

Integration Joint Board

**Thursday 17 November 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 8 September 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. Review of Services for Older People and Those with Complex Care Needs (Page 15)

Submit report by David Rowland, Head of Service (Health and Community Care) and receive a presentation on the Review of Services for Older People and Those with Complex Care Needs (copy enclosed).

Performance

5. Chief Social Work Officer Annual Report (Page 37)

Submit report by the Chief Social Work Officer (CSWO) on the statutory, governance and leadership functions of the CSWO role (copy enclosed).

6. Director's Report (Page 73)

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

7. Winter Plan 2016/17 (Page 81)

Submit report by David Rowland, Head of Service (Health and Community Care) on North Ayrshire Health and Social Care Partnership's contribution to NHS Ayrshire and Arran's Winter Plan (copy enclosed).

8. Financial Performance Report as at 30 September 2016 (Page 87)

Submit report by Margaret Hogg, Section 95 Officer (copy enclosed).

9. Arran War Memorial Hospital (Page 115)

Submit report by Pete Gilfedder on the Healthcare Environment Inspectorate (HEI) Unannounced Inspection Visit on the 26th – 27th July 2016 (copy enclosed).

10. Improving Access to CAMHS and Psychological Therapies (Page 117)

Submit report by Thelma Bowers, Head of Mental Health, on f the proposals for use of Government Funding to improve access to CAMHS and Psychological Therapies and a proposal for Government Workforce Capacity Funding by NHS Education for Scotland (NES) (copy enclosed).

Governance

11. Appointment to Performance and Audit Committee (Page 125)

Submit report by Iona Colvin, Director (NAHSCP) on the membership of the IJB Performance and Audit Committee (copy enclosed).

12. Integration Joint Board – Meeting Dates 2017 (Page 127)

Submit report by Karen Andrews, Team Manager (Governance) on proposed dates for meetings of the Integration Joint Board in 2017 (copy enclosed).

Contracts

13. Procurement - EU Tender Plan and Contracting for Services (Page 131)

Submit report by Eleanor Currie, Principal Manager (Finance) on the EU Procurement Tender Plan the proposed tendering of Health and Social Care contracts by North Ayrshire Council (copy enclosed).

Consultations

14. Consultation on Social Security in Scotland (Page 141)

Submit report by David Hornell, Team Manager (Money Matters), on the the Scottish Government's consultation on Social Security in Scotland (copy to enclosed).

Integration Joint Board

Sederunt

Voting Members

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

Professional Advisors

Pete Gilfedder	Interim Lead Nurse/Mental Health Advisor
Ms Iona Colvin	Director North Ayrshire Health & Social Care
Dr Mark McGregor	Acute Services Representative
Ms Margaret Hogg	Section 95 Officer/Head of Finance
Mr Stephen Brown	Chief Social Work Officer- North Ayrshire
Ms Louise Gibson	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 8 September 2016
at 10.00 a.m., Council Chambers, Cunninghame House, Irvine**

Present

Councillor Peter McNamara, (Chair)
Stephen McKenzie, NHS Ayrshire & Arran (Vice Chair)

Dr Carol Davidson, NHS Ayrshire & Arran
Dr Janet McKay, NHS Ayrshire & Arran
Bob Martin, NHS Ayrshire & Arran
Councillor Anthea Dickson, North Ayrshire Council
Councillor Robert Steel, North Ayrshire Council
Councillor John Easdale, North Ayrshire Council

Margaret Hogg, Chief Finance Officer
Stephen Brown, Chief Social Work Officer – North Ayrshire
Dr Paul Kerr, Clinical Director
Dr Mark McGregor, Acute Service Representative
Louise Gibson, Lead Allied Health Professional Adviser
Nigel Wanless, Independent Sector Representative
Julie Lamberth, Staff Representative – NHS Ayrshire and Arran
Louise McDaid, Staff Representative – North Ayrshire Council
Fiona Thomson, Service User Representative
Marie McWaters, Carers Representative
Jim Nichols, Third Sector Representative

In Attendance

David Rowland, Head of Health and Community Care
Eleanor Currie, Principal Manager (Finance)
Thelma Bowers, Head of Service (Mental Health)
Debbie Campbell, Team Manager (Performance)
Paul Doak, Integration Joint Board Chief Internal Auditor
Fiona Mitchell-Knight, Audit Scotland
Stephanie Harold, Audit Scotland
Paul Craig, Audit Scotland
Karen Andrews, Team Manager (Governance)
Angela Little, Committee Services Officer

Apologies for Absence

Iona Colvin, Director North Ayrshire Health and Social Care (NAHSCP)
Pete Gilfedder, Interim Lead Nurse/Mental Health Advisor
Kez Khaliq, GP Representative
Martin Hunter, Service User Representative
David Donaghey, Staff Representative – NHS Ayrshire and Arran

Chair's Remarks

On behalf of the Integration Joint Board, the Chair thanked Councillor Dickson for her contribution to the work of the Integration Joint Board.

1. Apologies

Apologies were noted.

2. 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.

3. Minutes/Action Note – 5 August 2016

The accuracy of the Minutes of the meeting held on 5 August 2016 were confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973.

3.1 Matters Arising

There were no matters arising.

4. Annual Performance Report

Debbie Campbell, Team Manger (Performance) provided a presentation on North Ayrshire Health and Social Care Partnership's Annual Performance Report.

The report provided information on the national context, the publication requirements, the assessment against national outcomes, the financial assessment, locality reporting and inspection of services.

A number of examples of “we said” “we did” were provided that included:-

- The establishment of community connectors in 6 GP practices;
- Work to integrate addiction services into one new joined up service;
- An increase in Care at Home capacity;

- The discharge of more people into ward 1 and a reduction in the average length of stay;
- An increase in household incomes across North Ayrshire by £7,614,130;
- Work done to progress the recommendations in the North Ayrshire Carer's Strategy;
- An increase the effectiveness of the Multi-Agency Domestic Abuse Response Team;
- The positive life changing experience for young people who were part of the Bad Entertainment Project; and
- A reduction of 39% in re-offending over the past 10 years,

Details of the areas of focus for next year included:-

- The inclusion within the refreshed strategic plan of 4 major project which will deliver on the priorities of the partnership;
- The development of further priorities identified by our 6 locality planning forums;
- Evidencing our great performance against the national outcomes as well as our local priorities.

Members asked questions and were provided with further information in relation to future reports that will be more outcome focused.

Noted.

5. Financial Management Report – Period 4

Submitted report by Eleanor Currie, Principal Manager (Finance) which provided an overview of the 2016/17 financial position of the North Ayrshire Health and Social Care Partnership as at 31 July 2016.

A Period 4 Objective Summary of the Partnership Budget was provided at Appendix A to the report. Appendix B gave details of the Period 4 Subjective Summary. Information on the Change Programme Financial Summary was outlined at Appendix C. Appendix D reported on the mitigating action required to reduce the projected overspend of £1.852m and bring the budget online. Details of progress in delivering savings was provided at Appendix E. Appendix F gave information on the budget movements since the approved budget.

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

- A report to a future meeting of the Board on further pressures and the mitigating actions that will be put in place;
- Suspended posts at Montrose House as a result of an ongoing management investigation;
- Work that will be done to financially quantify the reductions in hospital admissions;
- The ambitious target of 1% reduction in sickness absence;
- The impact a few additional expensive secure placements can have on the budget;
- Challenging mitigating actions that have been put in place in a number of areas and alternative plans that will be explored if the savings are not delivered;
- Work that has been done to set up an internal local nurse bank to alleviate the staffing shortage at Woodland View;
- The provision of equipment deemed essential to support individuals and avoid hospital admissions and the introduction of an eligibility criteria;
- Lessons learned in respect of the costs of the business case for Woodland View.

The Board agreed to (a) note the content of the report and the projected overspend of £1.852m for 2016/17; (b) approve the mitigating action being taken to bring the budget online; (c) approve the virements requests, as detailed at 14.1 of the report; (d) approve the Lead Partnership Services' recovery plan for consideration by the South and East Health and Social Care Partnerships; and (e) approve the final element of the NHS budget as detailed at 13.1 of the report.

6. Annual Audit Report

Submitted report by Margaret Hogg, Chief Finance Officer on the annual audit report for 2015/16 and a verbal update by the external auditor Fiona Mitchell Knight, Audit Scotland.

The IJB's accounts for the year to 31 March 2016 were submitted to Audit Scotland in accordance with the agreed timetable.

Audit Scotland have given an unqualified opinion that the 2015/16 financial statements give a true and fair view of the financial position and expenditure and income of the IJB for the year, concluding that the accounts have been properly prepared in accordance with relevant legislation, applicable accounting standards and other reporting requirements. No monetary adjustments have been identified and the IJB's position remains as reported to the IJB on 16 June 2016.

The Board agreed to (a) note (i) the findings of the 2015/16 audit as contained in the External Auditor's annual report at Appendix 2 to the report; and (ii) the agreed action plan as outlined in Appendix IV of the annual report; and (b) approve the Annual Accounts for 2015/16.

7. Charter for Involvement

Submitted report by Thelma Bowers, Head of Service (Mental Health) on the National Involvement Network (NIN) Charter for Involvement that consists of 12 statements which explain how people want to be involved in the support they get, in the services they receive and in the wider community. In signing up to the Charter, organisations will work with the people they support to produce a plan about how the Charter can be implemented

The Board agreed to (a) approve the sign up to the Charter for Involvement; and (b) that J. Nicols will report back to the next meeting on the response from the providers

T. Bowers

8. IJB Directions to NHS Ayrshire and Arran/North Ayrshire Council

Submitted report by Iona Colvin, Director NAHSCP on the policy for making "directions" to North Ayrshire Council and NHS Ayrshire and Arran Health Board.

The report proposed to record the decisions taken by IJB's as directions. Appendix 1 provided the proposed template to record directions and provided details of the directions issued since 1 April 2016.

The Board agreed (a) the directions detailed at Appendix 1 to the report; and (b) that these directions and all future directions that may be agreed by the Board be issued on the Board's behalf by the Chief Officer to the Chief Executives of North Ayrshire Council and NHS Ayrshire and Arran as appropriate.

K. Andrews

9. Strategic Planning Group Minute

Submitted the Minute of the Strategic Planning Group held on 21 July 2016.

Noted.

10. Child Poverty Bill for Scotland

Submitted report by Stephen Brown, Chief Social Work Officer – North Ayrshire on the proposed response to the Scottish Government’s consultation on a Child Poverty Bill for Scotland. Comments are sought on the Bill by 30 September 2016.

The Board was advised that the revised proposed response would be circulated to Members who should respond directly to Stephen Brown to allow for submission to the Scottish Government by the deadline of 30 September 2016.

The Board agreed (a) to note that the revised proposed response would be circulated to Members; and (b) that any additional comments for inclusion in the response should be forwarded directly to the Chief Social Work Officer. S. Brown

11. Mental Health in Scotland: A 10 Year Vision

Submitted report by Thelma Bowers, Head of Service (Mental Health) on the consultation exercise underway on the new Mental Health Strategy that will be published in late 2016. Appendix 1 to the report provided information on the engagement exercises undertaken by the Scottish Government with people and groups to shape and develop the new strategy and the proposed Mental Health priorities consultation paper. The proposed response to the draft Mental Health Strategy Consultation was outlined in Appendix 2 to the report.

Members commented that the proposed response should also refer to and highlight the work of the Integration Joint Board.

The Board agreed to (a) endorse the response to the Scottish Government’s consultation on the national strategy priorities for Mental Health; and (b) that any additional comments for inclusion in the response should be forwarded directly to the Head of Mental Health Services. T. Bowers

12. Exclusion of the Public

The Board resolved in terms of Section 50A(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 1 and 3 of Part 1 of Schedule 7A of the Act.

13. Social Work Complaints Review Committee

Submitted report by the Chief Executive (North Ayrshire Council) on the findings and recommendations of the Social Work Complaints Review Committee and the Cabinet of North Ayrshire Council.

The Board noted the findings and recommendations as detailed in the report.

The meeting ended at 11.40 a.m.

DRAFT

North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 9 September 2016

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	Development and Implementation of a North Ayrshire Social Enterprise Strategy	4/6/15	Draft Social Enterprise Strategy to be submitted to the IJB, NACMT and NAC Cabinet Meeting. Economic Development	Agenda – prior to end 2016 (Report going to Cabinet on 10/5/16)	John Godwin
2.	Model Publication Scheme	13/8/15	Report on progress including the outcome of the options appraisal	Agenda – prior to end 2016	Neil McLaughlin
3.	Volunteering Strategy	11/2/16		Agenda – prior to end 2016	J. Nicols
4.	Official opening of Woodland View	11/2/16	Details of official opening to be provided to IJB Members	As soon as available	T. Bowers
5.	Scottish government Social Security Consultation	5/8/16	Director's office to liaise with Service User reps and a draft response to be submitted to September meeting for approval	September meeting On agenda	K. Andrews
6.	Charter for Involvement	8/9/16	J. Nicols will report back to the next meeting on the response from the providers	October meeting	J. Nicols

7.	IJB Directions	8/9/16	Future directions to be issued to the Chief Executives of the Council and NHS Ayrshire and Arran as appropriate	Ongoing	K. Andrews
8.	Child Poverty Bill for Scotland	8/9/16	Circulate revised response, receive and incorporate any submissions from Members to response	Circulate as soon as possible. Submit to SG by deadline of 30/9/16 Submitted	S. Brown
9.	Mental Health in Scotland: a 10 Year Vision	8/9/16	Refer to and highlight the work of IJB and receive and incorporate any further submissions from Members to response	Submit to SG by deadline of 16/9/16 Submitted	T. Bowers

Integration Joint Board

17th November 2016

Agenda Item No. 4

Subject: **Review of Services for Older People and People with Complex Care Needs**

Purpose: To provide an overview of the work being undertaken to meet the future needs of Older People and People with Complex Care Needs.

Recommendation: The Integrated Joint Board is asked to support the further development of the project and receive regular updates of progress.

1. INTRODUCTION

- 1.1 It has been widely reported that people are living longer than ever before but with multiple and often complex conditions. In addition, improvements in medicines, treatments and technologies mean an increasing number of younger adults will require support with complex health and social care needs. This means, now more than ever before, we need to review our services and systems in order to be able to respond to these future needs.
- 1.2 At its meeting on the 10 December 2015 the IJB were presented with an outline of the proposed work of the Older People and People Complex Care Needs Programme. This programme is a pan-Ayrshire programme led by Iona Colvin, Director NAHSCP, on behalf of the partnership. This paper provides an update of the work to date and proposed next steps.

2. CURRENT POSITION

- 2.1 During November 2015 an initial discussion paper for the Review of Services for Older People And People with Complex Care Needs was developed in conjunction with the SPOG to identify the vision, mission and principles of the project. This was presented to North Ayrshire IJB on 10 December 2015.
- 2.2 This outlined how the programme would develop a shared framework across the three Ayrshire Partnerships and Acute to ensure consistency of approach but would enable local application in order to reflect the needs and ambitions of the different partners accordingly. In addition, Dr Anne Hendry Clinical Lead for Integrated Care has been asked to undertake a consultative role in the programme.

- 2.3 The programme was divided into work streams and sub-groups to undertake key areas of work. At this stage of the programme significant work has already been undertaken by the Data and Analysis Workstream to inform the background information. However the largest piece of work has been undertaken around the Future Models of Care Workstream in order to develop the overarching frameworks. In all, over a hundred individuals from the range of partners, worked across the five subgroups to develop the work so far.
- 2.4 In addition, the programme undertook significant consultation around the New Models of Care for Older People and People with Complex Care Needs with engagement at both partnership and pan-Ayrshire level across a range of stakeholders to inform both the design and development of the New Models of Care for Older People and People with Complex Care Needs.
- 2.5 The interim report, outlined in Annex A, outlines the vision for the programme and summarises the broad framework that was developed for the components of care focused around the needs of older people and people with complex needs.

3. PROPOSALS

- 3.1 It is proposed that the integrated Joint Board support the proposed outline for the New Models of Care for Older People and People with Complex Care Needs.
- 3.2 It is proposed that the integrated Joint Board support the development of this model into a pan-Ayrshire business case to support the implementation of the associated change programme.

Agree to present to NHS Board and other IJB's.

3.3 Anticipated Outcomes

The future model of care will be designed to:

- Place the older person and people with complex care needs at the heart of decision-making about their assessment, treatment, care and support, with a focus on maximising independence;
- Create a fully integrated, community-based physical health, mental health and social care team within each Partnership;
- Focus on preventative care and early intervention to support the effective management of long-term conditions;
- Establish home or homely setting as the norm for the delivery of specialist health and social care service delivery;
- Offer consistency and continuity of care for individuals at home, in a homely setting and in hospital; and
- Make use of technological advances to support the older person and people with complex care needs in managing their long-term condition(s) with rapid support when required from the integrated team.
- Support the individual receiving care and their family in planning, securing and delivering the highest quality of person-centred end of life care.
- Connect people to a local community based support network.

3.4 **Measuring Impact**

An implementation plan and evaluation framework will be put in place as part of the business plan development. These will be tabled at a future IJB meeting.

4. **IMPLICATIONS**

4.1 **Financial Implications**

The partnerships must develop future models of care that will ensure the future needs of local people can be met. The delivery of these will be supported by the development of business cases to ensure the desired outcomes are achieved and sustained within the funding available across the entire system. The detailed financial implications of the new model cannot therefore be assessed until the business cases are concluded and this will be the subject of a separate report to the Integration Joint Board.

4.2 **Human Resource Implications**

The workforce may have to undertake elements of retraining and operate new roles in order to meet future models of care.

4.3 **Legal Implications**

There are no legal implications

4.4 **Equality Implications**

There are no equality implications

4.5 **Environmental Implications**

There are no environmental implications

4.6 **Implications for Key Priorities**

Planning for future models of care for Older People and People with Complex Care Needs meets our strategic vision and strategic priorities.

5. **CONSULTATIONS**

5.1 The Strategic Planning Operations Group and the Older People and People with Complex Care Needs Steering Group were consulted throughout the development of the interim paper. In addition, a number of engagement events have taken place at both partnership and pan-Ayrshire levels with a wide range of stakeholders.

6. **CONCLUSION**

6.1 It is anticipated that the outcomes from the Review of Services for Older People and People with Complex Care Needs will provide the opportunities to meet the future needs of local people in an innovative, safe and creative manner through effective partnership working.

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

New Models of Care for Older People and People with Complex Needs Interim Report

Introduction

Health and social care services provide a vast range of high quality services that improve the quality of life for many older people and people with complex needs within Ayrshire and Arran. However, these services are under considerable strain as resources are squeezed, people live longer with multiple and complex conditions and demographic changes increase.

It is clear that current arrangements are not sustainable and often fail to provide the holistic service that people require. In addition, it should be noted that incremental or small scale change will not be enough to meet the continued pressures outlined above and therefore large scale, whole system change is required at considerable pace to meet the on-going needs of the residents of Ayrshire and Arran.

This report sets out the next steps required for transforming health and social care for older people and people with complex needs across Ayrshire and Arran, offering a consistency of strategic direction and a framework for the development of services tailored to local needs.

There is mounting evidence that this requires a fundamental shift towards care that is co-ordinated around the full range of an individual's needs, rather than episodic condition-based management and support. Further it is apparent from the emergent literature that a focus on prevention and early intervention, combined with a reablement approach designed to maximise and maintain independence, is required to ensure local people live long, healthy, active and independent lives.

To make this change there is a clear need to develop the community infrastructure required to better meet the needs of local people by creating viable, safe and sustainable services that effectively mitigate the risk of acute exacerbations and offer alternatives to emergency admission to acute hospital. This is predicated on Integration Joint Boards being able to better align and deploy the totality of the resource available to them, including the set aside budgets.

This will be no small or easy task. The successful delivery of these changes will require a robust and rigorous organisational development approach to secure the cultural and behavioural changes necessary within and across professions. This is needed to secure the consensus and collaboration required to radically change the health and social care system while assuring local people they will continue to be safely and effectively supported and cared for.

When considering that sustaining the status quo will require over 450 new acute beds by 2035 to meet the increasing demand associated with demographic change, it is evident that the failure to embrace and deliver the paradigm shift is simply not an option.

Background

The work undertaken by this Programme is underpinned by the Scottish Government's 2020 Vision –where by 2020 everyone is able to live longer healthier lives at home, or in a homely setting and, that we will have a healthcare system where:

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

In addition, the programme builds on Ayrshire and Arran's Reshaping Care for Older People - Ten Year Vision for Joint Services. This set out a high level vision and future direction of travel for older peoples services for the next 5-10 years.

Over the next 20 years the number of people aged over 70 years within in Ayrshire and Arran is predicted to increase by over 55% and the 75 years and over group by 86%, see **Appendix 1**. At the same time the number of working age adults is forecast to reduce suggesting that there will be fewer family carers¹ and potentially employees available to support older people and people with complex care needs.

Life expectancy at birth has been increasing over many decades in Scotland and has increased by 6.7 years for males and 5.3 years for females in Ayrshire and Arran. However, the considerable inequalities in life expectancy which exist in different parts of Ayrshire and Arran cannot be ignored.

There is an 8.4 years difference between men living in the most and least deprived areas of Ayrshire and Arran and a 5.4 years difference for females. Further, it should be noted that while people are living longer, they are also spending more years in ill health. In Ayrshire and Arran it estimated that on average 17.5 years would be spent in a "not healthy" status.

This is highlighted when considering that, as people age, they are progressively more likely to live with complex co-morbidities, disability and frailty. Within Ayrshire and Arran by the age of 65, nearly two-thirds of people will have developed a long term condition. Further, it is reported that 42% of older people discharged from Ayrshire and Arran hospitals have six long-term conditions recorded, with an average of 3.6 conditions per person.

This is in line with national statistics which note that people with long term conditions are twice as likely to be admitted to hospital, will stay in hospital disproportionately longer, and account for over 60 per cent of hospital bed days used.

This increase in demographics will have a significant effect on current and future prescribing. The numbers of drugs people are prescribed rises after age 50, and many people over 75 are taking four drugs or more. Overall 24 per cent of the population in Scotland are taking four or more different drugs, 60% of whom are aged over 50. These people have an increased risk

¹ The importance of family and other unpaid carers cannot be underestimated and their value in delivering care and support into the future underpins the model of care proposed herein. In engaging with and working with carers to progress this, full cognisance will be taken of the imminent delivery of the new Act and the associated Guidance and Regulations.

of side effects from their drugs, and the combination of drugs, with potential for adverse interactions, could have a negative impact on their quality of life.

Older people are most likely to attend Accident and Emergency (A&E), and are most likely to arrive by ambulance. In terms of acute care 22% of A&E attendances were for people aged over 65 years and 11% for people aged over 75, however, older people are more often admitted.

In 2014/15, people aged over 65 accounted for 48% of Ayrshire and Arran acute inpatient activity, 46% of day cases and 58% of elective activity. For people aged over 75 years this was 30% of acute inpatient activity, 23% of day cases, 35% of elective activity.

In 2013/14, 6.3% of over 64s in Ayrshire and Arran were admitted to acute hospital, compared to the national average of 5.6%, with a 25% increase in admissions to Medicine for the Elderly noted between 09/10 to 14/15. This was more than twice the rate of the national figures.

From 2010/11 the mean Length of Stay in Ayrshire and Arran for Medicine for the Elderly - fell by 7% to 18 days compared to a 25% national reduction to mean of 14 days. In addition, a 35% increase in Ayrshire and Arran Medicine for the Elderly throughput 04/05 - 13/14 is just half the national increase (72%). The 8% increase in throughput since 2010 is well below the national average increase of 34%.

From this, it is evident that under the current model of care, proportionately significantly more older people are being admitted to acute care in Ayrshire and Arran than across Scotland as a whole and they are staying in hospital for longer. Evidence confirms that the longer an older person is in an acute hospital setting, the more dependent they become and the greater the level of support that is required for them to be safely cared for at home.

Further, it is not unreasonable to deduce that as an individual's dependence increases, so does the likelihood that their community care package will fail, resulting in readmission to acute hospital. This is reflected in the number of individuals who experience multiple admissions locally.

The current model can therefore be seen to be driving increasing demand for both community and acute hospital care.

In responding to this, it will be important to harness the benefits associated with advances in technology provide opportunities to support and care for people at home. A specific programme for Technology Enabled Care ²within Ayrshire and Arran will provide great opportunities for local people. These tools will help people stay healthier for longer and to self-manage their own conditions better and become more involved in decisions about their own care.

Finally, there is also room for improvement in how individuals and their families are supported at the end of life. In 2015 there were approximately 4643 deaths in Ayrshire and Arran. Just under half of deaths in Ayrshire & Arran take place in hospital and between 4-5% in hospice.

² Technology-Enabled Care is defined as: where outcomes for individuals in home or community settings are improved through the application of technology as an integral part of quality cost-effective care and support. This includes, but is not limited to, the use of telecare, telehealth, video conferencing (VC) and mobile health & wellbeing (mHealth). <http://www.jitscotland.org.uk/action-areas/telehealth-and-telecare/technology-enabled-care-programme/>

In a National Audit Office (NAO) study, at least 40 per cent of people who died in hospital did not have medical needs that required them to be treated in hospital, and nearly a quarter of them had been in hospital for over a month (National Audit Office 2008). In addition, an estimated 50 per cent of residents admitted to hospital who died could have been cared for in their care home with better proactive management (National Audit Office 2008).

Programme Governance

Within Ayrshire the integration of health and social care and the formation of East, North and South Ayrshire Health and Social Care Partnerships in April 2015, have provided the opportunity to work with Acute colleagues to review a number of wider systems and structures within the NHS Ayrshire and Arran area.

Each Partnership is leading on a number of pan-Ayrshire projects. The Strategic Alliance maintains an oversight of this work, with the overall direction being co-ordinated through the Strategic Planning and Operational Group on a monthly basis. In addition, reporting has been undertaken through CMT and the Integrated Joint Boards, as appropriate who have all agreed the programme vision:

Older people and people with complex care needs will be supported to proactively access and direct the high quality care and services they require to live a long, safe, active and healthy life at home or in a homely setting, drawing on support from informal networks and services available in their local community.

The leadership of the Review of Services for Older People and People with Complex Care Needs sits with North Ayrshire Health and Social Care Partnership, led by Iona Colvin, Director North Ayrshire health and Social Care Partnership. This programme is directed by a Programme Board with involvement of partners in Acute Services, Primary Care, Health and Social Care Partnerships, service users and carers, the Third and Independent Sectors and Trade Unions.

The Programme Board agreed the programme would be developed to provide the three Ayrshire Partnerships and Acute the chance to develop a framework to ensure consistency of approach but would enable local application in order to reflect the needs and ambitions and management arrangements of the different partners accordingly.

The programme has four key workstreams:

1. **Future Models of Care** – to review and co-design new models of care and support across all care settings and stages
2. **Data and Analysis** – to review where services and support are provided, understand their impact and help us project future needs
3. **Workforce Planning** – to review our teams and their skills and development, including education and training
4. **Financial Planning** – to see how much money we have and how we can use resources better

At this stage of the programme significant work has already been undertaken by the Data and Analysis Workstream to inform the background information. However the largest piece of work has been undertaken around the Future Models of Care Workstream in order to develop the overarching frameworks. In all, over a hundred individuals from the range of partners, worked across the five subgroups to develop the work so far.

Future Models of Models of Care

The future models of Care Sub-groups (figure 1) were divided across five key components of care:

- Supporting people to **stay at home** or a homely environment (including care at Home, GP and community services),
- Supporting older people with **mental health issues**
- Supporting people to regain independent living through **rehabilitation**
- Supporting people with **hospital care**, when appropriate
- Supporting people towards the **end of their life**

In order to draw out key areas of work the groups have focused on components of care focused around the needs of older people and people with complex needs rather than service structures. This has enabled the design of a framework that can be further developed depending on the structures and needs of each partnership. However, of most importance when designing these structures is 'walking the journey of care' from prevention right through to the end of life to ensure a person centred holistic approach.

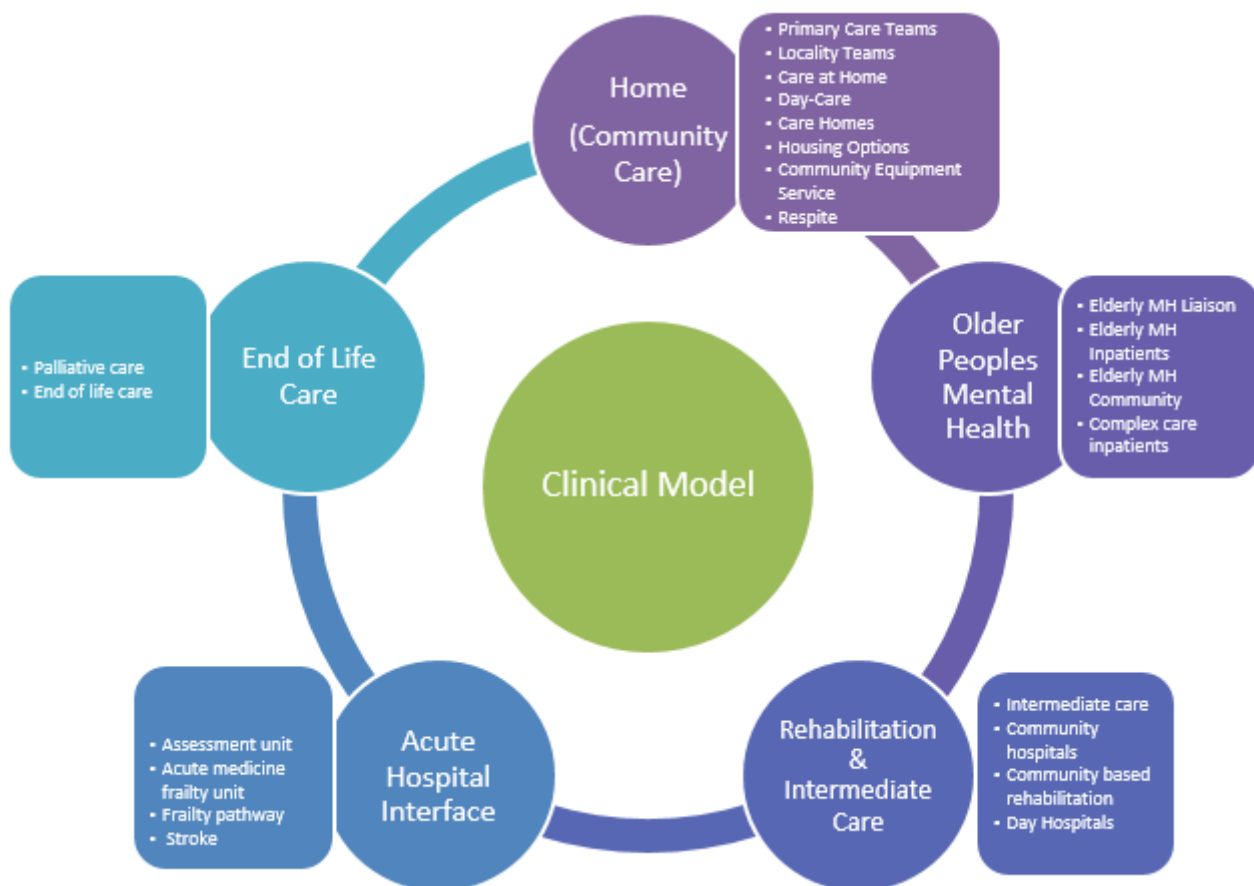


Figure 1

It is worth noting that there are multiple interdependencies and transitions between these components as well as other pan-Ayrshire Programmes. In addition, there are a number of opportunities for innovation and delivery on a pan-Ayrshire basis to meet the specific needs of groups of individuals e.g. people with Alcohol Related Brain Disorder.

Supporting people to stay at home (or a homely environment)

Within Ayrshire and Arran we are keen to ensure that older people and people with complex needs should be able to enjoy long and healthy lives whilst living safely at home and connected to their community. As a first step we need to ensure a range of options to enable people to remain in their own homes as they get older. This could include:

- Developing a range of housing options that support individuals through life transitions and working in partnership with housing and the third sector to ensure Housing Strategies reflects the needs of the local ageing population, with sufficient extra care, sheltered and age-friendly housing available. In addition, continue to develop activities offered within units and expand the provision of local hubs to reduce loneliness and social isolation
- To ensure older people and people with complex needs within Ayrshire and Arran are enabled to stay in their own homes for as long as possible we will work with partners in the third and independent sectors to secure a range of tailored services and targeted interventions aimed at supporting individuals to live full and active lives within their local communities
- Further enhancing the use of Telecare and Telehealth to support individuals to maximise their independence to remain safely at home, support self-management of their own health and prevent hospital admissions. This will include preventative work with individuals with a diagnosis of dementia, reducing the impact of falls and providing more person centred intelligence around trends and usage.
- Work in partnership to develop a Pan Ayrshire Equipment Service to ensure equity of services and increase efficiencies. There is already considerable evidence that equipment and adaptations can support older people and people with complex needs to remain in their own homes, promote recovery after a hospital stay, prevent hospital admissions and reduce the costs of long term care.

Recognising the importance of the GP Practice as the primary focus for community-based service delivery, the future model of care will be underpinned by multi-disciplinary Practice-attached teams, designed to bring a more holistic assessment of need and provision of support and care. This will be complemented by the creation of fully Integrated Complex Care Teams with geographical relationships to GP clusters to provide more specialist advice and interventions as required. Specifically, this will include:

- Multi-disciplinary approach including Social Workers, Community Nursing, Community Psychiatric Nurses and Allied Health Professionals in order to support individuals locally and prevent hospital admissions. This will require further development as part of the wider workforce redesign
- Supporting individuals with prescribed multiple medications by ensuring clinical teams are fully aware of the interactions between drugs aging and disease, the older person's ability to adhere to medication regimes and the individual's personal goals for their health and treatment.
- Regular medication reviews and poly pharmacy management as well as the role of more specialist advice and support from the new integrated community based team.
- To develop a Single Point of Contact for professionals within each partnership area to ensure seamless access to services.
- Promotion of anticipatory and self-management approaches to maximise independence and prevent hospital admissions.
- To develop the use of Community Connectors linked to GP Surgeries to undertake health promotion, early intervention and prevention and facilitate alternative community supports to individuals.

- To continue to develop information and signposting systems to support and signpost the person and their carers to local support groups and networks.

Key to ensuring the availability of medical support to the wider multi-disciplinary team as part of the creation of new Integrated Complex Care Teams, will be the review of the medical model within Older People's services and this will be progressed as a matter of urgency.

To provide a range of flexible high-quality, person-centred care services that reflect the changing needs of older people and people with complex needs in Ayrshire and Arran which include:

- The continued promotion of self-directed support to ensure social care provision for older people and people with complex needs will be more flexible, creative and focused on personal outcomes
- Care at Home Services that offer a 24 hour flexible and responsive service to support timely discharge and prevent unscheduled care. In addition they will promote a step-up approach to support, such as that which can be offered by a variety of models of hospital at home, and end of life care and offer short-term re-ablement interventions in a targeted and tailored way
- To review the current model of day-care provision and provide a more flexible service across seven days and in the evening and provide a re-ablement approach with short-term interventions
- Ensuring Care Homes are active partners in localities and are engaged in planning of future specialised residential care to meet the needs of people with most complex conditions and people at the end of life. In doing so we will develop the skills competencies and confidence of care home staff through enhanced care home liaison teams, provision of specialist interventions and promoting initiatives such as My Home Life to develop and maintain Standards of Care.
- Creating more seamless community based Dementia Services, such as the Dementia Support Services in North Ayrshire, dementia friendly communities with more flexible interventions to meet the needs of individuals and their carers
- Providing a range of financial guidance, assessment and benefits advice to service users and carers to ensure they are in receipt of their full entitlement of benefits and maximise their income

In addition we need to ensure we provide on-going support and education for family and carers to undertake their caring role. This will include:

- Promoting the uptake and accessibility of Carer's Assessments
- Review and update of Carer's Strategies in order to meet the changes in legislation
- Ensuring carers are established as partners in individuals care and provided with support and education.

It is recognised that different models of service delivery will be required to reflect the needs of specific localities. For instance, within urban areas there is likely to be a traditional face-to-face approach to the delivery of this new service model, while in more rural and remote areas use will be made of technologies such as telehealth, telecare and teleconferencing.

Supporting Older People and Mental Health Issues

Recognising that as the number of people experience of mental health problems in older age increases over time there is a need to ensure our specialist services are configured to work with wider health and social care professionals to adopt a holistic approach to the assessment of individual need and the delivery of care and support to meet that. To do this we will:

- enhance the Elderly Liaison service to provide for a seven days a week service as part of fully integrated teams supporting the Combined Assessment Units and Emergency Departments in supporting early effective screening and in-reach into University Hospital Ayr and University Hospital Crosshouse (UHC/UHA).
- further enhance the Care Home Liaison service to increase availability and physical health care competencies of Care Home Liaison nurses to allow individuals to be better supported in the care home setting, moving towards the development of Advanced Nurse Practitioner competencies.
- work with fully Integrated Complex Care Teams with geographical relationships to GP clusters, to provide a seamless service for the individual/carer, that avoids duplication of effort and bridges general medicine and old age psychiatry removing service barriers and enabling services to wrap around individuals.

In doing so, there is a need to reconfigure the inpatient and residential options available to support this client group. We will therefore:

- develop individual and community resilience through dementia friendly communities, supporting individuals/carers through anticipatory care planning rather than reacting to crisis.
- re-provide acute and long stay Elderly Mental Health wards to ensure maximum benefit is derived from co-location with complementary services.

Supporting people to regain independent living through rehabilitation

Intermediate Care & Rehabilitation (IC&R) Services will be Community Based, co-located and accessed by a Single Point of Contact, enabling people to remain as well and as independent as possible at home or within a homely setting. This will include:

- Providing a safe alternative to Acute Hospital Admission, further developing ICES, Hospital @ Home and in-reach to Combined Assessment Units.
- Designing the service to allow people to return home as early as possible if they do require Acute Hospital Admission

Working with the relevant professional groups, such as the Managed Clinical Network for Stroke, services will be developed for the person who has experienced an acute episode, including people who have had a stroke, to ensure returning home becomes the norm. For people unable to do so, Intermediate Care/Rehabilitation will be provided as an inpatient before returning home or to a homely setting. This will require:

- inpatient beds to be available in Ayrshire Central, Biggart Hospital, East Ayrshire Community Hospital and Girvan Community Hospital.
- Day Hospitals and Community Rehabilitation Services should be redesigned to become part of Community Based outpatient Rehab addressing frailty, falls and other specific pathways.

Working in partnership with a range of providers and services to create viable alternatives to statutory sector provided care, this will include:

- the Independent Sector moving to more Specialist Services targeting Dementia, Step-up/Step-down, Rehab and Palliative Care.
- third Sector will be intrinsically part of IC&R Services reconnecting people to communities pulling from locality clusters and inpatient areas.
- Scottish Ambulance Services working closely with the SPOC to assess, treat and refer to IC&RS rather than convey to Acute Hospital.
- Telehealth/Self-Management/Anticipatory Care being delivered as the norm.

To support this it is suggested that the each of the Health & Social Care Partnerships establish a Working Group to implement Proposals and ensure implementation of the recommendations from the Stroke MCN. In addition, an Ayrshire Wide Sub-Group to be set up to develop the Neuro/Under 65 Complex Care Model.

Supporting people with hospital care, when appropriate

It is recognised that the creation of the Combined Assessment Units offers an excellent opportunity to modernise and integrate how we collectively assess the needs of local people using the ethos of 'assess to admit' rather than 'admit to assess'. To maximise the benefits from these units we will:

- provide triage and rapid Multi-Disciplinary Team (MDT) assessment of frail / complex patients supported by senior MfE / MH liaison staff M-Fri 8am-8pm; Sat/Sun am, with a view to both CAUs being staffed by a full MDT seven days per week.
- ensure staff in-reach to the CAU from the newly formed integrated community teams to help form the MDT support assessment and discharge planning.
- fully integrate Information systems to ensure all of the relevant information is available to and accessed by all staff members involved in the assessment and care planning of individuals from their point of presentation to acute care.

The success of CAU will be dependent on rapid and timely supported discharge to a home, a homely setting or an appropriate in-patient bed either within an acute setting or within a rehab facility. To ensure these transitions are seamless we need to improve discharge planning across all care settings as follows:

- create a Single Point of Contact in each Partnership area to ensure rapid access to those services required to support discharge home from the CAU, ensuring timely access to equipment, aids and adaptations based on need.
- the MDT at each acute site, as a norm, ensures patients return home or are directed to an appropriate downstream bed to ensure a more appropriate environment for their care, while retaining a small, dedicated acute elderly assessment facility at each Acute Hospital.
- There will be a focus on a risk assessment for return home with all individuals with complex needs being case managed by the cross-sector discharge hub team and people requiring assessment for long-term care receiving this at home or in a downstream bed.
- The Third sector will play an active role in supporting discharge planning by offering services aimed at easing the transition back to home life and reducing social isolation, with health and social care staff offering signposting to these services.

Finally there is recognition that a reconfiguration of resources is required to support this modernisation programme. We will therefore:

- review the medical model with particular consideration being given to the potential to utilise the vacant substantive consultant medicine for the elderly and stroke posts as part of the wider workforce redesign to create senior specialist interdisciplinary teams to provide a senior clinical leadership team supported by a Pan-Ayrshire interdisciplinary education programme to enable staff involved in caring for the elderly to routinely deliver the 'frailty five'.
- Re-provision care in downstream facilities from estate that is no longer fit for purpose to the new and refurbished stock that can offer an environment more conducive to care, rehabilitation and Reablement, with a focus on care traditionally offered within a downstream setting transitioning to home based support.

Supporting people towards the end of their life

Our vision is that by 2021 everyone in Ayrshire and Arran who needs palliative care will have access to it. In order to do this we need to:

- improve and increase the identification of people who would benefit from palliative care in order to discuss and plan for their care;
- improve Anticipatory Care Planning, with regular reviews, to help people plan for expected and unexpected changes in their future needs;
- equip health and social care professionals to discuss with people and their carers their unique wishes, preferences and goals;
- enhance our approaches to support individuals and their families address legal and practical issues, such as under what circumstances their treatment should stop and should include discussion about Power of Attorney.

At the same time, we recognise that, towards the end of life, there is evidence that early involvement in end-of-life care planning can increase the likelihood of someone being able to die at home should they wish to do so. To support this we will:

- develop a range of high quality end of life services including adequate provision of specialist palliative care services;
- HSCPs will develop a small number of dedicated, specialist end of life care beds in each area to offer short-term respite and crisis intervention to individuals who have expressed a wish to die at home, as well as specialist support to people who have indicated they do not wish to die at home;
- ensure adequate palliative care support across primary care, care at home, allied health professionals and specialist nursing services to enable people to die at home or a homely setting;
- develop skills, competencies and confidence of staff within Care Homes;
- encourage the use of highly trained volunteers, where appropriate, whilst recognising the importance of families and communities in supporting people and their carers end of life needs

To underpin all of this we will:

- ensure there is a robust Anticipatory Care Plan in place for everyone who needs one, with staff supported in their development through training and awareness sessions to encourage greater use and completion of ACPs;
- improve communication between primary and secondary care and with the independent and voluntary sector to avoid unnecessary admissions and manage discharge from hospital effectively;
- enhance coordination, care management and communication for people, their families and carers who require palliative or end of life care; and

- review how electronic systems will ensure that care planning conversations are effectively recorded and appropriately shared, with access for all staff and emergency services to the Key Information Summary to ensure all requirements for palliative and end of life care are delivered, where possible.

Overarching Model of Care

A high level depiction of the new model of care is set out below

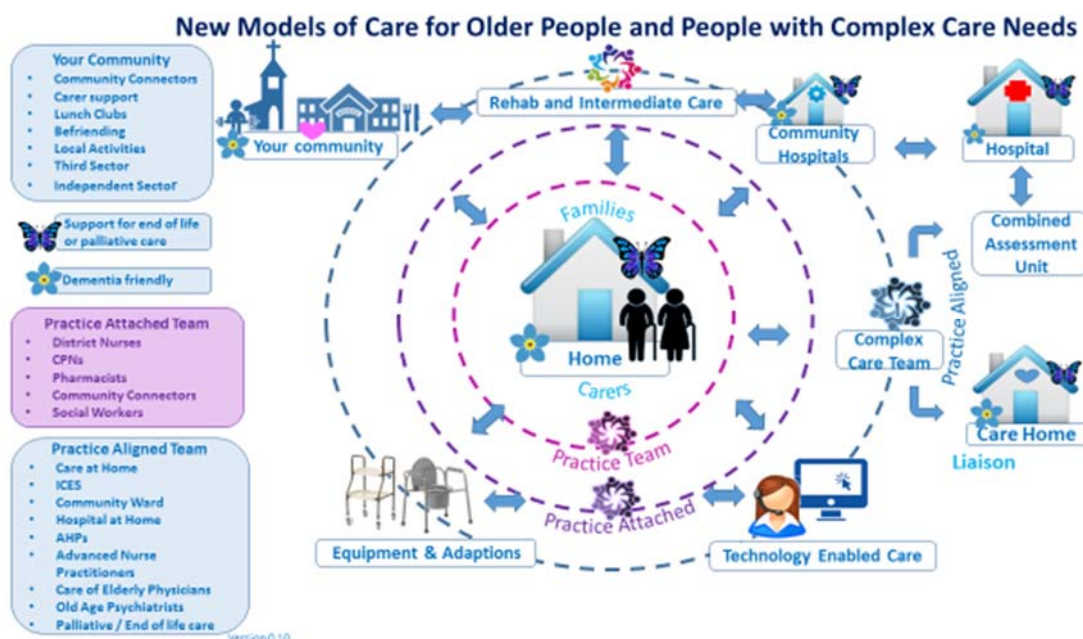


Figure 2

In addition, a high level plan of the actions to be achieved from years one to three can be found in appendix one.

Engagement

The development of these outline components of care have involved over 100 stakeholders from a range of partners across Ayrshire and Arran to help provide a framework on which to build the partnership business cases.

However, in order to create a shared understanding and test our thinking to date, we undertook a number of engagement events both on a pan-Ayrshire basis and as individual partnerships and have been pleased to note overriding support for the models to date. After review and feedback by SPOG, this framework was tested at the pan-Ayrshire wide stakeholder's event on the 8 June 2016, and Programme Board, before moving on to the business case development.

Next Steps

To develop three Partnership business cases that will build into an overarching Pan-Ayrshire Business Case for delivering the preferred way forward that were identified in the sub-group development period and evaluate all options in terms of their benefits, costs and risks. These business cases will then be compiled into an overarching consolidated pan-Ayrshire business case, to be presented to SPOG early in 2017.

Proposals

It is proposed the Strategic Planning Operations Group supports the development of a Pan-Ayrshire Business Case.

Appendix 1 - Strategic Service Change Programmes – Assessment of Anticipated Benefits

Programme Title: Review of Services for Older People and People with Complex Care Needs

Pan Ayrshire Context	East Ayrshire Specific statistics		North Ayrshire Specific statistics			South Ayrshire Specific statistics		
Pan-Ayrshire Population Projections	NHS Ayrshire and Arran	2015	2020	2025	2030	2035	% Change	
	Population	372,035	370,855	369,047	365,643	360,188	-3.18	
	Emergency Admissions	50,460	52,742	55,192	57,482	59,346	17.61	
	Emergency Bed Days	321,437	354,301	392,130	430,998	466,819	45.23	
	70+ Population	54,629	63,494	70,035	77,039	84,747	55.13	
	70+ Emergency Admissions	18,921	22,107	25,229	28,543	31,951	68.86	
	70+ Emergency Bed Days	205,941	241,445	280,008	321,829	364,692	77.09	
	Average Occupied Beds	880	970	1,074	1,180	1,278		
	Extra beds required		90	194	300	398		

Appendix 2			
Current State	Future State Year 1 Expected position demonstrating change from current	Future State Year 2 Expected position demonstrating change from year 1	Future State Year 3 Expected position demonstrating change from year 2
Description of: Supporting People to stay at home			
The infrastructure and co-ordination of community based services is not sufficiently well developed to provide sustainable, viable alternatives to acute hospital.	Detailed plans will be developed for infrastructure development while testing new ways of working and delivering services within individuals' homes and community facilities.	A programme of procurement and infrastructure development will commence while sharing learning from the testing of new ways of working and delivering services across Ayrshire and Arran.	As the new infrastructure is delivered new models of community service delivery will become embedded in all three Partnerships.

Description of: Supporting Older People who experience Mental Health Problems			
While Woodland View and EACH offer modern, fit for purpose accommodation for specialist inpatient services, much of the remaining estate remains outmoded. At the same time, there is room for improvement in terms of co-ordinating care across the health and social care community-based teams and in providing support to the acute hospital, particularly in relation to CAU.	Develop service and workforce plans that will blend the skills and experience of the health and social care teams to best effect while working with the Crosshouse CAU Team to test new ways of working.	Test new community-based models of care that remove duplication and gaps while embedding integrated working with CAU at Ayr and Crosshouse.	Embed new community-based models of care while reconfiguring the Community Hospital estate to offer fit for purpose accommodation for specialist in-patient care.
Description of: Supporting People with Hospital Care when appropriate			
Joint working within the CAU at Crosshouse is at an early stage, with limited information sharing and use of ACPs to assess and plan care. Further, there are issues in accessing the support required to secure early discharge in terms of service provision and access to equipment.	Within Crosshouse CAU provide triage and rapid Multi-Disciplinary Team (MDT) assessment of frail / complex patients supported by senior MfE / MH liaison staff M-Fri 8am-8pm; Sat/Sun am who can co-ordinate community based services to support discharge and encourage the use of ACPs in care planning.	Embed this joint working within Ayr and Crosshouse CAUs, with use of ACPs becoming the norm and seamless transition back to community services.	Both CAUs staffed by a full MDT seven days per week.

Description of: Supporting people to regain independent living through rehabilitation			
There is a lack of knowledge and understanding of the current community-based services available to support individuals home safely, with a traditional approach to rehabilitation being delivered within an in-patient setting.	Establish professional Single Point of Contact in North Ayrshire, with multi-disciplinary triaging and allocation of cases to frontline teams, ensuring service users are supported to the right service based on their needs first time and reducing the workload of hospital teams.	<p>Share learning from the North Ayrshire experience with colleagues in South and East with a view to replicating in other areas.</p> <p>At the same time, redesign Day Hospitals and Community Rehabilitation Services to create the capacity required to support home-based rehabilitation and Community Based outpatient Rehabilitation required to respond to frailty, falls and other specific pathways.</p>	Share learning across all Partnership areas and continue to re-design the community services to reduce avoidable emergency admissions and reconfigure in-patient Rehabilitation beds to reflect services being developed with the person who has experienced an acute episode including people who have had a stroke, returning home as the norm

Description of: Supporting people towards the end of their life			
There are deficiencies in the community-based support available which can result in individuals being admitted to acute care unnecessarily and against their stated wishes, with poor use of ACPs and information sharing to support this.	ensure adequate palliative care support across primary care, care at home, allied health professionals and specialist nursing services to enable people to die at home or a homely setting, with ACPs being promoted to support this care.	develop a range of high quality end of life services including adequate provision of specialist palliative care services with information sharing between those involved in the individual's care	HSCPs will develop a small number of dedicated, specialist end of life care beds in each area to offer short-term respite and crisis intervention to individuals who have expressed a wish to die at home, as well as specialist support to people who have indicated they do not wish to die at home

Integration Joint Board
17th November 2016
Agenda Item No. 5

Subject: **Chief Social Work Officer Annual Report**

Purpose: To provide the report of the Chief Social Work Officer to the Integrated Joint Board (IJB) as required by the Scottish Government's Guidance.

Recommendation: That the IJB note and endorse the report set out at Appendix 1.

1. EXECUTIVE SUMMARY

- 1.1 There is a requirement for every Local Authority to appoint a professionally qualified Chief Social Work Officer (CSWO) and this is contained within Section 3 of the Social Work (Scotland) Act 1968 as amended by Section 45 of the Local Government etc. Scotland Act 1994.
- 1.2 In line with the legislation and guidance, the CSWO is required to prepare an annual report for the Council, on all statutory, governance and leadership functions of their CSWO role.
- 1.3 Given all social work and social care functions have been formally delegated to the Integrated Joint Board, it is vital that the Board is sighted on the CSWO annual report and aware of the key issues.
- 1.4 This is the seventh annual report covering the period of April 2015 to March 2016. It is attached as Appendix 1.

2. BACKGROUND

- 2.1 In 2014 the Office of the Chief Social Work Adviser, following consultation with CSWO's across Scotland, SOLACE, the then ADSW and others, identified a more standardised approach to prepare the annual reports.

- 2.2 This report provides an overview by the CSWO of the partnership structures, robust governance arrangements and the performance of social services in the context of the demographic landscape of North Ayrshire and the delivery marked of Social Services. It looks more closely at the statutory functions of the service and the quality and workforce development within our services. The report is also forward looking, reviewing the preparation for key legislative changes that will impact on our delivery and reviewing the key challenges the service will be facing in the forthcoming year.
- 2.3 The report highlights the range of Social Work activity throughout the year and places that in the context of the socioeconomic challenges faced locally. Of particular note, the following three areas should be highlighted:
- The most recent SIMD figures (2016) show a worsening position in North Ayrshire in the domains in Income, Employment, Education and Housing. All of these domains are likely to impact on the demands for Social Work interventions and this appears to be borne out particularly in relation to increased Adult Protection activity, Mental Health, Disabilities and Destitution presentations.
 - There has been increased Social Work focus on prevention and early intervention, funded and supported by Council over the last few years. Many of these programmes involve significant partnership working and appear to be delivering successful outcomes.
 - The new Health and Social Care Partnership structures create possibilities to take a whole system approach to delivery of services and the Social Work role and function within this environment will remain a vital one if these possibilities are to be realised.

3. PROPOSALS

- 3.1 It is proposed that the IJB note and endorse the report set out as Appendix 1.

4. IMPLICATIONS

Financial :	There are none.
Human Resources :	There are none.
Legal :	There are none.
Equality :	There are none.
Environmental & Sustainability :	There are none.
Key Priorities :	This report covers matters which contribute to the key priorities around vulnerable children and adults within the North Ayrshire IJB Strategic Plan.

5. CONSULTATION

- 5.1 No consultations were required for in preparation of this report.

6. CONCLUSION

- 6.1 The CSWO Annual Report sets out for Elected Members the extent of the delivery of Social Services in North Ayrshire and summarises significant aspects of performance in relation to the statutory interventions carried out by the registered Social Worker and Care Services delivered on behalf of the Local Authority.

For more information please contact Stephen Brown, Head of Service, Children, Families and Criminal Justice on 01294 317804.



North Ayrshire Council

Chief Social Work Officer Report 2015-16

Presented: September 2016

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Executive Summary

- Demand for social care services continues to rise with a 15% increase in referrals to our Service Access teams over the year.
- The impact of Welfare Reform continues to take its toll with a 22% rise in destitution presentations.
- Our Money Matters team helped mitigate some of the effects of an increasingly complex and stringent benefits system by helping North Ayrshire residents claim a total of £7.6 million of previously unclaimed benefits.
- Numbers of children requiring to be accommodated have reduced three years running.
- Young people who do require to be accommodated have ever-increasing complexity of need, particularly relating to their mental health.
- There has been a 35% increase in the number of people subject to Compulsory Treatment Orders as a result of mental ill health.
- For the second year running, we have seen a reduction in domestic violence and our Multi-Agency Domestic Abuse Response Team continues to deliver positive outcomes.
- The general trend of numbers of children on the child protection register is a downward one.
- 2.4% of all North Ayrshire's children are 'Looked After', significantly higher than the 1.5% Scottish average.
- Our Children with Disabilities Team has seen a 54% increase in caseloads over the last two years.
- The number of service users receiving Care at Home Services has increased by 11%.
- Our performance with partners around youth and criminal justice continues to see year on year reductions in crime in North Ayrshire.
- Like the rest of Scotland, however, we are seeing an increasing number of internet-related sex offences.
- Our regulated services have continued to perform well with 48% of all Care Inspectorate Grades sitting at Very Good or above (an improvement on 37% last year).
- Balancing prevention and early intervention with the needs of those already vulnerable and at risk is increasingly difficult as budgets constrict further.

Introduction

The law¹ requires the Chief Executive of a local authority to appoint a professionally qualified Chief Social Work officer (CSWO). The CSWO holds professional and operational accountability for the delivery of safe and effective social work services.

The creation of this role was to reflect 'the particular responsibilities which fall on social work services in that they affect personal lives, individual rights and liberties to an extent that other local authority services do not.

In April 2015, the Integration Joint Boards were established and Health and Social Care partnerships (HSCP) formed across Scotland. The appointment of CSWO is not delegated to the Integration Joint Board, and as a qualified social worker and the Head of Service Children and Families I was appointed by the Chief Executive, NAC, in September 2014 to the role that is laid out in guidance ²

The responsibility for the delivery of all social work services were delegated to the NAHSCP by the Local Authority as well as delegation by the NHS Ayrshire & Arran of all community health Learning Disability, Mental Health (including the inpatient services at Woodland View, Ayrshire Central Hospital), Psychological Services and Child and Adolescent Mental Health Services.

It is one of the three Ayrshire partnerships formed with the NHS Ayrshire and Arran and has lead Partnership responsibility for Mental Health and Learning Disability Services as well as Child Health Services. The partnership has an integrated management structure, with Heads of Service having line management responsibility for both health and social work staff as do the Senior Managers for community services.

As CSWO I present this year's report in the context of the considerable change that has taken place which sets the scene for the future delivery of health and social care in the context of the vision of NAHSCP.

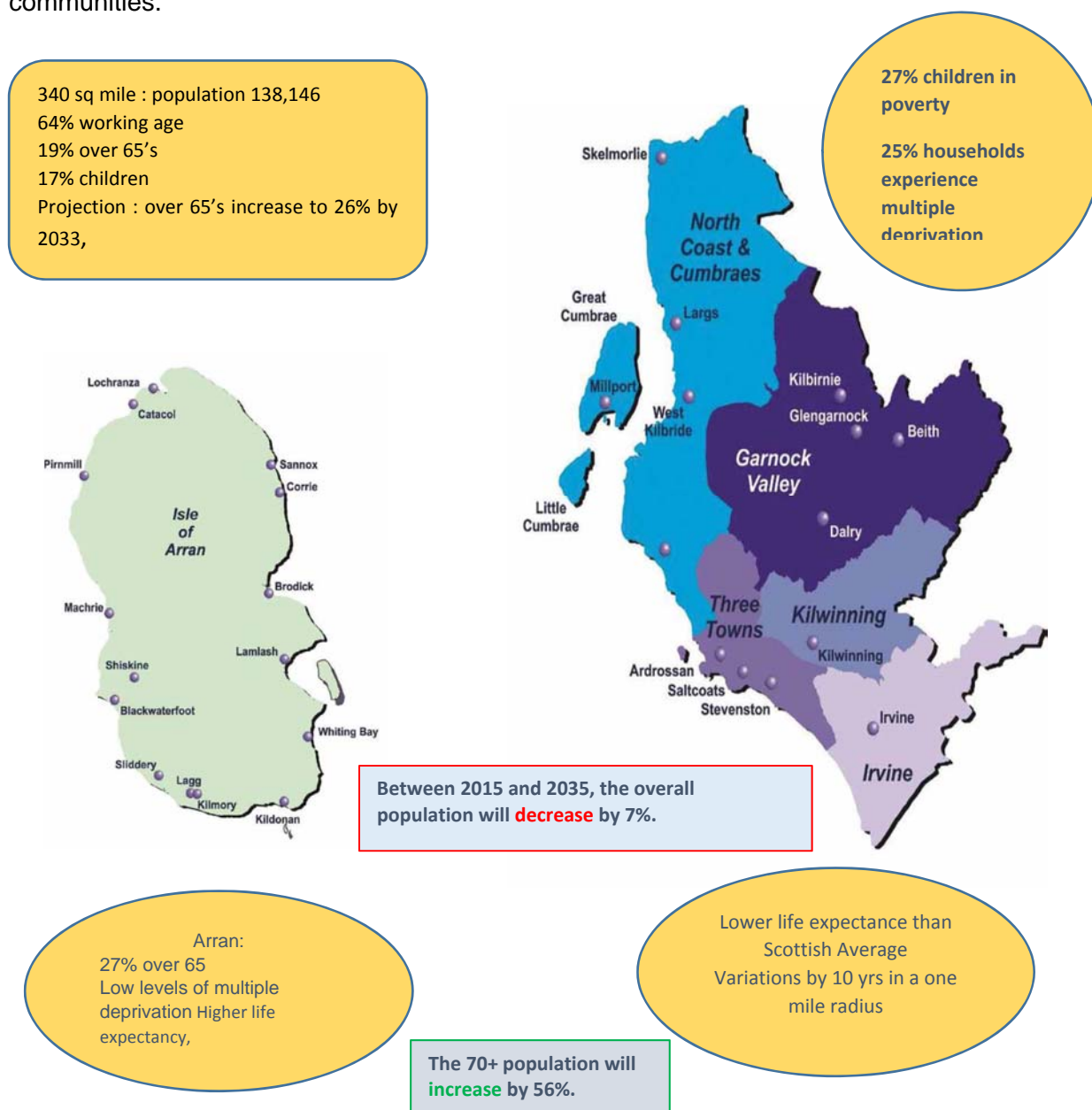
"All people who live in North Ayrshire are able to have a safe, healthy and active life "

¹ Section 3 of the Social Work Scotland Act 1968 , as amended by Section 45 of the Local Government (Scotland) Act 1994

² The Role of Chief Social Work Officer: Guidance July 2016

Local Authority

The vision has to be set into the context of the facts of the North Ayrshire situation. North Ayrshire is one of five local authorities with the highest concentration of multiple deprivation in Scotland, but there are significant variations both within and between communities, this is particularly notable in the overall demographic difference between our mainland and island communities.



Deprivation impacts on all generations within our communities. In examining the various domains that contribute to measures of deprivation, nearly a third of the local population are affected by poor health and low incomes (either unemployed or in working poverty). Life expectancy is increasing, but so is the incidence of chronic and multiple health conditions, a challenge to health and social care services in providing responsive support. There are evidenced links with child poverty and poor outcomes in educational attainment and future

opportunities. The solution to these issues demands a whole system response and this is evident in the planning to address issues that cross cut Local Authority partnerships.

The challenges presented by the demography are addressed through the priorities identified in Community Planning Partnership Single Outcome Agreement and the North Ayrshire Council Plan.

Community Planning Partnership	North Ayrshire Council
<ul style="list-style-type: none">• a Working North Ayrshire• a Healthy and Active North Ayrshire• a Safe and Secure North Ayrshire	<ul style="list-style-type: none">• Growing our economy• Working Together to develop stronger communities• Ensuring that people have the right skills for learning , life and work• Supporting all our people to stay safe, healthy and active

In developing the HSCP Strategic Plan in 2014/15, widespread consultation with the people of North Ayrshire confirmed our strategic priorities.

North Ayrshire Health & Social Care Partnership
<ul style="list-style-type: none">• Tackling inequalities• Engaging communities• Bringing services together• Prevention & early Intervention• Improving mental health and well-being

There lies many variations in experience between and within communities, and working in partnership with localities will enable local solutions to be developed. The past year has witnessed the CPP establish Locality Networks and the HSCP developing Locality Forums. Six localities are identified in North Ayrshire: North Coast, Garnock Valley, Three Towns, Kilwinning, Irvine and Arran.

Partnership Structures/Governance Arrangements

Role of CSWO

- To provide professional advice to the Chief Executive and elected members on the discharge of statutory duties including corporate parenting; child protection; adult protection; managing high risk offenders.
- To maintain effective governance arrangements for the management of complex issues, including risk
- Ensure strong links exist between social care services and the corporate business of the organisation clarifying responsibilities, formalising reporting lines, accountability arrangements and performance management processes including internal audit programmes.

Links to corporate business

- As CSWO, I have a direct line of accountability to the Chief Executive in North Ayrshire and appraise Senior officers in the council on any issues, risk and developments within the service. Much of this is now done through the establishment this year of a Heads of Service monthly meeting.
- Elected members are similarly appraised, by meetings with the health and social services portfolio holder, attendance and provision of reports to Council and various Members Briefings throughout the year. This regular communication and information flow supports close working links with other local authority services and a consistent approach adopted by the Council to address cross-cutting issues. Through these forums we have been able to hold full and open examination of the distribution of the limited financial resources available to the council and, in particular, those impacting on the delivery of social care services. The council has responded in maximising funds available to areas of most pressure – seen last year in kinship care payments following the introduction of new legislation
- I am a member of, and adviser to, North Ayrshires Chief Officers Group for Public Protection, bringing to it perspectives from a position as vice chair of the Child Protection Committee, member of the Alcohol and Drug Partnership and the Multi Agency Public Protection Arrangements (MAPPA) Strategic Oversight Group. In that way, a comprehensive overview is maintained of all issues relating to public protection and of risk management arrangements.
- I am involved with Community Planning Partnerships e.g. sitting on the board of the Children's Services Strategic Partnership that has overseen the Improving Children's Outcomes agenda and is responsible for the strategic direction of children's services across North Ayrshire. Our Children's Services Plan 2016-20 was developed following extensive analysis of the views of Children in North Ayrshire with the Dartington Social

Research Unit and all CPP partners. Innovative in its approach, it is based on the life course of children, describing the developmental needs and behaviours of all children and young people as opposed to specific groups. It is both informative and makes explicit a series of promises on what services will do. [Link here](#)

- As CSWO I also act as advisor to the Integration Joint Board (IJB) about all issues relating to social work and social care, informing board members about the social work role – a role that is central to shifting the balance of care to the community.

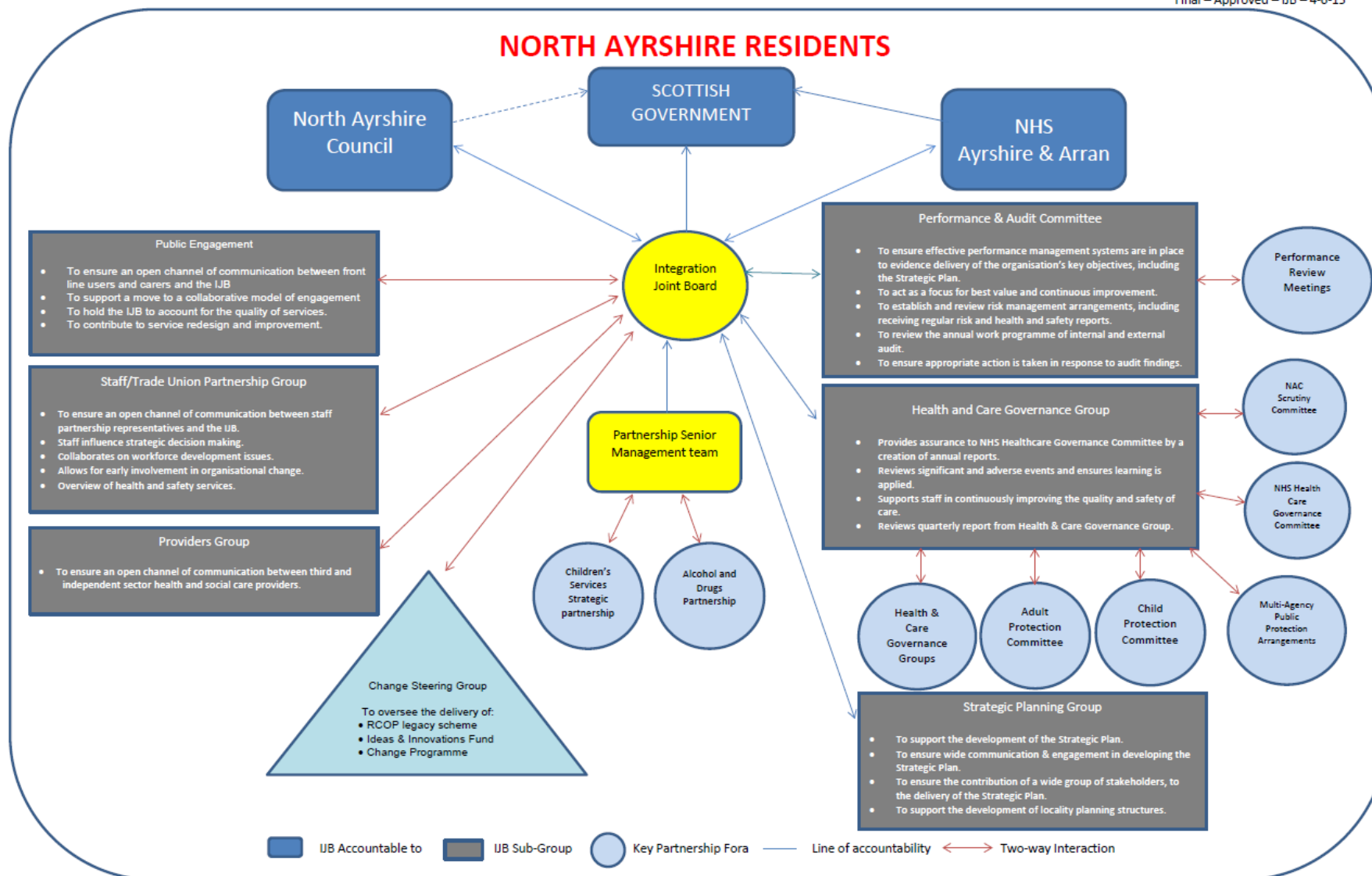
Involvement of Service Users and Carers & Communities

- The engagement with and involvement of service users, carers and the community has been a cornerstone to all developments. The NAHSCP Strategic Plan was based not only on strategic needs analysis, but also in consultation with the people of North Ayrshire as to our strategic priorities. Consultation took many forms, electronic, structured feedback, focus groups and peer researchers conducting face to face interviews.
- The development of the Children Service Plan incorporated citizen leadership where we upskilled peers who took forward in depth interviews and focus groups that were active in defining the finalised plan prepared at the end of March 2016.
- The diversity of needs across the Local Authority demands that solutions are co-produced with the community and partner organisations on a Locality level. The past year has seen considerable activity by the CPP in establishing 6 Locality Partnerships and by the HSCP in establishing 6 Locality Forums. These are firmly setting the direction of travel to fully engage and involve local people in planning and co-producing local solutions.

Governance

Over the past year, I have reviewed the scope and remit of our Social Work Governance Board. Output of this board is now one of several that feed into the Health and Social care Governance Group which in turn reports to the (IJB).

The complexity of the inter-relationships of health and social care governance has demanded that we are able to capture learning and initiatives from a variety of sources. I am pleased to report that we have worked with business support in recognising this fundamental need and have created a dedicated administrative support team whose role is to channel all relevant issues and adverse incidents into a standardised format to allow cross-service learning.



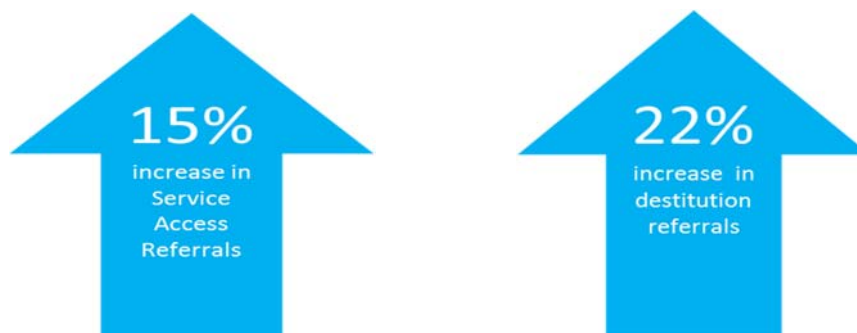
IJB GOVERNANCE MAP (Final)

Social Services Landscape/ Market

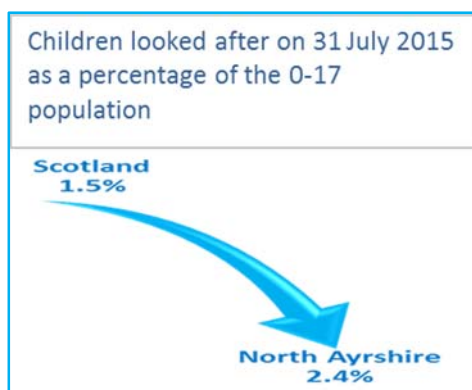
Role of CSWO

Provide a strategic and leadership role in the delivery of social work services

As is evident across Scotland we have a population that can enjoy greater life expectancy, but many have to cope with multiple and often complex health problems. This is seen across the service delivery areas. Also evident is stark facts relating to the demographic profile of North Ayrshire, resolutions that demand political as well as local resolutions.



Our Service Access teams operate as a single point of contact for public, housing, police and agencies as required. Over the past year there has been a 15% increase in referrals and within those a 36% increase of referrals in relation to older people. The impact of Welfare reform has seen in a 22% increase in destitution referrals. The team has worked in partnership with Housing, education and health in settling 8 Syrian families seeking refuge in North Ayrshire.

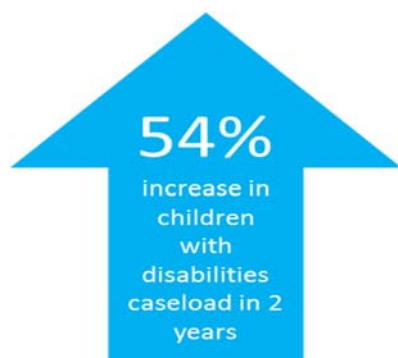


27% of North Ayrshire children live in poverty, and the evidence is clear that this links to poor outcomes. We delivered a range of services both statutory and support through our Fieldwork and Intervention services to 1515 young people. Over 48% of these young people were from areas of greatest deprivation. The impact of demographic disadvantage and the complexity of problems faced by families is reflected in the high number of looked after children, a rate of 2.4% in North Ayrshire, second only to Glasgow. It is also reflected by North Ayrshire having the third highest level of Police

referrals to the Scottish Children's Hearing Administration (SCRA), and contributing to North Ayrshire having overall highest rate of referrals to SCRA, 55 per 1000 compared to the Scottish Average of 15 per thousand. We are working with partner agencies to understand the reasons behind these facts and develop early intervention processes that will respond to concerns and avert the need to refer to statutory measures.

We recognise that North Ayrshire citizens continue to be affected by the impact of drug and alcohol addiction and is reported to be amongst the eight worst council areas. We have seen

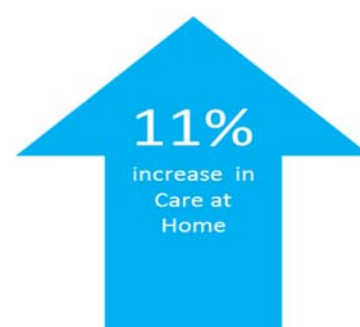
the further problematic impact of New Psychoactive Substances, often, and incorrectly referred to as 'legal highs', with increased incidence of A & E presentations of people suffering significant side effects, some with enduring impact on mental health and cognitive ability.



Our Children with Disabilities services have seen a 54% increase in their client numbers over the past two years and have active involvement with 211 young people and their families. Improvements in health care in, for example, neonatal disorders and foetal alcohol syndrome, contribute to this increasing demand. Working closely with education and health colleagues, the team provide respite and parental support, creating person centred solutions to complex situations.

The complexity of health issues faced by individuals with complex Learning Disabilities has also increased and demand on adult services continues to rise. Transition issues are apparent not only from childhood to adulthood, but also within adulthood as carers age and many who have chosen to provide this care themselves, find they can no longer cope with the demands placed upon them.

Improvements in health care also sees people living longer, but many having to cope with Chronic and multiple health problems. We have had an 11% increase in the number of Care at Home service users from that reported last year.



The island of Arran has pronounced differences in demographics, with 27% of residents being over 65 compared to the North Ayrshire rate of 19%. Enjoying a population a greater life expectancy than the rest of North Ayrshire, but doing so with similar rates of complex and co-morbid disorder. Developing a co-ordinated and integrated response to this has highlighted the fundamental role of the Third and Independent sector in co-producing solutions.

The delivery of social services in the context of personalisation has been the impetus for our strategic direction. It is one where services are co-ordinated around the individual, taking full account of their immediate networks of support and working in partnership to deliver the right response at the right time. The best way to do this is to create teams that respond to local need, diverse services that can be accessed through a single point of contact. The challenge will be co-producing solutions that will harness and develop the assets already available and support the market in identifying and creating solutions where there are gaps.

Finance

Role of CSWO

To inform and make decisions during the budgetary planning process, highlighting risks and developing mitigating solutions

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

Partnership Revenue Expenditure 2015/16

Partnership services saw continued demand growth, particularly in Children and Families, Learning Disability and Physical Disability. 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.

	2015/16 Budget £000	2015/16 Actual Spend £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	17,164	(180)	
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	212,967	2,109	
North Ayrshire Council Funding	84,674	86,783	(2,109)	
NHS Ayrshire & Arran Funding	126,184	126,184	0	
TOTAL INCOME	210,858	212,967	(2,109)	
SURPLUS/(DEFICIT)	0	0	0	

The final outturn in respect of the Partnership was £2.109m on the Council side of spend. This related, in the main, to ongoing pressures in our Children with Disabilities Services and unfunded additional costs relating to creating parity for Kinship Carers with our Foster Care rates. The Council agreed to fully off-set the overspend in 15/16 (Cabinet 24 May 2016).

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. Added to this is the uncertainty around the 'Brexit' vote and the impact this will have longer-term on our access to European funding.

Additional funding of £250m was announced for Health and Social Care Partnerships across Scotland for 2016/17 to address social care pressures. Although this has been welcomed, all of North Ayrshire's share of the additional money (£7.2m) has gone to plugging the funding gap in Kinship Care and Children with Disabilities, covering the costs of the Living Wage for providers and allowing the Council to contribute to its own challenging savings targets.

The 2016/17 budget was agreed for the Partnership in August 2016/17 and contained savings of £4m from the Council and £2.871m from the NHS. The links provided at the end of this section provide the full detail behind the savings.

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;
- the risk that the Change Programme is not progressed within the desired timescales or achieve the desired outcomes; and
- the costs associated with meeting new legislative requirements without adequate resources being put in place

We have begun to see some of the benefits of more integrated system working, for example, in supporting older people to remain at home or to return home from hospital as soon as possible. Our delayed discharge rates have been markedly improved and IJB investment in Care at Home services has contributed greatly to making this improvement. Many of our prevention and early intervention strands of work have begun to demonstrate significant improvements with Stop Now and Plan, Multi-Agency Domestic Abuse Response Team and our Early Years developments all evidencing positive impact. Protecting the investment in all

of this work will be difficult at a time of significant funding pressures but crucial given these are the very initiatives which are helping us off-set future demand for high-cost services.

Our significant change programme continues with projects on track including the opening of Woodland View in May, our integrated addictions service (NADARS) and the development of 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 initial meetings and are beginning to identify their initial areas of work.

Performance & Service Quality

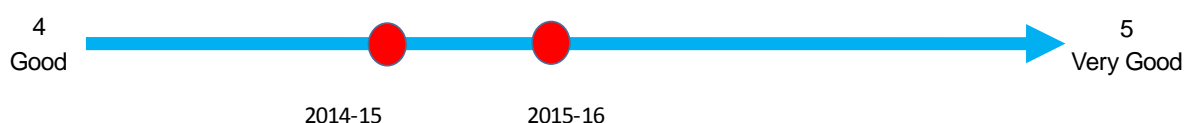
Role of CSWO

Ensure the quality of the social service workforce and set the standards for delivery and demonstrate the contribution to National and Local Outcomes.

Our delivery against national and local outcomes is monitored, internally through our ASPIRE (All Service Performance Information Review and Evaluation) performance reporting framework. This framework assesses performance delivery against efficiency, quality and outcomes dimensions. It is reviewed internally amongst service senior management teams and presented for further review on two levels, quarterly by peer review under the chair of the Chief Officer and also peer review across Council and NHS under the chair of the Chief Executives to the Council and the Health Board. The outcome of the review is an action plan and identification of development areas.

Our internal services that underwent Care inspections in 2015-16 were graded very well. We saw an improvement across most areas with only staffing showing a slight drop in average gradings. 48% of inspected services were graded 5 or above in 2015-16 compared to 37% in 2014-15.

Average Care Inspectorate Gradings		
	2014-15	2015-16
Care and Support	4.23	4.36
Environment	4.25	4.75
Staffing	4.36	4.10
Management & leadership	4.14	4.55
Overall Average	4.25	4.44



Our full Annual Performance review can be accessed [here](#) but the purpose of this report I will focus on the progress we have made in meeting our strategic priorities.

Tackling Inequalities



- Our Money Matters Team, has supported vulnerable residents in North Ayrshire to bring in over £7M in previously unclaimed benefits.
- Our criminal justice and youth justice services have worked together with partners, contributing to year on year reductions in crime in North Ayrshire, seeing a 39% reduction in reported crime over the last 10 years.
- We have maintained our focus on improving the employability status of disadvantaged clients in Learning Disabilities and have increased the number on voluntary placements to 78, an 80% increase over our base line target and placing us at the second highest performing Local Authority in the 2015 annual return.
- Our corporate parenting approach has resulted in giving care-experienced young people a guarantee of interview if they meet the essential criteria for a post, and a further guarantee of interview for the council's modern apprentice posts. We are looking to extend this approach to our partner organisations.
- We have led in the development of an innovative Ayrshire wide project in partnership with Macmillan Cancer care, Transforming Care after Treatment Employability Project to work with businesses to take positive action to support employees with cancer in the workplace.
- Locally, we are developing social inclusion models in line with the Mental Health Strategy for Scotland. Examples of this include the launch of Positive Steps, utilising peer support and an outcomes focused approach for community engagement and employability



Engaging Communities-

- We have consolidated the key role of Community Connectors in identifying unmet need and facilitating solutions in the local community. This has resulted in numerous examples of service and activity development including the implementation of a

befriending service in Largs and the development of a Mental Health support group in Three Towns. Where organisational development is required, close linkages with partners TSI North Ayrshire enable support to be provided through a Third Sector or social enterprise solution.

- Community Connectors are working on a pilot with 8 GP surgeries offering a Social prescribing model as a way of enabling primary care services to refer and support patients with social, emotional or practical needs with non-medical services and activities available in the community.



- A fundamental part of the role of the Community Connector is to develop an intelligence and information base of services and activities and this is achieved through the innovative website Carena. This allows residents to browse or search their options, enabling them to make informed choices within their own localities or beyond. This has not only benefitted individuals, but has also raised the profile of many organisations and provides them with a more prominent position in the market. There is also evidence that social prescribing contributes to capacity building opportunities locally as the market adapts to more informed choice and increased demand for local solutions.
- In January 2016 we established 6 Locality Forums to improve links with the local communities in Kilwinning, Irvine, North Coast, Three Towns, Garnock Valley and Arran. Each forum has a core group of members, a Chair who is a member of the IJB, a senior manager responsible for services in the locality and a GP. Each forum also has membership from the Third and Independent Sector and a Community Connector. Together over this past year they have identified priorities. Common to all localities are issues of social isolation and low level mental health issues. We are at the stage of jointly identifying the facilities, resources and networks available at the local level and look to work in partnership with the community to resolve gaps in these areas

Bringing Services Together

- We have brought together our social work and health teams in addictions into a North Ayrshire Drug and Alcohol Service (NADARS). NADARS continues to achieve 96% of referrals seen in 3 weeks, above the Scottish average

- We have developed a number of initiatives with in-patient services at frail and elderly acute wards and have remodelled rehabilitation and enablement services developing a multidisciplinary hub and an enhanced role of Intermediate Care Enablement & Reablement services. Health and social care workers have been working together to proactively targeting patients who would benefit for rehabilitation at home, saving the equivalent of 3,082 bed days.
- We developed a pilot project between Community Alarm and Scottish Ambulance Service which effectively responds to falls in the home and together with our Care at Home services achieved 6,749 unrequired bed days in acute hospital wards and a further 13,276 unrequired bed days in frail elderly wards.

20,025 bed days
saved in acute and frail
elderly wards



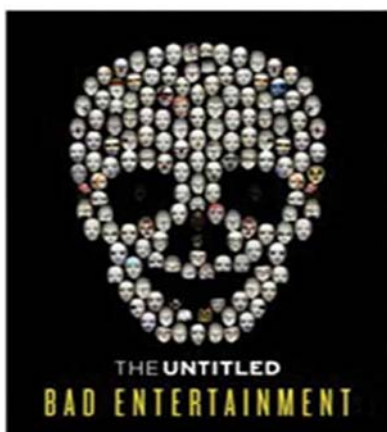
- Working with Housing colleagues and the Third Sector Interface we have created a social hub model in an upgraded sheltered housing development. This social hub offers a lunch club, socialisation and the opportunity for support via visiting services such as District Nursing. The social hub is run and co-ordinated by the voluntary sector on behalf of Housing and HSCP.
- We have had a full review of Arran services and go forward into 2016/17 with a much more co-ordinated and streamlined system which will realise a vision of co-ordinated care which is responsive, preventative and promotes independence.
- Through responsive and co-ordinated deployment, our Care at Home Service were central to meeting the Winter Plan, providing safe and effective care for older people, most vulnerable in this season, to stay safely at home. The dedication and commitment of this service has resulted in a zero delayed discharge for those requiring this service.
- MADART (Multi Agency Domestic Abuse Response Team) continues to demonstrate the success of bringing services together and there is not only a 5% reduction in domestic violence, but success in averting children and young people being brought into the Hearing systems with supports given to the victim and family when it is most needed. We are now building on this work by developing a pan-Ayrshire Police Concerns Hub.

Prevention & Early Intervention

- Early decision making about future care is vital in situations where children are accommodated as a result of risks at home being assessed as too great. We opened our contact centre, Pathways for a Positive Future, in June 2015. A small trained social work staff group focus on robust parental capacity assessments to inform decision taking with regard to future care situations of children under one who are looked after and accommodated. A formal evaluation is currently being undertaken, but early

indications are positive. One mother who had a poor relationship with social work benefitted from this structured and supported contact, engaged well and has had her child returned. She has now volunteered to be a peer researcher to further inform the evaluation of this initiative.

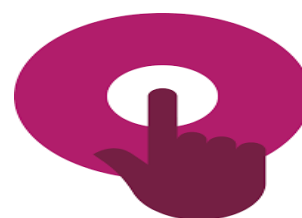
- We continue to see the benefits of our Stop Now and Plan (SNAP) programme here targeted at 8-11 year olds where anger and aggression is a problem and again maintained 100% of participants in their schools and their parental homes.



- Our Rosemount project for older children provides intensive support to young people to avert going into an accommodated situation. It provides parenting programmes, co-ordinates mentoring programmes and activity agreements to enhance employability and training opportunities. It also works to promote the growth of talents and confidence in expressing these talents with young people and this was realised in The Untitled: Bad Entertainment Exhibition which opened at the Scottish National Portrait Gallery in January 2016. This exhibition was the output of work from 4 young people who worked with artists from the National Galleries, a working project that spanned 18 months.

- We have evaluated The Flexible Intervention Scheme (FIS) which was set up in 2014 has provided early intervention and crisis support for people experiencing mental health problems at periods of greatest need. It has evaluated well with many individuals successfully exiting support after twelve weeks input and for others has supported a more accurate assessment of need for longer term intervention. Mainstream funding has now been identified to continue the service.

- We have continued to increase the use of community alarms to help 3060 people stay safe at home. Our use of telecare and assistive technology has increased by 5% over this past period, from 591 to 622 units.



Improving Mental Health & Wellbeing

- We have a recovery focused approach in our addictions services and have successfully utilised SMART (Self-Management and Recovery Training) for Family and Friends aimed at developing effective coping strategies and improve their own well-being.



- NADARS staff have worked with Recovery at Work and established a very successful eatery in Ardrossan, Café Solace, staffed by volunteers in recovery from addiction issues, it is an excellent example of the effectiveness of peer support. It has had over 3000 'customers' and the benefits are such that another Café Solace is due to be open in the Irvine area

- We successfully opened Woodland View, the new Mental Health & Community Hospital in Irvine with community benefits realised in employment and volunteering initiatives
- Partnership with AIMS advocacy service in relation to the use of narrative has further developed with the establishment of a second Write to Recovery group. These groups have been established with the support of the Scottish Recovery Network, and are now co-facilitated by peers. A singing group has also now been established, involving people who use services and mental health workers.
- We have a CAMHS nurse now embedded in our Throughcare team, providing support to care-experienced young people.
- We have also employed two teachers to work with CAMHS utilising them to build confidence and capacity within our schools to more effectively manage low level mental health issues.

Statutory Functions

Role of CSWO

- Ensure only registered social workers undertake functions on behalf of the council that are reserved in legislation for these grades, specifically in relation to the Children's hearing System, child protection and criminal justice Mental Health Officer Services, or delegated by the council as in Adult Support & Protection services.
- to make a final decision on behalf of the local authority on a range of statutory social work matters including adoption, secure accommodation and Guardianship.

Registered social workers make up approximately 10% of the full work force in social services. Their professional role and responsibility often sees them working at the interface between the state and individual liberty, making decisions that require a careful balance between rights, needs and risks, both of and to the individual and the wider community. The registered social worker retains full accountability for the recommendations they make to Tribunals and Courts and it is essential that they strike an appropriate balance between managing risk and encouraging self - determination.

Mental Health Officer Services (MHO)

MHO's are experienced, registered social workers who have completed further approved training and have a particular role and responsibility in legislation relating to individuals with a mental disorder. MHO's operate across three pieces of legislation that significantly impact on individual liberty.

MH C& T (S) 2003	13/14	14/15	15/16
Emergency detentions	30	29	24
Short Term detentions	71	72	75*
Compulsory Treatment	48	40	54
Warrants undertaken	2	1	3
* 3 orders applied to young people under 16 yrs of age.			

Mental Health (Care & Treatment) (Scotland) Act 2003

These civil measures of compulsory detention require the MHO service to operate a duty system for consent to Emergency Detentions (ED) lasting up to 72 hours, Short Term Detentions (STD) lasting up to 28 days and make application to the Mental Health Tribunal system for Compulsory Treatment Orders (CTO) that initially can last up to 6 months. Alongside this the MHO is required to apply to courts for warrants to enact emergency protective measures.

Criminal Justice Scotland Act 1995 (as amended)

(CPSA 95) as amended	13/14	14/15	15/16
CORO	4	4	4
Compulsion orders	4	4	6
Hospital Directions	1	1	1
Assessment Orders	4	1	2
Treatment Orders	2	1	1
Transfer for Treatment	1	0	3

There are a range of measures that apply when individuals who are considered to have a mental disorder are involved in the Criminal Justice System. When risk to the public is deemed

high, this can result in the added scrutiny of Scottish ministers in terms of Compulsion Order and Restriction Order (CORO) . These individuals also become subject to MAPPA processes. Others might be subject to a custodial sentence and require treatment in a secure hospital for mental disorder, becoming subject to a Transfer for Treatment Direction. Others again might be directed to begin a custodial sentence in hospital and once stable complete a custodial sentence in prison. The processes involved require full assessment (Assessment Orders) and Treatment (Treatment Orders) prior to the MHO working with the multi-disciplinary team to recommend to Court a final disposal.

Adults with Incapacity Act (Scotland) 2000

Adults With Incapacity Act	13/14	14/15	15/16
Private Welfare Guardianships*	204	291	255 (60)
CSWO Guardianships **	44	47	59 (19)
Financial Intervention Order (LA)***	42	58	53
MHO report: PWG application	79	86	68

*Supervision of the welfare guardian ** MHO or Social Worker Delegated responsibility

*** Order is made to Chief Finance Officer – number includes 30 granted and 23 in progress

() indicate new orders made this year.

The nature of orders for which the Local Authority has a direct responsibility is seen within the Financial Intervention Orders and applications to Court for CSWO Welfare Guardianships. We work closely with our colleagues in Finance and Corporate Support e.g. Our Finance team has established a dedicated worker who , together with MHOs, and legal colleagues, prepare exit strategies at the point of considering application for each Order. This allows more precise and detailed measures to be sought at Court and further improves the effective implementation and completion of tasks to safe guard and protect adults beyond the lifespan of the Order.. Our legal team are fully involved in decisions relating to the need for Welfare Guardianship when no other person can apply.

Demands on the service continue to grow, with times of peaks, which inevitably place a challenge on MHO capacity. Complexity of work is also apparent in the range of age and situations which are presented. The MHO workforce does not have full time designations, and MHO's have duties in front line social work teams and/or in managerial positions. Recruitment is ongoing and we successfully supported 3 new MHO's last year with a further 3 accepted to the course this year.

Adult Protection

	13/14	14/15	15/16
ASP Referrals	631	812	697
ASP Case Conferences	24	44	73
Protection Orders	9	7	6
Adult Concern Reports	0	1,039	1,349

Whilst the numbers of ASP referrals has reduced over the period, the number of Adult Concern Reports, introduced in March 2014 (primarily from Police Scotland, but including a relatively small number from Scottish Fire and Rescue and NHS 24) has risen.

In 2011 – 2012 Police Scotland ASP referrals accounted for 75% of all ASP referrals submitted. It was a stated aim of the North Ayrshire Adult Protection Committee to expand the range of agencies who make ASP referrals. During 2015 – 2016 Police Scotland accounted for 36% of all ASP referrals submitted. The much broader range of agencies now making ASP referrals has provided the North Ayrshire Adult Protection Committee with

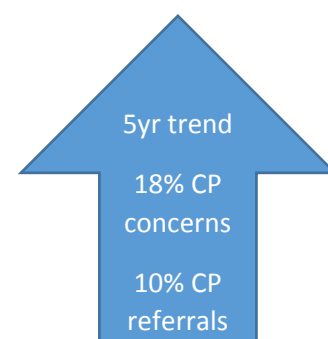
reassurance that their ASP awareness raising strategy and training programmes are having the desired effect and ensuring local agencies know how to identify harm to adults, and the process for making an ASP referral.

- In 2013/14 4% of all ASP referrals progressed to an ASP Case Conference and this increased to 5% in 2014/15. This figure doubled to 10% in 2015/16. There was a 66% increase in case conferences held from the previous year from 44 to 73.

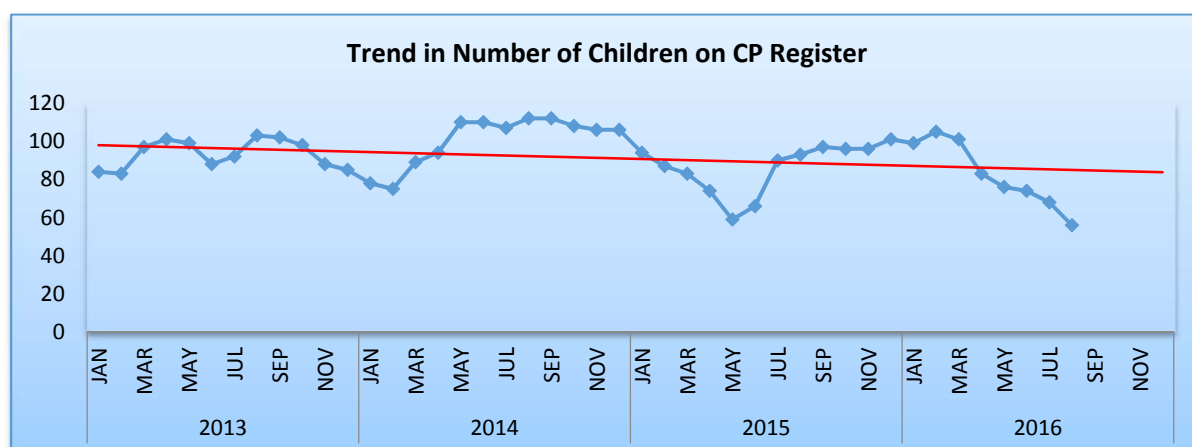
During February and March 2016, North Ayrshire took the lead in developing and implementing pan-Ayrshire training for key Police Scotland Personnel. It is hoped that this training, along with the proposed new multi-agency Police decision making Hub (currently scheduled for early 2017 for adults) (see Continuous Improvement) will impact positively on ASP and Adult Concern Report referrals from Police Scotland, going forward.

Child Protection

	11/12	12/13	13/14	14/15	15/16
Child Protection Concerns:	761	971	885	858	901
Child Protection Referrals (CPIs):	390	504	578	526	430
Child Protection Initial Conferences:	145	193	81	176	162
Pre Birth Conferences	33	39	26	32	31



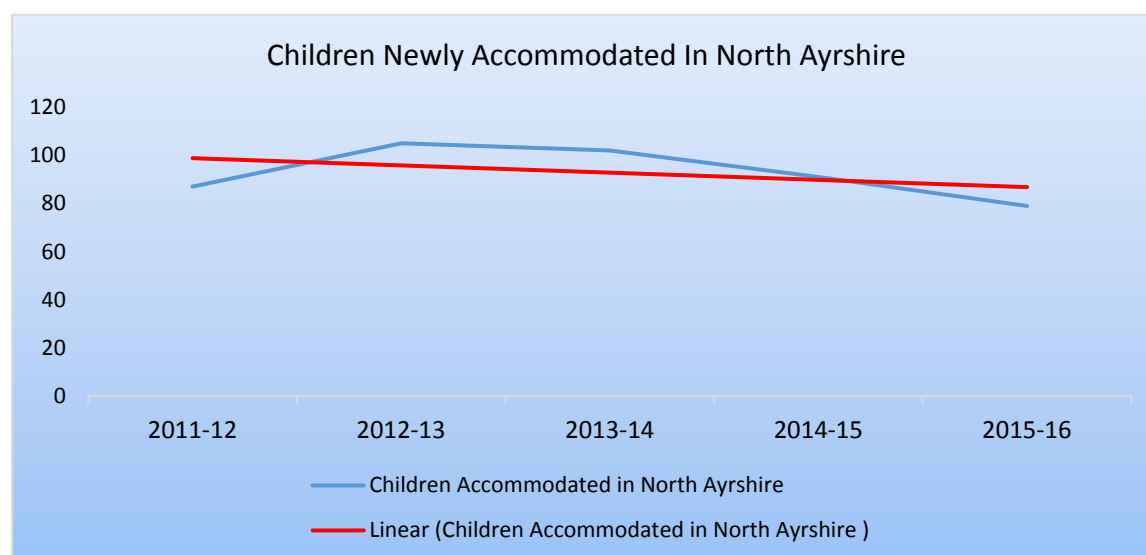
Despite an overall upward trend in referrals, we can demonstrate the impact of the support services we have and the working together of all agencies to address risks and enable families to remain together. The graph below demonstrates a downward trend over the past two and a half years in the numbers of children who require the additional protective framework of registration.



This improved situation is also reflected in upward trends - a 13% increase in deregistration being due to risks being managed at home, such that this year 73% of children previously on the register have remained in the family home.

Looked After Children

We have to acknowledge the context of the North Ayrshire situation of high referral to the Children's hearing and look to examine this negative situation in light of how we respond. This can be seen in the National picture which tells us that a higher proportion of our Looked After Children, 36 % remain in the family home than the Scottish average of 25% and reflected in the trend of fewer children becoming newly accommodated. We are finding that those children who do require to be accommodated have ever increasing complexity of need, particularly in relation to their mental health.



When there is a need to accommodate it is vital that children have a consistently good care experience and not be subject to changes in carers and environment to achieve the best outcomes. As at the end of 15/16 we have 97 foster carers in the area, a 14% increase on the previous year. Ongoing recruitment is necessary as foster carers increasingly apply to be adopters of the children in their care and, of course, retire. The impact of our impetus to ensure that children are provided with the best possible avenues to realise positive outcomes in their own communities is seen in a 42% drop in residential school placements this year and a 40% increase in Foster placements.

Permanency Planning	13/14	14/15	15/16
Number of Permanency Plans Approved	25	38	22
Adoption – Approved and Placed	3	15	13
Adoptions Granted	9	3	15
Permanence Orders Approved	27	7	11
Permanence Orders Granted	12	14	6

The majority of children for whom permanency options are being created are in foster care. The increase in adoptions granted this year represents the culmination of work to achieve future stability in a child's life

Emergency Placements

There are always times when there is a need to take immediate emergency measures to safeguard a child or young person. 13 Child Protection Orders were granted at court and a further 21 children had to be removed by the powers vested in the CSWO in terms of s143 of the Children's Hearings (Scotland) Act 2011, largely to respond to Placement breakdowns, a further reflection of the complexity of issues that young people bring with them.

Secure Placements

Three secure placements have been required this year. In all three cases there is a complex interplay of challenging behaviours, risk and on at least one occasion, significant mental health issues.

Criminal Justice

In 2014/15, the Criminal Justice team submitted 943 reports to Court and 113 reports to Scottish Ministers in consideration of home leave and early discharge supervisory requirements for sentenced prisoners. A total of 649 (a 48% increase on last year) commenced unpaid work as part of their orders through the year. These are either at level 1 where the condition on the order should be completed within 3 months, or level 2 with completion within 6 months. The service meets this demand by ensuring 5 teams of 5 offenders are employed 7 days a week.

Multi- Agency Public Protection Arrangements (MAPPA)

The Management of Offenders etc. (Scotland) Act 2005 introduced a statutory duty on responsible authorities (Local Authorities, Scottish prison Service (SPS), Police and health to establish joint arrangements for the assessment and management of the risk posed by certain categories of offenders (currently registered sex offenders and restricted patients) who present a risk of harm to the public. MAPPA was introduced in 2007

Level 1: normally low to moderate risk of serious harm offenders described as "ordinary risk management", requiring only one agency to manage the risk; ·

Level 2: normally moderate to high risk of serious harm offenders, requiring Multi Agency Public Protection Arrangements, MAPPA Level 2 meetings are chaired by a Team Manager or Police Inspector;

Level 3: described as the "critical few", normally high to very high risk of serious harm offenders, requiring Multi Agency Public Protection Panels (MAPPPs), meetings are normally chaired by a Head of Service or Police Superintendent

Level 1		Level 2		Level 3	
2014/15	2015/16	2014/15	2015/16	2014/5	2015/16
130	377	10	36	1	1

There has been a significant rise in internet-related offences, something which is being replicated nationally. Many of the offenders involved in such offences have not been found guilty of any 'contact' offences with children and the emerging prevalence of this type of offence has proved challenging in relation to risk assessment and management. Research and literature is beginning to emerge and we will be keen to learn from this to ensure that staff are appropriately supported to assess and safely manage risk related to this area of work. These offences have been largely responsible for the increased number.

The inclusion of violent offenders to the arrangements will be something which will further impact on these figures and will be monitored over the coming year

Continuous Improvement

Role of CSWO

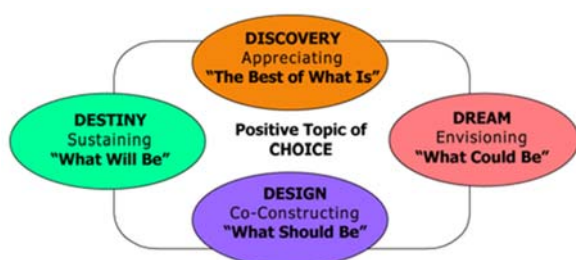
Our approach to Improvement is one of Learning Together

Governance

We have a suite of approaches for self-assessment and improvement and through the operation of our Governance boards, policy and guidance is established.

- We operate a case file audit system that has a tiered managerial approach, involving Senior Managers and Heads of Service to ensure checks and balances are in place. Identifying areas of strength and weakness in practice and informing improvement actions and plans.
- We have robust mechanisms for reviewing serious incidents and near misses through our Adverse Events Review Groups.
- We have created short-life **Quality Improvement teams** that are afforded time out from their substantive roles to drill deeper. The result is an action plan based on the findings of what we have learned together and incorporates an asset based approach to development. An example of this is child protection which highlighted a need to review working practice in the duty system where the lead worker is unavailable.

Learning Together



We have used **Appreciative Inquiry** in the Change Programme focussing on service development and re-design to deliver positive outcomes.

The model involves all relevant disciplines, partners and stakeholders coproducing a plan for future delivery. The approach has been used in diverse areas e.g., the review of Arran

services, making preparation for the opening of Woodland View to devising older people rehabilitation care pathways from hospital .

Having created the design to realise the vision we progress this to service change in a number of ways. For some projects it has been appropriate to deliver **pilots** e.g.,

- aids and adaptations, where recycling of goods realised a saving of £19,278 during the pilot period,

- developing Locality teams based around a GP practice which is being piloted in Largs, a locality which has a high proportion of older people,

For others, a **rapid test of change** has been used e.g.,

- for one week Intermediary Care & Enablement Services in rehabilitation, Care at Home Services and the hospital social work service worked with our clinical colleagues in actively delivering a dynamic and proactive assessment process in acute and frail elderly wards, daily evaluation and modification. The result is the establishment of a much more effective care pathway that has been revised and is part of standard practice – a change process delivered within one year and has not only saved the equivalent of 3,082 bed days, but also delivered positive outcomes in enabling continued rehabilitation to be delivered where people most want it – in their own homes and communities.

We learn from the feedback that service users, carers and the wider community give us and looking to ensure that there are several avenues for them to do so.

- Our Child Protection Committee sponsored a project to elicit the views of young people and their carers involved in the process. One of the main learning points identified that we should judge less and listen more. We have incorporated this into awareness and improvement training of workers, managers and chairs.
- We use web-based systems, linking into national sites, such as **Care Opinion** and our own site **CareNA** to monitor and respond to feedback

North Ayrshire Health & Social Care Partnership is working with www.careopinion.org.uk and www.patientopinion.org.uk to make sure 'Every voice matters'



- We maintain a register of formal complaints and compliments and regularly use the learning from this to improve response and services. In 2013/14 70.8% of all complaints were in relation to the conduct and action of individual employees in Children and Families fieldwork. As CSWO, I have responsibility to support the development of a confident, professional, high quality social work force. I have worked together with teams and in social work induction sessions and discussed the fundamental importance of dignity and respect in all interfaces. The benefits of this has been that this area of complaint is now decreased to 58.8% and reflected in the reduction from 58.8% of complaints upheld in 2014/15, to 38.2% upheld in 2015/16.

We learn by our experience of what works well.

- Evidence in the referrals into social services in relation to adult and child concerns shows these to be high from police. We have identified the benefits of co-location and integrated decision making within MADART and are set to build on this model by establishing a Multi Agency Assessment and Screening Hub (MAASH) to process all police concerns. Initially we will develop the model in relation to children and in early 2017 extend this to adults. We hope that this will impact positively on the high levels of referrals noted.

We learn together with providers of commissioned services

- Our **care and contract management** framework with its focus on delivering intended and improved outcomes requires regular provider self-assessment that are assessed against information from key partners, users and carers and care managers. A risk register is maintained and the level of any remedial action and support is agreed between the NAHSCP and the provider.

Planning For Change

Change is a process and to drive change forward to achieve the principles behind the integration of services demands that our staff, who operate at the direct interface with users and carers, and our partners in the third and independent sectors share their experience and are involved at each step. We have hosted a number of partnership events over the past year and will continue to do so as the Change Programme Develops.

NAHSCP recognised that investing Integrated Care Fund monies into a planned programme was required to realise the principles behind the Public Services (Scotland) Act 2015, and the public service reform agenda and create integrated opportunities to make change happen. We established a three pronged approach, creating an Ideas and Innovation Fund in co production with the 3rd and Independent Sector, a fund to continue the Reshaping Care for Older People agenda and the third to drive forward partnership redesign to integrated services, delivered by the right people at the right time. As Chief Social Work Officer I sit on the Change Steering Group.

The full report on this years' activities can be accessed [here](#) and some of the benefits already seen are identified in the Performance section of this report.

With evidence of the success of this approach and methodologies used, we continue the Change Programme with a renewed focus on year two.

Year 2 priorities (16/17)

- Build teams around children
- Develop Primary Care services in local communities
- Support the needs of older people and adults with complex care needs
- Develop and deliver a new strategy in Mental Health & Learning Disability

Alongside this, we also continue to progress plans for integrating health and social care teams. We have done this successfully in the creation of NADARS and are progressing similarly in our Mental Health and Learning Disability teams.

- During the past year, the management teams of health and community services have been integrated and relationships have developed. In mental health a Change Steering Group has been established involving a range of NHS disciplines, social work, voluntary sector representatives and mental health service users. The steering group has identified three priority areas to take mental health integration forward. These are

accommodation for mental health services, management of referrals and waiting lists in a joined up approach, and integrated service outcomes. Work on these priorities will continue into the next year and will inform the shape of mental health service delivery in North Ayrshire

We have recognised the complexity of issues faced by many of our service users which demand the development of a range of supported accommodation options and work in partnership with housing to develop long term solutions. For some, these solutions are in traditional individual tenancies, but we are now seeing that this might not be appropriate in all cases and neither are alternatives of residential care or nursing homes. Our mental health and learning disability services work on a pan-Ayrshire basis as befits the role of Lead partner, and are preparing a strategy for future direction and adopting a model of graded support will assist our housing colleagues to identify innovative building solutions.



The introduction of new legislation also demands our attention. The Community Justice (Scotland) Act 2016 came into force in March 2016. Work already undertaken within Ayrshire will see the development of a joint Ayrshire Community Justice Board which will report into and be directed by each CPP. This year will be one of transition and within it further developments to strengthen engagement with the third sector through the Strengthening Engagement Transition Project, funded by the Scottish Government.



We have progressed and are ready to deliver on the proposed introduction of the Named Person through the Children and Young People (Scotland) Act 2014. We already have established mechanisms and processes, including Ayrshare and the concept of lead professional, that embodies the principles of GIRFEC and have worked closely with partner agencies to develop policy and procedures to support this legislation.

User & Carer Empowerment

Empowerment is a fundamental value of social work and seen in initiatives to maximise opportunities for individuals to retain/regain control of their lives and co-produce solutions,

Social Enterprise and Peer support



The benefits of peer support in recovery cannot be overstated and is a model that is transferrable across care groups. It is encouraging that such support is evident in the creation of social enterprises. I have already reported on the success of Café Solace in realising opportunities for those who have grappled with addiction. Likewise, the work at the Dirrans Centre for people suffering brain injury and trauma has supported the establishment of 'On Yer bike', run by service users to provide accessible low cost cycles for families who could not otherwise afford them and becoming an important part in individual recovery programmes.

Our Mental Health Team has created the Involved! Group which continues to engage people who use mental health services and mental health workers across the statutory and voluntary sectors, seeking to influence service delivery and use a range of creative methods to engage people. The third Safe to be Involved event will be held this year as part of the Scottish Mental Health Arts and Film Festival, showcasing the work of mental health service users and

enabling people to participate in a range of activities to promote mental health and wellbeing, including writing, arts and crafts, and physical activity. The event has developed so that the majority of performances and workshops are delivered and facilitated by people who have used services.

Self-Directed Support & Self- management

We had prepared for the introduction of Self- Directed Support establishing processes and training for all staff in preparation for the commencement of the legislation in 2014. We have evaluated our processes by listening to practitioners and users, individually and through focus groups and worked to implement changes to ensure the process reflects the needs of service users. We have established an SDS Panel chaired by Head of Service, Community Care. Over the past year we reviewed the bureaucracy felt by workers in completing forms and streamlined processes accordingly. Our Children with Disabilities teams worked with In Control, Scotland and designed a model of supported self-assessment and resource allocation so that they were aligned to GIRFEC and the well-being indicators of SHANARRI. The learning from this will be applied to consider the particular profiles and needs of other care groups, recognising that a 'one size fits all' approach to processes is not supportive of a person centred response.

We shall be promoting Cosmic (Champions of Self-Management in Care) training, which is supported by the Chest Heart & Stroke charity and their established Voices Scotland programme in NHS Arran & Ayrshire.

Citizen leadership

We regularly look to opportunities to enable service users and carers to have power, influence and responsibility to make decisions and have control over their own services. The IJB membership reflects this approach and the chair of one Locality Forum is a service user. We have regularly invited service users and carers to join us in selection and recruitment of staff, particularly in our Care at Home and residential child care services.

Workforce Planning/ Development

Role of CSWO

Provide professional advice and contribute to decision – making in relation to workforce planning and quality assurance, promoting continuous learning and development for staff

A well-motivated and engaged staff group is key to delivering safe, effective and efficient services. Professional development increases the skills of this vital resource and supports them to be confident that they deliver a quality service.

Professional Development

Our Learning & Development department delivered training to some 1950 staff with a comprehensive training calendar. Staff have also accessed other social services training such as Moving and Handling, CALM, Adult Support and Protection and the North Ayrshire Council corporate calendar for Policies and Procedures, Management and Leadership training, the Child Protection Committee, GIRFEC, Women's Aid and NHS training for other specialist learning and development input.

Twenty staff have undertaken post graduate courses that provide an integrated academic and professional approach which develops the intellectual and practice skills necessary for practice in areas such as child protection, mental health, permanency planning for children in the adoption process, social policy and the psychology of dementia care.

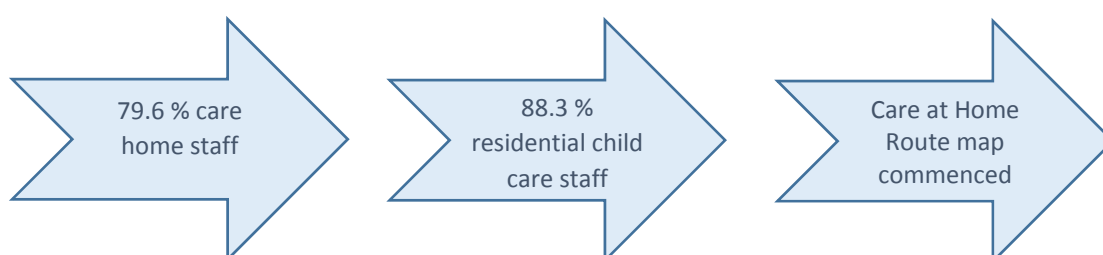
From March 2015 until April 2016 the NASSAC has delivered four workshops for the Professional Development Award in Supervision and 25 workers have completed their award.

In addition, many others have attended short-term course, seminars and conferences including; the neuroscience of adoption and fostering, supporting teens who internalise distress, working with young parents, mental health first aid, life-story work with troubled children and teenagers, as well as those who maintain their general first aid licence.

Qualifying the Workforce

The SSSC is the governing body delegated by the Scottish Government to ensure that a phased programme of compulsory registration of social services workers is implemented. Qualified Social Workers were the first to be required to be registered in 2003 and full implementation covers all other key groups of social services employees. Service providers will be committing an offence if, after the date required for registration they employ or continue to employ unqualified (unregistered) workers

Progress so far in qualifying the workforce in line with regulations



The North Ayrshire Social Services SVQ Assessment Centre (NASSAC) delivers awards ranging from 6 months to three years duration. Seventy six staff and seven Modern Apprentices completed their award within this period and a further seventeen candidates are currently working towards completion. Future candidates will be prioritised to meet SSSC registration requirements.

SQA carried out three inspections within the NASSAC as part of their annual inspection process. Each inspection pertained to a different award delivered within the centre including Adult Care Awards, Childcare Awards and the PDA Supervision. NASSAC received a glowing report and scored "significant strengths in all categories" of the process and particular reference made to the high standard of assessment and the quality of evidence provided by candidates.

Practice Teaching

North Ayrshire Council Health and Social Care Partnership is well regarded as a source of good quality learning opportunities and we value the partnership working and knowledge exchange activities with our colleagues from the relevant universities, the Learning Network (LNW), IRISS, the Social Work Scotland Learning and Development subgroup and the SSSC.

During the academic year 2015/2016 we provided 13 Practice Learning Opportunities for student social workers with another ten students, at different stages of learning and from various universities, coming out from August 2016. We have assessed, supported and provided Practice Assessor and Mentor for 2 candidates undertaking the Post Qualifying Award; one practitioner has completed the Professional Development Award in Practice Learning (PDAPL) and one candidate withdrew due to change of job role. The PDAPL has recently been revised and will come into effect from the autumn cohort 2016. We offer ongoing support to the standardisation and internal verification of this Award.

Post Qualifying Support

We have continued to promote and facilitate the Practitioners Forums for Practice Teachers and Link Workers to encourage a learning exchange culture across North, South and East Ayrshire. We have also facilitated monthly student groups on a Pan-Ayrshire basis during the peak placement period of September to May. The forum for Newly Qualified Social Workers will be relaunched in August 2016 in order to develop and promote good practice and to meet their SSSC Post Registration Training and Development requirements.

Multi-skilling the workforce

It is recognised that the shape of our Care at Home service has changed significantly over the past year. As we move towards establishing an ethos of services delivered to the right people, in the right place at the right time, we have worked with our health colleagues to identify tasks that can be safely transferred from a traditional nursing role to the support worker e.g. medication management, diabetes control.

Our review of Occupational Therapy services has established that there are opportunities for streamlining processes and demand on the service by enabling training for social work staff to assess and arrange for many low risk /high volume pieces of equipment to be delivered, saving time for the client. It is also exploring ways of extending the scope of technicians to fit certain items, such as grab rails, which would otherwise have to wait for availability from housing services.

Innovative practice

We are introducing the voice of direct experience of those who use our services to ongoing training. The first of these initiatives has been the filming of a video 'The Kids Aren't All Right' that was entirely scripted by children affected by parental alcohol and drug misuse, with their words depicted by actors. It will initially be used to raise awareness of how young people feel in these circumstances with our adult addiction workers.

Key Challenges for Year Ahead

Whilst we have made considerable inroads to realise the strategic direction of integrated services, there remains many challenges.

Rising Demand in the context of limited resources

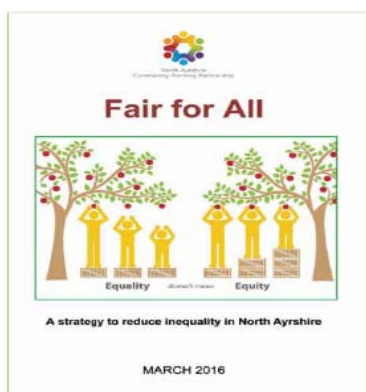
- Our Care at Home service has been acknowledged for the significant contribution it has made in the delivery against National Outcomes, However, the discharge planning process with in-patient services demands further scrutiny. Last year a total of 3.658 hours were lost as resources were deployed, but discharges subsequently cancelled. This is a resource that we cannot afford to lose.

- We have made considerable in roads in developing services to support early intervention and prevention- the true benefits of these will materialise over years. With the trends of increasing demand and complexity of needs of the current population, there is a very real danger that further financial resources will have to be channelled to care, support and protect those who are already vulnerable at the expense of further developments in early intervention and prevention.

Integrating systems and processes

Whilst we have made considerable progress in integrating health and social care teams, issues remain through having separate IT systems and clarifying the sharing of information across agencies which demands Caldicott approval remains a challenge.

Addressing Inequalities



The issue of inequalities demands a whole system response and this is very much in evidence in the work of the CPP. We will work within the overarching strategy 'Fair for All' which identifies the need to adopt a targeted approach in the delivery of services under the paradigm of proportionate universalism, such that the actions and interventions, whilst being available to all should be delivered proportionately to the level of disadvantage experienced by the individual.

In taking this forward, we have to drive forward our initiatives to address prevention and early intervention, promote self-management, peer group and community support.

Market readiness

Stimulating market developments with our third and independent sector partners requires a shared vision and clear model of what we want to achieve in delivery. This work is progressing and we look forward to working together to develop this clarity over the forthcoming year. Over the course of the past year our Providers Forums have demonstrated that they are confident to take a strong role in this. Whereas the forums had been facilitated and co-ordinated by our procurement team, they will progress with taking control of their development, using our procurement team to advise and guide. The challenge for our partners will be to develop new models of service delivery within their financial envelope that has to take full account of the living wage.

Integration Joint Board
17th November 2016
Agenda Item No. 6

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 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

Appointment of Lead Nurse, NAHSCP

- 2.1 I am delighted to advise IJB that we have appointed a new Lead Nurse for the Partnership. David Thomson will join the team in the next few months. David brings a wealth of experience in relation to mental health and clinical and care governance.

Forensic Mental Health Unit, Ayrshire Central Hospital, Irvine

- 2.2 NHS Ayrshire & Arran/North Ayrshire Health and Social Care Partnership has become the preferred provider for a new national facility for a Secure Forensic Adolescent Inpatient service for young people in Scotland. This will be the first of its kind in Scotland and will be built at Woodland View, Ayrshire Central Hospital, Irvine and is expected to have 8–12 beds. At the moment young people who have a need for this kind of facility have to go to England, leaving them far away from friends and family. Issues of distance and a differing educational syllabus can fragment the young people's care and education, and adversely affect family and carer connections. Thanks to the Mental Health Team for all their hard work on this project.

Family Nurse Partnership Graduation Event

- 2.3 Irvine's Gailes Hotel was packed with young mums and dads (and some grans too!) and lots of happy noisy children, at last week's graduation of the first cohort from Ayrshire and Arran's Family Nurse Partnership. Lesley Bowie, vice-chair of NHS Ayrshire & Arran, opened the event and praised over 30 young mums for their commitment to this programme.
- 2.4 The imminent arrival of a first new baby is an exciting, as well as scary time for all mums-to-be. Family Nurses work with young mums (19 and under) and their families from early pregnancy until their children are two years old. Building on the strengths of their clients encouraging them to fulfil their aspirations for themselves and their families.
- 2.5 Hazel Borland, Nurse Director NHS Ayrshire & Arran, gifted the certificates to the young mums, while children (and teachers) from Castlepark Nursery and School led the singing. The Family Nurse Team were praised for their level of commitment and support – going above and beyond for mums and their babies.



Ministerial Visit – Woodland View, Irvine

- 2.4 Maureen Watt MSP, Minister for Mental Health, paid a special visit to Ayrshire's newest mental health facility, Woodland View on Tuesday 1 November. Ms Watt was welcomed to the £46million facility in the grounds of Ayrshire Central Hospital in Irvine, which opened to patients in May 2016.
- 2.5 The Minister was provided with a tour of the stunning facility which included an adult mental health ward and a rehabilitation area. She was also introduced to staff and patients while touring the wards.

North Ayrshire Developments

Café Solace

- 2.6 Following the success of Café Solace in Ardrossan, Recovery at Work (RaW) opened another Café Solace on 6th September 2016 at Fullarton Connexions, Irvine. The café is run by volunteers in recovery (all have been trained, and have qualifications and experience) who want to give something back.
- 2.7 Launching their expansion to Fullarton ConneXions, it was great to see how 'Your café, Oor café, Everybody's café' will offer even more North Ayrshire people the Café Solace community experience. Around 100 people attended (including the Fire Service, Police, elected members, service users and staff). The left-over food went to Victoria House (homeless unit) so nothing was wasted.

Care Opinion

- 2.8 [Care Opinion](#) is an independent website about people's personal experiences of registered adult health and care services. People submit their stories of good and bad experiences of health and social care, these are checked and posted online by Care Opinion. Organisations have the opportunity to reply online, learn what's working and make changes (often the changes needed are small, personal touches) that will enhance people's experience of the service provided. Care Opinion is a 'sister' site to the well-established [Patient Opinion](#).
- 2.9 The North Ayrshire HSCP piloted Care Opinion with registered adult services (in Care at Home team). This was hugely successful as an engagement tool and we are now rolling this out to embed within the partnership. This will require to fit in with existing governance structures and feedback mechanisms. This will be facilitated by the HSCP Governance Team who currently deal with complaints, compliments and FOIs. It will also require the identification of a responder within each service. This feedback will allow the partnership to :-
- Establish a transparent, independent feedback mechanism;
 - Actively engage with people who use our services, their carers and families;
 - Improve our person-centred approach and, in so doing, our services;
 - Hear good news stories about NAHSCP staff and the positive work they do every day to improve the quality of people's lives.

A more detailed report on Care Opinion will be brought to a future IJB meeting.

Partnership Staff Awards Ceremony

- 2.10 The IJB agreed on 5th August 2016 the proposal to host a Partnership Recognition and Awards event. Nominations were received from various IJB members to sit on the Event Organising Committee.
- 2.11 The Partnership Staff Awards Committee (comprising Karen Andrews, Barbara Conner, David Donaghey, Lorraine Kerr, Heather Molloy, Eleanor McCallum, Louise McDaid, Jessie Mitchell, Cllr Robert Steel and Calum Webster) has met on three occasions. The committee have designed a mechanism and event to recognize Partnership Staff (employees and volunteers from North Ayrshire - NAC, NHS, Third Sector and Independent Sector).
- 2.12 The committee's approach aims to reflect the ethos and values of the Partnership not only in its award categories, but in the mechanism and event design. Expenditure has been kept to a minimum and spend is aimed at community-focused organizations.
- 2.13 Similarly, the Committee felt, as a point of principle, that there would be no sponsorship. The approach is intentionally different (partly to differentiate it from existing awards mechanisms of partner agencies), whilst maintaining good practice that will lead to benefits for staff and for the people of North Ayrshire. A key aim is to ensure recognition of those staff members who might not normally get recognized for their contribution. The judging Panel will consist of a range of people from the four partners.

- 2.14 The committee will present proposals for the suggested design and approach to the PSMT with a view to launch/communicate the Awards process in late October, seek nominations from November 2016 and finalize invitations (finalists and guests) in December 2016 and January 2017.
- 2.15 The event is planned for around late February 2017. It will be a “Breakfast for Champions”, a brunch-time event hosting around 80 to 90 staff (as defined above) to recognize contribution for the year 2016.
- 2.16 Invitees will include nominees, nominators, IJB, PSMT and representative staff from the four partners. Ensuring the intrinsic design reflects Partnership values and aims, the location is likely to be either Fullerton Connexions or the Portal. It is hoped that the trophies/awards can be made by local social enterprises.
- 2.17 The committee have suggested the following categories and awards :-

Category	Who can win?	Who decides the winner?
Innovation	One award: Team OR individual	Panel decision
Team of the year	One award: Team	Staff vote prior to the event (Possibly sifted by Panel?)
Team's player of the year	One award: Individual	Panel
Volunteering for the Partnership	Two awards: Individual AND team	Panel
Caring	Two awards: Individual AND team	Panel
Wildcard (open, Partnership-related category)	One award: Team OR individual	Live voting on the day (sifted by the Panel possibly)

“Let's Build a Carer Community in North Ayrshire”

- 2.18 The partnership hosted a briefing session for North Ayrshire Council Elected Members on Tuesday 27th September 2016. This session focussed on how the introduction of the Carers (Scotland) Act will impact on North Ayrshire Council, and more importantly what it means for the 13,900 identified unpaid, young, adult and older carers in North Ayrshire. North Ayrshire has carers ranging from aged 8 to 98, from different socio-economic backgrounds and with varying support needs.
- 2.19 The session was well attended by Elected Members as well as the North Ayrshire Carers Advisory Group. The Members received a presentation covering :-
- National and local perspective on carers;
 - Identify and support our unpaid carers in North Ayrshire;
 - Focus on the new duties as a partnership and our future plans as to how we will meet these;
 - Include carers as partners in the development and delivery of care and support services;
 - Awareness raising from young carers.

Local Connections, Better Outcomes

- 2.20 The Locality Roadshows for the NAHSCP have got off to a flying start! The first connections event was held in Cranberry Moss, Kilwinning on 20th September, The event was well attended by service providers and staff having conversations and networking about services that are provided in the Kilwinning locality.



- 2.21 The second event was held in the Vikingar, Largs on Tuesday 27th September and again was well attended by around 50 health and social care professionals from across the partnership (including Third and Independent Sector). The four North Coast and Cumbraes priorities were discussed. A great day of partnership working.

North Ayrshire GP Event

- 2.22 The North Ayrshire GP Event - Developing the Future was held at Greenwood Conference Centre on 27 September 2016. This event was well attended and provided an opportunity to hear about the challenges currently facing the partnership and the work that had been taken forward from our on-going dialogue with GP's and Primary Care staff.
- 2.23 In addition, it was to an opportunity for general practice staff to help us further develop ideas around locality work generated in previous discussions. The information from this event will underpin work in our localities and support the partnership priority of developing primary care services in local communities. Actions plans are being completed and will be reported through The Change Programme Steering Group.

National Care Leavers Week

- 2.24 National Care Leavers Week took place from 24th to 30th October 2016.
- 2.25 North Ayrshire's Corporate Parenting Plan is currently being updated. This is in light of the duty outlined in the Children and Young Person Act 2014, which significantly increases all Community Planning Partners' responsibilities.

- 2.26 Looked After Children and Young People have amongst the worse outcomes of all Children in Scotland. The Health and Social Care Partnership, Economies and Communities and Education support care leavers in many different ways. These services, along with others, prioritise the needs of those with care experience and provide supports to improve wellbeing and life chances towards positive destinations. An example of this is through our Activity Agreements and individual preparation for employability support.
- 2.27 As Corporate Parents, North Ayrshire Council currently offer a guarantee of an interview to Care Leavers for the council's modern apprenticeship posts when the young people meet essential criteria. To develop these opportunities further, a working group has been established to explore the potential opportunities that the Health and Social Care Partnership and North Ayrshire Council and other partners offer Care Leavers.
- 2.28 Beyond the opportunities described above, there have been some very positive examples of external companies who have tendered for contracts through the Local Authority. This approach has resulted in training opportunities, work experience opportunities, modern apprenticeships and full time 4 year apprenticeships for care leavers. This continues to be developed with the hope that further companies and partners will be encouraged to engage with this very worthwhile process.
- 2.29 The Community Planning Partnership has been asked to continue to support care leavers through their individual organisations.

3. IMPLICATIONS

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

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) 317725 or icolvin@north-ayrshire.gcsx.gov.uk

Feedback from North Ayrshire Health & Social Care Provider Forum held on 5 October 2016, Gailes Lodge Hotel, Irvine

Approximately 60 people attended the Provider Forum on 5 October 2016 for a full morning agenda which covered the following items.

- Getting It Right For Older People (GIRFOP) – Carlyn Miller of Scottish Care presented on the conventions for Human Rights for both Care Home and Care at Home services. She then described the GIRFOP project, which explores the application of a human rights based approach, consistent with the statutory principles within the SDS Act, in the operational delivery of older people's care and support. North Ayrshire is one of the chosen sites for this project.
- Charter For Involvement - As discussed at the September IJB meeting, representatives from the National Involvement Network (NIN) gave a well-received presentation on the Charter For Involvement. Primarily to help others understand how service users want to be involved and to have positive experiences, a network has now been set up in Ayrshire, the first meeting of which was due to take place on 20 October.
- Contract Management Framework – Denise Frew, Contract Management Officer, NAHSCP, described the new method of monitoring contract compliance, using a Survey Monkey electronic submission on a 6-monthly basis. This will provide the Partnership with quantitative data which can then form part of the Monitoring Officer's subsequent visit to the respective service.
- Workplace Pensions, Staffing Issues, Finance, Scottish Living Wage implementation - From the Chair, Nigel Wanless adopted an open forum type approach to cover these topics.
 - The implementation of Workplace Pensions is now approaching its third staging year. It has required providers to research the approach most suited to their respective organisation and has increased on-going administrative overheads in the process. Some providers are yet to reach their staging date for implementation.
 - Staffing issues – a number of recruitment pressures were discussed, including the national shortage of nurses and the geographical variances in the employment market (e.g. the differing factors of employment on Arran compared to mainland North Ayrshire).
 - Finance and the Implementation of the Scottish Living Wage – The effects of financial constraints on health and social care in general were discussed, focussing mainly on the Scottish Living Wage for all care staff. Recognition of Third and Independent Sector care staff in the form of a fair wage and parity with Public Sector colleagues is supported by most, if not all, providers. The method of implementation, however, is causing concern and challenges for both Care Home and Care at Home services. It has introduced an artificial, adverse effect on payroll structures within most organisations as differential wage rates for other workers have not been taken into account. It was also pointed out that a new recruit, with no experience or qualification, is likely to receive the same pay rate as other more experienced and qualified care staff. For Care Homes, these and other issues were covered under the National Care Home Contract negotiations earlier this year when terms were agreed, albeit with a high degree of reservation on the part of providers. In many parts of Scotland, the situation for Care at Home services remains unresolved, with some providers expressing deep concern about their viability. Locally, the North Ayrshire Partnership appears to have arrived at a settlement which is acceptable to most, although most providers remain concerned about the financials aspects of service delivery.

The ensuing survey from the Forum produced 16 responses, which showed general positive feedback on each agenda item in terms of relevance and interest, and on the objectives and business undertaken by the Forum itself.

Nigel Wanless

Integration Joint Board
17 November 2016
Agenda Item No. 7

Subject: **Winter Plan 2016/17**

Purpose: To provide an overview of North Ayrshire Health and Social Care Partnership's contribution to NHS Ayrshire and Arran's Winter Plan.

Recommendation: Members of the Integration Joint Board are invited to consider the proposed initiatives for 2016/17, designed to:

- Sustain capacity created during winter 2015/16;
- Reduce emergency admissions and facilitate timely discharge using existing resources; and
- Subject to the availability of additional resources, create additional frontline capacity to meet likely demand over the winter period.

1. EXECUTIVE SUMMARY

1.1 NHS Ayrshire and Arran's Winter Plan has been developed in line with the Nationally defined unscheduled care improvement themes of:

- Reducing Emergency Admissions;
- Improving Acute Systems and Processes; and
- Reducing Delays to Discharge

1.2 The initiatives within the Winter Plan are specifically designed to deliver against these themes while also addressing the areas for improvement identified in the Medical Director's Inpatient Review in June 2016, namely:

- Creating alternative downstream facilities and intermediate care
- Offering alternatives to emergency department attendance or admission through improved pathways, urgent care and step-up arrangements
- Developing Hospital at Home or similar models as a further alternative to attendance/admission to acute care
- Improving discharge planning
- Enhancing information sharing to provide overview of individual needs.
- Improving Palliative and End of Life Care
- Developing capacity and capability within Care Homes

- 1.3 The 2016/17 initiatives developed by North Ayrshire Health and Social Care Partnership have been designed to build on the evidence-based interventions delivered during 2015/16 and complement those developed by the South and East Partnerships, as well as those developed by colleagues within the Acute Hospitals.

2. BACKGROUND

- 2.1 Each year NHS Ayrshire and Arran is required to produce a plan, for submission to Scottish Government, detailing how the local system will respond to anticipated increases in demand for services over the winter period.
- 2.2 In advance of Winter 2015/16, the North Ayrshire Integrated Joint Board, committed the additional investment made available to it from North Ayrshire Council and NHS Ayrshire and Arran, through the Delayed Discharge Funds, to a number of targeted developments aimed at avoiding unnecessary emergency admissions and ensuring timely discharge.
- 2.3 These developments were designed to:
- Increase Care at Home Capacity;
 - Reduce the time taken to assess long-term care needs of those in hospital;
 - Remove delays in funding permanent care placements for those in hospital;
 - Improve occupancy and throughput of Pavilion 3 (now Ward 1);
 - Pilot an alternative assessment model for Reablement in the Irvine area; and
 - Pilot a joint response service with the Scottish Ambulance Service to offer alternatives to emergency admission.
- 2.4 These developments, combined with the continued funding of the Integrated Care and Enablement Team in North Ayrshire proved to be highly successful in offering alternatives to emergency admission and in ensuring timely discharge, with a combined estimated saving of over 20,000 occupied bed days based on comparative data from the year before.

3. PROPOSALS

Sustaining Capacity from Winter 2015/16

- 3.1 Building on the experience of Winter 2015/16, North Ayrshire Health and Social Care Partnership has committed to sustaining the initiatives introduced last year and mainstreaming the ICES Team that has been funded on a non-recurring basis for five years. This will see the following interventions continued into Winter 2016/17:
- ICES Team offering alternative to emergency admissions and supported discharge from hospital;
 - Targeted rehabilitation and reablement within Ward 1 of those patients in acute care most likely to benefit from these services;
 - Care at Home Team assessment of those accessing Reablement Services in the Irvine area to ensure their timely transition to core service or discharge;
 - Rapid Response Service from the Community Alarm Team to service users who call or request a 999 call to the Scottish Ambulance Service;
 - Core Care at Home Services delivered to the same capacity as that secured for Winter 2015/16;
 - Delivery of the 5 Day standard for long-term care assessment for individuals within an acute hospital and timely funding of placements for those requiring permanent care.

Developing Capacity within Existing Resources

- 3.2 In line with the budget allocations approved by North Ayrshire Integrated Joint Board in summer 2016, North Ayrshire Health and Social Care Partnership has committed to the following developments for Winter 2016/17:
- Introduction of step-up care in Ward 1, with direct admissions from the community as an alternative to acute hospital admission;
 - Development of Advanced Nurse Practitioner capacity in North Ayrshire to support telehealth monitoring and lay the foundations for Hospital at Home;
 - Maintain throughput in Ward 2 to support individuals with complex care needs and those awaiting permanent care placements;
 - Introduction of the Professional Single Point of Contact for North Ayrshire to offer ready access to a wide range of services designed to reduce avoidable emergency admissions;
 - Deployment of ICES staff within Crosshouse Hospital to support the proactive identification of patients who can be safely supported home and to aid in discharge planning;
 - Reintroduction of a District Nurse Liaison roles to support the early discharge of individuals known to the District Nursing Service who no longer require acute care; and
 - Introduction of the Crisis Resolution Team to provide an overnight mental health triage service to Police Scotland in response to adult mental health concerns, enabling appropriate mental health support to be provided at home and/or signposting to other services as an alternative to Emergency Department attendance.

Creating Additional Capacity with Additional Resources

- 3.3 In September 2016 an unscheduled care meeting was held with representation from the Health and Social Care Partnerships and from the Acute Hospital sector. Those present considered the investment proposals from each element of the system to create additional capacity should additional resources become available.
- 3.4 The proposals from North Ayrshire Health and Social Care Partnership included:
- Expansion of the Rapid Response SAS Pilot to the Three Towns area;
 - Introduction of 7-Day Working for ICES;
 - Expansion of the Reablement Pilot to the Three Towns area;
 - Increasing Rehabilitation and Intermediate Care capacity;
 - Recruiting additional staff to introduce a full Hospital at Home service; and
 - Increasing Care at Home core service capacity.
- 3.5 Those present prioritised the proposals and concluded that, should additional funding become available, they would wish to see North Ayrshire Health and Social Care Partnership increase the capacity of the Care at Home service. At the time of writing, no additional funding has been confirmed.

3.6 Anticipated Outcomes

The anticipated outcomes, defined as occupied bed days saved over the six-month winter period, for each initiative are presented below:

<i>Sustaining Capacity from Winter 2015/16</i>	
<ul style="list-style-type: none"> • Mainstreaming ICES • Rehabilitation in Ward 1 • Reablement Pilot • Rapid Response SAS Pilot • Care at Home Capacity • Long-Term Assessment and Funding Permanent Care 	<ul style="list-style-type: none"> • 1,541 Occupied Bed Days • 288 Occupied Bed Days • 1,864 Occupied Bed Days • 678 Occupied Bed Days • 9,864 Occupied Bed Days • 1,795 Occupied Bed Days
Total	16,030 Occupied Bed Days
<i>Developing Capacity within Existing Resources</i>	
<ul style="list-style-type: none"> • Step-up Care in Ward 1 • ANP Capacity • Throughput in Ward 2 • Professional Single Point of Contact • ICES support for discharge planning • District Nursing support for early discharge • Crisis Response Team 	<ul style="list-style-type: none"> • 160 Occupied Bed Days • 400 Occupied Bed Days • 180 Occupied Bed Days • 1,520 Occupied Bed Days • 240 Occupied Bed Days • 300 Occupied Bed Days • Up to 200 Emergency Department attendances avoided
Total	2,800 Occupied Bed Days
<i>Creating Additional Capacity with Additional Resources</i>	
<ul style="list-style-type: none"> • Increase Care at Home capacity 	<ul style="list-style-type: none"> • 2,595 Occupied Bed Days
Total for all developments	21,425 Occupied Bed Days

3.7 **Measuring Impact**

The Community Care and Performance Teams within North Ayrshire Health and Social Care Partnership are working jointly to establish a template to record, monitor and report the impact of these initiatives against plan.

4. IMPLICATIONS

Financial :	No implications beyond the budgets that have already been agreed by the Integrated Joint Board.
Human Resources :	No adverse impacts for staff within North Ayrshire Health and Social Care Partnership. Some staff who are in posts previously funded on a non-recurring basis will now have substantive contracts.
Legal :	None
Equality :	None
Environmental & Sustainability :	None
Key Priorities :	<p>The proposals contained herein will make significant contributions towards the Partnership strategic aims of:</p> <ul style="list-style-type: none">• Prevention and Early Intervention;• Bringing Services Together; and• Improving Mental Health and Wellbeing
Community Benefits :	Not applicable

5. CONSULTATION

- 5.1 The proposals contained herein have been developed by those responsible for service delivery, who have engaged with their teams to ensure deliverability and assess likely impact.

In addition, there has been extensive dialogue with other Partnerships, as well as the management and clinical teams from acute care to ensure congruence with other emerging proposals.

6. CONCLUSION

- 6.1 Members of the Integration Joint Board are asked to endorse and support the continued delivery of those service models established in 2015/16; the development of those service models that are proposed for delivery within existing resources; and, subject to additional funds being made available, the creation of additional capacity with the Care at Home service.
- 6.2 An interim report will be presented to the Integration Joint Board in January 2017 to update members on the extent to which the anticipated benefits are being delivered through Winter 2016/17, with a final report being submitted in May 2017 confirming the performance over the entire winter period.

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

Integration Joint Board
17 November 2016
Agenda Item No 8

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

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

Recommendation: It is recommended that the Board:

- a) note the content of this report and the projected overspend of £5.054m for 2016/17;
- b) approve the mitigating action identified at this stage and note that discussions are underway with all partners;
- c) note that a further report will be presented to a future IJB on the Mental Health Lead Partnership recovery plan;
- d) approve the virement request in section 14.1;
- e) approve a new service access approach for care at home which would see implementation of a new approach to allocating capacity which would see new referrals or referrals for increases to existing care packages only receiving care when capacity becomes available due to an existing service user no longer requiring a care package; and
- f) note the trial changes to existing service provision for care at home.

1. EXECUTIVE SUMMARY

- 1.1 This report provides an overview of the 2016/17 financial position of the North Ayrshire Health and Social Care Partnership as at 30 September 2016. This report reflects the projected expenditure and income and has been prepared in conjunction with relevant budget holders.
- 1.2 The total approved budget for 2016/17 is £213.486m. This has increased to £215.085m at period 6 and budget movements are detailed in section 13.
- 1.3 The projected outturn is an overspend of £5.054m at the year end and the mitigating action identified at this stage is outlined in section 11. This leaves a balance of £3.265m. The Health and Social Care Partnership will continue to explore options to mitigate this overspend, however given the demand pressures, it is unlikely that full mitigation will be put in place. This will result in the Partnership closing with a deficit position in 2016/17 which will require to be recovered in future years. The Health and Social Care Partnership are currently engaging with all partner bodies.

- 1.4 The overspend is mainly as a result of increased demand for services, unfunded services, unachieved efficiency savings and high sickness absence.

2. 2016/17 PERIOD 4 POSITION

- 2.1 Against the full-year budget of £215.085m there is a projected overspend of £5.054m (2.35%). The overspend has increased by £3.302m since period 4. The following sections (section 3 – 10) outline the main areas of variance since period 4 by service area.

3. COMMUNITY CARE AND HEALTH SERVICES

- 3.1 Against the full-year budget of £59.262m there is a projected overspend of £1.895m (3.2%). The overspend has increased by £1.012m since period 4 the main areas of which are:

- 3.2
- **Locality Services** – projected year end overspend of £0.541m (adverse movement of £0.562m). This consists of:
 - a) Care homes including respite provision – is projected to overspend by £0.348m which is an adverse movement of £0.335m. This is mainly in relation to respite provision which is projecting an overspend of £0.417m and is under significant pressure due to an increase in demand of 4.3% since the start of the year. To minimise the overspend requests for care home placements are being wait listed and at period 6 there are 39 people on the waiting for a permanent care home placement of which 29 are already placed in a care home on an emergency basis, 6 are in the community and 4 are hospital based.
 - b) Health funded care packages – are projected to overspend by £0.152m which is an adverse movement of £0.080m in relation to care packages due to £0.070m of savings not being achieved and the use of bank and agency staff to cover sickness absence.
 - c) Equipment – projected overspend of £0.200m which is an adverse movement of £0.200m which is consistent with historic demand. On 27 October 2016 the IJB approved a report which identified mitigating action and these actions are included in Appendix D.

These overspends are off-set with underspends within employee costs and an over recovery of income from charges to users.

- 3.3
- **Community Care Service Delivery** – projected year end overspend of £1.057m (adverse movement of £0.380m). This consists of:

- a) Care at home (in house and purchased provision) is projected to overspend by £0.507m which is an adverse movement of £0.147m. In the last six months there has been an increase in demand of 30% within the service. This level of demand has been exceptional and cannot be managed through normal operational channels. Care package provision has been reviewed and care is only be provided to people with substantial or critical need. To minimise the overspend requests for service are being waitlisted and only released when capacity becomes available. At period 6 there are 169 service users on the waiting list for care at home services of which 25 are hospital based and 144 are in the community. To reflect the change in the mix of in house and purchased provision a virement of £0.115m is requested from purchased to in house provision. Note that the projected overspend includes a pressure of £0.237m resulting from the transfer of cases from independent sector providers to the in-house service in December 2015.
- b) Staffing costs at Montrose House is projected to overspend by £0.169m which is an adverse movement of £0.074m due to the use of bank staff and mainland staff to cover vacancies and suspended posts. There has also been additional spend relating to enhancing the management of Montrose House on a temporary basis.
- c) Business Unit employee costs – are projected to overspend by £0.278m which is an adverse movement of £0.073m due to unachieved payroll turnover.

- 3.4 • **Rehab and Reablement** – projected year end overspend of £0.257m (adverse movement of £0.064m). The in-patient ward is projected to overspend by £0.213m which is an adverse movement of £0.143m. This is partly due to the use of bank and agency to cover sickness absence and a number of vacancies and partly due to unachieved vacancy management of £0.035m. To mitigate this moving forward the aim is to reduce the use of supplementary staffing by managing sickness absence and filling of vacancies.

4. MENTAL HEALTH SERVICES

- 4.1 Against the full-year budget of £68.727m there is a projected overspend of £1.830m (2.7%). The overspend has increased by £0.769m since period 4 the main area of which is:

- 4.2 • **Lead Partnership Mental Health**– projected overspend of £2.007m (adverse movement of £0.861). This mainly consists of:
 - a) Adult Inpatient Wards – is projected to overspend by £0.867m which is an adverse movement of £0.179m. Period 4 projections had assumed improvement measures which could have been implemented as part of normal operational practice. This has been reviewed and updated at period 6 and are no deliverable to the value that was originally planned. Wards within Woodland View and Ailsa are running at 25 WTE over establishment in addition to 10 temporary funded posts and this needs to reduce to be in line with the outcome of the workforce tool. This is partly due to some staff being unwilling to transfer to Woodland View which means they have been retained at Ailsa. The workforce tool has assessed current numbers to determine the appropriate workforce model for delivery of wider mental health services within Woodland view. This concluded that an additional 11.9 WTE posts are required to maintain core service delivery. Plans will be developed to reduce the WTE to a maximum of 11.9 WTE over the current funded establishment. The revised business case will be submitted to the NHS for consideration in due course.

- 4.3 b) Elderly Inpatient Wards – are projected to overspend by £0.388m which is an adverse movement of £0.178m. . Period 4 projections had assumed improvement measures which could have been implemented as part of normal operational practice. This has been reviewed and updated at period 6 and are no deliverable to the value that was originally planned. Four long term sickness absences have left the service since period 4 and this should reduce the level of sickness cover requirements.
- 4.4 c) Psychiatry – has a projected overspend and adverse movement of £0.445m as the savings previously anticipated will not be achieved (£0.300m) and there has been use of locums costing £0.145m.
- d) Unachieved Savings – has a projected overspend and adverse movement of £0.350m as the savings in relation to the Whole System Review and payroll turnover will not be achieved. Work on the Whole System Review has progressed as a provider has been commissioned to undertake a demand and capacity exercise but the impact will be in 2017/18.

5. CHILDREN'S SERVICES AND CRIMINAL JUSTICE SERVICES

- 5.1 Against the full-year budget of £30.326m there is a projected overspend of £1.752m (5.8%). This is an adverse movement of £1.113m the main areas of which are:
- 5.2 • **Looked After and Accommodated Children** – are projected to overspend by £1.363m which is an adverse movement of £0.903m as follows:
- a) Looked After Children Placements – is projected to underspend by £0.031m which is an adverse movement of £0.203m mainly due to one new private foster placement (£0.045m), a net increase of eight fostering placements (£0.142m) and adoption agency fees (£0.022m).
- b) Residential School Placements – is projected to overspend by £1.245m which is an adverse movement of £0.726m of which £0.506m relates to an increase of two residential placements and £0.193m to secure placements. These placements were made after every other option for care provision was exhausted. One placement is subject to potential Home Office funding (£0.170m) but this has still to be confirmed and the potential income is not included in the projections but it is included in the mitigating action outlined in Appendix D.
- 5.3 • **Lead Services – NHS Children's Services** – is projected to overspend by £0.432m which is an adverse movement of £0.152m. £0.078m relates to immunisation nursing as no funding has been provided for the Men B programme and £0.074m in relation to trainee health visitors (CEL 13). The Scottish Government have awarded additional funding in the 2016/17 budget to allow the planned growth in health visitor staff. However, the funding received from health has been insufficient (£0.349m shortfall) to fully fund the numbers targeted by the Scottish Government and negotiations are continuing with the NHS to resolve this.

This is offset with an underspend within Intervention Services and employee costs.

6. PRIMARY CARE

- 6.1 There is a favourable movement of £0.094m due to a non-recurring underspend on the Quality Outcome Framework (QOF).

7. MANAGEMENT AND SUPPORT COSTS

- 7.1 Against the full-year budget of £5.001m there is a projected overspend of £0.117m which is an adverse movement from period 4 of £0.189m. This is mainly due to unfunded posts and work is continuing to fund these posts by reconfiguring existing vacant posts.

8. CHANGE PROGRAMME

- 8.1
- **Integrated Care fund (ICF)** – the ICF has a full year budget of £2.890m and is projected to underspend by £0.456m mainly due to delays in posts being filled. Given the current budget position it is proposed that this is used to help assist balance the overall partnership overspend.
 - **Delayed Discharge** - delayed discharge has a full year budget of £0.867m. Due to the timing around programme start dates, it is currently estimated that £0.220m of slippage is likely on this programme. £0.200m of this is already assumed as a non-recurring saving. We are committed to fully spending against delayed discharge funding and eligible areas of spend will be allocated to this area.

See Appendix C for more detail on the Change Programme.

9. LEAD PARTNERSHIP SERVICES

- 9.1 The projected overspend for North Lead Partnership Services is £2.439m and this is already included in the £5.054m projected overspend for the partnership.

Service Area	Projected Outturn 000's £
Mental Health	2,007
Children's Services	432
Keepwell	-
TOTAL	2,439

- 9.2 In 2015/16 there was an agreement that the financial position would be viewed as a further year of due diligence and each parent organisation would take responsibility for any shortfall in funding. A due diligence exercise is underway for 2016/17 to ensure that all base line budget issues have been addressed and any unresolved budget issues will be discussed with parent organisations.
- 9.3 Moving forward in 2016/17 where an overspend cannot be avoided within a lead partnership budget a recovery plan should be agreed across the three partners; should the recovery plan fail then all the HSCPs are liable to address the shortfall which exists, which are not related to base line budget issues. This shortfall will be distributed to each partner based on a 'fair share' principle which is currently being developed across the three Ayrshire partnerships.

- 9.4 As the Lead Partner for Mental Health and Children's Services (Health Visiting) the North Ayrshire Health and Social Care Partnership has responsibility for developing a recovery plan for these areas. This needs to be agreed by the North IJB and presented to the other partners for approval. The IJB approved a mitigation plan at period 4 and the plan has been updated at period 6 and now shows that full mitigation is not in place. Revised proposals will need to be developed for consideration by the IJB and this will be the subject of a future report to the IJB.
- 9.5 East Ayrshire Health and Social Care Partnership
Primary Care budgets are projected to overspend by £0.417m based on projections at period 4. The main pressure is on the out of hours medical service where there is a shortage of ANPs, as well as efficiency targets not being achieved. This is being partially offset by underspends within dental and primary medical services. A recovery plan will be developed for approval by the East IJB on 24 November and subsequently presented to North and South IJBs. This plan will require to consider gaps in funding commitments under due diligence and identify operational risks associated with potential reduced service provision to achieve financial balance in the current financial year.
- 9.6 South Ayrshire Health and Social Care Partnership
An overspend is likely to occur in the provision of community equipment. The estimated overspend across Ayrshire is £150,000. There are limited options to minimise this expenditure as the provision of equipment is key to the discharge of patients from hospital. The South IJB will consider options to minimise this overspend but may require to be shared among the partners.
- 10. SET ASIDE BUDGET**
- 10.1 The Integration Scheme, also makes provision for the Set Aside budget to be managed in-year by the Health Board with any recurring over or under spend being considered as part of the annual budget setting process. It is difficult to estimate the total expenditure on the Set Aside budget for 2016/17 as there are a high number of unfunded beds open at the present time to meet demands. This will be managed in year by the NHS and the budget implications for 2017/18, which are not linked to base line budget issues, will be discussed across the three partnerships.
- 11. MITIGATING ACTION**
- 11.1 The action being taken to reduce the projected overspend of £5.054m is shown in Appendix D. This leaves a balance of £3.265m. The Health and Social Care Partnership will continue to explore options to mitigate this overspend, however given the demand pressures, it is unlikely that full mitigation will be put in place. This will result in the Partnership closing with a deficit position in 2016/17 which will require to be recovered in future years. The Health and Social Care Partnership are currently engaging with all partner bodies.
- 11.2 Note that £0.515m of the mitigation relies on additional funding being secured from the NHS for gaps in funding commitments. If this funding is not provided then further mitigating action will require to be identified.
- 11.3 The proposed mitigation plan for the Care at Home budgetary pressures, along with an assessment of the associated impact is outlined in detail in Appendix G.

- 11.4 Vacancies are being scrutinised and held wherever possible. The exceptions are where it would cost more not to fill the vacancy e.g. cover costs, or if the post is externally funded. Running with a high level of vacancies has an impact on services and staff.
- 11.5 NAHSCP is participating in a Communities of Interest group which will work with other partnerships to review and benchmark costs as well as share and exchange areas of good practice.
- 11.6 The Care Inspectorate produces an annual analysis of Social Work expenditure and activity, using information supplied by Council's in the Local Financial Returns. All data has been compared to our family group which comprises of Glasgow City, West Dunbartonshire, Dundee City, Inverclyde, East Ayrshire, Eilean Siar and North Lanarkshire. NAHSCP compares favourably with their family group. Comparison with our family group has identified areas where further explorations of costs are merited to establish where lessons can be learned. Work is already commencing with East Ayrshire in relation to Older People Services and this will be taken to conclusion over the next few months.

12. SAVINGS UPDATE

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

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

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

12.2	BRAG Status	2016/17 Approved Saving	Period 6 Progress
	Red	1,110	259
	Amber	1,182	1,132
	Green	4,105	4,105
	Blue	474	474
	TOTAL	6,871	5,970

As highlighted in the previous budget update report some savings are at risk from delivery and this is reflected in the update provided within Appendix E which shows a £0.901m shortfall in agreed savings achieved. The Health and Social Care Partnership will consider alternative savings for implementation in 2017/18.

13. BUDGET MOVEMENTS

- 13.1 The total approved budget for 2016/17 is £213.486m. This has been increased to £215.085m at period 6. In total the budget has increased by £1.599m. Budget movements since the approved budget are detailed in Appendix F.

14. VIREMENT

14.1 The following virement is requested for approval:

	£000's
Community Care – In house care at home	115
Community Care – Purchased care at home	(115)
Net	0
<i>Reason:</i> Virement is requested between purchased and in house homecare to realign the budgets to current service provision (£0.115m).	

15. Implications

15.1 Financial

The projected outturn is £5.054m overspent for 2016/17 and the mitigating action identified at this stage is outlined in detail in Appendix D. This leaves a balance of £3.265m. The Health and Social Care Partnership will continue to explore options to mitigate this overspend, however given the demand pressures, it is unlikely that full mitigation will be put in place. This will result in the Partnership closing with a deficit position in 2016/17 which will require to be recovered in future years. The Health and Social Care Partnership are currently engaging with all partner bodies.

15.2 As highlighted in the previous budget update report some savings are at risk from delivery and this is reflected in the update provided within Appendix E. The unachieved savings are fully reflected in the projections presented in Appendix A. A further paper will be presented to a future IJB on revised recovery plan for Lead Partnership services.

15.3 It should be noted that some aspects of the overspend are related to areas of service that have not been fully funded. The main areas of these are:

- a) Adult In Patient Staffing – 11.9 WTE £0.317m
- b) Addictions Detox Ward – £0.100m
- c) Immunisation Nursing - £0.078m
- d) Health Visitors £0.349m
- e) Psychiatric Liaison Service - £0.045m

Total £0.889m

15.4 Human Resources

There are no human resource implications.

15.5 Legal

There are no legal implications.

15.6 Equality

There are no equality implications.

15.7 Environmental & sustainability

There are no environmental & sustainability implications.

16. CONSULTATIONS

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

17. CONCLUSION

- 17.1 It is recommended that the Board:
- a) note the content of this report and the projected overspend of £5.054m for 2016/17;
 - b) approve the mitigating action identified at this stage and note that discussions are underway with all partners;
 - c) note that a further report will be presented to a future IJB on the Mental Health Lead Partnership recovery plan;
 - d) approve the virement request in section 14.1;
 - e) approve a new service access approach for care at home which would see implementation of a new approach to allocating capacity which would see new referrals or referrals for increases to existing care packages only receiving care when capacity becomes available due to an existing service user no longer requiring a care package; and
 - f) note the trial changes to existing service provision for care at home.

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

2016/17 Budget Monitoring Report – Period 6 Objective Summary

Appendix A

Partnership Budget - Objective Summary	2016/17 Budget									2016/17	
	Council			Health			TOTAL			Over/ (Under) Spend Variance at P4	Movement in projected budget variance from P4
	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
COMMUNITY CARE AND HEALTH	48,833	50,330	1,497	10,429	10,827	398	59,262	61,157	1,895	783	1,112
: Locality Services	24,247	24,610	363	3,415	3,593	178	27,662	28,203	541	(21)	562
: Community Care Service Delivery	22,319	23,376	1,057	0	0	0	22,319	23,376	1,057	677	380
: Rehabilitation and Reablement	696	740	44	1,808	2,021	213	2,504	2,761	257	193	64
: Long Term Conditions	1,146	1,169	23	2,945	2,897	(48)	4,091	4,066	(25)	(99)	74
: Integrated Island Services	425	435	10	2,261	2,316	55	2,686	2,751	65	33	32
MENTAL HEALTH SERVICES	20,977	20,833	(144)	47,750	49,724	1,974	68,727	70,557	1,830	1,061	769
: Learning Disabilities	15,954	15,857	(97)	482	491	9	16,436	16,348	(88)	(243)	155
: Community Mental Health	3,646	3,634	(12)	1,789	1,770	(19)	5,435	5,404	(31)	166	(197)
: Addictions	1,377	1,342	(35)	962	939	(23)	2,339	2,281	(58)	(8)	(50)
: Lead Partnership Mental Health NHS Area Wide				44,517	46,524	2,007	44,517	46,524	2,007	1,146	861
CHILDREN'S SERVICES AND CRIMINAL JUSTICE	26,761	28,077	1,316	3,565	4,001	436	30,326	32,078	1,752	639	1,113
: Intervention Services	3,814	3,673	(141)	292	309	17	4,106	3,982	(124)	(361)	237
: Looked After & Accomodated Children	15,109	16,472	1,363	0	0	0	15,109	16,472	1,363	460	903
: Fieldwork	6,264	6,493	229	0	0	0	6,264	6,493	229	280	(51)
: CCSF	469	422	(47)	0	0	0	469	422	(47)	(14)	(33)
: Criminal Justice	(15)	(15)	0	0	0	0	(15)	(15)	0	0	0
: Early Years	263	212	(51)	1,594	1,581	(13)	1,857	1,793	(64)	(33)	(31)
: Policy & Practice	857	820	(37)	0	0	0	857	820	(37)	27	(64)
: Lead Partnership NHS Children's Services Area Wide	0	0	0	1,679	2,111	432	1,679	2,111	432	280	152
PRIMARY CARE	0	0	0	48,012	47,918	(94)	48,012	47,918	(94)	0	(94)
MANAGEMENT AND SUPPORT COSTS	3,966	4,062	96	1,035	1,056	21	5,001	5,118	117	(72)	189
CHANGE PROGRAMME	1,274	1,082	(192)	2,283	1,999	(284)	3,557	3,081	(476)	(559)	83
LEAD PARTNERSHIP AND SET ASIDE	0	0	0	200	230	30	200	230	30	0	30
TOTAL	101,811	104,384	2,573	113,274	115,755	2,481	215,085	220,139	5,054	1,852	3,202

Period 6 Subjective Summary

Partnership Budget Subjective Summary	2016/17 Budget								
	Council			Health			TOTAL		
	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Employee Costs	45,253	46,652	1,399	51,934	54,236	2,302	97,187	100,888	3,701
Property Costs	427	404	(23)	16	16	0	443	420	(23)
Supplies and Services	2,049	2,341	292	5,956	6,054	98	8,005	8,395	390
Prescribing Costs	0	0	0	30,809	30,809	0	30,809	30,809	0
Primary Medical Services	0	0	0	17,204	17,110	(94)	17,204	17,110	(94)
Transport and Plant	550	644	94	0	0	0	550	644	94
Admin Costs	1,132	1,176	44	1,820	1,794	(26)	2,952	2,970	18
Other Agencies & Bodies	75,098	76,598	1,500	6,378	6,513	135	81,476	83,111	1,635
Transfer Payments	2,639	2,430	(209)	0	0	0	2,639	2,430	(209)
Other Expenditure	88	61	(27)	0	0	0	88	61	(27)
Capital Expenditure	0	0	0	0	0	0	0	0	0
Income	(25,425)	(25,922)	(497)	(843)	(777)	66	(26,268)	(26,699)	(431)
TOTAL	101,811	104,384	2,573	113,274	115,755	2,481	215,085	220,139	5,054

Integrated Care Fund

Area of Spend	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance	Explanation / Comments on the Projected Spend
Ideas and Innovation Fund	987	893	(94)	Vacant BBV Co-ordinator assume filled in Oct - £14k underspend and Criminal Justice Officer £10k underspend. Community Phlebotomy service not yet commenced, assumed 4 months spend.
Reshaping Care for Older People Legacy	337	348	11	
Engagement and Locality Planning	170	85	(85)	Slippage in recruitment to posts - assume filled in October 2016
Teams around GPs	277	158	(119)	Slippage in the See and Treat Centre and recruitment of ANPs.
Change Team	815	646	(169)	Vacant posts, assumed filled from October
Social Isolation	185	185	0	
Low Level Mental Health	119	119	0	
TOTAL	2,890	2,434	(456)	

Delayed Discharge Allocation

Area of Spend	Budget	Projected Outturn	Projected Over/ (Under) Spend Variance	Explanation / Comments on the Projected Spend
SPOC	46	19	(27)	Slippage in recruitment to posts - assume filled in November 2016
Hospital at Home	338	330	(8)	
Bed Based Intermediate Care Ward 1	83	33	(50)	Slippage in recruitment to posts - assume filled in November 2016
Bed Based Intermediate Care Ward 2	67	23	(44)	Slippage in recruitment to posts - assume filled in November 2016
Whole Model Staffing	333	242	(91)	Slippage in recruitment to posts - assume filled in October & November 2016
Savings	0	200	200	£200k saving assumed for NHS
TOTAL	867	847	(20)	

Mitigating action required to bring the budget on-line

Appendix D

Objective Heading	Service Area	Period 4 Proposal £ 000'S	Period 6 Proposal £000's	Action and Update	Council	Health	Lead Partner ship
Community Care and Health	: Care at Home	270	0	Mitigating action for Care at Home is outlined in detail in Appendix G. Originally it was hoped that mitigating action would contribute to reducing the overspend, however, based on current demand levels this will prevent the overspend increasing further.	0	0	0
	: Community Alarms	50	17	New eligibility has been agreed for community alarms and the updated figure at period 6 reflects the impact of this. Call volumes will be reviewed for potential areas of reduction.	17	0	0
	: Care Homes	167	0	Originally it was intended to implement mitigating action in relation to care homes, however, given the increase in demand in care at home this is no longer deliverable.	0	0	0
	: Inpatient wards	40	20	Management of sickness absence and vacancies to reduce use of bank and agency nursing. The projection at period 6 has been reduced to reflect current progress.	0	20	0
	: Care Packages	32	20	Management of sickness absence and vacancies to reduce use of bank and agency nursing. Use of staff in redeployment from other packages to cover on a straight time basis rather than going to Bank / Agency	0	20	0
	: Montrose House	0	22	Accelerate management action in relation to the suspended posts.	22	0	0
	: Equipment	0	200	The approved criteria for equipment to be provided is: 1. provide support required for end of life packages	200	0	0

				<p>2. complete adaptations that had started or had been committed to in writing prior to the tightened control on expenditure being put in place</p> <p>3. maintain equipment and adaptations in situ and on which service users depend and</p> <p>4. provide equipment deemed essential to support individuals and avoid hospital admissions</p> <p>If the criteria are not met the equipment will either need to be part of the waiting list or not provided at all.</p>			
TOTAL – Community Care and Health		559	279		239	40	0
Mental Health	: Lead partnership - adult Inpatients	433	100	<p>The mitigating action has been reviewed and updated at period 6 and the latest position is reflected below.</p> <ul style="list-style-type: none"> • 1% reduction in total sickness absence levels across unit. With the exception of Ward 11 all areas experienced a rise in sickness absence from month 4 to 6. • 20 % reduction in staff hours associated with enhanced observations. The average enhanced observations increased in period 5 but has dropped back to the same level as period 4 for period 6. • An initial review of IPCU model has been carried out but requires further work to be undertaken. • Recruitment of additional mental nurses to the existing bank staff to support short notice needs in mental health inpatient services reducing spend on expensive agency nursing. At period 6 this is operational and reducing the need to use agency staff. • Reducing requirement for whole shift cover to meet short notice & term needs through allocation/movement of staff across 	0	0	100

				<p>Woodland View site and as per discussion at Daily Huddle</p> <ul style="list-style-type: none"> • The nursing workforce tool has been undertaken to determine the appropriate workforce model for delivery of wider mental health services within Woodland view. This concluded that an additional 11.9 WTE posts are required to maintain core service delivery. Plans will be developed to reduce the WTE to a maximum of 11.9 WTE over the current funded establishment. The revised business case has been submitted to the NHS for consideration. 			
	: Lead Partnership - elderly inpatients	210	50	<p>The mitigating action has been reviewed and updated at period 6 and the latest position is reflected below.</p> <ul style="list-style-type: none"> • 1% reduction in total sickness absence levels across unit. Sickness has increased since period 4. • Recruitment of additional mental nurses to the existing bank staff to support short notice needs in mental health inpatient services reducing spend on expensive agency nursing. At period 6 this is operational and reducing the need to use agency staff. • Reducing requirement for whole shift cover to meet short notice & term needs through allocation/movement of staff across Ailsa site and as per discussion at Daily Huddle • Continuing reduction in Band 2/3 posts as per agreed adjustment to skill mix/numbers as existing surplus staff leave 	0	0	50
	: Lead Partnership – adult community	81	81	Continue to pursue additional funding from the NHS for out of hours liaison cover at Crosshouse	0	0	81

	: Lead Partnership – addictions ward	85	85	Continue to pursue additional funding from the NHS for this detox ward	0	0	85
	: LD – Charging Income	0	100	All LD care package cases are being reviewed by the Money Matters team which has the potential to generate additional income.	100	0	0
	: MH Funding Allocations	0	350	There is slippage in the additional funding allocations due to delays in the recruitment process. Psychology and CAMHS £147K NES Mental Health £40K Mental Health Innovation Fund £163K	0	0	350
TOTAL – Mental Health		809	766		100	0	666
Children’s Services and Criminal Justice	: Adoption	8	0	This is achieved and is included in the projections.	0	0	0
	: Residential Units	20	0	This is achieved and included in the projections	0	0	0
	: Care Packages	35	35	Expand the pilot project on Self Directed Support across all service users where appropriate. This assumes a 2.5% saving over and above savings already approved.	35	0	0
	: Residential / Secure Placements	0	188	Seek additional Home Office Funding	188	0	0
	: Health Visitors	349	349	Continue to pursue the NHS for adequate funding to support this initiative. This is the amount being requested in the report being considered by the NHS (£0.349m).	0	0	349
TOTAL – Children’s Services and Criminal Justice		412	572		223	0	349
Management and Support Costs	: Unfunded post	72	72	Review existing vacant posts with a view to deleting them and funding this post on a recurring basis.	0	72	0
	: Increased payroll turnover	0	100	This is additional to the £1.1m target already included in the Council element of the budget.	100		
TOTAL – Management and Support Costs		72	172		100	72	0
GRAND TOTAL		1,852	1,789		662	112	1,015
PROJECTED OVERSPEND			5,054		2,573	474	2,007
SHORTFALL			3,265		1,911	362	992

a) Council Element of Savings

Summary Narrative	B/R/A/G Status	2016/17 Approved Saving	2016/17 Projected Achievable Saving	2016/17 Saving Shortfall	Action being taken to address shortfall	Staffing Element of Saving	FTE Change 2016/17
Review of Partnership business support functions	Green	150,000	150,000	-		150,000	6.0
Reduction in alternative family placement numbers, reducing the number of children requiring to be accommodated in this way by twenty over the next three years.	Amber	166,400	166,400	-		0	0.0
Rationalisation of the Family Support services across North Ayrshire	Blue	150,000	150,000	-		0	0.0
Children with Disabilities - improved procurement for provision of community support services.	Green	25,000	25,000	-		0	0.0
Transfer of 8 external foster care placements to in-house carer provision	Green	183,040	163,000	20,040	Four placements transferred to date and savings still to be achieved when remaining 4 placements transfer. This is included in the period 6 projection and associated mitigating action.	0	0.0
Whole system review of NHS provided beds in care of elderly/elderly Mental Health and purchased nursing care beds.	Green	500,000	500,000	-		0	0.0
Older People -The support offered to individuals through their admission to Hospital and in the planning of their discharge back to community settings will be reviewed to improve the quality of support and ensure greater continuity.	Amber	50,000	50,000	-		50,000	1.0
Review and redesign day care for older people with a view to securing a more flexible, person centred approach that is aligned with other services to deliver greater efficiency in service provision.	Green	50,000	50,000	-		50,000	2.0
Increase in Income Budget. Revision of base budget to reflect inflation increases and improvements to the charging process to ensure charges are implemented according to the policy.	Green	455,000	455,000	-		0	0.0
Streamlining management through the integration of services within the HSCP	Amber	90,000	90,000	-		160,000	3.0
NACAS/Money Matters - proposed reduction in the Welfare Reform Payment plus an additional 10% funding from Money Matters	Blue	264,294	264,294	-		0	0.0
Review of complex packages of care for individuals with a Learning Disability.	Amber	100,000	100,000	-		0	0.0

Summary Narrative	B/R/A/G Status	2016/17 Approved	2016/17 Projected	2016/17 Saving	Action being taken to address shortfall	Staffing Element of	FTE
							2016/17
Mental Health Care Packages baseline budget adjustment based on historic underspends	Amber	30,000	30,000	-		0	0.0
Further rationalisation of the Family Support services across North Ayrshire	Green	150,000	150,000	-		0	0.0
Children & Families Adoption - remove additional investment	Blue	60,000	60,000	-		0	0.0
Children & Families - Fostering additional savings to be delivered through revised rates, shift from external to internal carers and renegotiation of external carer rates	Amber	50,000	50,000	-		0	0.0
Charging review across all services to ensure that current charging policies are being applied appropriately	Green	50,000	50,000	-		0	0.0
Children & Families - remove additional investment	Green	141,000	141,000	-		0	0.0
Transport Initiative - Reduce level of taxi usage across the partnership and savings through increased use of Pool Cars	Green	33,000	33,000	-		0	0.0
Workforce review - maintaining core staffing levels to reduce enhanced overtime costs.	Green	183,500	183,500	-		0	0.0
Discretionary spend savings and minor budget realignments. This would require further review during 2016/17	Green	372,444	372,444	-		0	0.0
Introduce a Pan Ayrshire shared Carefirst Support Service	Amber	30,000	30,000	-		0	0.0
Dementia Respite care - sell additional places to other Authorities to generate additional income.	Red	38,610	18,610	20,000	Anam Cara at present full to capacity with NAC service users. This is included in the period 6 projection and associated mitigating action.	0	0.0
Learning Disability Services - development of Self Directed Support Services across the service to provide choice and	Amber	243,935	243,935	-		0	0.0
Children's Services - development of Self Directed Support Services across the service to provide choice and flexibility for	Amber	63,000	63,000	-		0	0.0
Review of sleepover provision including alternative models of service delivery e.g. telecare	Amber	34,777	34,777	-		0	0.0
Contract savings within mental health and children's services	Green	91,000	91,000	-		0	0.0
Workforce Restructure - review of business support	Green	20,000	20,000	-		20,000	<1
Payroll Turnover - active management of the recruitment process to create additional payroll savings. This is in addition to the current target of £0.812m.	Amber	225,000	225,000	-		225,000	0
		4,000,000	3,959,960	40,040		655,000	12

b) Health Element of Savings

Summary Narrative	B/R/AG Status	2016/17 Approved Saving	2016/17 Projected Achievable Saving	2016/17 Saving Shortfall	Action being taken to address shortfall	Staffing Element of Saving	FTE 2016/17
Day Activity Team, Ailsa	Green	100,000	100,000	-			
Coffee Shop	Green	5,000	5,000	-			1.36
Addiction Supplies	Green	10,000	10,000	-			
CAMHS supplies	Green	20,000	20,000	-			
CAMHS Reserve Fund	Green	90,000	90,000	-			
Arrol Park - Payroll Turnover	Green	250,000	250,000	-			
Advocacy Post	Green	20,000	20,000	-			
LD Vacant Post	Green	35,000	35,000	-			
MH Nurse Training	Green	30,000	30,000	-			
MH Project Management Post	Green	40,000	40,000	-			
Community Addictions - vacant posts	Green	50,000	50,000	-			
Arrol Park - Long Stay Discharge	Green	110,000	110,000	-			
Psychology Supplies	Green	70,000	70,000	-			
Whole Systems Review	Red	300,000	-	300,000			
Community MH Vacancies	Green	50,000	50,000	-			

Summary Narrative	B/R/A/G Status	2016/17 Approved Saving	2016/17 Projected Achievable Saving	2016/17 Saving Shortfall	Action being taken to address shortfall	Staffing Element of Saving	FTE 2016/17
External NHS Service Level Agreements	Green	25,000	25,000	-			
Unpacs	Green	25,000	25,000	-			
Medical Posts - Targetted Reduction	Red	300,000		300,000			
Slippage from Lead Nurse Vacant Post	Green	6,000	6,000	-			
Prescribing - Cost Reduction	Green	50,000	50,000	-			
Prescribing and Medication Saving Across Community Teams	Green	30,000	30,000	-			
Payroll Turnover, Reduction in Staff Absence and Review of Skills Mix	Amber	421,000	371,000	50,000			
Delayed Discharge Slippage	Green	200,000	200,000	-			
Arran War Memorial	Green	15,000	15,000	-			
Cumbrae Lodge	Green	44,326	44,326	-			
Payroll Turnover and Reduction in Staff Absence	Red	214,775	-	141,000			
Packages of Care	Red	70,000	-	70,000			
Huntington's Budget	Green	10,000	10,000	-			
Health Visitor Supplies	Green	20,000	20,000	-			
Payroll Turnover and Reduction in Staff Absence	Green	109,899	109,899	-			
Review of Administration	Green	150,000	150,000	-			
		2,871,000	1,936,225	861,000			

MOVEMENTS SINCE THE APPROVED BUDGET

NORTH AYRSHIRE COUNCIL	Period	Permanent or Temporary	£ 000's
Initial Approved Budget			82,490
: Resource Transfer net off	4	P	18,197
: Transport Contract Inflation transferred to Place Directorate	4	P	(84)
: Transport re Arran vans transferred to Place Directorate	4	P	(24)
: Contribution to a Health and Safety Advisor	4	T	(10)
: Transfer of HSCP WAN Circuits budgets to IT Infrastructure	4	P	(12)
: Corporate Procurement Savings Tunstall (Telecare)	4	P	(5)
: Transfer to Business Development as a contribution towards a complaint pilot project	4	P	(15)
: Integrated Care Fund Transfer to North Ayrshire Council	6	T	1,274
Reported budget at period 6			101,811

NHS	Period	Permanent or Temporary	£
Initial Approved Budget			130,996
: Resource Transfer net off	4	P	(18,197)
: ORT Funding	4	P	87
: Temporary uplift to MH Staffing	4	T	308
: Woodland View commissioning	4	T	100
: Daldroch Income Shortfall	4	P	149
: Cumbrae Lodge Inflation	4	P	20
: Baseline Resource Transfer Adjustment	4	P	70
: Allocation for Nursing and Midwifery revalidation	6	T	27
: Transfer to Pharmacy for Woodland View HEPMA	6	P	(33)
: Reduction in NES funding for junior doctors	6	P	(26)
: Reduction in BBV allocation 7.5% outcomes framework	6	P	(22)
: Additional funding for CEL 13 health visitors	6	P	46
: Funding for district nursing community admin	6	P	6
: Additional SG funding for Family Nurse Partnership	6	T	36
: Balance of CAMHS reserves	6	P	218
: Integrated Care Fund Transfer to North Ayrshire Council	6	T	(1,274)
: Mental Health Innovation Fund allocation	6	T	311
: CAMHS & Psychology Capacity Building Allocation	6	T	316
: General Medical Services Uplift	6	P	136
Reported budget at period 6			113,274

GRAND TOTAL	215,085
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Subject:	Proposed Mitigation Plan for Care at Home Budgetary Pressures in 2016/17
Purpose:	To present to the Integration Joint Board the proposed mitigation plan for the Care at Home budgetary pressures, along with an assessment of the associated impact.
Recommendation:	Members of the Integration Joint Board are asked to approve a new service access approach which would see implementation of a new approach to allocating capacity which would see new referrals or referrals for increases to existing care packages only receiving care when capacity becomes available due to an existing service user no longer requiring a care package and note the trial changes to existing service provision.

1.	BACKGROUND
1.1	Despite care packages being prioritised and allocated to those with assessed needs classified as substantial or critical, there continues to be increasing demand for care. The result of this is that there is no opportunity to decrease this level of provision without impacting on the ability of the service to meet local need.
1.2	As of 30 September 2016, this has resulted in an adverse pressure of £0.507m across the Care at Home service. Members of the Integration Joint Board should note that this includes a pressure of £0.237m resulting from the transfer of cases from independent sector providers to the in-house service in December 2015. There are currently a total of 25 individuals reported as waiting in local hospitals for a care at home package, with a further 144 people waiting in community settings having been assessed as requiring Care at Home support. This unmet demand is not reflected in the projected overspend of £0.507m.
1.3	It is recognised that if a balanced budgetary position is to be achieved by 31 March 2017, action must be taken now to reduce the level of spend within the Care at Home service.
2.	PROPOSALS
2.1	<p>Care at Home</p> <p>The proposed mitigation plan is based on a new service access approach which would see implementation of a new approach to allocating capacity which would see new referrals or referrals for increases to existing care packages only receiving care when capacity becomes available due to an existing service user no longer requiring a care package. Under this proposal capacity would continue to be managed at locality level.</p>
2.2	<p>Given the impact the proposal would have on individuals, families and services there is a plan to trial three changes to current practice over the next 4 - 6 weeks:</p> <ol style="list-style-type: none"> 1. Reassess all individuals discharged from hospital over the last 4 weeks who are in receipt of care at home support to determine whether the level of package made available on discharge is consistent with their needs, reducing care packages wherever appropriate; 2. Going forward, reassess all individuals in receipt of a care at home package at point of discharge from hospital within 48 hours to determine whether the level of

	<p>package is consistent with their needs, reducing the level of support wherever appropriate; and</p> <p>3. Introducing a cap on overtime payments within the service, recognising that this will result in a growing waiting list.</p> <p>These changes will free capacity which will be used to enable unmet demand from the current waiting list to be met. It is unlikely to allow it to be fully met but will be used to minimise the impact on individuals, families and services. This mitigation will be used to manage demand rather than reduce the projected overspend.</p> <p>This will be monitored over the 4 - 6 week period to assess impact and report this back to IJB along with any further mitigating actions required.</p>
3.	CONCLUSION
3.1	<p>Members of the Integration Joint Board are asked to approve a new service access approach which would see implementation of a new approach to allocating capacity which would see new referrals or referrals for increases to existing care packages only receiving care when capacity becomes available due to an existing service user no longer requiring a care package and note the trial changes to existing service provision.</p>

Integration Joint Board
17th November 2016
Agenda Item No. 9

Subject: **Arran War Memorial Hospital**

Purpose: To inform the IJB of the Healthcare Environment Inspectorate (HEI) Unannounced Inspection Visit on the 26th – 27th July 2016

Recommendation: The IJB are asked to note the report and action plan and response from NHS Ayrshire & Arran (A&A)

1. EXECUTIVE SUMMARY

- 1.1 This report sets out the findings from the HEI inspection and subsequent action plan to Arran War Memorial Hospital from Wednesday 27th to Thursday 29th July 2016. The last HEI visit to Arran War Memorial Hospital was July 2013.
- 1.2 Overall the report was positive, it was noted that the standard of cleanliness of both the environment and patient equipment was good and the hospital was well maintained. It was also noted that good communication was evident between the various staff groups.
- 1.3 The inspection resulted in two requirements, namely ,
 - 1.3.1 - NHS A&A must ensure that alcohol-based hand rub is provided as near to the point of patient care as possible. If this is not possible, NHS Ayrshire & Arran must conduct a formal risk assessment to demonstrate that suitable alternative arrangements are implemented and that these arrangements are appropriately monitored.
 - 1.3.2 - NHS A&A must ensure there is clear responsibility for ensuring that any blood and body fluid spillages are managed in the hospital waiting area.

2. BACKGROUND

- 2.1 Prior to the inspection NHS A&A self assessment along with the previous visit were reviewed with HEI focusing on the below four standards
 - 2.1.1 Standard 3 – Communication between organisations and with the patient or their representative
 - 2.1.2 Standard 6 – Infection prevention and control policies, procedures and guidance
 - 2.1.3 Standard 7 – Insertion and maintenance of invasive devices
 - 2.1.4 Standard 8 – Decontamination

3. PROPOSALS

3.1 Further to the visit and subsequent meetings an action plan was approved to ensure compliance with the HEI's inspection and are outlined below

- NHS Ayrshire & Arran will ensure alcohol-based hand rub dispensers are made available at the point of patient care. If an individual is assessed as being at risk from fixed point dispensers, we will remove them and deploy personal hand gel dispensers to staff.
- Managers (of all staff groups) will advise staff to report any blood and / or body fluid spillages (regardless of location) to the nurse in charge at that particular time. The nurse in charge will have responsibility for ensuring the spillage is cleaned in line with National Guidance. In addition the carpet in the waiting area will be removed and replaced with a suitable alternative.

3.2 Anticipated Outcomes

At time of writing both actions have been addressed and completed. Holders for the alcohol-based hand rub are now in-situ at the base of the patient's bed and use will be continually risk assessed upon patient need and cognition, additionally personal alcohol-based rub will be carried by staff at all times. The carpet in the waiting area was replaced on the 3rd October 2016.

3.3 Measuring Impact

Impact will be measured with appropriate audit and risk assessment as per policy.

4. IMPLICATIONS

Financial :	Budgeted therefore resource neutral
Human Resources :	Resource neutral, systems already in place for staff safety
Legal :	Complies with HEI as part of Healthcare Improvement Scotland
Equality :	Will not change how services are delivered to service users therefore does not require updated EQIA
Environmental & Sustainability :	Nil of note
Key Priorities :	Complies and supports person centred, safe and effective care.
Community Benefits :	Nil of note

5. CONSULTATION

5.1 The HEI report and subsequent action plan has been discussed and approved by the HEI Visit to AWMH - Post Inspection Meeting on 13th September 2016.

6. CONCLUSION

6.1 The IJB are asked to note and approve the action plan as described in the report.

For more information please contact **Pete Gilfedder** on 01294 317800 or Peter.Gilfedder@aapct.scot.nhs.uk

Integration Joint Board
17th November 2016
Agenda Item No. 10

Subject: Pan Ayrshire Government Funding proposal for:

- **Improving Access to CAMHS and Psychological Therapies (Building Capacity)**
- **Workforce development and training in Psychological Therapies and CAMHS through NHS Education for Scotland (NES)**

Purpose: To provide an overview of the proposals for use of Government Funding to improve access to CAMHS and Psychological Therapies and a proposal for Government Workforce Capacity Funding by NHS Education for Scotland (NES).

Recommendation: It is recommended that the Board note the content of this report and approve the proposals/plans for Government funding.

1. INTRODUCTION

- 1.1 On 12 January, 2016 the First Minister announced £54.1m of funding over 4 years from 2016/17 to improve access to mental health services.
- 1.2 This package of funding represents the initial announcement of support from within the £150m awarded to mental health by the Scottish Government. It comprises three specific elements which total £54.1m over 4 years and is intended to support the delivery of the LDP access standards for both CAMHS and Psychological Therapies.
- 1.3 The package includes:
 - An allocation to NHS Boards to build and increase workforce capacity to deliver services (24.7m);
 - Support for the development of the mental health workforce to enhance supply and training of workforce to deliver evidence-based therapies delivered by NHS Education for Scotland (£24.6m);
 - The delivery of a Mental Health Access Improvement Support Programme, delivered by Healthcare Improvement Scotland (£4.8m).
- 1.4 This paper details proposals for use of Government Funding to improve access to CAMHS and Psychological Therapies and a proposal for Government Workforce Capacity Funding by NHS Education for Scotland (NES).

2. CURRENT POSITION AND SERVICE PROPOSALS

2.1 Building Capacity in Services (£1,813,900 total allocation over 4 years)

Current service gaps and challenges

The 18 week referral to treatment target for Psychological Therapies and specialist CAMHS is now an LDP standard. The standard has brought about improvements in service delivery, data collection, governance systems and better information about workforce. Waiting times have remained higher than standard in many areas across Scotland and access to services varies. At the same time there has been a sustained rise in demand across Mental Health Services.

2.2 Locally over the past few years, considerable improvements have been made in waiting times and in the provision of additional services without additional resource (for example diagnostic services for both adults and children with Autistic Spectrum and other developmental disorders). However, there are still some high waiting times and significant gaps in service provision.

2.3 The need for continuous service improvement is paramount and is being addressed in relation to both Psychological Therapies and CAMHS. A whole system review of Mental Health is currently underway including Psychological Services and CAMHS, which have the aim of examining demand, capacity and models of service delivery. This is both opportune and pertinent given the integration of Mental Health Services with Health & Social Care partnerships in April 2015.

2.4 The opportunity to receive additional funding to assist service re-design and build capacity is strategically well timed as the services within Ayrshire and Arran are currently being reviewed to ensure improving access to Psychological Services is addressed with appropriate models of service delivery and capacity released to respond to increasing demand.

2.5 This funding will enable the reduction of long waits through increased access in some service areas within a much more rapid timescale than would have otherwise been the case. Reducing the pressure of this 'backlog' will enable new pathways to be introduced more quickly in addition to working with whole systems and sectors to deliver better care for children, adults and older adults. This also requires the need to develop low intensity psychological approaches by working with Primary Care and Community partners on early intervention and prevention, and on increasing individual capacity within the community to support psychological and other care needs.

2.6 Prioritised Service Gaps

In terms of CAMHS and Psychological Therapies, the priority service workforce capacity pressures identified for the allocation of building workforce capacity government funding are as follows:

2.7 **Psychological Therapies within CAMHS**

There has been a rising demand and escalation in referrals and long waiting times for children with neurodevelopmental disorders and co morbid mental health problems. The current workforce configuration and gaps in staff resource, especially in terms of diagnosis, means that the service is not able to respond to this demand in a timely way. Maximum waiting time for neuropsychological assessment and diagnosis is currently 60 weeks and for all other specialist psychological interventions is 60 weeks. In order to address this the service is implementing a newly developed neurodevelopmental pathway for children referred to CAMHS and Community Paediatrics with a pilot/test of change being implemented in East Ayrshire. In addition to this it is also important to ensure a rapid response for specialist psychological assessment and intervention for 'high risk' patients (e.g. suicidality, early psychosis). There is also a continuing need to reduce waiting times for those patients with serious anxiety and depressive disorders.

2.8 **Community Paediatrics** (Service for children with developmental disorders and serious physical conditions such as muscular dystrophy, cerebral palsy).

There has been a significant increase in referrals, particularly for neurodevelopmental disorders in very young children. Currently there are 4.9 wte Clinical Psychologists for the whole of Ayrshire & Arran. Maximum waiting times are 92 weeks. A re-allocation of the existing workforce has taken place to increase staffing resource to support the pilot of the neurodevelopmental pathway which combines referrals and clinicians from both the CAMHS Service and the Community Paediatric Service.

2.9 **Older Adults** (Specialist Services: Community Teams and Mental Health In Patients)

The current Psychology staffing resource for specialist Older Adults Service is 2.3 wte Clinical Psychologists for the whole of Ayrshire & Arran. This resource provides services to the Older Adult Community Mental Health Teams across the three partnership areas, Liaison Psychiatry, Social Care settings, both the acute physical health and rehabilitation care settings and to the mental health in-patient service.

2.10 **Adult Mental Health (Community and In-patient)**

There is currently high demand within the Community Mental Health Teams for patients with complex problems who require specialist assessment and therapeutic work (e.g. complex trauma, Personality Disorder and interpersonal problems, mood disorders and assessment for Autistic Spectrum and Neuropsychological Disorders). Considerable improvements have been made in waiting times for psychological provision within the adult community teams although longer waits remain where resource is lower.

2.11 There are also long waits for psychological therapies in the Primary Care Mental Health (PCMHT) Service. The longest waiting times are for Cognitive Behaviour Therapy and Counselling. Whilst a significant number of staff in other roles have been trained to deliver psychological interventions, there is not the capacity currently to release them to practice. This issue will be addressed through the pan-Ayrshire PCMHT Review.

2.12 **Addictions Service**

There is currently no specialist dedicated Clinical Psychological provision to the Addictions Service. The findings of Adverse event reviews have identified the need for a dedicated Psychologist post to improve access to psychological therapies for people open to the Addiction service.

3. **PROPOSAL FOR GOVERNMENT WORKFORCE CAPACITY FUNDING (National total £24.7m)**

Ayrshire & Arran allocation: 2016-17 £315,780 2017-20 per year £499,373

- 3.1 The plan submitted and approved by the Scottish government to address these service gaps for the allocation of building workforce capacity funding is summarised in the table below.

Service	Resource 2016-17	Resource 2017-20
CAMHS 1 wte Clinical Psychologist (Band 8a) 2 wte Speech & Language Therapists (Band 5) 2 wte ADHD Nurses (Band 6)	127,284	205,176
Community Paediatrics 1 wte Clinical Psychologist (Band 8a)	£28,498	56,996
Adult Mental Health CMHT/In-patient 1.6 wte Clinical Psychologists (Band 8a)	45,597	91,194
Addictions 1 wte Clinical Psychologist (Band 8b) 0.6 wte Assistant Psychologist (Band 4)	56,362	84,543
Older Adults 1 x Clinical Psychologist (Band 8a)	28,498	56,996
Supplies	27,000	N/A
Total	313,239	494,905

4. **DEVELOPING THE MENTAL HEALTH WORKFORCE (National total £24.6m)**

- 4.1 In addition to developing workforce capacity in the Health Boards, additional funding has been allocated to provide training in the delivery of evidence based therapies. For example, the provision by NES of two one year Master level Courses in Psychological Therapies, focussed on common mental health problems in primary care and on child and family work, offers a route by which it is possible to develop the resource of Clinical Associates in Applied Psychology across NHS Scotland over a shorter period of time.

4.2 **Workforce supply gaps and challenges**

There is a need to increase the volume of staff who are trained in both CBT and early intervention techniques to meet the needs of those with more serious anxiety and depressive disorders as well as to train and supervise others in early intervention and prevention. Clinical Associates in Applied Psychology, at band 7 level, are specifically trained to do this.

- 4.3 There is well established evidence that fast access to neuropsychological and psychological assessment is critical in determining the best future care package and reducing length of general hospital stays. There is also evidence that if patients are seen quickly after admission, when a brief psychological intervention can take place to address their psychological and cognitive difficulties, then this prevents increasing deterioration and the need to access general mental health services.
- 4.4 A review of workforce gaps and challenges for the allocation of this funding stream has been identified in the following areas:
- 4.5 **Older Adults Service:** Limited pan-Ayrshire Psychology resource to Older Adults across community teams, Liaison Psychiatry, Social Care Settings, in both Acute Physical Health and Rehabilitation Care and Mental Health In-patient settings.
- 4.6 **Child and Adolescent Mental Health (CAMHS):** There is no full time Psychological Specialist in CAMHS for Early Intervention across a range of presentations including Eating Disorders and First Episode Psychosis. A new post to work with this group would allow an existing Clinical Psychology post to be totally dedicated to Community Prevention and Early Intervention including training and supervision of other deliverers. There is a need to increase the volume of staff who are trained in both CBT and early intervention techniques.
- 4.7 **Primary Care:** There is a high volume of referrals for psychological disorder. The current workforce capacity and skill mix is insufficient to meet demand for Cognitive Behaviour Therapy based interventions and for supervision of staff delivering low intensity interventions.

5. **PROPOSAL FOR GOVERNMENT DEVELOPING THE WORKFORCE FUNDING**

- 5.1 The plan submitted to the Scottish Government/NES to address these service gaps for the workforce development funding stream allocation is outlined in the table below.

Service	Resource
Older Adults (Physical Health Liaison) 1 wte Clinical Psychologist (Band 8a)	56,996
CAMHS/Early Intervention/Eating Disorder 1 wte Clinical Psychologist (Band 8a)	56,996
Primary Care Mental Health Teams 3 wte Clinical Associates in Applied Psychology (Band 7)	147,513
Total	261,505

6. **THE MENTAL HEALTH IMPROVEMENT PROGRAMME** **(National allocation £4.8m for all NHS Boards over 4 years)**

- 6.1 This funding is not forwarded to NHS Boards but is allocated by the Scottish Government centrally to the Mental Health Access Improvement Support Team (MHAIST) to enable the delivery of the mental health access improvement programme. The MHAIST team will work in collaboration with NHS Boards to deliver sustained improvements in access to CAMHS and Psychological Therapies Services. Initially this will involve the completion of an assessment of the key enablers and barriers to the delivery of improved access in order to support the delivery of the waiting times standard.

- 6.2 The MAHIST programme team have commenced work in Ayrshire and Arran with the North Ayrshire Health and Social Care Partnership in alignment with the Psychological Services review and change programme. The support provided consists of access to a local improvement advisor and a data analyst over the next two years.

7. Anticipated Outcomes

The package of support has been structured to focus on improving access to mental health services and support for NHS Boards to:

1. Deliver reductions in waiting times and the achievement of the LDP standard for CAMHS and Psychological Therapies.
2. Improve access to mental health services in response to the local need identified within the LDP
3. Deliver a workforce development plan for mental health workforce.

8. Measuring Impact

Progress will be monitored towards the achievement of the LDP standard for CAMHS and Psychological therapies.

In addition, NES will work with Board areas to ensure data is collected on delivery of training and supervision. A meeting will take place again in September/October 2017 to review progress.

9. IMPLICATIONS

The opportunity to receive additional funding to assist service re-design and build capacity is strategically well timed as the services within Ayrshire and Arran are currently being reviewed to ensure improving access to psychological services is addressed with appropriate models of service delivery and capacity released to respond to increasing demand.

9.1 Financial Implications

Government funding has been confirmed as outlined in the table in section 2.

The Government funding provides additional investment to improve access to Psychological Therapies and to develop the workforce. This investment will further support the service to address gaps in provision to improve waiting times whilst a review of Psychological services and wider Mental Health services is taking place. The outcomes and recommendations of the Psychological services review will determine how this investment is utilised in the longer term to support changes in workforce configuration and workforce development to ensure that access to the service is improved in alignment with national targets and standards. All posts will be recruited on a fixed term basis until the outcomes and recommendations of the service review have been completed to ensure the current plans are in alignment with the longer term vision and development plans for the service.

9.2 Human Resource Implications

Recruitment of workforce is taking place in alignment with the proposals – initially on two year fixed term contracts during the period of the Psychological Service review.

9.3 Legal Implications

There are no legal implications

9.4 Equality Implications

There are no equality implications

9.5 **Environmental Implications**

There are no environmental implications

9.6 **Implications for Key Priorities**

The funding proposals are in alignment with the NAHSCP strategic priorities of improving access to mental health services – specifically CAMHS and Psychological Therapies and development of the workforce.

10. CONSULTATIONS

- 10.1 The proposals were formulated by a Pan Ayrshire working group and also consulted on a wider Pan Ayrshire Mental Health service basis. The proposals were also submitted to the Strategic Planning and Operational Group prior to the short timescale required for submission.

11. CONCLUSION

- 11.1 It is recommended that the Board note the contents of the report and endorse the plans for Government funding to improve access to Psychological Therapies and CAMHS and NES workforce development plans.

For more information please contact Thelma Bowers, Head of Mental Health on 01294 317803.

Integration Joint Board

17 November 2016

Agenda Item 11

Subject: **Appointment to Performance and Audit Committee**

Purpose: To advise the Committee of the resignation of Councillor McNamara from the IJB Performance & Audit Committee.

Recommendation: That IJB members nominate and appoint a Member of the Integration Joint Board to the Performance and Audit Committee.

1. EXECUTIVE SUMMARY

- 1.1 The IJB approved the membership of the Performance and Audit Committee at their meeting on 13 August 2015:-

Robert Martin, NHS Ayrshire and Arran (Chair)
Stephen McKenzie, NHS Ayrshire and Arran
Councillor Robert Steel, North Ayrshire Council (Vice Chair)
Councillor Peter McNamara, North Ayrshire Council
Louise McDaid, North Ayrshire Council staff representative
Marie McWaters, Carers representative

- 1.2 At its meeting on 31 August 2016, the Council considered a report by the Chief Executive on proposed changes to committees and outside body appointments, the resignation of the SNP Administration and arrangements for a new Council.

The Council noted the resignation of Councillor Dickson as the Chair of the IJB and agreed to approve Councillor McNamara as Cabinet Member and Portfolio holder for Health and Social Care and Chair of the IJB.

As a result of this appointment, Councillor McNamara has resigned from the IJB Performance and Audit Committee.

- 1.3 Nominations are therefore sought for the vacancy on the IJB Performance and Audit Committee.

The composition of the Committee, as detailed at 1.1 of the report, previously allowed for two NHS Ayrshire and Arran representatives, two Council representatives and two Stakeholder representatives.

2. PROPOSALS

- 2.1 IJB members are asked to consider nominations for the vacancy on the Performance and Audit Committee and appoint a Member of the IJB Board to the Committee.

3. IMPLICATIONS

Financial :	None
Human Resources :	None
Legal :	None
Equality :	None
Environmental & Sustainability :	None
Key Priorities :	None

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

Integration Joint Board
17 November 2016
Agenda Item No 12

Subject: **Integration Joint Board – Meeting Dates 2017**

Purpose: To seek the approval of the Board of the draft timetable of meetings for 2017.

Recommendation: It is recommended that the Board approve the meeting dates proposed for 2017.

1. EXECUTIVE SUMMARY

- 1.1 The schedule of meetings for the IJB in 2017 is submitted for approval by the Integration Joint Board.

2. CURRENT POSITION

- 2.1 The meetings will continue to be held on a monthly basis within the Council Chambers, Cunninghame House, Irvine.
- 2.2 The timetable has been created around a range of factors, such as the budget reporting timescales, the 2017 Local Government Election and the draft Council Committee timetable from January to April 2017. The timetable for the Performance and Audit Committee has also been created on the same basis and circulated to the Chair and Vice Chair for consideration.
- 2.3 The Local Government Election will take place on Thursday 4 May 2017. The election recess period is likely to commence on Monday 3 April 2017 and run till Election Day on Thursday 4 May 2017. The first meeting of the new Administration will take place shortly thereafter and will consider appointments to Council Committees, Outside Bodies and the Integration Joint Board.
- 2.4 The first meeting of the IJB, following the Local Government Election in May 2017, will require to appoint an IJB Chair and Vice Chair (as per Standing Order 3.2) and agree Council representation on the IJB Performance and Audit Committee.

3. PROPOSALS

- 3.1 The proposed dates and times for the IJB are detailed below. These dates may be subject to change following the approval of the timetable of Council meetings following the first meeting of the new Administration in May 2017.

Thursday 12 January 2017 at 10.00 a.m.

Thursday 9 February 2017 at 10.00 a.m.

Thursday 16 March 2017 at 10.00 a.m.

Thursday 25 May 2017 at 10.00 a.m.

Thursday 22 June 2017 at 10.00 a.m.

Thursday 20 July 2017 at 10.00 a.m.

Thursday 17 August 2017 at 10.00 a.m.

Thursday 21 September 2017 at 10.00 a.m.

Thursday 12 October 2017 at 10.00 a.m.

Thursday 16 November 2017 at 10.00 a.m.

Thursday 14 December 2017 at 10.00 a.m.

- 3.2 It is proposed that some of the above dates will be private briefing / development sessions for IJB members.
- 3.3 IJB members are asked to note the dates for financial reporting for 2017 as detailed below:-

Date of IJB

Thursday 12 January 2017
Thursday 16 March 2017
Thursday 22 June 2017
Thursday 21 September 2017
Thursday 14 December 2017

Financial Reporting Period

Period to 30 November 2016
Period to 31 January 2017
Final Outturn Report 16/17
Period to 31 July 2017
Period to 30 September 2017

4. IMPLICATIONS

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

5. CONSULTATION

- 5.1 Consultation with the Chair/Vice Chair, Committee Services and the Section 95 Officer took place to accommodate budget reporting timescales, the 2017 Local Government Election recess period and the draft Council Committee timetable.

6. CONCLUSION

- 6.1 The IJB is asked to consider and agree the dates for meetings in 2017 as set out in the report.

For more information please contact Karen Andrews, Team Manager (Governance) on 01294 317725 or kandrews@north-ayrshire.gcsx.gov.uk

Integration Joint Board
17th November 2016
Agenda Item No. 13

Subject: Procurement - EU tender plan and contracting for services

Purpose: The report is to:

- 1) advise the IJB of the EU procurement tender plan and seek approval to ask the Council to tender for these services; and
- 2) seek approval to ask the Council to contract for services.

Recommendation: That the IJB agrees:

- 1) to ask the Council to tender for the services listed in the EU tender plan at Appendix 1; and
- 2) to ask the Council to contract for care services on an interim basis as listed in Appendix 2; and
- 3) to ask the Council to go to tender for non care services listed in Appendix 3; and
- 4) to approve the appointment of two temporary procurement officers funded from within existing resources.

1. EXECUTIVE SUMMARY

- 1.1 This report seeks approval from the Integration Joint Board to the tendering of health and social care contracts by North Ayrshire Council.

2. BACKGROUND

2.1 EU Tender Plan

It is a requirement of the Standing Orders Relating to Contracts that all tender requirements over £100,000 receive approval from the IJB prior to asking the Council to tender for these services. This includes all tender requirements over the EU procurement thresholds of 750,000 euros for social care services and £172,514 for the supply of goods and services. This provides the Council with assurance that tenders accord with IJB strategy and sufficient finance is available. The EU tender plan is shown in Appendix 1.

2.2 Contracting for Services

An internal audit review (May 2016) of the procurement of care services within the Health and Social Care Partnership highlighted that contracts were not in place for a number of providers. Following this review it was agreed that a review of 2015/16 spend on care services would be undertaken to ensure that contractual arrangements are put in place, in line with the requirements of the Contract Standing Orders.

This review has been concluded and a list of contracts which are either due to expire, have expired or have no contract are included within Appendix 2 for care services and Appendix 3 for non care services. These require to be tendered. Some of these contracts are higher than the EU threshold and have been included in the tender plan within Appendix 1. It will take time for these contracts to be tendered. It is therefore proposed that interim contracts are put in for the care services listed in Appendix 2 pending a full retendering exercise. Non care services in Appendix 3 will be subject to a tendering exercise. A report will be presented to the Council Cabinet asking for an exemption from Standing Orders to allow contracts to be put in place.

2.3 An internal audit investigation is now underway to establish the root cause of this failure to comply with procurement processes and the outcome will be reported to the IJB's Performance and Audit Committee and the Council's Audit Committee.

This investigation will inform a full action plan, however in the interim the following actions have been agreed:-

- The contract register will be reviewed and updated to reflect the outcomes of the spend analysis.
- The contract register will be circulated to the senior management team on a quarterly basis with the contracts due for renewal in the year ahead clearly noted.
- As well as informing this report the outcomes from this analysis will be used to inform the development of the Procurement Strategy, which in line with legislation need to be published by 31 December 2016.
- Refresher training in the Contract Standing Orders will be offered to all senior managers with responsibility for procuring services.
- Revised contract management arrangements will be developed and rolled out.
- A joint review of procurement management arrangements will be undertaken in conjunction with the corporate procurement team.

2.3 Performance Management

It should be noted that 77% of care services are in contract and although contracts have not been in place for those services highlighted above care services have still been subject to regular monitoring via a six monthly monitoring template. The template collates information on service user outcomes, capacity, continual improvement, staffing, training, inspection grades (where appropriate) and complaints. There are also regular meetings and on-site visits with providers to gather qualitative information about the service and service users. In addition there is ongoing contact with Social Care Teams, Adult Support and Protection staff and Care Inspectorate Officers to keep abreast of any issues to assure the quality of care being delivered.

2.4 Resources

In order to meet the timescales in the appendices the appointment of two temporary (for a period not exceeding 31st March 2018) procurement officers is required. This would allow the required resources to be committed to ensure the EU tenders are thoroughly prepared as they will form the basis of service provision for the future. It would also allow the temporary contracts to be progressed.

3. **PROPOSALS**

- 3.1 That the IJB agrees to ask the Council to tender for the services listed in the plan at Appendix 1 and agrees to ask the Council to contract for services on an interim basis as listed in Appendix 2. Non care services listed in Appendix 3 will be subject to a tendering exercise. The IJB are also asked to approve the appointment of two temporary procurement officers.

3.2 **Anticipated Outcomes**

Contract Standing Orders will be complied with and services will continue to be provided with no impact on the service user.

3.3 **Measuring Impact**

Contracts are monitored and reviewed through the contract management process. Contract managed services currently submit a 6 monthly contract management self-assessment.

4. **IMPLICATIONS**

4.1 **Financial Implications**

The Health and Social Care Partnership is experiencing significant demands on services which is having a direct impact on the funding available for services. The budget implications and resource requirements of future service delivery cannot be assessed until negotiations are concluded.

The cost of appointing two temporary procurement officers is £85,838 per annum but the final cost will depend on the method of recruitment. This will be funded from within existing resources by reconfiguring staffing to release the required investment.

4.2 **Human Resources**

The creation of two temporary procurement officers (Grade 10) for a period not exceeding 31st March 2018.

4.3 **Legal**

Currently there is a risk that the Council are open to challenge from other providers as a result of a competitive tender process not being undertaken. Approval of the report allows these contracts to be tendered, which both reduces risk and ensures compliance with procurement and Council Contract Standing Orders requirements.

4.4 **Equality**

There are no equality implications.

4.5 **Environmental & sustainability**

There are no environmental & sustainability implications.

5. CONSULTATION

- 5.1 The Health and Social Care Partnership Service Design and Procurement team has liaised with the Senior Management Team and budget holders who have responsibility for the contracts, Legal Services and Procurement Services within the Council. The Service Design and Procurement Team and the Senior Management Team will continue to work together to ensure future compliance with legal and procurement requirements.

All Heads of Services have been consulted on their future requirements.

6. CONCLUSION

- 6.1 That the IJB agrees:

- 1) to ask the Council to tender for the services listed in the EU tender plan at Appendix 1; and
- 2) to ask the Council to contract for care services on an interim basis as listed in Appendix 2; and
- 3) to ask the Council to go to tender for non care services listed in Appendix 3; and
- 4) to approve the appointment of two temporary procurement officers funded from within existing resources.

For more information please contact Eleanor Currie, Principal Manager – Finance on 01294 317814 or email Eleanor.currie@north-ayrshire.gcsx.gov.uk

EU Tender Plan

Contract	Type of Contract	Type pf Expenditure	Estimated Value 5 year duration*	New Contract Start Date
Care at Home (Note 1)	Services	Revenue	£27,595,730	01/10/2017
Community Support /Housing Support – Adults	Services	Revenue	£47,537,548	Note 2
Advocacy	Services	Revenue	£1,124,820	01/10/2017
Care at Home Alarm Receiving Service	Services	Revenue	£1,092,000	28/8/2018
Employability Service	Services	Revenue	£708,205	16/09/2018
Addiction Support Service	Services	Revenue	£765,667	01/04/2017
24-hour support service – Adults	Services	Revenue	£6,346,510	01/04/2018
Bail Supervision and Arrest Referral Service	Services	Revenue	£1,200,000	01/04/2018
Community Projects	Services	Revenue	£332,172	01/04/2018
Joiners & Carpenters	Services	Revenue	£577,430	01/04/2018
Computer Systems Integrators	Services	Revenue	£907,559	01/04/2018
			£88,187,641	

* Estimated value figures based on 2015/16 spend analysis. Contracts can vary in length and the five year duration is used as a maximum.

Note 1- the Care at Home service is under review and the mix of service (purchased v in house) may change which would impact on the spend / contract value.

Note 2 - The date will vary as this will comprise of multiple contracts.

Appendix 2

Care Services

Provider	Service	Target Date for Contract to be in place	Annual Contract Value
1st Homecare	Care at Home (call-off / framework contract)	30th September 2017	£1,737,681
A Wilderness Way	Children Residential	31st March 2018	£14,999
Action for Children	Children and Family Support Service	31st March 2018	£117,880
Alzheimer Scotland	The Harbour Centre / The Bungalow	31st March 2018	£269,982
Apex Scotland	Youth Services Evaluation	31st March 2018	£25,200
Aspire Scotland	Children Residential	31st March 2018	£437,103
Ayrshire Children's Services (CIC)	Children and Family Support Service	31st March 2018	£63,632
Ayrshire Quality Care Services	Care at Home Call-Off Contract	30th September 2017	£1,075,659
Cairngorm Outdoors Ltd	Children Residential	31st March 2018	£158,460
Carewatch	Care at Home (call-off / framework contract)	30th September 2017	£1,733,374
Children 1 st	Child Protection Advocacy	31st March 2018	£29,000
Children's Hospice Association Scotland	Children and Family Support Service	31st March 2018	£18,538
Community Lifestyles	Adult - Support Service	31st March 2018	£40,338
Core assets Scotland (fostering)	Children - Fostering Service	31st March 2018	£100,448
Cornerstone	Community Support (call-off contract)	31st March 2018	£1,245,010
Cornerstone (Castlecraigs)	24 Hour Support Service	31st March 2018	£561,763
Cornerstone Fostering and Family	Children - Fostering & Family Placement	31st March 2018	£103,251
Crossroads Caring Scotland	Home Care Core Funded Service	31st March 2018	£100,000
Danshell Care Home	Residential Care Home	31st March 2018	£100,000
DeafBlind UK	Adult - Support Service	31st March 2018	£11,857
Enable Scotland	Supported Living Service	31st March 2018	£753,788
Garvald West Linton	Children Residential	31st March 2018	£35,139
Hanover Housing	Care at Home	30th September 2017	£134,073
Hansel Alliance	Respite Service for Adults with Learning Disabilities	31st March 2018	£461,156
Hansel Alliance	North Ayrshire Supported Living Service	31st March 2018	£1,570,756
Hansel Alliance	Cabin Respite Service	31st March 2018	£135,507
Hansel Alliance	Residential Care Home (Courtyard, Wilson and Crail, Shawburn)	31st March 2018	£472,462

ILS	Adult - Care at Home	31st March 2018	£412,805
Provider	Service	Target Date for Contract to be in place	Annual Contract Value
Inclusion Glasgow	Adult - Support Service	31st March 2018	£39,302
Inspire Scotland	Children Residential	31st March 2018	£104,507
Invercare Services	Care at Home Call-Off Contract	30th September 2017	£19, 883
Karma Healthcare	Care at Home Call-Off Contract	30th September 2017	£136,068
Key Housing Supported living	Adult - Support Service	31st March 2018	£1,466,523
Loving Care Ltd	Residential Care Home - Cross Border	31st March 2018	£11,426
Margaret Blackwood Housing Association	Amenity Housing with care at home service	31st March 2018	£22,775
Millport Housing support	Adult - Support Service	31st March 2018	£167,729
Momentum	North Ayrshire Recovery Service (ADP)	31st March 2017	£132,937
Momentum Pathways	Vocational Rehabilitation	31st March 2018	£21,000
Nether Johnstone House	Children Residential	31st March 2018	£32,767
Parkhill House Care Home	Residential Care Home	31st March 2018	£188,707
Penumbra	Self-Harm Awareness	31st March 2018	£24,081
Poplars Alzheimers Lodge	Residential Care Home - Cross Border	31st March 2018	£30,180
Quarriers	Lyssanmore	31st March 2018	£852,779
Quarriers (Eglington/Hawthorn)	24 Hour Support Service	31st March 2018	£707,539
RAMH	Adult - Support Service	31st March 2018	£9,648
Richmond Supported living	Adult - Support Service	31st March 2018	£963,486
Royal Voluntary Service	Volunteer Service	31st March 2018	£43,407
SACRO	Bail Supervision/Arrest Referral	31st March 2018	£240,000
Scottish Association for Mental Health	Adult - Support Service	31st March 2018	£275,241
Sense Scotland Supported living	Adult - Support Service	31st March 2018	£838,747
Shaw Community Services Ltd	Adult - Support Service	31st March 2018	£214,121
St. Margaret's Child and Family Care	Children - Adoption Service	31st March 2018	£30,480
Starley Hall school	Children Residential	31st March 2018	£128,418
The Cinema and Benevolent Fund	Residential Care Home - Cross Border	31st March 2018	£8,800
The Richmond Fellowship Scotland	Alcohol Support Service	31st March 2017	£37,500
The Salvation Army	SMART Project (call-off contract)	31st March 2018	£274,430
The Salvation Army	George Stevens Centre	31st March 2018	£174,639
Turning Point	Adult - Support Service	31st March 2018	£154,806
Young Foundations	Children - Adoption and Fostering	31st March 2018	£15,071

Non Care Services

Provider	Service	Target Date for Contract to be in place	Annual Contract Value
Arjohuntleigh UK	Hospital Furniture & Equipment Suppliers	31st March 2018	£19,253
Big Blue Dog Design	Website Designers	31st March 2018	£14,190
Buddi Limited	Community Alarm Suppliers	31st March 2018	£12,979
Caledonian windows & conservatories	Window & Door Installers	31st March 2018	£18,840
Calm training services limited	Other Training Providers	31st March 2018	£16,055
Clasp	Community Projects	31st March 2018	£96,380
Creative Promotions Ltd	Promotional Item Suppliers	31st March 2018	£14,132
Drive Medical Limited	Mobility Disability Equipment Suppliers	31st March 2018	£40,093
Howie's Traditional Joinery	Joiners & Carpenters	31st March 2018	£121,332
Lunch to go	General Retailers	31st March 2018	£13,365
Macdonald McEwan Ltd	Other Recruitment Agencies & Service Providers	31st March 2018	£28,809
Mangar International Ltd	Fixed Disability Equipment Suppliers	31st March 2018	£22,599
Olm Systems Limited	Computer Systems Integrators	31st March 2018	£143,127
Royal National Institute for the Blind	Sight Loss Equipment & Service Providers	31st March 2018	£17,781
Seven Resourcing Ltd	Other Recruitment Agencies & Service Providers	31st March 2018	£76,902
Smitcare Ltd	Mobility Disability Equipment Suppliers	31st March 2018	£16,695
The Aim Project	Community Services Providers	31st March 2018	£18,747
Ucan Learn.Work.Live Ltd	Other Training Providers	31st March 2018	£18,976
University of Stirling	Universities	31st March 2018	£17,598
University of Strathclyde	Universities	31st March 2018	£32,402
W Munro (rehab) Ltd	Fixed Disability Equipment Suppliers	31st March 2018	£29,703

Integration Joint Board
17th November 2016
Agenda Item No. 14

Subject: **Consultation on Social Security in Scotland**

Purpose: To advise the Board of the Scottish Government's consultation on Social Security in Scotland

Recommendation: Agree to note the North Ayrshire Council response to the consultation on Social Security in Scotland, and the implications for the NAHSCP.

1. EXECUTIVE SUMMARY

- 1.1 This report provides a summary of North Ayrshire Council and COSLA's response to the Consultation on Social Security in Scotland. The report highlights implications for the North Ayrshire HSCP. The consultation is in questionnaire format comprising 70 questions. Copies of the completed questionnaires are available to IJB members on request.
- 1.2 The consultation document can be accessed via the Scottish Government website or by the following link [Consultation on Social Security in Scotland - Scottish Government - Citizen Space](#)

2. BACKGROUND

- 2.1 The Scotland Act 2016 devolves welfare powers to the Scottish Government for carers, disabled people and those who are ill. The benefits being devolved include attendance allowance, carers' allowance, and disability living allowance (DLA), personal independence payment (PIP), industrial injuries disablement allowance, severe disablement allowance and benefits which currently comprise the Regulated Social Fund: Cold Weather Payment, Funeral Payment, Sure Start Maternity Grant and Winter Fuel Payment.

The Act also devolves discretionary housing payments as well as giving the Scottish Government flexibility to vary payment of the universal credit housing element and powers to top-up and create new benefits for people of working-age in Scotland.

- 2.2 The Scottish social security budget that will be devolved amounts to £2.7 billion or 15% of the total £17.5 billion spent in Scotland every year. The highest levels of welfare expenditure in Scotland are DLA/PIP £1.629m, attendance allowance £485m, carers' allowance £203m, and winter fuel payments £184m. The Scottish Parliament will have complete autonomy in determining the structure and value of these benefits or any new benefits or services which might replace them.

- 2.3 When the current commercial arrangements expire the Scottish Government will also have all powers over support for unemployed people through the employment programmes currently contracted by the Department of Work and Pensions, such as the Work Programme and Work Choice. Jobcentre Plus will remain reserved as will Benefits relating to employment, for example Jobseekers Allowance, Universal Credit, etc.
- 2.4 The Social Security Bill is expected around May 2017. There is no current infrastructure to deliver Social Security in Scotland at present. The Scottish Government intends to establish a Social Security Agency to oversee the administration of devolved benefits. The Scottish Government has the aspiration to introduce a cohesive structure to simplify the social security system by establishing the same method of application, appeal and review process for all devolved benefits.

3. CURRENT POSITION

- 3.1 The consultation is looking at what the Scottish Social Security agency will deliver in the future and is in three parts.
- 3.2 Part 1 - a principled approach and embedding 5 key principles:
1. Social Security is an investment in the people of Scotland;
 2. Respect for the dignity of individuals is at the heart of everything we do;
 3. Our processes and services will be evidence based and designed with the people of Scotland;
 4. We will strive for continuous improvement in all our policies, processes and systems, putting the user experience first; and
 5. We will demonstrate that our services are efficient and value for money.
- 3.3 Part 2 - developed benefits.
Contains questions on each of the benefits and powers being developed.
- 3.4 Part 3 - Operational policy.
Covering advice, representation, advocacy, complaints and reviews and appeals, residency and cross border issues, overpayments and debts, fraud and protecting data and uprating of benefits.

4. ISSUES THAT MAY AFFECT HEALTH AND SOCIAL CARE PARTNERSHIP

4.1 How benefits will be delivered in the future

North Ayrshire Council (NAC) and COSLA believe that social security administration should be further devolved to local government. They believe delivery of social security at a local level will make the service easily accessible for the customer and can be integrated with other services for example Health and Social Care Partnership, to provide a less complex and more holistic service to customers leading to improved outcomes. This existing infrastructure would provide a value for money solution in terms of set-up costs and ongoing administration costs and would avoid further cost increases associated with the delivery of social security.

4.2 Disability Benefits

COSLA throughout their response refer to “integration with local services” though they do not expand on what should be integrated and how this is to be done.

NAC response highlights that “Consideration should be given to referral pathways and sharing information (in accordance with Data Protection) between Scotland’s Benefits Agency and Health & Social Services, Local Authority, etc to facilitate benefit take up and prompt decision making”.

COSLA when responding to the question whether they “agree that the impact of a person’s impairment or disability is the best way to determine entitlement to benefits” highlighted that “emerging SG policy commitments, such as those associated with community care charging seek to base entitlement on specific conditions e.g. extend free personal and nursing care (FPNC) to people under 65 who have dementia”. (COSLA Response page 22).

4.3 Carers Allowance

The Scottish Government are proposing the following:

- Increasing Carers’ Allowance (£62,10pw) so that it is paid at the same level as Jobseekers’ Allowance (£73.10) pw. That is almost an 18% increase and eligible carers will each get around £600 more a year.
- Introduce a Scottish Carers Benefit- qualification criteria still to be addressed.
- Considering the introduction of a Young Carers’ Allowance to provide extra support for young people with significant caring responsibilities.
- Joining up services more effectively so that carers can access a range of carer support and that Carer’s Benefit works well with other devolved services such as health and social care, employment support and reserved benefits.
- Want to develop a Scottish Carer’s Benefit which helps deliver positive experiences and outcomes for carers and is embedded in the wider carer’s strategy. This has to be within the resources available and integrate with the wider social security system.

5. **PROPOSALS**

5.1 It is proposed that the IJB agree with developing a Scottish Carer’s Benefit, however qualify the approach as further analysis of the following is required:

- Making it a non means tested benefit,
- The costs attached to this,
- The eligibility criteria, for example, the definition of a carer is different from Carers Allowance to the definition in the Carers Scotland Act 2016, will there be an earnings limit.
- Will all 759,000 unpaid carers qualify
- Will it create winners and losers
- Who will deliver it- is there potential for integration with H&SCP and the provisions of the Carers Act.
- Will Carers still qualify for Class 1 contributions
- Consideration for those in further education and those caring for more than once person.
- Further consideration requires to be given between the delivery of the Scottish Carers Benefit and the implementation of the Carers Act.

- Further clarification of the Young Carers Allowance is required before the proposals can be ratified; the impact and responsibility a caring role has on a young carer's mental health, wellbeing and education cannot be underestimated.
- Carers should be consulted on the type of support they require and how it can be provided

- 5.2 The initial proposal of increasing carers' allowance to £73.10 will mean only those receiving carers' allowance will benefit. The carers who have an underlying entitlement to carers' allowance due to receiving a contributory benefit (JSA, ESA Retirement Pension, etc) will not benefit from the increase and this will create some resentment.
- 5.3 The Scottish Government are proposing the introduction of a Best Start Grant (BSG) which will replace the Sure Start Maternity Grant (SSMG) of £500. The aim is to design a benefit that is easy to access and that provides effective support to families at key transitions in the early years, as part of a wider package of early years support.
- 5.4 The new BSG will pay qualifying families £600 on the birth of their first child and £300 on the birth of any second or subsequent children. Qualifying families will also receive £250 when each child begins nursery, and a further £250 when they start school. The support provided is staggered and each payment has a different focus for giving children the best start in life. For a family with two children, the BSG means £1900 worth of support over the period of their early years, compared to £500 that is available to them now from the SSMG.

The eligibility criteria for BSG has still to be decided.

6. MEASURING IMPACT

- 6.1 The impact of the consultation has still to be clarified.

7. IMPLICATIONS

- 7.1 The implications arising from the consultation have still to be clarified.

8. CONSULTATION

- 8.1 The consultation has been circulated across North Ayrshire Council and HSCP and the views of services users and carers have been included within this report.

9. CONCLUSION

- 9.1 The Integration Joint Board are asked to :-
- Note the North Ayrshire Council response.
 - Agree that further information and detail is required to assess the impact on citizens of North Ayrshire, including carers and those who require services commissioned by the IJB.
 - Agree to receive a further report following conclusion of the consultation exercise.

For more information please contact David Hornell, Team Manager [Money Matters] on [01294 310320].