Integration Joint Board

Agenda

Thursday 11 February 2016
at 10.00 a.m.

Council Chambers
Cunninghame House
Irvine

1. Apologies
Invite intimation of apologies for absence.

2. Declaration of Interest

3. Minutes / Action Note (Page 7)
The accuracy of the Minutes of the meeting held on 10 December 2015 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.

Presentation

4. Update: Review of Services for Older People and Those with Complex Needs
Receive presentation from David Rowland, Head of Service - Health & Community Care.

Reports for Approval

5. Financial Management Report as at 30 November 2015 (Page 17)
Submit report by Fiona Neilson, Senior Finance Manager on the current financial position of the North Ayrshire Council Health and Social Care Partnership and the projected outturn for 2015/16 as at period 8 to 30 November 2015 (copy enclosed).

6. Integrated Care Fund (Page 39)
Submit report by Jo Gibson, Principal Manager (Planning & Performance), on the proposals for the Integrated Care Fund (copy enclosed).

7. High Volume Low Cost Equipment (Page 45)
Submit report by David Rowland, Head of Service, Health and Community Care, on the findings of the high volume low cost equipment Lean Six Sigma review (copy enclosed).

Reports for Noting

8. Director's Report (Page 51)
Submit report by Iona Colvin, Director NAHSCP, on developments within the North Ayrshire Health and Social Care Partnership (copy enclosed).

9. Healthcare Associated Infection Ayrshire Central Hospital (Page 57)
Submit report by Stuart Gaw (Senior Manager) on action plan now in place following the unannounced visit on the 8th and 9th September 2015 (copy enclosed).

10. Woodland View Progress Report (Page 67)
Submit report by Linda Boyd on the construction and commissioning progress and outlines the opportunities for the longer term strategy for both Woodland View and the Ayrshire Central site where it is located (copy enclosed).

11. Mental Health Innovation Fund (Page 73)
Submit report by Dale Meller, Senior Manager (Mental Health) on one of North Ayrshire's Mental Health Innovation Fund initiatives – People in Distress and Intensive Support Model CAMHs (copy enclosed).

12. Development of Locality Planning Forums (Page 79)
Submit report by Jo Gibson, Principal Manager (Planning & Performance),on the progress of HSCP Locality Planning Forums (copy enclosed).

13. Addressing Fair Work Practices, including the Living Wage, in Procurement (Page 85)
Submit report by Betty Saunders, Manager (Service Design and Procurement) on the actions required to comply with statutory guidance SPPN 04/2015 issued under the Procurement Reform (Scotland) Act 2014 (copy enclosed).

14. Winter Planning – Improving Patient Experience Programme (Page 97)
Submit report by David Rowland, Head of Service (Health & Community Care) on the Partnerships whole system approach to winter planning (copy enclosed).

15. Veterans First Point Service (Page 101)
Submit report by Thelma Bowers, Head of Mental Health on the Veterans First point funding and programme (copy enclosed).

16. Local Delivery Plan Guidance 2016/17 (Page 115)

Submit report by Iona Colvin, Director NAHSCP, on the publication of the Local Delivery Plan Guidance 2016/17 and the process in place to submit an agreed Plan to the Scottish Government by 4th March 2016 (copy enclosed).

Integration Joint Board

Sederunt

Voting Members

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

Professional Advisors

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

Stakeholder Representatives

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

North Ayrshire Health and Social Care Partnership
Minute of Integration Joint Board meeting held on
Thursday 10 December 2015
at 10.00 a.m., Council Chambers, Cunninghame House, Irvine

Present

Councillor Anthea Dickson, (Chair)
Carol Davidson, NHS Ayrshire & Arran
Bob Martin, NHS Ayrshire & Arran
Councillor Peter McNamara, NAC
Councillor Ruth Maguire, NAC
Councillor Robert Steel, NAC

Iona Colvin, Director North Ayrshire Health and Social Care (NAHSCP)
Lesley Aird, Chief Finance Officer
Stephen Brown, Chief Social Work Officer – North Ayrshire
Kerry Gilligan, Lead AHP
Dr Paul Kerr, Clinical Director
Nigel Wanless, Independent Sector Representative
David Donaghy, Staff Representative – NHS Ayrshire and Arran
Louise McDaid, Staff Representative – North Ayrshire Council
Fiona Thomson, Service User Representative
Sally Powell, Carers Representative
Jim Nichols, Third Sector Representative

In Attendance

Thelma Bowers, Head of Mental Health
Jo Gibson, Principal Manager (Planning & Performance)
David Rowland, Head of Health & Community Care
Paul Doak, Senior Manager (Internal Audit and Risk Management)
Lynne Ferguson, Senior Business Support Officer
Heather Molloy, Independent Sector Development Officer
Angela Little, Committee Services Officer

Apologies for Absence

Stephen McKenzie, NHS Ayrshire & Arran (Vice Chair)
Janet McKay, NHS Ayrshire & Arran
Dr Mark McGregor, Acute Services Representative
Martin Hunter, Service User Representative
Marie McWaters, Carers Representative

1. Apologies

Apologies were noted.

2. Declarations of Interest

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

3. Minutes/Action Note – 5 November 2015

The accuracy of the Minutes of the meeting held on 5 November 2015 were confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973, subject to the following amendment:-

Present – Dr. Paul Kerr, Clinical Director

4. Matters Arising from the Action Note

Violence Against Women Strategy – will be presented to a future meeting. S. Brown

Development and Implementation of a North Ayrshire Social Enterprise Strategy - will be presented to a future meeting. J. Godwin

5. Governance Arrangements

Submitted report by the Head of Services (Democratic Services) on the proposed amendments to Standing Orders to provide (i) that meetings of the Integrated Joint Board Performance and Audit Committee are not open to the press and public; and (ii) that the IJB, when setting up further Committees will decide whether such Committees are open to the public.

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

- A review that will take place of the arrangements for the IJB Performance and Audit Committee in 12 months;
- A delay in the provision of NHS data;
- Performance and audit information that will be reported to the IJB and sessions that will be held for IJB members to scrutinise this information in full.

The Board agreed to (a) add to Standing Orders Clause 11.4 – Clauses 11.1 and 11.2 shall not apply to Committees of the Integration Joint Board. Meetings of the IJB Performance and Audit Committee shall not be open to the public, nor is public notice of the time and place of each meeting required. In relation to any other Committee or Sub-Committee of the Integrated Joint Board, the Board will determine when creating such Committees or Sub-Committees whether there shall be public access to meetings of those Committees or Sub-Committees; and (b) clarify the membership of the IJB Performance and Audit Committee in respect of the appointment of named depute IJB members. A. Fraser

6. Strategic Plan Refresh 2016/17

Submitted report by Jo Gibson, Principal Manager (Planning and Performance) on the process established to support discussions and decisions leading to a refresh of the Strategic Plan, which included information on:-

- Review of progress against the current plan;
- Evaluation of the projects funded through the Integrated Care Fund (ICF);
- Development of equality outcomes;
- Views for locality forums;
- Emerging areas for investment;
- Allocation of ICF 2016/17;
- Consultation; and
- Timetable.

The outcome of the review will be presented to the Strategic Planning Group (SPG) who will undertake some group work to identify the emerging themes and priorities for next year. A joint session of the IJB and SPG will take place in January 2016. Thereafter the draft plan refresh will be circulated to key stakeholders for comment.

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

- The addition of the Third and Independent Sectors in the consultation process; and
- Velcro partnerships that are used to bring together particular groups for a short period of time to produce a specific piece of work

The Board was advised that the report should read the "Public Partnership Forum and Participation Network".

The Board agreed the process as outlined in the report in respect of the refresh of the Strategic Plan.

7. Review of Services for Older People and Those with Complex Care Needs

Submitted report by Annie Weir, Senior Engagement and Project Manager, on the work being undertaken to meet the future needs of older people and those with complex care needs, presented by David Rowland, Head of Service (Health and Community Care).

The report presented information on the work of the Services for Older People and those with Complex Care Needs Steering Group, which included the development of the commissioning plan for the next 5 – 10 years for the Reshaping Care for Older People – 10 Year Vision for Joint Services. The Steering Group identified four workstreams and will further consider who should be involved in both the workstreams and the Steering Group in order to ensure the frameworks developed reflects the needs of all partners.

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

- Physical health, mental health and social care teams working in partnership with the independent, third and statutory sectors within the community to provide shared care;
- Communication with the Care Inspectorate on the transformation of services for older people and those with complex care needs;
- Membership of the Steering Group and carer representatives that will form part of the workstreams.

The Board agreed (a) to note the development of the project and receive regular updates to future meetings; and (b) that a report is presented to a future meeting on the experiences of an older person who has used the services for older people. D. Rowland

8. Arran Services Review Update

Submitted report by David Rowland, Head of Service (Health and Community Care) on progress made in relation to the Arran Services Review, which included information on (a) the creation of the Arran Services Review Steering Group (Appendix 1); (b) the work programme for the Steering Group; (c) an overview of the local need to inform the development of the model of care (Appendix 2); (d) the latest draft of the service map (Appendix 3); (e) work now underway to conduct process mapping on how individuals access services on the island, gaps and duplication and opportunities to improve joint working which will be considered by the Steering Group and help define an initial model of care for further discussion; and (f) a report to the Board in February 2016 on the workforce and infrastructure requirements.

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

- The comprehensive service map that illustrated the range of health and care provision available; and
- Discussions with local stakeholders, including Trade Unions, on the development of the model of care.

The Board (a) noted the current position; and (b) agreed the timescale for the delivery of the final recommendations in March 2016. D. Rowland

9. Developing Partnership Forums within Health and Social Care Partnerships

Submitted report by David Donaghey, NHS Staff Representative and Louise McDaid, NAC Staff Representative on the proposal to develop Partnership Forums within each Health and Social Care Partnership.

The report outlined (a) the initial meetings of the Partnership Working Group; (b) the establishment of a sub group to agree the priority recommendations, staff partnership arrangements, Terms of Reference, membership, an over-arching structure, sub-structures and the production of one single framework. The Terms of Reference were detailed at Appendix 1 to the report.

Members asked questions and were provided with clarification in relation to the establishment of Partnership Forums within each HSCP rather than one overall forum for all HSCPs

The Board agreed to approve the proposals and Terms of Reference for the Forum.

10. Director's Report

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

The Board were also provided with information in relation to:-

- a report that will be provided to a future meeting by Paul Doak, IJB Auditor, on the recent Audit Scotland report on Health and Social Care Integration; and
- the move away from the provision of rehabilitation care by the Red Cross and work that will be done by HSCP to secure alternative services for those affected.

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

- The Strategic Planning and Operational Group (SPOG) that is a sub-group of the NSH Ayrshire and Arran's Corporate Management Team and meets weekly to co-ordinate the different change programmes; and
- GP engagement and meetings with GP pilot practices that have taken place.

Noted.

11. Performance Review: Quarter 2

Submitted report by Jo Gibson, Principal Manager (Planning and Performance) on the performance of the Health and Social Care Partnership against the key performance indicators and progress across the five strategic priorities.

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

- Awareness raising of adult protection issues that has attributed to the increase in adult support and protection referrals by the Police to Social Services;

- Realistic targets that had been set for the percentage of babies breastfed at 6/8 weeks old which does not include those who are mixed fed (breast and bottle);
- A review of the advice provided to carers and the Carers Assessment Report to make the process more carer friendly; and
- A range of work that is ongoing to reduce the number of external fostering placements.

Noted.

12. Draft Order to Review Procedures for Social Work Complaints

Submitted report by Lynne Ferguson, Senior Business Support Officer on the proposed response to the Scottish Government's consultation in relation to a draft Order to revise the procedures for complaints about social work, presented by Iona Colvin, Director (NAHSCP), presented by Iona Colvin, Director (NAHSCP).

The report provided information in relation to (a) the existing stages of complaint handling and response; (b) the proposed replacement of the existing system by a model complaints handling procedure, prepared by the Scottish Public Services Ombudsman (SPSO); and (c) sharing of information by the Care Inspectorate with the SPSO. The proposed response to the Draft Order was appended at Appendix 1 and the consultation document was attached at Appendix 2 to the report.

The Board agreed to approve the Partnership's response to the consultation in relation to the draft Order to revise the procedures for complaints about social work, as outlined in Appendix 1 to the report. L. Ferguson

13. Tender: Taigh Mor

Submitted report by John McCaig, Senior Manager (Learning Disabilities) on a proposed re-tender exercise to appoint a provider organisation to operate the Taigh Mor Respite Centre on behalf of the North Ayrshire Health and Social Care Partnership, presented by Thelma Bowers, Head of Service (Mental Health).

The existing contract is due to end in September 2016. In order to comply with the Council's Standing Orders and Public Contracts (Scotland) Regulations 2012 (as amended) a formal re-tendering exercise requires to be undertaken.

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

- The budget level that will remain unchanged for the anticipated period of the new contract;
- Procurement processes that evaluate tenders against a price/quality ratio;
- Consideration of a variety of factors within the evaluation of the quality element of tender submissions, including the payment of the living wage

The Board agreed to recommend to North Ayrshire Council's Cabinet that a re-tender exercise be undertaken to appoint a provider organisation to operate the Taigh Mor Respite Centre on behalf of the North Ayrshire Health and Social Care Partnership for up to a period of four years. J. McCaig/ T. Bowers

Councillor Maguire left the meeting.

14. Minutes of North Ayrshire Strategic Planning Group

Submitted the Minutes of the North Ayrshire Strategic Planning Group held on 29 October 2015.

Noted.

15. Date of Next Meeting

The next meeting will be held on Thursday 11 February 2016 at 10.00 a.m. in the Council Chambers, Cunninghame House, Irvine.

The meeting ended at 11.50 a.m.

North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 10 December 2015

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	Violence Against Women Strategy	22/1/15	To be discussed at a future meeting of the SIB/IJB	19 May 2016 (awaiting updated information)	Stephen Brown
2.	Development and Implementation of a North Ayrshire Social Enterprise Strategy	4/6/15	Draft Social Enterprise Strategy to be submitted to the IJB, NACMT and NAC Cabinet Meeting.	Agenda – possibly 21 April 2016 Economic Development	John Godwin
3.	Model Publication Scheme	13/8/15	Report on progress including the outcome of the options appraisal	Agenda - March 2016	Neil McLaughlin
4.	GP Strategy	13/8/15	Progress report	Agenda – 19 May 2016	Dr P Kerr
5.	Additional Settlement Funds for Looked After Children	5/11/15	Provide an update on the projects outlined in the report	Agenda – 16 June 2016	S. Brown
6.	Pan Ayrshire Concerns Hub within Kilmarnock Police Office	5/11/15	Report on the model of delivery for the Concerns Hub	Agenda – 19 May 2016	T. Bowers

North Ayrshire Council
Comhairle Siorrachd Àir a Tuath

NHS Ayrshire & Arran

Integration Joint Board
11th February 2016
Agenda Item No. 5

Subject:	**Financial Management Report as at 30 November 2015**
Purpose:	To provide an overview of the current financial position of the North Ayrshire Health and Social Care Partnership, as well as the projected outturn for 2015/16 as at period 8 to 30 November 2015
Recommendation:	That the Board (a) **notes** the content of this report and (b) **approves** the actions being taken, as noted in paragraph 2.4, to bring the budget back into line.

1. EXECUTIVE SUMMARY

1.1 This report provides an overview of the current financial position of the North Ayrshire Health and Social Care Partnership, as well as the projected outturn for 2015/16 as at period 8 to 30 November 2015. This report reflects projected expenditure and income and has been prepared in conjunction with relevant budget holders.

1.2 The total approved budget for 2015/16 was £204.818m. This has been increased to £208.144m at period 8 to 30 November 2015. The budget has increased by £3.326m in total since the budget was originally approved. (£1.328m since the period 6 report). Budget movements are detailed in Section 3.2 of this report.

2. CURRENT POSITION

2.1 Against the revised full-year budget of £208.144m there is a projected overspend of £1.066m.

2.2 Summary of main movements since last report

The overall position has improved significantly from a projected overspend of £2.441m at the end of September to a projected overspend of £1.066m at the end of November 2015, a decrease in the projected overspend of £1.375m. The main movements since the last report are detailed below.

Level One – Core – (total projected underspend of £0.556m, reduced projected spend of £0.609m since period 6)

2.2.1 Older People, increased underspend from period 6 of £0.125m, mainly due to discharges within residential care homes.

2.2.2 Mental Health Community Teams - decrease in the projected overspend of £83k due to mainly to a the review work being carried out on community packages.

2.2.3 Resource transfer, Change Fund and Criminal Justice underspend has increased by £0.042m from period 6 due to anticipated delay in the application of the Cumbrae Lodge resource transfer.

2.2.4 Level Two – Non District General Hospitals (total projected overspend £0.006m, the projected overspend has been reduced by £0.422m since period 6)

Delayed discharge funding totalling £400k which due to delays in recruitment will not be used in year for care at home services as originally planned. The funding is instead being used on a one off basis within the Ayrshire Central elderly inpatient wards for winter planning. Robust absence management within these wards has helped to reduce projected expenditure by £22k.

2.2.5 Level Three – Lead Partnership Services (total projected overspend £0.303m, the projected overspend has reduced by £0.540m since period 6)
The lead mental health services overspend projection has been reduced by £0.540m from the period 6. The main area of improvement is within mental health where £0.300m of MH Innovation and QuEST funding has been utilised non-recurringly within adult inpatient services to contribute to the costs of increasing demand and acuity of patients.

2.2.6 The projected underspend in UNPACs has increased by £0.100m due to a decrease in expenditure on external care packages. The psychology underspend has also increased by £0.100m due to a number of vacancies. Training Health Visitors The anticipated overspend has reduced by £0.043m due to a review of the budget resulting in some staffing costs transferring to the main health visiting budget.

2.2.7 Level Four – Children's Services (total projected overspend £1.156m, the projected overspend has decreased by £0.054m since period 6)
A decrease in the projected overspend from period 6 of £0.054m within Children Services. Small projected cost reductions in employee costs, Throughcare, Children with Disability residential packages and various other lines have been partially offset by a further £0.100m increase in the projected overspend on fostering services due to new admissions being higher than anticipated and discharges lower.

2.2.8 Direct Overheads and Support Services – (total projected underspend £0.243m, the projected underspend has increased by £0.149m since period 6)
The increased underspend is mainly due to a reduction in the NHS projected overspend from period 6 of £0.133m due to the provision of additional funding for the NHS share of partnership management costs.

Within the overall underspend there is a cost pressure relating to the Partnership share of the costs of Clinical Leadership which the Health Board has indicated it will not fund. The Partnership will have to identify funding for this going forward circa £75k per annum.

2.3 **Detailed Actual vs Budget Analysis to 30th November 2015**

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

2.4 **Corrective Actions**

The following actions are being undertaken to address projected overspends:

- Review of individual care packages across Learning Disabilities, Mental Health and Physical Disabilities to ensure packages meet service user needs and do not create increased dependency and demand. Specific staff have been tasked with reviewing the packages on a rolling basis, starting with the highest cost packages for each area. Monthly reports on progress will go to Heads of Service and the Chief Finance Officer to ensure the review process is being actively delivered.
- For the Lead Services Mental Health overspend a business case outlining an interim funding solution went to the Health Board CMT for consideration to allow the new hospital to come on stream and deliver the anticipated budget realignment over the following two years. The proposal has been approved by the Health Board Chief Executive and was discussed at a Health Board workshop.
- All budgets are being reviewed to identify any scope for reducing in year spend to allow virement to overspent budgets. This includes delaying the filling of some vacancies to generate greater in year turnover savings.
- A full charging review is being carried out. This review is expected to identify new income streams and maximise the revenue from existing streams as part of the overall efficiencies work. It is key to ensure transparent and equitable charging policies are in place across all Partnership services and it is planned to introduce the new arrangements from April 2016.
- In year, a portion of the funding allocations for Delayed Discharges, MH Innovation and QuEST have partially off-set overspends. However this will not address any underlying recurring budget pressures aligned to these areas.

2.5 **Change Programme**

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

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

3. BUDGET REVIEW

3.1 In year Savings Delivery

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

The Council elements of the service had been targeted with delivering £2.619m of efficiency savings in 2015/16. To date as at period 8 £1.772m (68%) has been delivered.

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

A full list of the 2015/16 savings which have already been removed from the 2015/16 budgets is detailed at Appendix 5.

3.2 **Budget Movements**

3.2.1 In total the budget has increased by £3.326m (a further £1.328m since the period 6 report). Significant budget movements include:

Level One Core budgets have been increased by £1.257m:

- £1.544m increase in the prescribing budget as a result of new funding from the Scottish Government
- The General Medical Services (GMS) budget has reduced by £0.084m due to the inflation increase assumed in original budget not yet being applied
- Mental health increase by £0.140m due to the transfer of the choose life allocation from Children's Services budget, an increase in contribution to MHO post, and provision of funding for management posts
- £0.3m decrease in the resource transfer budget for funding that has now been allocated to NHS services (dementia nurses £0.240m and Arran £0.060m see below)
- £0.334m decrease in the council budgets due to the pay award being lower than originally anticipated
- Additional funding of £0.291m received from the Scottish Government to address low pay in nursing homes

Non District General Hospital Budgets have reduced by £0.274m due to agreed savings for Cumbrae Lodge erroneously being deducted from the mental health budget instead of Ayrshire Central in the original budget (see below). The Arran budget has increased for the intermediate care service now funded from resource transfer.

Lead Partnership Services Budgets have increased by £2.311m due to:

- the inclusion of budgets for Keepwell, trainee health visitors and dementia nurses £1.284m
- adjustment due to Cumbrae Lodge (see above) £0.274m
- inclusion of additional funding for psychiatry for junior doctor posts and discretionary points, CAMHs funding and the transfer of a post from public health to specialist addiction services £0.370m
- Recent addition of allocations for MH Innovation and QuEST £0.382m

Children's Services budgets have reduced by £0.244m due mainly to the pay award being lower than anticipated by £0.191m, the budgeted turnover saving increased by £0.050m, the Choose Life allocation of £0.065m moving to mental health community teams in Level One and contribution to a MHO post totalling £0.010m. These reductions are partially offset by an increase in the child protection allocation of £25k, increase of £79k in the health visiting budget for team leader posts and additional funding for Child Protection £0.038m.

4. LEAD PARTNERSHIP AND SET ASIDE BUDGETS

4.1 The Integration Scheme creates various Lead Partnership roles across the three Integration Joint Boards. Within the Integration Scheme, as with all delegated budgets, the intention is that services should be delivered within budget. Should that not be possible a recovery plan requires to be developed and approved by all the Joint Integration Boards. Failure to reach agreement will require interim additional contributions in proportion to service usage pending final agreement of the recovery plan.

4.2 It is important to understand the financial position of the budgets being managed by other Partnerships under these Lead Partnership arrangements:

East Ayrshire HSCP
The Primary Care budgets are projected to underspend by £0.171m. There is a pressure on the out of hours medical services where new models of care are being tested at an initial higher cost. There are underspends within Community Dental Services largely from vacant posts and in addition there is an over-recovery of discount on dispensing costs.

South Ayrshire HSCP
The Allied Health Professionals (AHP) Service is projected to overspend by £0.280m after having identified corrective action in 2015/16. The main sources of this overspend are:

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

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

North Ayrshire HSCP
Specialist Mental Health Services are projecting an overspend of £0.328m. Outturn spend is projected to be lower than the 2014/15 outturn because of the non-recurring benefit in 2015-16 of additional MH allocations. The overspend in both years is due to the continuing levels of nursing cover required to manage complex patients.

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

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

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

The Acute Services with NHS Ayrshire & Arran are in a significant overspend (projected at £8m) with particular issues around the costs of covering a high level of medical vacancies and the increasing needs of patients requiring nursing support above that funded. These pressures are being scrutinised and options developed to minimise costs.

5. Implications

Financial
The net projection for the year as at 30 November 2015 is an overspend of £1.066m.

Human Resources
There are no human resource implications.

Legal
There are no legal implications.

Equality
There are no equality implications.

Environmental & sustainability
There are no environmental & sustainability implications.

6. CONSULTATIONS

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

7. CONCLUSION

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

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

Further work is ongoing with the Health Board and Council to resolve outstanding baseline budget pressures. A paper outlining the 2015/16 budget recovery plan will come to the next IJB meeting for approval.

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

Indicative Health & Social Care Partnership Budgets: North — **Appendix 1**

Objective Report as at 30th November 2015

Partnership Budget Objective Summary	2015/16 Budget Aligned				Aligned	
	Budget	Outturn	Over/ (Under) Spend Variance		Over/ (Under) Spend Variance at P6	Movement in projected budget variance from P6
	£'000	£'000	£'000		£'000	£'000
Level One Core						
Learning Disabilities	15,699	16,243	544		521	23
Older people	42,762	41,751	(1,011)		(886)	(125)
Physical Disabilities	4,088	4,168	80		58	22
Mental Health Community Teams	5,387	5,606	218		302	(83)
Addiction	2,369	2,294	(75)		(72)	(3)
Community Nursing	3,646	3,687	41		37	5
Prescribing	29,099	29,099	0		0	0
General Medical Services	16,750	16,850	100		105	(5)
Resource Transfer, Change Fund, Criminal Justice	2,431	2,378	(53)		(11)	(42)
Total Level One	**122,231**	**122,075**	**(156)**		**54**	**(209)**
Level Two - Non District General Hospitals						
Ayrshire Central Continuing Care	3,932	3,873	(59)		354	(414)
Arran War Memorial Hospital	1,613	1,681	68		62	6
Lady Margaret Hospital	564	561	(2)		12	(14)
Total Level Two	**6,109**	**6,115**	**6**		**428**	**(422)**
Level Three - Lead Partnership Services						
Mental Health Services	44,933	45,261	328		811	(483)
Family Nurse partnership	476	476	0		0	0
Keepwell	457	416	(41)		(26)	(15)
Training Health Visitors	588	617	29		72	(43)
Other General Services	115	102	(13)		(13)	(0)
Total Level Three	**46,569**	**46,872**	**303**		**844**	**(540)**
Level Four - Children's Services						
Community Paediatrics	487	489	1		(6)	7
C&F Social Work Services	23,633	24,753	1,120		1,165	(45)
Health Visiting	1,861	1,895	34		50	(15)
Total Level Four	**25,981**	**27,136**	**1,156**		**1,209**	**(54)**
Direct Overheads & Support Services	7,254	7,011	(243)		(94)	(149)
Partnership Total	**208,144**	**209,210**	**1,066**		**2,441**	**(1,374)**

Indicative Health & Social Care Partnership Budgets: North

Subjective Report as at 30th November 2015

Partnership Budget Subjective Summary	2015/16 Budget Aligned		
	Budget	Outturn	Variance
	£'000	£'000	£'000
Employee Costs	95,002	95,113	111
Property Costs	497	429	(68)
Supplies and Services	7,942	8,059	117
Prescribing Costs	29,099	29,099	0
Primary Medical Services	16,750	16,850	100
Transport and Plant	580	606	26
Admin Costs	3,213	3,132	(81)
Other Agencies & Bodies	63,097	64,517	1,420
Transfer Payments	11,203	11,268	65
Other Expenditure	103	109	6
Capital Expenditure	0	0	0
Income	(19,342)	(19,972)	(630)
Partnership Total	**208,144**	**209,210**	**1,066**

Indicative Health & Social Care Partnership Budgets: North — Appendix 1a

Objective Report as at 30th November 2015

Partnership Budget Objective Summary	2015/16 Budget Aligned			Notes	Aligned	
	Budget	Outturn	Over/ (Under) Spend Variance		Over/ (Under) Spend Variance at P6	Movement in projected budget variance from P6
	£'000	£'000	£'000		£'000	£'000
Level One Core						
Learning Disabilities	15,699	16,243	544	Community packages are projecting an overspend of £783k based on a projection of 241 placement numbers to the end of the year, a net increase of 7 placements is anticipated for the remainder of the year. The service is currently reviewing high cost care packages with a view to reducing supports. Residential packages are £126k overspend and voluntary organisations £22k overspend, offset by a reduction in direct payment packages £13k over recovery on income £147k and reduction in respite provision £38k and employee costs £141k. An adverse movement of £24k from period 6 due to inclusion of anticiapted increase in Hansel respite rates.	521	23
Older people	42,762	41,751	(1,011)	Care Homes/Care at Home (£0.776m projected underspend) Residential and nursing care placements are projecting an underspend of £735k, due to lower than anticipated occupancy levels at the start of the year and discharge numbers being higher than anticipated at this stage in the year. It is anticipated that early release of £200k of savings to 2016/17 from 2017/18 approved. The reduction in Care Home costs has created additional pressures within Care at Home. Care at home is projecting an underspend of £40k. Employee costs are £87k underspend, due to high level of vacancies within day care services. Income Income is expected to over recovery by £455k, mainly due to income received from charging orders for residential placements. Other Budgets Anticipated overspend of £226k within supplies and services, mainly due to CM2000 operational costs of £120k, copier costs £26k and other small overspends. Property costs anticipated overspend of £41k due to ecpenditure on cleaning materials and one off spends in day care units. Staff mileage projecting an underspend of £27k based on current spend profile.	(886)	(125)
Physical Disabilities	4,088	4,168	80	Overspends are projected in Residential placements, £186k, and Community packages, £98k, offset with an underspend in Direct payments of £201k based on a total number of 151 physical disabilities packages at the end of the year, an anticipated net decrease of 3 placements for the remainder of the year. There is a £50k anticipated overspend related to the Cordia lift maintenance contract. Respite care is projecting an underspend of £40k based on current trends and an underspend in staff training budget of £14k.	58	22
Mental Health Community Teams	5,387	5,606	218	Residential packages projecting an underspend of £97k based on 35 placements at the end of the year, a net increase of 4 for the remainder of the year. Community packages are projecting an overspend of £384k, these have increased significantly from the start of the year, with a net increase of 15 placements. Direct payments are also projecting an overspend of £61k. Overspends are offset with projected underspends in employee costs £29k. Vacancies are in the process of being filled.	302	(83)
Addiction	2,369	2,294	(75)	The projected overspend within Addictions include staff mileage, mobile phones and supplies and services based on current spending patterns. Addiction Services are projected to underspend by £89k. This arises from a number of vacancies at the start of the year which are assumed will become filled as the year progresses.	(72)	(3)

Partnership Budget Objective Summary	2015/16 Budget Aligned			Notes	Aligned	
	Budget	Outturn	Over/ (Under) Spend Variance		Over/ (Under) Spend Variance at P4	Movement in projected budget variance from P4
	£'000	£'000	£'000		£'000	£'000
Community Nursing	3,646	3,687	41	Community Nursing is projected to overspend by £41k. This arises from District Nurse staff in post being above the funded establishment and increased costs in the provision of packages of care. The recently appointed Senior Manager - Locality Services is currently reviewing the staffing levels in each locality to understand how unfunded posts have been appointed to and to clarify workforce requirements going forward. At the same time, the needs of those who require complex adult care packages will be reviewed during this year to determine the level of support required and the most efficient and effective manner of securing this.	37	5
Prescribing	29,099	29,099	0		0	0
General Medical Services	16,750	16,850	100	Increased spend on national enhanced services (DMARs and ICUD fittings) and local enhanced services (patient safety, H-Pylori and ring pessary services)	105	(5)
Resource Transfer, Change Fund, Criminal Justice	2,431	2,378	(53)	Favourable variance within Changing Children's Services Fund in relation to staff turnover Delay in allocation of Cumbrae Lodge resource transfer	(11)	(42)
Total Level One	**122,231**	**122,075**	**(156)**		**54**	**(209)**
Level Two - Non District General Hospitals						
Ayrshire Central Continuing Care	3,932	3,873	(59)	There continue to be issues with high occupancy, patients being more frail and high staff sickness levels across a number of wards. The promoting attendance policy has been applied rigorously in Pavilion 3 and staff have been supported in clarifying their roles and enhancing their skills and competencies. This is having a positive impact and while managers continue to deal with a small number of outstanding issues on an individual basis, it is necessary to utilise Bank and occasionally Agency staff to sustain a safe level of service. At the same time, the Pavilion 3 budget is under a historic pressure relating to former staff members who are being supported in finding alternative opportunities. While the management of sickness absence for Pavilion 6 continues to be undertaken by the South Ayrshire Health and Social Care Partnership on a short-term basis to enable the flexible use of staffing within Biggart Hospital, the Senior Manager - Long-Term Care and their Service Manager will become more active within the unit to prepare staff for the return to the Ayrshire Central site. This will involve a significant Organisational Development input and it is anticipated that this will have a positive impact on the current pressures. In the meantime, Pavilion 6 continues to deliver a reduced level of service with only 26 of the 30 bed capacity being made available to support patient care. £400k of Delayed Discharge funding has been allocated non-recurringly for winter planning purposes and is offsetting the recurring overspend.	354	(414)
Arran War Memorial Hospital	1,613	1,681	68		62	6
Lady Margaret Hospital	564	561	(2)		12	(14)
Total Level Two	**6,109**	**6,115**	**6**		**428**	**(422)**

Partnership Budget Objective Summary	2015/16 Budget Aligned Budget	Aligned Outturn	Over/ (Under) Spend Variance	Notes	Aligned Over/ (Under) Spend Variance at P4	Movement in projected budget variance from P4
	£'000	£'000	£'000		£'000	£'000
Level Three - Lead Partnership Services						
Mental Health Services	44,933	45,261	328	Lead partnership mental health services are projected to overspend by £328k in 2015/16. The position has improved from the previous report due to in the applicationnon-recurringly of MH Innovation and QuEST funding within adult inpatient services to address increasing demand and acuity of patients and a reduction in UNPACs expenditure. The overspend is incurred in the adult in-patient wards due to staff in post exceeding establishment as a result of high levels of constant observation and high sickness absence. Permission has been given recruit temporarily a numer of staffing non-recurringly which should help reduce the reliance and bank staffing and the level of overspend.It is anticipated that once services move to the new location of Woodland View in April 2016 the level of overspend will reduce as it is expected that the therapeutic and functional design of the wards in the new hospital will have an anticipated impact on the progress of patient recovery and support clinical/therapeutic interventions which may in turn result in a reduction in the frequency and longevity of enhanced observations post admission. Other actions to mitigate the overspend include: Review of work force requirements and re- implementation of the national nursing workforce tool post 6 months service transfer to new hospital to ensure workforce skill mix is adjusted to reflect design impact of new service Review and embed new ways of working within the new hospital to ensure/maximise service efficiency and release staff capacity	811	(483)
Family Nurse partnership	476	476	0		0	0
Keepwell	457	416	(41)		(26)	(15)
Training Health Visitors	588	617	29	The delay in trainees starting on the HV course from 2014-15 and delays in others completing their qualifcation has put pressure on the 2015-16 budget. Steps are being taken to bring the budget back into balance.	72	(43)
Other General Services	115	102	(13)		(13)	(0)
Total Level Three	**46,569**	**46,872**	**303**		**844**	**(540)**

Partnership Budget Objective Summary	2015/16 Budget Aligned			Notes	Aligned	
	Budget	Outturn	Over/ (Under) Spend Variance		Over/ (Under) Spend Variance at P6	Movement in projected budget variance from P6
	£'000	£'000	£'000		£'000	£'000
Level Four - Children's Services						
Community Paediatrics	487	489	1		(6)	7
C&F Social Work Services	23,633	24,753	1,120	Children with Disabilities (£1.03m projected overspend) This is the most significant area of overspend due to 4 new residential packages, 3 which started during 14/15 and 2 which started in 15/16 and one existing package. The overspend relating to these 6 packages is £619k, residential respite is projecting an overspend of £61k based on current levels of activity. Further overspends are also projected within Community packages, £74k and Direct Payments £279k. Residential Schools including Secure accommodation and Community Supports (£0.137m projected underspend) Residential schools and community supports are projected to underspend by £137k due to placements being lower than budgeted and for a shorter time period. Secure accommodation is projecting an adverse variance of £15k due to one remand placement. Fostering, Adoption and Kinship (£0.425m projected overspend) Overall Fostering is projected to overspend by £329k due to a delay in moving placements from external to internal carers in the first three months of the year, this has now been addressed and placements have been moved There is a projected overspend of £145k in relation to adoption placement fees and assessment costs which are higher than budgeted based on current demand. The above overspends have been partially offset by an anticipated underspend £49k on Kinship due to placements being lower than budgeted. Other Expenditure (£0.201m projected underspend) Agency costs of £76k have been incurred for assessment purposes within the fieldwork teams offset with favourable variance in employee costs £24k. Family Support Network budget overspend by £39k and Standby Service projecting an overspend of £21k based on prior years outturn, offset with anticipated underspends in Throughcare and Care Leavers due to lower than anticipated demand £157k, IMPACCT carers projecting an underspend of £70k due to less than budgeted carers and staff training projecting and underspend of £62k.	1,165	(45)
Health Visiting	1,861	1,895	34	There is currently an imbalance in the health visiting budget across the 3 HSCPs. An exercise is underway to redress this imbalance and it is assumed for the purposes of the projection that funding will be transferred to the North HSCP from another partnership.	50	(15)
Total Level Four	**25,981**	**27,136**	**1,156**		**1,209**	**(54)**
Direct Overheads & Support Services	7,254	7,011	(243)	Employee costs underspending by £237k due to holding of vacancies, over recoveries of income from Universities for Practice Teachers £54k, anticipated underspend within Money Matters team £50k, offset with revision of Health Income expected to be received for Management Posts. Agreement has been given by the NHS to provide additional funding for parternership management. The CD post remains unfunded.	(94)	(149)
Partnership Total	**208,144**	**209,210**	**1,066**		**2,441**	**(1,374)**

Indicative Health & Social Care Partnership Budgets: North - Council Funded Budgets **Appendix 2**

Objective Report as at 30th November 2015

Council Services Objective Summary	2015/16 Budget Council Budget £'000	Outturn £'000	Over/ (Under) Spend Variance £'000	Note	Notes	Council Over/ (Under) Spend Variance at P6 £'000	Council Movement in projected budget variance from P6 £'000
Level One Core							
Learning Disabilities	15,198	15,794	596		Community packages are projecting an overspend of £783k based on a projection of 241 placement numbers to the end of the year, a net increase of 7 placements is anticipated for the remainder of the year. The service is currently reviewing high cost care packages with a view to reducing supports. Residential packages are £126k overspend and voluntary organisations £22k overspend, offset by a reduction in direct payment packages £13k over recovery on income £147k and reduction in respite provision £38k and employee costs £141k. An adverse movement of £24k from period 6 due to inclusion of anticiapted increase in Hansel respite rates.	573	23
Older people	42,762	41,751	(1,011)		Care Homes/Care at Home (£0.776m projected underspend) Residential and nursing care placements are projecting an underspend of £735k, due to lower than anticipated occupancy levels at the start of the year and discharge numbers being higher than anticipated at this stage in the year. It is anticipated that early release of £200k of savings to 2016/17 from 2017/18 approved. The reduction in Care Home costs has created additional pressures within Care at Home. Care at home is projecting an underspend of £40k. Employee costs are £87k underspend, due to high level of vacancies within day care services. Income Income is expected to over recovery by £455k, mainly due to income received from charging orders for residential placements. Other Budgets Anticipated overspend of £226k within supplies and services, mainly due to CM2000 operational costs of £120k, copier costs £26k and other small overspends. Property costs anticipated overspend of £41k due to ecpenditure on cleaning materials and one off spends in day care units. Staff mileage projecting an underspend of £27k based on current spend profile.	(886)	(125)

Council Services Objective Summary	2015/16 Budget Council			Note	Notes	Council	
	Budget	Outturn	Over/ (Under) Spend Variance			Over/ (Under) Spend Variance at P6	Movement in projected budget variance from P6
	£'000	£'000	£'000			£'000	£'000
Physical Disabilities	4,088	4,168	80		Overspends are projected in Residential placements, £186k, and Community packages, £98k, offset with an underspend in Direct payments of £201k based on a total number of 151 physical disabilities packages at the end of the year, an anticipated net decrease of 3 placements for the remainder of the year. There is a £50k anticipated overspend related to the Cordia lift maintenance contract. Respite care is projecting an underspend of £40k based on current trends and an underspend in staff training budget of £14k.	58	22
Mental Health Community Teams	3,103	3,413	310		Residential packages projecting an underspend of £97k based on 35 placements at the end of the year, a net increase of 4 for the remainder of the year. Community packages are projecting an overspend of £384k, these have increased significantly from the start of the year, with a net increase of 15 placements. Direct payments are also projecting an overspend of £61k. Overspends are offset with projected underspends in employee costs £29k.	347	(37)
Addiction	1,312	1,318	6		The projected overspend within Addictions include staff mileage, mobile phones and supplies and services based on current spending patterns.	17	(11)
Community Nursing		0	0			0	0
Prescribing		0	0			0	0
General Medical Services		0	0			0	0
Resource Transfer, Change Fund, Criminal Justice	(12,136)	(12,144)	(8)		Favourable variance within Changing Children's Services Fund in relation to staff turnover	(11)	3
Total Level One	**54,327**	**54,300**	**(27)**	1		**98**	**(125)**
Level Two - Non District General Hospitals							
Ayrshire Central Continuing							0
Arran War Memorial Hospital							0
Lady Margaret Hospital							0
Total Level Two	**0**	**0**	**0**	2		**0**	**0**

Council Services Objective Summary	2015/16 Budget Council			Notes	Notes	Council	
	Budget	Outturn	Over/ (Under) Spend Variance			Over/ (Under) Spend Variance at P6	Movement in projected budget variance from P6
	£'000	£'000	£'000			£'000	£'000
Level Three - Lead Partnership Services							
Mental Health Services							0
Family Nurse partnership							0
Keepwell							0
Training Health Visitors							0
Other General Services							0
Total Level Three	**0**	**0**	**0**	3		**0**	**0**
Level Four - Children's							
Community Paediatrics							0
C&F Social Work Services	23,633	24,753	1,120		Children with Disabilities (£1.03m projected overspend) This is the most significant area of overspend due to 4 new residential packages, 3 which started during 14/15 and 2 which started in 15/16 and one existing package. The overspend relating to these 6 packages is £619k, residential respite is projecting an overspend of £61k based on current levels of activity. Further overspends are also projected within Community packages, £74k and Direct Payments £279k. Residential Schools (£0.137m projected underspend) Residential schools and community supports are projected to underspend by £137k due to placements being lower than budgeted and for a shorter time period. Secure accommodation is projecting an adverse variance of £15k due to one remand placement. Fostering, Adoption and Kinship (£0.425m projected overspend) Overall Fostering is projected to overspend by £329k due to a delay in moving placements from external to internal carers in the first three months of the year, this has now been addressed and placements have been moved There is a projected overspend of £145k in relation to adoption placement fees and assessment costs which are higher than budgeted based on current demand. The above overspends have been partially offset by an anticipated underspend £49k on Kinship due to placements being lower than budgeted. Other Expenditure (£0.201m projected underspend) Agency costs of £76k have been incurred for assessment purposes within the fieldwork teams offset with favourable variance in employee costs £24k. Family Support Network budget overspend by £39k and Standby Service projecting an overspend of £21k based on prior years outturn, offset with anticipated underspends in Throughcare and Care Leavers due to lower than anticipated demand £157k, IMPACCT carers projecting an underspend of £70k due to less than budgeted carers and staff training projecting and underspend of £62k.	1,165	(45)
Health Visiting							0
Total Level Four	**23,633**	**24,753**	**1,120**	4		**1,165**	**(45)**
Direct Overheads & Support Services	6,163	5,898	(265)	5	Employee costs underspending by £237k due to holding of vacancies, over recoveries of income from Universities for Practice Teachers £54k, anticipated underspend within Money Matters team £50k, offset with revision of Health Income expected to be received for Management Posts.	(249)	(16)
Partnership Total	**84,122**	**84,950**	**828**			**1,014**	**(186)**

Indicative Health & Social Care Partnership Budgets: North - Health Funded Budgets — **Appendix 3**

Objective Report as at 30th November 2015

Health Services Objective Summary	2015/16 Budget Health			Notes	Health	
	Budget	Outturn	Over/ (Under) Spend Variance		Over/ (Under) Spend Variance at P6	Movement in projected budget variance from P6
	£'000	£'000	£'000		£'000	£'000
Level One Core						
Learning Disabilities	501	449	(52)		(52)	(0)
Older people	0	0	0		0	0
Physical Disabilities	0	0	0		0	0
Mental Health Community Teams	2,285	2,193	(92)	Vacancies are in the process of being filled.	(45)	(46)
Addiction	1,057	976	(81)	Addiction Services are projected to underspend by £89k. This arises from a number of vacancies at the start of the year which are assumed will become filled as the year progresses.	(89)	8
Community Nursing	3,646	3,687	41	Community Nursing is projected to overspend by £41k. This arises from District Nurse staff in post being above the funded establishment and increased costs in the provision of packages of care. The recently appointed Senior Manager - Locality Services is currently reviewing the staffing levels in each locality to understand how unfunded posts have been appointed to and to clarify workforce requirements going forward. At the same time, the needs of those who require complex adult care packages will be reviewed during this year to determine the level of support required and the most efficient and effective manner of securing this.	37	5
Prescribing	29,099	29,099	0		0	0
General Medical Services	16,750	16,850	100	Increased spend on national enhanced services (DMARs and ICUD fittings) and local enhanced services (patient safety, H-Pylori and ring pessary services)	105	(5)
Resource Transfer, Change Fund, Criminal Justice	14,567	14,521	(45)	Delay in allocation of Cumbrae Lodge resource transfer	0	(45)
Total Level One	**67,904**	**67,776**	**(129)**		**(44)**	**(84)**
Level Two - Non District General Hospitals						
Ayrshire Central Continuing Care	3,932	3,873	(59)	There continue to be issues with high occupancy, patients being more frail and high staff sickness levels across a number of wards. The promoting attendance policy has been applied rigorously in Pavilion 3 and staff have been supported in clarifying their roles and enhancing their skills and competencies. This is having a positive impact and while managers continue to deal with a small number of outstanding issues on an individual basis, it is necessary to utilise Bank and occasionally Agency staff to sustain a safe level of service. At the same time, the Pavilion 3 budget is under a historic pressure relating to former staff members who are being supported in finding alternative opportunities. While the management of sickness absence for Pavilion 6 continues to be undertaken by the South Ayrshire Health and Social Care Partnership on a short-term basis to enable the flexible use of staffing within Biggart Hospital, the Senior Manager - Long-Term Care and their Service Manager will become more active within the unit to prepare staff for the return to the Ayrshire Central site. This will involve a significant Organisational Development input and it is anticipated that this will have a positive impact on the current pressures. In the meantime, Pavilion 6 continues to deliver a reduced level of service with only 26 of the 30 bed capacity being made available to support patient care. £400k of Delayed Discharge funding has been allocated non-recurringly for winter planning purposes and is offsetting the recurring overspend.	354	(414)
Arran War Memorial Hospital	1,613	1,681	68		62	6
Lady Margaret Hospital	564	561	(2)		12	(14)
Total Level Two	**6,109**	**6,115**	**6**		**428**	**(422)**

Health Services Objective Summary	2015/16 Budget Health			Notes	Health	
	Budget	Outturn	Over/ (Under) Spend Variance		Over/ (Under) Spend Variance at P6	Movement in projected budget variance from P6
	£'000	£'000	£'000		£'000	£'000
Level Three - Lead Partnership Services						
Mental Health Services	44,933	45,261	328	Lead partnership mental health services are projected to overspend by £328k in 2015/16. The position has improved from the previous report due to in the applicationnon-recurringly of MH Innovation and QuEST funding within adult inpatient services to address increasing demand and acuity of patients and a reduction in UNPACs expenditure. The overspend is incurred in the adult in-patient wards due to staff in post exceeding establishment as a result of high levels of constant observation and high sickness absence. Permission has been given recruit temporarily a numer of staffing non-recurringly which should help reduce the reliance and bank staffing and the level of overspend.It is anticipated that once services move to the new location of Woodland View in April 2016 the level of overspend will reduce as it is expected that the therapeutic and functional design of the wards in the new hospital will have an anticipated impact on the progress of patient recovery and support clinical/therapeutic interventions which may in turn result in a reduction in the frequency and longevity of enhanced observations post admission. Other actions to mitigate the overspend include: Review of work force requirements and re- implementation of the national nursing workforce tool post 6 months service transfer to new hospital to ensure workforce skill mix is adjusted to reflect design impact of new service Review and embed new ways of working within the new hospital to ensure/maximise service efficiency and release staff capacity Optimise workforce attendance with review of staff absence & well being recovery plans to ensure targets are reached	811	(483)
Family Nurse partnership	476	476	0		0	0
Keepwell	457	416	(41)		(26)	(15)
Training Health Visitors	588	617	29	The delay in trainees starting on the HV course from 2014-15 and delays in others completing their qualifcation has put pressure on the 2015-16 budget. Steps are being taken to bring the budget back into balance.	72	(43)
Other General Services	115	102	(13)		(13)	(0)
Total Level Three	**46,569**	**46,872**	**303**		**844**	**(540)**
Level Four - Children's Services						
Community Paediatrics	487	489	1		(6)	7
C&F Social Work Services	0	0	0		0	0
Health Visiting	1,861	1,895	34	There is currently an imbalance in the health visiting budget across the 3 HSCPs. An exercise is underway to redress this imbalance and it is assumed for the purposes of the projection that funding will be transferred to the North HSCP from another partnership.	50	(15)
Total Level Four	**2,348**	**2,384**	**36**		**44**	**(9)**
Direct Overheads & Support Services	1,092	1,114	22	Agreement has been given by the NHS to provide additional funding for parternership management. The CD post remains unfunded.	155	(133)
Partnership Total	**124,022**	**124,260**	**238**		**1,427**	**(1,188)**

Change Programme Financial Summary **Appendix 4**

Integrated Care Fund

	Allocation	Total Projected Spend	NAC Projected Variance	NHS Projected Variance	Arran CVS Projected Variance	Total Projected Variance
Ideas and Innovation	£1,041,788	£926,773	-£48,661	-£66,354	£0	-£115,015
RCOP	£993,487	£1,160,750	£99,906	£67,357	£0	£167,263
Change Team	£802,448	£627,986	-£143,111	-£31,352	£0	-£174,462
Contingency	£103,836	£51,291				-£52,545
TOTAL	**£2,941,559**	**£2,766,800**	**-£91,866**	**-£30,349**	**£0**	**-£174,759**

Delayed Discharge Allocation

	Initial Allocation	Total Projected Spend	Total Projected Variance
Rehab and Reablement	£228,616	£172,857	-£55,758
Aids and Adaptations	£19,250	£6,417	-£12,833
Care at Home	£603,179	£194,060	-£409,119
Community Equipment		£93,000	£93,000
Winter Planning		£400,000	£400,000
Contingency	£15,956	£0	-£15,956
TOTAL	**£867,000**	**£866,333**	**-£667**

Note : negative variance represents an underspend

HSCP 2015/16 Savings Tracker

Appendix 5

Budget Savings	Senior Manager	Reference	2015/16	Savings Delivered	Projected Full Year	Anticipated Shortfall	BRAG	
			£	at Month 8	Saving		Status	Comment
Health and Social Care Partnership								
Staff turnover baseline budget saving based on historic trends	ALL	SP-HSC-23	298,000		298,000		Blue	Staff turnover will be achieved
Mental Health Care Package baseline budget adjustment based on historic underspends	Dale Mellor	SP-HSC-24	200,000	228,000	200,000	-	Green	One high cost community package moving to residential £86k review of care packages ongoing
Increase the administrative charge for Criminal Justice Service to 8%	David MacRitchie	SP-HSC-15	112,000	112,000	112,000	-	Green	Admin charge allocated at year end to Section 27 Grant. Charge increased at end of FY14/15 to bring in line with 8% overhead allocation
Reduction through early intervention in the demand for foster care and alternative family placements	Elizabeth Stewart	SP-HSC-08	83,200	-		83,200	Amber	Work ongoing at present with a number of placements, outcomes not known at present. Risk full saving is not achieved
Children with Disabilities - improved procurement for provision of community support services.	Elizabeth Stewart	SP-HSC-09	25,000	25,000	25,000		Blue	Achieved through reduction of budget for community supports provided by supported carers
Realignment of foster care services from external to in-house carer provision	Elizabeth Stewart	SP-HSC-11	91,520	60,833	60,833	30,687	Blue	Slippage due to placements not moved until July, previously anticipated to be before April 15, in order to achieve full year savings
Efficiency savings which will accrue through the implementation of the CM2000 system.	Helen McArthur	SP-SS-13-18	200,000	-	200,000		Blue	Although savings have not been made through CM2000, the savings have been realised through delays in reruiting care at home internal staff
The full implementation of CM2000 will enable the management of more efficient services, delivering a 15% saving, in line with other local authorities	Helen McArthur	SP-HSC-04	200,000	-	200,000		Blue	Although savings have not been made through CM2000, the savings have been realised through delays in reruiting care at home internal staff
Review information systems team	Janine Hunt	SP-SS-13-09	30,092	30,092	30,092		Blue	Post given up in C & F to fund trainer post within carefirst team
Review of Partnership support functions	Janine Hunt	SP-HSC-03	50,000	50,000	50,000		Green	Saving to date achieved through reduced grading of one existing vacant post. Balance expected to be achieved this year through vacancies still to be identified
Review of block contracted services - including George Steven Centre	John McCaig	SP-SS-13-29	14,846	-	-	14,846	Red	Saving will not be achieved, review of Block Contract was achieved in 2013/14. NAC utilising more places than block contract, therefore additional costs are being incurred. Additional savings from review of high cost care packages in SP-SS-13-42 will be achieved to offset non delivery of this saving

Budget Savings	Senior Manager	Reference	2015/16	Savings Delivered	Projected Full Year	Anticipated Shortfall	BRAG	
			£	at Month 8	Saving		Status	Comment
Health and Social Care Partnership								
Rationalisation of Local Area Coordinator posts	John McCaig	SP-SS-13-35	45,875	45,875	45,875	-	Blue	Savings achived prior year
Redesign of Council LD Day Services	John McCaig	SP-SS-13-31	122,900	122,900	122,900	-	Blue	Savings achived prior year
Review of high cost care packages	John McCaig	SP-SS-13-42	100,000	127,000	100,000	(14,846)	Blue	Review plan in place, savings have been achieved though temporary and permanent reductions to care packages see SP-SS-13-29 above
Review of complex packages of care for individuals with a Learning Disability	John McCaig	SP-HSC-07	50,000	50,000	50,000		Blue	High Cost care packages currently being reviewed
Additional income from charges. The actual income received is greater than the amount budgeted and the budget is being amended to reflect the actual position	John McCaig - Charging Policy	SP-SS-13-04	41,000	41,000	41,000		Blue	Increase in charge for Dirrans Head Injuries Unit has been implemented with East Ayrshire Council resulting in achieving income savings
Increase in Income Budget. Revision of base budget to reflect inflation increases and improvements to the charging process to ensure charges are implemented according to the policy.	John McCaig - Charging Policy	SP-HSC-13	100,000	100,000	100,000		Blue	Income to date projecting an over recovery
Review Assessment and Care Management staff within Older People	Mary Francey	SP-SS-11-29	100,668	67,000	100,668		Green	£67k achieved through restucture Nov 13, balance to be achieved.
Review of purchased service contracts - including supported living	Mary Francey	SP-SS-13-38	108,000	106,000	108,000		Green	Savings achieved through review of care packages
Older People - Review of support offered to individuals through admission to Hospital and the planning of discharges back to community settings to improve the quality of support and ensure greater continuity.	Mary Francey	SP-HSC-10	40,000	-	40,000		Green	Post identified
Transport Savings - introduction of a central transport hub, taking over responsibility for the management and utilisation of all journey provision, will enable a 10% saving across the Council's fleet	n/a	SP-SS-13-05	6,000	6,000	6,000	-	Blue	
Rationalisation of the Family Support services across North Ayrshire linked to the Dartington research work	Stephen Brown	SP-HSC-22	50,000	50,000	50,000		Blue	Reduction of Family Network service from Quarriers
Cumbrae Lodge	Isabel Marr	NHS	550,000	550,000	550,000	-	Blue	Beds closed as planned in June
Total for Health and Social Care Partnership			**2,619,101**	**1,771,700**	**2,490,368**	**113,887**		

Integration Joint Board
11 February 2016
Agenda Item No. 6

Subject:	**Integrated Care Fund**
Purpose:	To outline the proposals for the Integrated Care Fund
Recommendation:	The Integration Joint Board approves the proposals for review of the Integrated care Fund

1. INTRODUCTION

1.1 In July 2015, the Scottish Government launched its Integrated Care Fund (ICF). Although building on the Reshaping Care for Older People Change Fund the fund related more broadly to adult care and support services that will support the delivery of improved outcomes from health and social care integration, help drive the shift towards prevention and tackle inequalities. The Integrated Care Fund at the time was available for one year only (2015/16). The funding allocated to the North Ayrshire Partnership through ICF was £2.89 million.

1.2 At its meeting on the 30 October 2014 the Shadow Integration Board agreed that the Integrated Care Fund process should meet the following objectives:

- Enable Partnership service re-design
- Continue Re-Shaping Care for Older People Change Fund initiatives that would benefit a wider population
- Provide an opportunity for innovation & creativity.

1.3 The latter would see the launch of a short term Ideas & Innovation Fund to support the identification of suitable initiatives that met the six Integrated Care Fund principles as well as broadly meeting our strategic planning priorities. It was agreed that the third and independent sectors would administer this fund on behalf of the third and independent sectors.

1.4 At its meeting on the 12 February 2015 the Shadow Integration Board agreed the following spending around the ICF:

• Change Team	£802,488
• Reshaping Care For Older People Legacy	£941,888
• Ideas & Innovation Fund	£1,041,788
• Unallocated (Contingency Fund)	£103,836
	£2.89 million

2. CURRENT POSITION

2.1 The Scottish Government announced the Integrated Care Fund has been extended for a further two years and is likely to become recurring thereafter. The funding allocated to the North Ayrshire Partnership through this fund is likely to be £2.89million per year. Currently there has been no guidance issued with regard to this amount. It is not known if the eligibility criteria of the fund will be revised and extended in scope.

2.2 In addition, at its meeting in September 2015 the IJB agreed to carry out a refresh of our three year Strategic Plan by August 2016. Over the course of the last year, the Strategic Planning Group (SPG) has reviewed the progress made against our strategic priorities as well as highlighting areas for further development or improvement.

2.3 On 14 January 2016 a joint meeting was held with the IJB, SPG and locality leads in order to begin developing the refresh of the 2016/17 strategic plan. The group agreed the following areas of future focus within the strategic priorities:

<u>Improving mental health and wellbeing</u>

- Early support to people with mental health worries

<u>Engaging communities</u>

- The development of Locality Forums
- The development of Velcro Partnerships
- Implementation of Participatory Budgeting

<u>Tackling inequalities</u>

- Services to children to ensure they have the best start in life

<u>Prevention and early intervention</u>

- Delivery of additional services that will support people to avoid admissions to hospital
- Reducing social isolation for service users

<u>Bringing services together</u>

- The development of the Single Point of Contact for intermediate care
- Innovative development of Primary Care services and locality teams

Review of ICF

2.4 At its meeting on the 10 December 2015 the IJB agreed that Lead Officers from the partnership representing health, social care, Independent Sector and the Third Sector would form a panel to evaluate the effectiveness of the RCOP legacy projects and the Ideas and Innovations Projects. Against a background of tighter financial pressures and a clearer picture of strategic outcomes with a focus on localities, including wrapping services around GP practices; they were asked to make recommendations to the IJB on what projects, if any, should be funded again in 2016/17. This would form a first stage process to release funding for new projects to be developed in line with the new strategic plan focus.

2.5 The Principal Manager for Planning and Performance chaired the evaluation panel as responsible officer for the strategic plan. Each project was scored using a set of agreed pre-determined criteria. Where the panel had any potential links to the projects, they made a declaration of interest and the weight of the others views was taken into account. Where sufficient information was not available to make a decision, the panel asked project leads to come along to answer any outstanding questions. In the Mid Term review of ICF - signed off by the HSCP and the Third and Independent Sector Leads - it was reported that the nine (RCOP) projects had been evaluated positively and the Head of Health & Community Care was developing a business case to support mainstreaming

2.6 Re-Shaping Care for Older People Change Fund Legacy (RCOP)

The five Lead Officers all agreed that these projects should no longer come under the auspices of RCOP and become ICF Projects in their own right. The Leads highlighted two potential categories for recommendation:

- Not recommended for further funding
- Recommended for further funding

2.7 The five Lead Officers recommended continued funding of 12 projects totalling **£992,888**. If approved these projects would be absorbed as part of the wider Integrated Care Fund and a business case will be developed to ensure mainstreaming by 2017/18.

Innovation and Ideas Fund

2.8 The purpose of the Ideas and Innovation Fund was to meet the ICF guidance that the Integrated Care Fund be used to test and drive a wider set of innovative approaches that will enable partnerships to reduce future demand, support adults with multi-morbidity and address issues around inequality. Our local funding guidance was clear that the fund was only available for one year and therefore chosen projects would receive funding for 12 months.

2.9 Whilst the Leads were clearly sited in this, and whilst some projects had clearly met or exceeded their outcomes, it did not make the process of recommending discontinuation of funding any easier. The Leads highlighted two potential categories for recommendation:

- Not recommended for further funding
  a- start to finish project - completed objectives
  b - failed to get off the ground and/or make the progress expected
- Recommended for further funding
  a- meets a need that continues to be a priority in our strategic plan
  b- due to circumstances be on the control of the project – progress was delayed but there is a high degree of confidence that objectives will be met.

2.10 In addition, it was agreed where projects had started later than April 2015 and where it was agreed to continue the project, this funding would only be extended to March 2017. The five Lead Officers agreed to continue 14 projects totalling **£601,524**.

Change Programme

2.11 The Change Programme continues its programme of ambitious projects into 2016/17 and therefore requires continued funding in order to meet its objectives. A report on Change Programme and resources will be outlined at a future meeting.

3. PROPOSALS

3.1 The leads propose the following recommendations

• Reshaping Care For Older People Legacy	£992,888
• Ideas & Innovation Fund	£601,524
• Change Programme (*TBC)	£900,000*
• Unallocated	£421,436
	£2.89 million

3.2 It is proposed that where projects are not funded for 2016/17 but have staff linked to them, funding will be released to provide a three month notice period.

3.3 Over the coming weeks proposals will be developed to use the unallocated funds to support the priorities listed in 2.2. We will work with staff and partners in the independent and third sector to bring forward proposals around this. Obviously these proposals will need to dovetail with our emerging understanding of the core budget for 2016/17.

4. IMPLICATIONS

Financial Implications

4.1 The Integrated Care Fund will further extend the financial envelope available to meet the Strategic Plan. On-going monitoring will be undertaken by the Integration Joint Board.

Human Resource Implications

4.2 There are likely to be implications for some staff currently involved in delivering services no longer sustained under the recommendations. Some individuals who were employed for specific projects will have no post as of 01 April 2016. Jo Gibson is working with Health and North Ayrshire Council HR colleagues to explore the implications and opportunities around this.

As soon as the implications are clarified, there will be engagement with the staff concerned and Trade Union colleagues.

Legal Implications

4.3 The are no further legal implications that are not linked to HR issues.

Equality Implications

4.4 There are currently no implications for equality.

Environmental Implications

4.5 There are currently no implications for the environment.

Implications for Key Priorities

4.6 It is anticipated that ICF funding will further extend the financial envelope available to meet the Strategic Plan and help it meet its key priorities.

5. CONSULTATIONS

5.1 The five leads from the Ideas And Innovations Fund undertook the exercise to make the recommendations for the use of the ICF fund.

6. CONCLUSION

6.1 The integrated Care Fund will provide the North Ayrshire Health & Social Care Partnership with additional resource to meet the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014. It is anticipated the fund will enable the partnership to continue to meet its ambitions as outlined in the strategic plan.

For more information please contact Jo Gibson, Principal Manager (Planning & Performance) on 01294 317807 or jogibson@north-ayrshire.gcsx.gov.uk

North Ayrshire Council
Comhairle Siorrachd Àir a Tuath

NHS Ayrshire & Arran

Integration Joint Board
11th February 2016
Agenda Item No. 7

Subject:	**High Volume Low Cost Equipment**
Purpose:	To outline the findings of the High volume low cost equipment Lean Six Sigma review.
Recommendation:	The Integration joint Board approves the proposals for roll out of the high volume low cost equipment

1. INTRODUCTION

1.1 As part of North Ayrshire Council's Transformation Programme and in order to meet increasing demand for its services and substantial economic pressures the council has trained 60 staff in Lean Six Sigma (LSS) techniques to Green Belt level since 2014.

1.2 In order to further develop their LSS skills, the council developed a twelve week LSS Programme running from July to November 2015. This programme is supported by the councils Business Change Team and an on-going support is provided by an external consultant. Project teams are asked to identify a project that would benefit from the application of LSS techniques. The 2015 project team is outlined in appendix one.

1.3 Project

This year's NAHSCP Lean Six Sigma Project focussed on reviewing processes within the Equipment Store. As you are aware the numbers of older people in our communities is rising and by 2037 the number of people aged over 75 will double. In line with this, the number of referrals received at the equipment store continues to grow and 2014/15 saw an increase of 439 referrals giving an annual total of 6386 referrals. The project team felt it should focus its efforts on processes that help reduce either the supply or demand of equipment.

1.4 The project team undertook a pareto analysis of all equipment supplied and noted that a 80% of all equipment supplied fell into two categories:

- Basic Telecare equipment
- Standard equipment

The team removed items over £100 which gave a potential supply list of 23 high volume, low cost items.

1.5 The team undertook a Failure Modes Effects Analysis workshop with key stakeholders. This is a type of risk assessment and resulted in removing a further two items from the supply list, these were a raised toilet seat and a grab rail.

1.6 An analysis was undertaken of referrers and highlighted that after council Occupational Therapists, health Occupational Therapists and the Community Alarm team made the highest referrals. It was agreed that a sample of these teams would undertake two pilots on supply of high volume low cost equipment in order to reduce the amount of technician time needed to supply and fit equipment.

1.7 Pilot

The project team undertook LSS workshops with both telecare and OT staff to create high level as-is processes for both staff and looked at waste in the systems. After analysis we identified that there was duplication of visits with the store technicians with both telecare and standard equipment. This led to unnecessary paperwork and additional visits to the service user's home.

1.8 The team developed a four week pilot of both processes in October 2015. This would reduce at least two service user visits and 2 days waiting time. Both teams undertook training in the supply and fit of equipment. This led to the development of a two training programmes, the Trusted Assessor Training Programme and Basic Telecare Training Programme. Both programmes are ready to be rolled out to other staff.

1.9 At the end of the trusted assessor's pilot the nine staff had undertaken 13 referrals and supplied 17 pieces of equipment. During the Basic Telecare pilot the three staff had undertaken 59 referrals and supplied 178 pieces of equipment. In addition, an unexpected outcome of the Basic Telecare staff was that Community Alarm staff are now able to undertake battery replacements and nine replacements were undertaken during the pilot period.

1.10 In addition, during the pilot period alone, the technician's time was freed up to undertake additional recycling of 320 pieces of equipment. During the same period last year they recycled 177 pieces of equipment. This resulted in a saving of **£19,278.15** on equipment, in some part due to a backlog of recycling due to lack of technician capacity.

2. CURRENT POSITION

2.1 This LSS project fits in as part of a wider Equipment and Adaptations Project currently being undertaken through the NAHSCP Change Programme. This is dealing with three key areas:

- specialist provision
- standard provision
- self-management

2.2 Both processes outlined above neatly fit into the standard provision part of the LSS project and will pave the way for direct access for service users.

Once rolled out we anticipate the following savings/cost avoidance:

2.3 Community Alarm Staff

- Free up 11 weeks of Technician time at a cost of £5,775.87
- Result in fewer journeys at a cost of £3230.60
- Resulting in a total of **£9,006.47** per year

2.4 Occupational Therapists

- Free up 26 weeks of Technician time at a cost of £12,754
- Result in fewer journeys at a cost of £7,118.28
- Resulting in a total of **£19,872** per year

2.5 In addition, it is anticipated this will free up enough technician time to recycle an additional **£49,860** of equipment per year. This equates to a total of just under **£80,000** in cost avoidance.

3. PROPOSALS

3.1 It is proposed the IJB supports the roll out of basic telecare equipment and the trusted assessor programme as part of the wider Equipment and Adaptations Project.

4. IMPLICATIONS

4.1 Financial Implications

This paper highlights potential cost avoidance of just under £80,000 in additional recycling, reduced van running costs and freeing up 37 weeks of technician time.

4.2 Human Resource Implications

There are currently no human resource implications.

4.3 Legal Implications

There are no legal implications

4.4 Equality Implications

There are currently no implications for equality.

4.5 Environmental Implications

There are currently no implications for the environment.

4.6 Implications for Key Priorities

While much work reports the cost benefits arising from adaptations in terms of offsets to health and social work services, it also needs to be borne in mind that there are other benefits. Adaptations can significantly enhance independence and increase quality of life. In addition adaptations can also deliver tangible benefits to relatives who are acting as full time carers. Adaptations can lessen the demands on carers' time and reduce the levels of stress that they are exposed to. This project therefore directly impacts on our strategic priorities around early intervention and bringing services together.

5. CONSULTATIONS

5.1 This paper was developed in consultation with David Rowland, Kerry Gilligan, Helen McArthur and Louise Gibson. Wider consultation will be undertaken throughout the lifecycle of the project.

6. CONCLUSION

6.1 The LSS project forms part of the wider Equipment and Adaptations Project and demonstrates how new ways of thinking can free up additional resources in the system. In addition, it will pave the way for direct access for service users, which is a later stage in the project.

For more information please contact David Rowland, Head of Service, Health & Community Care on 01294 317787or davidrowland@north-ayrshire.gcsx.gov.uk

Sponsor	David Rowland	
LSS Leads	Annie Weir	(Green Belt)
	Neil McLaughlin	(Green Belt)
Team	Helen McArthur	
	Kerry Gilligan	
	Julie Thomson	
	Elaine Dodds	
	Kirsty Nicholson	

Integration Joint Board
11th February 2016
Agenda Item No. 8

Subject:	**Director's Report**
Purpose:	To advise members of the North Ayrshire Integration Joint Board of developments within the North Ayrshire Health and Social Care Partnership.
Recommendation:	That Members of the IJB note progress made to date.

1. INTRODUCTION

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

2. CURRENT POSITION

Strategic Planning & Operational Group (SPOG)

2.1 The SPOG continues to meet on a weekly basis and recently agreed to streamline the Strategic Service Change Programmes and workstreams which support the delivery of 2020 Vision; Our Health 2020; the national Health and Wellbeing Outcomes; and the partnership Strategic Plans.

2.2 The role of SPOG in relation to these programmes includes :-

- Ownership of the workstreams and collectively agreeing how these are to be progressed.
- Pan Ayrshire oversight of progress;
- Ensuring appropriate membership and resource input to the programmes and workstreams;
- Identifying interdependencies;
- Resolving emerging issues;
- Co-ordinating Managed Clinical Network (MCN) input on care pathways and commissioning work from the MCNs;
- Reporting progress/issues to NHS CMT on a collective basis.

Reporting to the respective IJBs and Councils will be through each Programme Board, informed by SPOG discussion.

2.3 The workstreams, programme sponsors and leads are detailed below :-

- Unscheduled Care (Eddie Fraser/Annemargaret Black)
- Planned Care (Liz Moore/Joanne Edwards)
- Review of Services for Older People with Complex Care Needs (Iona Colvin/David Rowland)
- Mental Health (Iona Colvin/Thelma Bowers)
- Children's Services (Iona Colvin/Kay Gilmour)
- Workforce Planning (Patricia Leiser)
- Primary Care (Eddie Fraser/Pamela Milliken)
- Telehealthcare (Tim Eltringham/Kathleen McGuire)
- Financial Planning (Derek Lindsay).

2.4 An Ayrshire wide launch of the change programme was held on Friday 15th January 2016 and was attended by senior managers across the partnerships and NHS as well as senior clinicians.

National Developments

Revalidation

2.5 The Nursing and Midwifery Council (NMC) will bring in a system of revalidation from April 2016. Although individual nurses are responsible for their own registration, as a partnership we need to ensure our nurses are on the NMC register and legally allowed to practice. The partnership also needs to ensure we have a robust system of assurance. The current system, through NHS Ayrshire & Arran HR processes will continue. We are currently undertaking numerous awareness and support sessions to prepare all our teams.

2.6 It should also be noted that the system of confirmation within the revalidation process may require input from our social service team managers/leaders and are currently in the process of delivering training sessions on the "confirmer" role. I have asked the Lead Nurse to bring a more detailed paper on revalidation to the IJB meeting on 10th March 2016.

North Ayrshire Developments

Change Programme Update(s)

2.7 Projects within the Change Programme are making good progress, specifically, in relation to Health & Community Care :-

Arran Integrated Model of Care

2.8 A stakeholder Appreciative Inquiry event to map services and follow complex patient pathways as now been completed. The Arran Steering Group has now begun to develop a proposed model of care building in the needs assessment and service mapping findings. The outcome of this work will be provided at the March IJB.

Pavilion 3 – Intermediate Care and Reablement

2.9 The new model work has been very successful in providing both suitable rehabilitation for older people and also in providing speedy support for Crosshouse hospital in managing the winter pressures. The introduction of a new medical model of support using a General Practitioner will be in place for the end of February 2016 and this role will support direct community admissions, without an A&E admission and provide this clinical support role to the multidisciplinary teams supporting Intermediate Care and Rehabilitation.

Care at Home

2.10 Recruitment to support Care at Home services continues and discussions have commenced round the re-commissioning of the service to ensure quality and sustainability as per the improvement plan. This team has been invaluable in the support it has provided to our hospital and community teams supporting people to remain at home during the winter period.

Within Mental Health services, projects are also progressing well, namely :-

Woodland View

2.11 A huge number of Appreciative Inquiry events have been held to support staff prepare for the move to the new site. A managers' event is being held on the 5th February 2016 to develop actions plans to support the work on the new site; reflecting the vision, enthusiasm and ambition of the staff who will work there.

Integrated Addiction Services

2.12 Accommodation for the North Ayrshire Drug and Alcohol Team has been identified within Caley Court, Stevenson. It is hoped that the teams will be on the one site and working together for the end of February 2016. This will allow the single point of contact to be established within Caley Court for patients and referring services e.g. GPs. All staff have received the appropriate IT training and in consultation between IT services across organisations, pathways for staff to access systems across the partnership are now being tested. A public facing communication strategy will be implemented to ensure, patients, their families and referral agencies are aware of the new integrated approach.

Neuro-Developmental Pathway

2.13 A multi-agency group has developed an umbrella pathway for Neuro-Developmental Assessment and Care for school age children. The pathway was piloted in the East Ayrshire HSCP and it was evaluated with services users and staff. This work received a 95% success rate with the teams and patients finding this approach easy to use. This work will be implemented for end March 2016 and will be tied into the wider Psychological Services review.

Psychological Therapies

2.14 The Appreciative Inquiry event on the 27th November 2015 went well and the teams have begun to undertake service demand and capacity mapping. The service is using similar approaches and learning the lessons from the Integrated Addictions work in undertaking service user surveys and focus groups. As psychological services supports a wide range of service areas a programme of engagement is being developed to ensure that all these areas are involved in any re-design options.

Learning Disabilities

2.15 The team have begun to develop a business case to support tier 4 patients, who have highly complex health and behavioural needs. Several of these individuals are in placements in England. NAH&SCP is working collaboratively with the Ayrshire Partnerships to assess if a shared model would be beneficial. An appreciative Inquiry event has also been held with staff supporting the Community Learning Disabilities Teams to begin to explore an integrated approach.

Integrated Children's Services Plan

2.16 The consultation on our Integrated Children's Services Plan has now closed and a large number of responses have been received. These will now be collated and analysed to allow the next draft of the plan to be produced.

A draft Inequalities Strategy for North Ayrshire

2.17 A draft Inequalities Strategy is being prepared on behalf of North Ayrshire Community Planning Partnership. It aim is to create a shared understanding across CPP partners, on the causes of inequality, and on the evidence of how to intervene to reduce this. The draft strategy was discussed by the Strategic Management Team, and with some further work, will be brought to the CPP Board in March 2016.

Food and Fairness – Big Lottery Fund Bid

2.18 Food producers, commissioners and policy leads, among others, have begun a conversation about how to make the food system fairer for the people of North Ayrshire. Aims would include creating sustainable markets for local farmers and community growers, and significantly improving access to health, affordable food for deprived communities. An expression of interest has been made to the Big Lottery Fund's Financial Inclusion money to support this work. This has been created through joint work by the HSCP and the Third Sector. Further updates will be provided in due course.

Review of Services for Older People and those with Complex Care Needs

2.19 The pan-Ayrshire Review of Services for Older People and those with Complex Care Needs continues to move forward at pace. The New Models of Care workstream has divided the work into six sub-groups; Community Care, Elderly Mental Health, Rehabilitation and Intermediate Care, Acute Hospital Interface, Medical Model and End of Life Care. These groups are attended by multi-disciplinary, multi-agency staff from across Ayrshire and have held initial meetings. The outputs of these groups will help shape the future business case for older people and those with complex needs across Ayrshire.

3. IMPLICATIONS

3.1 Financial Implications

There are no financial implications arising directly from this report.

3.2 Human Resource Implications

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

3.3 **Legal Implications**

There are no legal implications arising directly from this report.

3.4 **Equality Implications**

There are no equality implications.

3.5 **Environmental Implications**

There are no environmental implications.

3.6 **Implications for Key Priorities**

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

4. CONSULTATIONS

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

5. CONCLUSION

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

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

North Ayrshire Council
Comhairle Siorrachd Àir a Tuath

NHS Ayrshire & Arran

Integration Joint Board
11th February 2016
Agenda Item No. 9

Subject:	**Healthcare Associated Infection Ayrshire Central Hospital**
Purpose:	Update the IJB on the action plan now in place following the unannounced visit on the 8th and 9th September 2015.
Recommendation:	Note action plan.

1. INTRODUCTION

1.1 The HEI inspection team carried out an unannounced visit to the Ayrshire Central Hospital site on 8th and 9th September 2015.

1.2 The Team inspected Pavilions 1, 3, 10 and 11 on the Ayrshire Central Site. From the inspection, the team identified the following main areas of concern:

- Variability in compliance with the monitoring framework for environment audit and standard infection control
- Location of Personal Protective Equipment dispensers
- Cleanliness of equipment in particular bed frames.
- Cleanliness of ward environment

2. CURRENT POSITION

2.1 An action plan has been developed to robustly address all of the highlighted issues. The full action plan is set out in ***appendix 1***.

2.2 The action plan responds to the requirements arising from the inspection in terms of:

- Ensuring staff undertake infection control precaution audits and take corrective actions where necessary;
- Compliance with the guidance in the Health Protection Scotland National Infection Prevention and Control Manual (2015);
- Ensuring all patient equipment is safe, clean and ready to use;
- Reviewing cleaning schedules to ensure they meet the needs of patients.

2.3 While not subject to inspection, Pavilion 2 has joined with Pavilions 1 and 3 in adopting a collaborative approach to action planning and peer review across the three ward areas for which North Ayrshire Health and Social Care Partnership has responsibility.

2.4 All actions have now been completed or are ongoing where continuous improvement or audit / monitoring is required.

3. PROPOSALS

3.1 It is proposed that the Integration Joint Board reviews the actions within the action plan, as well as progress made against these.

4. CONSULTATIONS

4.1 Staff from the wards were involved in the development of this action plan and are actively engaged in its delivery.

5. CONCLUSION

5.1 Robust plans, actions and evidence are in place to ensure we are following all the HEI standards.

For more information please contact Stuart Gaw (Senior Manager) on
stuartgaw@aapct.scot.nhs.uk

Improvement Action Plan

NHS Ayrshire & Arran

Ayrshire Central Hospital

Healthcare associated infection (HAI) inspection

Inspection date: Tuesday 8–Wednesday 9 September 2015

Improvement Action Plan Declaration

It is the responsibility of the NHS Board Chief Executive and NHS Board Chair to ensure the improvement action plan is accurate and complete and that the actions are measurable, timely and will deliver sustained improvement. Actions should be implemented across the NHS Board, and not just at the hospital inspected. By signing this document, the NHS Board Chief Executive and NHS Board Chair are agreeing to the points above. A representative from Patient/Public Involvement within the NHS should be involved in developing the improvement action plan.

NHS board Chair

Signature: __ ___

Full Name: George Martin Frazer Cheyne

Date: 19 January 2016

NHS board Chief Executive

Signature: _ ___

Full Name: John George Burns

Date: 18 January 2016

Improvement Action Plan

NHS Ayrshire & Arran

Ayrshire Central Hospital

Healthcare associated infection (HAI) inspection

Inspection date: Tuesday 8–Wednesday 9 September 2015

Ref:	Action Planned	Timescale to meet action	Responsibility for taking action	Progress	Date Completed
1.	**Action Required:** **NHS Ayrshire and Arran must ensure that staff carry out standard infection control precautions audits as described in the NHS Board's infection control environment audit and standard infection control precautions monitoring framework. Where poor compliance is identified through these audits, corrective action must be taken to ensure that improvements are sustained.** **Action Planned:** Clinical Nurse Managers (CNMs) will re-issue the NHS Ayrshire & Arran Infection Control Environmental Audit and Standard Infection Control Precautions (SICP) monitoring framework to their respective Senior Charge Nurses (SCN) with an instruction to ensure implementation, delivery and monitoring of compliance.	4th December 2015.	Head of Mental Health Services Head of Health and Community Care Assistant Director – Acute Services (Crosshouse)	The monitoring framework has been circulated to staff within all the Pavilions and staff are currently in the process of re-familiarising themselves with the content / requirements. Staff across all Pavilions are attending ongoing HAI awareness sessions organised by the Infection Prevention and Control Team. Peer environmental audits between Pavilions 1, 2 and 3 and Pavilions 10 and 11 have commenced.	4th December 2015.

	CNMs will continue to monitor compliance with the framework.			Monthly auditing is ongoing with results 95% and above. Quarterly environmental audits are carried out in wards by nursing assistants with associated action plans produced. These are monitored and closed by Senior Charge Nurses once the required improvements have been made. Unannounced visits are undertaken by senior managers to inspect the environment and equipment to ensure the required standards are being maintained.	

Improvement Action Plan

NHS Ayrshire & Arran

Ayrshire Central Hospital

Healthcare associated infection (HAI) inspection

Inspection date: Tuesday 8–Wednesday 9 September 2015

2.	**Action Required:** **NHS Ayrshire & Arran must comply with the guidance in the Health Protection Scotland *National Infection Prevention and Control Manual* (2015) for the placement of personal protective equipment dispensers. If a decision is taken not to follow this guidance, a risk assessment must be provided to demonstrate the controls in place to reduce the risk of cross-contamination to personal protective equipment.** **Action Planned:** NHS Ayrshire & Arran will review the placement of personal protective equipment (PPE) dispensers in each ward at Ayrshire Central Hospital. If risk assessment determines that it is safe to have PPE dispensers located close to other facilities, this will be documented along with control measures to reduce the risk of cross contamination to ensure that PPE will be accessible to staff to safely perform their duties.	11th November 2015.	Head of Mental Health Head of Health and Community Care Assistant Director – Acute Services (Crosshouse)	All PPE dispensers have been reviewed and where necessary have been removed and / or re-located. Pavilion 3 identified the need for an additional dispenser which was fitted in Jan 2016.	11th November 2015

	Where identified as being required, appropriate PPE dispensers will be moved and / or purchased (and installed).				
3.	**Action Required:** **NHS Ayrshire & Arran must ensure that all patient equipment is safe, clean and ready for use. This will minimise the risk of cross-infection to patients, staff and visitors.** **Action Planned:** An immediate check of equipment should be made and cleaned as required. Senior Charge Nurses will use the Safe Management of Care Equipment SICPS Monitoring tool to monitor compliance against required standard and will take immediate action to address any deficiencies.	 10th September 2015 11th November 2015.	Head of Mental Health Head of Health and Community Care Assistant Director – Acute Services (Crosshouse)	 All equipment identified as requiring attention was cleaned immediately. Senior Charge Nurses implemented the monitoring tool on a weekly basis to monitor compliance. This will continue until 95% is reached after which	 10th September 2015. 11th November 2015 (revised process in

	Weekly checks will initially be made to ensure compliance.			time standard monitoring will continue on an ongoing basis. **Actions specific to Pavilion 3:** Monthly audit of underside of 10 beds carried out by charge nurse and signed record kept in HEI folder. Cleaning schedules now developed and in place being signed by staff Equipment spot checked by Senior Charge Nurse and signed record kept in HEI folder.	place) 11th December 2015 (Routine checks confirmed)
a.	**Action Required:** **NHS Ayrshire & Arran should review cleaning schedules in Pavilion 1 to ensure that they meet the needs of patients.**	30th November 2015.	Head of Clinical Support Services (North)	A meeting was held on 18th November 2015, where cleaning schedules were reviewed and remain	30th November 2015

	Action Planned: A multidisciplinary short life working group comprising of domestic services, nursing and infection prevention and control will review the cleaning schedules and implement changes as required.			unchanged. Domestic Services resources had been reduced in the past due to reduced admissions, however as the ward is now at full capacity, Domestic Services resources have been increased to reflect this. Weekly sign off cleaning schedules have also been modified to ensure it is clear what work the Charge Nurse is signing off.	

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

Subject:	**Woodland View Progress Report**
Purpose:	Handover of Woodland View is scheduled to take place in 8 weeks on 18 March 2016. This paper will summarise the construction and commissioning progress and outlines the opportunities for the longer term strategy for both Woodland View and the Ayrshire Central site where it is located.
Recommendation:	For discussion / noting

1. INTRODUCTION

1.1 **Woodland View Programme Plan**

The headline Programme Plan is as follows:

- Construction begins – July 2014;
- Construction complete - 18th March 2016;
- Decommissioning of Pavilions 1-3 – ends 29th April 2016;
- Phase 2 Landscaping and Car Parking – 29th April to 5th Sept 2016; and
- Ailsa refurbishment – 2016 to 2018.

1.2 **Key tasks for the forthcoming period include:**

- Continue the Commissioning work streams and development of the various commissioning strategies and programmes to ensure safe and efficient relocation of services and delivery of benefits;
- Balfour Beatty to confirm on 12 February that contractual completion date of 18 March 2016 will be achieved.

2. CURRENT POSITION

Construction

2.1 At end of December 2015 Balfour Beatty are reporting four and a half weeks behind construction programme. This delay is attributed to inclement weather (2 weeks) and a delay to the delivery and installation of the fitted furniture (2.5 weeks). To mitigate the delay Balfour Beatty have extended the working day and introduced weekend working.

2.2 Balfour Beatty continue to state that the delay will be absorbed within the beneficial access period and ***will not therefore impact on the handover date***.

2.3 Progress for the month of December is noted as:

- Windows, doors and curtain walling is complete;
- Render works substantially complete in all zones, with the exception of zone 6, dry weather required to finish this task;
- Ceiling works are nearing completion, with zones 1, 5 & 6 the only zones that remain to be completed;
- Doors and joiner work substantially complete in all zones;
- Floor finishes substantially complete in zones 2 & 4 and progressing well in remaining zones;
- Decoration is progressing well;
- Mechanical & Electrical Plant – power, heating and lights is now on in zones 1, 2, 3, 4 & 6;
- External hard and soft landscaping is complete in all courtyards;
- Work is complete on the cycle path and road realignment at south entrance; and
- The Puffin Crossing on Kilwinning Road is commissioned and working.

2.4 The Independent Tester has confirmed that they are satisfied with construction quality and methodology on works carried out so far and will begin internal testing on 18th January 2016.

2.5 **Commissioning**

- Eight Commissioning subgroups report to the overall Commissioning Workstream, all have developed Programme plans and most have met on more than one occasion during the reporting period.
- All commissioning plans remain on critical path and have been integrated with the Joint Final Commissioning Programme with Balfour Beatty.
- On 8th February 2016 it is It is 39 days or one month ten days until handover on Friday 18th March 2016.

2.6 **Workforce**

- HR provided confirmation of total number of staff who will work from Woodland View as a current headcount of 456 with recruitment underway to vacancies. As such working figure of 500 remains for planning purposes until final figure from HR cross referenced with Finance. HR plan for change forms, and associated action required.
- Circa 32 members of staff in redeployment following confirmation of being unable to move base to Woodland View. Redeployment status update from HR to be provided monthly.
- 2 additional Appreciative Inquiry (AI) sessions scheduled for 11 Feb. Previous items events very well evaluated and will be used to inform ongoing OD work.
- Managers meeting with OD lead thought Jan' and Feb' to initiate/further develop model of care work based on AI sessions.
- A training/orientation/induction plan is actively being developed which will commence after 15 February 2016 to 500 staff plus 'open day' sessions for volunteers and other stakeholders including community and third sector agencies & public.

- Workforce Planning – Mitigation plans for services which have previously identified the need for additional staff are progressing.
  - Physiotherapy – is being redesigned within the NAHSCP resources. Outcome to be reported.
  - Addictions Nursing - fully mitigated - closed
  - Psychiatry – has been redesigned within existing resources - closed
  - ECT – anaesthetics and recovery nurses is fully mitigated - closed

- Administration have commenced weekly service planning meetings
- Editing Group for staff handbook have confirmed content and submitted to printing in January this includes the Staff Care and Wellbeing sub group information.
- Service user information materials being updated.
- Volunteers update report awaited, priority is securing sufficient volunteers to staff the retail shop.

2.7 **E-health**

- All stage orders placed for hardware and telephony, delivery has commenced.
- Installation plans drafted with ongoing refinement
- Trackcare build for wards & outpatient scheduling underway

2.8 **Furniture & Equipment**

- Furniture & Equipment ordering on schedule following ongoing meetings with clinical staff/service users to pick fabrics and furniture.

2.9 **Relocation**

- The master commissioning plan is complete, revised and finalised dates for moving in have been issued
- Checklists and procedures for moving day have been provided to Single Points of contact for each area for comment
- 3rd Meeting scheduled with Scottish Ambulance Service to confirm logistics. Clinical Taxi's and patient transport booked.
- Police Liaison group has scheduled meeting to finalise ground search plans for missing patients
- Specification for removals firm complete, tender issued in January, Award scheduled week beg 15 Feb.
- Access to optometry and dentist services confirmed for inpatients'
- Promotion of and booking of rooms for alternative and community use in development
- Scenario testing and Continuity plans making good progress

2.10 **Decommissioning**

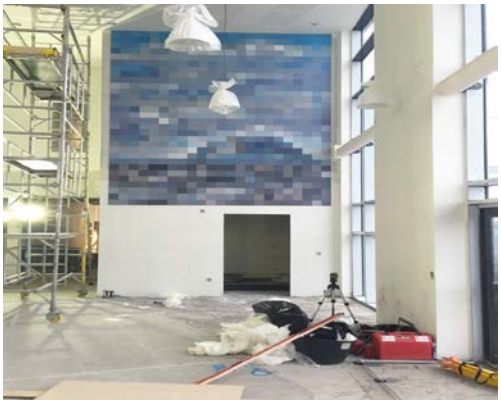
- All areas redistributing non essential items and identifying items requiring destruction. Group remains assured with progress ahead of decommissioning implementation.
- Timetable for procedures for isolation of services in Pav 1-3 is confirmed .

2.11 **Estates**

- Lifecycle cost and planning meeting held. Confirmed £115k available per annum. 5 year lifecycle programme to developed including definitions and procedures for confirming impact of malicious damage on budget. The finishes clauses within project agreement details the outcome of 5 year lifecycle plan
- Programme for fire risk assessment processes being developed.
- Procedures and training for helpdesk calls under development.

2.12 **Art Strategy**

All 14 Arts projects are progressing on target and within budget. Installation of frieze of Ailsa Craig is complete within the Atrium at cafe area. Most other works are ready for installation following handover. An image is below.



In addition an Art Curator and legacy booklet have been commissioned.

Continued establishment of SCIO to incorporate longer term legacy Art Strategy being led by North Ayrshire Health and Social Care Partnership (NAHSCP) Mental Health Services.

3. PROPOSALS

3.1 **Construction**

- Construction & Commissioning for Woodland View progress remains on the Critical path.
- On 12 Feb 2016 Balfour Beatty must provide 20-30 days notice of expected completion date.
- Independent tester is scheduled to issue Certificate of Completion on 17th March. Any Snags outstanding at this time must be issued within 10days of certification with rectification complete by 14 April.
- The first service user /patients will move in following this milestone commencing Friday 15 April with all facilities* open by Monday 16 May.

3.2 **Commissioning**

Following handover and all moves are complete the following aims can be further enhanced until programme closure for the short term continuing with operational services in the longer term.

The IJB is asked to consider the following developments and to seek to identify further opportunities :-

1. Programme Philosophies namely 'More than Bricks and Mortar' and 'Bringing the Outside in' intend to maximise the benefits of the new facility. Therefore whilst construction and commissioning has taken place, promotion of the new facilities within Woodland View and the broader Ayrshire Central Hospital Campus is occurring to benefit community groups, organisations and individuals to maximise a range of activities provided and open for use by all including staff , patients and public. This includes delivery of a range of additional health improving opportunities centred around the site/grounds. The momentum for this is underway and requires ongoing focus.

2. Deliver the second phase of the Volunteering Strategy for Woodland View to the whole site. The first priority has been to ensure sufficient volunteers for the shop and Reception Desk Meet & Greet service however a large range of other volunteering opportunities are in the early stages of being taken forward such as volunteer drivers, pet therapy, holistic treatments, gardening. Many other opportunities have been identified for Woodland View but also it is anticipated this will spread to the whole site.

3. Organisational Development – The OD team have supported the Appreciative Inquiry and models of care development. The OD team could support the bringing together of the many varied departments initially within Woodland View, and then within the full site, to explore and develop a site wide hub for North Ayrshire as well as developing the site based leadership teams. This could provide an opportunity to review site based leadership arrangements. (noting many services on site are solely for North Ayrshire Residents or are area wide community services currently managed by Director of Acute Services.)

4. The ownership / leadership of the HSCP could enhance the original aims of the community hospital and mental health hospital initial agreements (pre business case) which outlined following construction the aim to explore a cohesive strategy for the whole site. With the formation of the HSCP, this initial concept is well positioned to be further enhanced by leadership of the IJB. The Ayrshire Central Site is a significant resource centrally positioned to take full advantage of many future developments for the residents of North Ayrshire or centrally on behalf of all Ayrshire.

5. University Hospital status could be explored facilitated by the central Training Centre and the post graduate medical facilities nad library within Woodland View.

6. Centre of Excellence for speciality care over a number of specialties could be developed.

7. New models of Health and Care delivery.

3.3 **Ailsa Hospital Refurbishment** (5 Elderly Mental Health Wards currently 74 beds)
The North Ayrshire Community Hospital **Business** case also approved the refurbishment of 5 wards at Ailsa Hospital. This development is currently being informed by the review of all older peoples beds in Ayrshire & Arran being led by Director of North HSCP and the capital funds available. The Woodland View Programme Board are awaiting the outcome to enable revised planning to take place with both North and South HSCPs.

4. IMPLICATIONS

4.1 The current Benefits Realisation Plan was reviewed at the recent Gateway Review on behalf of the Scottish Government. The review team kindly suggested adding further patient/service user benefits to reflect the many additional areas being taken forward. This update will be completed by end of February by the Programme Manager. The HSCP performance team have agreed to lead the benefits realisation monitoring for those items which have a longer delivery to outcome period.

4.2 A number of additional formal reviews will take place including Post Occupancy Review which normally takes place up to two years following occupancy, the IJB will be supported in this by NHS Capital planning as the Programme will have closed.

5. CONSULTATIONS

5.1 A robust and extensive consultation, engagement and involvement plan has been central to the development and delivery of Woodland View. The HSCP is developing its 'Public Engagement' strategy and have confirmed ongoing inclusion of Woodland View.

6. CONCLUSION

6.1 The completion of construction scheduled for 17th of March, with handover on 18th of March 2016 are major milestones which lead to the moving of services into their new £46 million accommodation throughout April/May.

6.2 For staff, service users and their families as well as residents of Ayrshire & Arran this is a start of significant and much anticipated transformation of care and wellbeing outcomes afforded by state of the art, purpose built accommodation.

For more information please contact Linda Boyd on 01294 323129 or Linda.boyd@aapct.scot.nhs.uk

Integration Joint Board
11th February 2016
Agenda Item No. 11

Subject:	**Mental Health Innovation Fund**
Purpose:	To update IJB on one of North Ayrshire's Mental Health Innovation Fund initiatives – People in Distress and Intensive Support Model CAMHs
Recommendation:	That IJB note and endorse update report

1. INTRODUCTION

1.1 The Scottish Government announced a £15M mental health innovation fund in 2014 and wrote to NHS Boards in March 2015 inviting proposals in relation to children and young people and innovation / people in distress. NHS Ayrshire and Arran's total allocation is £311,055 per year for 3 years.

1.2 North Ayrshire H&SCP is the lead Partnership for mental health within Ayrshire and Arran, therefore 2 proposals were submitted in May 2015 on behalf of all 3 H&SCP's.

1.3 Confirmation was received in September 2015 that funding would be made available from October 2015.

1.4 IJB approved both initiatives in November 2015 and both are now underway.

2. CURRENT POSITION

2.1 The pan Ayrshire people in distress proposal was to release existing staff and pilot a new service (using the funding for backfill and service costs) to deliver the following:

1. Further understanding the frequency, complexity, and patterns of activity with police and A&E to inform prevention strategies
2. Reduction of people being detained in police custody cells where there is no criminality involved and explore opportunities to divert people with mental health problems from Criminal Justice System
3. Prevention and reduction of out of hour's attendances at A&E departments for people in need of immediate support
4. Provide access to 'safe places' for people other than police cells / hospital
5. Rethink patient pathways which will include a multi-agency response around assessment, care and treatment and other support interventions
6. Review how the views of people in distress are gathered and organised to inform future improvements

7. Build capacity across and within provider services, agencies and third sector to better support people in distress
8. Design a model of early intervention built around collaboration and joined up strategic planning building on the already developing 'Police Public Protection Concern Hub' model of interagency collaboration
9. Identify and train a range of frontline staff in the most appropriate ways of engaging and supporting people in distress to ensure consistency and effectiveness of approach.

2.2 The developing action plan for Intensive Support Model CAMHs

1. Tackle admissions to adult beds and a stronger interface with regional resource (Skye House). Communicating mental health needs, associated risk and developing as early as possible therapeutic expectation.
2. Stronger partnership/interface with partners for acutely mentally unwell children/young people. Developing and agreeing an interagency response including commissioning and shifting assets to meet individual need.
3. Building confidence and capacity with partner agencies (all partners including education/social work/health), a focus on collaboration, high level interagency response maximising an integrated work force response to complex situations including assessment of mental health and risk and models of intervention/support

2.3 Agreed first year activities

1. Scoping out all admissions to Adult Mental Health beds for CAMHs patients and associated chronology -Completed
2. Identified resource within current CAMHs and Partnership teams to provide a rapid response to assessment and risk management-ongoing
3. Create pathways and processes to ensure earlier response and intervention
4. Linking initiative to wider CAMHs review, planning and redesign within partnerships particular emphasis on vulnerable groups e.g. LAAC

2.4 The Innovation Fund – People in Distress initiative is now underway and a steering group met on 7 January 2016 to update the project objectives and agree on the allocation of resources to support the work.

2.5 Project associated with CAMHs- "Intensive Support", has commenced with the scoping of activity associated with hospital admissions across all three Health and Social Care partnerships. In addition profiling admissions to regional resource Skye House has been undertaken. This reporting will be further refined into Health and Social Care partnership areas.

2.6 A member of staff from the Crisis Resolution Team has been recruited for a secondment to Police Scotland to scope out needs in relation to people in distress and police interventions. It is anticipated that this work will commence in February 2016.

2.7 The service manager for CAMHs is now formally linking with the West of Scotland Project Manager for regional review of hospital admissions and the development of intensive support models. This will focus on ensuring the sharing of best practice and the monitoring of hospital activity on a regional basis and make comparisons across NHS Board areas.

2.8 All three Health and Social Care Partnerships has been asked to nominate a representative to be part of an over sight group ensuring continuity and consistency in delivery of intensive support across the three partnerships. The steering group will also include regional CAMHs Project Manager (Hospital admissions/Intensive Support)

2.9 The steering group agreed that a pilot is undertaken to establish the social care needs of people in distress presenting to services during the out of hours period. The pilot will include extending the existing Flexible Intervention Service.

2.10 The steering group agreed that the North H&SCP lead on a pan Ayrshire expression of interest to host a test site for 'Distress Brief Interventions' (DBI) and to link this with the People in Distress initiative. Scottish Government funding has been made available for 4 years to successful partnerships expressing an interest. Initial applications need to be completed by end January 2016.

2.11 The steering group agreed to release further appropriate staff resource to co-ordinate the work strands and oversee the pilot work. It is anticipates that this work will commence in April 2016.

3. PROPOSALS

3.1 That IJB notes and endorses this update report.

4. IMPLICATIONS

Financial Implications

4.1 Funding is being provided by Scottish Government to NHS Ayrshire and Arran for this particular initiative at a level of £155K per year for 2015-2018. It is anticipated that initial spend against the police triage scoping pilot will occur in February 2016.

Human Resource Implications

4.2 There will be HR implications associated with the releasing and backfilling of Partnership posts to deliver on the proposal. The North H&SCP HR teams will be involved in any recruitment processes.

As part of the project two Band 6 Mental Health Nurses will be employed and the associated process of recruitment has commenced. It is likely these posts will be recruited internally and therefore back fill required. In addition we will reviewing "support worker roles" within CAMHs to link with the developing intensive support model building on available assets and workforce redesign

Legal Implications

4.3 Any procurement will be undertaken in line with EU Public Procurement thresholds for services. The North H&SCP Service Design and Procurement Team as well as the Council's Legal Services will be involved in any procurement processes.

Equality Implications

4.5 The further development of services for people in distress in line with the proposal will offer more effective support to individuals who require it. These individuals are not expected to be disadvantaged through delivery of the proposals.

4.6 The CAMHs intensive support development will further reinforce the unique needs of this population of children and young people and reduce inequality with a focus on responding to individual need within local communities, preventing or minimising hospital admission and stay.

Environmental Implications

4.7 There are no environmental implications in connection with this proposal.

5. CONSULTATIONS

5.1 Consultation to date has taken place with NHS, local authority, education, police, A&E and voluntary and private sector representatives in the writing of the proposals. Consultation will be ongoing through the multi-agency, pan-Ayrshire People in Distress steering group.

5.2 Consultation regarding proposal has involved colleagues in Social work, Health and Education. Ensuring a broad and integrated model of delivery the primary focus.

6. CONCLUSION

6.1 The Scottish Government has approved and funded an initiative in relation to innovation / people in distress for Ayrshire and Arran for 3 years. The initiative is now underway and oversight is being provided by a pan-Ayrshire steering group.

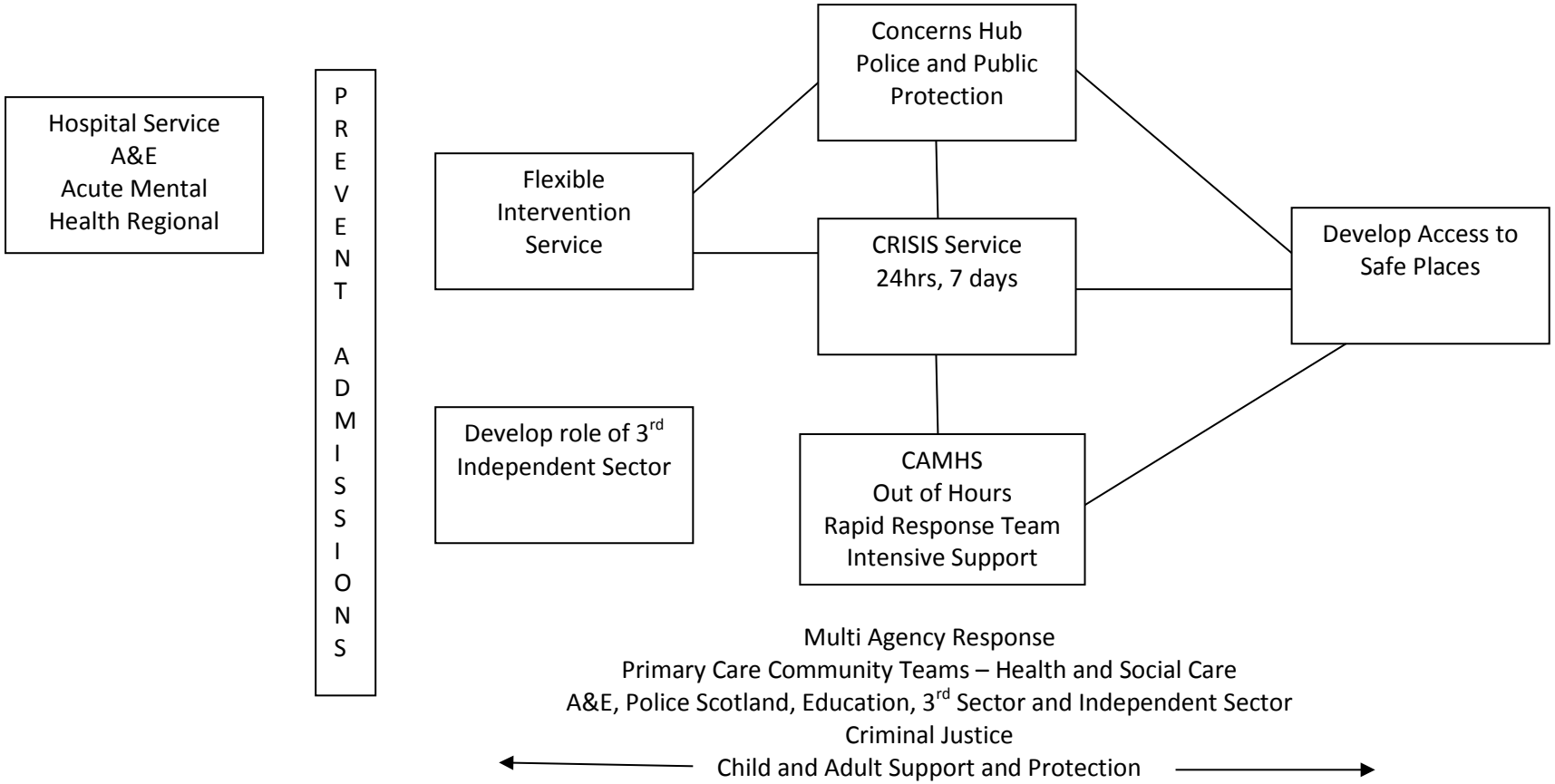
6.2 The Scottish Government has approved and funded an initiative to develop an "Intensive Support Model CAMHs". There will be a Pan-Ayrshire group providing over sight, review and evaluation.

6.3 Therefore, it is recommended that IJB:

1. Note and endorse the pan-Ayrshire work that has now commenced within the Innovation Fund for People in Distress initiative.
2. Note and endorse CAMHs initiative

For more information please contact Dale Meller, Senior Manager (Mental Health) on 01294 317790 or Tommy Stevenson CAMHs on 01294 317841

PEOPLE IN DISTRESS/ CAMHS
MENTAL HEALTH INNOVATION



Integration Joint Board
11 February 2016
Agenda Item No. 12

Subject:	**Development of Locality Planning Forums**
Purpose:	To update the IJB on the progress of HSCP Locality Planning Forums
Recommendation:	The IJB supports the continued development of Locality Planning Forums

1. INTRODUCTION

1.1 The Public Bodies (Joint Working) (Scotland) Act 2014 places a duty on an IJB to establish locality planning structures and locality plans. At its meeting on the 17 September 2015 the IJB supported the development of six Locality Planning Forums (LPF) in line with the Strategic Plan refresh, planned for Summer 2016.

1.2 Over recent months, North Ayrshire Community Planning Partnership has been consulting on the proposed option for Locality Partnerships within each of the six localities. These are Kilwinning, Irvine, North Coast, Three Towns, Garnock Valley and Arran. Feedback from the consultation is being finalised and will be available shortly.

1.3 Over the last six months the North Ayrshire Health and Social Care Partnership has been working to develop its Locality Planning Forums in parallel with the CPP. However the HSCP locality planning structures must reflect Scottish Government guidance [http://www.gov.scot/Resource/0048/00481100.pdf] which places a number of requirements including:

- A duty to produce a Strategic Plan which takes account of its localities.
- A detailed statement of how it will carry out its functions in relation to each locality including how resources are to be spent on their local population
- A person to represent the interests of each locality on the Strategic Planning group (although one person can represent more than one locality where agreed to be appropriate).
- Where an Integration Authority is taking a decision that is likely to significantly affect service provision in a locality, it must take such action as it thinks fit to involve and consult appropriate representatives of that locality.

- To ensure the quality of input to strategic planning, they must ensure the direct involvement and leadership of:
  - Health and social care professionals who are involved in the care of people who use services.
  - Representatives of the housing sector.
  - Representatives of the third and independent sectors.
  - Carers' and patients' representatives.
  - People managing services in the area of the Integration Authority.

2. CURRENT POSITION

2.1 At its meeting on the 17 September 2015 the IJB supported that each LPF would be chaired by a member of the IJB and therefore reports directly to the SPG/IJB. It was agreed the six LPF Chairs will meet regularly with the Chair of the SPG to ensure links with the Strategic Plan. These individuals have now been appointed and are outlined in appendix one. It is anticipated that each LPF will meet 3 or 4 times per year, though more frequently in the early months.

2.2 In addition, each LPF Chair will be provided with support from by a named HSCP Manager who will act as a Locality Co-ordinator. A lead from each locality will work closely with lead officers from the CPP Locality Partnership to identify and maximise shared opportunities for engagement, planning and delivery of local services within the overall Locality Plan. These individuals have now been appointed and are outlined in appendix one.

2.3 Dr Paul Kerr, Clinical Director has liaised with North Ayrshire GPs and is finalising a list of local GP's to join the LPFs.

2.4 Initial meetings have been held with the Locality Leads and a Locality Forum Development Network has been established. This comprises of the six chairs, six Locality Co-ordinators, six GPs, Stephen McKenzie, Dr Paul Kerr, Jo Gibson, Annie Weir and Eleanor McCallum. This group is working together to progress the development of the LPFs and is currently developing a shared Terms of Reference.

2.5 Locality Forums will develop Locality Plans that will form part of the North Ayrshire Health & Social Care Partnership's Strategic Plan and will form a chapter of the Community Planning Partnerships Locality Plan.

2.6 It should be noted that the development of Locality Planning Forums, as part of the wider engagement strategy, will require on-going investment to cover expenses and hospitality and therefore a budget would be required.

2.7 In addition, at its meeting on the 17 September 2015 the IJB supported the allocation of a small budget to develop a process of Participatory Budgeting to create a sense of locality ownership and build on the HSCPs identity in each of our localities

3. PROPOSALS

3.1 In line with the refresh of the Strategic Plan the following timescales have been agreed:

Joint session IJB / SPG to agree: • Emerging themes • Any 'givens' • Process of allocation of any available funds	14 January 2016
Locality Forums – initial meetings	End January 2016
Locality Forums - locality profiles	February 2016
Locality Forums – initial local focus agreed	March 2016
Locality Forums - more detailed information on local focus	May 2016
First draft of strategic plan to IJB & SPG	June 2016
Agree Refreshed Plan to IJB	11 August 2016

4. IMPLICATIONS

4.1 **Financial Implications**
The purpose of locality planning is to ensure localities have real influence on how resources in their area are spent. The establishment of LPFs will play a significant role, over time, in the decisions in relation to the allocation of resources.

4.2 **Human Resource Implications**
There are no human resource implications arising directly from this report.

4.3 **Legal Implications**
There are no legal implications arising directly from this report

4.4 **Equality Implications**
A focus on the specific needs in a locality will provide the opportunity to begin to alleviate some of the differential outcomes our citizens' experience, as a result of economic and health inequalities.

4.5 **Environmental Implications**
A focus on the specific needs in a locality will provide the opportunity to begin to alleviate some of the differential outcomes our citizens' experience, as a result of environmental issues.

4.6 **Implications for Key Priorities**
The development of LPFs will be a significant vehicle to support the IJB in two of its strategic priorities; engaging communities and tackling inequalities. The common approach with the emerging CPP Locality Partnerships will enable improved outcomes in local areas.

5. CONSULTATIONS

5.1 The development of this process has been discussed with the Locality Forum Development Network, the Strategic Planning Group, the Integration Joint Board and the CPP Locality Planning Working Group.

6. CONCLUSION

6.1 The continued progress of locality planning structures and locality plans will ensure North Ayrshire Health and Social Care Partnership is ready to meet its duties for locality planning as part of the Public Bodies (Joint Working) (Scotland) Act 2014

For more information please contact Jo Gibson, Principal Manager (Planning & Performance) on 01294 317807 or jogibson@north-ayrshire.gcsx.gov.uk

Appendix One

North Ayrshire Health & Social Care Partnership
Localities

Area	Chair	Locality Co-ordinator	GP
Arran	Jim Nichols	Ruth Betley	Greg Hamill
North Coast	Louise McDaid	Isabel Marr	Rachel Fraser
Irvine	Kerry Gilligan	Norma Bell	Chris Black
Kilwinning	Councillor Robert Steel	Marian Gilchrist	TBC
Three Towns	Councillor Peter McNamara	Alan Weaver	Jamie Monaghan
Garnock Valley	Dr Janet McKay	To be confirmed	Robert Hillman

Integration Joint Board
Thursday 11th February 2016
Agenda Item No. 13

Subject:	**Addressing Fair Work Practices, including the Living Wage, in Procurement of Social Care**
Purpose:	To provide an overview of the actions required to comply with statutory guidance SPPN 04/2015 issued under the Procurement Reform (Scotland) Act 2014 which provides guidance to public bodies on how to evaluate fair work practices, including the Living Wage when selecting tenderers and awarding contracts.
Recommendation:	• IJB to note the North Ayrshire Council (NAC) policy in relation to procurement and fair work. • IJB to note that all future tender requests to NAC will comply with this policy. • IJB to note that the costs of achieving the Living Wage, while substantial, will improve quality of delivery. • IJB to agree that the costs required with Fair Work will be reflected in the 2016/17 budget as identified by Scottish Government. • IJB to note that a paper will come forward in due course regarding the implementation of the Living Wage.

1. INTRODUCTION

Fair Work Practices

1.1 Scottish Government considers payment of the Living Wage to be a significant indicator of an employer's commitment to fair work practices. Payment of the Living Wage by those who deliver public contracts (including sub-contractors) is viewed as one of the clearest ways that an employer can demonstrate that it takes a positive approach to its workforce.

1.2 Public bodies are unable to make payment of the Living Wage a mandatory requirement as part of a competitive procurement process where the Living Wage is greater than any minimum wage set by or in accordance with law. In the UK, this is the National Minimum Wage. It is, therefore, not possible to reserve any element of the overall tender score specifically to the payment of the Living Wage. However, it is possible where relevant to the delivery of a contract, to take account of a bidder's approach to fair work practices. Fair work practices can and would normally be expected to include fair and equal pay, including the Living Wage as part of a package of positive fair work practices.

1.3 When evaluating fair work practices they should be broadly comparable with those adopted by public bodies and extend beyond simply payment of the Living Wage. In terms of fair work practices bidders would be considered good employers if they have adopted policies which comply with relevant employment, equality and health and safety law, human rights standards, and describe how they adopt fair work practices for all workers engaged in delivering the contract. This includes, fair and equal pay (for example, supported by equal pay audits), respecting employee rights, providing stability of employment and avoiding exploitative employment practices such as inappropriate use of zero-hour contracts or applying unreasonable working hours, supporting progressive workforce engagement and encouraging staff to join a Trade Union, or suitable alternative.

1.4 For regulated procurements which commence on or after 1 November 2015, public bodies are required to consider how to address fair work practices in relevant public contract's where the estimated value of the contract is equal to or greater than £50,000 for goods and services and £2,000,000 for work contracts. Public bodies are also encouraged to consider whether assessing fair work practices is applicable where a lower value applies or the service being commissioned is exempt from contract.

1.5 Public bodies must now consider on a case by case basis, before undertaking a procurement exercise, whether it is relevant and proportionate to include a question on fair work practices as part of the competition. Fair work practices should be evaluated in the course of a public procurement exercise where it is evident that they may be relevant to the quality of service of the contract.

2. ACTIONS AGREED BY NORTH AYRSHIRE COUNCIL

Contract Strategies

2.1 Whilst developing Contract Strategies for any contracts whose values are in the range indicated below, Service Design and Procurement staff should complete Table 1 (Appendix 1) and if the answer to any questions in Table 1 is "yes", then fair work practices are likely to be a relevant consideration for the contract in question:

- Supplies & Supplies in the value range £50k to OJEU Threshold (£172,514 until 31st December 2015 and thereafter as amended)

- Works in the value range £100k to OJEU threshold (£4,332,012 until 31st December 2015 and thereafter as amended);

Even where fair work practices are "likely to be a relevant consideration" care should be taken to ensure that the inclusion of fair work practices complies with the principles of transparency, equal treatment and non-discrimination.

Contract Notices/Quick Quotes

2.2 The wording included in Appendix 2 should be included in the additional information fields **in all** Quick Quotes and Contract Notices regardless of value.

Pre Qualification Questionnaire (PQQ)

2.3 Where a contract is in the value ranges as detailed in Section 2 and fair working practices are considered to be relevant then they should be included as a minimum requirement within the PQQ. Where this is the case the question included in Appendix 3 should be included in the PQQ.

2.4 When assessing whether a response to the PQQ question is a pass or fail evaluators should pass responses that evidence a positive approach to rewarding staff at a level that helps tackle inequality (e.g. through a commitment to paying at least the Living Wage); improves the wider diversity of your staff; provide skills and training, and opportunities to use skills which help staff fulfil their potential.

2.5 Whilst fair work practices can and would normally be expected to include fair and equal pay, including the Living Wage, as part of a package of positive fair work practices evaluators should ensure that responses are not failed solely on the basis of not paying the Living Wage.

Invitation to Tender (ITT)

2.6 When a contract is in the value ranges as detailed in Section 2 above and fair working practices are considered to be relevant then fair working practices should be included in the tender evaluation. The question included in Appendix 4 should be included in the tender evaluation information.

2.7 Where fair working practices are included as part of the tender evaluation they should be evaluated using the following criteria:

- helps tackle inequality (e.g. through a commitment to paying at least the Living Wage);
- improves the wider diversity of your staff;
- provide skills and training,
- provides opportunities to use skills which help staff fulfil their potential.

… and scored as follows:

- 5 - Evidences all bullet points above including paying the Living Wage.
- 4 - Evidences all bullet points above but excludes paying the Living Wage or evidences 3 bullet points and includes the Living Wage
- 3 - Evidences 3 bullet points or evidences 2 bullet points and includes the Living Wage
- 2 - Evidences 2 bullet points or evidences 1 bullet points and includes the Living Wage
- 1 – Response submitted but fails to evidence any bullet points
- 0 - No response.

2.8 Where the tender evaluation is on the basis of lowest cost then fair working practices should be included as minimum requirement at the tender evaluation stage. The question included in Appendix 4 should be included in the minimum requirements information and evaluated on the basis of 2.3.2 and 2.3.3.

Contract Management & Monitoring

2.9 Effective contract management and monitoring requires to be undertaken to ensure that fair work practices continue to be applied throughout the duration of the contract, e.g. by requesting information on the pay, terms and conditions of workers involved in the delivery of the contract.

2.10 To ensure that the Council has a contractual right to access this information staff should ensure that the following term is included in all contracts where fair working practices are included:

2.11 *"The Council shall require on a quarterly basis, and/or as when requested by giving reasonable notice, evidence that fair work practices continue to be applied throughout the duration of the contract. This may include, but not be limited to information on the pay, terms and conditions of workers involved in the delivery of the contract. Failure to evidence the continuation of fair work practices on a quarterly basis, and/or as when requested will be classed as a material breach of contract."*

3. PROPOSALS

3.1 Evaluation of fair work practices within social care will be appropriate for a large amount of services being commissioned/developed. However, consideration of a bidders approach to fair work practices must be proportionate and fair, based on the nature, scope, size and place of the performance of the contract. Therefore, individual approaches should be developed for each tender, based on this approach. We will work with NAC to ensure this takes place.

4. IMPLICATIONS

4.1 Providers of care and support currently face challenges in relation to payment of the living wage, pension reform and sleepovers based on recent legal judgements. An exercise is underway to calculate the likely impact for the Partnership, which will inform our forthcoming budget setting process. An implementation plan will be developed and presented at an appropriate future date.

4.2 The Scottish Government Integration Fund provides resources to meet the Living Wage for the Third and Independent Sector from 1st October 2016.

5. CONSULTATIONS

5.1 North Ayrshire Council Procurement Manager has been consulted when compiling this report. Providers have been advised of fair working practices.

Providers of care and support have already been briefed via the Provider Forums on the requirement for commissioning Authorities to address fair work practices. Any position agreed by the Partnership would be communicated to all relevant customers including staff, providers and other relevant internal customers in a variety of suitable formats.

For more information please contact Betty Saunders, Manager (Service Design and Procurement) on 01294 317799 or bsaunders@north-ayrshire.gcsx.gov.uk

APPENDIX 1

Table 1

Is there any previous experience of poor work practices, including pay and conditions, impacting on the quality of the contract to be delivered ?	Y/N
Is there is any history of low pay or unequal pay in that sector ?	Y/N
Is there a risk that staff working on the contract might be subject to exploitative practices, e.g. through the inappropriate use of zero-hours contracts, through unnecessary distancing of the employer-worker relationship e.g. by use of an "umbrella company" and through pay and hours arrangements that deny workers stability of employment or hours of work, e.g. by failing to pay wages for travel time within the working day, such as in the care at home sector ?	Y/N
Is there evidence that working conditions are making recruitment and retention problematic ?	Y/N
Are contractors seeking to cut their costs through driving down staff terms and conditions, including pay ?	Y/N
Will workers be required to interact directly with the contracting authority's employees and/or members of the public and whether they will spend any time on the contracting authority's premises ?	Y/N
If the contract is for the supply of goods does the workforce that are engaged in the supply or manufacturing of the goods have an impact on their quality. ie where the goods to be supplied are created by processes involving manual labour does the terms of engagement impact on the quality of the goods.	Y/N

APPENDIX 2

Wording for Quick Quotes /Contract Notices

"*The Public Sector in Scotland is committed to the delivery of high quality public services, and recognises that this is critically dependent on a workforce that is well rewarded, well-motivated, well-led, has access to appropriate opportunities for training and skills development, are diverse and is engaged in decision making. These factors are also important for workforce recruitment and retention, and thus continuity of service.*

Public Bodies in Scotland are adopting fair work practices, which include:

- *a fair and equal pay policy that includes a commitment to supporting the Living Wage, including, for example being a Living Wage Accredited Employer;*
- *clear managerial responsibility to nurture talent and help individuals fulfil their potential, including for example, a strong commitment to Modern Apprenticeships and the development of Scotland's young workforce;*
- *promoting equality of opportunity and developing a workforce which reflects the population of Scotland in terms of characteristics such as age, gender, religion or belief, race, sexual orientation and disability;*
- *support for learning and development;*
- *stability of employment and hours of work, and avoiding exploitative employment practices, including for example no inappropriate use of zero hours contracts;*
- *flexible working (including for example practices such as flexi-time and career breaks) and support for family friendly working and wider work life balance;*
- *support progressive workforce engagement, for example Trade Union recognition and representation where possible, otherwise alternative arrangements to give staff an effective voice.*

In order to ensure the highest standards of service quality in this contract North Ayrshire Council expects contractors to take a similarly positive approach to fair work practices as part of a fair and equitable employment and reward package."

PQQ Wording

"*The Public Sector in Scotland is committed to the delivery of high quality public services, and recognises that this is critically dependent on a workforce that is well rewarded, well-motivated, well-led, has access to appropriate opportunities for training and skills development, are diverse and is engaged in decision making. These factors are also important for workforce recruitment and retention, and thus continuity of service.*

Public Bodies in Scotland are adopting fair work practices, which include:

- *a fair and equal pay policy that includes a commitment to supporting the Living Wage, including, for example being a Living Wage Accredited Employer;*
- *clear managerial responsibility to nurture talent and help individuals fulfil their potential, including for example, a strong commitment to Modern Apprenticeships and the development of Scotland's young workforce;*
- *promoting equality of opportunity and developing a workforce which reflects the population of Scotland in terms of characteristics such as age, gender, religion or belief, race, sexual orientation and disability;*
- *support for learning and development;*
- *stability of employment and hours of work, and avoiding exploitative employment practices, including for example no inappropriate use of zero hours contracts;*
- *flexible working (including for example practices such as flexi-time and career breaks) and support for family friendly working and wider work life balance;*
- *support progressive workforce engagement, for example Trade Union recognition and representation where possible, otherwise alternative arrangements to give staff an effective voice.*

In order to ensure the highest standards of service quality in this contract North Ayrshire Council expects contractors to take a similarly positive approach to fair work practices as part of a fair and equitable employment and reward package."

Please describe how you currently commit to fair work practices for existing workers (including any agency or sub-contractor workers) .

Answers need not be constrained to, or be reflective of any of examples given alongside this question.

Good answers will reassure evaluators that your company takes a positive approach to rewarding staff at a level that helps tackle inequality (e.g. through a commitment to paying at least the Living Wage); improves the wider diversity of your staff; provide skills and training, and opportunities to use skills which help staff fulfil their potential."

ITT Wording

"*The Public Sector in Scotland is committed to the delivery of high quality public services, and recognises that this is critically dependent on a workforce that is well rewarded, well-motivated, well-led, has access to appropriate opportunities for training and skills development, are diverse and is engaged in decision making. These factors are also important for workforce recruitment and retention, and thus continuity of service.*

Public Bodies in Scotland are adopting fair work practices, which include:

- *a fair and equal pay policy that includes a commitment to supporting the Living Wage, including, for example being a Living Wage Accredited Employer;*
- *clear managerial responsibility to nurture talent and help individuals fulfil their potential, including for example, a strong commitment to Modern Apprenticeships and the development of Scotland's young workforce;*
- *promoting equality of opportunity and developing a workforce which reflects the population of Scotland in terms of characteristics such as age, gender, religion or belief, race, sexual orientation and disability;*
- *support for learning and development;*
- *stability of employment and hours of work, and avoiding exploitative employment practices, including for example no inappropriate use of zero hours contracts;*
- *flexible working (including for example practices such as flexi-time and career breaks) and support for family friendly working and wider work life balance;*
- *support progressive workforce engagement, for example Trade Union recognition and representation where possible, otherwise alternative arrangements to give staff an effective voice.*

In order to ensure the highest standards of service quality in this contract North Ayrshire Council expects contractors to take a similarly positive approach to fair work practices as part of a fair and equitable employment and reward package."

Please describe how you will commit to fair work practices for workers (including any agency or sub-contractor workers) engaged in the delivery of this contract.

Answers need not be constrained to, or be reflective of any of examples given alongside this question.

Good answers will reassure evaluators that your company takes a positive approach to rewarding staff at a level that helps tackle inequality (e.g. through a commitment to paying at least the Living Wage); improves the wider diversity of your staff; provide skills and training, and opportunities to use skills which help staff fulfil their potential."

Integration Joint Board
11th February 2016
Agenda Item No. 14

Subject:	**Winter Planning – Improving Patient Experience Programme**
Purpose:	To provide the Integrated Joint Board with an update on the Partnerships whole system approach to winter planning
Recommendation:	IJB to support this integrated approach to winter planning.

1. INTRODUCTION

1.1 In previous years there has been an increase in the numbers of people presenting at both GP Practices and Hospitals each winter.

1.2 These increased attendances have resulted in additional pressures for Primary Care Teams, Care at Home Teams and Hospitals. This has impacted on Care at Home workloads in community growing significantly and Hospitals cancelling some planned (elective) operations.

1.3 NHS Ayrshire and Aran with the three Ayrshire Health & Social Care Partnerships have worked together to develop a system wide approach called 'Improving Patient Experience Programme' (IPEP), to reduce these pressures by planning and responding together. Mr John Burns, NHSAA Chief Executive, leads this work.

2. CURRENT POSITION

2.1 The winter planning IPEP approach has resulted in the following work taking place since August 2015 across the Partnership:

a. Change Team data analysts, including staff from National Services Scotland, working with Partnership and NHSA&A data analysts to identify previous winter trends, pressure points and data baselines.
b. Health & Community Care Team using this data to review areas which have been historically under pressure and set key priority areas for improvement. (As noted in Section 3 of this report)
c. Partnership using this information to allocate resources and test new care models which support Primary Care and prevent admission or facilitate early hospital discharges.
d. Working with Third Sector Interface to develop new innovative approaches to support Primary Care
e. Intermediate Care & Enablement Service (ICES) and Care at Home staff working in A&E and receiving wards to support discharges.

3. PROPOSALS

3.1 The Partnership identified the following areas for work and set challenging targets for improvements:

Community Connector Service

- ❖ Establish a Community Connector Service, working with the Third Sector Interface to reduce attendances at both GP Practice and hospital by 50% for those individuals who attend most frequently.

A total of 8 GP Practices have now joined this pilot work which will commence on 1st February 2016.

Single Point Of Contact

- ❖ Establish a Single Point of Contact (SPOC) for ICES and Care at Home Services leading to 25% reduction in in-hours GP admissions.

The SPOC received 952 referral calls from 02/11-31/12/15 from a wide range of Primary Care teams. The Partnership multi-disciplinary ICES team working with Care at home staff ensured as many people as possible were cared for at home safely. Formal evaluation of the impact of this service is ongoing.

Community Alarm Service

- ❖ Increase Community Alarm Provision to respond to 999 and NHS ADOC calls in the Irvine area leading to reduction of 25% in Out of hours GP and Scottish Ambulance Service (SAS) admissions from that locality.

The service has been working with SAS with an agreed number of postcodes in the Irvine area and when there is a call out they both attend to undertake a review. Over the first week 24 calls resulted in 10 service users being supported to remain at home after SAS support. The learning from the Irvine pilot will be shared and work will commence in other areas by the end of March 2016.

Care at Home Capacity

- ❖ Increase Care at Home Capacity leading to reduction in delays to discharge. Target of 5 by December 2015 and 2 by end of March 2016.

Care at home recruitment continues to deliver the agreed investment plan and the service is engaging fully with acute colleagues to deliver the winter plan. The number of patients awaiting Care at Home packages are now in single figures as a norm and usually less than 5 each day. Indeed zero patients were reported as awaiting for Care at Home packages in hospital on the 25 November, 8 & 14 December 2015 and 8 January 2016. Further, the community waiting list has reduced from over 140 in November 2015 to 24 on 18 January 2016.

Social Care Assessments

- ❖ Reduce delays to assessment to 5 per month by December 2015 and 2 per month by end March 2016.

The Hospital Team complete all assessments within 14 days from start to finish meeting agreed timescales. ICES complete all assessments within 5 working days. Complex Guardianship assessments remain the key area where delays are experienced.

Nursing Home Admissions

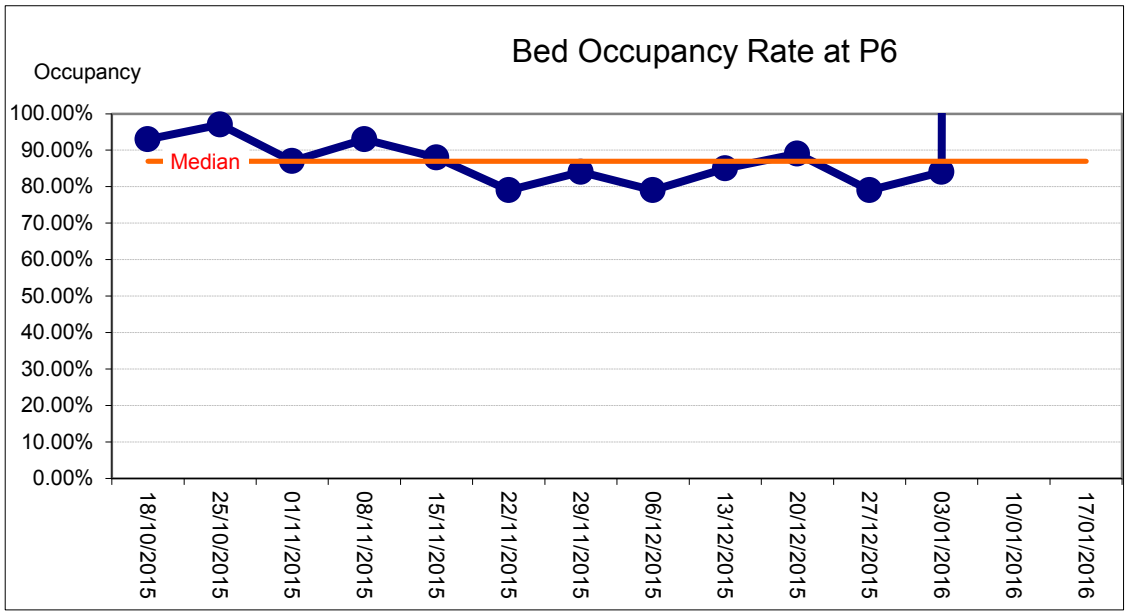
❖ Reduce delay for nursing home wait from 12 individuals to 6 by December 2015.

North partnership has been funding places as required and there is zero delay.
There is occasionally a delay in the care homes coming to the wards to assess patients.
The mean time delay from funding to the move to the home was 9.27 days between October to December 2015. North Team showing steady reduction in targets from 15 in September, to 13 in October to 12 in November 2015.

Performance Monitoring

The Change Team data analysts check and provide daily data on hospital attendances and occupancy for Island Hospitals, Pavilion 3 and 6 at Ayrshire Central Hospital, as well as Care Homes bed availability, Care at Home waits and ICES referrals and response times.

These data are turned into 'run charts' as shown below for Pavilion 6 at Ayrshire Hospital.



This information is then used at the daily huddle discussions to improve patient experiences and reduce system pressures.

3.2 The initial feedback from staff at Crosshouse has been that the pressures they have felt, although at times challenging, have not been as severe as in previous years due to this new approach. As a result John Burns, NHS Chief Executive, would like this IPEP approach to become a 'business as usual' approach.

4. IMPLICATIONS

4.1 Financial Implications

North Ayrshire Council has allocated an additional £599,000 resource for Care at Home Services with a further £603,000 provided by NHS Ayrshire & Arran through Delayed Discharge funding. This service is key in delivering the ambitions of the IPEP winter plan.

4.2 **Human Resource Implications**

The IPEP Programme has required considerable support from across the Partnership from Health and Community Care Teams, Acute colleagues, Commissioning and Procurement, the Change Team and also from partners of the Third Sector Interface, SAS and the independent Care Home sector. It is hoped that the learning and cooperation shown across the whole system will enhance working relationships as the Partnership moves forward.

4.3 **Legal Implications**

None

4.4 **Equality Implications**

Older people and adults affected by complex health and social needs have a tendency to attend both GPs and hospital in greater numbers during winter. The IPEP Programme has been focussed on people being care for at home or in a homely setting, meeting their needs and expectations.

4.5 **Environmental Implications**

None

4.6 **Implications for Key Priorities**

The winter planning IPEP work has significant implications for the following areas of the Partnership and its work is woven in and through the following:

- North Ayrshire Strategic Plan Priorities
- A fairer North Ayrshire – Inequalities Strategy
- Partnership Change Programme
- Health and Community Care Innovation and redesign programme

5. CONSULTATIONS

5.1 IPEP project work has been supported by a wide range of discussions across the whole system. These discussions continue daily at the 'huddles'.

6. CONCLUSION

6.1 There has been a huge amount of work to meet the IPEP ambitions. This has at times been challenging due to increased patient and service user demand. However, the models of care required to support people effectively to remain at home, meeting their expectations, are the principles underlying our Partnership Strategic Vision.

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

North Ayrshire Council
Comhairle Siorrachd Àir a Tuath

NHS Ayrshire & Arran

Integration Joint Board
11th February 2016
Agenda Item No. 15

Subject:	**Veterans First Point Service**
Purpose:	To update IJB on the Veterans First point funding and programme.
Recommendation:	That IJB note and endorse the report.

1. INTRODUCTION

1.1 V1P Scotland is a lead strategic agency and part of NHS Lothian which has received LIBOR funding to develop a veterans one stop shop model nationally.

1.2 V1PScotland invited NHS Ayrshire and Arran in early 2015 to submit a bid to develop a V1P service in Ayrshire. The North Ayrshire Health and Social Care Partnership which has lead responsibility for mental health within Ayrshire and Arran developed a proposal for a Pan Ayrshire local service.

1.3 V1P Scotland aims to work in partnership to deliver high quality evidence based care, treatment and support to veterans and their families across Scotland by:

- Establishing centres and building networks across Scotland
- Providing a single point of access for the armed services, reservists and veterans' communities
- Delivering a co-ordinated National Education, Training and Supervision programme
- Creating a network of V1P Teams in other Health Board areas, which have access to veteran peer workers and mental health therapists
- Maximising use of e-health technology to support networks
- Build opportunities for high quality audit and research to inform service development and delivery, contributing to the global evidence base
- Strategic leadership and developmental support to partnerships
- Consultancy, training and supervision on veteran's mental health and well-being and evidences based psychological therapies
- Audit, research and evaluation support to local partnerships
- Identifying solutions for issues that may arise

- Providing regular progress reports to partner agencies and wider governance structures

1.4 V1P Scotland provide overall oversight and governance for the lifetime of the Programme Communicating with stakeholders across partner agencies on the progress of the Programme and disseminating good practice and learning across V1P Partnerships.

1.5 North Ayrshire H&SCP is the lead Partnership for mental health within Ayrshire and Arran and therefore submitted a proposal and bid for funding in September 2015 on behalf of all 3 H&SCP's.

1.6 Confirmation was received in October 2015 that funding of £198,129 would be made available for twelve months from October 2015 to develop a veteran's one stop shop service.

2. CURRENT POSITION

2.1 A Memorandum of Understanding ("the MoU") has been developed which forms the basis of an agreement between V1P Scotland, NHS Lothian and V1P services in Ayrshire and Arran (NAH&SCP). It is established to demonstrate the parties' commitment to collaboration and innovation in the delivery of public services. The MoU defines and formalises the relationship between the parties and sets out their roles and responsibilities within the partnership.

2.2 The MoU covers the services agreed by the parties, to be designed and delivered from September 2015 to October 2016. This is included in Appendix One.

The V1P Ayrshire and Arran service will:

- Provide a single point of access for the armed services, reservists and veterans' communities, delivering high quality evidence based care, treatment and support veterans and their families across the Ayrshire and Arran region
- Employ veterans peer workers (band 3, 1.5wte), a clinical associate band 7 (band 7, 1wte), and administrator (band 4, 1wte) and a clinical lead psychologist (band 8B, 0.6wte) to deliver the service
- Working with the Public sector and partners to develop and sustain services.
- Co-ordinating local well-being and psychological support services which improve the care pathway for veterans
- Chair and establish the V1P Ayrshire and Arran Steering Group involving wider stakeholder
- Ensuring compliance with agreed protocols, policies and guideline
- Producing activity and data in line with V1P Scotland audit, research and evaluation requirements

2.3 Job descriptions are currently being developed and a recruitment programme is due to take place in March 2016.

2.4 Accommodation options are currently being reviewed to develop the one stop shop approach within an accessible mainstream community setting.

3. GOVERNANCE STRUCTURE

3.1 The V1P Scotland Steering group provides strategic direction and oversight to the rollout of V1P Scotland.

3.2 The V1P Scotland Strategic lead is required to report formally on progress to the LIBOR fund.

A V1P Pan Ayrshire steering group has been established to co-ordinate and ensure delivery of the programme. The first meeting is due to take place on 10 February 2016.

3.3 A wider Pan Ayrshire stakeholder group has also been established locally to improve the access to and the availability of a wider range of social and mental health/wellbeing services for veterans in Ayrshire and Arran. A first meeting of this group took place on 7 December 2015.

4. PROPOSALS

4.1 That IJB notes and endorses this update report

5. IMPLICATIONS

5.1 **Financial Implications.**
Funding is being provided by V1P Scotland to NHS Ayrshire and Arran for this particular initiative at a level of £198,129 for one year.

5.2 **Human Resource Implications**
There will be HR implications associated with the recruitment to posts and the secondment and backfilling of Partnership posts to deliver the proposal. The North H&SCP HR teams will be involved in any recruitment process.

5.3 **Legal Implications**
Any procurement will be undertaken in line with the EU Public Procurement thresholds for services. The North H&SCP Service Design and Procurement Team as well as the Council's Legal Services will be involved in any procurement processes.

5.4 **Equality Implications**
The further development of services for veterans in line with the proposal will offer more effective mental health and social support to individuals who require it. These individuals are not expected to be disadvantaged through delivery of the proposals.

5.5 **Environmental Implications**

There are no environmental implications in connection with this proposal

6. CONSULTATIONS

6.1 Consultation to date has taken place with NHS, local authority, armed forces veteran's services and voluntary and private sector representatives in the writing of the proposals. Consultation will be ongoing through the multi-agency, pan-Ayrshire veterans steering group and wider veteran's stakeholder group.

7. CONCLUSION

7.1 The V1P Scotland has approved one year funding for an initiative to deliver and embed a veteran's one stop shop service for veterans in Ayrshire and Arran. The initiative is now in the development stage and oversight is being provided by a pan-Ayrshire steering group.

7.2 Therefore, it is recommended that IJB:

1) Note and endorse the pan-Ayrshire work that has now commenced within the V1P Scotland funding for veteran's one stop shop initiative

For more information please contact Thelma Bowers, Head of Mental Health on 01294 317843.

Memorandum of Understanding between V1P Scotland and V1P Ayrshire and Arran

1. Purpose and Scope

1.1 This Memorandum of Understanding ("the MoU") forms the basis of an agreement between V1P Scotland, NHS Lothian and V1P Ayrshire and Arran (NHS Ayrshire and Arran). It is established to demonstrate the parties' commitment to collaboration and innovation in the delivery of public services. The MoU defines and formalises the relationship between the parties and sets out their roles and responsibilities within the partnership.

1.2 The MoU covers the services agreed by the parties, to be designed and delivered from September 2015 to October 2016. This is included in Appendix One.

1.3 The MoU is not a contractual document and does not impose any legal obligation on any party. The overall relationship described by the MoU is a voluntary arrangement. The MoU is independent of any other agreements signed by or between the organisations concerned and is not intended to be legally binding between Party A and Party B except where specifically stated.

2. Lead Organisation

2.1 The lead strategic agency is V1P Scotland which is part of NHS Lothian.

2.2 The lead agency for local delivery is NHS Ayrshire and Arran managed via the North Ayrshire Health and Social Care Partnership which has lead responsibility for mental health within Ayrshire and Arran. Current mental health services aim to provide a comprehensive range of primary, community-based and acute hospital services for a population of circa 376,000 people.

2.3 Primary Partners and Supporting Partners are set out in section 14 of this document

3. Governance Structure

3.1 The V1P Scotland Steering Group provides strategic direction and oversight to the rollout of V1P Scotland.

3.2 The V1P Scotland Strategic Lead is required to report formally on progress to the LIBOR fund.

3.3 V1P Ayrshire and Arran have established a stakeholder group which co-ordinates locally to improve the access to and the availability of mental health services for veterans in Ayrshire and Arran.

4. Objectives of the Partnership

4.1 The aim of the Partnership in general terms is to improve the design and delivery of services and support for veterans by working in partnership, to maximise the benefits to local communities.

4.2 V1P Scotland aims to work in partnership to deliver high quality evidence based care, treatment and support for veterans and their families across Scotland by:

- Establishing centres and building networks across Scotland
- Providing a single point of access for the armed services, reservists and veterans' communities
- Delivering a co-ordinated National Education, Training and Supervision programme
- Creating a network of V1P Teams in other Health Board Areas, which have access to veteran peer workers and mental health therapists
- Maximising use of e-health technology to support networks
- Build opportunities for high quality audit and research to inform service development and delivery, contributing to the global evidence base

5. Roles and Responsibilities

5.1 V1P Scotland is responsible for:

- Strategic leadership and developmental support to partnerships.
- Consultancy, training and supervision on Veterans mental health and well-being issues and evidences based psychological therapies.
- Audit, research and evaluation support to local partnerships.

This will include:

- Providing overall oversight and governance for the lifetime of the Programme
- Communicating with stakeholders across partner agencies on the progress of the Programme
- Disseminating good practice and learning across V1P Partnerships
- Identifying solutions for issues that may arise
- Providing regular progress reports to partner agencies and wider governance structures

5.2 V1P Ayrshire and Arran is responsible for providing a single point of access for the armed services, reservists and veterans' communities, delivering high quality evidence based care, treatment and support for veterans and their families across the Ayrshire and Arran region.

5.2.1 NHS Ayrshire and Arran is responsible for:

- Employing veterans peer workers and mental health therapists
- Managing and distributing the received income for V1P Ayrshire and Arran
- Working with the Public Sector and partners to develop and sustain services
- Co-ordinating local well-being and psychological support services which improve the care pathway for veterans,
- Chairing the V1P Ayrshire and Arran Steering Group
- Ensuring compliance with agreed protocols, policies and guideline
- Producing activity and data in line with V1P Scotland audit, research and evaluation requirements

6. Accountability

6.1 It is the responsibility for all partners involved within the Partnership to share, inform and secure agreement within their own organisational governance arrangements for the Partnership and its full delivery. It will be each partner's obligation to highlight

any discrepancy between their own governance arrangements and the V1P model and delivery, as and when any discrepancy arises, so that any issues can be assessed and acted upon in a timely manner.

7. Duration of the MoU

7.1 The MoU is designed to cover the period during which the Partnership is operating and is effective from the date of signing and shall continue in force until October 2016 unless extended by the mutual agreement of the partners to allow completion of Projects funded which will correspond with the date the model is agreed.

8. Partnership Values

The relationship will be based on:

- Equality
- Mutual respect and trust
- Open and transparent communications
- Co-operation and consultation
- A commitment to being positive and constructive
- A willingness to work with and learn from others
- A shared commitment to providing excellent services to the community
- A desire to make the best use of resources.

9. Communications

9.1 Partners will commit to communicating openly and constructively and to sharing good practice. The sharing of good practice can extend beyond the partnership, but where specific information is shared, this should be communicated through the V1P Scotland Development Team.

9.2 The Parties agree that they will consult and co-operate together in order to achieve the maximum benefits for the community. This co-operation will include the sharing of appropriate information and maintaining effective communication, where this will inform and improve the delivery of services and enhance the learning. The parties also commit, so far is as reasonably possible, to communicating relevant information regarding progress to the wider set of stakeholders and interested parties.

10. Confidentiality and Data Protection

10.1 The Partners agree to share information with each other and with evaluators.

10.2 The Partners may at times acquire information that has not yet been made public and/or is confidential. The Partners must not disclose confidential information for commercial advantage or to disadvantage or discredit other parties to the PSP or anyone else.

10.3 Any personal data obtained or used by any of the Parties in the course of the project shall be processed in accordance with the Data Protection Act 1998. The only personal data held by any party will be data which is relevant to the care needs of the individual.

10.4 There is an expectation that personalised data, reflecting individuals' need, will be collected with **informed consent** from the outset. Informed consent will normally include a signed consent form.

11. Amendments and Dispute Resolution

11.1 Once agreed, the MoU may only be amended by mutual agreement, signed by the authorised signatories of all parties to the Partnership. Once approved, amendments should be attached as annexes to the original MoU.

11.2 The MoU will be reviewed every six months for the duration of the project. Any changes will be mutually agreed and signed by the Parties.

11.3 Any issues or disputes which cannot be immediately resolved to all parties' satisfaction should be escalated to the V1P Scotland Development Team.

11.4 The MoU is not intended to be legally binding, nor to give rise to any liability of any kind whatsoever. The Parties will therefore be individually liable for any costs arising from amendments to the MoU.

12. Termination

12.1 If either of the Parties wishes to dissolve the partnership, a minimum of three months' notice must be given in writing to the other Party, with reasons for the termination.

12.2 This clause applies only to the partnership arrangement covered by the MoU and does not affect any commercial contracts for the supply of goods and services which may exist between the Parties.

13. Key Organisation Contacts

13.1 The key contacts for the Partnership are as follows:

- V1P Scotland – NHS Lothian
- V1P Ayrshire and Arran – NHS Ayrshire and Arran

14. Signatories

V1P Scotland	NHS Ayrshire and Arran
Signatory	**Signatory**
Name:	Name: IONA COWIN
Signature:	Signature:
Date:	Date: 13/10/15.
Witness	**Witness**
Name:	Name: THELMA BOWERS
Signature:	Signature:
Date:	Date: 13/10/15

Appendix 1: Service Standards

V1P Ayrshire and Arran

Draft Service Standards

1. Ethos of V1P Ayrshire and Arran

V1P Ayrshire and Arran will provide co-ordinated, accessible and credible well-being and psychological support for Veterans and their families. This partnership will lead on the development of services to meet the needs of Veterans in their local area/ communities in Ayrshire and Arran.

2. Aims & Objectives of the service

2.1 Aims

To provide co-ordinated, one stop access to well-being and psychological support.

2.2 Objectives

Provide co-ordination of relevant services

Ensure provision is easily accessed by target group

Support and develop peer support role as credible first contact point

2.3 Benefits

Service provision for veterans will offered by:

- Information and Signposting
- Understanding and Listening
- Support and Social Networking
- Health and Well-being - including a comprehensive mental health service delivered by a multi–professional team - an alliance between peer support workers and psychological therapists.

2.3.1 For veterans using peer provided services

Meaningful engagement that enhances engagement of veterans/ clients and supports them into referral to psychological support when relevant

Provision of cultural relevant engagement, common language and understanding - empathy

2.3.2 For staff

Provision of consultancy, training and supervision on Veterans mental health and well-being issues and contributes to the wider knowledge base for the treatment and support of Veterans.

2.3.3 **For wider communities**

- Increasing the skills pools for employers to draw upon
- Break down the "them" and "us" culture
- Peer workers can develop a culturally sensitive working environment to the needs of the veteran community.
- Reducing stigma and challenging discrimination across teams and organisations

3. Target Group

3.1 Veterans and their families living in Ayrshire and Arran.

4 Access to the Service

4.1 Referral routes –Patient pathways to be developed and agreed in consultation with NHS Ayrshire and Arran

5. Partner Roles

5.1 V1P Scotland

Awareness Raising	Supervision	Capacity Building Programme	Training, Education and Employment Programme	Evaluation and Research
Using existing networks and communication channels and producing specific materials promoting V1P Scotland ethos and encouraging uptake by partners	Contributing to reflective practice supervision; coaching; individual and group supervision; supervision for specific skills e.g. using person centred planning tools such as Recovery Star and Wellness Recovery Action Plans (WRAP).	Developing a peer worker and volunteer network and supporting volunteering roles. Ensuring that wider community projects and mainstream community activities are accessible to veterans Working with the significant others and families of clients	Specific skills building e.g. motivational interviewing; and evidence based psychological Building links with local employers particularly NHS and Councils to create opportunities for veterans	Ensure that there is a standard data set for all V1P Partnerships. Establish V1PS research Network.

5.2 V1P Ayrshire and Arran
NHS Ayrshire and Arran is the host employer of V1P Ayrshire and Arran staff:

Awareness Raising	Supervision	Capacity Building Programme	Training, Education and Employment Programme	Evaluation and Research
V1P staff to attend local partnership meetings and promote the service locally	To ensure that staff are receiving adequate supervision in line with professional standards	Contributing to the Veteran f1rst Point Scotland Network. Working with the significant others and families of clients	Ensuring staff are receiving adequate training required for the role locally in NHS Ayrshire and Arran and wider training on veteran issues.	To provide regular data reporting for annual reports. To contribute to V1PS research Network.

6. Monitoring and Evaluation

6.1 V1P Ayrshire and Arran will collate and report on data for both outputs and outcomes identified by V1P Scotland Development Team,

6.2 Elements of ongoing evaluation include:

- Key Performance Indicators will be developed and are likely to include:
  - referrals
  - open cases
  - veterans engaging with the service
  - cases closed – planned exit
  - cases closed – unplanned exit

- Number of clients
  - supported to access substance misuse services
  - supported to access health services
  - supported to access mental health services
  - supported to access welfare advice
  - supported to access housing services
  - supported to access training/employment opportunities
  - supported with parental responsibility
  - referred to other agencies

6.3 The Recovery Outcome Star will be used to map individual's progress.

6.4 A number of standard clinical assessments will be used in line with evidence base including CORE-OM. Additional psychometrics may be defined by the intervention being used and local NHS requirements.

6.4 Clients narratives and supporting partners' narratives will be a key tool for ongoing service improvement and evaluation.

7. Service volume

7.1 Activity levels will be constructed incrementally. This recognises the input of other local services and partners. It is anticipated that some clients will require greater level on input and there may also be a difference in length of contact depending on the client's goals and progress towards these.

8. Service availability

8.1 We will discuss with potential clients and partners the optimum opening hours which will best service clients' needs.

9. Service user & Stakeholder Involvement

12.1 The Partnership will continue to ensure that all stakeholders including veterans will be involved in initial and further planning and implementation and in ongoing service review.

10. Education, Training and Supervision

10.1 Peer Workers will undertake comprehensive induction and education programme. They will also be supported to work to achieving SVQs.

10.2 Support and supervision will provide the structure and safety net to make the project work and to mitigate the risks identified.

- Supervision forums will be offered to support peer workers in how they:
  - Share experience to best effect
  - Build relationships
  - Establish the relationship to a satisfactory close
- It is planned to use a coaching model of supervision. This reflects a recovery and peer approach as it is based on self-learning, reflection and growth.

Supervision for PWs may be both individual and group - group supervision will enable peers to reflect on accomplishments, share challenges and problem solve. Supervision structure for this project will be as follows (profession-specific supervision to be provided in addition) Clinical Lead supervises Therapists and Occupational Therapists. Therapists' supervises Peer workers.

11. Records

11.1 Records will be kept on each client and will include information on:

- demographics
- referral
- goals and progress
- consent to share information
- reports
- onward referral/s
- correspondence
- contact with other agencies
- reviews

These records are:

- up-to-date
- accurate
- legible
- meet practice standards
- signed by worker and client

12. Funding

12.1 The agreed budget is set out in Appendix Two.

Appendix Two: Funding

V1P Ayrshire and Arran
August 2015 – October 2016

Post	Grade	WTE	YEAR 1 – 8mths costs (august 2015- march 2015)	Year 2 - 7mths (April – Oct 2016)	Total Amount
Clinical Lead	Band 8b mid point	0.6	26,486	23,175	49,661
Therapists	Band 7 mid point	1	29,667	25,958	55,625
Administrator	Band 4 midpoint	1	17,164	15,019	32,183
Peer Workers	Band 3 mid point	1.5	22,219	19,442	41,661
Travel costs for staff			3,000	3,000	6,000
Sub Total Staff costs			***98,536***	***86,594***	***185,129***
Rent and property Costs			5000		5000
Start up costs, Telephone and equipment			*7,000*		7000
Admin costs			***1000***		1000
Start Up costs			***13,000***	***0***	***13,000***
Grand Total			***111,536***	***86,594***	***198,129***

Integration Joint Board
11th February 2016
Agenda Item No. 16

Subject:	**Local Delivery Plan Guidance 2016/17**
Purpose:	To advise the IJB of the publication of the Local Delivery Plan Guidance 2016/17 and the process in place to submit an agreed Plan to the Scottish Government by 4th March 2016.
Recommendation:	The IJB is asked to note the Local Delivery Plan (LDP) 2016/17 Guidance and the process for the production of the Plan.

1. INTRODUCTION

1.1 During 2016/17 as we continue the transition towards integrated health and social care the Local Delivery Plan continues to be the delivery contract between Scottish Government and NHS Boards in Scotland. It provides assurance and underpins NHS Board Annual Reviews. Local Delivery Plans focus on the priorities for the NHS in Scotland and support delivery of the Scottish Government's national performance framework.

1.2 Every year the LDP evolves to support the delivery of Scottish Government priorities.

2. LOCAL DELIVERY PLAN GUIDANCE 2016/17

2.1 Guidance on the completion of the LDP was published by Scottish Government (SG) on 13 January 2016. A copy of the guidance is provided in Appendix 1. The guidance asks for the well recognised sections relating to Financial Plans and Workforce Planning and also goes on to ask that we detail how we are establishing and strengthening our Health and Social Care Partnerships and the integration of these into the system.

2.2 The LDP Standards remain unchanged for 2016/17 and mainly focus around Waiting Times; Safe Care; Mental Health; Access to A&E; Access to Primary Care Services; and Financial Balance.

2.3 There has been no Local Delivery Plan (LDP) workshop hosted by SG this year however colleagues from Government have been in regular contact with the National Performance Forum to discuss any queries that have been raised.

3. PROCESS

3.1 Scottish Government seeks acknowledgment from Boards that they continue transition towards integrated health and social care however, we are beyond transition in Ayrshire & Arran and will work closely with Health and Social Care Partnership colleagues to produce the LDP.

3.2 The Plan this year will focus on NHS Scotland's Improvement Priorities which are:

- Health Inequalities and Prevention;
- Antenatal and Early Years;
- Safe Care;
- Person Centred;
- Primary Care;
- Integration;
- Scheduled Care;
- Unscheduled Care; and Mental Health.

3.3 Directors and colleagues will be contacted in relation to the production of specific sections that will be included in the plan. The narrative provided will be required to reference existing and local plans or programmes of work.

3.4 As in previous years, due to the tight timescales involved in the production of the LDP John Burns, Chief Executive will approve the draft LDP on behalf of NHS Ayrshire & Arran before submission to Scottish Government. The NHS Board will then receive the draft LDP as a Board paper at their next available meeting.

3.5 Within each Partnership this process will be mirrored with the Chief Officers approving the draft LDP for submission to their respective Integrated Joint Boards.

4. IMPLICATIONS

4.1 Financial Implications

There are no financial implications.

4.2 Human Resource Implications

There are no HR implications.

4.3 Legal Implications

There are no legal implications.

4.4 Equality Implications

There are no equality implications.

4.5 Environmental Implications

There are no environmental implications.

5. CONSULTATIONS

5.1 Consultation with Corporate Management Team, Health and Social Care Partnerships and all other relevant partners will take place prior to submission of the LDP to Scottish Government by the deadline of 4th March 2016.

6. CONCLUSION

6.1 Members are asked to note the process for completion of the LDP and the associated timescales involved.

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

The Scottish Government
Directorate for Health Performance & Delivery

Dear Colleague

Local Delivery Plan Guidance 2016/17

Summary
The LDP Guidance 2016-17 sets out the performance contract between the Scottish Government and NHS Boards.

Background
Significant policy developments underway include the national clinical strategy, integration of Health & Social care, national conversation and a range of service reviews. The scale of the challenges that NHSScotland faces means that we need to deliver fundamental reform and change to the way that the NHS delivers care.

Action
The LDP Guidance should be considered alongside the guidance for Health & Social Care Partnerships on strategic commissioning and Scotland's spending plans and draft budget for 2016-17. It should also be considered within the context of wider health & social care policy developments outlined above. NHS Boards should submit a draft LDP by 4 March 2016. Health & Social Care Partnerships are established from 1 April 2016 and it is important that they are involved in the preparation of LDPs with a relationship based on collaboration and alignment. The Scottish Government will provide feedback on drafts during March. NHS Boards should submit their final LDP by 31 May 2016. All Plans should be submitted to NHSLocalDeliveryPlans@gov.scot

Yours sincerely

JOHN CONNAGHAN CBE
NHSScotland Chief Operating Officer

DL (2016) 1

13 January 2016

Addresses

For action

NHS Board:
1. Chief Executives
2. NHS Directors of Planning

Other
1. Directors of Social Work
2. Health & Social Care Partnership Chief Officers

For information
1. NHS Board Chairs
2. COSLA

Enquiries to:
Stuart Low
NHSScotland Resilience & Business Mgt Division

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E-mail:
stuart.low@scotland.gsi.gov.uk

1. Local Delivery Plan Guidance 2016/17

1.1 Increasing healthy life expectancy purpose target

The Scottish Government has a key purpose target to increase healthy life expectancy. Increasing healthy life expectancy will mean that people live longer in good health, increasing their capacity for productive activity and reducing the burden of ill health and long term conditions on people, their families and communities, public services and the economy generally.

1.2 2020 Vision

The Scottish Government's 2020 Vision for health and social care is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting and, that we will have a healthcare system where:

- Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions
- We have integrated health and social care
- There is a focus on prevention, anticipation and supported self-management
- Where hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm
- There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission

1.3 Delivering Outcomes: New approach to health and social care planning

During 2016/17 as we continue the transition towards integrated health and social care, the Local Delivery Plan (LDP) will continue to be the contract between Scottish Government and NHS Boards. This year's LDP Guidance should be considered alongside guidance for Health and Social Care Partnerships on their strategic commissioning plans. It should also be considered alongside Scotland's Spending Plans and Draft Budget 2016-17. (Note that this guidance refers to "Health & Social Care Partnerships" (i.e.) Integration Authorities, whether an Integration Joint Board or Lead Agency is in place.)

The nature and scale of the challenges that our NHS faces, in particular the challenge of an ageing population, means that we need to deliver fundamental reform and change to the way that our NHS delivers care. The Scottish Government is prioritising investment in transforming healthcare services to meet the needs of the future and to ensure delivery of our 2020 Vision. The fundamental realignment of resources announced in the draft Budget will build the capacity of community-based services. It will mean that fewer people need to go to hospital, but it will also ensure that where hospital is necessary, people will return home more quickly. New investment will support the transformation of primary care to develop new and improved models of care, with multidisciplinary teams working together to meet the needs of their communities. Additional elective capacity to meet the growing needs of an older population is planned for the next five years in six new treatment centres, which will equip the NHS to carry out increased numbers of hip and knee replacements and cataract operations in a way that does not add pressure to our emergency services.

In using this guidance, Health Boards and their partners in local government must take account of the effect of their plans on the outcomes for health and wellbeing set out in legislation as part of integration of health and social care, and on the indicators that underpin them – including delayed discharge. There is a legal duty for Health and Social Care Partnerships to produce a Strategic Plan (which must be reviewed and revised every three years) and a duty for the delegating parties to be fully involved throughout that process. Health and Social Care Partnerships are established from 1 April 2016 and it is important that they are involved in the preparation of LDPs with a relationship based on collaboration and alignment. For this year, this will mean that draft LDPs will be submitted to Scottish Government by the end of February and final LDPs by end of May – this will support managed and orderly planning.

The Scottish Government has reaffirmed its commitment to the 2020 vision and will refresh the strategy for achieving its 2020 vision for health and social care to ensure that it reflects the changing needs and expectations of the people of Scotland and the new way services will be delivered under health and social care integration. NHS Board Chairs and Chief Executives are fully engaged in designing the refresh of the strategy, and reviewing the national, regional and local planning arrangements. This work is being taken forward in the context of the national conversation, national clinical strategy and reviews of services including out of hours primary care services. The Local Delivery Plan and its underpinning framework will also be reviewed over the coming 12 months.

This year's LDP builds on last year and requires NHS Boards to develop concise plans focused on new actions planned in a small number of strategic improvement priority areas to improve outcomes for patients and the people of Scotland.

In order to ensure high quality, continuously improving health and social care in Scotland it is important that we strike the right balance between improvement, performance management and scrutiny. The LDP also sets out standards that NHS Boards should pursue to improve services for patients. LDPs should address these with a focus on demand and capacity planning.

Progress against the LDP and the integration indicators will together inform progress being made on health and social care.

Special Health Boards are expected to develop their LDPs so that they support territorial Health Boards and Health and Social Care Partnerships to deliver the improved outcomes for the people of Scotland.

The Scottish Government has an established set of performance management principles to promote a culture in which targets and standards are delivered within the spirit they were intended, recognising that clinical decision making is more important than absolute delivery of targets and standards.

2. Local Delivery Plan

In developing the plans NHS Boards should consider:

- What are the improvement aims that have been agreed locally?
- What actions will be taken to move towards that aim?
- What measures will be used to assess improvements made?

The material included in the LDP should be concise and NHS Boards are encouraged to reference local plans where appropriate.

2.1 Health Inequalities and Prevention

The Scottish Government is committed to enabling those more at risk of health inequalities – physical, mental or both – to make better choices and positive steps toward better health and wellbeing. Four areas have been identified for specific NHS action:

- NHS procurement policies should support employment and income for people and communities with fewer economic levers;
- actions relating to employment policies that support people to gain employment or ensure fair terms and conditions for all staff;
- actions to support staff to support the most vulnerable people and communities; and
- health improvement actions to promote healthy living and better mental health.

This activity should also be focussed through the NHS workforce and the Health Promoting, Health Service as well as with the wider community.

The LDP should set out local priorities for how they will address health inequalities and improving prevention work based on the needs of their local population and own workforce. Plans should focus on those communities where deprivation is greatest. The plan should outline how these will be achieved setting out improvement aims, levels of activity, and demonstrating how the activity is embedded in to routine practice. The plan will also include information about how the NHS Board and its partners prioritise action and monitor progress. Plans in particular should set out what is being done to tackle the preventable causes of the costs to the NHS and society of preventable disease. Alongside the public health themes addressed by the existing LDP standards, Boards should provide details of their priorities for actions to address the unsustainability of the burdens arising from poor diet and weight management.

2.2 Antenatal and Early Years

It has long been recognised that there are significant benefits to children's wellbeing - not least their health - as well as to the vibrancy of communities and the sustainability of services from a systematic approach to early intervention and primary prevention. The focus on primary prevention and early intervention has also increased the importance of antenatal and early years support. Early antenatal access will help ensure a foundation for the future health of the baby and mother, and health boards should continue improving antenatal access to strengthen that

foundation. Early years care will be substantially affected by the new duties to be placed on health boards through the Children and Young People (Scotland) Act 2014. Specifically, under the Act, health boards will be responsible for providing a Named Person service for every child up to 5 and a single statutory Child's Plan for every under-5 who requires one.

The LDP should set out the local actions to be taken to ensure that the relevant parts of the workforce will have the capacity, training and relevant protocols to carry out these duties under the Act by August 2016. The LDP should also set out plans for health visitors including baselines and additional numbers being recruited through to 2018.

2.3 Safe Care

NHS Boards continue to make significant progress in providing safe care within their hospitals. Along with a range of Hospital Associated Infection (HAI) improvement activity, the Scottish Patient Safety Programme (SPSP) continues to drive improvement in clinical care and has been extended beyond the acute programme into primary care, maternity, neonates and paediatrics and mental health services. Healthcare Improvement Scotland wrote to Boards in August 2015 to advise them that data submission on the SPSP 9 Points of Care would now be divided into '6 core' and '3 supplementary' measures. Although submission of supplementary measures data to SPSP would be on a discretionary basis, Boards were advised that sustained progress against all of the 9 Points of Care should continue.

The LDP should set out how Boards are taking forward one of the 3 Points of care where data submission is supplementary. These are

- Venous Thromboembolism (VTE)
- Heart Failure
- Surgical Site Infection (SSI)

Detail should include plans for spread and sustainability, the impact this area is having, and will have on patient care and how Boards are collecting data to drive local improvement. This should include an example from each SPSP of how safety of care has improved in the last 12 months.

In recognition of the contribution which NHS Boards can make to wider quality improvement across the integrated health and social care landscape, Boards should provide detail on how they are engaging with Local Authorities and care providers to achieve the aim of achieving a 50% reduction in grade 2-4 pressure ulcers acquired in hospital or care home by end of 2017.

The Scottish Government expect that NHS Boards will improve SAB infection rates during 2016/17 - close monitoring of SAB will continue. Research is underway to develop a new SAB standard for inclusion in the LDP.

2.4 Person-Centred

In person-centred care, health and social care professionals work collaboratively with people who use services. Person-centred care supports people to develop the

knowledge, skills and confidence they need to more effectively manage and make informed decisions about their own health and health care. It is coordinated and tailored to the needs of the individual. And, crucially, it ensures that people are always treated with dignity, compassion and respect. The NHS in Scotland is committed to developing a culture of openness and transparency in NHS Scotland that actively welcomes feedback as a tool for continuous improvement

The LDP should set out how services will deliver person-centred care. This may be done with reference *either* to:

- How Boards will deliver a positive care experience in accordance with the five "must do with me" principles of care: *What matters to you? Who matters to you? What information do you need? Nothing about me without me,* and *service flexibility; or*
- The Strategic Framework for Action on Palliative and End of Life Care.

The LDP should also outline the action that will be taken locally to support staff and the public to be open and confident in giving and receiving feedback, comments, concerns and complaints, with a particular focus on how the Board will involve people meaningfully in reviewing how themes emerging from feedback and complaints can be used to improve healthcare services, and how it will demonstrate the improvements made as a result of feedback.

2.5 Primary Care

Successful primary care is integral to the 2020 vision and integrated health and social care; the overwhelming majority of healthcare interactions start, and finish, in primary care, both in-hours and out-of-hours. In the context of an ageing population with more people living with two or more long term conditions the number of interactions will increase as they are supported to self-manage their conditions and live at home for as long as possible.

Last year NHS Boards set out their prioritised actions being pursued to increase capacity in primary care, covering General Practice, Dentistry, Optometry, Pharmacy and Out of Hours. This focused on four key themes: leadership & workforce, planning & interfaces, technology & data, contracts & resources.

The LDP should provide progress on those already identified prioritised actions and any new actions being pursued to manage as much care 'out of hospital' as possible, including the resources identified to achieve this aim. This should include action taken to support the introduction of the post QOF (Transitional Quality Arrangements) revisions to the GMS contract in 2016-17 and the implementation of Sir Lewis Ritchie's review of out of hours primary care services. The plan should also identify where national action would help local delivery.

2.6 Integration

All Health and Social Care partnerships will be fully functional by April 2016, having published Strategic Commissioning Plans. These plans are for all the functions and budgets under their control. NHS Boards will have been fully involved in the development of the Strategic Commissioning Plans and will ensure that these are aligned with the LDP.

The commissioning process is an on-going and evolving process. There is a duty for each Strategic Commissioning Plan to be reviewed and revised at least every three years, and this review must consider the national health and wellbeing outcomes, performance against the national indicators, and the delivery principles. The review also needs to take account of the views of the Strategic Planning Group, of which the NHS Board is a key member.

NHS Boards and Local Authorities delegate appropriate national and local standards / targets to their Health and Social Care Partnerships, along with the relevant functions and budgets. Whichever functions and standards / targets are integrated, it will be important that robust planning operates to reflect interdependencies so that, for instance, where non-elective care is integrated and elective is not, then these two must operate in a mutually supportive way.Delivery of many of the integration indicators will fall, in the main, to the NHS Boards, so Boards will want to consider, in conjunction with their Health and Social Care Partnership, an annual Operational or Delivery Plan outlining how they will jointly deliver the priorities of the Strategic Commissioning Plan and the LDP.

The LDP should set out a summary of how the delivery of national and local standards / targets will be aligned between the local planning and operational structures.

2.7 Scheduled care

We expect the vast majority of elective patients to be treated locally or within NHSScotland facilities such as the Golden Jubilee.

The new National Scheduled Care Programme (sustainability) will focus on assessing activity requirements to ensure the best possible performance against outpatient and inpatient / daycase waiting times during 2016/17. It will also focus on the longer term objective of ensuring the optimal design, configuration and availability of scheduled care services over the next three, five and ten years in the context of an ageing and growing population.

The LDP should set out a summary of the local work that will be carried out during 2016/17 under the National Scheduled Care Programme (sustainability).

2.8 Unscheduled Care

The A&E 4 hour standard follows clinical advice to sustain at least 95% of A&E patients being assessed, treated and admitted or discharged within four hours, as a step towards achieving 98%, which is among the toughest A&E standards anywhere in the world.

The Scottish Government introduced the 6 Essential Actions programme for unscheduled care in June 2015/16 which included a focus on optimising the admission and discharge balance in hospitals each day and appropriately avoiding admission wherever possible. During 2016/17 the programme will continue with a focus on improving discharge processes including collation of ward level admission and discharge information and review against operating models on a daily, weekly and monthly basis.

The LDP will provide a clear summary of actions being taken forward through the local 6 Essential Actions programme in 2016/17. This will include references to local plans including 6 Essential Actions, Winter and Joint Strategic Commissioning plans.

2.9 Mental Health

Performance on the mental health access standards continues to show a considerable rise in the number of people starting treatment. A Mental Health Improvement Programme to support NHS Boards to improve access to services and meet the waiting times standard sustainably has been announced. The programme will be delivered by Healthcare Improvement Scotland which will establish a Mental Health Access Improvement Support Team (MHAIST). MHAIST will work in partnership with NHS Boards to identify enablers and barriers to the Board being able to deliver improved access and meet the waiting times standard, and support Boards to review their mental health access improvement plans in light of that joint consideration of local enablers and barriers to delivery. It will take a phased approach working intensively with a small number of Boards at a time.

NHS Education for Scotland will continue to deliver a programme of education, training and support to increase workforce capacity in CAMHS and psychological therapies, and to improve the quality of supervision.

In advance of the MHAIST starting its work in 2016-17, the LDP should provide information focusing on reducing waiting times and on improving access to mental health services in line with local need. The plans should include an assessment of the level of access currently provided by the Board and with the anticipated level of need locally – including benchmarking with other boards in Scotland. We expect the plans to include a workforce development plan with evidence of the current workforce capacity in CAMHS and psychological therapies and how that will be developed.

NHS LDP Standards

People diagnosed and treated in 1st stage of breast, colorectal and lung cancer (25% increase)
31 days from decision to treat (95%)
62 days from urgent referral with suspicion of cancer (95%)
Early diagnosis and treatment improves outcomes.

People newly diagnosed with dementia will have a minimum of 1 years post-diagnostic support
Enable people to understand and adjust to a diagnosis, connect better and plan for future care

12 weeks Treatment Time Guarantee (TTG 100%)
18 weeks Referral to Treatment (RTT 90%)
12 weeks for first outpatient appointment (95% with stretch 100%)
Shorter waits can lead to earlier diagnosis and better outcomes for many patients as well as reducing unnecessary worry and uncertainty for patients and their relatives.

At least 80% of pregnant women in each SIMD quintile will have booked for antenatal care by the 12th week of gestation
Antenatal access supports improvements in breast feeding rates and other important health behaviours.

Eligible patients commence IVF treatment within 12 months (90%)
Shorter waiting times across Scotland will lead to improved outcomes for patients.

18 weeks referral to treatment for specialist Child and Adolescent Mental Health Services (90%)
Early action is more likely to result in full recovery and improve wider social development outcomes.

18 weeks referral to treatment for Psychological Therapies (90%)
Timely access to healthcare is a key measure of quality and that applies equally to mental health services.

Clostridium difficile infections per 1000 occupied bed days (0.32)
SAB infections per 1000 acute occupied bed days (0.24)
NHS Boards area expected to improve SAB infection rates during 2016/17. Research is underway to develop a new SAB standard.

Clients will wait no longer than 3 weeks from referral received to appropriate drug or alcohol treatment that supports their recovery (90%)
Services for people are recovery focused, good quality and can be accessed when and where they are needed.

Sustain and embed alcohol brief interventions in 3 priority settings (primary care, A&E, antenatal) and broaden delivery in wider settings
Sustain and embed successful smoking quits, at 12 weeks post quit, in the 40% SIMD areas
Enabling people at risk of health inequalities to make better choices and positive steps toward better health.

48 hour access or advance booking to an appropriate member of the GP team (90%)
Often a patient's first contact with the NHS is through their GP practice. It is vital, therefore, that every member of the public has fast and convenient access to their local primary medical services to ensure better outcomes and experiences for patients.

Sickness absence (4%)
A refreshed Promoting Attendance Partnership Information Network Policy will be published in 2015.

4 hours from arrival to admission, discharge or transfer for A&E treatment (95% with stretch 98%)
High correlation between emergency departments with 4 hour wait performance between 95 and 98% and elimination of long waits in A&E which result in poorer outcomes for patients

Operate within agreed revenue resource limit; capital resource limit; and meet cash requirement
Sound financial planning and management are fundamental to effective delivery of services.

The LDP Standards are intended to provide assurance on sustaining delivery which will only be achieved by evolving services in line with the 2020 vision. The Scottish Government will continue to review the LDP Standards to ensure that their definitions are consistent with changes in service delivery through the 2020 vision.

3. Financial Planning

There is recognition that Financial Local Delivery Planning must run in parallel with the commissioning plans for the Health and Social Care Partnerships now, as well as workforce plans. In order to enable this alignment to include planning and budgeting for the Health and Social Care Partnerships and the associated service change, the financial LDPs will consist of two distinct stages this year. At the first stage, initial Draft Finance LDPs will require confirmation from the Boards that the required financial targets for 2016-17 will be met with regards revenue outturn, capital outturn and savings requirements, based on the planning assumptions already provided to NHS Boards. This is to establish sufficient governance for the start of the financial year.

At the second stage, NHS Boards will be asked to submit Final Finance LDP templates updated to incorporate the plans by then agreed with Health and Social Care Partnerships and workforce. At this stage, to ensure that Boards plan over the longer term, more detailed financial plans are required for a three year period, however a five-year plan is required where any of the following apply; major infrastructure development; brokerage arrangements are in place; an underlying deficit greater than 1% of baseline resource funding; or major service redesign. All Boards are required to submit a five year plan in relation to capital.

The financial templates must be accompanied by a supporting narrative. Particular emphasis should be placed on workforce planning and NHS Boards should provide assurances that, for each year of the specified period, their proposed workforce requirements are driven by and reflect service change and are affordable.

The detailed financial information included in the templates will be used to assess each Board's financial projections, including key risks and assumptions, to ensure achievement of financial targets. Financial templates will also include plans for efficiency savings. Delivery of efficiency savings is necessary not only to enable Boards to meet their financial targets, but for the NHS to continually improve the quality of its services, ensure sustainability and deliver best value through reducing waste, duplication and variation. All savings are retained locally by territorial Boards for reinvestment in front-line services which benefit patients directly.

Further guidance will be issued on the in-year allocations that are to be bundled and their associated outcomes.

4. Community Planning Partnerships

NHS Boards should play a key role in developing effective performance management within the CPP and in engaging with the users of health and social care services in doing so. In light of the integration of health and social care (see above), NHS Boards will of course also need to play a pivotal role with the new Integration Authorities, with Local Authorities and with the third and independent sectors to ensure correlation between plans and consistency across the planning landscape.

In this LDP NHS Boards should indicate how they will continue to strengthen their approach to community planning during 2016/17, through both their contribution to Integration and how they demonstrate leadership within the broader CPP. This should focus on playing a strong and leading contribution within the CPPs to improve local priority outcomes which relate to health and wellbeing, and how they shift activity and spend towards tackling inequalities, prevention and community empowerment.

Scottish Government will discuss progress against these commitments with NHS Boards.

5. Workforce

Boards are required to provide information on 2 key workforce areas in the LDP this year.

1) Delivering Everyone Matters: 2020 Workforce Vision: NHS Boards should provide a short outline of their local implementation plans for 2016-17 to deliver the 5 priorities in the Everyone Matters: 2020 Workforce Vision Implementation Plan 2016/17. The 5 priorities are: Healthy Organisational Culture, Sustainable Workforce, Capable Workforce, Workforce to Deliver Integrated Services and Effective Leadership and Management.

2) NHS Boards should indicate any workforce areas where there is a risk to delivering service. Specifically Boards are asked to make clear reference to:

- the use of Nursing and Midwifery Workload and Workforce Planning tools; recruitment issues, vacancy rates or concerns - professions or groups of professions affected, services affected - steps being taken or national approach required;
- areas in which services are being developed which may have specific implications for the NHS workforce, or for individual professions as appropriate, and steps taken to manage these locally e.g. Health Visitors, School Nurses, Advance Nurse Practitioners, Health Care Support Workers;
- demographic information i.e. age of workforce impacting on service delivery, local pressures, staff numbers, other workforce factors influencing the sustainability or otherwise of services;
- how workforce factors are being dealt with as part of action being taken to address services which are under stress e.g. A&E, Oncology, Radiology.

NHS Boards will continue to be required to publish their wider workforce plan during 2016 and are reminded that the application of the Nursing and Midwifery Workload and Workforce Planning Tools are mandatory and should be used and documented in the development of Workforce Plans and workforce projections.

6. LDP Submission

Plans should be submitted to NHSLocalDeliveryPlans@gov.scot in accordance with the following timeframe.

- Draft LDPs by 4 March 2016
- Final LDPs by 31 May 2016

7. Contacts

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