influenced by external factors e.g., new legislation, flood, fire etc. and as a result NHS Ayrshire & Arran will require to respond to resolve. [Appendix 1](#) highlights this priority order in more detail.

As a result of the new primary care investment programme all of the GP Practice sites in North that could have been altered/refurbished have been completed and there were just two possible opportunities for new space/extensions identified – this would need GP agreement - Bourtreehill Medical Practice (GP owned) and Ardrossan South Beach first floor (GP private leased).

The partnership has also worked with NAC and partner colleagues to assess if there were council assets or other known commercial assets that could be explored. This highlighted the following to form part of any future option appraisals and the full details of each locality are attached at [Appendix 2](#) and with initial costings at [Appendix 3](#):

- Re-development of Kilwinning Town Centre may offer opportunities around the Housing Office,
- Montrose House wing on Arran,
- Garnock valley - Taigh Mor respite unit and Beith Library
- Possible land asset at the side of Cumbrae Garrison building (community owned),

North HSCP has met with the Community Planning Partnership (CPP) Team and NAC is in the early stages of place-based locality planning to inform its community wealth building initiatives. North HSCP has experience of working effectively with CPP partners and Police Scotland's community team are now based in the Brooksby Resource Centre in Largs, alongside health and social care. The Caring for Ayrshire ambition has been shared with the CPP team, to inform their work. At this time the re-development of Kilwinning Town Centre may offer opportunities around the Housing Office.



The North HSCP recognised at its inception, the key priority of ensuring children and young people had the best start in life. This early intervention and prevention approach was put in place as a longer-term protector of adult health & wellbeing. This has meant that children and families services such as health visiting, school nursing and children and families social work are community focussed and already deliver from a range of community venues – early year centres, school campuses and GP Practices. Children and families social care and health teams are currently in the Lockhart School Campus at Stevenson, Kilwinning Academy, Greenwood Academy and will be in the developing Ardrossan campus. There is a gap in provision in the North Coast, Irvine, Arran and the Garnock Valley, however services continue to be delivered via GP practices and social care offices. It is proposed that children and family services, which cannot be accommodated in shared campuses with education services, will be placed in future community and social care centres. The CfA team received a detailed update on children and families' ambitions including MDT working, Locality teams, Locality wellness approaches and employability support on the 29th of November 2021.

On the 5<sup>th</sup> of November 2021 the NHSA&A Caring for Ayrshire Team also requested a position statement in relation to the priorities of the Lead Partnership for Mental Health Services, and these fifteen option appraisal requests, also including HSCP Mental Health Services are attached at [Appendix 4](#).





## Section 2 – Background and Purpose

In addition to the policy drivers identified in *Let's deliver care together*, found at [www.nahscp.org](http://www.nahscp.org), the following new strategic policy development will influence North Ayrshire Health & Social Care Strategic Commissioning Plan from 1<sup>st</sup> April 2022:

### Caring for Ayrshire

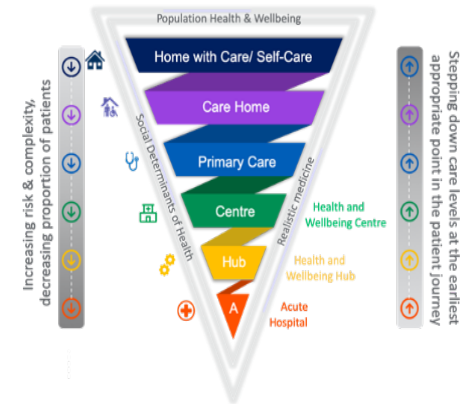
Caring for Ayrshire is a 10-year programme in partnership with NHS Ayrshire and Arran and the three Ayrshire HSCPs to redesign how we provide local health and care services in the future. The programme understands the many demands on health and care services nationally and the need to do things differently,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

This strategic transformation programme that will build on developing an integrated community health and care service model. This model will look at all aspects of health and care from birth, to end of life, with people being at the heart of the proposals ensuring our future services consider the changing population demographics (e.g., ageing population and increasing inequalities, particularly as a result of poverty). Going forward the programme will develop clear health and care pathways for the people of Ayrshire and Arran. Greater emphasis and resources will be focussed on providing care as close to home as possible, ensuring people can access appropriate health and care support in their own communities. This work will explore local Community Health and Social Care Centres providing more localised alternatives to acute hospital attendances and admissions. These could provide a wide range of services currently provided within acute hospital settings including:

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



*Delivering care together*





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

Locally in North Ayrshire, Caring for Ayrshire (CfA) includes:

- Development of HSCP Multidisciplinary teams including effective rehabilitation and mental health supports,
- Primary Care Implementation plan and interim solutions to support GP Practices where space is limited and
- Work to explore local Community Health & Social Care Centres providing more localised alternatives to acute hospital attendances and admissions.
- On the 5th of November 2021 the CfA team also requested a position statement in relation to the priorities of the Lead Partnership for Mental Health Services, and these fifteen option appraisal requests, including HSCP mental health Services, are attached at [Appendix 4](#).

At the current time the transfer of acute services has not yet been agreed and the impact on future unscheduled care services, currently based on the Ayrshire Central Hospital site for North Ayrshire has to be determined.

This paper has therefore been developed, to show a clear 10-year plan for community-based health & social care services and the premises required to support this approach moving forward. It should be recognised that at this time HSCP legislation does not delegate the property and estates functions and these remain managed by both NHS Ayrshire and Arran and North Ayrshire Council. However, the HSCP does have a commissioning responsibility for future service models, and these have driven the premises development requirements.

In doing so, the authors have set out a clear description of the local CfA model, the needs of each locality area, including the challenges and opportunities for change, as well as a full appraisal of the demographic projections, levels of deprivation and known disease prevalence.

All of this, along with a current assessment of the pressures on General Medical Services in North Ayrshire; an overview of the limitations and opportunities within the current estate; and a description of the proposed model of Multi-Disciplinary Team working locally is designed to offer the reader a high level of insight into the priorities for premises development on a locality-by-locality basis.

It is important to clarify for the reader, where the priorities are from the perspective of North Ayrshire Health and Social Care Partnership and this paper therefore proposes a ranked list of option appraisals to support future premises developments for approval by NHSAA governance structures and North Ayrshire HSCP Integration Joint Board.



### Section 3. North Ayrshire Needs Assessment

A new Community Health & Social Care needs assessment was undertaken including a full appraisal of the demographic projections, levels of deprivation, population levels and known disease prevalence at each practice. The document which can be found [here](#) is presented by order of deprivation impact:

- Three Towns
- Irvine
- Kilwinning
- Garnock Valley
- North Coast and
- Arran

This work highlights that the GP Practices supporting the most deprived communities are Eglinton Family Practice (also a national Deep End Practice), Townhead Medical Practice, Bourtnehill Health Centre and Dalry Health Centre. Sadly, the impact of deprivation continues to worsen across North Ayrshire and the levels of health and social inequalities continue to grow. The work also highlights an inward migration of a retirement aged population to Arran and the North Coast including Cumbrae.

#### Lead Partnership Mental Health – Needs assessment

On the 5<sup>th</sup> of November 2021 the NHSA&A Caring for Ayrshire Team also requested a position statement in relation to the priorities of the Lead Partnership for Mental Health Services and HSCP Mental Health Service developments. There was not time to create a new specific mental health needs assessment. However, when creating the HSCP Bridging Strategic Plan 2021/2022 a new 'whole system' needs assessment was developed: including alcohol & drugs, acute service demand, learning disabilities and mental health. This can be found [here](#)

This work builds on the following:

- The Ayrshire Mental Health Conversation: Priorities and Outcomes 2019-2027 which can be found [here](#).
- Learning Disability Strategic Plan 2017-19 which can be found [here](#)
- North Ayrshire Alcohol and Drug Partnership Strategy 2019-2024, which can be found [here](#)



## Section 4 – North Ayrshire Caring for Ayrshire Model

The work presented in this paper was supported by a multiagency short life working group and the full membership is attached at [Appendix 5](#) and the development of a prioritisation tool attached at [Appendix 6](#) with the supporting methodology at [Appendix 7](#) and possible impact of new house building at [Appendix 8](#).

### Current Provision

This model includes nineteen GP Practices, plus two branch surgeries and one GP Practice using a community centre for delivery of clinical sessions, twenty-five dental practices, twenty-two optometry practices and thirty-eight community pharmacies and rehabilitation wards (Ward 1, Redburn & the Douglas Grant Centre) in Ayrshire Central Hospital and the two community hospitals on the isles of Arran and Cumbrae. Patients in the North Coast locality also attend Greater Glasgow & Clyde services at Inverclyde Royal Hospital and the Royal Alexandra Hospital in Paisley. The outstanding work is in relation to which acute services would migrate to delivery from local community health and social care centres and the future impact on out of hours i.e., minor injuries and unscheduled care services currently delivered from Ayrshire Central Hospital, and on the isles of Arran and Cumbrae. The model also includes the prevention and early intervention approaches to support children and families across health visiting, school nursing and children's social care where integrated arrangement with NAC Education Services are not yet available.

### North caring for Ayrshire Model

The CfA model proposed has been identified delivery at four levels:

1. A Community Health & Social Care centre within each locality and to support integrated island services, including Children & Family Services,
2. Interface 'whole system' services which support both locality and GP Practice Service
3. GP Practice model
4. Lead Mental Health Partnership services including Mental Health inpatient services; Community Mental Health Services, Psychology, Child and Adolescent Mental Health services, Autism services, Eating Disorder services, Learning Disability Services, Elderly Mental Health Beds and Drug & Alcohol Services. The HSCP has also included its Mental health Service priorities covering community mental health, community addictions and Community learning disability future requirements.



## 1. HSCP – Community Health & Social Care Centre (at Locality/GP Cluster level) operating 24/7

- Covid Red zone,
- District Nursing and Health Care Assistants,
- Specialist Nursing,
- Primary Care Nursing and Health Care Assistants,
- Allied Health Professionals – Physiotherapy, Occupational Therapists, Dietetics, Podiatrists, Speech & Language Therapy
- Health & Therapy teams,
- Social Work – complex adults and older people
- Social Care – complex adults and older people
- Social Care Assistants – complex adults and older people
- Independent Living Team/Blue Badge team
- Responder service – Care at Home
- Care at Home dop-in space
- Physical Disabilities Team
- Sensory Impairment Team
- Carers Supports
- Universal Early Years – Health Visitors and Support staff (if school space unavailable\*)
- School Nurses (if school space unavailable\*)
- Children & Families Social Work teams (if school space unavailable\*)
- Immunisation Teams
- Immunisation Hall
- Locality team meeting space for Teams MDT discussions with locality/Cluster GP Practices
- Specialist Alcohol and Drug Services (Bookable clinic rooms and group space. MAT standards to be delivered here.),
- Specialist Mental Health Services, (Bookable clinic rooms and group space)
- Community Learning Disability Services, (Bookable clinic rooms and group space)
- CAMHs (Bookable clinic rooms)
- Eating Disorders (Bookable clinic rooms)
- Occupational Therapy Rehabilitation Kitchen and living space



- Rehabilitation gym
- Community Pharmacy Services
- Community Dental Services
- Enhanced Intermediate Care Team
- Control of infection and decontamination space
- Clinical Waste Storage
- Support staff e.g., reception, records and management

In addition, for island communities:

Arran Integrated Island Services operating 24/7:

- Emergency Department
- Inpatient beds for treatment of wide range of illness
- Midwifery unit supporting on island deliveries,
- Palliative end of life beds
- Out of Hours Responder Service

Cumbrae Integrated Island Services operating 24/7:

- Minor injuries unit
- Step up and Step-down beds
- Palliative end of life beds

**\*School space limited in Irvine, Garnock Valley, North Coast, Arran and Three Towns**

### **Partner and Visiting Services**

- Health Improvement and public health initiatives
- Midwife-led maternity service
- Asylum Seeker Support Team
- Homelessness support team
- Hearing impairment services and other commissioned third sector health & wellbeing services
- Acute Services re-provisioned services in the community





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

Community space with council and third sector partners e.g., Older People Day services, Community Café, Breastfeeding Room, Prayer Room, Library, Bookable Community Group space for health and wellbeing.

## 2. Interface Services

- Scottish Ambulance Service (SAS) transfer service to support the isles of Arran and Cumbrae,
- Rehabilitation wards (Ward 1, Redburn & the Douglas Grant Centre) at Ayrshire Central Hospital
- Elderly mental health beds as part of the Lead Partnership and the Community Elderly Mental Health team
- Support from Fullerton Community Hub for patients registered with the Eglington Family Practice, who deliver GP sessions from there.
- Provision of Community Pharmacy, Optometry, and Independent Dental services on site,
- Provision of council services with HSCP integrated elements e.g., Complex care housing support, resettlement, homelessness etc. (TBC)
- Provision of support for Care Homes,
- Provision of support for supported accommodation models at locality level.

## 3. General Practice Model

- General Practitioners
- Covid Red zone



- Community Treatment and Care Services (CTAC: Nurse / Health Care Support Worker)
- Practice Nurses
- Health Care Assistants
- Advanced Nurse Practitioners
- Community Link Workers
- Mental health Practitioners
- Clinical Pharmacists – Pharmacotherapy staff, (Clinical Pharmacist, Technician / Support Worker)
- MSK specialist Physiotherapists & MSK Advanced Practice Practitioner
- MSK specialist Physiotherapists
- Support staff e.g., reception, records and management
- Cluster and MDT Locality meeting space
- Specific space if a GP Training Practice
- Immunisation clinic space (over 85 and specific at-risk groups)
- Control of infection and decontamination space
- Clinical Waste Storage
- Breastfeeding Room,
- Prayer Room

#### **HSCP and Visiting Services (Bookable clinic rooms and group space)**

- Health Improvement
- Specialist Alcohol and Drug Services, (MAT standards to be delivered here)
- Specialist Mental Health Services,
- Community Learning Disability Services,
- Midwife led Maternity Services
- CAMHs
- Eating Disorders
- Allied Health Professionals – Physiotherapy, Occupational Therapists, Dietetics, Podiatrists, Speech & Language Therapy







Community space with council and third sector partners e.g., Older People Day services, Community Café, Breastfeeding Room, Prayer Room, Library, Bookable Community Group space for health and wellbeing.

### Interface

- Provision of Community Pharmacy, Optometry and Independent Dental services on site.

## 4. Lead Partnership - Mental Health Services

North Ayrshire Health and Social Care Partnership will continue to manage and deliver the following services on behalf of the East and South Partnerships. We will work to improve: Prevention and early intervention; Access to treatment and joined up accessible services; the physical wellbeing of people with mental health problems; Rights, information use, and planning.

**Mental Health Inpatient Services** across Ayrshire, including:

- Acute inpatient assessment for individuals experiencing functional and/or organic presentation
- Low Secure male inpatient services
- Intensive Psychiatric care provision
- Generic and forensic rehabilitation services
- Hospital Based Complex Continuing Care for individuals 65 and over on Ailsa site
- Inpatient addiction service, offering inpatient detoxification programme, residential and day attendance rehabilitation programme.

Also included within the inpatient portfolio of services are:

- Community Forensic Team
- Elderly, Psychiatric and Alcohol Liaison Services
- Mental Health Advanced Nurse Practitioners
- Acorn – service based at Ailsa offering structured activity, sheltered employment opportunity and supporting individuals who have/are experiencing mental disorder to develop a range of skills Inpatient services are split between Woodland View on



Ayrshire Central Hospital site in Irvine and on Ailsa Hospital site in Ayr, the majority of adult services being based at the new bespoke provision within Woodland View.

### **Crisis Resolution Team**

The Ayrshire Crisis Resolution Team offers a home-based alternative to in-patient care for adults (aged 16-65) experiencing acute and severe mental health crisis. The service offers short term support up to 21 days, in line with the national standards for crisis services.

### **Learning Disability Assessment and Treatment Service**

People with a learning disability have a significant, lifelong condition that affected their development, and which means they need help to; understand information, learn skills, and cope independently. The Learning Disability Assessment and Treatment Service is a 10-bed inpatient admissions unit based at Woodland View, Irvine. The unit provides access to specialist a range of specialist professionals and intensive multi-disciplinary services for all adults living in Ayrshire who have a learning disability. The unit accepts both planned and unplanned admissions:

- A planned admission to Woodland View provides short-term intensive assessment and treatment. Where a planned admission is deemed appropriate, a pre-admission meeting will take place with the individual and family members and a range of support staff including Community Learning Disability Team, designated Social Worker, and Third sector representatives.
- Emergency admissions to Woodland View are facilitated by members of the Community Learning Disability Team. Admissions are agreed with a Responsible Medical Officer and members of the Community Learning Disability Team will be in contact with Woodland View nursing staff to facilitate the admission process. The following is a list of criteria for why an individual would be admitted to Woodland View:
  - The person requires a period of complex nursing and therapeutic care which cannot be met elsewhere.
  - The person has severe emotional, behavioural or mental health difficulties which cannot be appropriately assessed or treated elsewhere. • The person requires a period of sustained specialist led support and rehabilitation.
- Where risk evaluation indicates that hospital admission is most likely to reduce short and medium-term risks which are significant and likely to pose a hazard to the patient and/or others.



### Psychology Services

Psychological Services are provided across Ayrshire and Arran and are embedded within various specialist teams. Specialities covered are:

- Child Psychology
- Adult Mental Health
- Older Adults, physical health and neuropsychology, and
- Learning disability services

The service deploys a range of staff within these specialist roles to undertake focused work, such as primary care mental health, community mental health and eating disorders.

### Child and Adolescent Mental Health Service (CAMHS)

The CAMHS service is available to young people aged 5 to 18 years old and offers short term treatments for those with mild to moderate mental health problems; to more complex treatments for children and young people experiencing more severe and complex problems. North Ayrshire shall deliver mental health services in line with the 10-year National Mental Health Strategy 2017-2027. This strategy aims to ensure that mental health problems are treated with the same commitment and passion as physical health problems. The lead partnership will also support the new national Foxgrove development supporting children from across Scotland.

The HSCP also identified local mental health services development areas:

### Alcohol and Drug Services

As a result of the continuing addition issues across North Ayrshire there is already a clear direction from Scottish Government about improving the access and delivery of alcohol and drug services through primary care-based delivery of same day services as detailed in the new treatment standards at [Appendix 9](#). This new model, although a positive one, may place additional pressure on the existing estate and infrastructure.



## Community Mental Health Services

In addition to phase 1 of the Primary Care Improvement funding for mental health practitioners; the Scottish Government has identified additional monies via its mental health directorate to fund additional primary care based mental health staff. The details of this are not yet confirmed, however this positive news, may place additional pressure on the existing estate and infrastructure.

## Section 5: Recent & Future Developments

### GP Practice Primary Care Improvement Fund - Impact

There are currently 19 General Medical Practices aligned to the North Ayrshire Health and Social Care Partnership. The Primary Care Management Team within East Ayrshire Health and Social Care Partnership have been developing a model of Multi-Disciplinary Team working that seeks to bolster the traditional core GP Practice Team with an enhanced range of key practitioners. This work highlights the significant GP Practice workload associated with supporting those experiencing low level mental health problems, long term conditions and musculoskeletal problems as well as that associated with Pharmacy related issues.

### Phase1: Core GP Practice MDT Model

#### Mental Health Practitioners

In 2020/1 North Ayrshire 18 out of 19 GP Practices have access to a MHP. The service is currently not offered in Skelmorlie Practice. There is currently a total of 8 Whole Time Equivalent (WTE) posts active across North Ayrshire and additional staff are going through induction. From October this will provide 13 WTEs the following additional sessions will be provided to:

- South Beach (0.5 WTE)
- Kilbirnie (0.5 WTE)
- Bourtreehill (0.5 WTE)
- Eglinton (0.3 WTE)
- Ayrshire Medical Group ((0.2 WTE)
- Saltcoats (0.5 WTE)
- Arran (0.4 WTE)
- Cumbrae (0.1 WTE)



There continues to be no resilience for absence and this gap is being explored, with additional 6 (WTE) staff proposed by 1<sup>st</sup> April 2022 providing a total of 19 (WTE) permanent posts.

### Advanced Musculoskeletal (MSK) Physiotherapist

In 2021 North Ayrshire 10 out of 19 GP Practices have access to Advanced MSK Physiotherapy support. This will be 14 when the current recruitment process concludes.

There are currently the following session gaps:	The following practices do not yet have a service:
<ul style="list-style-type: none"> <li>• Dalry x 1 session</li> <li>• Townhead x 2 sessions</li> <li>• Frew Terrace x 3 sessions</li> <li>• Oxenward x 1 session</li> </ul>	<ul style="list-style-type: none"> <li>• Stevenson x 3 sessions</li> <li>• Central Avenue x 2 sessions</li> <li>• Boutreehill x 4 sessions</li> <li>• Skelmorlie x 2 sessions</li> <li>• Cumbrae x 2 sessions</li> </ul>

The service is currently under pressure as there is no built-in absence resource and a lack of availability of senior MSK physiotherapists to recruit due to marketplace shortages, this gap is being explored, with additional 5.5WTE staff proposed by 1st April 2022.

Due to space pressures the service requires to have a hub model and could potentially be based in existing core MSK departments, if agreeable with core MSK. The staff will require 50% of time to be spent in practice to maintain communication links with GP practice.

### Community Link Workers

In 2021 North Ayrshire all of 19 Practices have access to a Community Link Workers. However, as GP practices remobilise there remains a lack of resilience as a result of no built-in absence resource, and we are proposing to add 2.5WTE permanent posts CLWs to provide North Ayrshire with 14.5WTE permanent for April 2022.

### Clinical Pharmacists – Pharmacotherapy Service.

In 2021 15.8 WTE clinical pharmacists with support from 7 technicians and 2.9 support staff deliver services across all of North Ayrshire GP Practices. Two additional technician posts to support care homes and community pharmacy are being explored for 1 April 2022 using Winter Pressure monies.



Due to current accommodation pressures the pharmacy service require to move to a hub model for non-face to face technical work, with a hub in each GP cluster. Resilience plan is for floating clinical pharmacists to use the hubs, until needed in practice with bookable touchdown space as per distributed working approach.

### Advanced Nurse Practitioners

Practices across North Ayrshire had the opportunity to train existing nursing staff to expand their skill sets using the ANP college approach.

### CTAC Core GP Practice MDT Model

The Community Treatment and Care Team continues to expand rising from 14.4 WTE to 21.8 WTE primary care nurses over 2021. The service will also be supported by 11.8 Health care Assistants.

Due to current accommodation pressures the service require to move to a hub model, in each GP cluster.

### Phase 2: Proposed Primary Care Occupational Therapy Team

There are currently Occupational Therapy tests of change running to 31 March 2022 in each of the Ayrshire Partnerships to support mental health presentations. The North test has been delivered in the Largs Practice. This model has been very effective in NHs Lanarkshire and is being promoted by Scottish Government.

In North the three areas of work that the Occupational Therapist has been delivering whilst working with the clinical Pharmacist, MSK Physiotherapist and Community Link Workers to agree multi-professional input to those with most complex needs is:

- Support for people with mental health issues to implement approaches that encourage the individuals to engage with third and specialist support providers. The occupational Therapist undertakes a full functional assessment and manages more complex cases for a longer period, if a community signposting referral from the community link worker is not sufficient,
- Support for individuals with long covid in terms of physical and mental health functionally via a full assessment and linking to others for multi-professional supports,
- Supporting those with complexity, who are of working age to access supports which support 'fit' note needs and return to work.

Initial feedback at local and national level is that this model closes the gap between community link worker and more specialist mental health practitioner services, offering both community based and clinical support. In Phase 1 we propose to create a new service with a Primary Care Occupational Therapist team lead supported by 6.5 Occupational Therapists supporting each GP Practice via a cluster model. This would provide 7.5 WTE permanent posts in total, on a recurrent basis.



## PCIF: Additional Building space

To support GP practice MDT developments, the following GP Practices were adapted between 2018-2020 by various means, extensions, reconfiguring existing space and back-scanning patients records to remove paper file rooms to create additional clinical space, to ensure face to face, clinical time however, some of these spaces are now also full and there are no other opportunities to expand:

- Bourtnehill Medical Practice - Full
- Frew Terrace - Full and HSCP services delivered via hub
- Dundonald Medical Practice - Full
- Beith Health Centre - Full
- Dalry Health Centre - Full and HSCP services delivered via hub
- Kilbirnie Health Centre - Flexibility
- Oxenward Surgery - Full
- Kilwinning Medical Practice – Limited Flexibility
- Saltcoats Health Centre - Full
- Saltcoats Group Practice – Flexibility
- Stevenston Health Centre – Full
- Ardrossan Health Centre - Full
- Arran Medical Group – Flexibility
- Arran War memorial Hospital and GP Practice review – Flexibility

There was no opportunity to expand space in West Kilbride branch Surgery (Ayrshire Medical Group), and HSCP service were relocated to a community centre to provide more space for new primary care posts.



## Health & Community Care – Locality Community Health & Social Care Centre Services

### HSCP Multi-Disciplinary Locality Team Working – A Case for Change

In late April 2017, at the request of the Kilwinning Locality Forum, a stakeholder event was convened to determine how HSCP Multi-Disciplinary Locality Team working should be developed to better assess, treat, care for and support local people. The learning from this event is applicable across North Ayrshire and offers the following basic principles to support Multi-Disciplinary Team development.

Specifically, the importance of Multi-Disciplinary Locality Team working is recognised in terms of:

- Adopting a person-centred approach when assessing, treating, caring for and supporting individuals, recognising the complex needs any given individual is likely to present with and that many practitioners are likely to be involved in effectively and holistically responding to their needs.
- Providing a means for practitioners to understand their respective skills, expertise, roles and abilities in responding to an individual's needs and ensuring the team as whole wrap themselves around the individual ensuring the most appropriate practitioner responds at the right time based on known needs.
- Recognising the importance of the General Practitioner as the 'Expert Generalist' offering medical support to the multi-disciplinary team and ensuring they focus on providing what on a General Practitioner can provide, thereby underpinning the General Medical Practice model of the future to help sustain General Medical Services locally.
- Enhancing information sharing across all professionals involved in an individual's care to remove duplication, while improving communication and co-ordination of practitioner input to effectively deal with the cause of the issue being encountered by the individual and, as a norm, getting the response right for that person first time; and
- Ensuring consistency of communication with local people, particularly in relation to the promotion of self-management and in building the trust and confidence necessary to allay any fears and anxiety about being supported by a wider range of practitioners.





### How should we structure Multi-Disciplinary Locality Team working?

The Partnership is committed to the development of multi-disciplinary locality health and social care teams around GP Practices, to support GPs by offering alternative supports which can divert patients from GP appointments. Arran have developed a locality team model including supports for unscheduled care responses, however staff cannot yet be fully collocated due to a lack of suitable accommodation.

It is proposed to develop a tiered model where there may be potential for co-location for some professionals. This work will continue, as it is recognised that new building facilities take time to develop.

- GP
- District Nurse
- Social Worker
- Pharmacist
- Care co-ordinator – Enhanced Intermediate Care Service
- Mental Health Worker
- Community link Worker
- Allied Health Professional e.g., Occupational Therapists

There are a further range of professionals who may be aligned to GP Practices including:

- Community Psychiatric Nurse
- Podiatry
- Care at home
- Responder service
- Third Sector Lead

On Arran the model of Complex Care model and MDT is well developed however, there is no overnight Care at Home or District Nursing at the moment and options are being explored.

### Social Care Services

Currently the majority social work and social care services supporting adults with complex needs, sensory impairment and older people are based within social work offices across North Ayrshire and there is an ambition to collocate these services with community health teams e.g.,



Brooksby Health and Resource Centre. Social care services also play a key role in supporting early hospital discharges and sustaining the vulnerable in their homes.

Arran delivers a generic social work and care services with integrated occupational therapy services and island based social care delivery.

### Complex Packages of Care

The health and Community Care team are experiencing a growth in the level of people requiring complex care, at home or in a homely setting. People with complex care often require 24/7 health and social care responses. This requires health and social care to deliver joint care and interventions.

### Community Elderly Mental Health

The service is currently testing a skill mix model and this extent the numbers of staff available to work across North Ayrshire, supporting people with a dementia diagnosis. At the current time two Band 5 nurses are supporting the existing three band 6 nurses and band 7 team lead. There is an effective interface with Mental Health Lead Partnership inpatient beds.

### Community Alarm Responder Team

The teams are currently based in supported accommodation, and it is proposed to move this team in to the locality multidisciplinary teams based within Health & wellbeing Centres to ensure effective handovers to colleagues. The service is delivered on a 24/7 basis and requires a base for the following:

- |                                    |                                  |                                      |
|------------------------------------|----------------------------------|--------------------------------------|
| • Three towns = 3 members of staff | North Coast = 3 members of staff | Beith/Kilbirnie = 2 members of staff |
| • Irvine = 8 members of staff      | Arran = Model being developed    |                                      |

### Care Home Liaison support

The models supporting care homes continue to expand with care home liaison staff being based locality. It is expected that new models will be developed in the coming years.

### Community Nursing

The community district nursing services is a seven day a week service, including out of hours provision. The teams are based in health centres and Ayrshire Central Hospital, which act as hubs for delivery to GP Practice office space, where this is available. This service is expected to grow in the coming years, based on workforce analysis tools.



### AHP Rehabilitation whole system review

A whole system review of Allied Health Professionals is being undertaken to ensure support for community-based rehabilitation and those affected by long Covid. The service is also expanding to ensure support for care homes and those in intermediate care placements to support rehabilitation nearer to home. It is clear that services such as domiciliary physiotherapists, occupational therapists, community dietetics and other AHP services will require additional workforce over the coming years.



### Enhanced Intermediate Care

North Ayrshire has an experienced and GP led enhanced intermediate care team which supports complex individuals both to remain at home for longer and to facilitate discharges from hospital. The model is also exploring enhanced support for care homes and a hospital at home model in the longer-term.

### Welfare Advice and Health Partnerships 'Test and Learn Programme'

Scot Gov / Improvement service funding Welfare Rights in GP surgeries with that Money Matters providing this service initially with nine GP surgeries in North Ayrshire supported by two Income Advisers (Grade 7) for 23 months temporary contracts. If successful, this model may grow placing more pressure on primary care.

### Children, Families & Justice Services

Currently Universal Early Years' service staff, including health visitors, support staff, school nurses and immunisation teams are predominantly based within health centres across North Ayrshire. The immunisation team is based within Ayrshire Central Hospital, although host clinics within health centres and the Kilwinning health visiting team is co-located with children and families' social work within Kilwinning Academy. Within the last year and in the year to come, the school nursing service is expected to expand, placing further pressures on health centre space. HSCP had 6 school nurses and have added 6, with 4 of these funded from the Scottish government allowance, giving a total of 6.8 WTE, so we still have another 2.8WTE to recruit

The North HSCP recognised at its inception, the key priority of ensuring children and young people had the best start in life. This early intervention and prevention approach was put in place as a longer-term protector of adult health & wellbeing. This has meant that children and families services such as health visiting, school nursing and children and families social work are community focussed and already deliver from a range of community venues – early year centres, school campuses and GP Practices. Children and families social care and health teams are currently in the Lockhart School Campus at Stevenson, Kilwinning Academy, Greenwood Academy and will be in the developing Ardrossan campus. There is a gap in provision in the North Coast, Irvine, Arran and the Garnock Valley, however services continue to be delivered via GP practices and social care offices. It is proposed that children and family services, which cannot be accommodated in shared campuses with



education services, will be placed in future community and social care centres. The CfA team received a detailed update on children and families' ambitions including MDT working, Locality teams, Locality wellness approaches and employability support on the 29<sup>th</sup> of November 2021.

### Previous Integrated Service Model reviews

Prior to 2021 a range of service reviews had been undertaken and these will now form part of the caring for Ayrshire report:

- Irvine explored a Health & Wellbeing hub in response to Frew Terrace, Townhead and two community clinic issues,
- Garnock Valley explored a Health & Wellbeing hub in response to Beith issues,
- Arran Integrated Island Services model and
- Cumbrae Integrated Island Service model.

The Lead Partnership for Mental Health Services has undertaken a considerable Transformation Programme including:

- Development of perinatal mental health services,
- Provision of forensic and low secure beds,
- Provision of community based mental health rehabilitation and supported accommodation,
- Redesign of CAMHs, as a result of new national specification,
- Integration of alcohol and drug services, community mental health and learning disability services,
- The whole system redesign of elderly mental health inpatient beds across the Ailsa and Woodland View hospital sites,
- Redesign of learning disability services including new inpatient assessment beds, supported accommodation and day opportunity models,
- Implementation of new Medication Assisted Treatment Standards to enhanced access to locality premises so that alcohol and drug services staff can meet with service users, families and carers in their own localities e.g., GP practises and new community health and social care centres. The MAT Standards (see below) require access to premises in each locality area across North Ayrshire. We also need rooms/space that full wraparound support services can be available e.g., mental health, Harm reduction, housing, welfare, advocacy.

### Workforce Pressures

There are currently workforce pressures across community health & social Care services, including the recruitment of General Practitioners. At the current time the Isle of Arran runs with a continuous HSCP vacancy rate of 10% and other HSCP mainland localities team vacancies run between 0%- 21.43%.



Primary Care highlighted the challenges of GP recruitment at Kilbirnie, Skelmorlie, Frew Terrace and Arran. There is also local market saturation in recruitment of Advanced Nurse Practitioners and Specialist MSK Physiotherapists. A hub model and professional skill mix are being explored for both services to ensure capacity is maximised to support our local communities.

## Digital Approaches

New digital approaches, including the digitising of patient records, use of digital and remote access and appointing approaches e.g., NHS Near me, have allowed GPs and staff to work in different ways, especially during the covid pandemic. These new approaches are expected to grow over time to increase efficiency, transparency and patient responsiveness.

## Agile and Distributed Working

As digital access and solutions grow the way in which staff work is changing. As a result, staff are working in more agile ways with flexible attendance at GP practices, hubs and people's homes to deliver care in a responsive way. As the covid pandemic continues new approaches will be tested and refined.

## Environmental Factors

New property developments should be fully cognisant of the green environment, including active travels plans with bike storage access, suitable showering facilities, links to walking routes and electric vehicle chargers. The sites should also be fully compliant to reduce or eliminate negative impacts on the environment, by using less water, energy or natural resources.

## Section 6: System Interfaces

### Unscheduled Care – Ayrshire Unscheduled Care Service

At the current time unscheduled out of hours care is delivered from locations at Ayrshire central Hospital, Arran War Memorial Hospital and University Hospital Crosshouse. The opportunities around the caring for Ayrshire programme and supporting development of Community Health & Social Care Centres may create opportunities for a new model to be considered to improve access for people who must travel significant distances to the existing sites.



There may be opportunities to explore:

- Minor injury units and,
- Community Health & Social Care Centres providing local out of hours responses.

On Arran the unscheduled care model now has a new Nurse Practitioner Role for Emergency Department at Arran War Memorial Hospital as part of our development of this service. However, the island has no overnight Care at Home or District Nursing at the moment and options are currently being explored.

### Health and Wellbeing Services

The Partnership commissions KA Leisure to deliver a range of wellbeing services to support both physical and mental health.

### New Housing Developments

North Ayrshire Council has a significant programme of both private and social housing developments. These will have an impact on Community health and Social Care Services and Primary Care services moving forward. From 2018/199 over a seven-year period to 2024/25 provision of 6,051 new homes could have been built. The plans currently are:

- Irvine/Kilwinning 2580
- Three Towns 1304
- North Coast 442
- Garnock Valley 1385
- Arran 340

Analysis of the total numbers expected by GP Practice is attached at [Appendix 8](#), however this is the first time this approach has been applied and additional clarity is required to ensure the approach is the correct one.

### Care Homes

In North Ayrshire GPs and Primary Care staff currently support a range of care homes. There are currently 15 Private, and 2 Voluntary sector care homes. The Partnership also provides support via the beds at Montrose House on Arran and the Anam Cara facility in the Garnock Valley.

In the event that further private developments are developed this will create a further pressure on GPs and Primary care Teams.



### Supported Accommodation Models

The Partnership working with NAC Housing teams are developing a range of supported accommodation for people with mental health, learning disability and physical disabilities. Community hubs are in place at Montgomery Court in Kilbirnie and Vennel Gardens in Irvine. There is the new Trindlemoss site may also offer a community hub opportunity and supports at Watt Court, Dalry and Flatt Road, Largs will be occupied by early 2022. There is then the St Michael's Wynd, Kilwinning and Caley Court in Stevenston developments due for completion in late 2022.

This model of supported accommodation in localities is expected to continue to grow in the coming years and will have impacts on both GP Practices and Primary care Teams.

### North Ayrshire Community Planning Partnership - LOIP and Regeneration Plans

At the current time, Locality development and regeneration plans are in development with North Ayrshire Council and CPP Partners. As a result, the outcomes of Caring for Ayrshire prioritisation exercise in December 2021, can be added to enable this agenda and its support of Community Wealth Building.

During the review it was highlighted by partners that the Kilwinning town centre re-development and empty housing office, alongside the Montrose House site on Arran, Taigh Mor and a floor in Beith Library, may provide a partner opportunity with North Ayrshire Council buildings being used as interim solution for HSCP MDT working, where existing GP space limited. Partners were keen to offer interim solutions to the partnership.

The model of positive relationships and shared solutions builds on the legacy arrangements developed during the covid pandemic, with CPP partners, the HSCP, community organisations and volunteers mobilising and working together to deliver community hubs.



## Section 7 Engagement

On Arran there was extensive community and staff engagement on the proposals for an integrated hub on the island. This took place in 2018-9. The detail is included in the Initial Agreement which was endorsed at the IJB in June 2020 and the Ayrshire and Arran Health Board in August 2020.

The Mental Health Lead Partnership undertook the Ayrshire Mental Health Conversation during 2017 and 2018 and developed a key set of Priorities and Outcomes 2019-2027

On the mainland work progress was updated at the GP Quality Cluster leads on the 3rd of November 2021 by the HSCP stakeholder GP, to the Strategic Planning Group on the 28th of October and the 23<sup>rd</sup> of November 2021, to the CfA team on the 29<sup>th</sup> of November 2021, to the HCSP Partnership Senior Management Team on the 18th of November 2021, the GP Locality Meeting on the 1<sup>st</sup> of December 2021 and all of the GP locality cluster meetings. A draft set of papers also went to the Joint Property Board on the 4<sup>th</sup> of November 2021. The report will also go to the HSCP Integration Joint Board in February 2022.

Some engagement opportunities were cancelled due to covid emergency footing e.g., practice managers, professional lead meetings - so engagement has not been as wide as we would have liked. There has been no opportunity to engage widely with CPP partners or communities. (Please note majority of non-essential meetings were cancelled by NHS Ayrshire & Arran throughout August and September 2021 due to covid.)





## Appendix 1



# Caring for Ayrshire

## North Ayrshire Partnership – Prioritisation



## Phase 1: Short Term (2 years)



### **Oxenward Surgery, Kilwinning**

Population: 4,359

Option Appraisal: Less than £5m



### **Beith Health Centre, Garnock Valley**

Population: 5,934

Option Appraisal: Less than £5m



### **Frew Terrace Surgery, Irvine**

Population: 11,369

Option Appraisal: Less than £5m



### **Skelmorlie Medical Centre, North Coast**

Population: 4,052

Option Appraisal: Less than £5m



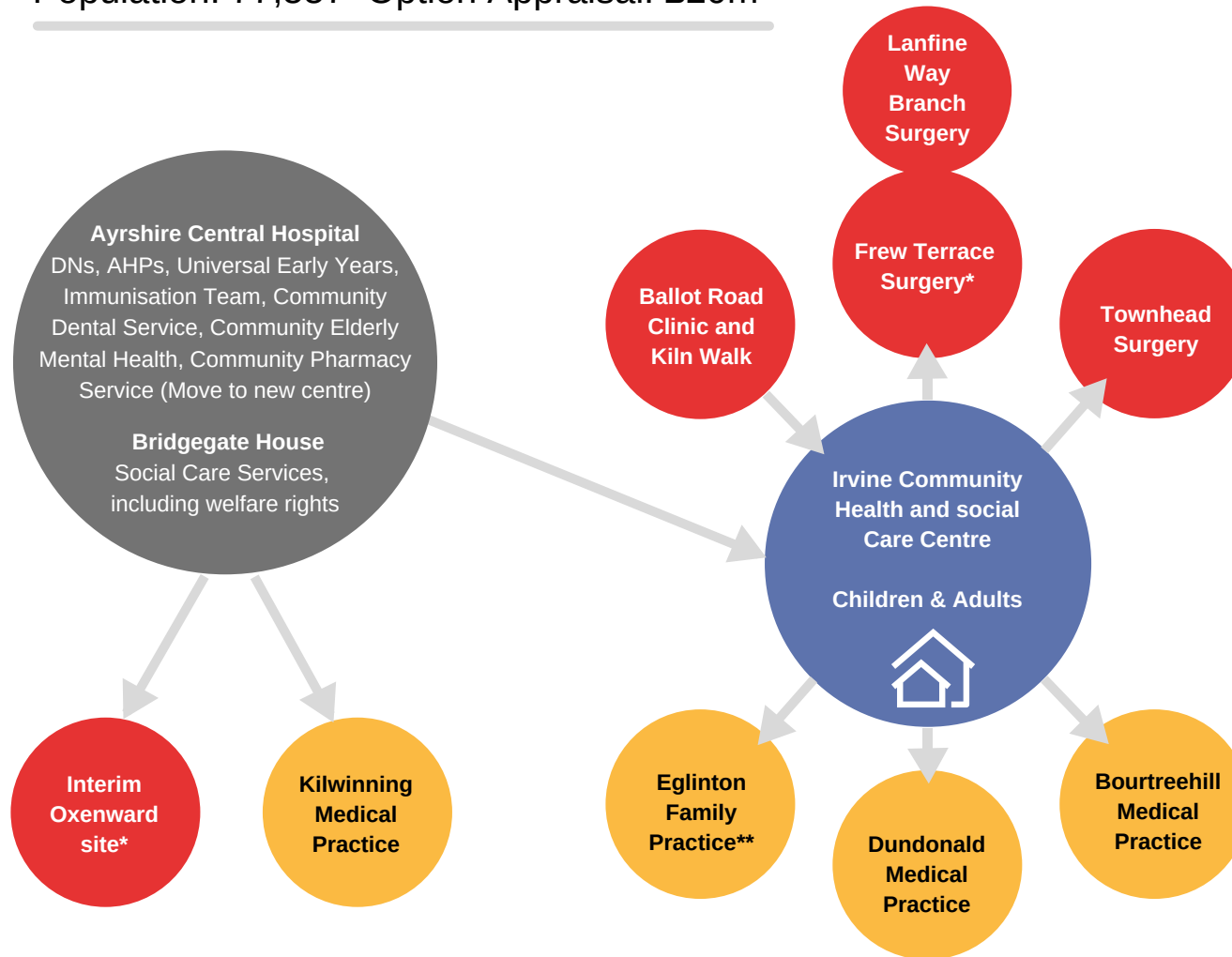
## Phase 2: Short Term (3 to 5 years)

- **Irvine and Kilwinning option appraisal:** However, interim solution for Frew Terrace in Phase 1
- **Arran Integrated Services**
- **Three Towns Option Appraisal**



# Phase 2: Irvine and Kilwinning Option Appraisal

Population: 77,557 Option Appraisal: £20m+



## Option Appraisal to review:

Location requirement for Community Health & Social Care Centre for all children and adult services.

Review all GP practices and clinics in the locality / cluster to assess if in correct location and look at provision requirements.

Review services at ACH and Bridgegate House which would be better placed in the new Irvine CHSC Centre and impact on Irvine and Kilwinning Locality.

### Key

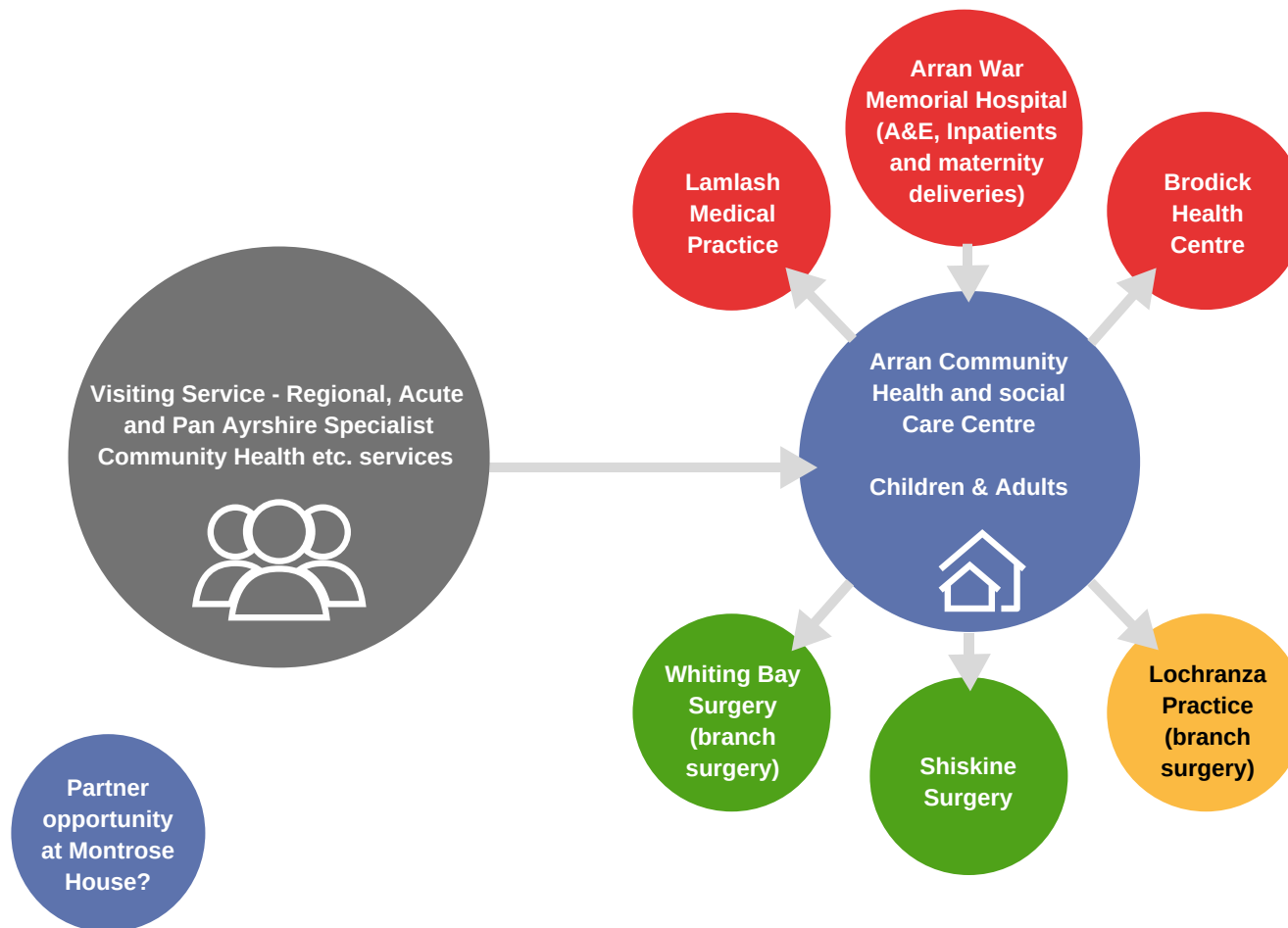
- Site unsustainable
- Site at risk due to lack of sustainability
- Site fit for the future
- Explore new options

\*Phase 1 - Interim site for Oxenward required as lease ends 2023. Partner opportunities with Kilwinning town centre redevelopment and housing office identified and to be explored. Frew Terrace also reviewed as part of Phase 1.

\*\*Also use Fullarton Community Hub for clinical sessions.

## Phase 2: Arran - Integrated Island Services - Outline Business Case commence 2022

Population: 5,060 Option Appraisal: £29m+



### Initial Agreement for Arran Integrated Services:

Location requirement for Community Health & Social Care Centre for all Children and Adult services.

Review all GP practices and clinics in the locality / cluster to assess if in correct location and look at provision requirements.

Review services at visiting which would be better placed in the new Arran CHSC Centre and impact on Arran locality.

#### Key

- Site unsustainable
- Site at risk due to lack of sustainability
- Site fit for the future
- Explore new options

# Phase 2: Three Towns Option Appraisal

Population: 40,934 Option Appraisal: £5m+

## Option Appraisal for the Three Towns:

Location requirement for Community Health & Social Care Centre for all children and adult services.

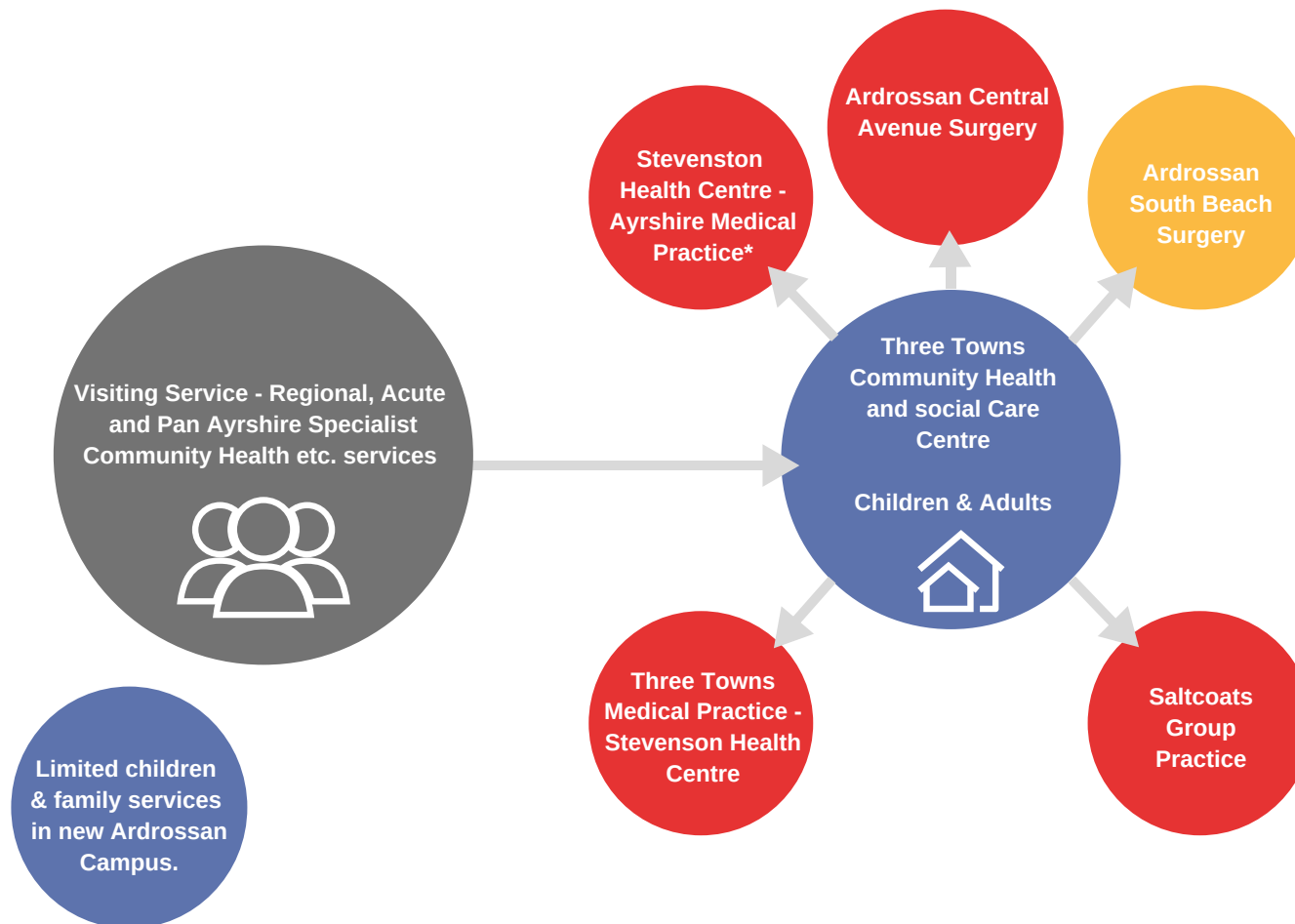
Review all GP practices and clinics in the locality / cluster to assess if in correct location and look at provision requirements.

Review West Kilbride as part of Stevenson – Ayrshire medical group.

Review services at visiting which would be better placed in the new Three Towns CHSC Centre & impact on Three Towns Locality.

### Key

- Site unsustainable
- Site at risk due to lack of sustainability
- Site fit for the future
- Explore new options



\*Ayrshire Medical Group has a branch surgery at West Kilbride in the North Coast and it requires to be reviewed in this phase.

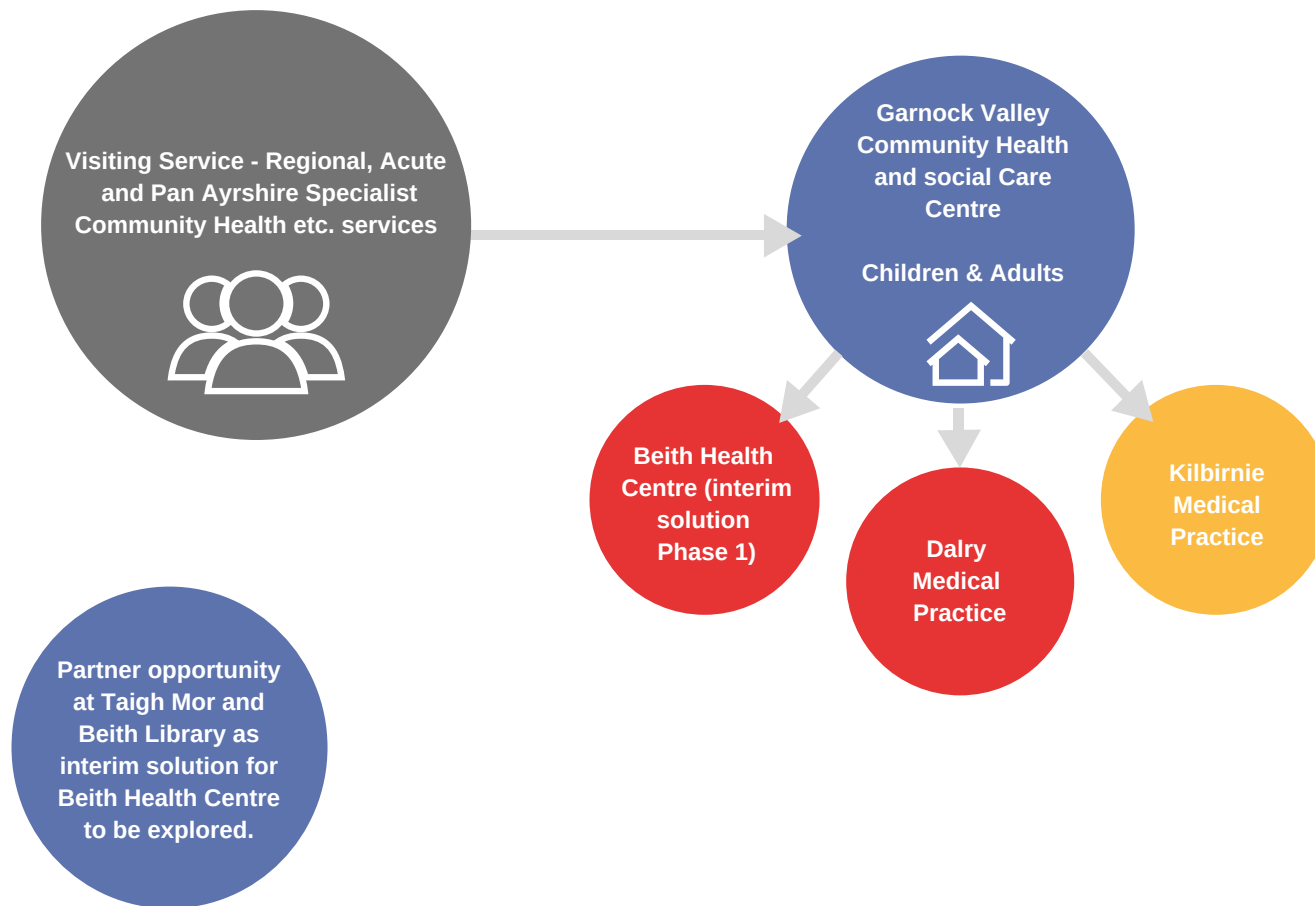
## Phase 3: Five to ten years

- **Garnock Valley:** However, interim solution for Beith in Phase 1
- **North Coast, including Cumbrae:** However, Skelmorlie reviewed as part of Phase 1 and West Kilbride reviewed as part of Three Towns in Phase 2



# Phase 3: Garnock Valley Option Appraisal

Population: 19,743 Option Appraisal: £5m+



## Option Appraisal for the Garnock Valley:

Location requirement for Community Health & Social Care Centre for all children and adult services.

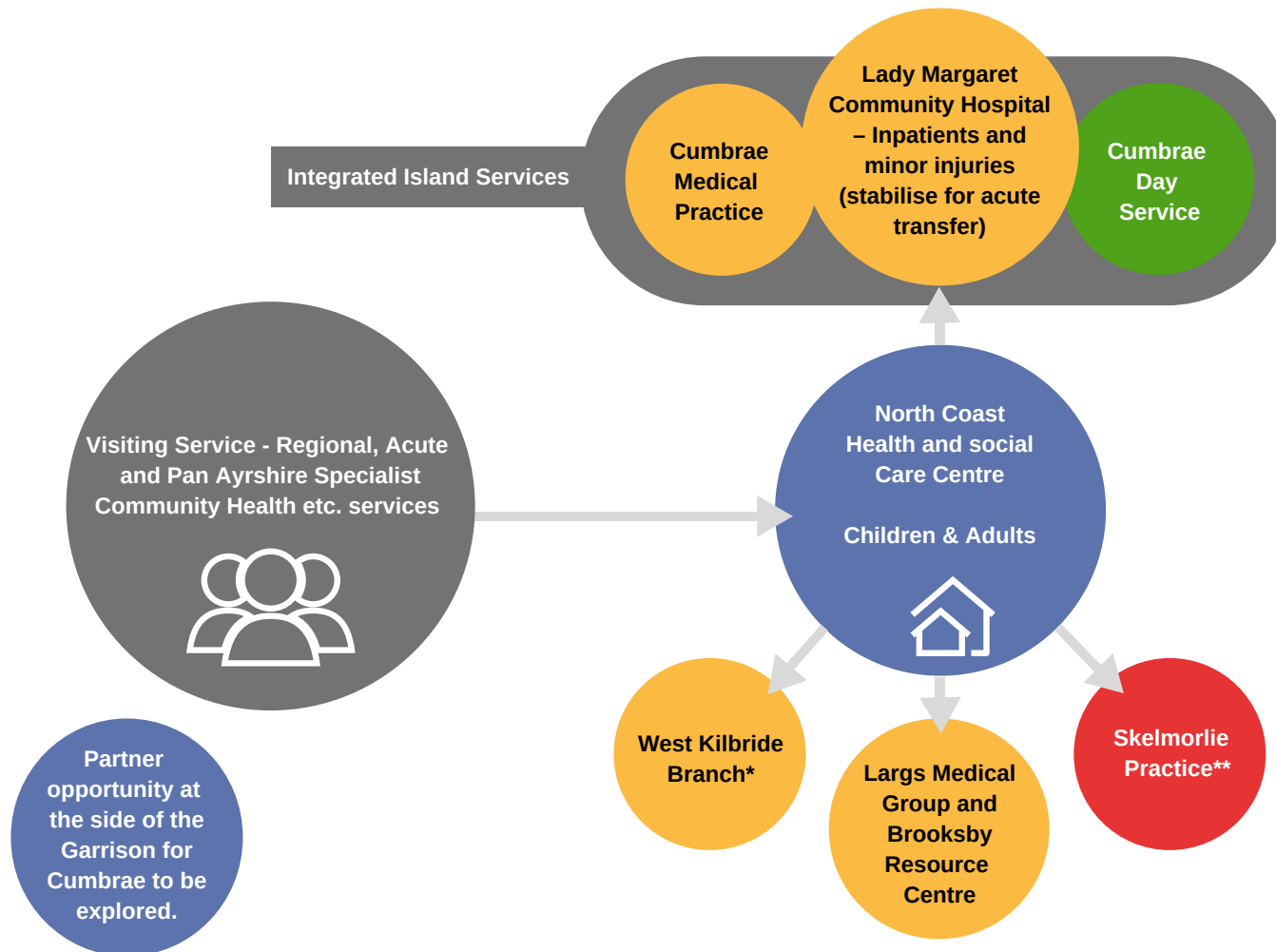
Review all GP practices and clinics in the locality / cluster to assess if in correct location and look at provision requirements.

Review visiting services, which would be better placed in the new Garnock Valley CHSC Centre & impact on Garnock Valley Locality.



# Phase 3: North Coast Option Appraisal

Population: 23,695 Option Appraisal: £5m+



## Option Appraisal for the North Coast and Cumbrae:

Location requirement for Community Health & Social Care Centre for all children and adult services.

Review all GP practices, the community hospital and clinics in the locality / cluster to assess if in correct location and look at provision requirements.

Review services at visiting which would be better placed in the new North Coast CHSC Centre and impact on North Coast Locality.

### Key

- Site unsustainable
- Site at risk due to lack of sustainability
- Site fit for the future
- Explore new options

\*West Kilbride Branch Surgery reviewed as part of Three Towns in Phase 2.

\*\*Skelmorlie reviewed as part of Phase 1.

## Appendix 2

# Caring for Ayrshire

Locality site information supporting prioritisation



# Appendix 2

## Kilwinning and Irvine Localities

Option appraisal: £20m+

Population: 77,557



**Additional Information**

The lease expires in 2023 and the building used is a converted pub, which is considered inappropriate for the delivery of modern GMS.

There is also an issue with MDT services unable to stay within the practice. As a result, they are now based at Kilwinning Medical Practice, which is putting pressure on space there.

**Description:**

Practice comprised of 3 GPs.

**Bookable Rooms:**

Practice operational risk.

**Additional Information**

Possible option to reconfigure the first floor to accommodate additional two extra staff – very small space.

Question about future fit for purpose.

**Description:**

Practice comprised of 9 GPs, 5 nursing staff and associated practice admin team. At capacity.

**Bookable Rooms:**

Building has limited future.

**Key Performance Indicators:**

Deprivation Impact

Accommodate Primary Care MDT (2021)

Accommodate Locality Community Health and Social Care Services (2021)

Building Sustainability - Backlog Maintenance

Space for Future Expansion of MDT, Locality Services and Acute Services

New House Impact

Transport

Red, amber and green index scores were developed as part of the prioritisation tool work and are supported by data analysis. This work can be shared on request.

# Appendix 2

## Kilwinning and Irvine Localities (continued)

Option appraisal: £20m+

Cluster Population: 77,557



### Frew Terrace, Irvine (11,369)



#### Additional Information

Lack of room space and not future fit for purpose.

Practice has a branch surgery at Lanfine Way and this is also not fit for purpose.

#### Description:

Mix of clinical, non clinical, GP and office accommodation.

#### Bookable Rooms:

Practice operational risk.

### Townhead, Irvine (12, 265)



#### Additional Information

The Health Board purchased the property in 2016 and a number of statutory compliance items were not in line with Board, e.g. disabled access and toilets.

#### Description:

Mix of clinical, non clinical, GP and office accommodation.

#### Bookable Rooms:

Not fit for purpose.

## Key Performance Indicators:

Red, amber and green index scores were developed as part of the prioritisation tool work and are supported by data analysis. This work can be shared on request.



Deprivation Impact



Accommodate Primary Care MDT (2021)



Accommodate Locality Community Health and Social Care Services (2021)



Building Sustainability - Backlog Maintenance



Space for Future Expansion of MDT, Locality Services and Acute Services



New House Impact



Transport

# Appendix 2

## Kilwinning and Irvine Localities (continued)

Option appraisal: £20m+  
Population: 77,557 cluster



### Eglinton Practice, Irvine (6,097)

**Additional Information**

A deep end practice due to high levels of deprivation. Practice in new build and also delivers clinical sessions from Fullarton Community Hub.

**Description:**

Mix of clinical, non clinical, GP and office accommodation.

**Bookable Rooms:**

Space now fully utilised.

### Bourtreehill Medical Practice (9008)

**Additional Information**

The Practice are seeking to reconfigure space and bring rooms into use. To do this, they wish to extend the lease to the Board to a 15 year term.

**Description:**

Mix of clinical, non clinical, GP and office accommodation. Range of community services occupy / utilise premise.

**Bookable Rooms:**

3 clinical and 3 non-clinical (some capacity in non-clinical)

### Key Performance Indicators:

- Deprivation Impact
- Accommodate Primary Care MDT (2021)
- Accommodate Locality Community Health and Social Care Services (2021)
- Building Sustainability - Backlog Maintenance
- Space for Future Expansion of MDT, Locality Services and Acute Services
- New House Impact
- Transport

Red, amber and green index scores were developed as part of the prioritisation tool work and are supported by data analysis. This work can be shared on request.

# Appendix 2

## Kilwinning and Irvine Localities (continued)

Option appraisal: £20m+

Population: 77,557



### Dundonald Practice (5,332)



#### Additional Information

Small percentage are North Ayrshire residents and delivery of MDT work under pressure due to lack of space.

#### Description:

South HSCP lead majority of service delivery but practice in North HSCP boundary.

#### Bookable Rooms:

Not fit for purpose.

### Ballot Road and Kiln Walk, Irvine



#### Additional Information

**Kiln Walk:** Majority of work outreach. Long term fit for purpose questions exist. Bookable rooms all have high usage levels. Aid to Daily Living Kitchen etc.

Site serves cluster of Irvine.

#### Description:

**Ballot Road:** Mix of Clinical, Non-Clinical Rooms and Office Accommodation for range of Community Services. No GP Practice use.

#### Bookable Rooms:

Fully booked at Ballot Road and not fit for purpose.

## Key Performance Indicators:

Red, amber and green index scores were developed as part of the prioritisation tool work and are supported by data analysis. This work can be shared on request.



Deprivation Impact



Accommodate Primary Care MDT (2021)



Accommodate Locality Community Health and Social Care Services (2021)



Building Sustainability - Backlog Maintenance



Space for Future Expansion of MDT, Locality Services and Acute Services



New House Impact



Transport



# Appendix 2

## Three Towns Locality

Option appraisal: £5m+

Population: 40,934 cluster



South Beach, Ardrossan (8,542)

Additional Information

The Practice moved from an old seafront house they owned to a purpose built conversion, which offers a high quality healthcare facility. It was originally envisioned other services would move there, but none have. This is one of the longest leases to run, expiring in 2044.

Description:

GP private lease.

Bookable Rooms:

Explore first floor options for MDT.

Central Avenue, Ardrossan (4,077)

Additional Information

One GP practice and HSCP services.

Description:

Mix of clinical / non clinical / office accommodation and HSCP services.

Bookable Rooms:

Very high usage. Little capacity and not fit for purpose.

### Key Performance Indicators:

Deprivation Impact

Accommodate Primary Care MDT (2021)

Accommodate Locality Community Health and Social Care Services (2021)

Building Sustainability - Backlog Maintenance

Space for Future Expansion of MDT, Locality Services and Acute Services

New House Impact

Transport

Red, amber and green index scores were developed as part of the prioritisation tool work and are supported by data analysis. This work can be shared on request.

46  
163

# Appendix 2

## Three Towns Locality (continued)

Option appraisal: £5m+  
Population: 40,934 cluster



### Stevenston Group Practice (4555)



#### Additional Information

Practice based at Stevenston Health Centre.

#### Description:

Mix of Clinical/Non-Clinical/GP/Bookable Clinical and Non-Clinical Rooms and Office Accommodation for range of Community Services.

#### Bookable Rooms:

All rooms at capacity. Not fit for purpose.

### Ayrshire Medical Group (12,519)



#### Additional Information

2 GP practices based at the Stevenston Health Centre site: Stevenston Group Practice and Ayrshire Medical Group, which also has a branch surgery at West Kilbride.

#### Description:

Mix of Clinical/Non-Clinical/GP/Bookable Clinical and Non-Clinical Rooms and Office Accommodation for range of Community Services.

#### Bookable Rooms:

2 clinical and 2 non-clinical – all have extremely high usage levels. Not fit for purpose.

## Key Performance Indicators:

Red, amber and green index scores were developed as part of the prioritisation tool work and are supported by data analysis. This work can be shared on request.



Deprivation Impact



Accommodate Primary Care MDT (2021)



Accommodate Locality Community Health and Social Care Services (2021)



Building Sustainability - Backlog Maintenance



Space for Future Expansion of MDT, Locality Services and Acute Services



New House Impact



Transport



Three Towns Locality (continued)

Option appraisal: £5m+  
Population: 40,934 cluster



Saltcoats Group Practice (10,441)



Additional Information

Delivery of 1 GP practice.

Description:

Mix of clinical / non clinical / group rooms.

Bookable Rooms:

Bookable Rooms (3 clinical & 2 non clinical) all have very high usage levels. Not fit for purpose.

Key Performance Indicators:

- Deprivation Impact
- Accommodate Primary Care MDT (2021)
- Accommodate Locality Community Health and Social Care Services (2021)
- Building Sustainability - Backlog Maintenance
- Space for Future Expansion of MDT, Locality Services and Acute Services
- New House Impact
- Transport

Red, amber and green index scores were developed as part of the prioritisation tool work and are supported by data analysis. This work can be shared on request.

# Appendix 2

## Garnock Valley Locality

Option appraisal: £5m+  
Population: 19,743 cluster



Beith Health Centre (5943)

Additional Information

For a number of years, the Beith Health Centre Practice have had concerns in terms of space utilisation, functional suitability and quality. This has been a Primary Care priority for a decade or more.

Description:

Poor condition.

Bookable Rooms:

Operational risk.

Dalry Medical Practice (6178)

Additional Information

Sole use of Dalry Medical Practice.

Description:

Mix of clinical / non clinical / office and bookable rooms. Not fit for purpose.

Bookable Rooms:

2 clinical and 2 non clinical. All fully booked.

Key Performance Indicators:

Deprivation Impact

Accommodate Primary Care MDT (2021)

Accommodate Locality Community Health and Social Care Services (2021)

Building Sustainability - Backlog Maintenance

Space for Future Expansion of MDT, Locality Services and Acute Services

New House Impact

Transport

Red, amber and green index scores were developed as part of the prioritisation tool work and are supported by data analysis. This work can be shared on request.

49

166

# Appendix 2

## Garnock Valley Locality (continued)

Option appraisal: £5m+  
Population: 19,743 cluster



### Kilbirnie Medical Practice (7,622)



#### Additional Information

Sole use of Kilbirnie Medical Practice.  
GP practice concerns about capacity.

#### Description:

Mix of clinical, non clinical and admin space.  
Practice at capacity.

#### Bookable Rooms:

4 clinical and some flexibility for MDT use.

### Key Performance Indicators:

- Deprivation Impact
- Accommodate Primary Care MDT (2021)
- Accommodate Locality Community Health and Social Care Services (2021)
- Building Sustainability - Backlog Maintenance
- Space for Future Expansion of MDT, Locality Services and Acute Services
- New House Impact
- Transport

Red, amber and green index scores were developed as part of the prioritisation tool work and are supported by data analysis. This work can be shared on request.

# Appendix 2

## North Coast Locality

Option appraisal: £5m+  
Population: 19,743 cluster



### Skelmorlie Medical Centre (4,052)



#### Additional Information

Practice building is closed due to inability to make covid safe. All services delivered via GGC Wemyss Bay, which is putting everything under considerable pressure.

#### Description:

Practice not fit for purpose – operational risk.

#### Bookable Rooms:

Operational risk.

### Largs Medical Group (13,381)



#### Additional Information

GP practice in resource centre with HSCP, Police Scotland and other council services, eg housing, registrar.

Practice describe space as having reached the end of its life.

#### Description:

Mix of clinical / non clinical / office space for practice.

#### Bookable Rooms:

First floor space available for booking.

## Key Performance Indicators:

Red, amber and green index scores were developed as part of the prioritisation tool work and are supported by data analysis. This work can be shared on request.

- Deprivation Impact
- Accommodate Primary Care MDT (2021)
- Accommodate Locality Community Health and Social Care Services (2021)
- Building Sustainability - Backlog Maintenance
- Space for Future Expansion of MDT, Locality Services and Acute Services
- New House Impact
- Transport

# Appendix 2

## North Coast Locality (continued)

Option appraisal: £5m+

Population: 19,743



### Cumbræ Medical Practice (1202)



#### Additional Information

There have been numerous issues with Garrison House since its restoration, leading to water ingress. The contractor went out of business, so there was no comeback on collateral warranties. As a Grade A listed building it is limited what can be done to change it. The owners Cumbræ Community Development Company have received 40% of the funding requested from Historic Environment Scotland. To remediate the building, there needs to be a clear plan of action/programme to establish a timeline for rectifying the defects. Action – Property Services/CCDC. Option appraisal to relocate services, in the event Garrison House cannot be made fit for purpose.

#### Description:

Leased by Health Board.

#### Bookable Rooms:

Not fit for purpose.

### Lady Margaret Hospital (1,202)



#### Additional Information

Site under-utilised bed capacity and significant repairs required. Poorly located on hill with no public transport access.

#### Description:

Building not fit for purpose.

#### Bookable Rooms:

N/A. Not fit for purpose.

## Key Performance Indicators:



Deprivation Impact



Accommodate Primary Care MDT (2021)



Accommodate Locality Community Health and Social Care Services (2021)



Building Sustainability - Backlog Maintenance



Space for Future Expansion of MDT, Locality Services and Acute Services



New House Impact



Transport

Red, amber and green index scores were developed as part of the prioritisation tool work and are supported by data analysis. This work can be shared on request.



North Coast Locality (continued)

Option appraisal: £5m+  
Population: 19,743



AMG West Kilbride branch



Additional Information

The incoming GP Practice, Ayrshire Medical Group, served notice to the District Nurses and other Community Staff together based there. The HSCP have identified alternative space in the Community Hall.

Description:

GP practice space only.

Bookable Rooms:

Not fit for purpose for MDT.

Key Performance Indicators:

- Deprivation Impact
- Accommodate Primary Care MDT (2021)
- Accommodate Locality Community Health and Social Care Services (2021)
- Building Sustainability - Backlog Maintenance
- Space for Future Expansion of MDT, Locality Services and Acute Services
- New House Impact
- Transport

Red, amber and green index scores were developed as part of the prioritisation tool work and are supported by data analysis. This work can be shared on request.

# Appendix 2

## Arran Locality

Option appraisal: £29m+  
Population: 5,060 (Cluster + Island)



### Lamlash Surgery



#### Additional Information

Support GP services and space under pressure.

#### Description:

Clinical / non clinical and admin rooms.

#### Bookable Rooms:

Under pressure and not fit for purpose.

### Lochranza Surgery



#### Additional Information

Branch surgery site.  
No longer fit for purpose.

#### Description:

Clinical / non clinical and admin rooms.

#### Bookable Rooms:

Not fit for purpose.

## Key Performance Indicators:

- Deprivation Impact
- Accommodate Primary Care MDT (2021)
- Accommodate Locality Community Health and Social Care Services (2021)
- Building Sustainability - Backlog Maintenance
- Space for Future Expansion of MDT, Locality Services and Acute Services
- New House Impact
- Transport

Red, amber and green index scores were developed as part of the prioritisation tool work and are supported by data analysis. This work can be shared on request.

Arran Locality (continued)

Option appraisal: £29m+  
Population: 5,060



Additional Information

Fit for purpose.

Description:

Clinical / non clinical / admin rooms.

Bookable Rooms:

N/A

Additional Information

Branch surgery.  
  
Fit for purpose.

Description:

Clinical / non clinical / admin rooms.

Bookable Rooms:

N/A



Arran Locality (continued)

Option appraisal: £29m+  
Population: 5,060



Additional Information

No longer fit for purpose.

Description:

Clinical / non clinical / admin rooms.

Bookable Rooms:

N/A

Additional Information

Main hospital site with emergency department and modular for outpatients. Also midwife led deliveries.

Main room for MDT.

Building out of date.

Description:

Main site and modular. Emergency department and inpatient/palliative care beds.

Bookable Rooms:

Not fit for purpose.

### Appendix 3: Community Health and Social Care Priorities with initial costings

#### North HSCP

#### Phase 1

Ref No	Project Title/Name	Brief description	Estimated Total Cost £	Funding Contribution NHS % Council % Other %	Estimated Timescale		
					Construction start date	Construction completion date	Operational date
1.	Oxenward Surgery	Interim re-placement as current lease ends 2023	Less than £5million (Initial estimate)	NHS 100%	Option appraisal for replacement site	Option appraisal commence December 2021	October 2023
2.	Beith Health Centre	Building highest operational risk	Less than £5million (Initial estimate)	NHS 100%	Option appraisal for replacement site	Option appraisal commence December 2021	October 2023
3.	Frew Terrace Practice	Building operational risk	Less than £5million (Initial estimate)	NHS 100%	Option appraisal for replacement site	Option appraisal commence December 2021	October 2023

4.	Skelmorlie Practice	Building operational risk	Less than £5million (Initial estimate)	NHS 100%	Option appraisal for replacement site	Option appraisal commence December 2021	October 2023
	<b>Phase 2</b>						
5.	Irvine & Kilwinning Community Health and Social Care Centre(s)	New hub(s) to support Irvine and Kilwinning Localities	More than £20million (Initial estimate)	NHS 90%/NAC 10% (2approx.)	<p>Option appraisal for new site(s) and replacement GP Practices/Community clinics:</p> <p>Frew Terrace and the Lanfine Way Branch Surgery,</p> <p>Townhead Surgery,</p> <p>Ballot Road and Kiln Walk clinics,</p> <p>Bourtreehill Medical Practice, Dundonald Medical Practice, Eglington Family Practice, Kilwinning Medical Practice and Oxenward Interim site.</p> <p>This will also require a review of the Ayrshire Central Hospital (ACH) site where currently some community health services are based. There is also an</p>	Option appraisal commence April 2022	April 2025

					interface with Elderly Mental Health wards and rehabilitation wards on Ayrshire Central Hospital site.		
<b>6.</b>	Arran Community Health and Social Care Centre	New hub to support Arran locality, including A&E and inpatient bed model.	More than £29million (model costed)	NHS 90%/NAC 10% (approx.)	Outline Business Case for new site and replacement GP Practices/Community clinics:  Arran War Memorial Hospital,  Brodick Health Centre, Lamlash medical practice, Lochranza Practice, Shiskine Surgery, Whiting Bay Surgery	Outline Business Case commence April 2022	April 2025
<b>7.</b>	Three Towns Community Health and Social Care Centre	New hub to support Three Towns locality	More than £20million (Initial estimate)	NHS 90%/NAC 10% (approx.)	Option appraisal for new site and replacement GP Practices and community clinics:  Stevenson Health Centre (Ayrshire Medical Group & 3Towns Medical Practice),	Option appraisal commence April 2022	April 2025

					<p>Saltcoats Health Centre &amp; Saltcoats Group Practice,</p> <p>Ardrossan Central Avenue Surgery, Ardrossan South Beach Surgery.</p> <p>Also include West Kilbride Branch surgery of the Ayrshire Medical Group.</p>		
	<b>Phase 3</b>						
<b>8.</b>	Garnock Valley Health and Social Care Centre	New hub to support the Three Towns Locality	More than £5million (Initial estimate)	NHS 90%/NAC 10% (approx.)	<p>Option appraisal for new site and replacement GP Practices and community clinics:</p> <p>Beith Health Centre (interim solution), Dalry Medical Practice, Kilbirnie Medical Practice</p>	Option appraisal commence April 2024	April 2027
<b>9.</b>	North Coast Health and Social Care Centre(s)	New hub(s) to support North Coast including the isle of Cumbrae	More than £5million (Initial estimate)	NHS 90%/NAC 10% (approx.)	<p>Option appraisal for new site(s) and replacement GP Practices and community clinics:</p> <p>Skelmorlie and Wemyss Bay Practice, Lady Margaret Hospital, Cumbrae Medical Practice, Cumbrae Day Service, Brooksby Resource</p>	Option appraisal commence April 2024	April 2027

					<p>Centre, Largs Medical Group,</p> <p>Note that the West Kilbride Branch surgery is part of option appraisal at number 5.</p>		
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#### Appendix 4: Lead Partnership Mental Health and HSCP Mental health Service Priorities

1.	Perinatal Mental Health Service Lead Partnership	New service development to support 50 families per year	More than £5million (Initial estimate)	NHS	Option appraisal for new service to be housed with NHSA&A Maternity services	Option appraisal discussions commenced	April 2022
2.	Woodland View Hospital 7B Lead Partnership	Empty Ward	Less than £1million	NHS	Option appraisal to explore accommodation for the following services: CAMHs Tier 4, Eating Disorder Service, IPCU, Learning Disabilities Acute assessment, or Acquired Brain Injury Service	Option Appraisal to commence April 2022	April 2023
3.	Unscheduled Care Assessment Centre Lead Partnership	Service expansion	More than £1million	NHS	Option appraisal to explore accommodation on Ayrshire Central Site or Crosshouse Hospital site. If on the ACH site than access required via Ward 7C.	Option appraisal to commence December 2021	April 2022
4.	CAMHS Ayrshire wide accessible base Lead Partnership	Service expansion for specialist assessments	More than £1million	NHS	Option appraisal to explore accommodation	Option appraisal to commence December 2021	April 2022

		and leadership team					
5.	RISE Team Lead Partnership	Service expansion	More than £1million	NHS	Option appraisal to explore accommodation	Option appraisal to commence December 2021	April 2022
6.	Woodland View – 7C Lead Partnership	Forensic rehabilitation ward to community setting	More than £5million	NHS	Option appraisal to explore forensic rehabilitation in a community setting. Then freed accommodation at ward 7C reviewed for the following services: CAMHs Tier 4, Eating Disorder Service, IPCU, Learning Disabilities Acute assessment, or Acquired Brain Injury Service (see option 2)	Option Appraisal to commence April 2022	April 2025
7.	Woodland View – Phase 3 Douglas Grant (20 beds), Redburn Rehabilitation Ward (20 beds)	Replacement wards	More than £5million	NHS	Option appraisal for replacement rehabilitation wards	Option Appraisal to commence April 2022	April 2025



	Lead Partnership						
8.	Woodland View Elderly Mental Health pre- provision -New Dunure (16 beds) and New Clonbeith (12 beds) Lead Partnership	Replacement wards on Woodland view site	More than £5million	NHS	Option appraisal for replacement wards off the Ailsa site. This would require analysis of the number of beds required for new assessment wards. Current proposal is 20 beds each and repurpose Ward 3 and Ward 4 to be HBCCC. With a new build with 15 HBCCC beds for North.	Option Appraisal to commence April 2022	April 2025
9.	ACORN Lead Partnership	Community based replacement for rehabilitation centre	More than £5million	NHS	Option appraisal for replacement which may also include partnership/social enterprise approach.	Option Appraisal to commence April 2022	April 2025
10.	Intermediate Care model  HSCP mental health Services	Learning Disability community intensive support and MH community rehabilitation	More than £5million	NHS	Option appraisal for replacement which may also include review of building on Warrix avenue and forensic rehab community development - a step up model to prevent	Option Appraisal to commence April 2022	April 2025

					admission/hospital avoidance.		
<b>11.</b>	Complex Care – supported accommodation  HSCP mental health Services	To support people with physical, mental health, learning disabilities and autism in community supported accommodation models	Each locality development Less than £1million	NHS/NAC	Previous models in each locality developed with NAC housing and commissioned provider.	Option Appraisal to commence April 2023	April 2026
<b>12.</b>	Trindlemoss – complex care Unit  HSCP mental health Services	Support for people with complex learning disabilities and autism – current model not effective	More than £5million	NHS	Option appraisal for new community facility	Option Appraisal to commence April 2023	April 2026
<b>13.</b>	Caley Court – alcohol and drug services* HSCP mental health Services	Building not fit for the future need	More than £5million	NHS	Option appraisal for new community facility	Option Appraisal to commence April 2023	April 2026
<b>14.</b>	Three Towns Resource Centre – community mental health services	Building not fit for the future need	More than £5million	NHS	Option appraisal for new community facility	Option Appraisal to commence April 2023	April 2026

	HSCP mental health Services						
15.	Place of safety Lead Partnership	New development	More than £5million	NHS	Option appraisal for new community facility	Option Appraisal to commence April 2023	April 2026

**\*Please note that the requirement to deliver the MAT standards to support people with addictions issues requires to be delivered from GP Practices and Community Health and Social Care Centres.**

## Appendix 5: SLWG Membership

The CfA Short Life Working Group comprised the following members:

Principal Manager Business Administration, Cochair  
Interim Senior Manager – Primary care and Communities, Cochair  
Head of Service, Health and Community Care,  
Head of Service (Finance and Transformation),  
Programme Lead – Multi Disciplinary Team Working & Service Integration,  
Primary Care Development Manager,  
Community Services Locality Manager - HSCP Business administration,  
HSCP Stakeholder General Practitioner,  
HSCP Senior Manager - Long Term Conditions,  
HSCP Senior Manager - Arran Services,  
HSCP Senior Manager – Mental Health  
Pharmacy Representative NHS Ayrshire & Arran  
Digital Representation HSCP and NHS Ayrshire & Arran  
CfA Programme Manager  
Deputy AHP Senior Manager/Dietetic Service Manager – North,  
HSCP Associate Nurse Director/IJB Lead Nurse,  
HSCP Portfolio lead - Strategic Planning, Policy and Inequalities,  
HSCP Evaluation officer,  
Head of Property Services Strategy & Partnerships, NHS Ayrshire & Arran,  
Senior Manager (Property Management & Investment), North Ayrshire Council.

## Appendix 6: Prioritisation Tool

Infrastructure capital prioritisation tool was developed in partnership between the HSCP evaluation Officer and the Property Services analyst.

There is a supporting workbook for each area which was scored red, amber and green to clearly identify the decision-making process taken when analysing the data.

### National Primary Care Risk Needs Assessment Tool. Update 06/10/2021

'NHS A&A seeking permission to become an early adopter of the system, which will hopefully provide the underpinnings of what subgroup is currently developing at a local level. To some extent the National Tool will supersede this work, but the detail that's been pulled together within the North HSCP will give a local nuance which will be a critical component.' Iain Gairns.

The North Prioritisation tool has been described as an 'exemplar approach' and has been shared with Scottish Government colleagues who are developing both an acute hospital and community property capital tool.

		Garnock Valley					Irvine					Kilwinning					Arran					North Coast					Three Towns								
	Scoring Criteria Improvements / Positive Impact against criteria	Beith Health GP Practice	Dalry Medical Practice	Kilbirnie Medical Practice	Dundonald Medical Practice	Bourtreehill Medical Practice	Townhead Surgery	Few Terrace Surgery	Eglinton Family Practice	Kiln Walk	Balloch Road / Irvine Clinic	ACH - Pavilion 10 & 11, Douglas Grant Rehab Centre	Harbourside	Kilwinning Medical Practice	Overwood Surgery	Shabine Surgery	Whiting Bay Surgery	Lamlash Surgery	Lachnash	Breidach Health Centre	Arran War Memorial	Skelmorlie and Wemyss Bay Medical Centre (Skelmorlie)	Skelmorlie and Wemyss Bay Medical Centre (Wemyss Bay)	Cumbrae Medical Practice (Gerran House)	Lady Margaret Hospital	Large Medical Group (Brooklynn Medical and Resource Centre)	West Kilbride Branch (JAMG)	South Beach Surgery	Central Avenue Surgery (Ardrossan HC)	Skelcoats Group Practice	Sievenson Health Centre (JAMG)	Sievenson Group Practice	Three Towns Resource Centre	Calder Court	
		1	2	3	4	5	6	7	8					9	10	11							12	13		14	15	16	17	18	19	20			
I	Current Impact																					23895				40134									
1	GP Cluster Population size	19743										60814															40134								
2	Practice Population size	5943	6178	7622	5332	6008	12205	11289	6097					12384	4358	5060							4052		1272		12381		8542	4077	10441	4338	4555		
3	Deprivation SIMD Impact																																		
4	Disease Impact Cancer																																		
5	Disease Impact Diabetes																																		
6	Disease Impact CHD																																		
7	Disease Impact Stroke																																		
8	Disease Impact Depression																																		
9	Disease Impact MH																																		
10	Disease Impact Dementia																																		
11	Frailty Impact																																		
II	Service																																		
1	Space efficiency / flexibility PCIF, MDT																																		
2	Space efficiency / flexibility HSCP CHSC Services																																		
III	Future Sustainability																																		
3	Sustainability Service Delivery																																		
IV	Property and Finance																																		
1	% Critical Backlog (High and Significant Risk)																																		
2	% Life Expiry (Building and Engineering Elements)																																		
3	Proportion of Backlog relating to Statutory Legislation																																		
4	Average Age																																		
5	Backlog person																																		
6	Functional Suitability																																		
MI	Community																																		
1	Public Transport																																		
2	Housing New Builds																																		

## Appendix 7: CfA Methodology

1. Short Life Working Group commissioned a needs assessment across north Ayrshire of community health and social care needs. Full needs assessment developed and reviewed by partners. Issues added e.g., population migration flows.
2. Short Life Working Group explored the current pressures on service models and accommodation across each locality.
3. Short life working group reviewed the findings of a property review undertaken in 2017. However, this document had not prioritised needs and was prior to the implementation of primary care improvement fund staffing.
4. Short Life Working Group reviewed GP Practice developments (Primary Care Improvement Fund/Capital developments) and HSCP Community Health & Social Care Developments. Review included an update on CfA acute services to community, out of hours provision and unscheduled care hubs.
5. Short Life Working Group identified three sites where HSCP services have been re-accommodated to another hub site in the locality, as a result of lack of space to support new primary care investment fund staff in GP premises. (Beith Health Centre, West Kilbride – Ayrshire Medical Group and Dalry Health Centre).
6. Short Life Working Group reviewed the findings from previous HSCP service reviews.
  - Irvine
  - Beith
  - Arran integrated Services
  - Cumbrae Integrated Services
  - Mental Health Conversation
7. Short Life Working Group reviewed intelligence about local opportunities to undertake joint working with partners. The draft outputs of the CfA exercise were shared with the Community Planning Team to inform future local place planning and regeneration work.

Given the complexity of the task a subgroup was created to undertake the following:

8. Scoring matrix developed showing needs assessment demographic, practice size, locality size, disease impact current pressures re. backlog building maintenance, flexibility, transport, new housing impact and sustainability.
9. Prioritisation tool developed -)
10. Test maps and models of locality sites developed to support prioritisation.

Work critically appraised by short life working group and summarised in this document. However, due to the complexity of the information it was not possible to weight factors such as deprivation, building sustainability etc. as the short life working group found that some buildings in deprived areas e.g., Eglinton Medical Practice (a Deep end practice) is relatively new, but others in less deprived areas e.g., Beith Health Centre are an operational risk. The group therefore used the evidence base, local knowledge, feedback from the GP quality cluster leads & GP locality cluster meetings and an intuitive approach to generate prioritisation recommendations to the HSCP Partnership Senior Management team and HSCP Integration Joint Board.

## Appendix 8: 7-year new build housing impact

This is the first attempt at matching this data and additional work is required.

Programmed Future Housebuilding	Remaining Capacity – could be built in the future	Post 7Y – Expected numbers to be built in each area.
<b>By Housing Market Area (2019/20)</b>		
ARRAN	505	340
GARNOCK VALLEY	1761	1385
IRVINE/KILWINNING	3934	2580
NORTH COAST	993	442
THREE TOWNS	1922	1304
Total		<b>6051</b>
<b>By Medical Practice (Draft 2020/21)</b>		
80701 - Stevenston Group Practice	5705	3564
80753 - Kilwinning Medical Practice	4117	2614
81012 - Ayrshire Medical Group	3452	2068
80330 - Eglinton Family Practice	3780	2398
80698 - Frew Terrace Surgery	2607	1594
80005 - South Beach Surgery	2185	1246
80010 - Central Avenue Surgery	2185	1246
80556 - Saltcoats Group Practice	2066	1214
80344 - Townhead Surgery	1262	829
80768 - Oxenward Surgery	1173	804
80363 - Kilbirnie Medical Practice	1650	1285
80857 - Largs Medical Practice	587	287
80306 - Boutreehill Med Practice	296	34
80927 - Arran Medical Group	571	419
80217 - Dalry Medical Practice	295	162



80147 - Beith Health Centre	506	452
80561 - Dr. Rai, Chan & Goyal	149	120
80679 - Cumbrae Medical Practice	88	59
80594 - Stewarton Medical Practice	4	0
80166 - Crosshouse Medical Centre	170	170
80255 - Dundonald Medical Practice	180	180
80378 - Marnock Medical Group	170	170
80397 - Dr Sardar & Partners	170	170

## Appendix 9: Medication Assisted Treatment Standards

To enhanced access to locality premises so that alcohol and drug services staff can meet with service users, families and carers in their own localities e.g., GP practises and new community health and social care centres. The MAT Standards (see below) require access to premised in each locality area across North Ayrshire. We also need rooms/space that full wraparound support services can be available e.g., mental health, Harm reduction, housing, welfare, advocacy etc.

**Standard 1:** All people accessing services have the option to start MAT from the same day of presentation.

**Standard 2:** All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.

**Standard 3:** All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT.

**Standard 4:** All people are offered evidence-based harm reduction at the point of MAT delivery

**Standard 5:** All people will receive support to remain in treatment for as long as requested.

**Standard 6:** The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.

**Standard 7:** All people have the option of MAT shared with Primary Care.

**Standard 8:** All people have access to advocacy and support for housing, welfare and income needs.

**Standard 9:** All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery

**Standard 10:** All people receive trauma informed care.

**Integration Joint Board**  
**17 March 2022**  
**Agenda Item No.**

**Subject:** **Strategic Risk Register**

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

**Recommendation:** To approve the updated IJB Strategic Risk Register

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

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	This report provides an update on the strategic risk register, to help ensure the IJB are proactive in identifying and managing the risks to the successful delivery of our Strategic Plan.
<b>2.</b>	<b>BACKGROUND</b>
2.1	A Strategic Risk Register is a requirement of the Clinical and Care Governance Framework and as part of our Risk Management Strategy, which was last approved by the Performance and Audit Committee in June 2019.
2.2	<p>The review focussed on updating previous risks and identifying new risks.</p> <p>There are two new risks:</p> <ul style="list-style-type: none"> <li>• SRR10 – National Care Service</li> <li>• SRR11 – Clinical and Care Governance</li> </ul> <p>One risk has been removed from the register:</p> <ul style="list-style-type: none"> <li>• SRR03 – Culture and Practice</li> </ul> <p>The remaining previous risks have been updated to reflect any additional mitigating action and reassessed on that basis.</p>

2.3	The actions required to manage and control the risks have been identified and they will be subject to ongoing monitoring and review by the PSMT with an update to be reported to the Performance and Audit Committee.																																																																		
2.4	<p>There are 10 risks noted on the Strategic Risk Register, with a number of these graded as high risk. While there are a number of controls and mitigations in place there may be further actions required to reduce the risks further in line with the level of risk tolerance. The current Strategic Risk Register is included as Appendix A.</p> <p>The risks are summarised below:</p> <table><tr><th>Ref</th><th>Title</th><th>Gross Risk (score pending further controls)  2021</th><th>Residual Risk (score after further controls)  2021</th><th>Gross Risk (score pending further controls)  2022</th><th>Residual Risk (score after further controls)  2022</th></tr><tr><td>SRR01</td><td>Financial Sustainability</td><td>15 High</td><td>12 High</td><td>15 High</td><td>12 High</td></tr><tr><td>SRR02</td><td>Infrastructure (ICT Integration)</td><td>12 High</td><td>9 Moderate</td><td>12 High</td><td>9 Moderate</td></tr><tr><td>SRR04</td><td>Transformational Change Programme</td><td>9 Moderate</td><td>6 Moderate</td><td>9 Moderate</td><td>6 Moderate</td></tr><tr><td>SRR05</td><td>Governance</td><td>9 Moderate</td><td>6 Moderate</td><td>9 Moderate</td><td>6 Moderate</td></tr><tr><td>SRR06</td><td>Demography and Inequality Pressures</td><td>12 High</td><td>9 Moderate</td><td>16 High</td><td>12 High</td></tr><tr><td>SRR07</td><td>Workforce</td><td>12 High</td><td>9 Moderate</td><td>12 High</td><td>9 Moderate</td></tr><tr><td>SRR08</td><td>Scottish Government Policies</td><td>16 High</td><td>12 High</td><td>16 High</td><td>12 High</td></tr><tr><td>SRR09</td><td>Covid-19 Recovery</td><td>20 Very High</td><td>15 High</td><td>20 Very High</td><td>15 High</td></tr><tr><td>SRR10</td><td>National Care Service</td><td>-</td><td>-</td><td>15 High</td><td>15 High</td></tr><tr><td>SRR11</td><td>Clinical and Care Governance</td><td>-</td><td>-</td><td>9 Moderate</td><td>9 Moderate</td></tr></table>	Ref	Title	Gross Risk (score pending further controls)  2021	Residual Risk (score after further controls)  2021	Gross Risk (score pending further controls)  2022	Residual Risk (score after further controls)  2022	SRR01	Financial Sustainability	15 High	12 High	15 High	12 High	SRR02	Infrastructure (ICT Integration)	12 High	9 Moderate	12 High	9 Moderate	SRR04	Transformational Change Programme	9 Moderate	6 Moderate	9 Moderate	6 Moderate	SRR05	Governance	9 Moderate	6 Moderate	9 Moderate	6 Moderate	SRR06	Demography and Inequality Pressures	12 High	9 Moderate	16 High	12 High	SRR07	Workforce	12 High	9 Moderate	12 High	9 Moderate	SRR08	Scottish Government Policies	16 High	12 High	16 High	12 High	SRR09	Covid-19 Recovery	20 Very High	15 High	20 Very High	15 High	SRR10	National Care Service	-	-	15 High	15 High	SRR11	Clinical and Care Governance	-	-	9 Moderate	9 Moderate
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SRR11	Clinical and Care Governance	-	-	9 Moderate	9 Moderate																																																														
2.5	The scoring of the risks is based the severity of the risk multiplied by the likelihood of it happening. The background to this is given in the extract of the approved risk management strategy in Appendix B.																																																																		
2.6	<p>The operational risks of the partnership are regularly reviewed and considered at service management meetings. The Clincial and Care Governance Group is responsible for the oversight of operational risks within the partnership. The Group consider any High or Very High risks (as defined by the approved risk management strategy) and if required esalate these to the Partnership Senior Management Team (PSMT) for consideration for inclusion on the Strategic Risk Register.</p> <p>There are no operational risks to be escalated to the Strategic Risk Register.</p>																																																																		
3.	PROPOSALS																																																																		

3.1	It is proposed to approve the risk register detailed in Appendix A including the action required to manage, mitigate and control the risks.
3.2	<b><u>Anticipated Outcomes</u></b>
	Risk management is an integral part of governance and it is essential that the IJB has assurance that risks are identified and managed appropriately to ensure the safe and sustainable delivery of services.
3.3	<b><u>Measuring Impact</u></b>
	The risk register will be monitored with the individual risk owners being responsible for keeping the register up to date under the overview of the Principal Manager – Finance.
3.2	It is recommended that risk assessments be reviewed on an annual basis as a minimum. The register will be monitored by PAC to ensure the actions required to manage and control the risk are being progressed, with updates provided to the IJB and PAC at least annually.
4.	<b>IMPLICATIONS</b>

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

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

<b>5.</b>	<b>CONSULTATION</b>
5.1	The strategic risks have been reviewed and agreed by the PSMT.
<b>6.</b>	<b>CONCLUSION</b>
6.1	That the IJB approve the strategic risk register including the actions identified to manage and control the risks.

**For more information please contact:**

**Paul Doak, Head of Finance and Transformation at [pdoak@north-ayrshire.gov.uk](mailto:pdoak@north-ayrshire.gov.uk) or Eleanor Currie, Principal Manager – Finance at [eleanorcurrie@north-ayrshire.gov.uk](mailto:eleanorcurrie@north-ayrshire.gov.uk)**

# Appendix A

## Strategic Risk Register

### Glossary of Terms

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





# **Appendix B**

**Extract from the Risk Strategy on Risk Scoring**

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

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

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

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

## Risk Rating

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

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

Risk Ref	Description of Risk	Risk Owner	Mitigations/Control Measures	Previous Score	Gross Risk				Proposed New Control Measures	Previous Score	Residual Risk				Risk Tolerance / Appetite
					Severity	Probability	Score	Rating			Severity	Probability	Score	Rating	
SRR01	<b>Financial Sustainability</b> - financial failure from demand for services outstripping the available budget, as a result of the level of delegated resource to the IJB from partners not being sufficient to deliver on strategic objectives. Overall risk of budget not being aligned to delivering financial balance whilst delivering on strategic outcomes. This may lead to service user assessed needs being unmet, inability to deliver on the Strategic Plan, with a reduction in performance, progress not being made with national targets, reputational damage to the IJB and partner bodies and the requirement to implement service changes that are not in line with the strategic objectives.	Head of Finance and Transformation	<ul style="list-style-type: none"><li>* IJB actively monitors the partnership financial position.</li><li>* Directors of Finance of the Council and Health Board have oversight.</li><li>* Regular updates are provided to the Council's Cabinet.</li><li>* A Chief Finance and Transformation Officer is in place within the HSCP to support delivery of transformation at scale and pace.</li><li>* A Medium-Term Financial Outlook has been developed and will be presented to the March 2022 IJB.</li><li>* Transformation Board overseeing the programme of service re-design.</li><li>* Council's budget has £1.5m earmarked to support repayment of the outstanding debt (currently £3,807m).</li><li>* Integrated approach to managing totality of NHS and LA resources delegated to the IJB.</li><li>* Robust processes for monitoring projects and the monthly financial position ensuring financial projections can inform any correction action</li><li>* Financial returns are submitted to the Scottish Government on a regular basis.</li><li>* Significant funding for IJBs for Covid response, supported by regular returns to SG</li><li>* Previous financial settlements have seen both partners meet the SG settlement conditions with any additional resources passed to the IJB</li><li>* Significant funding for IJBs for Covid response, supported by regular returns to SG.</li><li>* Previous financial settlements have seen both partners meet the SG settlement conditions with any additional resources passed to the IJB.</li><li>* Focus on accuracy of data used to inform financial projections alongside regular review of waiting lists and approval processes.</li><li>* Approach to implementing Financial Recovery Plan in recent years has proven effective to mitigate in-year overspends.</li></ul>	15	5	3	15	High	<ul style="list-style-type: none"><li>* Continue to actively managing the demand for services using professional judgement to determine when care is provided.</li></ul>	12	4	3	12	High	Treat
SRR02	<b>Infrastructure - ICT System Integration and Property</b> - lack of an integrated IT system to meet the needs of NAHSCP leading to non-robust and inefficient information recording and sharing resulting in inefficient business models, duplication of effort, inaccurate or lack of data on service demand and delivery and risk to service users, patients and staff.	Head of Finance and Transformation	<ul style="list-style-type: none"><li>* Some pockets of agile and remote working have been implemented and work continues to roll these initiatives out to improve efficiency.</li><li>* Access to systems can be requested to allow NHS-Partnership staff access to NAC systems, and NAC-Partnership staff access of NHS systems.</li><li>* Work has progressed to reduce the number of MH ancillary recording systems and consolidate data on centralised systems.</li><li>* Working from home has accelerated the use of technology with more business being conducted via MS Teams.</li><li>* HSCP systems and performance team supporting work across the partnership and progressing developments and issues with systems</li><li>* Early stages of defining the new system set up for replacing CareFirst.</li><li>* Work continues on the removal of a number of NHS Access databases.</li><li>* Implementation of Trakcare functionality within Adult Community Mental Health Services to manage patient clinics across all three Partnerships.</li></ul>	12	4	3	12	High	<ul style="list-style-type: none"><li>* Develop strategic direction with NHSAAA, EAHSCP and SAHSCP.</li><li>* Ensure that there are local arrangements in place to manage local risk.</li><li>* NHSAAA are undertaking a review of all MS Access databases in use for removal to centralised systems.</li><li>* Replacement of the current social care system will include consideration of functionality which will support health service data requirements</li></ul>	9	3	3	9	Moderate	Tolerate
SRR04	<b>Transformational Change Programme</b> - failure to deliver transformational change impacting on financial sustainability, effectiveness of service delivery alongside negative impact on individual's outcomes through a failure to modernise services to meet current and future demands.	Head of Finance and Transformation	<ul style="list-style-type: none"><li>* NAHSCP Transformation Board for oversight of programme development and delivery.</li><li>* Reporting to NAHSCP Integration Joint Board, NHSAA Performance Governance Committee which has oversight on behalf of the NHS Board and NAC Extended Leadership Team.</li><li>* Pan Ayrshire SPOG, NHSAA, NAC Scrutiny Groups &amp; Staff Partnership Forum review and professionally challenge business plans</li><li>*Scheduled meetings with Planning Managers to ensure effective communication throughout the change process on a 6 weekly basis.</li><li>* Cross fertilisation and knowledge transfer of Planning Managers.</li><li>* Development of Transformation Board risk register to manage risks associated with Programme change strands.</li><li>* Alignment of service change/transformation plans to Strategic Plan priorities</li><li>* Delivery Plans developed for each programme which identifies specific requirements for the successful delivery of each area, triggers exception reports to report when plans are not on track</li></ul>	9	3	3	9	Moderate	<ul style="list-style-type: none"><li>* Raising awareness of Programme within the three parent organisations (including elected members and board members) via established reporting arrangements</li><li>* SPOG review of business cases prior to formal submission to corporate parents to highlight negative aspects</li><li>* Alignment of plans to Covid recovery</li><li>* Development of full operational Workforce Plan to sit alongside plans</li></ul>	6	3	2	6	Moderate	Treat
SRR05	<b>Governance</b> - IJB governance arrangements are not conducive to effective working and decision making, Leading to a lack of confidence in the IJB and reputational damage. Failure to comply with governance requirements such as Freedom of Information, Complaints and other regulations laid down within the Public Bodies (Scotland) Act. This could lead to a breach of specific regulations resulting in enforcement action from governing bodies, adverse public reaction and/or prosecution.	Governance Officer (Karen Andrews)	<ul style="list-style-type: none"><li>* Appropriate arrangements in place for representation at the IJB and sub-committees</li><li>* Integration Scheme, Strategic Plan, Standing Orders and Code of Conduct in place</li><li>* Policies and procedures developed and in place for each function including Complaints, FOIs/Adverse Events for both HSCP and IJB.</li><li>* HSCP Governance Team in place, including Governance Assistants for FOI and AERG processes.</li><li>* Operational Governance / Delivery groups in place to ensure appropriate action planning and monitoring including Performance and Audit Committee, Clinical and Care Governance Group, Adverse Events Review Group, Health and Safety Groups and the Staff Partnership Forum.</li><li>* IJB receives 6 monthly updates on Clinical and Care Governance activity including details of adverse events; significant case review; complaints. This update includes details of outcomes and lessons learned. The Adverse Event Review Group now includes a fortnightly update for all AERs across the North HSCP.</li><li>*Approved a Risk Management Strategy, Strategic Risk Register and risk appetite statement.</li><li>*Health and Care Governance Framework in place</li><li>* North Ayrshire IJB has complied with all legislative requirements for IJBs which were introduced during 2017, including Model Publication Scheme, Climate Change Reporting, Records Management Plan, Complaint Handling Procedure.</li><li>* Internal Audit review of IJB Governance concluded in 2021</li></ul>	9	3	3	9	Moderate	<ul style="list-style-type: none"><li>* Development of IJB member induction programme was paused during pandemic but is now being finalised.</li><li>* Recruitment of IJB stakeholders being progressed through social media, local press etc.</li><li>* Standing Orders and Scheme of Delegation reviewed and approved in February 2022.</li><li>* HSCP reviewing resourcing and capacity for demand to undertake SAERs. Proposal to enhance process with training and reviewing capacity across the three HSCPs.</li></ul>	6	3	2	6	Moderate	Treat



Risk Ref	Description of Risk	Risk Owner	Mitigations/Control Measures	Previous Score	Gross Risk				Proposed New Control Measures	Previous Score	Residual Risk				Risk Tolerance / Appetite
					Severity	Probability	Score	Rating			Severity	Probability	Score	Rating	
SRR06	<b>Demography and Inequality Pressures</b> - failure to adequately plan for and respond to changes in our population profile and in the levels of poverty in North Ayrshire will result in more people experiencing higher levels of physical and mental ill health, resulting in increasing demand on services, an inability of services to provide adequate care and negative impact on health and wellbeing.	Chief Officer (Scott Bryan)	<ul style="list-style-type: none"><li>* Through delivery of the strategic plan the IJB sets out actions to tackle inequality through its Partnership Pledge and across all five of the strategic priorities.</li><li>* Our Strategic Plan sets out Strategic Needs Assessment and our Strategic Planning Group and Locality Planning Forums work on the ongoing development of this</li><li>* HSCP services work to address inequalities, for example our Money Matters service work with vulnerable families, providing them with benefits advice and helping to maximise household incomes.</li><li>* The Partnership will continue to work closely with partners to deliver the Fair for All pledges and progress the Fairer Food agenda.</li><li>* Demography increases are factored into budget planning to ensure the resource requirements are understood and funding is identified to meet needs</li><li>* The Change Programme and previous Challenge Fund Projects are focused on early intervention and prevention approaches stemming the impact of future demography increases.</li><li>* Equalities Impact Assessments considered as part of IJB decision making processes</li><li>* Expand Community Link Workers service to assist individuals to understand the full range of formal and informal community based services available to them</li><li>* Our Justice services offer greater levels of support to those with experience of the Justice system, providing offenders with employment and wellbeing support, and reducing the likelihood of reoffending.</li><li>* We provide welfare training to staff across the HSCP, including NHS, NAC and Third Sector Staff, helping to better inform our workforce of the impact of inequalities.</li><li>* We will also continue to undertake Equality Impact Assessments on all new policy or service proposals, ensuring we ass the impact of any proposals on identified protected groups. Further, the EIA process included assessment of how proposals meet the Fairer Scotland Duty.</li><li>* Our commissioning and procurement process adopt ethical approaches, ensuring all commissioned services do not discriminate against any particular groups and provide real</li></ul>	12	4	4	16	High	<ul style="list-style-type: none"><li>* Raise the profile of the impact of inequalities with our communities, staff, service users and volunteers through implementation of the strategic plan to ensure they have a firm understanding of inequalities and its impact on health and wellbeing.</li></ul> <b>Demographic Measures</b> <ul style="list-style-type: none"><li>* Workforce plan will underline need to meet future demand resulting from population change</li><li>* Strategic plan has key focus on providing early and effective support to help people remain as healthy as possible for as long as possible.</li><li>* We will renew our Service Level Agreement with KA Leisure to deliver our health and wellbeing service to ensure people are supported to remain as physically health as possible.</li></ul> <b>Inequalities Measures</b> <ul style="list-style-type: none"><li>* Embedding Money Matters staff in nine GP practices and seven local schools in North Ayrshire's more deprived areas, to improve access to financial advice and income maximisation services for local families.</li><li>* By implementing new ways of working in Trindlemoss, people with a learning disability will have greater opportunities to develop skills and access meaningful paid employment</li></ul>	9	3	4	12	High	Treat
SRR07	<b>Workforce</b> - failure to recruit and retain and plan workforce requirements effectively leading to an insufficient workforce (number of staff, key roles and competency levels), resulting in a reduction in capacity to safely and effectively care for local people and a negative impact on service user and patient's needs being met	Chief Officer (Scott Bryan)	<ul style="list-style-type: none"><li>* Collaborative recruitment in A&amp;A for areas including ICT, Primary Care Implementation plan, Mental Health and Clinical Leadership</li><li>* Workforce Development Strategy (WDS) 2018-2021 approved by the IJB, interim workforce plan is being developed</li><li>* Engagement with local secondary schools to expand the range of work experience and modern apprentice options that are available to promote a career in care.</li><li>* Engagement with Ayrshire College to refine and expand the range of options available for students to experience service delivery in North Ayrshire.</li><li>* Conduct exit interviews with all staff to understand reasons for leaving, using this intelligence to inform plans to improve working conditions and role satisfaction</li><li>* Work with local providers to understand the pressures they face and support them, supporting the implementation of the Scottish Living Wage and fair work agenda</li><li>* Early identification of vacancies and timeous submission of recruitment paperwork to the vacancy scrutiny group</li><li>* Managed risks to recruiting on a permanent basis rather than relying on temp recurring funding, through creative use of funding and alignment with other service needs/alternatives</li></ul>	12	4	3	12	High	<ul style="list-style-type: none"><li>* Interim Workforce plan 2021-22 published. Includes support for workforce, including:<ul style="list-style-type: none"><li>- Wellbeing programmes</li><li>- Collaborative working across H&amp;SC system</li><li>- Trauma Support for staff</li><li>- Home working support</li></ul></li><li>* In line with Scottish Government Guidance, a new Partnership three-year workforce plan will be developed and published in July 2022.</li><li>* Undertake workforce planning for each transformational change programme within services</li><li>* Establish optimum staffing levels across all staff groups and factor this into the WDS and Medium Term Financial Plan.</li><li>* The creation of pan-Ayrshire Strategic Commissioning plans to move from competitive to collaborative recruitment models.</li><li>* Commissioning plan due in 2022 will have a workforce development section.</li><li>* Explore further opportunities for 'growing our own' similar to the programme for social work students</li><li>* Workforce development and support identified as a key priority in the new Strategic Plan 2022-30.</li></ul> Actions aligned to the priority for the next 3 years include: <ul style="list-style-type: none"><li>- Develop a staff health and wellbeing programme including, online mindfulness training, psychological wellbeing workshops and opportunities to access a range of wellbeing an leisure activities.</li><li>- Deliver the Psychological Therapies Workforce plan</li><li>- Develop and enhance the AHP workforce in line with MDTs</li><li>- Increase our care at home workforce</li><li>- Increase the community nurse workforce</li><li>- Provide focused training and supervision, to ensure all staff are supported and confident in doing their job.</li></ul>	9	3	3	9	Moderate	Treat
SRR08	<b>Scottish Government Policies:</b> risk of further legislative, policy developments or change which impacts on the IJBs ability to deliver on strategic objectives, examples include the Promise, the Living Wage, Carers Act, Free Personal Care and other future policy developments including the National Care Service. The impact being the inability to deliver on these alongside strategic plan commitments and objectives and the impact of funding for new policy and legislative commitments.	Chief Officer	<ul style="list-style-type: none"><li>* Horizon scanning for policy developments through partners, professional networks including links with Scottish Government policy teams</li><li>* Regular liaison with Scottish Government and COSLA senior officers</li><li>* Attendance at the national Chief Officer network.</li><li>* Responses to consultations on potential implementation of new policy areas</li><li>* Early impact assessments locally for national policies, including operational and financial service impact</li><li>* Financial modelling to respond to requests for information to support full funding</li><li>* Fully brief IJB members and wider partners on policy implications for the IJB to gather support and awareness of any implementation issues or concerns</li></ul>	16	4	4	16	High	<ul style="list-style-type: none"><li>* Promote and develop pan-Ayrshire approaches to impact assessment of policy implementation</li><li>* Reinforce the role of Elected Members and IJB members to influence Scottish Government decision making through political routes</li></ul>	12	4	3	12	High	Treat
SRR09	<b>Covid-19 Recovery:</b> Failure to remobilise services leading to a reduction in service provision in order to redirect and focus on prioritised activities. This could delay transformation and the strategic objectives of the partnership resulting in the following potential consequences: financial loss, increased waiting times, physical and mental health impacts on our staff and communities.	Chief Officer	<ul style="list-style-type: none"><li>* Strategic, tactical and operational response groups formed with HSCP representation at Council, NHS Board and HSCP governance groups.</li><li>* Work to identify recovery, renewal and transformation opportunities, aligned to budget plans for 2022-23</li><li>* Refreshed business continuity management arrangements</li><li>* Enhanced arrangements in place for oversight and support of commissioned social care providers, including professional Care Home Oversight Group and financial sustainability payments</li><li>* Prioritise the health and wellbeing of our residents by protecting the most vulnerable in our society against the immediate threat of coronavirus.</li><li>* Develop plans for individual service recovery incorporating the learning and experience from the Covid response and period of service disruption</li><li>* Additional funding from the Scottish Government to support Enhanced Care at Home Capacity, Interim Care, Multi-Disciplinary Team and Mental Health Recovery and Renewal.</li></ul>	20	5	4	20	Very High	<ul style="list-style-type: none"><li>* The Strategic Plan for 2022-25 will be presented to the IJB for approval in March 2022, setting out priorities for recovery</li><li>* Framework for measuring demand and service performance to be developed to establish impact on services and communities</li><li>* Support commissioned care provider sustainability through contract management process and aligning commissioned services with ongoing service delivery needs.</li></ul>	15	5	3	15	High	Treat

Risk Ref	Description of Risk	Risk Owner	Mitigations/Control Measures	Previous Score	Gross Risk				Proposed New Control Measures	Previous Score	Residual Risk				Risk Tolerance / Appetite
					Severity	Probability	Score	Rating			Severity	Probability	Score	Rating	
SRR10 (new)	<b>National Care Service</b> - Development of the National Care Service leading to uncertainty about the future delivery of services by the IJB resulting in an impact on the current services and staff.	Chief Officer	* Providing a full response to the Scottish Government Consultation after consultation with - North Ayrshire HSCP Extended Management Team, Strategic Planning Group, Workshop session with the IJB in September, Social Work and Health Care Governance, representation at North Ayrshire Council and NHS Ayrshire and Arran Board sessions, Representation at National Professional Leadership forums at sessions facilitated by Scottish Government. * Local programme of community engagement undertaken facilitated by the HSCP engagement officer. The purpose of the community engagement sessions was to make the consultation more accessible for individuals and community groups to provide their own responses to the SG consultation *.Keeping up to date with developments via the Chief Officer network and Chief Finance Officers Network * Continue the current transformation programme to continue to deliver the improvements intended to be achieved by integration of health and social care.	n/a	3	5	15	High	* Push for more information where there were significant gaps in the consultation e.g. in relation to support services, capital and assets and key commissioning links with acute NHS services for unscheduled care (e.g. set aside).	n/a	3	5	15	High	Treat
SRR11 (new)	<b>Clinical and Care Governance:</b> Failure to have an appropriate framework in place leading to an adverse impact on the culture resulting in a reduction in the quality of the delivery of the highest quality of care and support is understood.	Chief Social Work Officer and Associate Nursing Director	*continuous review of arrangements for Clinical and Care Governance are essential for the delivery of statutory, policy and professional requirements and the achievement of our quality ambitions. *ongoing review of established structures and processes to assure Integration Joint Boards,Health Boards and Local Authorities *empowering clinical and care staff to contribute to the improvement of quality *making sure that there is a strong voice of the people and communities who use our services. * ensure that professional leadership develops good governance for each of the following components: culture, systems, practices, performance, vision and leadership. * delivery of the highest quality of care and support is understood to be the responsibility of everyone working in the organisation - built upon partnership and collaboration within teams, and between health and social care professionals and managers.	n/a	3	3	9	Moderate	* With the evolution of fully integrated, multi-disciplinary teams at the heart of this work, it will be important to ensure that staff and managers from directly provided services, as well as from the third and independent sectors have the opportunity to participate in regular inter-disciplinary training and peer support networks to share learning and good practice.	n/a	3	3	9	Moderate	Tolerate



**Name of Committee/Board**  
**17th March 2022**

<b>Subject:</b>	<b>Strategic Commissioning Plan 2022-30</b>
<b>Purpose:</b>	To seek IJB approval for publication and implementation of NAHSCP Strategic Commissioning Plan 2022-30
<b>Recommendation:</b>	IJB to approve 'Caring Together', the Partnership's Strategic Commissioning Plan for the period 2022-2030. IJB to approve publication and implementation of the plan from 1st April 2022

<b>Glossary of Terms</b>	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
SPG	Strategic Planning Group
MTFO	Medium Term Financial Outlook
GP	General Practice

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	Following the publication of the one-year Strategic Bridging Plan in April 2021, preparations began on the development of a new longer-term plan that would provide the North Ayrshire Health and Social Care Partnership with strategic direction over the next eight years from April 2022 to March 2030.
1.2	<p>Following a period of engagement and consultation with local people, stakeholders and partners, a new strategic commissioning plan "Caring Together" has been developed, and outlines the Partnership's Vision, Priorities and Ambitions for improving the health and wellbeing of local people up to 2022-2030</p> <p>From April 2022, the North Ayrshire Health and Social Care Partnership will seek to:</p> <ul style="list-style-type: none"> <li>○ Enable Communities</li> <li>○ Develop and Support our Workforce</li> <li>○ Provide Early and Effective Support</li> <li>○ Improve Mental and Physical Health and Wellbeing, and</li> <li>○ Tackle Inequalities</li> </ul>
1.3	The plan identifies our key assets and challenges, our local and national policy landscape and identifies our key enablers for success. It will be supported through a detailed action plan that has been developed through engagement with service areas.
<b>2.</b>	<b>BACKGROUND</b>

2.1	The Partnership's one-year Strategic Bridging Plan was published in April 2021 and will expire on 31 <sup>st</sup> March 2022. This short-term plan was produced to allow the Partnership to meet its statutory obligations while continuing to meet the demands of the on-going pandemic. The bridging plan set out the foundations for a longer-term plan from 2022-2030.
2.2	<p>A long-term successor plan has now been developed. '<b><i>Caring Together</i></b>', is the Strategic Commissioning Plan for North Ayrshire HSCP and will run from April 2022 until March 2030. The plan sets out:</p> <ul style="list-style-type: none"> <li>• Our vision for local people</li> <li>• Our Partnership Values</li> <li>• A reviewed set of strategic priorities</li> <li>• Our service ambitions to 2030</li> <li>• Our priorities for North Ayrshire localities</li> <li>• Key national and local policy developments</li> <li>• Our key enablers to support delivery this plan</li> </ul>
2.3	<p>The vision, values and priorities were endorsed by the Integration Joint Board (IJB) on 14<sup>th</sup> February 2022.</p> <p>The plan was endorsed by the Strategic Planning Group (SPG) on 1<sup>st</sup> February 2022.</p>
2.4	<p><u>Vision and Values</u></p> <p>The new Strategic Plan will maintain the Partnership's vision that:</p> <p style="text-align: center;"><b><i>'People who live in North Ayrshire are able to have a safe, healthy and active life'</i></b></p> <p>Following public engagement, the Partnership has revised its organisation values. The new set of values are:</p> <ul style="list-style-type: none"> <li>• Caring,</li> <li>• Empathy, and</li> <li>• Respect.</li> </ul>
2.5	<p><u>Strategic Priorities</u></p> <p>The plan introduces a revised set of strategic priorities. As a Partnership we will:</p> <ul style="list-style-type: none"> <li>• Enable Communities</li> <li>• Develop and Support our Workforce</li> <li>• Provide Early and Effective Support</li> <li>• Improve Mental and Physical Health and Wellbeing, and</li> <li>• Tackle Inequalities</li> </ul> <p>These priorities are underpinned by our service ambitions and will be supported in the medium term by a three-year strategic action plan. (Attached as appendix).</p>
2.6	<p><u>Delivering the plan</u></p> <p>The plan sets out a number of key sections that will inform and support service delivery:</p> <ul style="list-style-type: none"> <li>• <b>Strategic Needs Assessment:</b> highlighting the key health and social care pressures facing North Ayrshire</li> </ul>

	<ul style="list-style-type: none"> <li>• <b>Assets and Investments:</b> providing information on the local strengths and opportunities in North Ayrshire, including the Community Wealth Building Strategy, vibrant communities, and rich environment.</li> <li>• <b>Policy Developments:</b> providing an overview of the key local and nation policies and strategies that are likely to impact on local health and social care provision, for examples the development of a national care service, and the new Local Outcome Improvement Plan.</li> <li>• <b>Key Enablers:</b> providing an overview of our key support mechanisms, including our Medium-Term Financial Outlook, Transformation Plan, Workforce Plan and Engagement and Participation Strategy.</li> </ul>
<b>3.</b>	<b>PROPOSALS</b>
3.1	The Strategic Commissioning Plan 'Caring Together' 2022-30, is attached as an appendix to this report. It is proposed that IJB approve this document for publication and implementation from 1 <sup>st</sup> April 2022.
3.2	<p><u>Next Steps</u></p> <p>Following IJB approval, finalisation steps will include:</p> <ul style="list-style-type: none"> <li>• Final editorial amendments</li> <li>• Ensuring all relevant external links are functional</li> <li>• Publication on 1<sup>st</sup> April 2022</li> </ul>
3.2	<b><u>Anticipated Outcomes</u></b>
	<p>We anticipate that through delivery of the plan, we can improve the long-term health and wellbeing of the people of North Ayrshire.</p> <p>Over the life of the plan, we intend to ensure health and social care services meet the needs of local people. Through our various programmes and projects, people will be able to access the right health and care support for their need at the right time, in the right place. This will include improved community supports for low level concerns, and improved access to health and social care professionals when needed.</p> <p>We will also have developed an effective workforce that is ready to support the current and future health and care demands of local people.</p> <p>In terms of the Partnership's statutory requirements, the longer-term strategic plan will ensure North Ayrshire continues to meet its obligations in achieving the nine National Health and Wellbeing Outcomes, and other identified outcomes throughout its duration.</p>
3.3	<b><u>Measuring Impact</u></b>
	<p>North Ayrshire HSCP has a robust performance, commissioning and financial management framework incorporating multiple levels of scrutiny. This includes:</p> <ul style="list-style-type: none"> <li>• Publishing an Annual Performance Report</li> <li>• Quarterly Performance and Audit Committee Reports</li> <li>• Strategic Plan progress reports to Strategic Planning Group</li> <li>• National Scottish Government returns on workforce and commissioning.</li> </ul>

	<p>We will continue to monitor our progress against the nine national health and wellbeing outcomes as well as the key indicators set out by the Ministerial Strategic Group for Health and Social Care</p> <p>To support progress towards the plan, a 3-year strategic action plan has been developed. All actions within this support plan will align to our strategic priorities and service ambitions. Where possible, actions will be supported by appropriate performance metrics.</p> <p>Progress against this action plan will be regularly monitored through the internal performance reporting processes listed above.</p>
<b>4.</b>	<b>IMPLICATIONS</b>

<b>Financial:</b>	The Strategic Plan is aligned to the partnership's Medium-Term Financial Outlook (MTFO).
<b>Human Resources:</b>	The Strategic Plan provides a focus on current workforce pressures and future workforce planning. The plan underlines the importance of valuing and supporting the HSCP workforce. The Strategic Plan will be supported by a 3-year workforce plan that will be published in July 2022.
<b>Legal:</b>	In publishing this plan, the Integration Joint Board is complying with the legal obligation to produce a new strategic plan with set timescales.
<b>Equality:</b>	An Equality Impact Assessment will be completed on the new Strategic Plan prior to publication to ensure our intentions do not discriminate or adversely impact on any protected group. The plan aligns to the high-level equality outcomes set forth by the Ayrshire Equality Partnership.
<b>Children and Young People</b>	<p>In the development of this strategy, input was provided from all service areas, including Children, Families and Justice Services. As such, implications for children and young people have been considered.</p> <p>Further, many of the Partnership's ambitions are focussed on improving the lives and opportunities for our young people.</p>
<b>Environmental &amp; Sustainability:</b>	No environment or sustainability issues have been identified as a result of the strategic plan. However, many programmes outlined within the plan will seek to improve the overall HSCP estate (including improvements to GP practices, re-design of Woodland View and locality-based working) or support the sustainability of local services and providers.
<b>Key Priorities:</b>	Through consultation and engagement with stakeholders, partners and local people, the HSCP strategic priorities have been revised. The new priorities provide a key focus for services to work towards in improving the health and wellbeing of local people and achieving the HSCPs Vision.
<b>Risk Implications:</b>	<p>It is recognised that the Health and Social Care sector is facing unprecedented demand at present. The on-going challenges of the Covid-19 pandemic continue to place pressure on services, staff and local people. Changes in Government advice and guidance can impact our ability to deliver aspects of this plan. In addition, the long-lasting impacts of the pandemic are yet unknown and present a possible future risk to the delivery of services.</p> <p>The plan has attempted to set out how we will mitigate the medium and long-term challenges we face.</p>

<b>Community Benefits:</b>	Not applicable. However, the plan contains an overview of commissioning intentions and the requirement to ensure any services procured or employed by North Ayrshire HSCP subject to ethical procurement practices, ensuring no detriment to local people and positively contributing to the local economy.
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<b>Direction Required to Council, Health Board or Both</b>	Direction to :-	
	1. No Direction Required	
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	✓

<b>5.</b>	<b>CONSULTATION</b>
5.1	<p>A public consultation on the Strategic Commissioning Plan was undertaken between the 1<sup>st</sup> December 2021 and 21<sup>st</sup> January 2022. Due to limitations on face-to-face engagements, most responses were received online.</p> <p>240 responses were received and identified:</p> <ul style="list-style-type: none"> <li>• High levels of support for the revised five strategic priorities</li> <li>• High levels of support for locality priorities</li> <li>• Three partnership values.</li> </ul> <p>Public engagement was also carried out through the <b>North Ayrshire Wellbeing Conversation</b>, which was live since October 2020. During that period, <b>726</b> people responded, telling us what they do to keep themselves healthy and well.</p> <p>Relevant stakeholders, service area leads, and senior leaders have been consulted throughout the development process.</p>
<b>6.</b>	<b>CONCLUSION</b>
6.1	<p>The North Ayrshire Health and Social Care Strategic Bridging Plan (2021-22) will expire on 31<sup>st</sup> March 2022.</p> <p>Work to develop a new plan has been completed. '<b>Caring Together</b>', the North Ayrshire HSCP Strategic Commissioning Plan 2022-30, is ready for final approval by IJB before publication on 1<sup>st</sup> April 2022.</p> <p>The plan provides the strategic vision, priorities, and ambitions for the HSCP to work towards over the next eight years as we continue to support and improve the health and wellbeing of local people.</p> <p>It sets out our key assets and challenges, our local and national policy landscape and identifies our key enablers for success.</p> <p>IJB are asked to approve the plan for publication on April 1<sup>st</sup> 2022.</p>

**For more information please contact Scott Bryan on 01294 317747 or [sbryan@north-ayrshire.gov.uk](mailto:sbryan@north-ayrshire.gov.uk)**

