Integration Joint Board

Thursday 16 June 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 5)
The accuracy of the Minutes of the meeting held on 19 May 2016 will be confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973 (copy enclosed).

3.1 Matters Arising
Consider any matters arising from the minutes of the previous meeting.

Presentation

4. National Clinical Strategy
Receive a presentation from Dr Paul Kerr, Clinical Director on the National Clinical Strategy.

Reports for Approval

5. Strategy for Technology Enabled Care (TEC) and Innovation (Page 15)
Submit report by Tim Eltringham, Chief Officer, South Ayrshire Health and Social Care Partnership (copy enclosed).

6. Financial Management Report (Page 63)
Submit report by Eleanor Currie, Principal Manager (Finance) on the current financial position of the North Ayrshire Council Health and Social Care Partnership and the outturn for 2015/16 as at period 12 (copy enclosed).

7. Unaudited Annual Accounts 2015/16 (Page 87)
Submit report by the Section 95 Officer on the Annual Accounts 2015/16 (copy enclosed).

8. Final Budget (Page)
Submit report by the Section 95 Officer on the Final Budget and Integrated Care Fund (copy to follow).

Reports for Noting

9. Director's Report (Page 113)
Submit report by Iona Colvin, Director NAHSCP, on developments within the North Ayrshire Health and Social Care Partnership (copy enclosed).

10. Living Wage (Page 119)
Submit report by Eleanor Currie, Principal Manager (Finance and Betty Saunders, Procurement and Service Design Manager on the impact of implementing the Living Wage commitment as part of a positive approach to fair work practices (copy enclosed).

11. Refresh of the Strategic Plan – First Draft (Page 131)

Submit report by Jo Gibson, Principal Manger (Planning and Performance) on the first draft of the refresh of the Strategic Plan (copy enclosed).

12. Urgent Items

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
Vacancy	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
Dr Kez Khaliq	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 19 May 2016
at 10.00 a.m., Council Chambers, Cunninghame House, Irvine

Present

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

Iona Colvin, Director North Ayrshire Health and Social Care (NAHSCP)
Margaret Hogg, Chief Finance Officer
Stephen Brown, Chief Social Work Officer – North Ayrshire
Derek Barron, Lead Nurse/Mental Health Advisor
Louise Gibson, Lead Allied, Health Professional Adviser
Dr. Paul Kerr, Clinical Director
Dr. Kes Khaliq, GP Representative
Nigel Wanless, Independent Sector Representative
David Donaghy, Staff Representative – NHS Ayrshire and Arran
Louise McDaid, Staff Representative – North Ayrshire Council
Fiona Thomson, Service User Representative
Jim Nichols, Third Sector Representative
Marie McWaters, Carers Representative
Sally Powell, Carers Representative

In Attendance

Elma Murray, Chief Executive (Item 5)
Thelma Bowers, Head of Mental Health
Jo Gibson, Principal Manager (Planning & Performance)
David Rowland, Head of Health & Community Care
Alan Stout, Integrated Island Services
Ruth Betley, Arran Medical Group
Dr Hamill, Arran Medical Group
Elaine Young, Public Health Department
Lynne Niven, Public Health Department
Karen Andrews, Business Support Officer
Angela Little, Committee Services Officer

Apologies for Absence

Councillor Ruth Maguire, North Ayrshire Council
Martin Hunter, Service User Representative

1.	**Chair's Remarks** The Chair referred to the recent death of Martin Hunter's wife, and on behalf of the Board, extended her condolences to the family.	
2.	**Apologies**	
	Apologies were noted.	
3.	**Declarations of Interest**	
	There were no declarations of interested in terms of Standing Order 7.2 and Section 5.14 of the Code of Conduct for Members of Devolved Public Bodies.	
4.	**Minutes/Action Note – 10 December 2015**	
	The accuracy of the Minutes of the meeting held on 11 February 2016 were confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973.	
4.1	**Matters Arising**	
	The Board noted that a presentation on the GP Strategy will be made to the next meeting.	
5.	**Update: Locality Approach**	
	The Chief Executive (North Ayrshire Council) provided a verbal update on the Locality Approach • Background to the Council's Locality Partnerships which are aligned to the same areas as the NAHSCP; • The appointment of Elected Members as Chairs of the 6 Locality Partnership Forums (two of which are IJB members); • Membership of the CPP Board that will now include the Chairs of the Locality Partnership Forums and consideration that will be given to membership of the Chair and Vice Chair of the IJB • Six senior lead officers put in place to support the Locality Partnerships;	

	• Locality Partnership events that have been arranged in each of the 6 areas; • Participatory Budgeting events that will be piloted in each of the 6 localities, one having already taken place in Kilwinning; and • Place Standard Toolkit that will be circulated to IJB members. Noted.	
6.	**Arran Services Review** Submitted report by Alan Stout, Senior Manager (Integrated Island Services) and presentation on the outcome of the Arran Review of Services that was undertaken by a multi-agency, multi-disciplinary group through engagement with members of the public and staff through a review and assessment process. (Presented by Alan Stout, Ruth Betley and Dr Hamill). The report and presentation provided details of:- • the stakeholder engagement that had taken place; • support services and facilities; • workforce; • emerging model of care; • challenges and drivers for change; • test of change; • next steps The Board was advised of some inaccuracies in the report, as detailed below:_ Paragraph 10.1 should read as follows:- In order to achieve such an ambitious whole system change it is acknowledged that there will need to be continued support from the Clinical Lead and the Project Manager roles. Both are currently provided by Arran Medical Group and reimbursed through the Change Team. Consideration will need to be given to the level and funding of this support as the review proceeds to implementation. Appendix 3 should conclude after the first sentence of paragraph 6 - removing the subsequent sentence and the table.	

	Members asked questions and were provided with further information in relation to:- • the aspiration to harmonise the terms and conditions for Health and Council staff; • engagement with staff that had been undertaken by the Team Leaders and will form part of the Staff Partnership Forum agenda; • the current service provision on Arran which is complex and confusing to service users; • work by the Change Programme to identify and record the wide range of services on Arran. The Board noted (a) the detailed planning required to deliver a fully integrated hub; and (b) the changes to the report.	
7.	**Fair for All: Community Planning Partnership Inequalities Strategy** Submitted report by Jo Gibson, Principal Manager (Planning and Performance) and presentation by Elaine Young, Public Health Department on a draft strategy to reduce inequalities in North Ayrshire. The report and presentation provided information in relation to:- • The key findings of the Steering Group; • A number of engagement events that have taken place; • The challenges in North Ayrshire; • Inequality in income and death; • Inequalities – the national response; • North Ayrshire local response; • Fair for All; • Inequalities – theory of causation • Responding to inequalities; • Inequalities interventions – Undo, Prevent and Mitigate; • Key shared themes • Reducing inequalities action plan; • Tackling inequalities action plan • Current state; • Delivering a North Ayrshire – Fair for All proposal	

	Members asked questions and were provided with further information in relation to:- • Prevention and Mitigation work that will always be required as a result of being unable to Undo; • The proposed structure that would create a Fair for All Board that would report to the Community Planning Partnership; • A Refresh of the Strategic Plan that will focus on service developments and link to the Equality Strategy; and • The availability of Impact Assessment Tools. The Board agreed to approve the Inequalities Strategy Fair For All.	Jo Gibson
8.	**Appointment of Chief Finance Officer** Submitted report by Andrew Fraser, Head of Democratic Services on the requirement of the IJB to appoint a Chief Finance Officer who has responsibility for the administration of its financial affairs in terms of s.95 of the 1973 Act (presented by I. Colvin). The Chief Finance Officer is accountable to the IJB for the planning, development and delivery of the IJB's financial strategy and is responsible for the provision of strategic financial advice and support and the financial administration and financial governance of the IJB. The Board agreed to appoint Margaret Hogg, an employee of North Ayrshire Council, as the Chief Finance officer of the Integration Joint Board.	A. Fraser
9.	**Appointment of Standards Officer** Submitted report by Andrew Fraser, Head of Democratic Services on the requirement of the Ethical Standards in Public Life (Scotland) Act 2000 (Register of Interests) Regulations 2003 the IJB to appoint a Standards Officer (presented by I. Colvin). The report provided information on the duties of the Standards Officer and a Code of Conduct developed by the Standards Commission to be adopted by IJBs.	

	The Board agreed to (a) approve the appointment of Andrew Fraser, Head of Democratic Services (North Ayrshire Council) as the IJB's Standards Officer; and (b) to adopt the Standards Commission Code of Conduct.	A. Fraser/ K. Andrews
10.	**Concerns Hub Update** Submitted report by Mark Inglis, Senior Manager Intervention on the proposed arrangements to establish a Concerns Hub in Kilmarnock Police Station (presented by Stephen Brown, Chief Social Work Officer – North Ayrshire). The report provided information on (i) the work undertaken to examine the existing arrangements in each of the three Ayrshire areas; (ii) further examination of the preferred model of the co-location of staff using existing separate Health and Social Care Partnership processes and systems – three separate models with a co-located hub (Model 3); and (iii) a trial of the first phase of the Model 3 by North Ayrshire from June 2016 with the involvement of the East and South Ayrshire in phases two and three. Members asked questions and were provided with further information in relation to:- • The selection of Model 3 as the preferred model as an achievable model within the timescales that could be built upon; and • An initial scoping exercise that will be undertaken in respect of mental health. The Board agreed to (a) approve the arrangements to establish a Concerns Hub in Kilmarnock Police Station to screen concerns about vulnerable children and adults; and (b) that future IJB reports include sections on (i) Anticipated Outcomes; and (ii) Measuring Impact.	S. Brown/ K. Andrews
11.	**Equality Outcomes** Submitted report by Jo Gibson, Principal Manager (Planning and Performance) on the draft Equality Outcomes prepared to meet the Equality and Human Rights Commission's (EHRC) requirement that IJBs publish a set of equality outcomes and a report on mainstreaming the equality duty by 30 April 2016. The Board agreed to homologate the Equality Outcomes Report that was published in order to meet the legal duties of the IJB in respect of the Equality Act 2010.	J. Gibson

12.	**Health Improvement Strategies** Submitted report by Dr Carol Davidson, Director of Public Health which provided an update on all Ayrshire and Arran's current Health Improvement Strategies/Action Plans. Appendix 1 to the report provided details of the strategies and actions plans. Members asked questions and were provided with further information in relation to:- • The use of the Covalent system to manage and monitor the strategies and action plans; • Work that has been done to align new strategies with the CPP process; and • Consideration that will be given to (i) examining the strategies against the Inequalities Strategy's three levels of intervention – Undo, Prevent and Mitigate; and (ii) identification of the geographical areas. Noted.	
13.	**Director's Report** Submitted report by Iona Colvin, Director NAHSCP on developments within the North Ayrshire Health and Social Care Partnership. The report highlighted work that has been underway in the following areas:- • Strategic Planning and Operational Group; • Woodland View; • Ambitious for Ayrshire – Primary Care Event; • Models of Care for Older People and People with Complex Needs; • Wider Primary Care Approaches; • Transformation of Mental Health Services; • North Ayrshire Drug and Alcohol Service • Locality Forums • North Ayrshire HSPC Care at Home Services; • Combined Staff Survey Results; • Awards Nominations	

	The Board was advised that the Cabinet had agreed to provide non-recurring funding of £1.255m to the IJB, reflecting the projected overspend within the Partnership as recorded at the end of January 2016. The final outturn in respect of the Partnership has increased to £2.109m. A report will be presented to the Cabinet on 24 May 2016 requesting additional funding of £0.854m to meet the shortfall in the final outturn. Noted.	
14.	**CMO Realistic Medicine** Submitted report by Eddie Fraser, Director of Health and Social Care on the Annual Report of the Chief Medical Officer for Scotland for 2014/15. The report highlighted work that has been underway in the following areas:- • Added value in a complex system; • Realism in Health Care; • Sharing Decision making and informing consent; • Management of risk; • Practice and improvement; • Translation of research into routine practice; • The Health of the Nation. Noted.	
15.	**Exclusion of the Public** The Cabinet resolved in terms of Section 50(A)4 of the Local Government (Scotland) Act 1973, to exclude from the Meeting the press and the public for the following items of business on the grounds indicated in terms of Paragraph 9 of Part 1 of Schedule 7A of the Act.	
15.1	**Red Cross House, Irvine** Submitted report by the Director of North Ayrshire Health and Social Care Partnership on the purchase and refurbishment of Red Cross House, Irvine.	

	Members asked questions and were providing with further information in relation to:- • Community use of the hydrotherapy pool within Red Cross House; and • Work that will be done to cost the adaptations that will be required. Noted. The meeting ended at 12.35 p.m.	

North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 19 May 2016

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	Development and Implementation of a North Ayrshire Social Enterprise Strategy	4/6/15	Draft Social Enterprise Strategy to be submitted to the IJB, NACMT and NAC Cabinet Meeting.	Agenda – August 2016 (Report going to Cabinet on 10/5/16) Economic Development	John Godwin
2.	Model Publication Scheme	13/8/15	Report on progress including the outcome of the options appraisal	Agenda – August 2016	Neil McLaughlin
4.	Volunteering Strategy	11/2/16		Agenda – August 2016	J. Nicols
5.	Official opening of Woodland View	11/2/16	Details of official opening to be provided to IJB Members	As soon as available	T. Bowers

Integration Joint Board

Agenda Item 5

Subject: **Strategy for Technology Enabled Care (TEC) and Innovation**

Purpose: The purpose of the report is to present the proposed NHS Ayrshire and Arran strategy for Technology Enabled Care and Innovation. The ambition outlined in the strategy document is to harness the advances in technology and to develop the use of TEC across Ayrshire and Arran over the next three years. North South and East Health and Social Care Partnerships and Acute Services are currently redesigning models of care and TEC will support and enable further the service, workforce and infrastructure transformational redesign.

Recommendation: It is recommended that the Integration Joint Board:-

1. Approves the Strategy;
2. Invites the IJBs in East and North Ayrshire to consider and approve the report;
3. Invites the NHS Board to consider and approve the report;
4. Agrees that a paper outlining the financial framework for TEC be provided to a future meeting; and
5. It is recommended that the East and North IJB support the South recommendations and approval of this draft Tec Strategy.

1.	**BACKGROUND**
1.1	South Ayrshire HSCP has been asked to lead on the development of a strategic approach to the use of TEC across the three partnerships in Ayrshire. The TEC Programme Team is managed through the South Ayrshire Partnership.

1.2	Technology Enabled Care has been utilised within NHS Ayrshire and Arran and North, South and East Health and Social Care Partnerships for many years and oversight of this has been through formal programme and clinical governance arrangements which report to the respective Integrated Joint Boards and pan Ayrshire Health and Care Governance. Financial support for the programme has been through various sources including the respective Partnerships, E Health, Scottish Government and Europe. On the 19th October 2015 a paper was presented to the NHS Board outlining the current situation, progress, achievement and need for a strategic approach and plan across Ayrshire and Arran. These recommendations were supported and Tim Eltringham, Lead Director and the TEC Programme Board were requested to develop a strategy which took cognisance of the 20:20 Vision, the forthcoming National TEC Strategy (expected in April 2016) and also NHS Ayrshire and Arran Strategic Service Change Programme.
1.3	This draft Tec Strategy paper was sent to the South IJB Meeting on the 18th May 2016 and following discussion at the IJB Meeting, the draft Tec Strategy was approved and this draft Tec Strategy still requires further stakeholder consultation in the next few months.
2.	**REPORT**
2.1	The attached strategy outlines the aims and strategic intent. It also describes the outcomes and benefits that can be achieved through utilisation of technology.
3.	**RESOURCE IMPLICATIONS**
3.1	**Financial Implications** Resourcing for the programme of activity is likely to come from a number of sources. The Scottish Government announced the funding available to partnerships for years 2 and 3 of the Tec programme on 7 May 2016. This funding, together with that from sources such as the Integrated Care Fund will be used to support the delivery of the strategy. Work is ongoing to develop a financial plan to rung alongside the strategy. A further version of the Tec Strategy will be presented at future Meetings.
3.2	**Human Resource Implications**
	The implementation of the strategy has no immediate HR implications.
3.3	**Legal Implications**
	There are no legal implications from this strategy.
4.	**EQUALITY IMPLICATIONS**
4.1	An equalities impact assessment is attached.

5.	**SUSTAINABILITY IMPLICATIONS**
5.1	These will be addressed via the planned business case in alignment with the Ayrshire & Arran Strategic Change Programme.
6.	**CONSULTATION AND PARTNERSHIP WORKING**
6.1	The strategy has been developed in collaboration with the TEC and Innovation Programme Board which is represented by East, North and South Health and Social Care Partnerships. Further consultation and scoping are required in order to develop a plan for scale able implementation and to support those priorities identified within the Pan Ayrshire Strategic Change Programme.

For more information please contact Kathleen McGuire, Lead for Technology Enabled Care on 01292 665727 or kathleen.mcguire@aapct.scot.nhs.uk
Date: 12 May 2016-05-24

BACKGROUND PAPERS

Technology Enable Care and Innovation: Our Strategic Intent 2016-19

South IJB Report 18.05.16

Standard Impact Assessment Process Document

South Ayrshire Health and Social Care Partnership

REPORT

Meeting of South Ayrshire Health and Social Care Partnership **Held on**	**Integration Joint Board**
Agenda Item	**8**
Title	**Strategy for Technology Enabled Care (TEC) and Innovation**

Summary:

Document outlining the Strategic intent for adoption of technological solutions that will enable and support transformation in service delivery.

Presented by	**Tim Eltringham, Director of Health and Social Care**

Action required:

The IJB is asked to:

1. **Approve the Strategy.**
2. **Invite the IJBs in East and North Ayrshire to consider and approve the report.**
3. **Invite the NHS Board to consider and approve the report.**
4. **To agree that a paper outlining the financial framework for TEC be provided to a future meeting.**

Implications checklist – check box if applicable and include detail in report

Financial	√	HR	√	Legal	√	Equalities	Sustainability
Policy	√	ICT	√			√	√

SOUTH AYRSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP
INTEGRATION JOINT BOARD
18 May 2016
Report by Director of Health and Social Care

Strategy for Technology Enabled Care (TEC) and Innovation

1. PURPOSE OF REPORT

1.1 The purpose of the report is to present the proposed NHS Ayrshire and Arran strategy for Technology Enabled Care and Innovation. The ambition outlined in the strategy document is to harness the advances in technology and to develop the use of TEC across Ayrshire and Arran over the next three years. North South and East Health and Social Care Partnerships and Acute Services are currently redesigning models of care and TEC will support and enable further the service, workforce and infrastructure transformational redesign.

2. RECOMMENDATION

2.1 It is recommended that the Integration Joint Board;

1. **approves the Strategy;**
2. **invites the IJBs in East and North Ayrshire to consider and approve the report;**
3. **invites the NHS Board to consider and approve the report; and**
4. **agrees that a paper outlining the financial framework for TEC be provided to a future meeting.**

3. BACKGROUND INFORMATION

3.1 South Ayrshire HSCP has been asked to lead on the development of a strategic approach to the use of TEC across the three partnerships in Ayrshire. The TEC Programme Team is managed through the South Ayrshire Partnership.

3.2 Technology Enabled Care has been utilised within NHS Ayrshire and Arran and North, South and East Health and Social Care Partnerships for many years and oversight of this has been through formal programme and clinical governance arrangements which report to the respective Integrated Joint Boards and pan Ayrshire Health and Care Governance. Financial support for the programme has been through various sources including the respective Partnerships, E Health, Scottish Government and Europe. On the 19th October 2015 a paper was presented to the NHS Board outlining the current situation, progress, achievement and need for a strategic approach and plan across Ayrshire and Arran. These recommendations were supported and Tim Eltringham, Lead Director and the TEC Programme Board were requested to develop a strategy which took cognisance of the 20:20 Vision, the forthcoming National TEC Strategy (expected in April 2016) and also NHS Ayrshire and Arran Strategic Service Change Programme.

4. REPORT

4.1 The attached strategy outlines the aims and strategic intent. It also describes the outcomes and benefits that can be achieved through utilisation of technology.

5. RESOURCE IMPLICATIONS

5.1 Financial Implications

Resourcing for the programme of activity is likely to come from a number of sources. The Scottish Government announced the funding available to partnerships for years 2 and 3 of the TEC programme on 7 May 2016. This funding, together with that from sources such as the Integrated Care Fund will be used to support the delivery of the strategy. Work is ongoing to develop a financial plan to run alongside the strategy.

5.2 Human Resource Implications

The implementation of the Strategy has no immediate HR implications.

5.3 Legal Implications

There are no legal implications from this strategy.

6. CONSULTATION AND PARTNERSHIP WORKING

6.1 The strategy has been developed in collaboration with the TEC and Innovation Programme Board which is represented by East, North and South Health and Social Care Partnerships. Further consultation and scoping are required in order to develop a plan for scaleable implementation and to support those priorities identified within the Pan Ayrshire Strategic Change Programme.

7. EQUALITIES IMPLICATIONS

7.1 An equalities impact assessment is attached.

8. SUSTAINABILITY IMPLICATIONS

8.1 These will be addressed via the planned business case in alignment with the Ayrshire and Arran Strategic Change Programme.

REPORT AUTHOR AND PERSON TO CONTACT

Name: Kathleen McGuire, Lead for Technology Enabled Care
Phone number: 01292 665722
Email address: kathleen.mcguire@aapct.scot.nhs.uk

BACKGROUND PAPERS

Technology Enabled Care and Innovation: Our Strategic Intent 2016-19

12th May, 2015

Section A: Standard Impact Assessment Process Document

NHS Ayrshire &Arran Standard Impact Assessment Process Document

Please complete electronically and answer all questions unless instructed otherwise.

Section A

Q1: Name of Document Technology Enabled Care & Innovation: A Document of Strategic Intent

Q1 a: Function ☐ Guidance ☐ Policy √☐ Project ☐ Service ☐ Other, please detail☐

Q2: What is the scope of this SIA

NHS A&A Wide √ ☐ Service Specific √ ☐ Discipline Specific ☐ Other (Please Detail) ☐

Q3: Is this a new development? (see Q1a)

Yes ☐ **No** ☐√

Q4: If no to Q3 what is it replacing?

Evolving from smaller scale programme

Q5: Team responsible for carrying out the Standard Impact Assessment? (please list)

Long term Conditions Office

Q6: Main SIA person's contact details

Name:	Kathleen	Telephone Number:	01292 665722
Department:	LTC Office	Email:	Kathleen.mcguire@aapct.scot.nhs.uk

Q7: Describe the main aims, objective and intended outcomes

Strategy is intended to promote the use of technology to support people with long term conditions achieve the best outcomes possible.

Q8:

(i) Who is intended to benefit from the function/service development/other(Q1a) – is it staff, service users or both?

Staff √☐ Service Users√ ☐ Other ☐ Please identify _____

(ii) Have they been involved in the development of the function/service development/other?

Yes ☐√ No ☐

(iii) If yes, who was involved and how were they involved? If no, is there a reason for this action?

Comments:
Staff , Patient, Service user Focus Group interviews and questionnaires

(iv) Please include any evidence or relevant information that has influenced the decisions contained in this SIA; (this could include demographic profiles; audits; research; published evidence; health needs assessment; work based on national guidance or legislative requirements etc)

Comments:
Wide range of evidence is cited within the strategy itself which informs this SIA.

Q9: When looking at the impact on the equality groups, does it apply within the context of the General Duty of the Equality Act 2010 see below:

In summary, those subject to the Equality Duty must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups

Has your assessment been able to demonstrate the following:Positive Impact, Negative/Adverse Impact or Neutral Impact?

What impact has your review had on the following 'protected characteristics':	**Positive**	**Adverse/ Negative**	**Neutral**	**Comments** Provide any evidence that supports your answer for positive, negative or neutral incl what is currently in place or is required to ensure equality of access.
Age			√	We have not focused on age. The focus has been condition, setting and specialty. There is no age specific. At the moment however children are not specifically identified
Disability(incl. physical/sensory problems, learning difficulties, communication needs; cognitive impairment)	√			Have actively identified this group as one who would benefit
GenderReassignment			√	

Marriage and Civil partnership			√	
Pregnancy and Maternity	√			Some focus on this group
Race/Ethnicity			√	
Religion/Faith			√	
Sex (male/female)			√	
Sexual orientation			√	
Staff(This could include details of staff training completed or required in relation to service delivery)	√			Workforce development and solutions underpin and have been identified as a strategic aim
Cross cutting issues: Included are some areas for consideration. Please amend/add as appropriate. Further areas to consider in Appendix B				
Carers			√	
Homeless			√	
Involved in Criminal Justice System			√	
Language/ Social Origins			√	
Literacy			√	
Low income/poverty			√	
Mental Health Problems			√	
Rural Areas			√	

Q10:If actions are required to address changes, please attach your action plan to this document. Action plan attached?

Yes ☐ **No** ☐√

Q11: Is a full EQIA required?

Yes ☐ **No** ☐√

Please state your reason for choices made in Question 11. No negative impacts identified
If the screening process has shown potential for a high negative impact you will be required to complete a full equality impact assessment (see guidelines).

Date SIA Completed	11 / 05 / 2016		
Date of next SIA Review	11/11/2016DD / MM / YYYY		
Signature	Kathleen McGuire	Print Name	Kathleen McGuire

Department or Service	LTC Office

Please keep a completed copy of this template for your own records and attach to any appropriate tools as a record of SIA or EQIA completed. Send copy to elaine.savory@aapct.scot.nhs.uk

Section B: Standard/Full Impact Assessment Action Plan (EQIA)

Name of document being EQIA'd:	

Date	Issue	Action Required	Lead (Name, title, and contact details)	Timescale	Resource Implications	Comments
DD / MM / YYYY						
DD / MM / YYYY						
DD / MM / YYYY						
DD / MM / YYYY						
DD / MM / YYYY						
DD / MM / YYYY						

Further Notes:	

Signed:		Date:	

Section C: Quality Assurance

QA Section

Lead authors details?

Name:	Kathleen McGuire	Telephone Number:	01292 665722
Department:	LTC Office	Email:	Kathleen.mcguire@aapct.scot.nhs.uk

Does your policy / guideline / protocol / procedure have the following on the front cover?

Version Status	√ ☐	Review Date	√ ☐	Lead Author	☐√
Approval Group	√ ☐	Type of Document (e.g. policy, protocol, guidance etc)			☐√

Does your policy / guideline / protocol / procedure have the following in the document?

Contributory Authors	☐	Distribution Process	☐	Implementation Plan	√ ☐
Consultation Process	√ ☐				

Is your policy / guideline / protocol / procedure in the following format?

Arial Font	√ ☐	Font Size 12	√ ☐

Signatures

Lead Author:	Kathleen McGuire	Date:	12 / 03 / 2016

Signatures

QA Check	Bill Gray	Date:	12 / 03 / 2016

Once both signatures above are complete the document can be sent to the approving group for approval **(Sections A&C only).**

Technology Enabled Care and Innovation

Our Strategic Intent

2016-2019

Version	Author/Reviewer	Date
1.0	Kathleen McGuire	19.4.16.
2.0	Tim Eltringham	21.4.16.
3.0	Kes Khaliq	6.5.16.
4.0	Kathleen McGuire	7.5.16.
5.0	Tim Eltringham	8.5.16.
6.0	Kathleen McGuire	9.5.16

Contents

Foreword

Technology Enabled Care has a key role to play in the modernisation of health and social care. It offers a range of possibilities for individuals through the application of technological advances in different care settings. Technology can help enable people to live independently for longer by preventing hospital admissions and premature moves to residential care.

Focusing on the person and the outcomes that matter to them enables choice and control for people to co-produce individualised anticipatory care plans. Technology offers numerous possibilities depending on people's needs and desired outcomes. The range of assistive and enabled care technologies is very broad and includes simple devices such as alerts to prevent sinks flooding, GPS tracking to support people with dementia, Telehealth home monitoring, SMS texting Smart-phone applications, tablets and indeed video conferencing between professionals or professionals to service users. These are just a fraction of the technologies that are in use and available to us in everyday life. By ensuring that technology is considered during all stages of our engagement with people we can support people to find the best possible solutions and support the achievement of the 20:20 vision for Scotland. Many people are, of course, are happy to sort out their own care and by working with the third and independent sector we need to increase awareness generally about the possibilities that technology can offer, particularly before people become unwell.

In Ayrshire and Arran we have been in the vanguard of the development and implementation of many aspects of technology and I welcome the emerging findings and recommendations of the Strategic Service Change Programme outlining Models of Care. This will help us build on the existing foundations of our Technology Enabled Care programme and work towards reaching the potential that is evident from other European Countries and the forthcoming National Technology Enabled Care Strategy. To do this we must work on raising awareness, and confidence in technology amongst staff and the wider public. We need to provide clear and helpful information for all stakeholders on the potential benefits of technology. We need to ensure that there is a strategy for the use of mobile and digital health and care solutions which will address the appropriate use of digital technologies to support integrated and usual care for our staff, our patients and the person.

Technology can't, of course, replace person to person care but it can hugely assist in reducing the need for elements of care, particularly where it is supported by a sound ICT strategy that recognises that the technology is not an end in itself but must serve people and enable professionals to better fulfil their roles and responsibilities.

Tim Eltringham
May 2016

1. Introduction

This document sets out the strategic approach to the utilisation and expansion of sustainable Technology Enabled Care (TEC) in Ayrshire and Arran. The aim is to ensure that outcomes for individuals at home or community settings are improved through the application of technology as an integral part of quality cost effective care and support.

The proposals in this strategy have been developed based on the experience of the existing TEC Programme and are intended to dovetail with new models of care being developed on a Pan Ayrshire basis under the auspices of the Strategic Planning and Operational Group (SPOG)[1] and the Managed Clinical Networks. It therefore seeks to incorporate TEC into the emerging approaches that have been generated through the *Strategic Service Change Models of Care Programme* sponsored by SPOG. It also seeks to bring in learning and ideas from the forthcoming National TEC Strategy for Scotland. Both of these are expected to deliver firm recommendations, plans and business cases early summer 2016. It is therefore acknowledged that this strategy will evolve in response to these national and local strategic priorities.

It is well established that health and social care organisations are facing extraordinary challenges in meeting the needs of a rapidly growing older population who have increasingly complex needs and inequality. Significant economic pressures are driving changes to the way that resources are used to achieve the greatest benefits to health. Workforce sustainability and recruitment challenges mean that it is critical that our services change in order to meet this ever increasing demand.

It is acknowledged that focusing on prevention, anticipation and supported self management through integrated health and social care will impact on this demand and improve outcomes. The intention is that by 2020 everyone is able to live longer, healthier lives at home or in a homely setting. TEC has a crucial and pivotal role to play in supporting these changes across the whole system of health and social care.

1.1 The Long Term Conditions Challenge

Long Term conditions are health conditions that last a year or longer, impact on a person's life, and may require ongoing care and support. The definition does not relate to any one condition, care-group or age category. Those that are most prevalent are diabetes, coronary heart disease, respiratory disease and arthritis. Around two million people, 40 per cent of the Scottish population, have at least one long term condition and one in four adults over 16 reports some form of long term illness, health problem or disability. Long term conditions become more prevalent with age and older people are also more likely to have more than one long term condition.

The likelihood of people having a long term condition also rises significantly with social deprivation.

[1] The Strategic Planning Operational Group (SPOG) meets weekly to ensure a co-ordinated approach to the delivery of change initiatives across Ayrshire and Arran. It includes the 3 Partnership Directors, the Acute Director and is supported by NHS Planning and Programme Management.

We know that long term conditions are a contributing factor to out of hours contacts, emergency hospital admissions, frequent visits to general practice and service demand across health and social care. Long Term Conditions can be prevented and self managed; Understanding the links between alcohol, obesity, smoking, inequality and mental health are vital so that identification and early intervention can be undertaken.

1.2 Why business as usual is not an option

The number of people at risk of, or living with one or more long term conditions is set to increase significantly across Ayrshire and Arran in the next ten years. The change in demographics across Ayrshire and Arran (in particular the increasing number of older people over the age of 75) necessitates a need to adapt services and delivery to meet these changes. With this change comes a growth in the number of people who will place demands on health and care and the decreasing resources that are available In addition, workforce sustainability and recruitment challenges mean that it is critical that our services change in order to meet this ever increasing demand. Set against this background of increasing demand, there is also a requirement for greater efficiency and effectiveness with available resources and a desire to improve the outcomes for people with long term conditions. The tables below describe our local needs and demand.

Disease Prevalence Rates of COPD, Heart Failure and Diabetes in Ayrshire and Arran, by partnership

	EAST		**NORTH**		**SOUTH**		**AYRSHIRE**	
	No. of People	***Prevalence Rate***	**No. of People**	***Prevalence Rate***	**No. of People**	***Prevalence Rate***	**No. of People**	***Prevalence Rate***
COPD	3616	*2.94*	4067	*2.81*	2789	*2.39*	**10472**	***2.72***
HF	1452	*1.18*	1266	*0.87*	1175	*1.01*	**3893**	***1.01***
DIABETES (full register)[2]	7292	*5.92*	8256	*5.70*	6372	*5.46*	**21920**	***5.70***
DIABETES (Type 2 only)	6605	*5.36*	7519	*5.19*	5767	*4.94*	**19891**	***5.17***

Source: Quality Outcome Framework Registers 2015/16

In 2014, 46% of adults (aged 16 and over) had at least one long-term condition. This figure was comprised of 31% who had one or more limiting conditions, and 15% with only non-limiting conditions. The prevalence of long-term conditions was the same for both men and women.

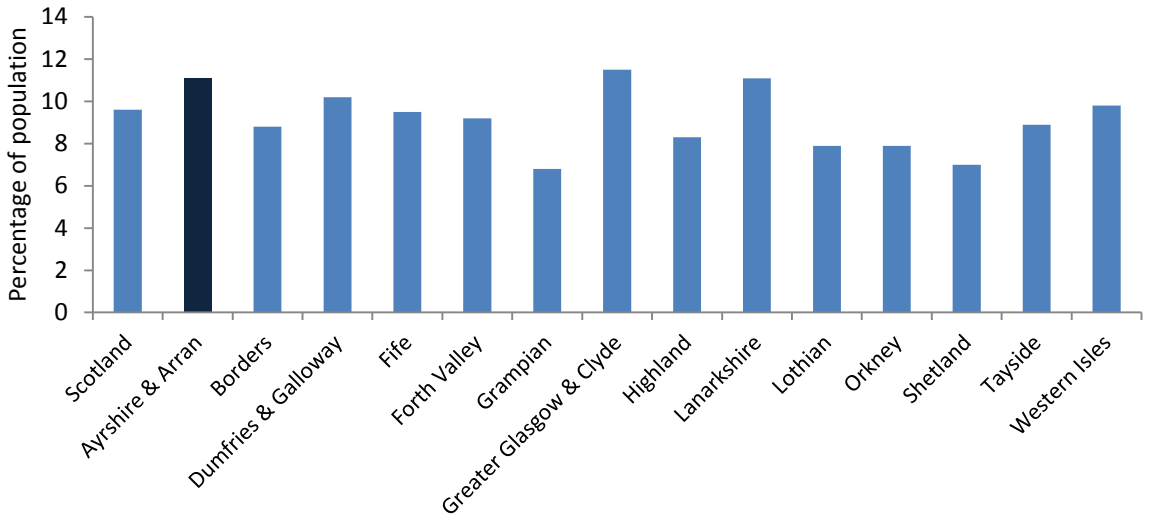
[2]Subtracting the Type 2 from the full register does not necessarily give the Type 1 total as some patients are diagnosed as diabetic, but not specified as type one or two.

As noted in previous reports, the prevalence of long-term conditions increased markedly with age in 2014, from a quarter (25%) of adults aged 16-24 to around three-quarters (77%) of those aged 75 and over (with very similar patterns for men and women). Most of this increase with age was due to rising prevalence of limiting conditions (15% and 61%, in the youngest and oldest groups, respectively). In contrast, the proportion with only non-limiting conditions increased from 10-11% in the 16-34 age group, to 22% of those aged 65-74 (and 16% in the oldest group)

Prevalence of long-term conditions in adults and children in Scotland, 2014, by age and sex

All ages									*2014*
Long-term conditions and limiting long-term condi	**Age**								
	0-15	**16-24**	**25-34**	**35-44**	**45-54**	**55-64**	**65-74**	**75+**	**Total 16+**
	%	%	%	%	%	%	%	%	%
	Males								
No long-term condtions	79	79	71	61	56	40	30	23	54
Limiting long-term conditions	12	12	18	22	29	41	46	62	30
Non-limiting long-term conditions	9	10	11	17	15	19	23	15	15
Total with conditions	*21*	*21*	*29*	*39*	*44*	*60*	*70*	*77*	*46*
	Females								
No long-term condtions	82	71	71	64	58	43	31	23	54
Limiting long-term conditions	9	18	19	25	29	40	49	60	33
Non-limiting long-term conditions	9	11	11	11	13	17	20	16	14
Total with conditions	*18*	*29*	*29*	*36*	*42*	*57*	*69*	*77*	*46*
	All								
No long-term condtions	81	75	71	63	57	42	31	23	54
Limiting long-term conditions	11	15	18	24	29	40	48	61	31
Non-limiting long-term conditions	9	10	11	14	14	18	22	16	15
Total with conditions	*19*	*25*	*29*	*37*	*43*	*58*	*69*	*77*	*46*
Bases (weighted):									
Males	852	320	358	357	417	348	264	173	2237
Females	813	314	374	379	441	365	293	253	2420
All ages	1665	634	732	736	859	713	557	426	4657
Bases (unweighted):									
Males	842	202	251	306	362	359	361	227	2068
Females	824	232	336	421	431	437	418	313	2588
All ages	1666	434	587	727	793	796	779	540	4656
Source: Scottish Health Survey (2014 report)									

Self assessed long-term health problem or disability limiting day-to-day activities a lot, percentage by NHS Board, Census 2011



Source: Scotland's Census 2011 (http:/www.scotlandscensus.gov.uk/en/censusresults/downloadablefilesr2.html)

The graph shows that the percentage of the population assessing their long-term health problem or disability as limiting day-to-day activities a lot in Ayrshire and Arran is joint second highest together with Lanarkshire (11.1%), with Greater Glasgow and Clyde (11.5%) having the highest level. This accounts for 41,395 individuals in Ayrshire and Arran. This has implications for current and future demands on health and social care and highlights the importance of public health prevention policies that address the social determinants of health as well as lifestyle across the life course to delay the onset of limiting long-term conditions.

The evidence suggests that focusing on prevention, anticipation and supported self management through integrated health and social care will impact on this demand and improve outcomes. The vision is that by 2020 everyone is able to live longer healthier lives at home or in a homely setting. TEC has a crucial and pivotal role to play in supporting these changes across the whole system of health and social care.

1.3 Outcomes for People

Most fundamentally the objective is to improve the outcomes for people themselves as they see them. The "Talking Points" personal outcomes offers a means of articulating outcomes in an accessible way and a framework against which it is possible to align interventions designed to help the achievement of outcomes.

Quality of Life	Process	Change
• Feeling safe • Having things to do • Seeing people • Staying as well as you can • Living where you want/as you want • Dealing with stigma/ discrimination	• Listened to • Having a say • Treated with respect • Responded to • Reliability	• Improved confidence/morale • Improved skills • Improved mobility • Reduced symptoms

The evidence is that if services, informal carers and the wider community can work collectively to support the changes which people say they desire then there is a greater chance that people will be able to live at home. Resilience is associated with having support to achieve a good quality of life.

TEC has a key role at many levels in supporting the achievement of outcomes and the patient stories outlined in appendix 2 describe how they feel and the difference TEC has made to their lives.

2. Technology Enabled Care National Policy and Programme

The 20:20 Vision for Health and Social Care provides the strategic context for technology-enabled care developments in Scotland. Technology-enabled care is viewed nationally as being vital to the successful delivery of this vision. The importance of digital technology is recognised both in the Scottish Government's Route map to 2020 and in the wider public-service reform agenda with its sharp focus on improving performance through greater transparency, innovation and the use of digital technology.

The current national strategic and operational framework is described within the National Delivery Plan. This runs until March 2016, and a new delivery plan is currently being scoped and is expected in April 2016. The purpose of this new delivery plan will be to set the policy direction for the next few years, along with a long term vision. A large focus of this delivery plan will be on ensuing that technology enabled care becomes 'business as usual' rather than being viewed as an isolated add on or a new service in itself.

3. What is Technology Enabled Care?

Technology-Enabled Care (TEC) is defined as:

> *where the quality of cost-effective care and support to improve outcomes for individuals in home or community settings is enhanced through the application of technology as an integral part of the care and support process.*
> (Technology Enabled Care Programme 2014-2016 Expression of Interest ,Joint Improvement Team)

There are two important aspects within the definition that need to be expanded:

- TEC should support person centred care within a broader range of support and care services with the focus shifting from the technology (the means) to the care outcomes (the ends).Therefore, telehealth and telecare should be considered within the service redesign cycle as part of placing the right tool at the right point in a chosen pathway – a key ambition of the new National TEC Strategy*.*

- TEC should support the focus on preventative and anticipatory care, recognising that while TEC can be appropriate at all levels of need there is greatest scope to make an impact at the high volume, lower care needs level.

3.1 Telecare and Telehealth

Telecare and Telehealth are both types of TEC that enable people to achieve their personal outcomes including living at home. This is especially so for older people and more vulnerable individuals. It does this by assisting health and care services to be provided "remotely" to people in their own homes. They are, however, quite distinct in their definitions and uses;

Telecare:

> *is the provision of care services at a distance using a range of analogue, digital and mobile technologies. These range from simple personal alarms, devices and sensors in the home, through to more complex technologies such as those which monitor daily activity patterns, home care activity, enable 'safer walking' in the community for people with cognitive impairments/physical frailties, detect falls and epilepsy seizures, facilitate medication prompting, and provide enhanced environmental safety.*
> (A National Telehealth and Telecare Delivery plan for Scotland to 2015)

As well as responding to an immediate need, telecare can work in a preventative mode, with services programmed to monitor an individual's health or well-being. Often known as lifestyle monitoring, this can provide early warning of deterioration, prompting a response from family or professionals.

Telehealth:

is the provision of health services at a distance using a range of digital and mobile technologies. This includes the capture and relay of physiological measurements from the home/community for clinical review and early intervention, often in support of self management; and "teleconsultations" where technology such as email, telephone, telemetry, video conferencing, digital imaging, web and digital television are used to support consultations between professional to professional, clinicians and patients, or between groups of clinicians
(A National Telehealth and Telecare Delivery plan for Scotland to 2015)

As part of a "package of care" intended to support the achievement of outcomes, telecare and telehealth can be used on their own or in combination in order to best meet the needs of the individual. The services need to balance technology with other forms of care and support and be reviewed in the same way as all other elements of care and support provided by health and social care.

3.2 Types of TEC Intervention

There are various different technology options which are designed to be integrated across pathways and to add value to any and all service redesign process. Technology and digital solutions are an integral part of person centred co productive redesign. An emphasis on Digital Innovation allows for both emerging and future technological developments to be adequately captured and a process established for these being tried, tested and rolled out. Ayrshire and Arran currently utilise the following at a small scale within patient pathways

Telecare

- Basic community alarm and response service
- Telecare home movement sensors, falls ,fire detectors and mats
- Telecare medication dispensers
- GPS and Buddy Systems
- Epilepsy Sensors and monitoring

Telehealth

- Home health monitoring devices (often referred to as "PODS") with blue tooth peripherals such as Blood Pressure Cuffs, Weight Scales, Thermometer and Pulse Oximeters for patients with Chronic Obstructive Pulmonary Disease (COPD) and Coronary Heart Disease (CHD)
- Home Health Monitoring and Self Management for patients with renal Disease
- Virtual Video Ward Rounds in Renal between Crosshouse and Ayrs Hospital
- SMS texting via PODS and also to mobile phones for medication prompts and Out Patient Appointments (OPA)
- Surgery PODs in General Practice – enabling large scale hypertension screening with direct upload of results into General Practice Medical Records
- Tele-rehabilitation for Respiratory Disease. Remote pulmonary Rehabilitation directly to patients home
- Electronic Digital Postcards and Interactive Educational Materials for Long Term Conditions via Digital platform such as Living it Up
- Digital Apps for self management

- Patient wearable devices to monitor respiratory patterns and risk of exacerbations.
- Buddy systems offering GPS tracking for patients with Dementia
- Telestroke – offering Video Conferencing and transfer of medical imaging between hospital sites
- Video Conferencing for psychological services between mainland and island services.
- Virtual Out Patient Clinics in Uro-gynaecology

4. Our Vision and Ambition

The purpose of this TEC and Innovation Strategic Intent document is;

> *"to promote independence, choice and quality of life for people and to support a higher number of people to live independently in their own homes by developing a framework or whole systems approach with which to deliver integrated, mainstream equitable services across Ayrshire and Arran and its three Health and Social Care Partnerships."*

TEC and the use of digital technology is central to fulfilling our ambition of achieving the healthiest life possible for the people of Ayrshire and Arran. Within the context of health, housing and social care, digital technology offers new opportunities for transforming the outcomes and experience of patients and citizens and of supporting those who care for them.

Our vision is to enable the majority of adults and older people, people with disabilities, people with mental health problems and other vulnerable people to live as independently as possible in their own homes. Technology will play an increasing role in promoting such independence. This document sets out our strategic intent to further plan and develop Technological opportunities for care across these services.
.
The concept behind the use of TEC is relatively simple: technology does what technology is good at (constant monitoring and automatic feedback), freeing staff to do what they are good at; person to person interaction. TEC is not just about equipment; it should be embedded and supportive of a complete service which includes providing assessment, care planning and a proactive appropriate response. The aim being to support the achievement of agreed personal outcomes.

If a person has difficulty accessing services and premises then TEC and digital solutions can enable a person to book their prescriptions on line, make an appointment, have an online consultation and undertake rehabilitation and exercise in their own home. The opportunities with current infrastructure and technology are endless.

TEC is complementary to the health and social care system in place and is not a substitute. It enables care and can help to facilitate service redesign. The following outcomes most of which have been taken from the government health and well being outcomes and the national TEC Programme will form the basis of the work that is being proposed within this strategy. These will be further developed following the publication of the National TEC Strategy.

TEC needs to be part of a whole system integrated approach with outcomes of

- People look after their own health and well being
- People live independently at home or in a homely setting
- Peoples quality of life is improved or maintained
- Health inequalities are reduced
- Resources are used effectively and efficiently

TEC can help people to self manage and reduce risk. Examples include the following:

- If the risk is falling, then online interactive falls assessment tools, allows the person and their carer to complete their own assessment, in their own home, thus reducing the need for several visits by a health or social care worker and also increasing their ability to self manage and prevent further falling.
- If the risk is diabetes then the person can monitor their own blood glucose via an app which is linked to lifestyle and diet information which the healthcare practitioner can use to assess and plan self care with the patient.

TEC is integral to the health and social care system and is already well established in many areas including, for example community alarm and response services. TEC supports the achievement of the National Outcomes for Integration. The following outcomes taken from the National TEC Programme echo the Integration Outcomes and will form the basis of the work that is being proposed within this strategy. It is expected that these will be further developed following the publication of the National TEC Strategy.

- To improve health and wellbeing outcomes for Scottish citizens;
- To embed TEC within strategic planning and service (re)design processes;
- To expand and integrate the effective use of TEC as a sustainable and cost effective component of our health, housing and care services;
- To promote greater use, integration and sharing of technologies across sectors and services;
- To raise awareness and promote the digital agenda within health, housing and social care;
- To achieve sustainable and manageable growth in the number of individuals supported by TEC;
- To routinely use measurement and evaluation for continuous improvement and service planning.

4.1 Summary of Strategic Aims

The strategic aim for this strategy is for the development of the use of TEC across Ayrshire and Arran over the next three years. North, South and East Health and Social Care Partnership and Acute Services are currently redesigning models of care under the *Strategic Service Change Models of Care Programme*. It is anticipated that TEC will support the workforce and the infrastructure across the following areas of redesign, long term conditions pathways and groups

- Community Care
- Intermediate Care and Rehabilitation
- Mental Health Services
- Acute Hospitals Interface
- Out patients
- Primary Care
- Pharmaceutical Care
- Respiratory
- Coronary Heart Disease and Hypertension

- Diabetes
- Falls
- Dementia
- Learning Disabilities
- Adults and Older People

The key deliverables are. attached in Appendix 1 – TEC Implementation Plan.

5. Achievements

NHS Ayrshire and Arran, East, North and South Health and Social Care Partnerships alongside Third and Independent Sector organisations have a long and positive history of joint working in relation to TEC over the past 5 years. Both nationally and internationally within Europe we are considered and recognised as a leader in the development and deployment of
telehealth and telecare

5.1 Telehealth Pilot

In 2011 the three partnerships took part in individual pilots of Telehealth for patients with Chronic Obstructive Pulmonary Disease and Coronary Heart Disease. Each involved General Practitioners (GPs), District Nurses (DNs) Specialist Nurses and Social Work using technology to remotely monitor patients vital signs and symptoms while in their own home, alongside their self management and anticipatory care plans.

Each small pilot of 25 patients was evaluated and the results demonstrated:

- significant reductions in hospital admissions,
- reductions in out of hours contacts, accident and emergency attendances
- reductions in demand upon GP time /practice visits /patient calls
- Increase in community nursing contacts, (patients were not on nursing caseload at that time)
- improved quality of care and satisfaction for patients,
- patient empowerment through having more control over their own care
- improved satisfaction in clinicians

5.2 Reshaping Care Programme

In 2013, as a result of the positive results, the benefits of the pilots and a series of engagement events all three partnerships agreed to a stepped roll out of Telehealth alongside more proactive and preventative services. The implementation of “home health monitoring” was identified within the Reshaping Care for Older People Programmes and Partnership Strategic plans.

5.3 European Programme

At a national level NHS Ayrshire and Arran was acknowledged as a leader and innovator in the use of technology and alongside NHS Lanarkshire and NHS Greater Glasgow and Clyde, were approached to take part in 2 European projects known as United 4 Health (U4H) and Smartcare. The aim of both programmes was to test out at scale deployment of technology.

United for Health has focussed on the impact of home health monitoring for people with long term conditions; Smartcare has sought to promote healthy ageing in the over 50s, with a particular focus upon the use of online interactive digital tools such as falls assessment, person held diaries and care plans, all of which are available through the National Digital Platform Living it Up.

5.4 National TEC Programme

The Technology Enabled Programme which was launched in 2014 enabled further Partnership Collaboration and joint working in telehealth, telecare and the use of Digital Platforms. Partners were keen to engage with this TEC programme and had an ambition to lead this work; building upon the current local plans and work of the United 4 Health and Smartcare Projects.

A workshop event in November 2014 enabled development of collaborative expressions of interest. This led to a successful financial award to deliver the following priorities:

- **To move beyond the current small/medium scale initiatives and expand home health monitoring as part of integrated care to patients/service users with long term conditions**

- **To build on the emerging national digital platforms of Living it Up and Smartcare to expand supported self-management information, Smart supports, products and services for citizens. – within East Ayrshire the particular development of WG13, and in all areas the development and integration of websites, such as Carena (North Ayrshire) and My East Ayrshire with Smartcare and Living It Up.**

- **To expand the take up of telecare through integrated pathways for assessment and care planning with a particular focus on upstream prevention, support for people at transitions points of care and people with dementia and their carers.**

5.5 Lessons Learned and Current State of Readiness

Staff
Awareness of TEC amongst staff is variable, with many confused and unsure of the terminology and the differences between them. There is, however, a general understanding of Telecare and Video Conferencing. Experience suggests that many stakeholders are unclear about how to set up or use Telehealth. Many appear to see it as an additional burden to their care as opposed to a tool to enable them as they deliver a more anticipatory proactive approach to care.

MCNs
TEC has been identified as a priority in each of the Managed Clinical Networks and in the respective models of care subgroups. Within the MCN there are clear and detailed priorities relating to TEC which are dependent upon some additional resource and also redesign.

Models of Care Programme
Although the model of care subgroups are clear in their need for TEC within a future integrated health and social care model, further development work is ongoing in order to fully explore the best means of embedding TEC.

Healthcare Hackathon
At a recent Ayrshire and Arran Healthcare Hackathon, TEC solutions of all kind were identified and presented within staff new and innovative models of care. Those which featured highly were the use of Digital Apps smart phones and tablets, single shared electronic patient held records, remote monitoring and video conferencing support. Technology was seen as an enabler of better and easier working practice, communication, sharing, co-ordination and ultimately outcomes for the patient

Service Users and Carers
Consultation with staff, service users carers and professionals that was undertaken as part of the European United 4 Health Programme identified that people enjoy using technology, that it promotes independence and reduces demand. Further details of the results of these evaluations can be found attached in appendix.

TEC has a clear role in helping people to manage risks within their lives as they get older, or if they are disabled. There is also clear, independent evidence from European Studies and whole system demonstrators that TEC when combined with a preventative approach to care helps create the right outcomes for citizens and contributes to the efficiency of services.

6. Improving Outcomes using TEC

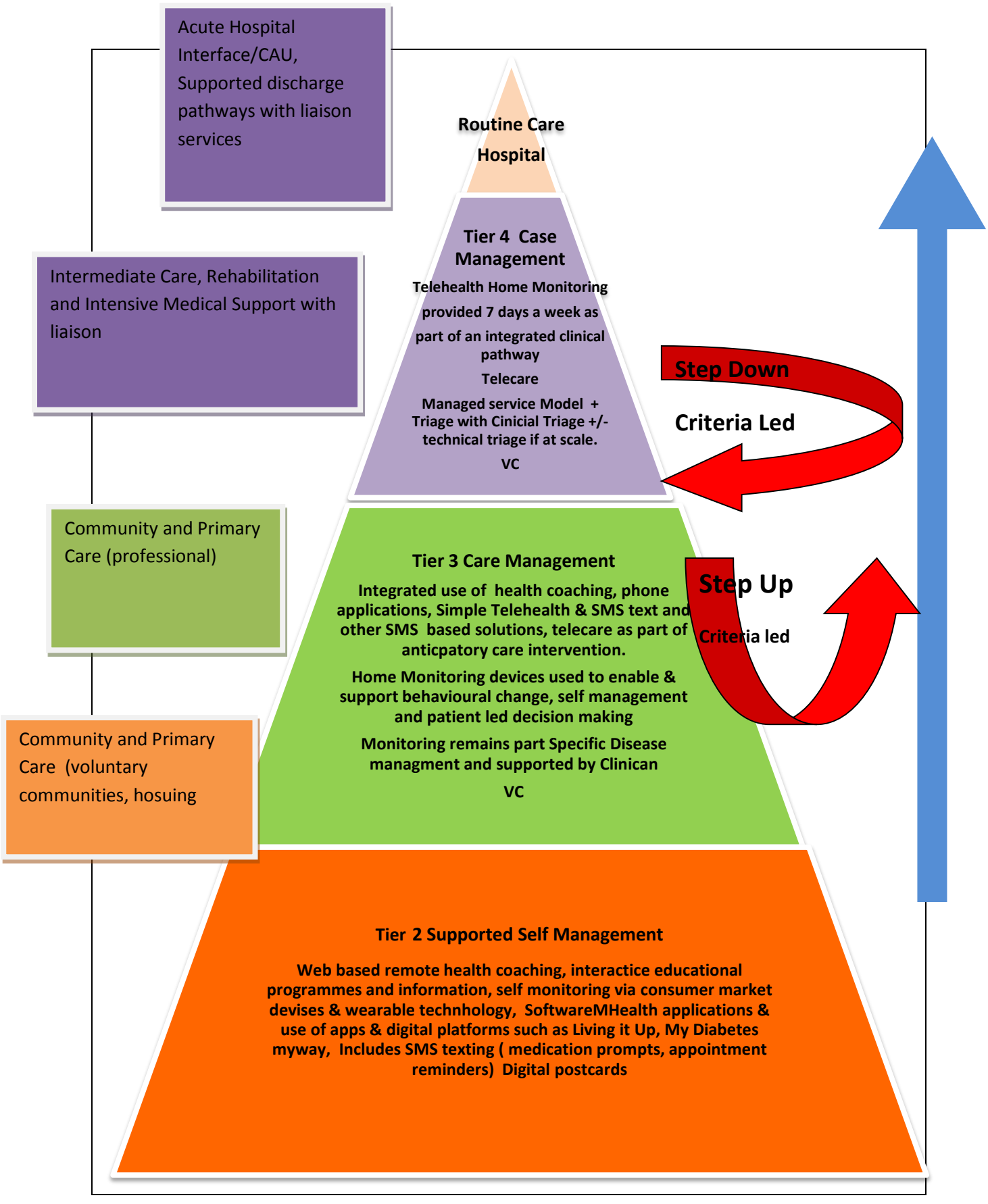
TEC is based on the premise that care should be delivered in the most appropriate place to allow the user to take an active part in their community and remain independent as long as possible; this in the majority of cases being the user's own home. Using "Talking Points" as a framework it is possible to identify where TEC can help the achievement of outcomes:

Quality of Life	TEC Interventions
Feeling safe	Telecare (all types) Home Health Monitoring
Having things to do	Telerehab Self management and lifestyle apps Access to Living it Up and other Digital Tools
Seeing people	Video Conference consultation On line support and access to people and services
Staying as well as you can	Telerehab Digital Apps Home Health Monitoring Telecare
Living where you want/as you want	Home Health Monitoring Smart Housing Telecare VC and on line contact with services Smart mobile enabled workforce

Furthermore, at an organisational level TEC can facilitate change management and lead to transformation of services through a requirement for skills development, culture change and the realisation of efficiencies which can drive increases in services across the citizen population. Locally where TEC has been used there is evidence of person centred care, self management, adherence to best practice, anticipatory care and better communication, co-ordination and collaboration.

There is now a good body of evidence that careful use of TEC helps many people to manage their own health and independence. It improves safety at home, with the potential to support many more people: it reduces the number of events that lead to hospital and care home admissions, and gives reassurance to carers. In this way, it also helps people and the services to save money and to make best use of their resources.

The range of current and potential beneficiaries is very wide. One of the main challenges is to find the right balance between care at home for those who have major and / or complex needs and those who would benefit from early intervention or preventative support and care. The diagram below produced by the national TEC workstream groups identified where TEC can be used to support care.


Acute Hospital Interface/CAU, Supported discharge pathways with liaison services
Routine Care
Hospital
Tier 4 Case Management
Telehealth Home Monitoring provided 7 days a week as part of an integrated clinical pathway
Telecare
Managed service Model + Triage with Cinicial Triage +/- technical triage if at scale.
VC
Intermediate Care, Rehabilitation and Intensive Medical Support with liaison
Step Down
Criteria Led
Community and Primary Care (professional)
Tier 3 Care Management
Integrated use of health coaching, phone applications, Simple Telehealth & SMS text and other SMS based solutions, telecare as part of anticpatory care intervention.
Home Monitoring devices used to enable & support behavioural change, self management and patient led decision making
Monitoring remains part Specific Disease managment and supported by Clinican
VC
Step Up
Criteria led
Community and Primary Care (voluntary communities, hosuing
Tier 2 Supported Self Management
Web based remote health coaching, interactice educational programmes and information, self monitoring via consumer market devises & wearable technhology, SoftwareMHealth applications & use of apps & digital platforms such as Living it Up, My Diabetes myway, Includes SMS texting (medication prompts, appointment reminders) Digital postcards

7. Developing Services

The following approach to developing TEC fully reflects the findings and recommendations of the independent Momentum Report "*European Momentum for Mainstreaming Telemedicine Deployment in Daily Practice Critical Success Factors*

- Ensure there is cultural readiness towards TEC
- Ensure leadership through champions
- Identify a compelling need
- Put together the resources needed for development and sustainability
- Address the needs of the primary client
- Involve health care professionals and decision makers
- Prepare and implement a business plan
- Prepare and implement a change management plan
- Put the person at the centre of the service
- Establish that telemedicine is legal
- Ask advice from legal, ethical, privacy and security experts
- Apply relevant legal and security guidelines
- Ensure that telemedicine doers and users have "privacy awareness"

As the points above indicate there are a range of factors which make it more or less likely that TEC can be successfully integrated into business as usual.

A key starting point for implementing the strategy is to promote the potential benefits of TEC services to the general public and to staff involved in all aspects of the assessment process. Over the last few years within Ayrshire and Arran work as progressed on a range of issues and will form the basis for the development of the strategy in the future. Activity has focussed on:

- Encouraging the development of "TEC Champions"
- Developing a Communications Strategy
- Training and workforce development
- Familiarisation for Service Users in a community and primary care setting
- Familiarisation for Service Users in a Intermediate Care and rehabilitation setting
- Familiarisation for service users in an Acute Setting

7.1 Future Targeting of the right Groups

The work undertaken within the strategy will focus on key target services, groups and settings. These parallel the national Funded TEC Programme and its workstreams. This targeted approach will enable clear delivery and evaluation of the strategy using those measures and approaches as defined by the TEC Programme. Groups will include:

- People at risk of falls
- Older People
- People with dementia

- People with learning difficulties
- People with physical and sensory impairments
- People with COPD and other Respiratory Disease
- People with Coronary Heart Disease and/ or hypertension
- People with Diabetes
- Family carers
- People with Mental Health Problems

Settings and areas will include:

- People living in their own home and in community
- Intermediate Care and Rehabilitation
- Acute Hospitals Interface
- Out patients
- Primary Care
- Out patient Care
- Planned Care
- Pharmaceutical Care
- Self Directed Support and Self Management
- House of Care and Co Production
- Integration

7.2 Opportunities for the use of TEC in Partnerships

Within the HSCPs there are significant opportunities for the use of TEC. It is possible to identify a range of cross cutting benefits and others more specific to particular client groups or situations.

Examples of cross-cutting benefits include the following:

- For service users and patients TEC can provide increased reassurance, with less intrusion in their lives. TEC can also enable people to take control of their health, become more confident and assured in their self management and reduce repeat emergency admissions to hospital.
- The evidence shows that TEC can give carers reassurance and personal freedom by reducing the anxiety associated with caring for a person subject to sudden deterioration in their condition.
- TEC enables staff to work more productively and in a more targeted way.
- Working with their healthcare professionals, people can use mobile technology to help control diabetes, COPD and blood pressure.

The challenge for the partners is to balance the use of TEC resources both to deal appropriately with severe and complex needs, whilst building up the use of resources for preventative purposes in the longer term.

Telehealth plays a vital role for those with high level health needs, but for the larger population with medium and low health needs there is a role for both Telehealth (SMS Text and digital platforms) and Telecare, with individuals being encouraged to self-

monitor after a period of time, and Telecare providing the safety blanket and peace of mind for the user and their families.

Examples of specific situations where TEC can assist include:

- In care homes, the wider use of Telecare and Telehealth equipment can be used to provide more rapid alerts – for example in the event of an older person falling in a bedroom, so bringing help more quickly and reducing risks. There are also opportunities for VC between General Practice, Specialist Mental Health Services and Nursing Homes to facilitate anticipatory care planning, larger ward rounds, consultation and skills development.

- For people with learning disabilities, more freedom with safety will become possible for some people who have been accommodated in care homes, but could enjoy a more independent lifestyle in supported accommodation with modern communications and other assistive technology such as digital postcards.

- People who have difficulty communicating can use the postcard to show health workers and others how to care for them. By taking the previous concept of paper information and making it digital, using videos and photographs. People and their carers and families can decide who gets to see the passport, which might show a video of the best way to lift a particular person. So doctors, nurses, care workers and others can quickly learn everything they need to know about a person, and that's more efficient and better for everyone.

- There is also a clear role for TEC in medication management, from the ability for Telecare responders to be alerted to medication issues, individuals to manage their own medication through the use of pill dispensers, and to provide simple prompts and reminders to take medication at certain times of the day – particularly as a less intrusive option for the individual and a more cost effective solution, instead of the use of 15 minute pop in visits.

8. Future Developments

The strategy supports the outcomes of the National TEC Programme, the forthcoming National Strategy and Shifting the Balance of Care Modernisation Programme of Ayrshire and Arran. Initially funding sources to support the procurement of technology will be required and these are being sought through the National TEC Programme, various European sources and respective Health and Social Care Partnerships. Ultimately it is expected that this strategy will support the shift of resources necessary to enable more people to live at home for longer.

9. Implementing the strategy

The elements of the necessary structure of TEC need to be in place to deliver an efficient and effective strategy and service.

9.1 Governance: TEC and Innovation Programme Board

The TEC Programme Board is in place to oversee the implementation of the TEC Programme across NHS Ayrshire and Arran and the three Health and Social Care Partnerships. It is the responsibility of this group to report progress to the individual Integrated Joint Boards and the National and European Programme Boards along with addressing financial and clinical governance. Operational and change management responsibility for current and future TEC development lies within the structures of East North and South Health and Social Care Partnerships.

9.2 Resourcing the Strategy

Resourcing for the programme of activity is likely to come from a number of sources. The Scottish Government announced the funding available to partnerships for years 2 and 3 of the TEC programme on 7 May 2016. This funding, together with that from sources such as the Integrated Care Fund will be used to support the delivery of the strategy. Work is ongoing to develop a financial plan to run alongside this strategy.

9.3 Implementation Plan

The implementation of the Strategy will be overseen by the Ayrshire and Arran TEC Programme Board. The Implementation Plan in Appendix 1 will be further developed over the coming weeks with oversight of the Board.

10. Next Steps

This document describes the strategic intent for deployment of sustainable technologies. It is an initial scope and further consultation and scoping is required. Several Boards and partnerships are currently at this stage and awaiting the release of the National TEC Strategy. Scottish Government have offered to work directly with NHS Ayrshire and Aran to further build on these strategic aims and it is proposed that

this approach in alignment with the objectives and timescales of the local strategic programme of change is undertaken.

11. Appendices

11.1 Appendix 1 TEC Implementation Programme[3]

Issue	Action Needed	Who	When
Embed TEC as part of support and care assessment, care management and discharge planning processes;			
Optimise efficiencies through significantly scaling up the application and use of TEC in home and community settings within the three Ayrshire and Arran Health and Social Care Partnerships			
Use TEC as contribution to a reduction in demand on other services, e.g. avoiding hospital/care home admissions, reducing lengths of hospital stay and preventing delayed discharges from hospitals, reducing avoidable primary care contacts;			
Where appropriate, TEC will be utilised in remote and rural locations where the recruitment of health and care staff can present additional challenges			

[3] Implementation Plan to be completed with oversight of TEC Programme Board.

To utilise, evaluate and further develop at scale the Home Health monitoring model across Community and Primary Care			
Further expand and embed the use of telecare			
Support the public to understand the help that can be provided by TEC, to support them to make their own decisions and self manage			
Develop a business case which will bring together the resources (financial, human, IT and time) which are necessary to ensure at scale deployment and sustainability.			
Develop a communications plan which raises awareness and understanding of TEC and involves staff and people in localities Work in partnership to ensure that TEC is more widely available, accessible, acceptable and understood by all those who could benefit from TEC.			
Expand and integrate Smartcare tools and supports across Falls and Dementia Pathway			
Expand the use of Video conferencing			

Improved analysis, planning and procurement of TEC – to ensure there is good evidence of "what works" which is spread through the health, housing and care communities and to underpin NHS Board and partnership strategic planning and commissioning for future services and developments.			
Supporting workforce and community development, in particular Community Nursing – providing support and training across the health, housing and social care workforce to ensure there is knowledge and confidence in the potential of TEC alongside self management, case management and anticipatory care. In parallel, to continue to support communities and neighbourhoods to feel confident in the use of TEC and to ensure barriers to access and health inequality issues are addressed.			
Development and application of next generation TEC – continuing to work with suppliers, commissioners and consumers to improve the range, functionality and ease of use of TEC to ensure optimum benefits are realised, inward investment continues and Scottish suppliers flourish. This will be undertaken in collaboration with the Digital Health and Care			

Innovation centre (DHI) and our partners in Europe.			
Development and application of next generation TEC – continuing to work with suppliers, commissioners and consumers to improve the range, functionality and ease of use of TEC to ensure optimum benefits are realised, inward investment continues and Scottish suppliers flourish. This will be undertaken in collaboration with the Digital Health and Care Innovation centre (DHI) and our partners in Europe.			

11.2 Appendix 2: Patient Stories

East Ayrshire COUNCIL

Mr Littlejohn was diagnosed with CHF and during 2014 had to be admitted into hospital five times. He was referred to the CHF Specialist Nurse Service within East Ayrshire Health and Social Care Partnership at University Hospital Crosshouse. Through this service, Mr Littlejohn was offered Telehealth to help him to monitor and manage his condition. Mr Littlejohn said: “I had never heard of telehealth or home health monitoring before the nurse spoke to me about it. At first I was a little panicked about the idea of using computers. But when the technician arrived and showed me how to use the pod, I felt reassured. Now the equipment is so easy to use it is like second nature to me. “I need my bloods taken every two weeks. But because my nurse can see the results using this equipment, I can go to East Ayrshire Community Hospital to do this if my nurse doesn’t need to see me for anything else. “I don’t have to see my GP as much either. He is quite happy to let my cardiac nurse deal with my results”.

Mr Littlejohn is due to see the consultant at University Hospital Ayr in October and added: “I quite often have to go on the waiting list to wear a 24-hour heart monitor after this appointment, however this time I am going to take my pod along with me to show the consultant my results in graphs meaning I won’t need to go on the waiting list”.

TEC

Technology Enabled Care

Patient Stories

NHS Ayrshire & Arran

Mr Hunter was diagnosed with COPD and before using Telehealth, he had to go to hospital two to three times a month due to his condition. Mr Hunter was referred for the Telehealth service within South Ayrshire Health and Social Care Partnership at Girvan Community Hospital to help him to monitor and manage his condition. Mr Hunter said: “The home pod has been absolutely brilliant. There is a feel good factor with it - when I can see that my blood pressure is good every day that makes me feel better. “If I am feeling bad or the questions on the pod are not correct I know that I will get a phone call which cuts down on visits to the hospital. I only go into hospital now for my yearly check up. “I would recommend this to anybody. It is so easy to use and it gives you piece of knowing the nurses are only ever a phone call away.”

Mrs Lee was diagnosed with CHF and during 2014 had to be admitted into hospital five times. Mrs Lee was referred to the CHF Specialist Nurse Service within North Ayrshire Health and Social Care Partnership at University Hospital Crosshouse. Through this service, Mrs Lee was offered Telehealth to help her to monitor and manage her condition. Mrs Lee said: “I had never heard of Telehealth or home health monitoring before the nurse spoke to me about it. I was a bit nervous about taking my own blood pressure but the nurse explained everything to me and reassured me that I would be able to do it. “When the technician arrived to install the equipment, he showed me how everything works, and I realised how easy it is to use. It gives me confidence seeing the results and knowing that my nurse is checking them daily. “Using the equipment every day means I can keep an eye on my weight. If my weight creeps up with no explanation, I know I have to increase my medication to bring it back down. This also helps me to manage my diabetes which is a big benefit to me.” Mrs Lee has had one unavoidable admission to hospital this year but feels that this would be more if she didn’t have the equipment. Mrs Lee added: “As far as I am concerned the telehealth service and my CHF specialist nurse has made my heart failure easier to cope with.”

Integration Joint Board
16 June 2016

Agenda Item 6

Subject:	**Financial Management Report as at 31st March 2016**
Purpose:	To provide an overview of the final 2015/16 financial position of the North Ayrshire Health and Social Care Partnership as at 31st March 2016
Recommendation:	That the Board (a) **notes** the content of this report and (b) approves the action plan, as noted in paragraph 2.4 and Appendix 3, to improve the budget monitoring process.

1.	**EXECUTIVE SUMMARY**
1.1	This report provides an overview of the final 2015/16 financial position of the North Ayrshire Health and Social Care Partnership as at 31st March 2016. This report reflects actual outturn 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 £210.858m at the year end. The budget has increased by £6.040m in total since the budget was originally approved. (£1.210m since the period 10 report). Budget movements are detailed in Section 3.2 of this report.
2.	**FINAL 2015/16 POSITION**
2.1	Against the revised full-year budget of £210.858m there is an actual overspend of £2.109m (1%). The main areas of overspend are within children's services £1.651m, prescribing £0.650m, physical disabilities £0.329m and learning disabilities £0.219m. The overspend within children' services is as a result of base line budget pressures of £0.770m which was unable to be addressed during 2015/16, unfunded costs pressures in relation to Kinship of £0.250m and the remaining balance of £0.631m relates to additional residential packages required to meet demand. Prescribing overspent by £0.650m and is linked to the cost of drugs and is fully explained at 2.2.5. Within physical disabilities an overspend of £0.329m has been incurred which mainly relates to spend on equipment necessary to keep people safe in the community and is fully explained at 2.2.3. The overspend within Learning Disability relates mainly to increased demand for services offset by a reduction in the cost of care services which are reflective of individual need. This has been further off-set by income generation and vacancy management. These overspends have been off-set by the delivery of underspends within other areas including general medical services of £0.180m, older people £0.163m and addiction services £0.109m.
2.2	<u>Summary of main movements since last report</u> The overall position has deteriorated from a projected overspend of £1.255m (net of the ICF underspend) at the end of January to an actual overspend of £2.109m at the year end,

	an increase from the projected overspend of £0.854m. Significant movements since the last report are detailed below.
2.2.1	Level One – Core – (total overspend of £0.769m an adverse movement of £1.050m since period 10) Learning Disabilities, favourable movement of £0.214m as actual services delivered were below the commissioned level expected in the final months of the year.
2.2.2	Older People, adverse movement of £0.692m. This resulted in the services moving from a forecasted underspend at period 10 of £0.855m to a final underspend position of £0.163m. The main movements from period 10 were: • Care at Home Provided and Purchased - final position of £0.103m overspent which was an adverse movement of £0.287m since period 10. This was due to new employees being recruited between January and February as part of the ongoing investment approved through the IJB and funded from within existing Care at Home budgets to meet service demands. Service plans for recruitment had not been provided for inclusion within the projections at period 10. Costs include their period of induction, shadowing and then their ongoing work. In addition there was an increase in overtime costs. • Residential Care Homes – final position of £0.255m underspent which was an adverse movement of £0.188m. A number of changes to packages and recoveries from service users have taken place which could not have been predicted at period 10, totalling £0.094m. The balance relates to minor differences in the number of care packages projected. • Other Employee Costs – final position of £0.156m overspend which was an adverse movement of £0.165m. This related to a number of vacancies across several areas.
2.2.3	Physical Disabilities, adverse movement of £0.235m, resulting in a final overspend position of £0329m. As part of the management of the overall position it was agreed that a controlled management of this expenditure would be put in place to mitigate overspends projected as part of the period 10 position. As a result the projection was lowered at period 10. However due to the following circumstances equipment has been required to be procured which has meant that expenditure has continued closing at a similar position to previous years :- • provide support required for end of life packages • complete adaptations that had started or had been committed to in writing prior to the tightened control on expenditure being put in place • maintain equipment and adaptations in situ and on which service users depend and • provide equipment deemed essential to support individuals and avoid hospital admissions
2.2.4	Mental Health Community Teams – favourable movement of £0.117m due to contract underspends and a reduction in care package spend.
2.2.5	Prescribing – an adverse movement of £0.483m after additional budget of £0.950m was allocated in period 12, resulting in a final position of £0.650m overspent. This is due to the average cost of drugs increasing as a result of the short supply of some items and a growth in price of some high cost drugs. The projected overspend for the costs of prescribing in primary care across the 3 partnerships had in previous reports been estimated £500,000. The projected overspend was reported evenly between the three partnerships. The impact of the higher cost per item results in the overspend increasing to £ 1.3m. When comparing this with each of the partnership prescribing budgets, the overspend arises entirely within the North HSCP. The Integration Scheme states that prescribing will be managed by Health across the three HSCPs. To manage the increased overspend in 2015/16 additional funding from Health reserves have been applied to HSCP budgets of £0.4m and slippage on Primary Medical Budgets (related to the non-recurring unexpected allocation in 2015/16) has been partially

	diverted to contribute to the overspend. Emerging slippage within NA HSCP budgets have covered the balance of the prescribing overspend.
2.2.6	Resource transfer, Change Fund and Criminal Justice – an adverse movement of £0.115m. This was mainly due to an overspend in Criminal Justice services caused by additional spend in relation to training and supplies.
2.2.7	Level Three – Lead Partnership Services (total underspend £0.101m which is a £0.230m favourable movement. The improvement is due to the additional allocation of £0.230m of resource transfer previously held in an NHS reserve. This funding is earmarked for future discharges from the remaining adult mental health ward at Ailsa.
2.2.8	Level Four – Children's Services There were no significant movements in Children's Services from period 10 but this service area is the main area of overspend for the partnership. The overspend is as a result of base line budget pressures of £0.770m which was unable to be addressed during 2015/16, unfunded costs pressures in relation to Kinship of £0.250m and the remaining balance of £0.631m relates to additional residential packages required to meet demand. This pressure on budgets has been recognised as part of the 2016/17 revenue budget and additional investment has been targeted at this service area.
2.3	Detailed Actual vs Budget Analysis to 31st March 2016 The summary in Appendix 1 reflects the approved budget and actual outturn across the Partnership, Appendix 1a details the main variances across all Partnership services and Appendix 2 details the Change Fund.
2.3.1	A recovery plan was approved by the IJB on 10th March 2016 following which the Council agreed (Cabinet 29th March 2016) to fund £1.255m of the 2015/16 cost pressures on a one off basis. However, the final outturn in respect of the Partnership increased to £2.109m. Options to fund the increased overspend were presented to Cabinet on 24th May 2016 where the Council agreed to fully fund the overspend.
2.4	**Corrective Actions** Due to the final outturn position being more overspent than projected a full investigation has been undertaken to understand the reasons for this increase and identify corrective action moving forward. This exercise has also been used to have a wider discussion on how to improve forecasting moving forward and the remedial actions identified are reflective of this wider consideration. The Action Plan resulting from the investigation is included at Appendix 3. The 2016/17 budget includes investment to meet the 2015/16 service pressures which had been previously identified. A full review of forecasts for 2016/17 is currently underway and they will be subject to a future report to the IJB.
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 was monitored by the Senior Management Team and the Change Programme Board. Appendix 2 provides a summary of the actual 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. At year end £2.570m was delivered. Only two of the agreed savings, both relating to Fostering services, totalling £0.114m, were not delivered in year. 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 removed from the 2015/16 budgets is detailed at Appendix 4 which also shows the year end position in delivering those savings.

	Target	Achieved	Net
Delivered	2,505	2,570	(65)
Not Delivered	114	0	114
Total	**2,619**	**2,570**	**49**

3.2	**Budget Movements**
3.2.1	In total the budget has increased by £6.040m (a further £1.210m since the period 10 report). Significant budget movements during the year include: Level One Core budgets: • £2.494m increase in the prescribing budget as a result of new funding from the Scottish Government and additional funding from the NHS Board • The General Medical Services (GMS) budget has increased by £0.510m due to a higher than anticipated increase in the national GMS allocation. • Mental health increase by £0.172m due to the transfer of the choose life allocation from Children's Services budget, an increase in contribution to MHO post, and provision of funding for management posts • £0.3m decrease in the resource transfer budget for funding that has now been allocated to NHS services (dementia nurses £0.240m and Arran £0.060m see below). £0.4m delayed discharge funding reallocated to Level Two for winter pressures. • £0.334m decrease in the council budgets due to the pay award being lower than originally anticipated • Additional funding of £0.291m received from the Scottish Government to address low pay in nursing homes • £0.077m allocation received for the implementation of the carer's information strategy. Within Level One Core budgets virements between subjective headings within Older People and Physical Disabilities were approved in period 10 to align budgets with expenditure profile.
3.2.2	Non District General Hospital Budgets have increased by £0.178m due to £0.441m delayed discharge funding been utilised to address winter pressures, the agreed savings (£0.55m) for Cumbrae Lodge erroneously being deducted from the mental health budget instead of Ayrshire Central in the original budget (see below) and the Arran budget has increased for the intermediate care service now funded from resource transfer (£0.079m). In addition the community ward medical budget £0.128m has been funded from the

	delayed discharge allocation (originally included within resource transfer) and the Cumbrae Lodge budget has been increased by £0.088m non-recurringly from resource transfer.
3.2.3	Lead Partnership Services Budget increases: • 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, suboxone allocation and the transfer of a post from public health to specialist addiction services £0.387m • Recent addition of allocations for MH Innovation and QuEST £0.382m • The provision of non-recurring funding for temporary nursing posts within adult inpatients totalling £0.093m. •
3.2.4	Children's Services budget increases: • an increase of £0.558m from Scottish Government funding to meet the increase in Kinship Care rates and the additional duties detailed in the Children and Young Peoples (Scotland) Act 2014 for Looked After Children. • there has also been an increase in the child protection allocation of £25k • an increase of £79k in the health visiting budget for team leader posts • additional funding for Child Protection £0.038m. These budget increases have been partially offset by the pay award being lower than anticipated by £0.191m, the budgeted turnover saving increased by £0.050m, the Choose Life allocation of £0.065m moving to mental health community teams in Level One and contribution to a MHO post totalling £0.010m. £110k funding was transferred from the East HSCP for health visiting – the final realignment of the budget across HSCPs has still to be agreed.
3.2.5	Direct Overhead and Support Services budgets have increased by £0.320m due to an additional £0.100m contribution from the NHS for partnership management costs and increases in council budget of £0.339m in respect of a revision to payroll turnover, pay awards, staff transferring from other services, living wage increase.
4.	**LEAD PARTNERSHIP AND SET ASIDE BUDGETS**
4.1	The Integration Scheme creates various Lead Partnership roles across the three Integration Joint Boards. Within the Integration Scheme, as with all delegated budgets, the intention is that services should be delivered within budget. Should that not be possible a recovery plan requires to be developed and approved by all the Joint Integration Boards. Failure to reach agreement will require interim additional contributions after baseline corrections are considered 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: <u>East Ayrshire HSCP</u> The Primary Care budgets had a full year underspend by £0.183m. 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. <u>South Ayrshire HSCP</u> The Allied Health Professionals (AHP) Service overspent in year by £0.161m after having identified corrective action in 2015/16 to reduce the level of overspend. 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 taken mainly related to minimising costs in respect of staffing applying strict rigour when posts become vacant including consideration of potential skill mix opportunities. <u>North Ayrshire HSCP</u> Specialist Mental Health Services had a full year underspend of £0.050m. The position improved from the 2014/15 outturn because of the non-recurring benefit in 2015-16 of additional MH allocations. The overspend in adult inpatients 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 was approved by the Health Board CMT to reduce some of the overspend in 2015/16. 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.
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. Baseline budget issues need to be addressed prior to 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 (full year overspend was £8.5m) 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. NHS Ayrshire & Arran are currently considering their position for 2016/17.
5.	**Implications**
	Financial The actual outturn for the year ended 31 March 2016 is an overspend of £2.109m. A recovery plan was approved by the IJB on 10th March 2016 following which the Council agreed (Cabinet 29th March 2016) to fund £1.255m of the 2015/16 cost pressures on a one off basis. However, the final outturn in respect of the Partnership increased to £2.109m. Options to fund the increased overspend were presented to North Ayrshire Council Cabinet on 24th May 2016. The Council agreed to fully fund the overspend. This was subject to the Partnership bringing forward a report early in 2016/17 providing further assurance that the Partnership will deliver services in 2016/17 within available resources. The 2016/17 budget includes investment to meet the 2015/16 service pressures which had been previously identified. A full review of forecasts for 2016/17 is currently underway and they will be subject to a future report to the IJB.
	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 actual outturn is an overspend of £2.109m for 2015/16. It is recommended that the Health and Social Care Partnership note the content of this report, and note the action plan as noted in paragraph 2.4.

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

North Ayrshire Health & Social Care Partnership Budgets **Appendix 1**
Objective Report as at 31st March 2016

Partnership Budget Objective Summary	2015/16 Budget Aligned				2015/16 Budget Aligned	
	Budget	Outturn	Over/ (Under) Spend Variance		Over/ (Under) Spend Variance at P10	Movement in projected budget variance from P10
	£'000	£'000	£'000		£'000	£'000
Level One Core						
Learning Disabilities	15,625	15,844	219		433	(214)
Older people	41,483	41,320	(163)		(855)	692
Physical Disabilities	5,405	5,734	329		94	235
Mental Health Community Teams	5,436	5,437	1		118	(117)
Addiction	2,362	2,253	(109)		(76)	(33)
Community Nursing	3,754	3,761	7		31	(24)
Prescribing	30,049	30,699	650		167	483
General Medical Services	17,344	17,164	(180)		(93)	(87)
Resource Transfer, Change Fund, Criminal Justice	2,194	2,209	15		(100)	115
Total Level One	**123,652**	**124,421**	**769**		**(281)**	**1,050**
Level Two - Non District General Hospitals						
Ayrshire Central Continuing Care	4,359	4,257	(102)		(78)	(24)
Arran War Memorial Hospital	1,638	1,670	32		70	(38)
Lady Margaret Hospital	564	569	5		5	0
Total Level Two	**6,561**	**6,496**	**(65)**		**(3)**	**(62)**
Level Three - Lead Partnership Services						
Mental Health Services	45,012	44,962	(50)		199	(249)
Family Nurse partnership	479	477	(2)		0	(2)
Keepwell	435	365	(70)		(70)	0
Training Health Visitors	588	620	32		11	21
Other General Services	164	153	(11)		(11)	0
Total Level Three	**46,678**	**46,577**	**(101)**		**129**	**(230)**
Level Four - Children's Services						
Community Paediatrics	508	498	(10)		(7)	(3)
C&F Social Work Services	24,180	25,831	1,651		1,619	32
Health Visiting	1,981	2,017	36		63	(27)
Total Level Four	**26,669**	**28,346**	**1,677**		**1,675**	**2**
Direct Overheads & Support Services	7,298	7,127	(171)		(265)	94
Partnership Total Prior to Allocation of Additional Funds	**210,858**	**212,967**	**2,109**		**1,255**	**854**
Additional Funding from North Ayrshire Council	0	(2,109)	(2,109)			
Final 2015/16 Position	**210,858**	**210,858**	**0**			

Subjective Report as at 31st March 2016 Appendix 1 - continued

Partnership Budget Subjective Summary	2015/16 Budget Council			2015/16 Budget Health			2015/16 Budget Aligned		
	Budget	Outturn	Variance	Budget	Outturn	Variance	Budget	Outturn	Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Employee Costs	43,387	43,295	(92)	53,995	54,719	724	97,382	98,014	632
Property Costs	506	419	(87)	16	30	14	522	449	(73)
Supplies and Services	2,109	2,546	437	5,638	5,246	(392)	7,747	7,792	45
Prescribing Costs	0	0	0	30,049	30,699	650	30,049	30,699	650
Primary Medical Services	0	0	0	17,344	17,163	(181)	17,344	17,163	(181)
Transport and Plant	601	667	66	0	0	0	601	667	66
Admin Costs	1,259	1,292	33	1,921	1,724	(197)	3,180	3,016	(164)
Other Agencies & Bodies	54,206	56,306	2,100	8,971	8,600	(371)	63,177	64,906	1,729
Transfer Payments	1,845	2,069	224	9,358	9,167	(191)	11,203	11,236	33
Other Expenditure	102	181	79	0	0	0	102	181	79
Capital Expenditure	0	0	0	0	0	0	0	0	0
Income	(19,340)	(19,991)	(651)	(1,108)	(1,164)	(56)	(20,448)	(21,155)	(707)
Partnership Total Prior to the Alloca	**84,674**	**86,783**	**2,109**	**126,184**	**126,184**	**0**	**210,858**	**212,967**	**2,109**
Additional Funding from North Ayrshire Council	0	(2,109)	(2,109)	0	0	0	0	(2,109)	(2,109)
Final Position	**84,674**	**84,674**	**0**	**126,184**	**126,184**	**0**	**210,858**	**210,858**	**0**

North Health & Social Care Partnership 2015/16 Budget **Appendix 1a**
Objective Report as at 31st March 2016

Partnership Budget Objective Summary	2015/16 Budget Aligned			Notes	Aligned	
	Budget	Outturn	Over/ (Under) Spend Variance		Over/ (Under) Spend Variance at P10	Movement in projected budget variance from P10
	£'000	£'000	£'000		£'000	£'000
Level One Core						
Learning Disabilities	15,625	15,844	219	Residential packages have a year end overspend of £233k, a net increase of 3 placements during the year, with 45 placements at year end. Community Packages overspent by £321k, there has been a net increase of 27 placements during the year, with 234 placements at year end. This has been offset by an over recovery on income £193k and an underspend in employee costs £120k. This has been a favourable movement of £214k due to over projection of cost of placements. NHS vacancies in community teams contiune to remain unfilled.	433	(214)
Older people	41,483	41,320	(163)	Care Homes/Care at Home (£0.163m underspend) Residential and nursing care placements underspend of £255k, due to occupancy levels at the start of the year less than budgeted. Shifting the balance of care from Care Homes to care at home has resulted in a care at home year end overspend of £102k. Employee costs are £156k overspend, due to additional posts and cover of Team Managers whilst on social work placements, within Care at Home Business Unit £170K due to additional posts covering absence etc, overspend on overtime payments of £35k. This is offset with an underspend in Day care employees £50k due to vacancies during the year. Income Income over recovered by £333k, mainly due to income received from charging orders for residential placements and £23k received from care at home providers for non compliance charges on CM2000 Other Budgets Payment to Other Bodies overspend of £100k due to £60k mobile phone costs for new care at home staff, £40k for care at home direct service provided by Allied Health care. Supplies and Services incurred an overspend of £87k due to £40k expenditure on staff uniforms due to staff transfer from private providers and £47k overspend on general office and cleaning supplies. Adverse movement of £576k from period 10 due to recruitment of 50 Care at home staff at a cost of £188k, additional overtime incurred as a result of deficit in TUPE'd staff and cover for sickness and annual leave at a cost of £82k. Within care homes an adverse movement of £60k due to change in the number of projected packages and £94k due to changes in care and funding of current packages. Employee costs £165k adverse due to staff vacancies being filled, overtime.	(855)	692
Physical Disabilities	5,405	5,734	329	Residential care packages overspend of £231k, a net increase of 3 placements during the year, with 40 placements at year end. Equipment store overspend of £206k due to demand of equipment necessary to keep people safe in the community. Offset with a £100k underspend in employee costs due to senior manager being budgeted in 15/16 however the costs were included in Health and a vacant SDS Manager post part year. The adverse movement of £235k due to increase in Equipment Store spend £200k and one new residential package and increase to another.	94	235

Partnership Budget Objective Summary	2015/16 Budget			Notes	Aligned	
	Aligned					
	Budget	Outturn	Over/ (Under) Spend Variance		Over/ (Under) Spend Variance at P10	Movement in projected budget variance from P10
	£'000	£'000	£'000		£'000	£'000
Mental Health Community Teams	5,436	5,437	1	Community packages overspend of £344k, a net increase of 14 placements during the year, with 94 placements at year end. Direct payments £63k overspend, a net increase of 3 placements, with 15 placements at year end. Offset within underspends in residential packages £122k, a net increase of 9 during the year, with 38 placements at year end, voluntary organisations underspend of £95k due to under occupancy at SAMH and less than expected spend on Preventative service, also employee vacancies during the year resulting in a £50k underspend. Favourable movement of £120k due to less than expected spend on Preventative service and SAMH Vacancies are in the process of being filled. Additional vacancies in EMH team has increased projected overspend.	118	(117)
Addiction	2,362	2,253	(109)	Underspend of £60k due to staff vacancies during the year offset with £60k overspend within supplies and services. Underspend arises from a number of vacancies at the start of the year which have now been filled.	(76)	(33)
Community Nursing	3,754	3,761	7	Community Nursing overspend has reduced during the year. There was an overspend earlier in the year due to District Nurse staff in post being above the funded establishment and increased costs in the provision of packages of care. The 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 have been reviewed during this year to determine the level of support required and the most efficient and effective manner of securing this, with the result that expenditure has decreased.	31	(24)
Prescribing	30,049	30,699	650	The average cost of drugs has increased due to the short supply of some drugs and an increase in other high cost drugs. Expenditure has been allocated across the 3 HSCPs in month 12 based on actual usage which has revealed that there is an overspend in North. A review is required to determine the cause of this overspend.	167	483
General Medical Services	17,344	17,164	(180)	The budget has been adjusted to reflect the annual allocation and expenditure now allocated based on each HSCPs use of GMS services. An assessment of spend against this budget has revealed a non-recurring benefit.	(93)	(87)
Resource Transfer, Change Fund, Criminal Justice	2,194	2,209	15	This was mainly due to an overspend in Criminal Justice services caused by additional spend in relation to training and supplies. Delay in allocation of Cumbrae Lodge resource transfer to following year releases a non-recurring benefit.	(100)	115
Total Level One	**123,652**	**124,421**	**769**		**(281)**	**1,050**

Partnership Budget Objective Summary	2015/16 Budget Aligned			Notes	Aligned	
	Budget	Outturn	Over/ (Under) Spend Variance		Over/ (Under) Spend Variance at P10	Movement in projected budget variance from P10
	£'000	£'000	£'000		£'000	£'000
Level Two - Non District General Hospitals						
Ayrshire Central Continuing Care	4,359	4,257	(102)	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. £415k of Delayed Discharge funding has been allocated non-recurringly for winter planning purposes and is offsetting the recurring overspend.	(78)	(24)
Arran War Memorial Hospital	1,638	1,670	32		70	(38)
Lady Margaret Hospital	564	569	5		5	0
Total Level Two	**6,561**	**6,496**	**(65)**		**(3)**	**(62)**
Level Three - Lead Partnership Services						
Mental Health Services	45,012	44,962	(50)	Lead partnership mental health services were underspent by £50k in 2015/16. The position has improved from the previous report due to the provision of £230k non-recurring resource transfer and an increase in the level of non-recurring MH Innovation and QuEST funding, both which were used within adult inpatient services to address increasing demand and acuity of patients. 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 was given to recruit temporarily a numer of staffing non-recurringly which reduced 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.	199	(249)
Family Nurse partnership	479	477	(2)		0	(2)
Keepwell	435	365	(70)	The funding for this service stops in 2016-17 and as a result staff have started to find alternative posts.	(70)	0
Training Health Visitors	588	620	32	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.	11	21
Other General Services	164	153	(11)		(11)	0
Total Level Three	**46,678**	**46,577**	**(101)**		**129**	**(230)**

Partnership Budget Objective Summary	2015/16 Budget Aligned			Notes	Aligned	
	Budget	Outturn	Over/ (Under) Spend Variance		Over/ (Under) Spend Variance at P10	Movement in projected budget variance from P10
	£'000	£'000	£'000		£'000	£'000
Level Four - Children's Services						
Community Paediatrics	508	498	(10)		(7)	(3)
C&F Social Work Services	24,180	25,831	1,651	Children with Disabilities 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 £632k, and residential respite overspend of £51k. Further overspends within Community packages, £177k and Direct Payments £230k. Residential Schools including Secure accommodation and Community Supports £0.030m overspend Residential schools overspend of £0.137m and community supports underspend of £0.107m . Fostering, Adoption and Kinship (£0.478m projected overspend) Fostering is overspend of £55k due to a delay in moving placements from external to internal carers in the first three months of the year, this has now been addressed and placements have been moved. Additional funding for Continuing Care and Throughcare of £290k was allocated in period 10 to fund foster placements for young people aged over 16 years old. Adoption placements and agency fees overspend of £174k, are higher than budgeted based on current demand. Kinship placements overspend of £250k, this is due to an increase in the Kinship rate of £58 to £200 per week in line with foster allowances. Following from recent financial assessments of the carers the average weekly cost is £134k. The cost of back dating the payments to the 1st of October is £549k, this is offset by £269k received from the Scottish Government and an existing underspend of £55k. Other Expenditure £0.089m overspend Agency costs of £105k overspend to cover vacancies offset with £30k underspend in employee costs, Family Support Network budget overspend of £40k and Standby Service overspend of £65k, Family Respite Services £110k overspend, Children First Advocacy £50k overspend, Staff mileage £26k overspend and supplies and services £34k due to food and provisions in residential schools and general office supplies offset with underspends in Throughcare and Care Leavers due to lower than anticipated demand £160k, IMPACCT carers £65k due to less than budgeted carers, staff training £93k.	1,619	32
Health Visiting	1,981	2,017	36	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. Funding was transferrred non-recurringly in month 12 pending final agreement.	63	(27)
Total Level Four	**26,669**	**28,346**	**1,677**		**1,675**	**2**
Direct Overheads & Support Services	7,298	7,127	(171)	Allocation to CJ (£298k) - Underspend of £249k - Employee costs underspend of £181k due to holding of vacancies, over recoveries of income from Universities for Practice Teachers £25k, underspend within Money Matters and Service Development team for consultancy costs £70k, underspends in computer equipment £35k offset with £33k less income than budgeted from Health for share of Senior Management posts, overspend on Citizens Advice Service £11k and general office supplies £6k Agreement has been given by the NHS to provide additional funding for parternership management. The CD post remains unfunded.	(265)	94
Partnership Total	**210,858**	**212,967**	**2,109**		**1,255**	**854**

Integrated Care Fund

Area of Spend	2015/16 Allocation £ 000's	2015/16 Spend £ 000's	2015/16 Variance £ 000's
Ideas and Innovation Fund	1,042	852	(190)
Reshaping Care for Older People Legacy	993	1,134	141
Change Programme	802	688	(114)
Contingency	104	10	(94)
Care at Home	0	197	197
Equipment	0	60	60
TOTAL	**2,941**	**2,941**	**0**

Delayed Discharge Allocation

Area of Spend	2015/16 Allocation £ 000's	2015/16 Spend £ 000's	2015/16 Variance £ 000's
Rehab and Reablement	229	152	(77)
Aids and Adaptations	19	0	(19)
Care at Home	603	177	(426)
Community Equipment		93	93
Contingency	16	0	(16)
Winter Pressures		445	445
TOTAL	**867**	**867**	**0**

NORTH AYRSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP

ACTION PLAN

Action	**Older People - Care at Home Provided and Purchased**
Action Description	To improve the information available to inform projections and ensure the data provided reflects the services commissioned and the resources required to meet these services.
Risk	If inadequate information is provided this will impact on the accuracy of projections.
Management Action	Information will be provided on services commissioned from CM2000 for use within projections. Budget holders will augment this information by providing Finance and Corporate Support with other supporting information to inform projections including changes to service provision and workforce issues.
Assigned to	Head of Health and Community Care
Due Date	31 May 2016

Action	**Older People - Care at Home Provided and Purchased**
Action Description	To ensure budget holders have clarity on the budgets available for service delivery.
Risk	Overspend position continues into 2016/17 which places a pressure on Partnership budgets.
Management Action	The following actions will be undertaken to mitigate this risk:- • The budget will be reviewed and updated to reflect current service provision including new services transferred from the private sector. This will provide budget holders with clarity on the budget available for service delivery including workforce budgets set. Budget holders will be expected to manage within budgets. • A group will be established chaired by the Head of Health and Community Care to review overtime and absence levels across the service area.
Assigned to	Head of Health and Community Care Chief Finance Officer

Due Date	15 June 16

Action	**Older People - Residential Care Homes**
Action Description	To ensure targets are set which reflect the budgets available for 2016/17.
Risk	Budget savings identified in this budget area for 2016/17 are not delivered which places a pressure on Partnership budgets.
Management Action	The following actions will be undertaken to mitigate this risk:- • The 16/17 budget will be updated to reflect current contract rates, current service information in relation to placements and targets in relation to current transformational programmes. Targets for placements will be set based on this information and to ensure expenditure is contained within budgets available. • Monthly projections will be informed by Central Area Resource Group (CARG) approvals, current demand for services and forecasts of future demand and costs based on the information available. • The format of forecasts will be reviewed to assist budget management by the budget holder.
Assigned to	Head of Health and Community Care Chief Finance Officer
Due Date	20 June 16

Action	**Employee Costs**
Action Description	To improve the information available to inform projections and ensure the data provided reflects the services commissioned and the resources required to meet these services.
Risk	If inadequate information is provided as the basis for projections this will impact on the accuracy of projections.
Management Action	The following actions will be undertaken to mitigate this risk:- • Information will be provided by the Partnership to Finance and Corporate Support on overtime worked but not yet charged to enable this to be built into projections. • The Partnership will provide information on recruitment decisions to Finance and Corporate Support to inform employee cost projections.

Assigned to	Chief Finance Officer Head of Children, Families and Criminal Justice Head of Health and Community Care Head of Mental Health
Due Date	31 May 16

Action	**Physical Disabilities - Independent Living Services**
Action Description	To enable 2016/17 budgets to be managed within budget set.
Risk	Overspend position continues into 2016/17 which places a pressure on Partnership budgets.
Management Action	A review of current expenditure to be undertaken to determine trends and to identify control actions which can be undertaken to enable spend to be contained within budget set. If this is not feasible a report will be presented to the IJB to consider alternative funding solutions.
Assigned to	Head of Health and Community Care
Due Date	30 June 16

Action	**Learning Disability and Mental Health**
Action Description	To improve the information available to inform projections and ensure the data provided reflects the services commissioned and the resources required to meet these services.
Risk	If inadequate information is provided as the basis for projections this will impact on the accuracy of projections.
Management Action	Future projections will be produced using information recorded on Carefirst which records information on the commissioned service and the actual service delivered. This will be used to inform future projections.
Assigned to	Chief Finance Officer
Due Date	31 May 2016

Action	**Improvement to Budget Monitoring Processes**
Action Description	To improve the information available to inform projections and ensure the data provided reflects the services commissioned and the resources required to meet these services.
Risk	If inadequate information or management information is provided as the basis for projections this will impact on the accuracy of projections.
Management Action	The following actions will be undertaken to mitigate this risk:- • All budget holders to sign off the basis of projections at the start of each financial year. • Additional support to be offered to budget holders in relation to budget management, where required, including advice and guidance on the operating parameters on which budgets are set. • Council budgets will be subject to early projections undertaken at the end of Period 2 to enable early engagement in relations to budgets for 2016/17. • Budget projections prepared each period will be signed off by each budget holder including a statement on the agreed actions to be undertaken to bring spend within budget. • More detailed budget monitoring will be introduced for P11 and P12 to provide management information to enable tighter budget management prior to financial close.
Assigned to	Chief Finance Officer Head of Children, Families and Criminal Justice Head of Health and Community Care Head of Mental Health
Due Date	31 March 2017

HSCP 2015/16 Savings Tracker

Appendix 4

Budget Savings	Senior Manager		Reference	2015/16	Full Year Saving Delivered	Anticipated Shortfall	BRAG	
				£	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	200,000	-	Blue	Review of care packages and temporary decreases to packages has resulted in savings of £260k
Increase the administrative charge for Criminal Justice Service to 8%	David MacRitchie		SP-HSC-15	112,000	32,000	-	Blue	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. Actual charge was 6%, £80k less than expected
Reduction through early intervention in the demand for foster care and alternative family placements	Elizabeth Stewart		SP-HSC-08	83,200		83,200	Red	Saving not achieved, no reduction in internal foster placements during the year
Children with Disabilities - improved procurement for provision of community support services.	Elizabeth Stewart		SP-HSC-09	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	30,687	Blue	Full savings not achived due to placements not moved until July, anticipated to be before April 15, in order to achieve full year savings
Efficiency savings which will accrue through the implementation of the CM2000 system.	Helen McArthur		SP-SS-13-18	200,000	200,000		Blue	Savings not achieved through use of CM2000, savings have been reallocated and expected to be delivered from various other budgets as detailed in 16/17 plans eg. savings to overtime expenditure and training budgets
The full implementation of CM2000 will enable the management of more efficient services, delivering a 15% saving, in line with other local authorities	Helen McArthur		SP-HSC-04	200,000	200,000		Blue	Savings not be achieved through use of CM2000, savings have been reallocated and expected to be delivered from various other budgets as detailed in 16/17 plans eg. savings to overtime expenditure and training budgets

Review information systems team	Janine Hunt		SP-SS-13-09	30,092	30,092		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		Blue	Saving achieved through grade 10 post no. 309809 replaced with Grade 7 (0.6FTE) post no. 311712, balance identified by business support.
Review of block contracted services - including George Steven Centre	John McCaig		SP-SS-13-29	14,846	-		Red	Saving will not be achieved, review of Block Contract was achieved in 2013/14. NAC utilising more places than block contract, therefore additional costs are being incurred. Additional savings from review of high cost care packages in SP-SS-13-42 will be achieved to offset non delivery of this saving
Rationalisation of Local Area Coordinator posts	John McCaig		SP-SS-13-35	45,875	45,875	-	Blue	Savings achived prior year
Redesign of Council LD Day Services	John McCaig		SP-SS-13-31	122,900	122,900	-	Blue	Savings achived prior year
Review of high cost care packages	John McCaig		SP-SS-13-42	100,000	260,000		Blue	Review plan in place, savings have been achieved though temporary and permanent reductions to care packages
Review of complex packages of care for individuals with a Learning Disability	John McCaig		SP-HSC-07	50,000	50,000		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		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		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	100,668		Blue	£67k achieved through restucture Nov 13, balance to be achieved. Post has been identified awaiting on confirmation from Mary
Review of purchased service contracts - including supported living	Mary Francey		SP-SS-13-38	108,000	108,000		Blue	Savings achieved through review of care packages and temporary decreases
Older People - Review of support offered to individuals through admission to Hospital and the planning of discharges back to community settings to improve the quality of support and ensure greater continuity.	Mary Francey		SP-HSC-10	40,000	40,000		Blue	Post identified awaiting confirmation from Mary

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	-	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		Blue	Reduction of Family Network service from Quarriers
Cumbrae Lodge	Isabel Marr		NHS	550,000	550,000	-	Blue	Beds didn't close until June
Total for Health and Social Care Partnership				**2,619,101**	**2,570,368**	**113,887**	**-**	**-**

North Ayrshire Council
Comhairle Siorrachd Àir a Tuath

NHS Ayrshire & Arran

Integration Joint Board

Agenda Item No.7

Subject:	**Unaudited Annual Accounts 2015/16**
Purpose:	To provide the IJB with an overview of the IJB's unaudited Annual Accounts for the year to 31 March 2016.
Recommendation:	That the IJB agrees to: (a) approve, subject to audit, the IJB's Annual Accounts for 2015/16; (b) note that Audit Scotland plan to complete their audit of the Accounts by the end of August 2016 and will present their annual audit report to the IJB on 8 September; (c) note the unaudited position of breakeven being reported within the IJB Annual Accounts;

1.	**INTRODUCTION**
1.1	The IJB is required to prepare Accounts on an annual basis to 31 March and is required, by the Local Authority Accounts (Scotland) Regulations 2014, to submit these Accounts to the appointed auditor by 30 June of each year. 2015/16 will be the first set of Annual Accounts prepared for the IJB.
1.2	The 2015/16 Accounts have been prepared in accordance with the Code of Practice on Local Authority Accounting in the United Kingdom (ACOP), requirements of International Financial Reporting Standards (IFRS) and the Integrated Resources Advisory Group Guidance (IRAGG). The ACOP and IRAGG seeks to achieve comparability of financial performance across all IJB's and therefore prescribes the format to be used in presenting income and expenditure information. Consequently the Annual Accounts do not reflect the management reporting structures within North Ayrshire Health and Social Care Partnership. IFRS seek to provide international comparability of financial information across all types of large organisation, both public and private sector.
2.	**CURRENT POSITION**
2.1	The Annual Accounts provide an overview of the financial performance of the IJB through the following statements : - • Management Commentary • Statement of Responsibilities • Annual Governance Statement

	• Remuneration Report • The Financial Statements • Notes to the Financial Statement
2.2	At 31 March 2015 the unaudited accounts report a breakeven position for the partnership with expenditure being fully funded from the income received from Ayrshire and Arran Health Board and North Ayrshire Council. On 24 May North Ayrshire Council agreed to provide the partnership with £2.109m additional funding to fully meet expenditure in 2015/16 and this has been required to deliver the break even position reported. This is the subject of a separate report for the IJB to consider.
2.3	A copy of the IJB's unaudited Accounts for the year to 31 March 2016 is attached for approval prior to their submission to Audit Scotland. Audit Scotland plan to complete their audit of the Accounts by the end of August 2016 and will present their annual audit report to the IJB on 8 September.
3.	**PROPOSALS**
3.1	It is proposed that the IJB (a) approve, subject to audit, the IJB's Annual Accounts for 2015/16; (b) note that Audit Scotland plan to complete their audit of the Accounts by the end of August 2016 and will present their annual audit report to the IJB on 8 September; (c) note the unaudited position of breakeven being reported within the IJB Annual Accounts.
4.	**IMPLICATIONS**
4.1	**Financial Implications** The financial implications are as outlined within the report.
4.2	**Human Resource Implications** None
4.3	**Legal Implications** None
4.4	**Equality Implications** None
4.5	**Environmental Implications** None
4.6	**Implications for Key Priorities** None
5.	**CONSULTATIONS**
5.1	Discussions have taken place between the Chief Officer and The Chief Finance Officer on individual service financial performance throughout the year to 31 March 2016.

6.	**CONCLUSION**
6.1	At 31 March 2015 the unaudited accounts report a breakeven position for the partnership which reflects an increase in funding from North Ayrshire Council of £2.109m. These accounts will now be subject to audit and will be the subject of a further report to the IJB on 8 September 2016.

For more information please contact [Margaret Hogg] on [01294 324560] or [MargaretHogg@north-ayrshire.gcsx.gov.uk]

NORTH AYRSHIRE

Health and Social Care Partnership

INTEGRATION JOINT BOARD

Delivering care together

Annual Accounts 2015/16

Contents

Management Commentary

Introduction

This publication contains the financial statements for the first year of North Ayrshire Integration Joint Board (IJB) for the year ended 31 March 2016.

The Management Commentary outlines the key messages in relation to the IJB's financial planning and performance for the year 2015/16 and how this has supported delivery of the IJB's core objectives. This commentary also looks forward, outlining the future financial plans for the IJB and the challenges and risks which we will face as we strive to meet the needs of the people of North Ayrshire.

North Ayrshire IJB

The three Ayrshire partnerships were the first IJB to be formally established in Scotland on 1 April 2015. Its purpose is to improve the wellbeing of families, our communities and of people who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time.

North Ayrshire is home to 136,000 people and covers an area of 340 square miles and includes the islands of Arran, Great Cumbrae and Little Cumbrae. North Ayrshire provides a number of opportunities for those who live and work here. However we also face a number of significant challenges. North Ayrshire is one of the most deprived areas of Scotland. We have high levels of unemployment, significant number of people on low income and almost a third of our children in poverty.

We know that the population of North Ayrshire is expected to fall significantly over the next 20 years, and we expect that there will be fewer people aged 65 and under, reducing the number of working age adults. We also expect that the number of people aged 65 to 74 will increase by 20 per cent, while the number of people aged 75 or over will almost double.

The IJB Strategic Plan seeks to address the increasing health inequalities in North Ayrshire and focuses on improving the efficiency and quality of the services being provided, putting individuals, families and communities at the heart of the plan.

The partnership has a strong vision which is that

'All people who live in North Ayrshire are able to have a safe, healthy and active life'

This is supported by 5 core objectives and services which are delivered through four core teams. The Partnership has worked hard during 2015/16 to deliver these; both are illustrated in Exhibit 1.

Exhibit 1: IJB Objectives and Structure

The IJB Strategic Plan is supported by an operational plan and a variety of service strategies, investment and management plans which aid day to day service delivery. These plans and strategies identify what the IJB wants to achieve, how it will deliver it and the resources required to secure the desired outcome. The Strategic Plan also works in support of the North Ayrshire Community Planning Partnership's Single Outcome Agreement, the NHS Ayrshire & Arran Local Delivery Plan and delivery of the nine National Health and Wellbeing Outcomes set by the Scottish

Government. This is vital to ensure that our limited resources are targeted in a way that makes a significant contribution to our objectives.

Organisational Performance

Why make changes if you cannot see the difference made? Changes to services have to make a difference to people's lives and in North Ayrshire Health and Social Care Partnership, we continually monitor our services and report and review them in various ways.

It is important that we report the right level of performance information at the right level of the organisation. In all of our performance monitoring and reporting, we show trend over time, where we are against target and how we compare with other areas, where available. We monitor against all the agreed national indicators, including Local Government Benchmark Framework (LGBF), the NHS' Local Delivery Plan HEAT targets, HSCP national indicators, as well as a range of local defined measures. All reports comprise of a series of key performance indicators and key actions, which link directly back to our strategic plan. Where an indicator or action are off-track, a commentary is provided on steps being taken to improve performance.

Performance is reported at a number of levels within the organisation including reports to the Partnership's Performance and Audit Committee, the IJB and peer reviews with Chief Officers. We will produce our first Annual Performance Report in August 2016, and this will capture the main achievements on 2015/16 and our performance against national outcomes.

The Financial Plan

Strong financial planning and management needs to underpin everything that we do to ensure that our limited resources are targeted to maximise the contribution to our objectives. In 2015/16 this was supported by a balanced revenue budget to support the delivery of our core objectives.

For 2015/16 the IJB budgeted to deliver Partnership Services at a cost of £204.8m. During the year funding adjustments increased this budget to £210.858m.

The Annual Accounts 2015/16

The Annual Accounts report the financial performance of the IJB. Its main purpose is to demonstrate the stewardship of the public funds which have been entrusted to us for the delivery of the IJB's vision and its core objectives. The requirements governing the format and content of IJBs' annual accounts are contained in The Code of Practice on Local Authority Accounting in the United Kingdom (the Code). The 2015/16 Accounts have been prepared in accordance with this Code.

Financial Performance

Financial information is part of this performance management framework with regular reporting of financial performance to the IJB. This section summarises the main elements of our financial performance for 2015/16.

Partnership Revenue Expenditure 2015/16

In April 2014 a due diligence exercise was carried out to consider the sufficiency of the budget provided for the Partnership by the Health Board and Council. Through this baseline budget pressures amounting to £3.52m were identified, £2.75m from Health and £0.77m from the Council.

During the year the Partnership successfully mitigated the full value of the Health baseline budget pressure through a combination of improved cost control and tighter absence management arrangements together with the use of one off monies received during the year for related activity. The Health Services expenditure therefore matched income from the Health Board.

Partnership services saw continued demand growth, particularly in Children and Families, Learning Disabilities and Physical Disabilities. The Partnership was able to reduce the cost of care services across all services but in many areas the increased demand led to in year overspends against the original approved 2015/16 funding. These were partially offset by early delivery of future savings around Older People services and income generation.

Services for Children with Disabilities emerged as a cost pressure for the Council late in 2014/15, after the 2015/16 budget had been set. This led to the significant £0.77m baseline budget pressure during 2015/16 which the Partnership was unable to address. In addition new legislative external cost pressures around Kinship Care payments also had a significant impact on the 2015/16 position for which full funded was not provided by Scottish Government, requiring this to be met from within existing resources.

A recovery plan was approved by the IJB on 10th March 2016 following which the Council agreed (Cabinet 29th March 2016) to fund £1.255m of the 2015/16 cost pressures on a one off basis.

However, the final outturn in respect of the Partnership increased to £2.109m which the Council has agreed to fully fund.

It is important moving forward that expenditure is managed within the financial resources available and a full action plan has been developed to improve financial management moving forward.

Exhibit 2 details performance by IJB service for 2015/16. A number of services experienced significant in year budget pressures during 2015/16:

(1) Learning Disabilities £0.219m overspend
This overspend mainly relates to increased demand for services which has been partially offset by a reduction in the cost of care services which are reflective of individual need. The overspend has been further offset by increased income generation and vacancy management.

(2) Physical Disabilities £0.329m overspent
This overspend mainly relates to spend on equipment necessary to keep people safe in the community. There was an increased demand for services during 2015/16 which has been partially offset by a reduction in the cost of care services which are reflective of individual need and vacancy management.

(3) Prescribing £0.650m overspent
This overspend is due to the average cost of drugs increasing as a result of the short supply of some items and a growth in price of some high cost drugs. Per the Integration Scheme, any overspends in this budget are funded by the NHS, and not the Partnership and additional funds have been provided by NHS to cover this expenditure.

(4) Children and Families £1.677m overspend
This service began the year with a baseline budget pressure of £0.770m linked to Children with Disabilities Services. This increased to £1.089m during the year reflecting increasing demand for services. During the year legislation was changed increasing the fees payable to Kinship Carer which created a further in year pressure of £0.250m. This pressure on budgets has been recognised as part of the 2016/17 revenue budget and additional investment has been targeted at this service area.

Exhibit 2: Financial Performance for 2015/16

	Budget £000	Actual £000	Variance (Fav) / Adv £000	Notes
Learning Disabilities	15,625	15,844	219	(1)
Older People	41,483	41,320	(163)	
Physical Disabilities	5,405	5,734	329	(2)
Mental Health Community Teams	5,436	5,437	1	
Addiction	2,362	2,253	(109)	
Community Nursing	3,754	3,761	7	
Prescribing	30,049	30,699	650	(3)
General Medical Services	17,344	17,163	(181)	
Resource Transfer, Change Fund, Criminal Justice	2,194	2,209	15	
Non District General Hospitals	6,561	6,496	(65)	
Lead Partnership Services – Mental Health	46,678	46,577	(101)	
Children and Families	26,669	28,346	1,677	(4)
Direct Overheads and Support Services	7,298	7,127	(171)	
TOTAL NET EXPENDITURE	**210,858**	**212,966**	**2,108**	
North Ayrshire Council Funding	84,674	86,783	(2,109)	
NHS Ayrshire & Arran Funding	126,184	126,183	1	
TOTAL INCOME	**210,858**	**212,966**	**2,108**	
SURPLUS/(DEFICIT)	**0**	**0**	**0**	

Note: The budget above reflects the budget managed by the IJB during the year, and excludes the Large Hospital Set Aside Budget which was allocated at the end of the year to the IJB and is reflected within the Accounts on Page 16.

Financial Outlook, Risks and Plans for the Future

The UK economy continues to show signs of recovery with UK growth levels being amongst the strongest of any G7 country and with growth forecasting to continue over the next three years. Despite this pressures continue on public sector expenditure at a UK and Scottish level with significant reductions in government funding experienced for 2016/17 and further reductions predicted for 2017/18 to 2019/20.

In addition to economic performance, other factors will influence the availability of funding for the public sector including financial powers coming from the Scotland Act 2012 and the demographic challenges that North Ayrshire is facing.

Additional funding of £250m has been announced for Health and Social Care Partnerships for 2016/17 to address social care pressures. Although this has been welcomed significant challenges remain moving forward. The most significant risks faced by the IJB over the medium to longer term can be summarised as follows:

- the socio-economic and health inequalities prevalent in North Ayrshire;
- the increased demand for services alongside reducing resources;
- the wider financial environment, which continues to be challenging;
- the impact of Welfare Reform on the residents of North Ayrshire;
- the impact of demographic changes;
- the impact of the Living Wage and other nationally agreed policies; and
- the risk that the Change Programme is not progressed within the desired timescales or achieve the costs associated with meeting new legislative requirements without adequate resources being put in place

These risks mean that money is tighter than ever before. It is therefore crucial that we focus on early intervention, prevention and recovery if we are to work within the total annual partnership budget of just over £200m.

Moving into 2016/17, we are working to proactively address the funding challenges presented while, at the same time, providing services for the residents of North Ayrshire.

We have well established plans for the future, and the IJB Strategic Plan 2015/16 to 2017/18 is being updated during 2016/17. This sets out our ambitions and priorities for the next five years and how we will work with our local communities and partners to achieve them. The Strategic Plan links closely to the vision of the North Ayrshire Community Planning Partnership and the Single Outcome Agreement and is underpinned by an annual action plan and performance indicators. Regular progress reports on the delivery of the Strategic Plan are provided to the Performance and Audit Committee and the IJB.

Conclusion
Our first year as an integrated Health and Social Care Partnership has been both challenging and rewarding.

We have begun to see some of the benefits of integrated system working for example in supporting older people to remain at home or get home from hospital as soon as possible.

Our significant change programme continues, with projects on track including the completion of Woodland View opening in May, our integrated addictions service and the development of 5 community connector roles in primary care. Our Change programme contributes to and is aligned to the pan-Ayrshire programmes. Our Locality Planning Forums have held their initial meeting and are beginning to identify their initial areas of work.

It has been a busy but fruitful year, the pace of change is challenging so while the potential for improvement over the next few months is significant we will need to ensure plans are staged to ensure sustainability and the emerging financial position is more fully understood.

Where to Find More Information
If you would like more information, our website also holds information on the IJBs strategies, plans and policies and our performance and spending.

These can be found at:

www.north-ayrshire.gov.uk/council/strategies-plans-and-policies

www.north-ayrshire.gov.uk/council/performance-and-spending

Iona Colvin
Chief Officer
16 June 2016

Councillor Anthea Dickson
JB Chair
16 June 2016

Margaret Hogg
Chief Financial Officer
16 June 2016

Statement of Responsibilities

Responsibilities of the IJB

The IJB is required:

- To make arrangements for the proper administration of its financial affairs and to ensure that one of its officers has the responsibility for the administration of those affairs. In this IJB, the proper officer is the Chief Financial Officer;
- To manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets;
- To approve the Statement of Accounts.

I confirm that the unaudited Annual Accounts were approved for signature at a meeting of the IJB on 16 June 2016.

Councillor Anthea Dickson
IJB Chair
16 June 2016

Responsibilities of the Chief Financial Officer

The Chief Financial Officer is responsible for the preparation of the IJB's annual accounts which, in terms of the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Code), is required to present a true and fair view of the financial position of the IJB at the accounting date and its transactions for the year.

In preparing these annual accounts, the Chief Financial Officer has:

- Selected appropriate accounting policies and applied them consistently;
- Made judgements and estimates that were reasonable and prudent;
- Complied with the Code of Practice;
- Kept proper accounting records that were up to date;
- Taken reasonable steps for the prevention and detection of fraud and other irregularities.

I certify that the financial statements give a true and fair view of the financial position of North Ayrshire IJB at the reporting date and the transactions of North Ayrshire IJB for the year ended 31 March 2016.

Margaret Hogg
Chief Financial Officer
16 June 2016

Annual Governance Statement

The Annual Governance Statement explains how North Ayrshire IJB complies with the Code of Corporate Governance and meets the requirements of the 'Code of Practice for Local Authority Accounting in the UK: A Statement of Recommended Practice', in relation to the Statement on the System of Internal Financial Control.

Scope of Responsibility

North Ayrshire IJB is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for and used economically, efficiently and effectively.

The IJB is also responsible for putting in place proper arrangements for the governance of its affairs and facilitating the effective exercise of its functions, which includes arrangements for the management of risk.

In discharging this responsibility, the Chief Officer has put in place arrangements for governance which includes the system of internal control. This is designed to manage risk to a reasonable level, but cannot eliminate the risk to failure to achieve policies, aims and objectives and can therefore only provide reasonable but not absolute assurance of effectiveness.

The Purpose of the Governance Framework

The governance framework comprises the systems and processes, and culture and values by which the IJB is directed and controlled and the activities through which it accounts to, engages with and leads the community. It enables the IJB to monitor the achievement of its strategic objectives and to consider whether those objectives have led to the delivery of appropriate, cost-effective services.

The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of North Ayrshire IJB's policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The Governance Framework

The main features of the governance framework that was in place during 2015/16 are summarised below:

- The IJB, comprising all IJB Board members, was the key decision making body. The Performance and Audit Committee considered all matters in relation to Internal and External Audit, Risk Management and Performance;
- Strategic decision-making is governed by the IJB's key constitutional documents including the Integration Scheme, standing orders, scheme of administration, scheme of delegation to officers and financial regulations;
- The IJB's purpose and vision are outlined in the IJB Strategic Plan which links closely to the vision of the North Ayrshire Community Planning Partnership and the Single Outcome Agreement and is underpinned by an annual action plan and performance indicators. Regular progress reports on the delivery of the Strategic Plan were provided to the Performance and Audit Committee and the IJB;
- The Performance Management Strategy focuses very firmly on embedding a performance management culture throughout the IJB. Regular reporting to Board Members takes place;
- The IJB has adopted a 'Code of Conduct' for all of its Board Members and employees, a register of interests is in place for all Board members and senior officers;
- The IJB has in place a development programme for all Board Members. Development programmes are also in place for the Senior Management Team and senior managers across the Partnership. A Performance and Personal Development (PPD) scheme is in place for all employees, the aim of which is to focus all employees on their performance and development that contributes towards achieving service objectives;

- The IJB has established six Neighbourhood Planning Forums, reflecting the previously agreed local planning areas. These provide Board Members with the opportunity to be involved in considering the priorities for each area and outline the role for each Community Planning Partner in meeting these priorities in conjunction with the local communities.

The governance framework was put in place during the year ended 31 March 2016.

The System of Internal Financial Control

The system of internal financial control is based on a framework of regular management information, financial regulations, administrative procedures (including segregation of duties), management supervision, and a system of delegation and accountability. Development and maintenance of these systems is undertaken by the Health Board and Council as part of the operational delivery of the Health and Social Care Partnership. In particular, these systems include:

- Financial regulations and codes of financial practice;
- Comprehensive budgeting systems;
- Regular reviews of periodic and annual financial reports that indicate financial performance against the forecasts;
- Setting targets to measure financial and other;
- Formal project management disciplines.

The IJB's financial management arrangements conform to the governance requirements of the CIPFA statement: 'The Role of the Chief Financial Officer in Local Government (2010)'.

Review of Effectiveness

North Ayrshire IJB has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review of the effectiveness of the framework is informed by the work of the Senior Management Team who have responsibility for development and maintenance of the governance environment, the annual report by the Chief Internal Auditor and reports from Audit Scotland and other review agencies.

The Chief Internal Auditor reports directly to the IJB Performance and Audit Committee on all audit matters, with the right of access to the Chief Officer, Chief Financial Officer and Chair of the Performance and Audit Committee on any matter. In accordance with the principles of the code of corporate governance, regular reports were made to the IJB's Audit Committee during 2015/16.

The Internal Audit function has independent responsibility for examining, evaluating and reporting on the adequacy of internal control. During 2015/16, the service operated in accordance with relevant professional audit standards and the Public Sector Internal Audit Standards. The Chief Internal Auditor prepares an annual report to the Audit Committee, including an assurance statement containing a view on the adequacy and effectiveness of the systems of internal control.

Significant Governance Issues during 2015/16

In April 2015, the IJB approved the Strategic Plan a new IJB Plan 2015-2018 which includes the IJB vision, values and strategic priorities. The vision is that 'All people who live in North Ayrshire are able to have a safe, healthy and active life'. The values underpinning this vision are: person-centred, respect, efficiency, care, inclusiveness, honesty and innovation. The agreed strategic priorities are:

- Tackling inequalities
- Engaging communities
- Bringing services together
- Prevention and early intervention
- Improving mental health and wellbeing

In order to strengthen governance arrangements around the IJB's change programme, the Change Programme Board was established during 2015/16, chaired by the Chief Officer with senior representation from all IJB services as well as third and independent sector partners; this Board has oversight of all the IJB's significant transformation projects.

The Internal Audit Annual Report 2015/16, received by the Audit Committee on 09/06/2016, highlights findings by the IJB's Internal Audit section which indicate some weaknesses in the internal control environment. None of these are considered material enough to have a significant impact on the overall control environment and it is the opinion of the Chief Internal Auditor that the systems of internal control relied upon by the IJB provide reasonable assurance against loss.

Further Actions

The IJB has identified the following actions for 2016/17 that will assist with the further strengthening of corporate governance arrangements:

- An IJB Risk Management Strategy will be presented to the IJB in August 2016. This piece of work has been developed jointly across the three Ayrshire Health and Social Care Partnership and NHS Ayrshire and Arran. Following agreement of this, the IJB will receive the HSCP's Risk Register in August.

- An action plan to improve budget monitoring will be presented to the IJB in June 2016.

Assurance

Subject to the above, and on the basis of the assurances provided, we consider the governance and internal control environment operating during 2015/16 to provide reasonable and objective assurance that any significant risks impacting on the achievement of our actions will be identified and actions taken to avoid or mitigate their impact.

Systems are in place to continually review and improve the governance and internal control environment and action plans are in place to address identified areas for improvement.

Iona Colvin
Chief Officer
16 June 2016

Councillor Anthea Dickson
IJB Chair
16 June 2016

Remuneration Report

Introduction

The Local Authority Accounts (Scotland) Regulations 2014 (SSI No. 2014/200) require local authorities and IJBs in Scotland to prepare a Remuneration Report as part of the annual statutory accounts.

1 Integration Joint Board

The members of the IJB were appointed at the meeting of the IJB on 2nd April 2015.

2 Senior Officers

The IJB does not directly employ any staff. All Partnership officers are employed through either North Ayrshire and Arran Health Board or North Ayrshire Council and remuneration for senior staff is reported through those bodies.

The Chief Officer is appointed by the IJB in consultation with the Health Board and Local Authority. The Chief Officer is employed by North Ayrshire Council and seconded to the Integration Joint Board. They are a member of Strathclyde Pension Fund.

The role of Chief Financial Officer for the IJB is carried out by North Ayrshire Council Head of Finance. The Council meets the full cost of this remuneration.

This report contains information on the IJB Chief Officers remuneration together with details of any taxable expenses relating to IJB voting members claimed in the year. IJB membership is non remunerated.

The Chief Officer received the following remuneration in the year:

Name and Post Title	*Salary, fees and Allowances* £	Taxable Expenses £	Total Remuneratio 2015/16 £
Iona Colvin *Chief Officer*	104,800	-	104,800

3 Voting Board Members

The IJB does not pay allowances or remuneration to the voting board members. Voting board members are remunerated by their parent organisation and receive expenses from their parent organisation.

A Policy has been developed to ensure that all IJB members are fairly reimbursed for expenditure incurred in performing their duties. This policy applies only to representative members who are not already covered by the expenses policies of NHS Ayrshire and Arran or North Ayrshire Council. Expenses will only be reimbursed where wholly, exclusively and necessarily incurred on IJB business. The members' expenses policy was approved by the Shadow Integration Board in June 2014.

The level of expenses claimed by voting board members in 2015/16 is not significant. This report highlights the voting board members on the IJB.

Voting Board Members	
Councillor Anthea Dickson, Chair of the Board	Robert Martin, NHS Ayrshire & Arran
Stephen McKenzie, Vice Chair of the Board	Councillor Ruth Maguire, North Ayrshire Council
Carol Davidson, NHS Ayrshire & Arran	Councillor Robert Steel, North Ayrshire Council
Janet McKay, NHS Ayrshire & Arran	Councillor Peter McNamara, North Ayrshire Council

4 Voting Board Members

The pension contributions relating to the Chief Officer in the year are:

	In Year Pension Contribution For Year to 31 March 2016	Accrued Pension Benefits as at 31 March 2016	
	£	Pension £	Lump Sum £
Iona Colvin, Chief Officer	20,226	46,014	100,188

5 General Disclosure by Pay Bands

The regulations require the Remuneration Report to provide information on the number of persons whose remuneration was £50,000 or above. This information is provided in bands of £5,000.

General Disclosure by Pay Bands

Remuneration Bands	Number of Employees 31 March 2016
£100,000-£104,999	1

Iona Colvin
Chief Officer
16 June 2016

Councillor Anthea Dickson
IJB Chair
16 June 2016

Independent Auditor's report

Independent Auditor's Report to the members of North Ayrshire IJB and the Accounts Commission for Scotland

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The Financial Statements

The **Movement in Reserves Statement** shows the movement in the year on the reserves held by the IJB. The IJB held no reserves during 2015/16 and therefore there is no requirement to disclose this statement.

The Surplus or (Deficit) on the **Income and Expenditure Statement** shows the income received from and expenditure delegated back to the Health Board and Council for the delivery of services.

STATEMENT OF INCOME AND EXPENDITURE

	2016/17 Gross Expenditure £000	2016/17 Gross Income £000	2016/17 Net £000
Health Services	134,686	146,968	(12,282)
Social Care Services	99,048	86,783	12,265
Corporate Services	17	0	17
(Surplus)/Deficit on provision of services	233,751	233,751	0
Other Comprehensive Income and Expenditure	0	0	0
Net income and expenditure	233,751	233,751	0

The **Balance Sheet** is a snapshot of the value at the reporting date of the assets and liabilities recognised by the IJB. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB. At 31 March 2016 the IJB had no balances within the Balance Sheet.

	Notes	31 March 2016 £000
Current Assets		
Short term debtors		£0
Current Liabilities		
Short term creditors		£0
Net Assets		**£0**
Reserves		£0
Total Reserves		**£0**

The Statement of Accounts present a true and fair view of the financial position of the Integration Joint Board as at 31 March 2016 and its income and expenditure for the year then ended.

The unaudited financial statements were authorised for issue on 16 June 2016.

Margaret Hogg
Chief Financial Officer
16 June 2016

Notes to the Financial Statements

Note 1 - Accounting Policies

A. General principles

The North Ayrshire Integration Joint Board is formed under the terms of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Joint Venture between North Ayrshire Council and Ayrshire and Arran Health Board.

Integration Joint Boards (IJB's) are specified as section 106 bodies under the Local Government (Scotland) Act 1973 and as such are required to prepare their financial statements in compliance with the Code of Practice on Accounting for Local Authorities in the United Kingdom.

The Annual Accounts summarise the Integration Joint Boards transactions for the 2015-2016 financial year and its position at the year end of 31 March 2016.

B. Accruals of expenditure and income

Activity is accounted for in the year that it takes place, not simply when cash payments are made or received. In particular:

- All known specific and material sums payable to the IJB have been brought into account.
- Where revenue and expenditure have been recognised but cash has not been received or paid, a debtor or creditor for the relevant amount is recorded in the Balance Sheet.

C. Going Concern

The accounts are prepared on the going concern basis, which provides that the entity will continue in operational existence for the foreseeable future.

D. Accounting Convention

The Accounts are prepared on an historical cost basis.

E. Funding

The Integration Joint Board receives contributions from its funding partners namely North Ayrshire Council and Ayrshire and Arran Health Board to fund its services. Expenditure is incurred in the form of charges for services provided to the IJB by these partners.

F. Events After The Reporting Period

Events after the Balance Sheet date are those events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the Annual Accounts is authorised for issue. Two types of events can be identified:

- Adjusting events: Those that provide evidence of conditions that existed at the end of the reporting period. The Annual Accounts are adjusted to reflect such events
- Non-adjusting events: Those that are indicative of conditions that arose after the reporting period and the Statements are not adjusted to reflect such events. Where a category of events would have a material effect, disclosure is made in the notes of the nature of the events and their estimated financial effect

Events taking place after the date of authorisation for issue are not reflected in the Annual Accounts.

G. Exceptional items

When items of income and expense are material, their nature and amount is disclosed separately, either on the face of the Income and Expenditure Statement or in the notes to the accounts, depending on how significant the items are to an understanding of the IJB's financial performance.

H. Related Party Transactions

As partners in the Joint Venture of North Ayrshire Integration Joint Board both North Ayrshire Council and Ayrshire and Arran Health Board are related parties and material transactions with those bodies are disclosed in Note 4 in line with the requirements of IAS 24.

I. Support services

Support services were not delegated to the Integration Joint Board through the Integration Scheme and are instead provided by the Health Board and Council free

of charge as a 'service in kind'. The support services provided is mainly comprised of: provision of the Chief Financial Officer, financial management, human resources, legal, committee services, ICT, payroll, internal audit and the provision of the Chief Internal Auditor.

J. Provisions, contingent assets and liabilities

Provisions

Provisions are made where an event has taken place that gives the IJB a legal or constructive obligation that probably requires settlement by a transfer of economic benefits or service potential and a reliable estimate can be made of the amount of the obligation.

Provisions are charged as an expense to the appropriate service line in the Income and Expenditure Statement in the year that the IJB becomes aware of the obligation and measured at the best estimate at the Balance Sheet date of the expenditure required to settle the obligation, taking into account relevant risks and uncertainties.

When payments are eventually made, they are charged to the provision held in the Balance Sheet. Estimated settlements are reviewed at the end of each financial year. Where it becomes less than probable that a transfer of economic benefits will be required (or a lower settlement than anticipated is made), the provision is reversed and credited back to the relevant service.

Contingent assets and liabilities

A contingent asset or liability arises where an event has taken place that gives the IJB a possible obligation or benefit whose existence will only be confirmed by the occurrence or otherwise of uncertain future events not wholly within the control of the IJB. Contingent liabilities or assets also arise in circumstances where a provision would otherwise be made but, either it is not probable that an outflow of resources will be required or the amount of the obligation cannot be measured reliably.

Contingent assets and liabilities are not recognised in the Balance Sheet but disclosed in a note to the Accounts where they are deemed material.

K. Clinical and Medical Negligence

The Integration Joint Board provides clinical services to patients under the statutory responsibility of Ayrshire and Arran Health Board. In connection with this it is responsible for any claims for medical negligence arising within the services it commissions, up to a certain threshold per claim. For claims in excess of this threshold the Health Board and IJB are members of the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) established by the Scottish Government which reimburses costs to members where negligence is established.

The IJB would make provision for claims notified by the NHS Central Legal Office according to the value of the claim and the probability of settlement. Where a claim was not provided for in full the balance would be included as a contingent liability. The corresponding recovery from CNORIS in respect of amounts provided for would be recorded as a debtor and that in respect of amounts disclosed as contingent liabilities are disclosed as contingent assets.

L. Reserves

Reserves are created by appropriating amounts out of revenue balances. When expenditure to be financed from a reserve is incurred, it is charged to the appropriate service in that year so as to be included within the Income and Expenditure Statement. Movements in reserves are reported in the Movement in Reserves Statement.

M. Corresponding Amounts

The Integration Joint Board was established on 1st April 2015 and hence the period to 31st March 2016 is its first year of operation. Consequently there are no corresponding amounts for previous years to be shown.

N. VAT

The IJB Is not VAT registered and as such the VAT is settled or recovered by the partner agencies.

The VAT treatment of expenditure in the IJB's accounts depends on which of the partner agencies is providing the service as these agencies are treated differently for VAT purposes.

Where the Council is the provider, income and expenditure excludes any amounts related to VAT, as all VAT collected is payable to H.M. Revenue & Customs and all VAT paid is recoverable from it. The Council is not entitled to fully recover VAT paid on a very limited number of items of expenditure and for these items the cost of VAT paid is included within service expenditure to the extent that it is irrecoverable from H.M. Revenue and Customs.

Where the NHS is the provider, expenditure incurred will include irrecoverable VAT as generally the NHS cannot recover VAT paid as input tax and will seek to recover its full cost as Income from the Commissioning IJB.

Note 2 – Accounting Standards Issued Not Adopted

The Code requires the disclosure of information about accounting changes that will be required by new accounting standards that are not yet due to be adopted. This applies to the adoption of the following new or amended standards within the Code:

- A**mendment to IFRS11 Joint Arrangements:** This is a technical change in the accounting for acquisitions of interests in joint operations. No material impact on the IJB's accounts is expected as a result of this change.

- **Annual improvements to IFRSs 2010-2012 cycle:** These improvements provide clarification of amendments made to IAS24: Related Party Disclosures. The IJB is required to disclose amounts incurred for the provision of key management personnel services that are provided by a separate management entity. There is expected to be no material impact on the IJB's accounts as a result of this change

- **Annual improvements to IFRSs 2010-2014 cycle:** Theses improvements will have no direct impact upon IJB financial reporting.

- **Amendments to IAS 1 Presentation of Financial Statements:** The amendments clarify the existing requirements of IAS 1 standards and will support IJB's in improving the presentation of the financial statements. There will be no material impact on the information provided within financial statements, i.e. no changes to the reported information in the Net Cost of Services or the Surplus or Deficit on the Provision of Services.

- **Changes to the format of the Comprehensive Income and Expenditure Statement (CIES), Movement in Reserves Statement and the introduction of new Expenditure and Funding Analysis:** This change requires IJB's to report on the same basis on which they are organised. The new Expenditure and Funding Analysis will provide a direct reconciliation between the way IJB's budget (and are funded) and the CIES in a way that is accessible to users of the accounts. There will be no material impact in the IJB accounts as a result of the change, however in the 2016/17 accounts the comparative 2015/16 figures will be restated to reflect the new format.

In all cases detailed above, implementation is required from 1 April 2016 or beyond, meaning that there is no impact on the 2015/16 financial statements.

Note 3 – Critical Judgements in Applying Accounting Policies

In applying the accounting policies set out in Note 1, the IJB has had to make certain judgements about complex transactions or those involving uncertainty about future events. The critical judgements made in the Statement of Accounts are:

- The IJB has considers its exposure to possible losses and made adequate provision where it is probable that an outflow of resources will be required and the amount of the obligation can be measured reliably. Where it has not been possible to measure the obligation, or it is not probable in the IJB's opinion that a transfer of economic benefits will be required, material contingent liabilities have been disclosed in Note 7.

Note 4 – Related Party Transactions

The North Ayrshire Integration Joint Board was established on 1st April 2015. In the year the following financial transactions were made with the Ayrshire and Arran Health Board and North Ayrshire Council relating to integrated health and social care functions:

Income – payments for integrated functions	2015/16 £000
NHS Ayrshire & Arran Health Board	£146,968
North Ayrshire Council	£86,783
TOTAL	£233,751

Expenditure – payments for delivery of integrated functions	2015/16 £000
NHS Ayrshire & Arran Health Board	£146,968
North Ayrshire Council	£86,783
TOTAL	£233,751

Note 5 – Corporate Expenditure

	31 March 2016 £000
Staff costs	-
Administrative costs	-
Audit fees	17
TOTAL	17

Note 6 – Post Balance Sheet Events

The audited accounts were authorised for issue on 8 September 2016. Where events taking place before this date provided information about conditions existing at 31 March 2016, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information. Events taking place after this date are not reflected in these accounts.

Note 7 – Contingent Assets and Liabilities

A review of potential contingent assets and liabilities has been undertaken for the IJB and none have been identified at 31 March 2016.

North Ayrshire Council
Comhairle Siorrachd Àir a Tuath

NHS Ayrshire & Arran

Integration Joint Board
16th June 2016
Agenda Item 9

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

1.	**INTRODUCTION**
1.1	This report informs members of the Integration Joint Board (IJB) of the work undertaken within the North Ayrshire Health and Social Care Partnership, both locally and Ayrshire wide.
2.	**CURRENT POSITION**
	Ayrshire Developments
	Purchase of former Red Cross House Premises
2.1	As reported at the IJB on 9th May 2016, North Ayrshire Council and NHS Ayrshire and Arran agreed proposals to purchase the former Red Cross facility in Irvine. The cost of the facility was £1.4m of which £0.672m was North Ayrshire Council and £0.728m from NHS Ayrshire & Arran. The building will be owned by the Council and a partnership agreement is being prepared that will identify terms for future running and agreements required between Council and NHS around future disposal of the capital asset.
2.2	The potential of the site was assessed by senior management within North Ayrshire Health and Social Care Partnership (NAHSCP) and the outcome of this was presented in full in a Business Case submitted to the Chief Executives of the Council and Health Board.
2.3	In summary, the option chosen would: • Establish a community mental health rehabilitation resource to complement in-patient rehabilitation. • Establish supported accommodation options as a safe alternative to long term care in a hospital setting. • Provide a fit for purpose Learning Disability Day Centre in the most cost

	effective way and one that is aligned to the community. • Ensure resources are aligned to changing needs and adapt to flexible usage. • Provide models of care and support that are sustainable and responsive to the changing needs of the mental health and learning disabled population.
	Equipment, Aids and Adaptations
2.4	In preparation for and in conjunction with the Pan-Ayrshire Equipment Service we are undertaking a review of the integrated community equipment service with a view to creating single management processes and identification and pooling of existing resources and budget. The work to date includes; the Lean Six Sigma project; the review of access of equipment for children and clients with learning disabilities and an equipment pilot.
2.5	The future vision for these services will require a transformation of the service model. The suggested evidence based model will be themed around Self management, Standard provision and Specialist provision. The review of the standard provision of equipment is included within the scope of the Joint Equipment review.
2.6	In addition we have recently undertaken a mapping process of all current equipment and adaptations processes.
2.7	This has highlighted several areas where positive changes can be made: • A review of the referral process for handrails and banisters. • Standardisation and rationalisation of referral paperwork • Review of the stock held within the equipment store to allow easier and more efficient access to equipment which meets the service users needs • Review of mobile equipment service • Increased use of Technology
2.8	It is recognised that in fulfilling NAHSCP's aspiration to support individuals at home or in a homely setting, demand for equipment will continue to increase. We will therefore continue to work with colleagues in South and East Ayrshire to explore the most efficient and effective ways of providing this support in the future.
	North Ayrshire Developments
	Integrated Addictions Service
2.9	A new joined-up addictions service from North Ayrshire Health and Social Care Partnership launched on 23rd May 2016, combining services previously delivered by NHS Ayrshire & Arran and North Ayrshire Council. This is the culmination of many, many months of hard work by Addictions staff and members of the change team. The journey to a single integrated team has encountered and overcome many integration issues, including single IT system, telephony, information security and governance issues (where and how we will store service user information).

2.10	My thanks and appreciation to all involved for their perseverance, good humour and dedication. The learning from this journey has been huge and we now have solutions to many of the issues faced by other teams about to embark on the single team pathway.
2.11	The North Ayrshire Drug and Alcohol Recovery Services (NADARS) is a person-centred service with multi-disciplinary teams of professionals working together to support people to create recovery journeys that meet individual needs. For information please contact Peter McArthur, Senior Manager, Addictions (Peter.McArthur@aapct.scot.nhs.uk) or Anne Lee, Service Manager NADARS (Anne.Lee@aaapct.scot.nhs.uk) or call 01294 476000.
	Brooksby Health and Therapy Team (HATT)
2.12	A multi-disciplinary Health and Therapy team, based at Brooksby Day Hospital, was also launched on 23rd May 2016. The focus of this team will be to encourage people to take responsibility for their own health and to manage their conditions. The service will offer a single point of contact, clear criteria, reduced waiting list times, increased referral options and an the emphasis on the 'right person, right time, right place approach'. Now any professional involved in the person's health care can refer via the intermediate care and rehab hub or SCI gateway (GPs only). If you'd like any further information about Brooksby HATT, please contact Emma Scott, Service Manager Intermediate Care and Rehabilitation Services Emma.Scott@aapct.scot.nhs.uk.
	Family Nurse Partnership Annual Review
2.13	Congratulations to the Family Nurse Partnership Team who had their third Annual Review on 15 April. The review forms part of the annual quality assurance and improvement cycle for the programme and celebrates successes the team have achieved. Representatives from the FNP Scotland National Unit were in attendance and the Ayrshire and Arran team was recognised for their continued high level of performance and forward thinking ethos in relation to programme improvement and development.
	Alcohol Brief Interventions (ABIs)
2.14	I am delighted to let you know that once again NHS Ayrshire & Arran has met *and exceeded* the Local Development Plan (LDP) Standard relating to the delivery of ABIs. The target for 2015/16 was 4,275 ABIs. The actually delivery was 4,931 ABIs. An Alcohol Brief Intervention is 'A short, evidenced based, structured conversation with a client that seeks, in a non-confrontational way, to motivate and support the client to think about and/or plan behaviour change.'
2.15	Congratulations to all the services and staff who have delivered (and reported on) ABIs across the main priority settings of Primary Care, Antenatal and A&E. In addition, a big thank you to other teams who have also assisted in the delivery of ABIs including Criminal Justice Services, SACRO Bail supervision services, EAC CHiP, Ayrshire College and Health and Homelessness nurses.

2.16	Health and social care settings provide an ideal opportunity to detect hazardous or harmful drinking and intervene in the early stages of alcohol problems. ABI training (along with a wide range of addiction related training) is available through the NHS Addiction Services Prevention & Service Support Team who can be contacted on 01563 826223 or email psst@aapct.scot.nhs.uk. For more information please contact Peter McArthur, Senior Manager – Addictions (01294 317840) or Allan Burt, Team Leader (01563 826180).
	Nursing in Partnership
2.17	A Nursing in Partnership Event was held on Friday 6th May. Eighty nurses from across the Partnership came together to focus on their roles and their contribution to delivering the Partnership's strategic vision.
2.18	I was delighted to open the event and share my vision of what we can achieve together. Professor Fiona McQueen, Chief Nursing Officer for Scotland, followed by outlining work she has started to create a vision for nurses across Scotland working in integrated teams, making a difference to the lives of our population. The poster display was particularly impressive – 30 posters explaining the vast range of nursing practice across the Partnership.
2.19	I was disappointed that I couldn't manage back in the afternoon to hear the feedback; however I heard some really positive messages from the senior team who were there. I also know that both Chief Executives (NAC & NHS Ayrshire & Arran) were impressed with the nurse's feedback. I was delighted to hear we have a highly skilled and motivated team of nurses, ready to work collegiately with colleagues to truly make a difference, ready to adopt new ways of delivering shared care, wrapped round people and families. Thanks to all of you for all your hard work and dedication.
	Bad Entertainment
2.20	Building on their successful exhibition at the National Galleries Museum in Edinburgh, the Bad Entertainment exhibition is coming to Ayrshire. This dramatic exhibition runs from Thursday 2 June – Tuesday 21 June 2016 at the Harbour Arts Centre, Irvine. This exhibition has been created by young people from across Scotland, including new artists from North Ayrshire. It reveals how they see their world and how they live out its contradictions. The National Galleries of Scotland Outreach Team invited 'the next generation' to make the kind of art that they would want to see, inspired by the work of contemporary artists. This challenging and blackly funny exhibition, featuring films, masks, and banners presents their take on society. In the spirit of the avant-garde, they have sketched out the rules by which they would want to live if the future was in their hands. The exhibition is presented in partnership with the National Galleries of Scotland

	Visit by Chief Nursing Officer (Scotland) and Director of Children Services (Scottish Government)
2.21	On the 17th May 2016 we met with Fiona McQueen, Chief Nursing Officer and Olivia McLeod, Director of Children and Families Services, Scottish Government to discuss the developments in our health visiting service as we move towards the implementation of the Named Person Service. They were enthused by the approach we are taking locally, embedding early years social workers into the health visiting teams, working closely with early years centres, providing benefits checks as a matter of routine for all parents of children under five and looking to attach employability advisers to the teams also. Indeed, Olivia McLeod was of the view that this model is an exemplar of embedding the inclusive growth agenda at scale.
2.22	**And finally…….** IJB members will probably be aware that Derek Barron, our Lead Nurse leaves the partnership on 24th June 2016 take up a new post of Director of Care at Erskine Hospital. I would like to take this opportunity to recognise the contribution Derek has made to North Ayrshire HSCP. He will be sorely missed by the management team and we wish him well in his new post.
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 from this report.
3.4	**Equality Implications**
	There are no equality implications.
3.5	**Environmental Implications**
	There are no environmental implications.
3.6	**Implications for Key Priorities**
	NAHSCP will continue to work to the delivery of the five objectives within the Strategic Plan.
4.	**CONSULTATIONS**
4.1	No specific consultation was required for this report. User and public involvement is

	key for the partnership and all significant proposals will be subject to an appropriate level of consultation.
5.	**CONCLUSION**
5.1	Members of the IJB are asked to note the ongoing developments within the partnership.

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

Integration Joint Board
16th June 2016 Agenda
Item No.10

Subject: **Delivering the Living Wage Commitment**

Purpose: To advise Integrated Joint Board members of the impact of implementing the Living Wage commitment as part of a positive approach to fair work practices.

Recommendation:

1. Note steps taken over recent weeks to ensure contractual terms which support Providers to pay the National Living Wage from April 2016 and the Living Wage from October 2016.
2. Retrospectively agree the increases in rates applied at 4 April 2016 through to 25 September 2016.
3. Consider and agree proposed rate increases from 26 September 2016.

1.	**INTRODUCTION**
1.1	The Living Wage commitment made by Scottish Government as part of the 16/17 finance settlement is to ensure that the Living Wage of £8.25 per hour from October 1st 2016 is paid to care workers providing direct care and support to adults in care homes, care at home, and housing support. This covers all purchased services, including specialist support services such as those for people with physical disabilities, learning disabilities, mental health difficulties and substance misuse issues. The new rate applies for all hours worked and therefore encompasses sleepovers, travel time and holiday pay and should be achieved as part of a positive approach to fair work practices. Personal assistants employed via Self-Directed Support (Option 1 – Direct Payment) were not explicitly included in the commitment to deliver the Living Wage. However, Local Authorities may be at risk of challenge with regards to principles of equal treatment and discrimination if allowances aren't sufficient to pay personal assistants the Living Wage of £8.25. The Scottish Government have provided resources to contribute to this commitment for 2016/17 within the £250m Health and Social Care monies. However, it is important to bear in mind that as well as the increase to basic pay, employers will incur additional costs including National Insurance contributions and employer pension contributions.

In line with the requirements attached to Scottish Government funding for social care the Partnership have reviewed rates payable to personal assistants as well as to Providers whom we purchase residential care (older people), care at home and housing support services.

Key factors which have been taken into consideration include:

National Minimum Wage (NMW): The NMW is the minimum pay per hour almost all workers are entitled to by law. Basic rates of pay should be calculated before enhancements, travel expenses or shift allowances are applied. Minimum wage rates are updated in October each year and depend on a worker's age and if they're an apprentice:

Year	21 and over	18 to 20	Under 18	Apprentice*
October 2015	£6.70	£5.30	£3.87	£3.30
October 2014	£6.50	£5.13	£3.79	£2.73
October 2013	£6.31	£5.03	£3.72	£2.68

All employers who fail to meet NMW requirements will be publicly named by The Department for Business Innovation and Skills.

National Living Wage: In July 2015 the Chancellor of the Exchequer announced that the UK Government would introduce a compulsory minimum wage premium for all staff over 25 years of age who are working and not in the first year of an apprenticeship. This is known as the 'National Living Wage' with the minimum wage for over-25s having risen from £6.70 per hour to £7.20 per hour from 1st April 2016. The government has instructed the Low Pay Commission that the minimum wage premium for over 25s should reach 60% of median earnings by 2020. This would mean a rise to around £9 per hour by 2020.

Sleepovers: Case law has drawn a distinction in practice between cases where being present is itself part of the job, and those where it is not and the worker is genuinely only 'on call'; Appendix 1 provides further details.

The key question of whether the NLW should be paid is based on whether or not the worker is working while doing a sleepover shift. In the case of care and support services purchased by the Council, workers are considered to be working while doing a sleepover as if they left the service user unattended they would most likely be subject to disciplinary measures.

Pension Reform: Workplace pension reforms require employers to automatically enrol all eligible workers aged between 22 and State Pension age who earn more than £10,000 a year and work in the UK into a qualifying workplace pension scheme.
Workers can opt out within the month long opt-out period that follows their enrolment. Employers must make a contribution to those worker's pension's savings who continue to opt in. The minimum contribution levels for all automatic enrolment schemes are being phased in.

Payment of Travel Time & Costs: Payment should be made to staff when travelling between visits or attending training approved by the employer. NLW is not paid to cover journeys to and from the workers home and other non-working time.

	Outcomes from National Discussions: The Council is signed up to various national contracts such as the National Care Home Contract and the National Secure Care Contract. Increases in rates are negotiated at a national level, with representation from Partnerships and key partners such as Coalition of Care (CCPS), Scottish Care, the Scottish Government and COSLA. **Payment of the Living Wage (LW):** The government NLW rate is separate to the LW rate calculated by the Living Wage Foundation. The government rate is based on median earnings while the Living Wage Foundation rate is calculated according to the cost of living. In November 2015 Fair Working Practices in Procurement, including payment of the LW were introduced. North Ayrshire Council have also signed up to UNISON Ethical Care Charter and as such are considered and Ethical Care Council. Both initiative's mean that the any Provider sub contracted by the Council should be encouraged and supported to pay their staff the LW of £8.25 from October 2016.
2.	**REVIEW OF RATES**
2.1	Given the various arrangements in place at national and local level different approaches were adopted when considering how legislative requirements would impact on each of the care sectors. **Providers Registered to Provide Care at Home & Housing Support Services**: At February 2016 the Council purchase a total of 21,755 hours per week from 29 Providers, with a variety of contractual hourly rates ranging from £11.20 to £16.20 being in place. An exercise was undertaken which concluded that a fair hourly rate from 4 April 2016 to 25 September 2016 was £13.65 per hour. A detailed breakdown of how this hourly rate was calculated is outlined in Appendix 2. This exercise demonstrated that based on hourly rates payable at February 2016 a total of 16 Providers required an increase from 4 April 2016 in order to be able to meet legislative requirements. Those Providers who were in receipt of a rate higher than £13.65 per hour at 1 April 2016 did not have their hourly rate reduced. Using the same methodology a similar exercise was undertaken to consider payment of the Living Wage from 1 October 2016, with a rate of £15.51 per hour being calculated. There are 4 Providers whose rate is above £15.51 per hour as they provide specialist/unique types of support and existing rates will continue to be honoured. Overall, 86% of Providers will receive an increase in their hourly rate by 26 September 2016. Relevant Providers have been advised of the above and contracts will be amended as necessary. There are 3 Care at Home Providers who make use of CM2000 Call Monitoring System which allows payments to be made based on actual service provision as opposed to commissioned service. Time "bands" have been recalculated based on revised rates and will be reflected in contract variations (see Appendix 3). **Payment of Sleepovers**: At February 2016 the Council purchase a total of 70 sleepovers totalling 3,869 hours per week from 11 Providers. The vast majority of sleepovers (67 service users or 96%) cost between £28.58 and £39.03 per night.

It was not feasible or practical to replicate individual calculations as outlined in Appendix 1. Instead an exercise was undertaken to calculate a fair payment for sleepover services given the requirements for Providers to pay staff NLW from April and the LW from October, pension reform and travel time/costs. Calculations have also taken account of the fact that sleepovers should not be calculated at the full National Living Wage or Living Wage calculation as some staff undertaking sleepovers will already be employed by Providers during the day and therefore basic hourly rates payable will be in place. The following fair rates were agreed:

	Fair rate 4 April 2016 to 25 September 2016	**Fair rate from 26 September 2016**
8 hour sleepover	£65.86 per night	£75.46 per night
9 hour sleepover	£74.09 per night	£84.90 per night
10 hour sleepover	£82.32 per night	£94.33 per night

A detailed breakdown of how these rates were calculated is outlined in Appendix 4.

Care Home Service (Older People): At April 2016 the Partnership commission 258 Residential and 614 Nursing care placements via the NCHC. Following discussions between COSLA Leaders, Scottish Care and CCPS the 16/17 contract is subject to an uplift of 2.5% from 11th April 2016 and a further uplift of 3.9% (resulting in a cumulative uplift of 6.5%) from 1st October 2016.

Personal Assistants Employed via Self-Directed Support (Option 1 – Direct Payment): At May 2016 there are 1,657 hours of day time care and support purchased by service users each week. An exercise was undertaken which concluded that the current rates payable to personal assistants for day time support did not need to increase until 26 September 2016. At this date £11.07 per hour is required in order to allow payment of the Living Wage to personal assistants employed to provide day time support. A detailed breakdown of how this hourly rate was calculated is outlined in Appendix 5.

In addition, 1304 sleepovers per annum are purchased via a Direct Payment using personal assistants and there are a further 2,964 sleepovers a year purchased via Independent Living Fund Scotland funding.

An exercise was also undertaken to calculate the cost of paying personal assistants to the NLW from April and the LW from October. The following costs were calculated.

	Fair rate 4 April 2016 to 25 September 2016	**Fair rate from 26 September 2016**
8 hour sleepover	£71.52 per night	£81.92 per night
9 hour sleepover	£80.46 per night	£92.16 per night
10 hour sleepover	£89.40 per night	£102.40 per night

A detailed breakdown is noted in Appendix 5.

2.2

CARE AND SUPPORT SERVICES OUTWITH THE SCOPE OF THE EXERCISE

There are a number of services i.e. Residential Care (Adults), and some Children Services which are either subject to inflationary uplifts via local or national discussions. These are not included in this paper.

3.	**PROPOSALS**
3.1	Agree the hourly rates and sleepover rates which have been negotiated at local and national level, which will allows for sustainability for Providers and continuity of service provision for service users.
4.	**IMPLICATIONS**
4.1	**Financial Implications**
	Total financial implications for 16/17 of agreeing proposals in full are noted below.

	TOTAL
Purchased sleepovers	£0.962m
Supporting Providers to meet legislative requirements and pay the LW from 1 October 2016	£1.638m
Additional budget pressure to meet fee increase agreed for NCHC	£0.650m
Increasing personal assistant hourly rate to £11.07 per hour.	£0.038m
Payment of sleepover costs for personal assistants	£0.070m
Payment of sleepover funded via ILF Scotland	£0.159m
TOTAL	**£3.517m**

The interim budget approved by the IJB on 10th March included estimated costs for these areas totalling £2.642m of which £0.326m was to be funded by the Council. The **increase in costs of £0.875m** are factored into the 2016/17 revenue budget paper which is the subject of a separate report.

4.2	**Human Resource Implications**
	Paying of the Living Wage is recognised as one of the key indicators in tackling poverty and improving standards of living. It is hoped that by applying the Living Wage Providers will benefit from a happier and more productive work force which will in turn enhance the quality of care for service users.
4.3	**Legal Implications**
	By implementing revised rates this allows the Partnership to work in partnership with Providers to support them to meet contractual requirements in relation to Fair Work Practices, in Procurement, including Payment of the Living Wage. Fair Working Practices will be monitored via existing contract management processes moving forward.
4.4	**Equality Implications**
	Where Providers increase wages, the Government will gain extra tax revenue and pay out less in welfare. At a local level this also creates a level playing field, particularly within the Care at Home, Housing Support and Care Home market as employers will now be able to offer the same rates of pay. Working within these important areas is more likely to be viewed as a positive career choice and this level of payment allows Providers to compete with other employers

	such as supermarkets who offer rates of pay at a minimum level and often less challenging working conditions. In the medium to long term it is hoped that this impacts on the quality of care and support for service users due to less movement within the markets.
4.5	**Implications for Key Priorities**
	This initiative contributes towards the Partnerships strategic priority of tackling inequality and bringing services together as there is evidence to suggest that higher rates of pay lead to improved quality of care.
5.	**CONSULTATIONS**
5.1	Internal colleagues from Legal and Financial Services were involved throughout. Proposed approaches in relation to care at home and housing support services were discussed at North Ayrshire Health & Social Care Provider Forum on 24 February and Children and Families Service Forum on 13 April. Providers were also invited via letter to contact the Partnership should they wish to discuss the rates at an individual level. National partners such as CCPS and Scottish Care were involved in negotiations relating to NCHC settlement for 16/17.
6.	**CONCLUSION**
6.1	The Partnership have adopted a pro-active, rather than re-active, approach to supporting Providers to meet costs associated with the legislative and best practice requirements outlined in this report. To date, several Providers have already indicated that they would be unable to continue to operate if rates are not increased. This approach will support the sustainability of the sector. When calculating rates the cost of staff training, service/operational costs and profit margins have been built in to support staff development and Provider sustainability. There will be a need to review rates on an ongoing basis as the Council is committed to supporting Provider's whom they purchase services from to pay their staff the Living Wage, which will increase year on year.

For more information please contact Eleanor Currie on 317814 or Betty Saunders on (01294) 317799.

Appendix One

PAYMENT OF SLEEPOVERS

Sleepover case law

Case law has drawn a distinction in practice between cases where being present is itself part of the job, and those where it is not and the worker is genuinely only 'on call'.
In the cases of *Whittlestone v BJP Home Support Ltd* and *Esparon t/a Middle West Residential Care Home v Slavikovska* the Employment Appeals Tribunal (EAT) concluded that all of the hours worked were working time for NMW purpose as carers were required to be present on premises even if they did not do any work.

However, in the cases of *South Manchester Abbeyfield Society Ltd v Hopkins* and *City of Edinburgh Council v Lauder* EAT's ruled that where positions such as sheltered housekeepers/wardens main job was done during the hours of 8.30am and 5.30pm which was separate from the overnight on call period, this does not count as working time.
The key question is whether or not the worker is working while doing a sleepover shift.

Calculating the cost of Sleepovers:

Example A: A care worker is paid £7.40 per hour for "normal" shifts and £30 for a sleepover. The care worker works four 9 hour shifts a week and does one 8 hour sleepover. If the pay reference period is a week, is there an issue?
No. The employee is paid on average £6.74 per hour, which is excess of NMW.

Example B: A care worker is paid £6.90 per hour for "normal" shifts and £32 for a sleepover. The care worker works three 10 hour shifts and does two 7 hour sleepovers. If the pay reference period is a week, is there an issue?
Yes. The employee is paid on average £6.16 per hour, which is below the NMW.

Example C: A care worker only works night shift sleepovers; three 10 hour shifts per week. If the pay reference period is a week, is there an issue?
No. The employee would be paid NMW for each hour worked.

FAIR HOURLY RATES – CARE AT HOME & HOUSING SUPPORT SERVICES

Component	**Rate From 4th April 2016**	**Rate From 26th September 2016**	**Assumption**
Basic hourly rate	£7.20	£8.25	April - National Living Wage October - Living Wage
National Ins: Employers Contribution	£0.74	£0.85	9.5%-11% - calculated at 10.25% as an average
Holiday	£0.82	£0.94	10.77% to 12.07% - calculated at 11.42% as an average
Training	£0.11	£0.12	Allowance for cost of training based on value of wage - 1.5%
Employers pension contribution	£0.07	£0.08	1%
Travel	£0.72	£0.83	10% of hour
Mileage rate & distances travelled	£0.70	£0.70	Based on 2 miles per hour @35p per mile
Provider operational costs	£2.64	£3.00	Calculated at all costs exc. profit x25.5%
Profit	£0.65	0.74	Calculated at all costs x 5% per hour
	£13.65	**£15.51**	**per hour**

CM2000 BAND RATES BASED ON REVISED HOURLY RATES

With effect from 4 April 2016 to 25 September 2016 all Care at Home Providers whom the Council purchase care from will be paid **£13.65** per hour per the calculations in Appendix 2.

Breakdown of how rates translate into bands within CM2000

Bandings	**Paid at**	**Amount**
1 to 22 mins	15 mins	£3.41
23 to 37 mins	30 mins	£6.83
38 to 52 mins	45 mins	£10.23
53 to 67 mins	60 mins	£13.65

With effect from 26 September 2016 and until further notice all Care at Home Providers will be paid **£15.51** per hour.

Breakdown of how rates translate into bands within CM2000

Bandings	**Paid at**	**Amount**
1 to 22 mins	15 mins	£3.88
23 to 37 mins	30 mins	£7.76
38 to 52 mins	45 mins	£11.63
53 to 67 mins	60 mins	£15.51

Where care is delivered over the 67 minute mark rates will be calculated using the pro rata rate.

SLEEPOVER PAYMENT CALCULATIONS

	From 4/4/16	From 26/9/16	Assumption
Basic hourly rate	**£7.20**	**£8.25**	April – National Living Wage October – Living Wage
80% of basic hourly rate	£5.76	£6.60	Calculated at 80% of the hourly rate as some staff who provide sleepover support will also be employed during the day and it is likely that when calculating total hours worked for the pay period NLW or LW will apply.
National Insurance: Employers Contribution	£0.59	£0.68	9.5%-11% - calculated at 10.25% as an average
Holiday	£0.66	£0.75	10.77% to 12.07% - calculated at 11.42% as an average
Training	£0.06	£0.07	Allowance for cost of training - 1%
Employers Pension Contribution	£0.06	£0.07	1%
Provider operational costs	£0.91	£1.04	All costs exc. profit X 12.75%
Profit	£0.20	£0.23	All costs x2.5% per hour
	£8.23	**£9.43**	

8 hr	£65.86	£75.46	Per night
9hr	£74.09	£84.90	Per night
10hr	£82.32	£94.33	Per night

PAYMENTS TO PERSONAL ASSISTANTS EMPLOYED VID SDS OPTION 1

RATE PER HOUR from 26/9/16

Basic hourly rate	£8.25	National Living Wage
National Ins: Employers Contribution	£0.85	9.5%-11% - calculated at 10.25% as an average
Holiday	£0.94	10.77% to 12.07% - calculated at 11.42% as an average
Training	£0.12	Allowance for cost of training based on value of wage - 1.5%
Employers pension contribution	£0.08	1%
Travel	£0.83	10% of hour
	£11.07	per hour from 26 September 2016

RATE PER HOUR (SLEEPOVERS) - PERSONAL ASSISTANTS EMPLOYED VIA SDS

	From 4/4/16	**From 26/9/16**	**Assumption**
Basic hourly rate	£7.20	£8.25	National Living Wage
National Ins: Employers Contribution	£0.74	£0.85	9.5%-11% - calculated at 10.25% as an average
Holiday	£0.82	£0.94	10.77% to 12.07% - calculated at 11.42% as an average
Training	£0.11	£0.12	Allowance for cost of training based on value of wage - 1.5%
Employers pension contribution	£0.07	£0.08	1%
	£8.94	**£10.24**	

	From 4/4/16	**From 26/9/16**	
8 hr	£71.52	£81.92	Per night
9hr	£80.46	£92.16	Per night
10hr	£89.40	£102.40	Per night

North Ayrshire Council
Comhairle Siorrachd Àir a Tuath

NHS Ayrshire & Arran

Integration Joint Board
16th June 2016
Agenda Item 11

Subject:	**Refresh of the Strategic Plan – First Draft**
Purpose:	To offer members of the North Ayrshire Integration Joint Board an early opportunity to comment on the first draft of the refresh of our Strategic Plan.
Recommendation:	That members of the IJB comment on the draft and note the next stages in the process for developing the final plan update.

1.	**INTRODUCTION**
1.1	We agreed at our meeting in September 2015 that we would carry out a refresh of our 3 year Strategic Plan at its mid-point, with the refresh having been completed by August 2016.
1.2	The joint session of the IJB and SPG held in January, we agreed that the following would form the core content of the plan refresh: I. Reflections on progress in our first year II. 5 strategic priorities, with a focus in on the 4 big developments: - Team around children - Intermediate care and rehabilitation - Wider primary care - Mental health and learning disabilities III. Development of Equality Outcomes IV. Views from Locality Forums V. Emerging areas for investment, including social isolation, primary care and early mental health support VI. Housing statement
1.3	We also indeed to publish our first Annual Report in August, to complement the Plan update, which will review in more detail, the progress and challenges of the last year.
2.	**CURRENT POSITION**
	<u>How we got here</u>
2.1	We completed a review of progress against the Strategic Plan over the winter, drawing on various sources of information, including;

	• Locality profiles – providing more in-depth data on the health, economic and social issues within each of our 6 localities • Integrated Joint Board and Strategic Planning Group discussions over the last year • Progress against the actions in the strategic plan, • key information from the HSCP performance review process (ASPIRE), including key performance indicators • Concerns, compliments and complaints • Learning from the Change Programme • Other major commitments, i.e. Integrated Children's Services Plan, Winter Plan, Fair for All - inequalities Strategy etc. The outcome of this review was a renewed commitment to our 5 Strategic Priorities, a recognition of the importance and opportunity offered by our Locality Forums, and focusing in in Year 2 and 3, on the 4 big service developments. A small writing group was established and have produced this first draft, drawing on the work already underway in the 4 service development areas, and in the Locality Forums.
	Next Steps
2.2	Following consultation with the IJB on draft one, the following steps will be undertaken: - Consultation with the SPG - Draft made available on corporate bodies' websites - information sessions with staff from health, council, third and independent sectors - electronic survey - links on twitter -
	Final Draft
2.3	Following feedback from these various sources, a final draft of the refresh will be brought to the IJB in July for approval. This will then be finalised and a full printed plan and Annual Performance Report will be present to the IJB in August for approval.
3.	**CONSULTATION**
	As this is a refresh of our current plan, it is not envisaged that a major consultation exercise will be required. Many of the developments outlined in the plan are as a result of extensive consultation, such as teams around children and the model of care for older people.
4.	**IMPLICATIONS**
	Financial Implications
4.1	The refresh of the Strategic Plan is linked to the budget paper as it highlights the need for investment in social isolation, our wider primary care teams and low level mental health support.

4.2	**Human Resource Implications** Engagement with staff and trade unions will take place through each of the 4 service development areas.
4.3	**Legal Implications**
	There are no legal implications.
4.4	**Equality Implications**
	The refreshed plan includes details of our approach to meeting our Equality duties.
4.5	**Environmental Implications**
	There are no environmental implications.
4.6	**Implications for Key Priorities**
	The refresh of the Strategic Plan offers us the opportunity to ensure greater focus on our strategic priorities.
5.	**CONCLUSION**
5.1	The IJB are asked to consider the proposed content of the refresh of the Strategic Plan, and offer comment and advice on any areas of omission.

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

Please note that the following will be added through the final page design:

1. Quotes from staff, carers and people who use our services
2. Photographs of local people, staff and services
3. North Ayrshire map showing localities
4. Locality photographs
5. Images to illustrate:
    - NAHSCP (NHS, NAC, third and independent sectors)
    - Each of the four service development areas
6. Cross references

This document is for people who live in North Ayrshire. It must be easy to understand and meaningful to people who don't speak health-and-social-care speak.

Reflections from Iona Colvin

Caring together is at the heart of our health and social care partnership here in North Ayrshire. Community health and care (everything outside of acute hospital care) is provided by our partnership of North Ayrshire Council, NHS Ayrshire & Arran, the third sector and independent care sector: together we are North Ayrshire Health and Social Care Partnership.

We are person-centred and we want to make sure that people's voices are listened to and their needs are met; this is at the core of our decision making. People who use our services, carers and families, staff and stakeholders work together to improve and shape the future of health and social care services.

We published our first plan in April 2015 and since then have worked hard to meet our key objectives, including

- Development of our new health and social care locality forums – it's great that we are supporting local communities to create local solutions for local health and care needs

- Joining together of NHS and Council Addictions teams into one team called North Ayrshire Drug and Alcohol Recovery Service (NADARS) – one point of contact, with open referral for everyone; we're co-creating recovery journeys with the people who use our service

- Opening of the fabulous Woodland View, our new mental health and community hospital in Irvine. This forward-looking amenity will greatly enhance our ability to better meet the needs of Ayrshire and Arran's residents.

Have a look at more of our key successes on page xx. These are also included in our Annual Performance Report, available at xx.

People in the Partnership are our biggest asset. Our ongoing successes are because of their dedication, innovative thinking and commitment to our vision, values and strategic priorities. Extensive improvements to services and the exceptionally positive results of staff engagement surveys tell us that the people who work every

day to meet North Ayrshire's health and care needs are proud and happy to be part of the new evolving and exciting partnership picture.

Our aim is that partnership working in local communities will create a more equitable, healthier and better society for everyone. Local community voices will help us with our strategic planning process, which in turn will become the plans that our Integration Joint Board (IJB) agrees to. This ensures that we listen and respond in the best way possible to local health and social care needs.

The pages that follow give more detail of what North Ayrshire Health and Social Care Partnership will achieve in the next 18 months. I will then report back to let you know what we have achieved and the impact that this is having to ensure, 'All people who live in North Ayrshire are able to have a safe, healthy and active life.'

Iona Colvin
Director, North Ayrshire Health and Social Care Partnership

Vision

The purpose of North Ayrshire Health and Social Care Partnership is that:
All people who live in North Ayrshire are able to have a safe, healthy and active life.

Values

You will experience our values in the way North Ayrshire Health and Social Care Partnership speak with you and how we behave:

- Person centred
- Respectful
- Efficient
- Caring
- Inclusive
- Honest
- Innovative

Strategic priorities

To deliver our vision, and after asking people who use our services, North Ayrshire residents and staff, North Ayrshire Health and Social Care Partnership will continue to focus on these five priorities:

- Tackling inequalities
- Engaging communities
- Bringing services together
- Prevention and early intervention
- Improving mental health and wellbeing

Year 1 key successes

Tackling inequalities

- Advised and supported the most vulnerable people in our communities with income generation across all areas of Money Matters team (total £7,614,130)
- Delivered 100% effective SNAP (Stop Now and Plan) Programme – children and their parents now more effectively engaged, together and in education
- Co-created *Fair for All*, North Ayrshire's Community Planning Partnership (CPP) Inequalities Strategy (see page xx)

Engaging communities

- Developed Health and Social Care Locality Forums (see page xx)
- Got people together to help design the future of services, ranging from Care at Home to paediatric neuro-developmental services
- Held public events ie Care and Support North Ayrshire (CareNA) exhibition

Bringing services together

- Developed a single telephone support line to support GPs provide care for people with complex care needs
- Created a single joined-up Addictions service team – North Ayrshire Drug and Alcohol Recovery Service (NADARS)
- Created a care rehabilitation hub in Ward 1 at Woodland View; a new way of giving joined up care to people coming through Crosshouse Hospital

Prevention and early intervention

- Developed a new signposting service (Connecting People in Communities), based in local GP practices, with Community Connectors (see page xx)
- Invested in and increased the capacity of our Care at Home service to meet the growing local demand – we hugely improved Care at Home service performance too
- Developed Getting it Right for You, North Ayrshire's Community Planning Partnership Children's Services Plan (see page xx)

Improving mental health and wellbeing

- Opened Woodland View mental health and community hospital in Irvine
- Increased effectiveness of MADART (Multi-Agency Domestic Abuse Response Team) in reducing reported domestic abuse in North Ayrshire

Our Year 1 achievements will be reflected in our Annual Performance report. This is available at xx

Now, and in the future …

In the next two years we will find new ways of organising our services and working with professionals and staff to better care for local people. We will:

1. Develop a wider primary care family of services in local communities
2. Support the needs of older people and adults with complex care needs
3. Build teams around children
4. Create a new strategy for mental health and learning disabilities

All of our work falls into our strategic priority categories; here are some examples.

Tackling inequalities

- We will make sure our services to children ensure they have the best start in life (see page xx)

Engaging communities

- We will support localities to create their own local solutions to health and social care needs (see page xx)

Bringing services together

- Develop locality based multi-disciplinary teams, including GPs, dentists, pharmacists, optometrists, money matters advice, community connectors, addictions workers as well as teams of social workers and district nurses to support and care for people with complex care needs

Prevention and early intervention

- We will make sure there are additional services to support people to avoid admission to hospital
- We will increase opportunities for people to get involved in their local communities

Improving mental health and wellbeing

- We are adopting a holistic, whole life approach with a range of community services to support people to flourish and live a balanced life

Health and Social Care Locality Planning

North Ayrshire Health and Social Care Partnership has developed six Locality Planning Forums in Kilwinning, Irvine, Three Towns, Garnock Valley, North Coast & Cumbrae and Arran. These forums will help us deliver priorities at a local level.

Locality Planning Forums will actively empower communities, making it easier for North Ayrshire people to be involved in the decisions that will influence and shape local health and care services. The Forums will work with local people, local groups and organisations, listening to their needs and aspirations; they will be crucial in identifying North Ayrshire health and social care needs and key to our future strategic planning.

Our localities

North Ayrshire is home to over 136,000 people. People from different local communities experience contrasting lives and a wide range of health outcomes.

Kilwinning

A high proportion of Kilwinning's population (over 15,000) are of working age. Famous for its historic sites, such as Kilwinning Abbey and Eglinton Castle, Kilwinning locality is home to a high number of young families and young adults. The town has an active local community, with groups for all ages and interests, complimented by a busy sports centre and local junior football team. In recent years the area has grown in affluence, with declining levels of multiple deprivation and income deprivation.

Kilwinning Locality Forum has identified the following priorities

- Introduce GP visiting sessions in local nursing homes
- Make Occupational Therapy advice available in the local pharmacy
- Engage with local early years nurseries to hear views from parents
- Undertake a networking event to understand the local health and social care provision available

If you'd like more information about **Kilwinning** locality forum, please contact [details]

Irvine

Irvine is an ancient settlement, with a long maritime history and was previously one of the earliest capital cities of Scotland. With almost 40,000 residents, Irvine is the most populated locality in North Ayrshire. Irvine locality has an overall younger age profile than the rest of North Ayrshire, and this contributes to it having a higher number of people of working age. Irvine residents have generally good access to services and improving attainment in local pupils' education. Two of Scotland's first ministers, Lord Jack McConnell and Nicola Sturgeon, hail from Irvine.

Irvine locality has high volumes of health deprivation as well as low employment which contributes to local people experiencing a wide range of health issues with little or no support organisations.

Irvine Locality Forum has identified the following priorities

- Address issues of social isolation across all ages
- Improve low level mental health and wellbeing particularly among young people
- Improve access to local physiotherapy for those with Musculoskeletal concerns

If you'd like more information about **Irvine** locality forum, please contact [details]

Three Towns

The towns of Ardrossan, Saltcoats and Stevenston make up the Three Towns locality, which has a population of over 32,000 people. The area is seeing a rise in the young adult population that is coupled with improving educational performance and school attendance. Three Towns locality has the highest local unemployment rate, with rising levels of health deprivation and some of the lowest male life expectancy in North Ayrshire.

Ardrossan's development during the industrial revolution was down to its position on the Clyde coast and the coal and pig iron trade. Stevenston had over 32 coal mines in the area, while Saltcoats' industrial heritage was in salt harvesting (hence the name, Saltcoats).

Three Towns Locality Forum has identified the following priorities

- Ensure appropriate care at home options for older people
- Address social isolation to improve mental health and wellbeing of young men

If you'd like more information about **Three Towns** locality forum, please contact [details]

Garnock Valley

With a population of over 20,000, the main towns of Dalry, Beith and Kilbirnie make up the Garnock Valley locality. Kilbirnie's industrial heritage includes flax and weaving, and in more recent history, iron and steelmaking. While Beith was once a haven for smugglers, it is also the birthplace of Henry Faulds, who is credited with identifying the forensic use of fingerprinting. Presently, the locality has a vibrant community spirit, with strong support for local sports, music tradition and many volunteer groups. While it is traditionally an area with significant deprivation, the Garnock Valley has many strengths, including an improvement in the educational performance of local young people and a low dependency ratio (a higher number of people in the area are of working age).

Garnock Valley Locality Forum has identified the following priorities

- Engage with young people to help improve their health and wellbeing
- Improve low level mental health and wellbeing across all age groups
- Reduce social isolation across all age groups
- Reduce the impact of musculoskeletal disorders

If you'd like more information about **Garnock Valley** locality forum, please contact [details]

North Coast & Cumbrae

The North Coast and Cumbrae locality is home to almost 25,000 residents and includes the towns of Largs and West Kilbride as well as the villages of Fairlie and Skelmorlie. Arguably, the most affluent area of North Ayrshire, North Coast has the highest life expectancy compared to all other localities, with higher household incomes, though there are pockets of deprivation. Largs is a popular seaside resort with historic links to the Vikings. The ferry to Cumbrae leaves from Largs and the island's only town of Millport is popular with day trippers. West Kilbride has strong links with local craft makers and the Scottish classical violinist, Nicola Benedetti, was brought up in the town. The area has relatively low unemployment and its young people perform well academically.

North Coast & Cumbrae Locality Forum has identified the following priorities

- Reduce social isolation of older people and those with complex needs
- Develop support for young people who suffer from stress and anxiety

If you'd like more information about **North Coast & Cumbrae** locality forum, please contact [details]

Arran

Over 4500 people live on the Island of Arran; the largest island in the firth of Clyde. Tourism is the main industry, with scenery and wildlife being key attractions – Arran is home to the big five of Scottish wildlife; red deer, red squirrels, golden eagles, seals and otters. The Arran locality has a higher life expectancy compared to the rest of North Ayrshire and is also above the Scottish average, however Arran has a much higher frail elderly population who have more than one health condition. The island has relatively low levels of deprivation and unemployment, along with high educational attainment for local pupils and generally lower levels of crime.

Arran has a wide range of on-island services, however the largely rural community has poor access and has a relatively high dependency ratio due to the high older age profile of the locality.

Arran Locality Forum has identified the following priorities

- Develop transport solutions that help local people in accessing support
- Reduce social isolation

If you'd like more information about **Arran** locality forum, please contact [details]

Wider Primary Care

Our GPs, dentists, pharmacists and optometrists (primary care professionals) along with community care staff (social workers, addictions workers, money matters, community connectors, phycologists, prescribing advance nurse practitioners) play a unique role in supporting people to maintain their health, independence and wellbeing at home.

There is increasing demand for services. Our aim is to inform people about the range of local services available, help them make healthy life choices and involve them in identifying local opportunities and ways to make services more effective.

Why do we need to make changes?

- To support more older and middle-aged people with complex and multiple health conditions
- To help people with less income experience improved health
- To address the low numbers of trainee doctors wanting to join GP practices
- To accommodate high numbers of primary care staff who are eligible to retire

These examples are exploring opportunities make services even better:

- We are engaging with each North Ayrshire GP practice to find out where and how more support will enable them to improve their services
- *Connecting People in Communities* places a Community Connector in seven local GP practices, where they advise local people with information and support about local health and community initiatives
- Local health and social care professionals are designing their future together: *Ambitious for North Ayrshire: building our locality multi-disciplinary teams*

The future

Ambitious for North Ayrshire has identified some projects for change for each locality. These will help to ensure local people are supported more fully with health and care needs. Some examples include:

- Kilwinning – GP support within local nursing home and Occupational Therapy support in local pharmacy
- Irvine – Public engagement event at GP practice in Castlepark to ask local people for their views

- Three Towns – Create an education and information programme to develop support for young men and another for young mothers
- Garnock Valley – Develop opportunities to encourage young people to get more involved in their local communities
- North Coast & Cumbrae– Develop public information sessions across GP practices
- Arran – Review medicine-prescribing and highlight opportunities for improvements

Our teams will wrap around primary care practices, including Community Connectors, District Nurses, Advanced Nurse Practitioners and Allied Health Professionals. Each locality will develop its own model of collaboration with the voluntary and independent sectors. As a result, when you need help, primary care will be able to respond with the professional who is best placed to help you.

Older People and Adults with Complex Care Needs

We want to enable people to live well in their own home for as long as possible. We are working to change how we support older people and people with complex needs, along with East and South Ayrshire Health and Social Care Partnerships, colleagues in the acute hospitals, carers and public groups along with the third and independent sectors. We want people to live as full, healthy, active and independent lives as possible.

In North Ayrshire, we are living longer than ever before, but with more complex health and social care needs. However, advances in medicines, treatments and technologies provide the opportunity to transform how and where people can live their lives. Our aim is to support people to live as independently as possible at home or in a homely setting.

We to work together with communities and in communities to provide the highest possible quality of health care, to support people to stay well and benefit from proactive help and support to reduce the demand for visits to hospital.

Why do we need to make changes?

- To help people to stay in their own home for as long as possible
- To prevent unnecessary acute hospital admission
- To support timely discharge from hospital
- To promote faster recovery from illness
- To prevent premature admission to long-term care

We already have great examples of how we are working together to support people in their communities.

- Our Care at Home team have greatly reduced the waiting lists for care packages and the length of hospital stays people need
- Our community alarm teams are working alongside the Scottish Ambulance Service in Irvine to try new ways of better supporting people at home
- We are piloting Community Connectors in localities across North Ayrshire, linking people with a range of health professionals and activities
- Ward 1 in Woodland View hospital is now open and provides rehabilitation after a hospital stay in a welcoming local setting

- Ward 2 in Woodland View provides longer-term care for people with complex needs who cannot currently live outside a hospital environment

But we want to do more …

The future

We have a wide programme to develop new models of care for older people and people with complex needs.

We will develop a range of health and social care options, including:

- Supporting people to stay at home or a homely environment (including care at Home, GP and community services)
- Supporting people living with multiple conditions or more complex needs, including dementia and frailty
- Supporting people with hospital care, when appropriate
- Supporting people to regain independent living through rehabilitation
- Supporting people towards the end of their life

North Ayrshire Health and Social Care Partnership will develop an effective, multidisciplinary, multi-agency approach that is flexible and responsive in meeting the needs of those we serve.

Teams around the Child

We are establishing teams around the child (multi-disciplinary professionals in each of the six localities) to work together. As far as is possible, each team will be based in one location. This will ensure that children, young people and families who need additional support have the right professionals around them.

There are significant benefits of the Teams around the Child approach, these include:

- Right person who'll be there for you at the right time
- Being school-based means children will be more familiar with those involved in their lives
- Support for teachers in their new role of 'named person' (from August 2016)
- Improved information sharing so that concerns can be addressed as early as possible
- Less crisis demand on services as the child grows

Getting It Right For You: North Ayrshires Children's Services Plan

Our Children's Services Plan was developed to develop how we work to improve children's outcomes. It contains promises on what services will do to make better the lives of children in North Ayrshire.

Early intervention and prevention

Early intervention and prevention is central to the Children's Services Plan. Effective multi agency working and information sharing is vital to early intervention to ensure children and young people get the support they need.

The Children's Services Plan promises to give children and young people access in school to the professionals who can give them the right support at the right time. It also promises to ensure that people will offer support in each local area so that they can work more closely for and with children and young people.

The future

We will focus activity on the priorities in the Children's Services Plan

- to improve how children and young people engage with school
- to help children and young people to keep fit and be at a healthy weight

- to reduce smoking, drinking and taking substances at an early age
- to support children and young people's social and emotional development

We will review existing services in each locality and consult widely on how to overcome challenges such as:

- Some of the six localities will not have all services as there are not sufficient staff numbers
- Limited space in schools to accommodate additional staff teams
- Varying levels of need in different localities as this is affected by levels of deprivation
- Management arrangements for teams in each locality

This Teams around the Child approach being taken by North Ayrshire CPP will mean earlier identification of children's difficulties and better inter-agency working to increase their chances of positive life outcomes.

Mental Health and Learning Disabilities Services

Improving mental health and wellbeing is a key strategic priority for us; the opening of Woodland View will help us meet this priority. As more local people seek out help and support for mental health services, we have an opportunity to improve how staff, partner organisations, carers and people who use our services work together to provide a more seamless and more holistic experience.

Why do we need to make changes?

- To address the ongoing rising demand (41% in 2015) for services
- To make services available closer to people's homes and in an appropriate setting
- To allocate resources so that there are fewer gaps in services
- To make sure that if hospital stays are necessary, that these are the best quality of care for the shortest period of time

Early intervention is key to helping prevent people being in crisis. We will develop specialist bespoke services in North Ayrshire that will improve people's mental health and wellbeing and the journey they take through services during their life. This will help people to live fulfilling lives.

We will support and enhance community and individual resilience and ensure high quality, sustainable services are available as close to people's home as possible.

The future

We have a wide programme reviewing the way our services work in:

- Psychology – we will make sure that people access help and support as soon as possible
- The pathway children and young people have to follow to receive an investigation for autism and ADHD
- Community mental health – we will create a multi-disciplinary team that has access to a network of local mental health supports
- Forensic services – we want to better support people and speed up their move from hospital back to the community
- Learning disabilities – we will create a single joined-up team that gives person-centred support and promotes independent living, where possible

We will listen, discuss and collaborate with staff, stakeholders, people who use our services and their carers and with local people on the best way forward. We will ensure that North Ayrshire Health and Social Care Partnership services use our combined resources to best effect to ensure the highest possible quality of person-centred care available.

Building our partnership culture

We use a strengths-based approach in our partnership that includes; Appreciative Inquiry, design thinking, coaching and mentoring and positive change methodologies. These recognise the human element of bringing services together in North Ayrshire, and the great dedication and expertise available through our staff, partners and communities.

Our Organisational Development strategy is a key success factor that enables:

- Continuing development of partnership working with people who use our services, carers, staff and partner organisations
- Building on a commitment to share principles and a collaborative culture
- Continuing improvement of services that provide better outcomes for people

Developing relationships and embedding the values of the partnership in a range of service, team and staff engagement and design activities will continue to be an important focus for us. The positivity and 'can do' approach that appreciates the potential in people opens new and exciting opportunities for health and social care joined-up thinking. This human centred approach also recognises and appreciates the wellbeing of all and as such many of the approaches focus on developing resilience, which is underpinned by the Partnership values.

Creating our partnership voice

We engage with our staff, members of the public, carers and people who use our services online via social media and on websites, though public events and every time a member of our Partnership gives health and social care support. We aim to create a dialogue where people's views are included and open conversations are the new way of working. We promote our services and the benefits of partnership working and engage with a wider audience in the sharing of best practice and topical stories.

www.carena.org is a great way to find out what's happening in North Ayrshire as well as information about health and social care in your locality.

Monitoring and evidencing

Changes to services have to make a difference to people lives. We continually monitor our services, and report and review them in various ways.

There are nine National Health and Wellbeing Outcomes set by Scottish Government.

Outcome 1: Healthier living
Individuals, families, and local communities are able to look after and improve their own health and wellbeing, so that more people live in good health for longer with reduced health inequalities.
Outcome 2: Independent living
People, including those with disabilities, long term conditions, or who become frail, are able to live as independently as reasonably practicable in their community
Outcome 3: Positive experiences and outcomes
People have positive experiences of health and social care services, which are centred on meeting individuals' needs and providing choices that help to maintain or improve quality of life.
Outcome 4: Maintained or improved quality of life
People have positive experiences of health and social care services, which are centred on meeting individuals' needs and providing choices that help to maintain or improve quality of life.
Outcome 5: Reduced health inequalities
Health and social care services contribute to reducing health inequalities
Outcome 6: Carers are supported
People who provide unpaid care are able to maintain their own health and wellbeing, including having a life alongside caring.
Outcome 7: People are safe
People using health and social care services are safeguarded from harm and have their dignity respected.
Outcome 8: Engaged workforce

People delivering health and social care services are positive about their role, and supported to continuously improve the information, support, care and treatment they provide.
Outcome 9: Effective resource use
Best value is achieved with resources used effectively within health and social care, without waste or unnecessary variation.

We make sure that we link what we do to our strategic priorities and the nine national outcomes, and that everyone in the partnership can see how they contribute.[What about the public?]

- **ASPIRE** reports are our first level of monitoring. Twice a year **ASPIRE** reports are reviewed by the Director of North Ayrshire Health and Social Care Partnership and a team of peers. Each service area discusses what has worked well, the service opportunities and what support may help.
- **Joint Performance Review** is produced quarterly. This is presented to North Ayrshire Health and Social Care Partnership Performance and Audit Committee [check name] and the Integration Joint Board.
  Twice a year the **Joint Performance Review** is reviewed by the Chief Executive Officers from North Ayrshire Council and NHS Ayrshire & Arran and other peers. Highlights, opportunities and supports are discussed openly.

Finance

To be supplied by Eleanor Currie

CPP and *Fair for All* (North Ayrshire's Inequalities Strategy)

High levels of inequality exist within North Ayrshire. Evidence of inequalities can be found in the levels of wealth, education and health of the local population. Those who are most impacted negatively by inequalities are more likely to live a life of poverty, have poor health and will have a more basic level of education.

Traditionally, local services have targeted support to those who are most deprived in an attempt to lessen the impact of inequalities. This approach does little to prevent the root causes of poverty and inequalities.

The uneven distribution of wealth has created an inequalities gap and gradient in our society. So, the wealthier you are, the less inequalities you will experience and vice versa. Our Integrated Joint Board (IJB), as a key member of the Community Planning Partnership (CPP) has committed to implementing the Inequalities Strategy for North Ayrshire called *Fair for All*.

Fair for All proposes to tackle inequalities on three levels, using three different approaches. Interventions must either

1. undo the causes of poverty, eg, low-paid or lack employment opportunities
2. prevent wider indirect influences, eg, ?
3. continue to lessen the individual experience, eg, ?

It is recognised that North Ayrshire Health and Social Care Partnership cannot undertake all tasks needed to effectively reduce inequalities. We will play a strong role alongside the other Community Planning Partners in implementing this strategy.

Equality Outcomes

The Equality and Human Rights Commission (EHRC) requires all Health and Social Care Integration Joint Boards (IJB) to publish their equality outcomes and accompanying report by 30 April 2016.

North Ayrshire Health and Social Care Partnership is committed to ensuring that all individuals and communities in North Ayrshire are treated fairly and have the opportunity to thrive and fulfil their potential. Our ambition for a safe, healthy and active North Ayrshire cannot be realised unless we address the prejudice, discrimination and disadvantage that hold people back and prevents them from flourishing.

We have developed a set of Equality Outcomes that link directly to our strategic plan. This provides a framework for positive action to ensure equality of opportunity.

1. The impact of inequalities will be reduced in North Ayrshire
2. Vulnerable people have access to support to tackle financial difficulties
3. More disadvantaged people are in work or training
4. Vulnerable people are kept safe from harm
5. Services are inclusive to the transgender community
6. Local people are involved in improving their communities
7. Carers have the support they need
8. Individuals will be supported to improve their physical health and well-being

For more information please see [add link/xref]

Housing

North Ayrshire Council Housing Services and North Ayrshire Health and Social Care Partnership are working together to produce a Housing Contribution Statement. This will set out the role that social housing providers in North Ayrshire play to achieve outcomes for health and social care. The Housing Contribution Statement will also strengthen proposals previously outlined in North Ayrshire Council's previous contribution statement.

Housing and Health and Social Care will work closely to ensure North Ayrshire's most vulnerable people are safe and secure within their own homes. We will share evidence, identify people's needs and priorities, and plan for solutions.

We will work, develop and enhance:

- extra care housing with linked community hub facilities for older people
- dementia friendly housing
- sheltered housing
- housing for adults with mental health, learning and physical disabilities
- residential accommodation and respite for children with additional support needs
- equipment, adaptations and smart technology

We will continue to strive to improve the health and well-being of our communities to enable people to live as independently as possible within their community.