

Integration Joint Board Meeting



Thursday, 16 March 2023 at 10:00

**Council Chambers, Cunninghame House, Irvine /
Hybrid via Microsoft Teams**

Meeting Arrangements - Hybrid Meetings

This meeting will be held on a predominantly physical basis but with provision, by prior notification, for remote attendance by Elected Members in accordance with the provisions of the Local Government (Scotland) Act 2003. Where possible, the meeting will be live-streamed and available to view at <https://north-ayrshire.public-i.tv/core/portal/home>.

1 Apologies

Invite intimation of apologies for absence.

2 Declarations of Interest

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

3 Minutes/Action Note

The accuracy of the Minutes of the meeting held on 15 December 2022 will be confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973 (copy enclosed).

4 Director's Report

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

5 Financial Monitoring Report – Month 10

Submit report by Paul Doak, Head of Service (HSCP Finance and Transformation) on the IJBs financial performance (copy enclosed).

- 6 Budget 23/24**
Submit report by Paul Doak, Head of Service (HSCP Finance and Transformation) on the financial position for the partnership for 2023-24, including the proposed delegated funding, service budget pressures, plans developed to set a balanced budget and the associated risks (copy enclosed).
- 7 Medium Term Financial Outlook 2023-26**
Submit report by Paul Doak, Head of Service (HSCP Finance and Transformation) on the projected medium-term financial outlook for the period to 31 March 2026 (copy enclosed).
- 8 Strategic Risk Register**
Submit report by Eleanor Currie, Principal Manager Finance on the updated IJB Strategic risk Register (copy enclosed).
- 9 HSCP Equality Outcomes Plan (2022-25)**
Submit report by Scott Bryan, Interim Programme Manager, Strategic Planning on the HSCP Equality Outcomes Plan for the period 2022-25 (copy enclosed).
- 10 Primary Care General Medical Services Update**
Submit report by Vicki Campbell, Head of Primary and Urgent Care Services on the provision of General Medical Services across Ayrshire and Arran (copy enclosed).
- 11 Primary Urgent Care Update**
Submit report by Vicki Campbell, Head of Primary and Urgent Care Services providing an update on primary urgent care services and on new pathways as a result of the Redesign of Urgent Care Programme (copy enclosed).
- 12 Whistleblowing Update**
Submit report for information in relation to whistleblowing concerns raised in Quarter 2 (July – September 2022) (copy enclosed).
- 13 Urgent Items**
Any other items which the Chair considers to be urgent.
- 14 Exclusion of the Public - Para 6**
Resolve in terms of Section 50(A)4 of the Local Government (Scotland) Act 1973, to exclude from the Meeting the press and the public for the following item of business on the grounds indicated in terms of Paragraph 6 of Part 1 of Schedule 7A of the Act.
Non Disclosure of Information
In terms of Standing Order 21 (Disclosure of Information), the information contained within the following report is confidential information within the meaning of Section 50A of the 1973 Act and shall not be disclosed to any person by any Member or Officer.

15 Care at Home Review

Submit report by Kerry Logan, Senior Manager on the Care at Home Review (copy to follow).

Webcasting

Please note: this meeting may be filmed/recorded/live-streamed to the Council's internet site and available to view at <https://north-ayrshire.public-i.tv/core/portal/home>, where it will be capable of repeated viewing. At the start of the meeting, the Provost/Chair will confirm if all or part of the meeting is being filmed/recorded/live-streamed.

You should be aware that the Council is a Data Controller under the Data Protection Act 2018. Data collected during the webcast will be retained in accordance with the Council's published policy, including, but not limited to, for the purpose of keeping historical records and making those records available via the Council's internet site.

Generally, the press and public seating areas will not be filmed. However, by entering the Council Chambers, using the press or public seating area or (by invitation) participating remotely in this meeting, you are consenting to being filmed and consenting to the use and storage of those images and sound recordings and any information pertaining to you contained in them for webcasting or training purposes and for the purpose of keeping historical records and making those records available to the public. If you do not wish to participate in a recording, you should leave the meeting. This will constitute your revocation of consent.

If you have any queries regarding this and, in particular, if you believe that use and/or storage of any particular information would cause, or be likely to cause, substantial damage or distress to any individual, please contact dataprotectionofficer@north-ayrshire.gov.uk.

Voting Members

Bob Martin (Chair)	NHS Ayrshire & Arran
Cllr Margaret Johnson (Vice-Chair)	North Ayrshire Council
Cllr Timothy Billing	North Ayrshire Council
Adrian Carragher	NHS Ayrshire & Arran
Cllr Anthea Dickson	North Ayrshire Council
Christie Fisher	NHS Ayrshire & Arran
Marc Mazzucco	NHS Ayrshire & Arran
Cllr Louise McPhater	North Ayrshire Council

Professional Advisors

Caroline Cameron	Director
Paul Doak	Head of Service/Section 95 Officer
Iain Jamieson	Clinical Director

Scott Hunter	Chief Social Work Officer – North Ayrshire
Darren Fullarton	Associate Nurse Director/IJB Lead Nurse
Victor Chong	Medical Representative
Dr Louise Wilson	GP Representative
Janet Davies	Lead Psychologist

Stakeholder Representatives

Terri Collins	Staff Representative – NHS Ayrshire and Arran
Louise McDaid	Staff Representative – North Ayrshire/Chair, North Coast Locality Forum
Pamela Jardine	Carers Representative
Clive Shephard	Service User Representative
Vacancy	Independent Sector Representative
Vicki Yuill	Third Sector Representative
Vacancy	IJB Kilwinning Locality Forum (Chair)
Vacancy	IJB Garnock Valley Locality Forum (Chair)
Louise Gibson	IJB Irvine Locality Forum (Chair)



North Ayrshire Health and Social Care Partnership
Minute of Integration Joint Board meeting held on
Thursday 15 December 2022 at 10.00 a.m.
involving participation by remote electronic means and physical attendance
within the Council Chambers, Irvine.

Present (Physical Participation)

Voting Members

Bob Martin, NHS Ayrshire and Arran (Chair)
Councillor Margaret Johnson, North Ayrshire Council (Vice Chair)
Councillor Anthea Dickson, North Ayrshire Council

Professional Advisers

Caroline Cameron, Director of Health and Social Care Partnership
Paul Doak, Head of Service (HSCP Finance and Transformation)/Section 95 Officer
Scott Hunter, Chief Social Work Officer – North Ayrshire

Present (Remote Participation)

Voting Members

Councillor Timothy Billings
Christie Fisher, NHS Ayrshire and Arran
Marc Mazzucco, NHS Ayrshire and Arran

Professional Advisers

Iain Jamieson, Clinical Director

Stakeholder Representatives

Louise McDaid, Staff Representative (North Ayrshire Council)/Chair, North Coast Locality Forum
Pamela Jardine, Carers Representative
Louise Gibson, IJB Irvine Locality Forum (Chair)
Vicki Yuill, Third Sector Representative

In Attendance (Physical Participation)

Alison Sutherland, Head of Service (Children, Families and Criminal Justice)
Thelma Bowers, Head of Service (Mental Health)
David Thomson, Head of Service (Health and Community Care)
Craig Stewart, Committee Services Officer
Karen Andrews, Team Manager, Governance
Karen Campbell, Administrative Assistant to CSWO

In Attendance (Remote Participation)

Billy Brotherston, Independent Chair of ADP
Peter McArthur, Senior Manager (Addictions)
Michelle Sutherland, Partnership Facilitator, HSCP
Eleanor Currie, Principal Manager – Finance
Ruth Wilson, Team Manager (Democratic Services)

Apologies

Thelma Bowers, Head of Service (Mental Health), HSCP

1. Apologies and Chair's Remarks

Apologies for absence were noted.

2. Declarations of Interest

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

3. Minutes/Action Note

The accuracy of the Minutes of the meeting held on 17 November 2022 were confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973. It was noted that all matters arising from the action note were on track.

4. Director's Report

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

The report provided an update on the following areas:-

- National developments that included the NHS 24 Strategy Development Survey, Trauma is Everybody's Business (Online event scheduled for 17 January 2023) and National Winter Response Structure, outlined in more detail in the report;
- Ayrshire wide developments that included Caring for Ayrshire Launch planned for 16 January 2023 and Learning Disability Nursing Celebration Event; and
- North Ayrshire Developments that included Mental Health and Wellbeing Support Survey, Suicide Prevention, SAMH Suicide Prevention Campaign, Official Opening of Harper House (a new family rehabilitation service, accepting referrals from across Scotland, based in Saltcoats, Care at Home Recruitment, Breastfeeding Rates across North Ayrshire and link to the latest Foxgrove Newsletter (the new national adolescent secure unit), set out in more detail in the report.

Noted.

5. 2022-23 – Month 7 Financial Performance

Submitted report by Paul Doak, Head of Service (HSCP Finance and Transformation) on the IJB's financial performance. Appendix A to the report provided the financial

overview of the partnership position, with the full Transformation Plan for 2022/23 provided in Appendix B. Appendix C provided an overview of those service changes with financial Savings attached to them and the current BRAG status around the deliverability of each saving. Appendix D outlined the movement in the overall budget position for the Partnership following the initial approved budget. The local finance mobilisation plan submission was provided at Appendix E to the report with Appendix F showing the IJB reserves position in detail.

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

- the projected overspend on employee costs relating to covering vacancies and sickness of the Anam Cara dementia respite service in Kilbirnie; and
- the underspends in relation to fostering placements, staffing vacancies, Care homes and dental services.

The Board agreed to (a) note (i) the overall integrated financial performance report for the financial year 2022-23 and the current overall projected year-end underspend of £0.077m, (ii) the progress with delivery of agreed savings, (iii) the remaining financial risks for 2022-23, including the impact of remaining Covid-19 estimates and costs; and (b) approve the budget reduction which was detailed at paragraph 2.11 of the report. It was also noted that a report on dental services would come to a future meeting of the Board for Members' consideration.

6. HSCP Locality Engagement Approach

Submitted report by Michael McLennan, Partnership Engagement Officer on the planned approach to improving locality engagement through redevelopment of the Locality Planning Forum structure.

Members asked questions and were provided with further information in relation to widening out locality engagement to ensure that engagement was as positive and meaningful as possible.

The Board agreed to endorse the proposed approach for implementation across all mainland North Ayrshire localities.

7. North Ayrshire Health Children's Services Plan 2020-2023: Progress Report 2021-22

Submitted report by Caroline Cameron, Director HSCP presenting the draft North Ayrshire Children's Services Plan 2020-23: Progress Report covering 2021-22. on the annual progress report in terms of the Children Services Plans. The North Ayrshire Children's Services Plan 2020-23: Progress Report 2021-22 was attached at Appendix 1 to the report.

Members asked questions and were provided with further information in relation to progress in achieving objectives and outcomes and how these were demonstrated in terms of qualitative and quantitative evidence.

The Board agreed (a) to approve the draft North Ayrshire Children's Services Plan 2020-23: Progress Report 2021-22 set out at Appendix 1 to the report; and (b) that the Progress Report be submitted to the Scottish Government and published on the North Ayrshire HSCP website, subject to sign-off by relevant governance groups.

8. Update Report on Prevention Actions for Drug and Alcohol Related Deaths

Submitted report by Thelma Bowers, Head of Mental Health, providing an update on prevention actions for drug and alcohol related deaths.

Members asked questions and were provided with further information in relation to how quickly improvements, showing a decrease in terms of drug and alcohol related deaths, would come through in terms of evidence and demonstrable outcomes.

The Board agreed to note the content and assertive improvement actions contained within the report.

9. Support for Unpaid Carers in North Ayrshire

Submitted report by Kimberley Mroz, Manager, Professional Standards (SDS/Carers) providing an update on developments to improve support for unpaid carers in North Ayrshire.

Members asked questions and were provided with further information in relation to the messaging contained within the report, which showed the considerable work and effort that had been put in in terms of implementation and also showed the breadth and range of support arrangements in place for unpaid carers in North Ayrshire.

The Board agreed to (a) note and support the work ongoing for unpaid carers and (b) endorse the routes for resource release.

10. Improving the Cancer Journey

Submitted report by Clair McCamon, Senior Manager, Primary Care on proposals for partnership working to meet the needs of people affected by cancer across Ayrshire and Arran. The Macmillian Improving Cancer Journey (ICJ) Ayrshire & Arran (AA) Programme Board Terms of Reference was set out at Appendix 1 to the report.

The Board agreed to (a) note the vision and aim for the Macmillan ICJ within North Ayrshire; (b) support the development and delivery model proposed; (c) approve the proposed governance and oversight arrangements; and (d) issue a Direction to NHS Ayrshire & Arran to recruit staff for Programme delivery.

11. Chair's Closing Remarks

Bob Martin, Chair, took the opportunity to thank everyone involved for their valued help and support during the year and wished all a Merry Christmas and Happy New Year.

The meeting ended at 11.30 a.m.

North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 15 December 2022

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	2022-23 – Month 7 Financial Performance	15/12/22	Noted that a report on dental services would come to a future meeting of the Board for Members' consideration.	Date tbc	David Thomson
2.	The Promise in North Ayrshire: Update on Progress	25/8/22	The Board agreed to note (b) that a further progress report and action plan will be remitted to IJB following The Promise Conference to be held in November 2022.	Planned for May 2023	Alison Sutherland
3.	Director's Report	25/8/22	A future report to be provided to the IJB on suicides, drug and alcohol related deaths.	Report to be presented to the IJB in May 2023 specifically on suicide prevention strategy. Other elements covered in previous updates to IJB.	Thelma Bowers
4.	Analogue to Digital	16/6/22	Further update on progress to be brought back to IJB.	Scheduled for IJB meeting on 11 May	Kerry Logan

Integration Joint Board 16th March 2023

Subject : **Director's Report**

Purpose : This report is for **awareness** to advise members of North Ayrshire Integration Joint Board (IJB) of developments within North Ayrshire Health and Social Care Partnership (NAHSCP)

Recommendation : IJB members are asked to note progress made to date.

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

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
IJB	Integration Joint Board
HSCP	Health and Social Care Partnership
UNCRC	United Nations Convention on the Rights of the Child
ADP	Alcohol and Drugs Partnership
SDF	Scottish Drugs Forum



1.	EXECUTIVE SUMMARY
1.1	This report informs members of the Integration Joint Board (IJB) of the work undertaken within North Ayrshire Health and Social Care Partnership (NAHSCP), nationally, locally and Ayrshire wide.
2.	BACKGROUND
2.1	This report provides IJB with up to date information on recent activity across the HSCP since the last IJB. The report will also provide COVID related information by exception.


3.	CURRENT POSITION
	<u>National Developments</u>
3.1	<u>Using Technology to Support People Experiencing Care</u>
	<p>The Care Inspectorate are hosting a webinar for all services to launch their <u>good practice guide</u> on using technology to support people experiencing care. The webinar will be led by Nicky Cronin, senior improvement adviser.</p> <p>The webinar will introduce the good practice guide, and participants will hear from three services about how they use technology to enhance people's wellbeing. The SSSC will also share the digital skills resources they have for care staff. There will be opportunities to ask questions and interact with the speakers throughout the session.</p> <p>The webinar will take place on:</p> <ul style="list-style-type: none"> • Tuesday 21 March 2023 from 14:00-15:30 via Microsoft Teams. <p>For more information and to register, please visit <u>The Hub</u>.</p>
3.2	<u>United Nations Convention on the Rights of the Child (UNCRC)</u>
	The United Nations Convention on the Rights of the Child (Incorporation) (Scotland) Bill 2021 (the UNCRC Bill) was passed unanimously by the Scottish Parliament on 16 March 2021.
	The UK Government referred the UNCRC Bill to the Supreme Court on 12 April 2021 to determine whether certain provisions were within the legislative competence of the Scottish Parliament. On 6 October 2021, the UK Supreme Court judgment on the Bill found each of the provisions referred by the UK Law Officers to be outwith legislative competence of the Scottish Parliament.
	The Scottish Government is committed to incorporating the UNCRC into Scots law, as far as that is possible within devolved competence, and as soon as practicable. Preparations for bringing the Bill back to Parliament to address the findings of the Supreme Court are well underway. This includes engagement with UK Government officials on proposed amendments to bring the Bill within legislative competence.


	<p>Ministers have committed to the Scottish Government's programme of work to embed children's rights continues at pace, regardless of the status of the Bill. They have issued introductory guidance on the UNCRC, and are drafting statutory guidance that would support public authorities to fulfil duties under the UNCRC Bill. Certain aspects of the guidance are dependent on the outcome of the remedial action. The guidance will be prepared to reflect any amendments made to the Bill provisions. Under the provisions in the Bill, a public consultation on statutory guidance would take place as soon as practicable after Royal Assent.</p>
	<p>The Scottish Government is delivering and further developing a responsive programme of work to support public bodies to ensure they can implement a rights-based approach in practice, every day so that children's rights are respected, protected and fulfilled.</p> <p>The Scottish Government has made available a range of resources that may assist with preparations for the UNCRC Bill, including:</p> <ul style="list-style-type: none"> • UNCRC Introductory Guidance • 20 minute training on Children's Rights • Advice of guidance on enabling children and young people's participation in decision-making; • Children's Rights knowledge hub <p>The Partnership are working closely with colleagues including the Communities Directorate to jointly prepare for the implementation of UNCRC with discussion and preparation ongoing through the Children's Services Strategic Partnership.</p>
3.3	<p><u>Spotting Signs of Neglect and Self-neglect in Adults – Raising Awareness</u></p>
	<p>The number of people referred to Adult Support and Protection has risen by more than 200 a week in the last year.</p> <p>Adult Support and Protection Day took place on 20th February 2023 focussing on people being encouraged to look out for signs of neglect.</p> <p>In general, the majority of harm to adults has occurred in individuals' own homes. In Scotland, there were around 940 Adult Support and Protection referrals per week on average between December 2021 and December 2022, compared to an average of around 700 the year before.</p> <p>Although there is volatility in the figures, there has been a general upward trend in Adult Support and Protection referrals nationally since March 2021.</p> <p>The cost of living crisis can make day to day decisions harder for many, and for those looking after others, or struggling to take care of themselves, it could be making things even harder. It is important that people know what to look for and</p>

	<p>where to go to get help for anyone they are worried about who may be suffering from neglect or self-neglect. Everyone has a role to play in keeping people safe from harm, and Adult Support and Protection Day was another way to highlight the role people in the community have in raising concerns.</p> <p>If people are worried that someone isn't taking care of themselves, or those they look after, or is doing things that might put their safety at risk, they can call North Ayrshire Health and Social Care Partnership on 01294 310300 (or 0800 328 7758 during evenings, weekends and public holidays). Concerns can also be reported online by visiting the North Ayrshire Council website and searching for 'Adult Support and Protection'.</p>
	<u>Ayrshire Wide Developments</u>
3.4	<u>Supporting People who use Cocaine</u>
	<p>Scottish Drugs Forum (SDF), in partnership with the three Ayrshire Alcohol and Drug Partnerships (ADPs), is hosting a skills and knowledge development event for frontline staff with the aim of increasing confidence, knowledge and skills in supporting people who use cocaine. The event will be held on Tuesday 21 March from 10am to 4pm at 'Take A Bow', Fraser Walk, Kilmarnock and will cover the following areas:-</p> <ul style="list-style-type: none"> • Impact of cocaine use on the body • Different methods of cocaine use, including crack cocaine • Bacterial infections and other injecting-related harms • Impacts on sexual health • Interventions to reduce harm • Local perspectives
3.5	<u>Falls Link Worker Programme</u>
	<p>The Falls Link Worker Programme was launched in March 2022 by Cate Hewson, Falls Link/Trainer at NAHSCP, and Lianne McNally, AHP Senior Manager at EAHSCP. Since then, over 50 link workers from 19 care homes across Ayrshire have been recruited and are making falls awareness a key topic within their homes.</p> <p>Staff such as carers, nurses and managers are working collaboratively to reduce falls in care homes, using the Care Inspectorate's Falls and Frailty resources and tapping into information shared from the Care Home Professional Support Team.</p>
	<p>Initial training for the programme is followed up every three months with a Microsoft Teams training session, with the latest session held face to face at the Park Hotel in Kilmarnock on Tuesday 7 February.</p>




	<p>Guest speakers for the event came from The Care Inspectorate, Prince of Wales Hospice Glasgow and the Care Home Professional Support Team, with the event being opened by Donald Macaskill, CEO of Scottish Care.</p> <p>Feedback from the day was extremely positive.</p>
3.6	<p><u>Pan Ayrshire Work on Directions</u></p> <p>As you may know, the Scottish Government issued statutory guidance in 2020 on the use of directions from Integration Authorities (IJBs) to Health Boards and Local Authorities. Directions are the mechanism to action the strategic commissioning plans (Strategic Plans) as laid out in sections 26 to 28 of the Public Bodies (Joint Working)(Scotland) Act 2014.</p> <p>The Scottish Government guidance however did not set out a standard framework of what these should look like, what the frequency and governance arrangements should be. It only stated that they had to meet the requirements set out in the guidance.</p> <p>The three Ayrshire HSCPs, and NHS colleagues, through the Strategic Planning and Operational Group (SPOG), have reinvigorated the work around Directions and have now established a group to agree the governance arrangements relating to these. This includes a standardised approach to Directions across the three partnerships, with a “soft” introduction of these arrangements taking place from January 2023 and full implementation by 1st April 2023. From that date, where a direction is required, IJB reports will be accompanied by a Directions Template and a log of all directions issued will be maintained across all three partnerships.</p> <p>The group are also considering other areas which include :-</p> <ul style="list-style-type: none"> • Acute Set Aside Resource; • Lead Partnership arrangements; • Review of Integration Schemes; • Joint Commissioning Plans <p>A follow up report detailing progress and plans will be submitted to IJB later this year.</p>
	<p><u>North Ayrshire Developments</u></p>
3.7	<p><u>Income Advisor Project</u></p> <p>The Income Advisor Project supported by funding from the Improvement Service and delivered through our Money Matters service, is supporting the following nine GP practices across North Ayrshire:</p> <ul style="list-style-type: none"> • South Beach Medical Practice, Ardrossan • Townhead, Bourtnehill, Eglinton and Frew Terrace Practices, Irvine



	<ul style="list-style-type: none"> • Dalry Medical Practice, Garnock valley, • Kilwinning Medical Practice, Kilwinning and • Stevenson Medical Practice and the Ayrshire Medical Group in the Three Towns. <p>The project has generated £528,000 financial gains to patients by the end of its third quarter, and a wide range of primary care-based practitioners e.g., GPs, receptionists, Community Link Workers, Mental Health Practitioners have been actively referring to the service. Positive feedback has been provided on the project which had led to further recent funding to expand the support for GP practices on Arran.</p>
3.8	<p><u>North Ayrshire Alcohol and Drug Partnership Development Day</u></p> <p>North Ayrshire Alcohol and Drug Partnership (NAADP) will be hosting a development day on Wednesday 29 March in Saltcoats Town Hall to have conversations with people with lived/living experience, families, community members and staff who work across statutory and community/third sector organisations providing support. The purpose of the day is to:</p> <ul style="list-style-type: none"> • Share information about the Alcohol and Drug Partnership (ADP). • Have a conversation with our community and staff about what the main areas of focus should be for the ADP.  <p>IJB members are welcome to sign up and join the conversations on the day.</p>
3.9	<p><u>Carer Positive Employer</u></p> <p>North Ayrshire Council has been recognised by Carers Scotland as a Carer Positive 'Exemplary' employer in Scotland.</p> <p>The award demonstrates the support the Council provides for its employees who are working carers, through a combination of practical support and policy, awareness raising and training and an active Carers Network.</p>  <p>The 'Exemplary' Level 3 Award is the highest accolade given to organisations who go above and beyond in their caring commitments to colleagues and who demonstrate innovative and creative approaches to supporting and involving carers across their organisation.</p>

	The Council recognises that many employees will be a carer at some point and has established policies, procedures and schemes which are implemented Council wide to encourage the identification of carers and to provide or direct appropriate support.
	The 'Supporting Carers Policy' highlights initiatives such as the 'Carer's Leave Scheme' and the 'Special Leave Scheme'. 'Wellbeing@Work' implemented in 2021 alongside Occupational Health and 'Our Time to Talk' all provide opportunities for carers to discuss the personal issues they face so that appropriate supports can be put in place.
	Other practical support for carers has been promoted through the Carers Advisory Group and there is also a Workplace Peer Support Group. Staff are signposted to the NAHSCP website and carers are encouraged to engage with their local carer services.
	The Carer Positive award fits with aspirations to promote fairer working practices and becoming recognised as a Carer Positive Employer is highlighted as an example of best practice. It enables the Council to promote a healthy and safe environment, where individual's wellbeing is actively supported, enabling a good work-life balance as well as creating a more diverse and inclusive workforce and we will continue to support our employees to this end.
3.10	<u>SAVE THE DATE – North Ayrshire Health & Social Care Partnership Awards</u>
	<div data-bbox="228 1193 959 1606" data-label="Image">  </div> <p>Planning is underway for the return of the Partnership Awards in 2023. The ceremony will be held on Tuesday 20th June 2023 in the Volunteer Rooms, Irvine.</p> <p>The awards will celebrate the work of health and social care teams across North Ayrshire as well as the contribution of volunteers in our communities.</p>

3.11	<u>Staff Accommodation on Arran</u>
	<p>The IJB supported the proposal to purchase a house on Arran to meet the needs of the HSCP for key worker accommodation. We are delighted to have successfully secured a property, previously known as Glenartney Guest House in Brodick. The lack of available and affordable housing on the island is a significant barrier to recruitment and the sustainability of health and social care services on the island. The house will be used for short-term staff accommodation to cover such posts as Care Workers within Montrose House; Care at Home staff; Medical, Nursing and Clinical staff at Arran War Memorial Hospital.</p>
	<p>The accommodation has been maintained to a very high standard which will continue through the recruitment of two part time Housekeeper positions. The housekeepers will deal with the upkeep and maintenance of the building and gardens on a daily basis as well as co-ordinating bookings and change-overs for staff. The co-ordination and management of the house will be overseen by staff based in HSCP headquarters to ensure tight protocols and criteria are met and standards maintained.</p>
3.12	<u>Care Opinion</u>
	<p>North Ayrshire Health and Social Care Partnership is partnered with Care Opinion, an independent website where users of NAHSCP services can submit their views and experiences online completely anonymously, as well as reading reviews posted by others. The use of Care Opinion is being promoted through the partnership to ensure staff encourage service users to provide feedback on their experience of the services they received.</p> <p>Stories can be either positive or negative, with NAHSCP committed to replying publicly via the site to address feedback and keep up to date with any changes that may be implemented in response to concerns raised.</p> <p>Care Opinion is a completely independent and trusted review site used by a number of health and social care organisations, including NHS Ayrshire & Arran. Feedback to responses is via the Care Opinion platform, which means replies are completely transparent and can be read by anyone using the site. The partnership welcomes feedback via telephone, email or through the 'Contact Us' form on our website, but understand that people may sometimes prefer to share their views anonymously.</p> <p>Experiences of NAHSCP services, can be shared by visiting www.careopinion.org.uk and click on 'Tell Your Story'.</p> <div data-bbox="986 1713 1385 1870">  <p>Care Opinion What's your story?</p> </div>

3.13	<u>Care at Home Recruitment</u>										
	<p>Care at Home recruitment events are continuing throughout March in a bid to attract applicants to a variety of positions throughout mainland North Ayrshire and Arran. The following statistics highlight activity since January 2023.</p> <table border="1"> <tbody> <tr> <td>How many events have we had?</td><td>• 18 (15 weekend , 3 evening)</td></tr> <tr> <td>How many people have attended</td><td>• 149 (6 no offers, 3 withdrawn and 41 applications taken away)</td></tr> <tr> <td>How many have been interviewed and appointed?</td><td>• 84 appointed (awaiting 15 return calls so potentially 99 offers)</td></tr> <tr> <td>How many new staff have started since January?</td><td>• 33 contracted, 13 Bank</td></tr> <tr> <td>How many more are awaiting start dates?</td><td>• 57 contracted, 51 Bank</td></tr> </tbody> </table>	How many events have we had?	• 18 (15 weekend , 3 evening)	How many people have attended	• 149 (6 no offers, 3 withdrawn and 41 applications taken away)	How many have been interviewed and appointed?	• 84 appointed (awaiting 15 return calls so potentially 99 offers)	How many new staff have started since January?	• 33 contracted, 13 Bank	How many more are awaiting start dates?	• 57 contracted, 51 Bank
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3.14	<u>Analogue to Digital</u>										
	<p>North Ayrshire Health and Social Care Partnership (NAHSCP) is appealing to all of its Community Alarm and Telecare users to ensure they are aware that the way this equipment connects will be changing.</p>										
	<p>Current Community Alarm and Telecare equipment connects by using a traditional analogue telephone line (where it is plugged into a telephone socket in the wall of your home). However, analogue lines are currently being phased out across the UK and will be switched off by the end of 2025. This means that new digital equipment will need to be installed in order to continue your service once this happens. All Community Alarm and Telecare service users will receive their new equipment before the analogue lines are switched off.</p>										
	<p>To prepare for this change, communication providers (such as Virgin Media, BT, TalkTalk, Sky etc) will be gradually switching telephone lines from analogue to digital, with some providers having already started this process.</p>										
	<p>Currently, if a new phone or internet service is installed at home, or if there is a change of package, it is likely that the provider will install a digital line rather than an analogue one. This is a problem right now as the digital alarm equipment is not yet available for NAHSCP to purchase and install, and current Community Alarm equipment will not work with a digital line.</p>										
	<p>We are advising those people who are thinking about changing provider or telephone/internet package, or if their current provider makes contact to advise that they will need to install a digital line in their home, they should inform them that there is Community Alarm and/or Telecare equipment installed and then contact NAHSCP on 01294 310222 so that they can advise on what to do next.</p>										

	North Ayrshire HSCP will provide regular updates to IJB and service users on what is happening and when the new digital alarm equipment is likely to be available. A further update on the transition project will come to the IJB in the coming months.	
3.15	<u>Castlevue</u>	
	<p>For staff working within Health and Social Care, in particular Care at Home Assistants, Day and Residential Care Workers it is likely that they will require to move or handle people as part of their role. Often this will involve the use of specialist equipment such as sliding aids, hoists, slings etc. It is of the utmost importance that staff can carry out moving and handling activities safely, respectfully and correctly to prevent the risk of injuries to themselves or the people they are caring for. Information and guidance is needed to move and position people safely, and in a way that promotes their independence, dignity and functional mobility. Knowledge of potential hazards involved, along with key legislation relevant to moving and handling is also required.</p>	
	 <p>In Castlevue Hub we have created a space for our staff that is both welcoming and practically useful. We have classroom space for the theoretical part of the training and have also created spaces for practical/hands-on training such as a living room environment; bedroom with a normal divan bed; bedroom with a hospital bed and shower-room. In these practical settings configured to reflect real-life environments our staff are able to learn how to use a variety of equipment such as floor, standing and mobile hoists, slings of different types and sizes, slide sheets and other aids in like for like surroundings where they will require to deliver care within peoples own homes.</p>	

	<div style="display: flex; align-items: flex-start;">  <div style="margin-left: 20px;"> <p>Within the Hub there is space for care staff induction, medication training, SVQ and also for one to one meetings with their line managers. Staff are also welcome to pop into the Hub for some wellbeing time/space and also for further advice and guidance on any particular matter that they are dealing with out in the community.</p> <p>This development is a fantastic initiative which will greatly assist our care staff in their levels of awareness, increased skill and confidence.</p> </div>  </div>
3.16	<u>Anam Cara – Care Inspectorate Inspection Report</u>
	<p>Anam Cara Respite Service based in Kilbirnie has received a positive report from the Care Inspectorate after a recent unannounced inspection.</p> <p>The facility, run by the North Ayrshire Health and Social Care Partnership and provides a respite service for older people who have dementia received a rating of 'very good' for each of the five areas inspected, with a number of significant strengths around the care provided and how these support positive outcomes for people. Due to refurbishment activity at Anam Cara, the service has been temporarily relocated to Taigh Mor in Beith where the inspection was undertaken.</p> <p>The Care Inspectorate commended the manager and the staff team for their hard work and commitment during this challenging and demanding period which resulted in this temporary transition for this service. They demonstrated a very good example of proactive leadership and good team spirit and dynamics. By working well together to ensure that they continued to provide this very valuable service to support vulnerable people with dementia and their relatives living in the community.</p>
	<p>A number of areas for improvement that had been highlighted in a previous inspection report in August 2019 were also found to have been met, with achievements highlighted in the report including a range of activities where people were involved, kept active and encouraged to participate. Care plans were found to have detailed information regarding the priority care and support needs of individuals.</p>
4.	IMPLICATIONS
4.1	<u>Financial</u> None
4.2	<u>Human Resources</u> None

4.3	<u>Legal</u> None
4.4	<u>Equality/Socio-Economic</u> None
4.5	<u>Risk</u> None
4.6	<u>Community Wealth Building</u> None
4.7	<u>Key Priorities</u> None
5.	CONSULTATION
	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.

Caroline Cameron, Director
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Appendices
Nil

Integration Joint Board
16th March 2023

Subject: **2022-23 – Month 10 Financial Performance**

Purpose: To provide an overview of the IJB's financial performance as at month 10 (January) including an update on the estimated financial impact of the Covid-19 response.

Recommendation: It is recommended that the IJB:

- (a) notes the overall integrated financial performance report for the financial year 2022-23 and the current overall projected year-end underspend of £1.181m;
- (b) notes the progress with delivery of agreed savings;
- (c) notes the remaining financial risks for 2022-23, including the impact of remaining Covid-19 estimates and costs; and
- (d) approves the budget reductions which are detailed at paragraph 2.11.

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

1.	EXECUTIVE SUMMARY
1.1	The report provides an overview of the financial position for the Partnership and outlines the projected year-end outturn position informed by the projected expenditure and income commitments; these have been prepared in conjunction with relevant budget holders and services. It should be noted that, although this report refers to the position at the end of January, further work is undertaken following the month end to finalise projections, therefore the projected outturn position is as current and up to date as can practicably be reported.
1.2	The projected outturn is a year-end underspend of £1.181m (0.4%) for 2022-23. This includes the financial impact of the local authority pay award but excludes the NHS

	pay award; this has been agreed but confirmation of the amount of additional Scottish Government funding is still awaited.
1.3	From the core projections, overall, the main areas of pressure are learning disability care packages, residential placements for children, supplementary staff in wards and Unplanned Activities (UnPACs) within the lead partnership for mental health.
2.	CURRENT POSITION
2.1	<p>The report includes an overview of the financial position including commitments against the available resource, explanations for the main budget variances and an update on progress in terms of savings delivery.</p> <p>The report also includes detail of the estimated costs and potential financial impact of the Covid-19 response.</p>
	FINANCIAL PERFORMANCE – AT MONTH 10
2.2	<p>At Month 10 against the full-year budget of £276.985m there is a projected year-end underspend of £1.181m (0.4%). The Integration Scheme outlines that there is an expectation that the IJB takes account of the totality of resources available to balance the budget in year. Following this approach, an integrated view of the financial position should be taken, however it is useful to note that this overall position consists of a projected underspend of £1.541m in social care services and a projected overspend of £0.360m in health services.</p> <p>Appendix A provides the financial overview of the Partnership position. The sections that follow outline the significant variances in service expenditure compared to the approved budgets.</p> <p>The projections for some areas will be subject to fluctuations as they depend on recruitment plans for new funding and also the capacity of providers to take on work.</p>
2.3	Health and Community Care Services
	<p>Against the full-year budget of £83.220m there is a projected underspend of £0.105m (0.1%) which is a favourable swing of £0.527m and the main variances are:</p> <p>a) Care home placements including respite placements (net position after service user contributions and charging order income) are projected to underspend by £1.034m which is a favourable movement of £0.031m.</p> <p>The budgeted number of permanent placements is 778 and at month 10 there are 762 placements. The projection assumes that the current number of placements will continue to increase to 770 placements by the end of the year. Within the projection there is an assumption that recent placements which do not have a completed financial assessment (often due to the pressure to discharge from hospital) are costed with 50% of the cases at the current average cost of a placement and 50% at the gross or interim funded rate. It is likely that there will still be some cases being gross or interim funded at the year end. Their actual cost will not be known until the FA1 financial assessment is completed and this can impact on the final position.</p>

The level of income recovered from charging orders was under recovered in 2021-22 but an online position is assumed at month 10 as the income received to date is in line with the target.

- b) Care at home (in house and purchased) is projected to be £0.108m underspent which is a favourable movement of £0.112m. The position is made up of an underspend in purchased care at home as providers are not always able to accept referrals due to staffing / recruitment issues and an overspend in the in-house service. As there are vacant posts some of the current capacity is being met by existing staff working additional hours and casual staff. Bank staff are being offered contracts and additional staff are being recruited which will replace the need for existing staff to work additional hours.
- c) Community alarms are projected to be £0.093m underspent which is an adverse movement of £0.003m.
- d) Reablement services are projected to be £0.219m underspent which is a favourable movement of £0.061m due to vacancies.
- e) Care at Home Charging Income is projected to under recover by £0.084m (no movement) due to an ongoing shift towards personal care which is non chargeable. This is after applying £0.076m of Covid funding.
- f) Physical Disability Care Packages (including residential and direct payments) - projected overspend of £0.062m in community care packages, £0.165m in direct payments and £0.243m for residential placements. This is an overall favourable movement of £0.090m.
- g) Purchased day care is projected to underspend by £0.071m (no movement) due to a revised contract.
- h) Anam Cara is projected to overspend by £0.090m which is a favourable movement of £0.084m. The overspend is due to covering vacancies and sickness absence.
- i) Integrated Island Services is projected to be £0.280m overspent which is a £0.154m adverse movement. The overspend is mainly due to additional accommodation costs for mainland staff working at Montrose House due to local recruitment challenges and additional agency costs to ensure the required staffing levels.
- j) District Nursing is projected to overspend by £0.130m due to an overspend on supplies and reduced national uplift funding.
- k) Rehab wards are projected to overspend by £0.270m (Redburn ward £0.310m overspent and Douglas Grant £0.040m underspent), £0.058m adverse movement from month 7. The overspend at Redburn is due to cover costs for vacancies as well as supplementary staffing for patients who require one to one support.
- l) Wards 1 and 2 are projected to overspend by £0.140m (ward 1 £0.060m overspend and ward 2 £0.080m overspend) which is an adverse movement of £0.100m due to increased use of supplementary staffing.

	<p>m) Cumbrae Lodge Continuing Care beds are projected to underspend by £0.185m which is a favourable movement of £0.185m. This is due to a reduced charge to reflect the reduction in beds used during the transition to the new service.</p>
2.4	<p>Mental Health Services</p> <p>Against the full-year budget of £88.169m there is a projected overspend of £1.237m (1.4%) which is an adverse movement of £0.497m. This excludes any potential variance on the Mental Health Recovery and Renewal Funding where any underspend will be earmarked at the year-end for use in 2023-24. The main variances are:</p> <p>a) Learning Disabilities are projected to overspend by £1.205m and the main variances are:</p> <ul style="list-style-type: none"> • Care Packages (including residential and direct payments) - projected overspend of £0.451m in community care packages, £0.282m in direct payments and £0.147m for residential placements. This is an overall favourable movement of £0.187m. Community Learning Disability Care packages are proving to be one of the most challenging areas to address overspends. The data from CM2000 will be reported back to the service to allow them to see where care has deviated from the planned level and focus reviews to those areas. • Residential Respite is projected to overspend by £0.126m (£0.022m favourable movement). The overspend reflects funding the new facility (Roslin House) to full capacity (£0.069m) and increased energy costs (£0.057m). • Trindlemoss non-employee costs are projected to underspend by £0.199m which is a favourable movement of £0.110m. This partly relates to budgets set aside for the running costs of the pool. <p>b) Community Mental Health services are projected to underspend by £0.532m (adverse movement of £0.069m) which is mainly due to an underspend of £0.450m in community packages (including direct payments) and an underspend in residential placements of £0.135m.</p> <p>c) The Lead Partnership for Mental Health is projecting to be £0.594m overspent which is an adverse movement of £0.555m and the main variances are as follows:</p> <ul style="list-style-type: none"> • A projected overspend in Adult Inpatients of £0.200m which is an adverse movement of £0.306m. This overspend is mainly due to overspends in supplementary staff (which reduced from month 7), staff in redeployment and reduced bed sale income. • The UNPACS (Unplanned Activities) budget is projected to overspend by £1.320m (£0.120m adverse movement due to increased enhanced observations) based on current number of placements remaining until the year end. These placements are for individuals with very specific needs that require a higher level of security and/or care from a staff group with a particular skill set/competence. There are no local NHS secure facilities for women, people

with a learning disability or people with neurodevelopmental disorder. This can necessitate an UNPACS placement with a specialist provider which can be out-of-area. The nature of mental health UNPACS spend is that it is almost exclusively on medium or long term complex secure residential placements which are very expensive so a small increase in placements can have a high budgetary impact. Due to the complexity and risk involved, transitions between units or levels of security can take many months. Applications to approve a placement are made to the Associate Medical Director for Mental Health who needs to be satisfied that the placement is appropriate and unavoidable prior to this being agreed.

- A projected overspend in MH Pharmacy of £0.100m (no movement) due to an increase in substitute prescribing costs.
- Learning Disability Services are projected to overspend by £0.275m (no movement). This is mainly due to high usage of supplementary staffing, cross-charging for a LD patient whose discharge has been delayed and redeployment staffing costs. Supplementary staffing costs relate to backfill for sickness, increase and sustained enhanced observations and vacancies. The enhanced observations are reviewed on a daily basis however, due to the individuals being acutely unwell at present, this level of enhanced observations has been maintained for a lengthy period of time. The projection assumes that we begin cross charging another HSCP for the ongoing costs of the person detailed above where, despite having extensive time to identify an alternative placement there has been no solution identified.
- Elderly Inpatients are projected to overspend by £0.134m (no movement) mainly due to the reduced use of supplementary staffing.
- The reduction in National Insurance contributions has resulted in a part year saving to the Lead Partnership of £0.148m which is included in the projection.
- The Innovation Fund is projected to underspend by £0.145m which is favourable movement of £0.145m. This is due to slippage within some of the projects and not all of the funding was allocated.
- Band 2 to 3 regrading – there is a projected overspend of £0.350m relating to back dated cost for the Band 2 – 3 regrade. This is an estimate and it is assumed that the total cost of £0.700m is split 50/50 between lead and non-lead services.
- The turnover target for vacancy savings for the Lead Partnership is held within the Lead Partnership as this is a Pan-Ayrshire target. There is a projected over-recovery of the vacancy savings target of £1.701m in 2022-23, further information is included in the table below:

Vacancy Savings Target	(£0.481m)
Projected to March 2023	£2.182m
Over/(Under) Achievement	£1.701m

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

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

- Adult Community Health services £0.192m
- Adult Inpatients £0.200m
- CAMHS £0.600m

	<ul style="list-style-type: none"> • Mental Health Admin £0.370m • Psychiatry £0.100m • Psychology £0.680m • Associate Nurse Director £0.040m
2.5	Children and Justice Services
	<p><u>Children's Services</u></p> <p>Against the full-year budget of £38.023m there is a projected overspend of £2.978m (7.8%) which is an adverse movement of £0.477m. The main variances are:</p> <p>a) Care Experienced Children and Young People is projected to overspend by £2.985m which is an adverse movement of £0.534m. The main areas within this are noted below:</p> <ul style="list-style-type: none"> • Children's residential placements are projected to overspend by £3.196m prior to Covid funding and projected to overspend by £2.300m after £0.896m of Covid funding. This is an adverse movement of £0.285m. We started 22/23 with 23 placements and there are currently 29 placements. It is assumed that all current placements are continuing until the end of the year. • Fostering placements are projected to underspend by £0.236m (£0.060m favourable movement). This is based on the budget for 115 places and 115 actual placements (of which 6 are Covid related and are funded through the Covid-19 funding) since the start of the year. Although we are at the number of budgeted placements this was not the case throughout the year when we were under the budgeted level. Recruitment of foster carers is an active priority for the team, both to limit the requirement for external foster placements and reduce pressures elsewhere on the service. This is promoted through regular targeted recruitment campaigns, community awareness raising and daily presence on various social media platforms. Our active recruitment strategy is gaining some interest and we are actively pursuing a number of enquiries as a result. • Fostering Xtra placements are projected to be on-line (no movement) after applying £0.086m of Covid funding. The projection is based on the budget for 30 placements and 33 current placements. • Private Fostering placements are projected to be £0.047m underspent (no movement) based on the budget for 17 placements and 13 current placements. • Kinship placements are projected to underspend by £0.137m which is an adverse movement of £0.043m and this is based on the budget for 376 places and 351 current placements. • Adoption placements are projected to overspend by £0.087m (£0.015m adverse movement). This is based on the budget for 56 places and 62 actual placements. <p>b) Children with disabilities – residential placements are projected to overspend by £0.414m which is an adverse movement of £0.241m. This is based on an increased number of placements (12) which are expected to continue until the end of the year and an increase in the rates paid for some of the placements.</p> <p>c) Residential respite – placements are projected to overspend by £0.444m which is an adverse movement of £0.035m. These short-term placements are used</p>

	<p>to prevent an admission to full residential care. There is one placement continuing at month 10 but it is expected to cease 13 March 2023.</p> <p>d) Children’s Houses Employee Costs – are projected to overspend by £0.310m due to the additional overtime costs.</p>												
2.6	ALLIED HEALTH PROFESSIONALS (AHP)												
	AHP services are projected to underspend by £0.132m due to underspends in non-employee costs.												
2.7	CHIEF SOCIAL WORK OFFICER												
	There is a projected underspend of £1.704m due to a projected underspend in the Carers Strategy funding. This is a favourable movement of £0.712m.												
2.8	MANAGEMENT AND SUPPORT												
	<p>Management and Support Services are projected to underspend by £3.260m which is a favourable movement of £0.405m. The main areas of underspend are:</p> <ul style="list-style-type: none">• An over-recovery of payroll turnover of £2.400m for social care services and an over-recovery of payroll turnover of £0.606m for health services as outlined in the table below.• The reduction in National Insurance contributions has resulted in a part year saving to the Non-Lead Partnership of £0.148m and £0.150m for social care which is included in the projection for Management and Support.• The additional saving in LD day care employee costs has transferred to the HSCP strategy code and will be proposed as a saving for 2023/24.• Band 2 to 3 regrading for non-lead services– there is a projected overspend of £0.350m relating to back dated cost for the Band 2 – 3 regrade. This is an estimate and it is assumed that the total cost of £0.700m is split 50/50 between lead and non-lead services.• The 2022-23 budget included a budgeted surplus on the social care side offset by a budgeted deficit on the health side of the budget. The net impact is neutral but Appendix A will show this position for each element. <p>The turnover targets and projected achievement for the financial year for Health and Social Care services out with the Lead Partnership is noted below:</p> <table><tr><th></th><th>Social Care</th><th>Health Services</th></tr><tr><td>Vacancy Savings Target</td><td>(2.014m)</td><td>(1.183m)</td></tr><tr><td>Projected to March 2023</td><td>4.414m</td><td>1.789m</td></tr><tr><td>Over/(Under) Achievement</td><td>2.400m</td><td>0.606m</td></tr></table> <p>The position in the table above reflects the assumption in the current financial projections. For social care, a total of £3.769m (187% of annual target) has been achieved to date. The turnover achieved to date is higher than usual as the 22/23 budget included investment in various areas of staffing and these posts are not fully recruited to yet.</p>		Social Care	Health Services	Vacancy Savings Target	(2.014m)	(1.183m)	Projected to March 2023	4.414m	1.789m	Over/(Under) Achievement	2.400m	0.606m
	Social Care	Health Services											
Vacancy Savings Target	(2.014m)	(1.183m)											
Projected to March 2023	4.414m	1.789m											
Over/(Under) Achievement	2.400m	0.606m											

	<p>The health vacancy projection to the year-end is based on the month 10 position and is informed by the recruitment plans and confidence in recruitment to posts for the remainder of the year.</p> <p>The areas contributing to the health and social care vacancy savings are spread across a wide range of services with vacancy savings being achieved in most areas. The main areas at month 10 are:</p> <ul style="list-style-type: none">• Learning Disability £0.523m• Management and Support £0.561m• Community Care Service Delivery £0.574m• Rehab and Reablement £0.454m• Locality Services £0.340m• Integrated Island Services £0.360m• Community Mental Health £0.242m <p>There have been no intentional plans to pause or delay recruitment and services have actively continued to recruit; in some service areas it has proven difficult to fill posts.</p> <p>The turnover target for the North Lead Partnership for Mental Health services is detailed within the Lead Partnership information at section 2.4.</p>																		
2.9	LOCAL AUTHORITY PAY AWARD SHORTFALL																		
	<p>The recently agreed local government pay award was not fully funded. The total cost of the pay award was £4.384m against the budgeted increase of £2.077m. The additional cost of £2.307m will be partially met by additional recurring Scottish Government funding of £1.866m and the gap of £0.441m will be an in-year overspend with the recurring cost being factored into the 23/24 budget.</p> <p>There is also an additional cost in relation to the additional day of leave as some frontline posts will require to be covered during this leave. The annual estimated cost of this is £0.120m and it is assumed that £0.050m has still to be incurred before the year end and this is included in the 22/23 projected outturn.</p>																		
2.10	Savings Progress																		
	<p>a) The approved 2022-23 budget included £0.683m of savings.</p> <table><tr><th>BRAG Status</th><th>Position at Budget Approval £m</th><th>Position at Month 10 £m</th></tr><tr><td>Red</td><td>-</td><td>0.060</td></tr><tr><td>Amber</td><td>0.060</td><td>-</td></tr><tr><td>Green</td><td>0.623</td><td>-</td></tr><tr><td>Blue</td><td>-</td><td>0.623</td></tr><tr><td>TOTAL</td><td>0.683</td><td>0.683</td></tr></table> <p>b) The main area to note is that red savings of £0.060m relating to adoption allowances will not be achieved but this is accounted for in the projected</p>	BRAG Status	Position at Budget Approval £m	Position at Month 10 £m	Red	-	0.060	Amber	0.060	-	Green	0.623	-	Blue	-	0.623	TOTAL	0.683	0.683
BRAG Status	Position at Budget Approval £m	Position at Month 10 £m																	
Red	-	0.060																	
Amber	0.060	-																	
Green	0.623	-																	
Blue	-	0.623																	
TOTAL	0.683	0.683																	

	<p>outturn. The review of allowances is complete, but the benefit will not be realised until future years as the changes will apply to future cases.</p> <p>Appendix B shows the full Transformation Plan for 2022/23 which has been agreed by the Transformation Board; the Board is in place to provide oversight and governance to the programme of service change. A focus of the Board is to ensure plans are in place to deliver savings and service change, with a solution focussed approach to bringing programmes back on track.</p> <p>Not all the service changes on the Transformation Plan have savings attached to them but there is an expectation that they will lead to service improvements. The Plan is critical to the ongoing sustainability and safety of service delivery and to supporting the delivery of financial balance in future.</p> <p>Appendix C provides an overview of those service changes which do have financial savings attached to them and the current BRAG status around the deliverability of each saving.</p>
2.11	<p>Budget Changes</p> <p>The Integration Scheme states that <i>“either party may increase it’s in year payment to the Integration Joint Board. Neither party may reduce the payment in-year to the Integration Joint Board nor Services managed on a Lead Partnership basis.... without the express consent of the Integration Joint Board.”</i></p> <p>Appendix D highlights the movement in the overall budget position for the Partnership following the initial approved budget.</p> <p>Reduction Requiring Approval:</p> <ol style="list-style-type: none"> 1) Training Grades Reduction £0.029m 2) Franking Transfer to Acute £0.001m 3) AHP Clinical Admin to South HSCP £0.021m 4) ADP Reduction £0.324m 5) A&E Liaison Funding to South and East HSCP £0.139m 6) Foxgrove Revenue Costs £0.014m 7) Transfer to Capital – Bladder Scanner £0.008m 8) Buvidal Funding Pharmacist to Acute £0.014m 9) MDT Reduction £0.006m 10) TEC Contribution £0.053m 11) Covid Funding returned to the Scottish Govt £8.263m 12) Carer Support to Education £0.020m
2.12	<p>NHS – Set Aside and Pan Ayrshire Services</p> <p><u>Lead Partnerships:</u> The IJB outturn position is adjusted to reflect the impact of Lead Partnership services. The outturn for all Lead Partnership services is shared across the 3 Partnerships on an NRAC basis; this position is currently the default pending further work to develop a framework to report the financial position and risk sharing across the 3 Partnerships in relation to hosted or lead service arrangements, which has been delayed by the requirement to focus efforts on the Covid response.</p>

The final outturn in relation to North Lead Partnership services would not be fully attributed to the North IJB as a share would be allocated to East and South Partnerships; similarly, the impact of the outturn on East and South led services will require to be shared with North. At Month 10 the MH lead partnership is projected to overspend by £0.594m (£0.192m NRAC share for East and £0.183m for South). The information reported for South and East is the month 9 info as they do not report at month 10.

East HSCP –the month 9 position is a projected £0.969m underspend of which £0.359m (37%) is attributable to North. The main variances are:

Primary Care and Out of Hours Services (Lead Partnership)

There is a projected underspend of £0.793m on the Primary Care Lead Partnership budget and is due largely to projected underspends in Primary Care, Primary Medical Services and Dental services where staffing numbers are running at less than establishment. The projected underspend within Dental services is largely due to reduced staffing costs in Childsmile and within the Dental management team, with both service areas running with vacancies. In addition, there are reduced costs within Primary Care contracting and support, largely due to staffing turnover, as well as projected savings in diabetic retinopathy services and East Ayrshire Community Hospital medical and general pharmaceutical services.

These reduced costs are partially offset by additional costs in the GP element of Out of Hours services, as well as additional costs in the overnight nursing service, with work ongoing to address as far as possible over the course of the 2022/23 financial year. Ayrshire Urgent Care Services costs related to the Covid-19 pandemic are recharged against the Local Mobilisation Plan (Community Clinical Hub). As highlighted previously in this report, projected costs for 2022/23 require to be reduced as far as possible, with a recovery plan, to ensure costs can be contained within budget going forward.

Prison and Police Healthcare (Lead Partnership)

The £0.176m projected underspend at month 9 is largely due to net staffing savings. Medical contracts at both Prison and Police have reduced and is contributing to the projected underspend. These contracts have been renegotiated with 2021/22 being the first year of the new contract for Prison and Police Custody. A review of the prison service is being undertaken and it is anticipated that surplus funds will go towards improving staffing levels within the prison.

Other Lead Services

The £0.100m projected outturn is online with budget and relates to anticipated charges for services from Marie Curie. All three Ayrshire IJBs approved additional funding of £0.004m on a non-recurring basis as part of their 2022/23 budgets to increase the overall budget from the £0.088m baseline. This additional funding is required to offset identified cost pressures and to meet service demands from 1 April this year. The non-recurring nature of the approved uplift reflects that a service review is to be undertaken in 2022/23.

	<p>South HSCP – projected overspend of £0.130m of which £0.048m will be allocated to North. The overspend is mainly due to an overspend in the community store and continence service offset by vacancies in the Family Nurse Partnership.</p> <p>Set Aside: - an approach has yet to be decided on for 22/23, which may be used as a “shadow year” for using current year activity. This will depend on how representative the activity is felt to be. By default, inflation will be applied to the 2021/22 budget. The annual budget for Acute Services is £400.4m. The directorate is overspent by £11.7m, caused by increasing overspends on agency medical and nursing staff, together with increasing drug expenditure. These have been required due to the level of operational pressure being experienced, in common with many other areas in Scotland.</p> <p>There is a material underlying deficit caused by:</p> <ul style="list-style-type: none"> • Unachieved efficiency savings • High expenditure on medical and nursing agency staff, high rates of absence and vacancies causing service pressure. • High numbers of delayed discharges and high acuity of patients. <p>The IJBs and the Health Board work closely in partnership to maintain service and improve performance.</p>
2.13	<p>FINANCIAL RISKS</p>
	<p>There are a number of ongoing financial risk areas that may impact on the 2022-23 budget during the year, these include:</p> <ul style="list-style-type: none"> • High risk areas of low volume / high-cost services areas e.g. Learning Disability care packages, children’s residential placements and complex care packages. • Progress with the work to develop set aside arrangements and the risk sharing arrangements agreed as part of this. • Ongoing implementation costs of the Scottish Government policy directives • Lead / hosted service arrangements, including managing pressures and reporting this across the 3 IJBs. • The impact on Lead Partnership and acute services from decisions taken by other Ayrshire areas. • The impact and implementation of the National Care Service. • The NHS pay award has been settled for 2022-23 but confirmation of additional Scottish Government funding is awaited. • The current extremely high levels of inflation • Supported Accommodation - funding has been included in the budget for the new developments but the adequacy of the funding will only be known when the final occupants are agreed. • Fire dampener compensation (Woodland View) – the final level of compensation has still to be agreed and the £0.306m previously assumed in the projection has been removed due to the uncertainty surrounding this. <p>These risks have been monitored throughout 2022-23 and the financial impact reported through the budget monitoring report.</p>

2.14	COVID-19 – FINANCE MOBILISATION PLAN IMPACT																																																
	Summary of position																																																
	<p>From the outset of the pandemic the HSCP acted very swiftly to respond and developed a mobilisation plan detailing the additional activities to support our response, alongside the estimated financial impact. Financial returns were submitted to the Scottish Government on a regular basis during 2020-21 and 2021-22, on the premise that any additional costs aligned to mobilisation plans would be fully funded. This process will continue during 2022-23 with returns moving from quarterly to monthly. Covid funding of £13.321m was carried forward from 2021-22 for use in services delegated to the Partnership during 2022-23 and the costs outlined below will be met from this funding. Any unused funding will be reclaimed by the Scottish Government and redistributed to Health Boards for Covid-related costs in non-delegated services.</p>																																																
2.15	Mobilisation Plan and Funding Position																																																
	<p>The initial month 3 mobilisation plan cost submission was submitted in July and estimated the costs to be £4.067m to March 2023. The changes since month 3 are summarised in the table below with the main area being payments to providers to reflect the payments made to date and the extension of part of the scheme to 31st March 2023. The costs remain estimates as the situation continually evolves there will be a further update submitted each month.</p> <p>The main areas of cost are summarised below:</p> <table><tr><th>Service Area</th><th>Initial Month 3 Return £m</th><th>Month 4 Return £m</th><th>Month 5 Return £m</th><th>Months 6,7,8,9 Return £m</th><th>Month 10 Return £m</th></tr><tr><td>Payments to Providers</td><td>1.100</td><td>1.100</td><td>1.953</td><td>2.143</td><td>2.143</td></tr><tr><td>PPE</td><td>0.418</td><td>0.418</td><td>0.419</td><td>0.326</td><td>0.265</td></tr><tr><td>Additional Staff</td><td>1.317</td><td>1.317</td><td>1.315</td><td>1.318</td><td>1.318</td></tr><tr><td>Loss of Income</td><td>0.246</td><td>0.246</td><td>0.246</td><td>0.210</td><td>0.210</td></tr><tr><td>Children & Families</td><td>0.957</td><td>0.957</td><td>0.957</td><td>1.107</td><td>1.107</td></tr><tr><td>Other Areas</td><td>0.029</td><td>0.029</td><td>0.015</td><td>0.015</td><td>0.015</td></tr><tr><td>TOTAL</td><td>4.067</td><td>4.067</td><td>4.905</td><td>5.119</td><td>5.058</td></tr></table> <p>Based on the projected spend, £8.263m of funding has now been reclaimed by Scottish Government. IJBs have been advised by Government that a year-end reconciliation and balancing adjustment will be conducted in the event that too much or too little funding has been retained.</p>	Service Area	Initial Month 3 Return £m	Month 4 Return £m	Month 5 Return £m	Months 6,7,8,9 Return £m	Month 10 Return £m	Payments to Providers	1.100	1.100	1.953	2.143	2.143	PPE	0.418	0.418	0.419	0.326	0.265	Additional Staff	1.317	1.317	1.315	1.318	1.318	Loss of Income	0.246	0.246	0.246	0.210	0.210	Children & Families	0.957	0.957	0.957	1.107	1.107	Other Areas	0.029	0.029	0.015	0.015	0.015	TOTAL	4.067	4.067	4.905	5.119	5.058
Service Area	Initial Month 3 Return £m	Month 4 Return £m	Month 5 Return £m	Months 6,7,8,9 Return £m	Month 10 Return £m																																												
Payments to Providers	1.100	1.100	1.953	2.143	2.143																																												
PPE	0.418	0.418	0.419	0.326	0.265																																												
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Children & Families	0.957	0.957	0.957	1.107	1.107																																												
Other Areas	0.029	0.029	0.015	0.015	0.015																																												
TOTAL	4.067	4.067	4.905	5.119	5.058																																												
2.16	Provider Sustainability Payments and Care Home Occupancy Payments																																																
	<p>COSLA Leaders and Scottish Government have agreed an approach to supporting the social care sector to ensure that reasonable additional costs will be met. We have been making payments to commissioned social care providers in line with the agreed</p>																																																

national principles for sustainability and remobilisation payments to social care providers during COVID 19.

Care Home Occupancy Payments - The Scottish Government ceased these payments at the end of October 2021 but exceptions were made following the Omicron outbreak and limited payments were made to eligible care homes. Meetings are being held with each care home to discuss ongoing sustainability and to provide support.

Sustainability payments – the most recent guidance issued in September 2022 continued the reduced the scope of what providers can claim for and also outlined deadlines for claims to be submitted. The main costs that can be claimed relate to testing and vaccination and this is extended to 31st March 2023. The Social Care Staff Support Fund was also extended to 31st March 2023 (previously to 30th September 2022).

The sustainability payments are a significant cost in our mobilisation plan and the timely submission by providers and assessment of claims is key to ensuring we can accurately estimate the financial cost and ensure the costs are reclaimed from the Scottish Government. Quarter 3 claims must be submitted by 28th February 2023 and quarter 4 claims must be submitted by 30th April 2023 and providers have been informed about this. The breakdown of payments made in 2022-23 up to 31st January 2023 are shown in the tables below:

PROVIDER SUMMARY	NCHC Care Homes	Other	Total
Total Number of Providers	17	49	66
Number contacting NAC	17	14	31
Providers Supported to date	17	14	31

OUTSTANDING CLAIMS	NCHC Care Homes	Other	Total
Total Number of Claims	-	1	1
Value of Claims	-	897	897

SUPPORT PROVIDED	NCHC Care Homes £	Other Services £	TOTAL £
Occupancy Payments	81,650	0	81,650
Staffing	681,442	251,586	933,029
PPE, Infection Control	181,354	47,703	229,057
Other	170,969	7,894	178,863
TOTAL	1,115,415	307,183	1,422,599

2.17

RESERVES

The IJB reserves position is summarised in the table below with full detail given in Appendix E.

The opening ‘free’ general fund balance of £7.248m is held as a contingency balance, this equates to around 2.5% of the IJB budget for 2021-22 which is above the lower target level of 2%.

The full outstanding debt to North Ayrshire Council of £2.321m has now been repaid; the increased payment was funded by a transfer of budget from the Council so there was no detriment to the IJB financial position.

	General Fund Reserves		Earmarked Reserves			Total £m
	Debt to NAC	Free GF	SG Funding	Non-SG Funding £m	HSCP	
	£m	£m	£m	£m	£m	
Opening Balance - 1 April 2022	(2.321)	7.248	23.106	0.699	0.500	29.232
In year movements at month 10	2.321	(0.800)	(8.263)	-	-	(6.742)
Revised Balance	-	6.448	14.843	0.699	0.500	22.490

These balances will be adjusted after the year-end to reflect the actual use of reserves during 2022-23 and the updated carry forward position.

A review of earmarked reserves has taken place and has identified £1.252m of balances which can be released. IJB will be asked to approve the use of these in supporting a balanced budget position for 2023-24.

3.

PROPOSALS

3.1

Anticipated Outcomes

Continuing to closely monitor the financial position will allow the IJB to take corrective action where required to ensure the Partnership can deliver services in 2022-23 from within the available resource, thereby limiting the financial risk to the funding partners.

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

3.2

Measuring Impact

Ongoing updates to the financial position will be reported to the IJB throughout 2022-23.

4.	IMPLICATIONS
Financial:	The financial implications are as outlined in the report. Against the full-year budget of £276.985m there is a projected underspend of £1.181m. The report outlines the main variances for individual services.
Human Resources:	The report highlights vacancy or turnover savings achieved to date. Services will review any staffing establishment plans and recruitment in line with normal practice when implementing service change and reviews as per agreement with the IJB, there is no intention to sustain this level of staffing capacity reduction on a recurring or planned basis.
Legal:	None
Equality:	None
Children and Young People	None
Environmental & Sustainability:	None
Key Priorities:	None
Risk Implications:	<p>Para 2.13 highlights the financial risks.</p> <p>The report falls in line with the agreed risk appetite statement which is a low-risk appetite in respect to adherence to standing financial instructions, financial controls and financial statutory duties and a high-risk appetite in relation to finance and value for money.</p>
Community Benefits:	None

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

5.	CONSULTATION
5.1	<p>This report has been produced in consultation with relevant budget holders and the Partnership Senior Management Team.</p> <p>The IJB financial monitoring report is shared with the NHS Ayrshire and Arran Director of Finance and North Ayrshire Council's Head of Finance after the report has been finalised for the IJB.</p>
6.	CONCLUSION
6.1	<p>It is recommended that the IJB:</p> <p>(a) notes the overall integrated financial performance report for the financial year 2022-23, the overall projected year-end underspend of £1.181m;</p> <p>(b) notes the progress with delivery of agreed savings;</p> <p>(c) notes the remaining financial risks for 2022-23;</p>

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

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Eleanor Currie, Principal Manager – Finance at eleanorcurrie@north-ayrshire.gov.uk**

2022-23 Budget Monitoring Report-Objective Summary as at 31st January 2023

Appendix A

Partnership Budget - Objective Summary	2022/23 Budget										
	Council			Health			TOTAL				
	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Over/ (Under) Spend Variance at Period 7	Movement in projected variance from Period 7
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
COMMUNITY CARE AND HEALTH	66,479	65,944	(535)	16,741	17,171	430	83,220	83,115	(105)	422	(527)
: Locality Services	27,908	27,269	(639)	5,388	5,538	150	33,296	32,807	(489)	(191)	(298)
: Community Care Service Delivery	33,436	33,186	(250)	0	0	0	33,436	33,186	(250)	(90)	(160)
: Rehabilitation and Reablement	1,797	1,779	(18)	0	0	0	1,797	1,779	(18)	(3)	(15)
: Long Term Conditions	999	1,102	103	9,079	9,359	280	10,078	10,461	383	583	(200)
: Community Link Workers	195	184	(11)	0	0	0	195	184	(11)	(3)	(8)
: Integrated Island Services	2,144	2,424	280	2,274	2,274	0	4,418	4,698	280	126	154
MENTAL HEALTH SERVICES	31,078	31,811	733	57,091	57,595	504	88,169	89,406	1,237	740	497
: Learning Disabilities	21,498	22,703	1,205	453	453	0	21,951	23,156	1,205	1,330	(125)
: Community Mental Health	5,845	5,373	(472)	1,522	1,462	(60)	7,367	6,835	(532)	(601)	69
: Addictions	3,735	3,735	0	1,618	1,588	(30)	5,353	5,323	(30)	(28)	(2)
: Lead Partnership Mental Health NHS Area Wide	0	0	0	53,498	54,092	594	53,498	54,092	594	39	555
CHILDREN & JUSTICE SERVICES	34,053	37,031	2,978	3,970	3,970	0	38,023	41,001	2,978	2,501	477
: Irvine, Kilwinning and Three Towns	3,145	3,114	(31)	0	0	0	3,145	3,114	(31)	42	(73)
: Garnock Valley, North Coast and Arran	3,160	3,160	0	0	0	0	3,160	3,160	0	(29)	29
: Intervention Services	1,856	1,873	17	339	339	0	2,195	2,212	17	15	2
: Care Experienced Children & Young people	22,061	25,047	2,986	0	0	0	22,061	25,047	2,986	2,451	535
: Head of Service - Children & Families	1,279	1,284	5	0	0	0	1,279	1,284	5	24	(19)
: Justice Services	2,385	2,385	0	0	0	0	2,385	2,385	0	0	0
: Universal Early Years	167	168	1	3,185	3,185	0	3,352	3,353	1	(2)	3
: Lead Partnership NHS Children's Services	0	0	0	446	446	0	446	446	0	0	0
CHIEF SOCIAL WORK OFFICER	2,560	856	(1,704)	0	0	0	2,560	856	(1,704)	(992)	(712)
PRIMARY CARE	0	0	0	51,117	51,117	0	51,117	51,117	0	0	0
ALLIED HEALTH PROFESSIONALS			0	8,701	8,569	(132)	8,701	8,569	(132)	(122)	(10)
COVID NHS	0	0	0	(8,263)	(8,263)	0	(8,263)	(8,263)	0	0	0
MANAGEMENT AND SUPPORT COSTS	10,917	7,413	(3,504)	2,541	2,785	244	13,458	10,198	(3,260)	(2,855)	(405)
LOCAL AUTHORITY PAY AWARD SHORTFALL	0	491	491	0	0	0	0	491	491	561	(70)
OUTTURN ON A MANAGED BASIS	145,087	143,546	(1,541)	131,898	132,944	1,046	276,985	276,490	(495)	255	(750)
Return Hosted Over/Underspends East	0	0	0	0	(192)	(192)	0	(192)	(192)	(13)	(179)
Return Hosted Over/Underspends South	0	0	0	0	(183)	(183)	0	(183)	(183)	(12)	(171)
Receive Hosted Over/Underspends South	0	0	0	0	48	48	0	48	48	53	(5)
Receive Hosted Over/Underspends East	0	0	0	0	(359)	(359)	0	(359)	(359)	(360)	1
OUTTURN ON AN IJB BASIS	145,087	143,546	(1,541)	131,898	132,258	360	276,985	275,804	(1,181)	(77)	(1,104)

2022-23 Transformation Plan

Appendix B

Savings reference number	Project	Project Description	Deliverability Status	Saving/ Investment	Approved Saving 2022/23 £	Investment	Saving Delivered at Month 10 £	Projected Saving	Projected Shortfall 22/23 £
Children, Families and Justice Services									
SP/HSCP/20/1	Children and Young People - External Residential Placements	Monitor and review all placements with a view to reducing the overspend.	Amber	Saving			-	-	
SP/HSCP/20/4	Adoption Allowances	Monitor Adoption Allowances. With a view to reduce the overspend	Red	Saving	59,535		-	-	59,535
SP/HSCP/20/19	Fostering - reduce external placements.	Monitor Fostering Placements with a view to reduce the overspend	Red	Saving			-	-	
	Transport review	Review of costs relating to taxi utilisation and implementation of new electronic form. Aim to reduce transport budget in council. Links in with David Hammonds Transformation Project.	Red	Saving					
	Grow internal fostering capacity	Review capacity of existing foster carers with a view of increasing existing capacity	Amber	Cost neutral					
NACSTA4030	Fostering Short Breaks	Develop an inhouse short break service to replace the commissioned service provided by Cornerstone.	Amber	Saving			-	-	-
Mental Health and LD									
	Transformation of CAMHS - CAMHS Specification	CAMHS have reviewed and updated referral guidance to align with the CAMHS National Specification. Some risks identified in order to facilitate the continued changes are accommodation, and recruitment of clinical staff.	Amber	Investment		1,091,463			
	Transformation of CAMHS - CAMHS Age 25	CAMHS are developing specific pathways to provide care and support up to the age of 25 where appropriate e.g. Eating Disorders, Neuro, Personality Disorders, Early Psychosis.	Amber	Investment		623,402			
	Transformation of CAMHS - CAMHS Waiting List	Two external providers have been procured to support Neuro waiting for assessment (Purple House	Amber	Investment		311,701			

Savings reference number	Project	Project Description	Deliverability Status	Saving/ Investment	Approved Saving 2022/23 £	Investment	Saving Delivered at Month 10 £	Projected Saving	Projected Shortfall 22/23 £
	Transformation of CAMHS - CAMHS Psyc Waiting List	Clinical Director & Senior Manager agreed plan in order to reduce access to Psychiatry. In addition to this, 3 non-medical prescribers have been trained and are prescribing for ADHD clinics.	Amber	Investment		366,707			
	Transformation of CAMHS - Out of Hours Unscheduled Care	Recruitment and implementation of a new service to provide support to children and young people on an unscheduled basis. CAMHS are being commissioned by Paediatrics to deliver this service via Scottish Government funds.	Amber	Investment		86,294			
	Transformation of CAMHS - CAMHS Intensive Home Treatment	Recruitment is ongoing. Accommodation required to house team together. Ongoing development of policies and procedures for team in alignment with partners agencies	Amber	Investment		14,752			
	Transformation of CAMHS - CAMHS Liaison		Amber	Investment		129,073			
	Primary Care Mental Health investment	Creation of a business case to deliver Mental Health to Primary Care over the next 4 years. Allocation of funds will be incrementally increased over the duration of the next four years. North leading for Ayrshire.	Green	Investment		261,159			
	Continued review of models of care at Woodland View	A particular focus on rehabilitation models of care for MH building on learning from Warrix Avenue. Development of a business case for ARBD is also underway. A test of change for ward 7B will be reported through this workstream.	Amber						
	Implementation of MAT standards	Programme of work to set up the systems required to report on Medical Assisted Treatment standards for Addictions. The programme will be run on a pan ayrshire basis led by North. The national direction was for this to be led by Public Health but they have not started any recruitment so North will take forward in the meantime.	Green	Investment					
	Complex Care Model - Independent living change fund	Recruit the Intensive Support Team agreed through this fund and monitor progress of assessments of out of area placements. A dynamic register should be developed and maintained which will feed into national data.	Amber	Investment		513,000			
	ACORN business model	Mental Health Rehabilitation service needing help to transition to a social enterprise. Now incorporated within Caring for Ayrshire.	Red	Saving	-		-	-	-
	Implementation of Trakcare Patient Management System in Community Services	Implementation of new information recording system for NHS to report on 18 weeks RTT. This will include development of new processes and transfer of data from current system to the new one. This will allow for better recording of clinical activity and inform future DCAQ work. Adult community mental health will go live first followed by other community teams currently utilising Access databases. A Pan Ayrshire referral management service will be set up to embed the	Green	Cost neutral					
	Implementation of Unscheduled Care	Part of the national redesign of urgent care work. The aim of the mental health project is to deliver an integrated system to support mental health and wellbeing by utilising existing mental health services and enhancing their pathways for unscheduled mental health presentations.	Green	Investment					

Savings reference number	Project	Project Description	Deliverability Status	Saving/ Investment	Approved Saving 2022/23 £	Investment	Saving Delivered at Month 10 £	Projected Saving	Projected Shortfall 22/23 £
Health and Community Care									
	TEC Solutions	To appoint a temporary 'Project Manager' post, who will oversee the procurement and installation of digital telecare	Green	Investment		50,000		-	-
	Analogue to Digital	Funding received for a Project Manager to manage the process of moving all services users from analogue to digital technology.	Amber	Investment		996,000			
SP/HSCP/20/17	Care at Home - Service Review	This project will incorporate the review of the care at home job role and any implications for service as a result as well as	Amber	Investment				-	-
	Hospital Team Model		Green						
	Arran Integrated Services model	Continue to work towards an Integrated Hub on Arran building on the frailty work and developing a single point of contact for all health and social care services. It is anticipated there will be a substantial amount of investment required and a business case will be developed.	Green						
	Primary Care Investment Fund	Remodel how we deliver primary care locally, ensuring that multi-disciplinary teams are available in each medical practice across North Ayrshire. This will help ensure that when needed local people will get the right care and support they need	Green	Investment					
	HSCP MDT - Community Health & Care	Implement HSCP MDTs across each of the localities to support GP practices and HSCP service coordinate care for those with the most complex needs. This approach will replace Older People Local Operational Teams.'							
	Develop Care at Home - Minimum data set	Scope all current recording processes for data and look to consolidate a dataset that can be used for all reporting needs.		Cost neutral					
	AHP Whole System redesign	Build on the learning from the recent AHP workforce exercise; to better understand the distribution and contribution of AHPs in health and care in North Ayrshire, to support future workforce planning that maximises this contribution for the benefit of the people of North Ayrshire.	Amber						
	Interim Beds	To utilise a one-off lump sum, provided by the Scottish Government, to provide interim beds, for a maximum of 6 weeks, for clients who will have an onward move to permanent care.	Green						

Savings reference number	Project	Project Description	Deliverability Status	Saving/ Investment	Approved Saving 2022/23 £	Investment	Saving Delivered at Month 10 £	Projected Saving	Projected Shortfall 22/23 £
Partnership Wide									
	Supported acc models - NAC housing/ Sleepover/ outreach model	Continue working with third sector providers to implement supported accommodation models in the community	Green	Saving				-	-
	SDS Review	Engage with all stakeholders to look at how we encourage a more innovative and person centred approach to SDS. Implement an SDS Review Learning Board to help progress.							
	Carers Review	Develop a resource release model for allocation of funds for carers as well as implement a short break service.	Amber	Saving			-	-	-
	Adult Complex Care Model - Call Monitoring	Review of call monitoring system for provision of adult community supports. This will include evaluation of current provision and development of a specification for future tender as the current contract is due to expire.							
	Implementation of Eclipse information system	Implementation of new information recording system for social care to replace Care First. This will include development of new protocols and transfer of data from current system to the new one.							
	Money matters and GP Practice Welfare Rights service	Facilitate the introduction of a money advise service available within GP practices.		Investment		78,000			
	Payroll Turnover Inflation	Monitor slippage through staff turnover with a view to meeting the savings target.		Saving	301,201		301,201	-	-
	Business Support Review (linked to Care at home review)	Scope and review the remit of the business support unit and how it could be adapted to the benefit of all HSCP teams.							
	North Elderly Mental Health inpatients (lead partnership)	Agree the spend going forward for the recurring savings achieved through bed retraction from Ailsa.		Saving	321,000		321,000	-	-
	HSCP Challenge Fund - invest to save	Monitoring of all projects approved through the Challenge Fund with a focus on invest to save ideas.							
	Transitions	Improve transition pathways from Childrens to Adult services as well as into older adults in order to improve outcomes for service users.							
	Caring for Ayrshire	The focus for Caring for Ayrshire is to bring a greater proportion of health provision into local communities. The Caring for Ayrshire work will ensure local GP practices are fit for purpose and have the capacity to host multi-disciplinary teams and meet local health and care needs.		Investment					
	Advocacy Strategy	Refresh of Advocacy strategy with a view to incorporating both adult and childrens services.		Cost neutral					

2022-23 Savings Tracker

Appendix C

North Ayrshire Health and Social Care Partnership 2022/23 Savings

Savings ref number	Description	Deliverability Status at budget setting	Approved Saving 2021/22 £m	Deliverability Status Month 10	Saving Delivered @ Month 10 £m	Projected to Deliver during Year £m	Projected Shortfall £m	Comment
1	Adoption Allowances	Amber	0.060	Red	-	0.060	-	Currently projecting an overspend.
TOTAL SOCIAL CARE SAVINGS			0.060		0.000	0.060	0.000	

Savings ref number	Description	Deliverability Status at budget setting	Approved Saving 2021/22 £m	Deliverability Status Month 10	Saving Delivered @ Month 10 £m	Projected to Deliver during Year £m	Projected Shortfall £m	Comment
2	Payroll Turnover Inflation	Green	0.302	Blue	0.302		-	Achieved
3	Elderly Mental Health inpatients (lead partnership)	Green	0.321	Blue	0.321	-	-	Achieved
TOTAL HEALTH SAVINGS			0.623		0.623	0.000	0.000	
TOTAL NORTH HSCP SAVINGS			0.683		0.623	0.060	0.000	

2022-23 Budget Reconciliation

Appendix D

COUNCIL	Period	Permanent or Temporary	£'m
Initial Approved Budget			116.017
Base budget adjustments	1		(0.046)
Uploaded Budget			115.971
Resource Transfer	1	P	26.228
Software Licences transfer to IT	3	P	(0.002)
Montrose Cleaning Post to Facilities Management	3	P	(0.014)
Software Licences transfer to IT	4	P	(0.003)
Summer of Play Funding from Education	5	T	0.056
Insurance – transfer to corporate	6	P	(0.075)
Software Licences transfer to IT	6	P	(0.006)
MARAC funding	6	T	0.009
Pay Award Funding	7	P	1.866
Commercial Waste - Corporate adjustment	7	P	0.013
Family Wellbeing Fund	7	T	0.959
Software Licences transfer to IT	7	P	0.001
DWP income re CHIS	9	P	0.008
Carer Support to Education	10	T	(0.020)
ADP Funding to Money Matters	10	T	0.098
Roundings			(0.002)
Budget Reported at Month 10			145.087

HEALTH	Period	Permanent or Temporary	£'m
Initial Approved Budget			163.988
Resource Transfer			(26.228)
Month 10-12 Adjustments			22.401
Adjust for Non-recurring funding			(22.408)
Full Year effect of Part Year Reductions			0.128
REVISED 22-23 BUDGET			137.881
Training Grade Adj – April	1	P	(0.064)
Vire No 2 - East to North CAMHS Admin	1	P	0.099
Band 2-4 SG Funding reduction	1	P	(0.007)
AHP Clinical Admin Budget Transfer	2	P	0.048
Dean Funding to Partnerships	2	P	0.085
Prescribing Uplift	2	P	1.631
Prescribing Cres	2	P	(0.715)
Prescribing out non schedule 5	2	P	(0.429)
Scottish Huntington's Post	3	P	0.014
Daldorch Income Shortfall	3	P	0.045
Community Store Contributions	3	P	(0.006)
Iona/Lewis Patient to South	3	T	(0.046)

Marie Curie contract uplift	3	P	(0.004)
Trakcare/Huntington's/ Daldorch	3	P	0.086
Staff Wellbeing Posts from OH&RD	4	P	0.193
Top Slicing Posts- Prescribing	4	P	(0.071)
Admin Post transferred to Medical Records	4	T	(0.034)
Naloxone for Police Scotland	4	T	0.026
Dean Funding	5	P	0.095
Rx Top Slicing to Pharmacy	5	P	(0.008)
Uplift DOAC (Direct Oral Anticoagulant) Rebate	5	P	0.06
Uplift CRES to Primary Care Rebate Scheme	5	P	0.068
Dysphagia Post	5	P	(0.021)
ADP PSST Support	5	T	0.008
CAMHS Liaison Funding	5	T	(0.350)
Specialist Pharmacist in Substance Misuse	6	T	0.012
BBV (Blood Borne Virus) Funding	6	T	0.242
Maternal and Infant Nutrition Allocation	6	T	0.020
Dean Funding Pay Award	6	P	0.061
GP Office 365 Upgrade	6	T	(0.137)
HD200 Drug Tariff Reduction 2022-23	7	P	(0.320)
Medical Pay Award 2.5% Top Up	7	T	0.170
Training Grades Reduction	8	P	(0.029)
Pulmonary Rehab Physio Monies	8	P	0.023
Franking transfer to Acute	8	P	(0.001)
AHP Clinical Admin to South HSCP	9	P	(0.021)
ADP Reduction	9	T	(0.324)
District Nursing Funding	9	T	0.037
A&E Liaison funding rtn'd to South/East ADP's	9	P	(0.139)
Prescribing Uplift	9	T	1.787
NSAIS - Revenue Costs	9	T	(0.014)
Revenue to Capital - North Bladder Scanners	9	T	(0.008)
HD342 VETERAN MENTAL HEALTH SUPPORT	9	T	0.105
HD336 LD HEALTH CHECKS	9	T	0.039
BUVIDAL FUNDING 8A PHARMACIST TO ACUTE	9	T	(0.014)
MDT Reduction	9	P	(0.006)
TEC Contribution	10	T	(0.053)
COVID Funding returned to the Scottish Govt	10	T	(8.263)
Mental Health After Covid	10	T	0.102
Diabetes Prevention	10	T	0.042
Roundings	10	T	0.003
Budget Reported at Month 10			131.898

COMBINED BUDGET MONTH 10	276.985
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Opening Reserves Position in Detail

Earmarked Funds	
: Alcohol & Drug Partnership	890
: Mental Health Action 15	511
: Primary Care Improvement Fund	1,856
: 21-22 Budget Gap	0
: Challenge Fund	500
: Community Living Change Fund	513
: Covid19 Funding	13,321
: Neighbourhood Networks	145
: Mental Health Officer Development Grant	41
: NAC Recovery and Renewal – Mental Health Element	71
: Joint Equipment	5
: Nethermain's Adaptations	40
: Supported Accommodation	50
: Care at Home Capacity	1,192
: Interim Care	1,046
: Trauma Training	50
: Trauma Trainer	48
: Family Wellbeing Fund	106
: Perinatal MH Nurse	65
: Unaccompanied Asylum-Seeking Children	11
: Multi-Disciplinary Teams	644
: Health Care Support Workers	144
: MH Recovery and Renewal	2,057
: Medical photography	4
: Data Sims	28
: School Nursing	56
: Buvidal	109
: AHP Winter Funding	51
: Perinatal and Infant Mental Health	86
: Cossette Funding	18
: Replacement Mattress Programme	78
: Expansion of Primary Care Estates	55
: GP Premises Improvements - tranches 1 and 2	81
: Mental Health Wellbeing in Primary Care	40
: Dental Practice Improvement	265
: Dental Winter Preparedness	128
Total Earmarked	24,305
Outstanding Debt	(2,321)
Unallocated General Fund	7,248
General Fund	29,232

Integration Joint Board 16th March 2023

Subject: **IJB 2023-24 Budget**

Purpose: To update the IJB on the financial position for the partnership for 2023-24, including the proposed delegated funding, service budget pressures, plans developed to set a balanced budget and the associated risks.

Recommendation: That the Board:
(a) approves the budget for 2023-24 for North Ayrshire Health and Social Care Partnership inclusive of all pressures, savings and reserves, noting that the funding position is subject to confirmation by NHS Ayrshire and Arran; and
(b) notes the risks associated with this budget.

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

1.	EXECUTIVE SUMMARY
1.1	The report outlines the funding allocations from North Ayrshire Council and NHS Ayrshire and Arran, the service pressures, resulting budget gap and the savings plan for 2023-24. The Council budget was set on 1st March and NHS AA will set their budget on 28th March; the funding assumption from NHS AA reflected in the report is based on the expected funding settlement and if this changes the plans for the IJB will require to be re-visited.
1.2	The Scottish Government finance settlement set out a number of conditions and requirements for Health Boards and Councils in relation to funding delegated to Integration Authorities. The delegated funding outlined in the report (indicative for NHS AA) meets those Scottish Government requirements.
1.3	The table below summarises the overall financial position for 2023-24:

		Social Care (NAC) £m	Health (NHS AA) £m	Total £m
	Scottish Government Funding Increase	(3.649)	(2.164)	(5.813)
	Service Pressures – App B	9.316	2.712	12.028
	Resource Transfer Inflation	(0.430)	0.430	-
	Budget Gap	5.237	0.978	6.215
	<i>Funded by:</i>			
	- Savings – App C	(4.021)	(0.942)	(4.963)
	(Surplus)/Deficit	1.216	0.036	1.252
	- Draw on Reserves	-	-	(1.252)
	Final Position	-	-	-
	As shown above, the approval of the savings plans included in Appendix C will not fully address the budget gap. There will be a requirement to draw £1.252m from the IJB reserves.			
1.4	A number of financial risk areas are highlighted in the report and the IJB are asked to note these at this stage; the IJB may be asked during 2023-24 to approve any appropriate action to mitigate or manage these areas. The main risks include the pending pay award for Local Government and NHS staff, the negotiated uplifts for the National Care Home Contract and ongoing overspends, particularly low-volume high-cost packages of care.			
1.5	The proposed integrated budget for the IJB is £323.619m (inclusive of the estimated Set Aside budget of £35.547m). A summary of the 2023-24 budget and net budget increase is detailed within Appendix A.			
1.6	The budget assumes that any ongoing Covid related costs during 2023-24 will not be funded by the Scottish Government and will need to be met from existing budgets.			
2.	BACKGROUND			
2.1	<p>The Integration Scheme outlines a process of planning for budgets in future years where the Chief Officer and the Chief Finance Officer develop the funding requirements for the Integrated Budget based on the Strategic Plan and present it to the Parties for consideration as part of the annual budget setting process. This includes consideration of pay awards, contractual uplifts, prescribing, resource transfer and ring-fenced funds.</p> <p>The Integration Scheme approved by Scottish Ministers states that following determination of the Council and NHS payments to the IJB, the IJB will refine its Strategic Plan to take account of the totality of resources available and there is an implicit requirement to set a balanced budget prior to the new financial year.</p> <p>The process as outlined in the Integration Scheme has been eroded in recent years with Scottish Government directives and expectations in relation to funding levels to be passed on to IJBs. Whilst the IJB are required to engage with the partner bodies in relation to budget pressures and savings, the overall funding allocation reflects an element of ring fencing and settlement conditions in relation to funding for IJBs.</p>			

2.2	NATIONAL POSITION – SCOTTISH GOVERNMENT FUNDING
2.2.1	<p>Scottish Government Medium Term Financial Strategy</p> <p>The Scottish Government published an updated Medium-Term Financial Strategy in May 2022 which covers the period to 2026-27. It compares the funding and spending scenarios to assess the scale of the challenge. It was published alongside the Resource Spending Review for the same time period.</p> <p>The Resource Spending Review sets out the multi-year spending envelopes across each of the Scottish Government spending portfolio areas.</p> <p>These were followed in December 2022 by the Scottish Budget for 2023-24 which sets out in more detail the Government's plans.</p> <p>The Scottish Budget for 2023-24 highlighted:</p> <ul style="list-style-type: none"> • Investment of over £1.7 billion in social care and integration and lays the groundwork for the introduction of the National Care Service. • The National Mission on drugs is supported by increased investment to £160 million, to reduce the avoidable harms associated with drugs and alcohol. • Investment of £290.2 million over the coming year to tackle CAMHS and psychological therapies, waiting times backlogs, and deliver improved community-based mental health and wellbeing support for children, young people and adults.
2.2.2	<p>Finance Settlement Conditions</p> <p>As part of the Scottish Government budget and finance settlement, funding letters were issued to NHS Boards and Councils; these detailed the requirements in relation to the level of funding to be delegated to IJBs in 2023-24 (copies in Appendix E).</p> <p>The specific requirements are as follows:</p> <ul style="list-style-type: none"> • In line with previous years, 2023-24 NHS payments to Integration Authorities for delegated health functions must deliver an uplift of 2% over 2022-23 agreed recurring budgets and make appropriate provision for 2023-24 pay. • The Health and Social Care Portfolio will transfer net additional funding of £95 million to Local Government to support social care and integration, which recognises the recurring commitments on adult social care pay in commissioned services (£100 million) and inflationary uplift on Free Personal Nursing Care rates (£15 million). This is offset by non-recurring Interim Care money ending (£20 million). • The overall transfer to Local Government includes additional funding of £100 million to deliver a £10.90 minimum pay settlement for adult social care workers in commissioned services, in line with Real Living Wage Foundation rate. • The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2022-23 recurring budgets for services delegated to IJBs and, therefore, Local Authority social care budgets for allocation to Integration Authorities must be at least £95 million greater than 2022-23 recurring budgets. <p>It is anticipated that the Scottish Government will again seek assurance from partnerships that funds are being spent in line with priorities and that funding conditions are being met.</p>

2.3	NORTH AYRSHIRE POSITION – PARTNER FUNDING																																										
2.3.1	North Ayrshire Council																																										
	<p>Based on the 2023-24 Finance Settlement, the Council confirmed a net contribution to the Partnership of £8.934m through its agreed budget and £8.111m of this was already allocated during 2022-23 resulting in a net increase of £0.823m. The Council have still to allocate the share of the Living Wage Funding of £2.826m but this is assumed taking the net Council increase to £3.649m.</p> <p>As a condition of the settlement, funding allocated to the IJB should be in addition to the 2022-23 recurring baseline position. A summary is noted below:</p> <table><tr><th>Description</th><th>All Scotland (£m)</th><th>NAC (£m)</th></tr><tr><td>Living Wage</td><td>100.000</td><td>2.826</td></tr><tr><td>Free Personal and Nursing Care</td><td>15.000</td><td>0.388</td></tr><tr><td>Interim Care</td><td>(20.000)</td><td>(0.551)</td></tr><tr><td>Whole Family Wellbeing Fund</td><td></td><td>0.954</td></tr><tr><td>Various adjustments</td><td></td><td>0.032</td></tr><tr><td>Per the HSCP budget plans</td><td></td><td>3.649</td></tr><tr><td>Reconciling Items to the Council Budget Paper</td><td></td><td></td></tr><tr><td>: Social Care Investment 22-23</td><td>200.000</td><td>5.600</td></tr><tr><td>: Adult Social Work Capacity 22-23</td><td>22.000</td><td>0.606</td></tr><tr><td>: Pro Rata Share SJC Payroll Funding 22-23</td><td></td><td>1.866</td></tr><tr><td>: Disability Payments Support 22-23</td><td></td><td>0.039</td></tr><tr><td>Less the Living Wage Funding for 2023-24</td><td></td><td>(2.826)</td></tr><tr><td>Per Council Budget paper</td><td></td><td>8.934</td></tr></table> <p>For years 2023-24 and 2024-25 the financial planning assumption of North Ayrshire Council is that, out with specific funding to be passed though by Scottish Government, that financial pressures facing the IJB will be fully met by savings, i.e. a flat cash financial settlement is assumed.</p>	Description	All Scotland (£m)	NAC (£m)	Living Wage	100.000	2.826	Free Personal and Nursing Care	15.000	0.388	Interim Care	(20.000)	(0.551)	Whole Family Wellbeing Fund		0.954	Various adjustments		0.032	Per the HSCP budget plans		3.649	Reconciling Items to the Council Budget Paper			: Social Care Investment 22-23	200.000	5.600	: Adult Social Work Capacity 22-23	22.000	0.606	: Pro Rata Share SJC Payroll Funding 22-23		1.866	: Disability Payments Support 22-23		0.039	Less the Living Wage Funding for 2023-24		(2.826)	Per Council Budget paper		8.934
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2.3.2	NHS Ayrshire and Arran																																										
	<p>The Scottish Government letter outlines the expectations in terms of resource for IJBs including a directive for a funding uplift to be applied; this is the same approach taken in 2022-23 and again is not the bottom-up approach outlined in the Integration Scheme.</p> <p>In relation to the Scottish Government directive, the elements which impact on the IJB Health funding allocation are noted below:</p> <ul style="list-style-type: none">NHS payments to Integration Authorities for delegated health functions must deliver an uplift of 2% over 2022-23 agreed recurring budgets.In additional there are monies for Primary Care, Waiting Times, MH and CAMHS, Trauma Networks and Drugs Deaths to be allocated in-year. We are currently awaiting further information on these allocations. <p>Discussions have taken place with Health Board colleagues in relation to the funding for 2023-24; there is an expectation that the Health Board plans will reflect the pass through of the 2% increase. The IJB will then plan to fund pressures and develop savings plans within the overall financial allocation. This has not been formally approved and the Health Board will meet on 28 March to set their budget, including</p>																																										

agreeing funding allocations for partnerships. If the Health Board decision does not reflect this position this will require to be updated and brought back to the IJB for further consideration.

Assuming the 2% Health Board uplift is passed through to the IJB there has been a determination of the value of the uplift on that basis. The Health Board will delegate each IJB a budget based on a delegated service basis; the position in this report reflects the position on a managed basis as this is the position delegated to the North partnership to financially manage. The Ayrshire Finance Leads have agreed the reconciliation of the uplift and pressures from an IJB to managed basis.

The baseline budget requires to be appropriately adjusted to not apply the uplift where:

- There are significant in-year allocations of funding, as these allocations do not form part of the Health Board baseline funding to which the annual uplift is applied, for example Action 15 Mental Health funding.
- There are separate risk sharing arrangements in place, e.g. prescribing.
- There is a separate uplift basis other than the general board uplift, e.g. GMS.

The determination of the appropriate baseline budget to apply the uplift has been agreed with the Ayrshire Finance Leads and the Health Board Director of Finance.

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

	£m	
2022-23 Budget	164.579	As per period 10 monitoring report adjusted for non-recurring budget transfers.
<i>Less:</i>		
In-year allocations	(7.024)	Including Action 15, Mental Health Bundle, District Nurses, Veterans, ADP, Winter Plan, CAMHS Improvement Funding Streams.
Risk Sharing	(30.413)	Prescribing
Different Uplift	(18.917)	General Medical Services (GMS)
Revised Baseline	108.225	
2% Uplift	2.164	

The expectation is that on a managed basis a baseline funding uplift of £2.164m will be passed through to the IJB from the Health Board.

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

- The IJB can manage the budget process in terms of developing pressures and savings (including providing for those pressures not planned to be funded by partners), providing greater transparency and governance re decision making.
- Allows resource to be allocated by the IJB in line with the priorities in the Strategic Plan.
- Allows the SG directive to be followed, not only in terms of application of the uplift but also in terms of priority areas to be protected (e.g. Mental Health and Drug and Alcohol services).
- Facilitates the ongoing in-year management of the IJB financial position in relation to the funding and budget being managed on an integrated way to deliver financial balance.

	<ul style="list-style-type: none"> • Supports future years planning and the development of a Medium-Term Financial Outlook, supporting an earlier approach to financial planning and an integrated approach to distribution of resource. • Aligns with the proposals in the review of integration for budget planning and resource delegation for IJBs.
3.	PROPOSALS
3.1	2022-23 FINANCIAL POSITION
	<p>The overall projected outturn position for 2022-23 as at period 10, is a projected year-end underspend of £1.181m. This excludes any underspends on funds that will require to be earmarked in reserves for use in future years. The underspend position is likely to be sustained until the financial year end.</p> <p>The main areas of pressure for the core budget during 2022-23 are learning disability care packages, residential placements for children, supplementary staff in wards and Unplanned Activities (UnPACs) within the lead partnership for mental health.</p> <p>The £1.486m planned repayment for the debt owed to North Ayrshire Council was increased to £2.321m to allow the debt to be fully repaid during 2022-23. The increased payment was funded by a transfer of budget from North Ayrshire Council so there was no detriment to the IJB financial position.</p> <p>The savings plan for 2022-23 anticipates that a total of £0.623m of savings will be delivered in-year, with £0.060m of savings relating to adoption allowances not achieved. The review of allowances is complete, but the benefit will not be realised until future years as the changes will apply to future cases.</p> <p>Some of the 2022-23 projected overspends will continue into 2023-24. The main areas of risk for this are:</p> <ul style="list-style-type: none"> • Children's residential placements – projected 2022-23 overspend of £3.196m. • LD care packages - based on the 2022-23 projection, an estimated overspend of £0.451m in community care packages, £0.282m in direct payments and £0.147m for residential placements. • UnPACs – projected to overspend by £1.320m in 2022-23 based on current placements but there is an additional £0.600m invested in 2023-24. <p>Services continue to work on plans to reduce the recurring overspends. If these cannot be contained within the overall final 2023-24 outturn position a recovery plan will be developed and the free general fund reserve may be required to underwrite the financial risk, noting that the UnPACs overspend is part of the Lead Partnership for Mental Health services.</p>
3.2	2023-24 REVENUE BUDGET PLANS
	<p>The NAHSCP 2023-24 integrated budget is expected to be £288.072m (excluding Set aside) and £323.619m (including Set Aside budget of £35.547m).</p> <p>A summary of the 2023-24 total budget and net funding increase is detailed within Appendix A. The pressures and savings are detailed separately in Appendices B and C respectively. Sections 3.2.1 to 3.2.4 provide an overview of the pressures and savings.</p>

3.2.1

BUDGET PRESSURES

Service cost and demand pressures are detailed within Appendix B.

Total net budget pressures for health and social care services total £12.028m. These have been developed in partnership, with finance supporting front line services to identify current and emerging financial pressures, considering historic demand and costs and potential future variations.

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

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

Category	Social Care (NAC)	Health (NHS A&A)	TOTAL
	£m	£m	£m
Pay pressures	2.217	1.477	3.694
Demand and Transition Pressures	1.131	-	1.131
Contract Inflation	3.096	-	3.096
Pan Ayrshire Pressures	-	0.635	0.635
PPE	0.200	-	0.200
Care at Home	1.881	-	1.881
Free Personal and Nursing Care	0.388	-	0.388
Lead Partnership Pressures	-	0.600	0.600
Removal of the Interim Care Funding	(0.551)	-	(0.551)
Whole Family Wellbeing Fund	0.954	-	0.954
Total New Pressures	9.316	2.712	12.028

A 3% provision for the pay award for Social Care and a 2% provision for Health staff is provided for in the budget pressures. These assumptions reflect those made by the partner bodies in their budget planning. If actual pay settlements are higher than this and no additional funding is provided to the IJB then this will present a risk to the financial position both in-year and recurrently.

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

Pan Ayrshire pressures include a number of areas relating to cost increases and in particular introduce funding for the following services:

Adult Tier 3 Weight Management Service (£0.155m) – this is the North Ayrshire contribution towards the establishment of a pan-Ayrshire multi-disciplinary team to deliver an adult Tier 3 specialist weight management service. This will provide assessment, input, and support for those with more complex nutritional, psychological

	<p>and physical needs relating to obesity and ensure that NHS Ayrshire and Arran complies with the national standards.</p> <p><u>Integrated Infant Feeding Team</u> (£0.057m) – this team has been supported on a pilot basis by Scottish Government funding, but this will expire at the end of March 2023. This investment will support the continuation of the project, which has demonstrated a successful increase in breastfeeding rates and the consequential impact on the health and wellbeing of mothers and their babies, to expand the peer support service to all breastfeeding mothers in Ayrshire, and to continue to deliver the Bump Buddies initiative.</p>																				
3.2.2	LIVING WAGE																				
	<p>The Living Wage will increase from £10.50 per hour to £10.90 per hour from April 2023.</p> <p>There has been political agreement nationally that this uplift will be applied in the same way as the £10.50 uplift in April 2022. This will mean a 3.8% uplift will be applied to a set percentage (national weighting) of contract values, in line with the average full workforce costs for residential and non-residential services. A separate agreed weighted percentage has been set for Personal Assistants who are paid directly through SDS Option 1 budgets.</p> <p>After the weightings are applied this will increase the hourly rates being paid to providers and self-directed support recipients as follows:</p> <table><tr><th></th><th>2022-23 Rate Per Hour</th><th>2023-24 Rate Per Hour</th><th>% Increase</th></tr><tr><td>Care at Home & Housing Support</td><td>£19.35</td><td>£20.00</td><td>3.33%</td></tr><tr><td>Sleepovers</td><td>£12.77</td><td>£13.32</td><td>4.35%</td></tr><tr><td>Personal Assistant Day Time Hourly Rate</td><td>£14.16</td><td>£14.65</td><td>3.43%</td></tr><tr><td>Personal Assistant Sleepover Hourly Rate</td><td>£13.19</td><td>£13.64</td><td>3.43%</td></tr></table>		2022-23 Rate Per Hour	2023-24 Rate Per Hour	% Increase	Care at Home & Housing Support	£19.35	£20.00	3.33%	Sleepovers	£12.77	£13.32	4.35%	Personal Assistant Day Time Hourly Rate	£14.16	£14.65	3.43%	Personal Assistant Sleepover Hourly Rate	£13.19	£13.64	3.43%
	2022-23 Rate Per Hour	2023-24 Rate Per Hour	% Increase																		
Care at Home & Housing Support	£19.35	£20.00	3.33%																		
Sleepovers	£12.77	£13.32	4.35%																		
Personal Assistant Day Time Hourly Rate	£14.16	£14.65	3.43%																		
Personal Assistant Sleepover Hourly Rate	£13.19	£13.64	3.43%																		
3.2.3	BUDGET GAP																				
	<p>A summary of the budget gap and overall savings requirement is outlined below:</p> <table><tr><th></th><th>Social Care (NAC) £m</th><th>Health (NHS AA) £m</th><th>Total £m</th></tr><tr><td>Scottish Government Funding Increase</td><td>(3.649)</td><td>(2.164)</td><td>(5.813)</td></tr><tr><td>Service Pressures</td><td>9.316</td><td>2.712</td><td>12.028</td></tr><tr><td>Resource Transfer Inflation</td><td>(0.430)</td><td>0.430</td><td>-</td></tr><tr><td>Budget Gap</td><td>5.237</td><td>0.978</td><td>6.215</td></tr></table>		Social Care (NAC) £m	Health (NHS AA) £m	Total £m	Scottish Government Funding Increase	(3.649)	(2.164)	(5.813)	Service Pressures	9.316	2.712	12.028	Resource Transfer Inflation	(0.430)	0.430	-	Budget Gap	5.237	0.978	6.215
	Social Care (NAC) £m	Health (NHS AA) £m	Total £m																		
Scottish Government Funding Increase	(3.649)	(2.164)	(5.813)																		
Service Pressures	9.316	2.712	12.028																		
Resource Transfer Inflation	(0.430)	0.430	-																		
Budget Gap	5.237	0.978	6.215																		
3.2.4	BUDGET SAVINGS																				
	<p>Savings in relation to NAC and NHS commissioned services are detailed within Appendix C. The savings are RAG rated informed by an overall assessment of the ease of delivery and the impact on services, indicating an overall risk of deliverability.</p>																				

RAG Deliverability Status	Social Care (NAC) £m	Health (NHS A&A) £m	Total £m
Red	-	-	-
Amber	1.945	0.642	2.587
Green	2.076	0.300	2.376
TOTAL	4.021	0.942	4.963

The IJB are recommended to approve the savings proposals. The approval of the savings plans included in Appendix C will not fully address the budget gap so there will be a requirement to draw £1.252m from the IJB reserves.

3.2.5 LEAD PARTNERSHIP MENTAL HEALTH SERVICES

The North partnership lead on acute and specialist Mental Health services across Ayrshire and therefore require to ensure that the services have plans to balance the budget moving into 2023-24. We have developed plans to ensure that lead partnership Mental Health services are sustainable and are not impacted by pressures elsewhere in services.

The overall position for the lead partnership element of the North managed budget is summarised below:

	£m
2022-23 Baseline Budget	54.112
2% Baseline funding uplift	1.082
Pay Pressures	(0.874)
Demand Pressures	(0.600)
Budget Gap/Savings Requirement	(0.392)
Savings – Payroll Turnover	0.392
Net position	-

The appropriate share of funding increases, pressures and savings has been included here. These are detailed elsewhere in the report.

3.3 ACUTE SET ASIDE BUDGET

The Scottish Government's Health and Social Care Medium Term Financial Framework refers to system reform assumptions including material savings to be achieved from reducing variation in hospital utilisation across health and social care partnerships, with assumed efficiencies from reduced variation in hospital care coupled with 50% reinvestment in the community to sustain improvement. Furthermore, the Ministerial Strategic Group for Health and Community Care Review of Progress with Integration of Health and Social Care contained the proposal that delegated hospital budgets and set aside requirements must be fully implemented. Each Health Board, in partnership with the Local Authority and IJB, must fully implement the delegated hospital budget and set aside budget requirements of the legislation, in line with the statutory guidance published.

The full implementation of the set aside arrangements is key to delivering this commitment to planning across the whole unplanned care pathway and partnerships must ensure that set aside arrangements are fit for purpose and enable this approach.

	<p>This has not been achieved in Ayrshire and Arran during the current financial year as the priority was the response to Covid-19 and the remobilisation of services. However preparatory work is underway with NHS AA and the other Ayrshire partnerships to progress and develop the set aside arrangements to fully implement the legislative requirement. This includes arrangements in relation to the use of Directions, Commissioning Plans and overall progression towards Fair Share allocations of resources.</p> <p>The budget for set aside resources for 2023-24 is £35.547m. This is based on the 2023-23 figure of £34.850m inflated by the 2023-24 uplift of 2%. This may require to be updated following the further work being undertaken by the Ayrshire Finance Leads to establish the baseline resources for each partnership and how this compares to the Fair Share of resources. It is anticipated that 2022-23 will be used as a shadow year for these arrangements. A further update will be provided to IJBs as this work progresses.</p>
3.4	FINANCIAL RISKS
	<p>There are a number of ongoing financial risk areas that may impact on the 2023-24 budget during the year, these include:</p> <ul style="list-style-type: none"> • Current high levels of inflation which impact on costs incurred directly by the Partnership and on our partner providers • High risk areas of low volume / high-cost services areas e.g. Children's residential placements, Learning Disability care packages and complex care packages; • Progress with the work to develop set aside arrangements and the risk sharing arrangements agreed as part of this. • Ongoing implementation costs of the Scottish Government policy directives • Lead / hosted service arrangements, including managing pressures and reporting this across the 3 IJBs. • The impact on Lead Partnership and acute services from decisions taken by other Ayrshire areas. • The Covid recovery process including the ability to change and improve services following learning from the Covid response. • The impact and implementation of the National Care Service. • The Local Government and NHS pay awards are not settled for 2023-24 and negotiations are ongoing; as outlined in the report the risk is mitigated for the social care workforce by providing for a 3% increase and for NHS it is anticipated that additional funding would be allocated if the pay award settlement is higher than the current assumption. • National Care Home Contract increases are subject to ongoing negotiation. <p>These risks will be monitored during 2023-24 and financial impact reported through the financial monitoring report.</p>
3.5	IJB RESERVES
	<p>The IJB is established as a Local Government body therefore has the ability to hold reserve balances. Reserve balances are held as part of an approach to good financial management, the purpose of reserves is as follows:</p> <p>a) As a working balance to help cushion the impact of uneven cash flows;</p> <p>b) As a contingency to manage the impact of unexpected events or emergencies; and</p>

- c) As a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities.

The balance of reserves should be considered as part of the budget setting process. The IJB has a reserves policy in place which outlines an optimum value of reserves to be held uncommitted in contingency, this is currently set as 2% to 4% of net expenditure, based on the lower value this would be around £5.761m.

The position in the North Ayrshire IJB was unique in that we held a negative reserve balance which has accumulated from previous year overspends, the negative reserve balance was offset by a debtor on the balance sheet reflecting the debt due to North Ayrshire Council. The £1.486m planned repayment for the debt owed to North Ayrshire Council was increased to £2.321m to allow the debt to be fully repaid during 2022-23. The increased payment was funded by a transfer of budget from North Ayrshire Council so there was no detriment to the IJB financial position.

In addition, the projected outturn position at period 10 for the IJB is a year-end underspend of £1.181m, with further detail on this included in the financial management report.

The IJB reserves position is summarised in the table below.

	General Fund Reserves		Earmarked Reserves			Total
	Debt to NAC	Free GF	SG Funds	Non-SG Funds	HSCP Funds	
	£m	£m	£m	£m	£m	
Opening Balance - 1 April 2022	(2.321)	7.248	23.106	0.699	0.500	29.232
Debt Repayment	2.321	-	-	-	-	2.321
In year transactions	-	(0.800)	(8.263)	-	-	(9.063)
Net amount due from East and South			1.583			1.583
Estimated use of reserves during 2022-23	-	-	(8.224)	(0.549)	-	(8.773)
2022-23 Projected Underspend	-	-	-	-	1.181	1.181
Draw on reserves to balance the 23-24 budget	-	-	(1.177)	(0.075)	-	(1.252)
Estimated Closing Balance – 31 March 2023	-	6.448	7.025	0.075	1.681	15.229
Estimated use 2023/24	-	-	(6.263)	(0.075)	(1.681)	(8.019)
Estimated use 2024/25	-	-	(0.762)	-	-	(0.762)

These balances will be adjusted after the year-end to reflect the actual use of reserves during 2022-23 and the updated carry forward position.

The 2021-22 budget established a challenge fund reserve of £0.5m to assist the HSCP with developing longer term plans for delivering savings and service improvement. The allocation and assessment of this funding would be determined by the PSMT with reporting of progress through the financial monitoring report to the IJB. There has been no spend against this in 2022-23 and the funding will continue to be earmarked

	<p>for this purpose. It is anticipated that this funding will be required to support the service re-design for the children's houses in 2023-24.</p> <p>The IJB are asked to support earmarking of the 2022-23 in-year underspend to be held in a reserve to support service transformation to assist with the delivery of efficiencies that will reduce costs in future years; this will include any costs associated with Voluntary Early Release (VER) of staff. Further detail on the use of this fund will be reported to the IJB through the 2023-24 monitoring reports.</p> <p>The projected 'free' general fund balance of £6.448m is proposed to be held as a contingency balance, this equates to around 2.2% of the IJB budget for 2023-24 and meets the lower target of 2%. The final position for reserves will be outlined in the year-end outturn report in June 2023 and in the Annual Accounts. Any movement in the year-end outturn position will be adjusted in the free general fund balance.</p>
4.	<u>Anticipated Outcomes</u>
	<p>There are a number of outcomes anticipated in relation to the 2023-24 Budget:</p> <ul style="list-style-type: none"> • The proposed plans will deliver a balanced budget for 2023-24. • Financial resources will be effectively targeted to improve the health and care outcomes for the people of North Ayrshire. • The level of free general fund reserves and earmarked resources for service investment provides confidence re the financial sustainability of the IJB. • Transformational Change for financial and service sustainability will feature at the forefront of the IJB and NAHSCP agenda throughout 2023-24 and beyond. • The pan-Ayrshire work will provide further clarity on the use of resources and how we work together this move towards Fair Shares, this will facilitate improved reporting during 2023-24.
5.	<u>Measuring Impact</u>
	<ul style="list-style-type: none"> • Full year financial outturn forecasts will be compiled monthly with variance analysis and relevant explanations. • Regular financial review sessions will be undertaken with the Director, all Heads of Service and relevant senior managers in NAHSCP to ensure timely action is being taken where needed to stay within budgets. • Regular financial performance reports will be presented to the IJB to ensure it is kept fully informed of performance and importantly any major areas of concern requiring corrective action. • The Transformation Board will meet regularly to review progress with savings and any corrective action required to bring any plans back online. • Monthly monitoring and progress of all savings will be undertaken and reported on alongside budgetary performance, with any projects delivering adversely versus the agreed plans being highlighted at the earliest opportunity and having corrective action agreed accordingly.
6	IMPLICATIONS
Financial:	<p>It is essential that the IJB and NAHSCP operate within the 2023-24 delegated budget, this is supported by approving a balanced budget before the new financial year.</p> <p>The report outlines estimated delegated funding and the pressures required to be met from within the overall integrated budget. It is estimated there is a requirement to deliver £4.963m of savings during 2023-24 alongside dealing with a number of other known pressures</p>

	<p>and the risk of managing fluctuating demand for services. The plans outlined in the report allow for a one-year balanced position to be approved.</p> <p>The estimates are based on a robust understanding of the additional resources available, the risks and challenges faced by the Partnership and the anticipated budget pressures.</p> <p>Appendix A shows the total 2023-24 IJB Budget</p> <p>Appendix B shows the proposed service pressures.</p> <p>Appendix C shows the proposed savings.</p> <p>Appendix D shows the NHS baseline uplift for 2023-24 on a managed basis.</p> <p>Appendix E shows the Scottish Government Finance Settlement letters.</p>										
Human Resources:	There will be full consultation with the Trade Unions as appropriate.										
Legal:	The IJB has an implicit obligation to funding partners to set a balanced budget prior to the start of the new financial year. The financial position and funding as detailed out would result in both partners complying with the Scottish Government directives re delegated funding for Integration Authorities.										
Equality:	<p>Equality Impact Assessments (EIAs) are undertaken for all savings proposals. Of the 15 proposals, some were pulled together into joint assessments where it was appropriate to do so. This accounts for the three proposals in relation to Payroll Turnover and the two proposals relating to Respite Provision. In total 12 Equality Impact Screening assessments were complete. Of those 4 required to progress to full assessment. There are:</p> <table border="1"> <thead> <tr> <th>Savings Ref</th><th>Savings Description</th></tr> </thead> <tbody> <tr> <td>2*</td><td>Deliver the Strategic Plan objectives for Older People's Residential Services - Reduction in Care Home Places</td></tr> <tr> <td>3*</td><td>Care Home Respite</td></tr> <tr> <td>6*</td><td>Trindlemoss pool running costs</td></tr> <tr> <td>15</td><td>Reprovisioning of Continuing Care beds</td></tr> </tbody> </table> <p>Three* identified areas that will possibly lead to adverse impacts on service users. However, the outcome in the assessments still reflect that the proposals should still proceed.</p> <p>Full assessments are available should IJB members wish to view these.</p>	Savings Ref	Savings Description	2*	Deliver the Strategic Plan objectives for Older People's Residential Services - Reduction in Care Home Places	3*	Care Home Respite	6*	Trindlemoss pool running costs	15	Reprovisioning of Continuing Care beds
Savings Ref	Savings Description										
2*	Deliver the Strategic Plan objectives for Older People's Residential Services - Reduction in Care Home Places										
3*	Care Home Respite										
6*	Trindlemoss pool running costs										
15	Reprovisioning of Continuing Care beds										
Children and Young People	Approval of relevant pressures will allow continued and greater investment in early intervention and prevention in relation to children and young people, hence reducing the future likelihood of the need for care in institutional settings.										

Environmental & Sustainability:	There are no environmental and sustainability implications.
Key Priorities:	The 2023-24 budget proposals support delivery of the HSCP Strategic Plan Priorities.
Risk Implications:	Failure to operate within the delegated budget would impact on the overall financial sustainability and credibility of the partnership.
Community Benefits:	Effective delivery of services as per the 2023-24 budget and associated plans should allow key strategic priorities to be met which should maximise benefits for the North Ayrshire community as a whole, but also benefit those areas of the community most in need.

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

7.	CONSULTATION
7.1	The budget plans detailed in this report have been produced in consultation with relevant budget holders, the NAHSCP Senior Management Team and IJB members. The funding assumptions align with information shared and agreed with the Directors of Finance for NAC and NHS AA.
8.	CONCLUSION
8.1	The plans outlined in the report support the IJB to approve a balanced budget for 2023-24. The IJB are recommended to approve the budget for 2023-24 inclusive of all related pressures, savings and reserves. The IJB may be asked to re-visit plans if the Health Board delegated funding changes from that outlined in the report.

For more information please contact:

Paul Doak, Head of Finance and Transformation at pdoak@north-ayrshire.gov.uk or Eleanor Currie, Principal Manager – Finance at eleanorcurrie@north-ayrshire.gov.uk

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Appendix A

**North Ayrshire Health and Social Care Partnership
2023-24 Total Budget**

	NAC £m	NHS AA £m	Total £m
Baseline Budget	117.759	164.500	282.259
Baseline Funding Increase	-	2.164	2.164
SG Funding Adjustment	3.649	-	3.649
2022-23 Budget excluding set aside	121.408	166.664	288.072
Draft set aside budget	-	35.547	35.547
2022-23 Budget including set aside	121.408	202.211	323.619

North Ayrshire Health and Social Care Partnership

2023-24 Budget Pressures

	Social Care £m	Health £m	TOTAL £m	
Pay Award	2.217	1.477	3.694	Provision of 2% for NHS and 3% provision for NAC/Social Care staff.
Demographic Pressures:				
: Physical Disabilities	0.166	-	0.166	Historic increase in PD care packages.
: Learning Disabilities (Older Clients & Carers)	0.271	-	0.271	Historic increase in LD care packages, increase in client base due to support being provided due to inability for familial care supports not able to continue or at the same level.
Transitions of Care:				
: Learning Disability	0.612	-	0.612	Known individuals planned to transition from children's to adult services.
: Mental Health	0.082	-	0.082	Known individuals planned to transition from children's services or a hospital setting to adult services.
Contract Inflation:				
: Contract Inflation	3.096	-	3.096	Inflation increase for payments to care homes, real living wage provision and other contract inflation.
Lead Partnership Pressures				
: UnPACS	-	0.600	0.600	Demand Pressure
Pan Ayrshire Pressures				
: Office 365	-	0.150	0.150	Contribution towards the O365 project.
: Community Equip Store	-	0.019	0.019	Contribution to increased equipment costs.
: Continence Supplies	-	0.033	0.033	Contribution to increased supplies costs.
: Adult Tier 3 Weight Management	-	0.155	0.155	Contribution to the project.
: Child Death Overview Lead Post	-	0.014	0.014	Contribution to the post.
: Integrated Infant Feeding Team	-	0.057	0.057	Contribution to the project.
: Prison / Police Custody Contract	-	0.022	0.022	Contribution to the contract inflation increase.
: Appropriate Adult Service	-	0.002	0.002	Contribution to the contract inflation increase.
: NEST Admin Support	-	0.010	0.010	Contribution to the post.
: TEC	-	0.022	0.022	Contribution to the project.
: Orthotics	-	0.011	0.011	Contribution to the project.
: Substitute Prescribing - MAT Standards	-	0.073	0.073	Contribution to the demand and cost increase.
: Foxgrove	-	0.067	0.067	Contribution to the project.
Other Areas				
: PPE	0.200		0.200	Increased PPE costs which are no longer funded by Covid funding.
: Care at Home Staff	1.881		1.881	Increased costs following the Care at Home review.
: Interim Care	(0.551)		(0.551)	Removal of the Interim Care funding.
: Free Personal and Nursing Care (FPNC)	0.388		0.388	To meet the cost of the FPNC rates.
: Whole Family Wellbeing Fund	0.954		0.954	Funding for the project
TOTAL PRESSURES 2023-24	9.316	2.712	12.028	
: Resource Transfer Inflation	(0.430)	0.430	-	Inflationary increase to historic resources passed from health to community services when hospital beds are decommissioned and to Integration funding.

Appendix C

North Ayrshire Health and Social Care Partnership

2023-24 Savings

Savings ref number	Description	Deliverability Status at budget setting	2023/24 Saving	Description of the Saving
Children, Families & Criminal Justice				
1	Staffing reconfiguration - children & families	Amber	273,000	Review staffing provision within children's houses with the saving phased over 2023/24 and 2024/25 – 50/50
Community Care & Health				
2	Deliver the Strategic Plan objectives for Older People's Residential Services - Reduction in Care Home Places	Amber	1,000,000	Month 10 placements are 762 and are projected to rise to 770 by the year end. The budget for 23/24 would fund an average 780 places at the current split of nursing/residential (60/40). This reflects reduced demand and investment in CAH to support more people at home. Implications – possible use of waiting list to manage numbers.
3	Care Home Respite	Amber	560,000	All respite care to be provided in-house at Anam Cara and Montrose House and any use of other respite provision funded via Carers budget. Implications – reduction in use of other care homes for respite places
4	Montrose House Capacity	Green	210,000	Amend registration from 30 beds to 20 beds across 2 staffed wings. This will be supported by introduction of intermediate care beds at Arran War Memorial Hospital.
5	Reconfigure respite provision at Anam Cara	Amber	112,000	The service is currently relocated to Taigh Mor (8 beds) on a temporary basis and this proposal would reduce capacity from 14 beds to 9 beds in one wing when it reverts to Anam Cara.
Mental Health				
6	Trindlemoss pool running costs	Green	85,000	Trindlemoss Pool has never opened due to ongoing maintenance issues. The historic budgeted running costs are £0.085m but it is expected actual costs would be much higher. The pool will not open and alternative therapies will be provided e.g. bounce therapy.
7	Trindlemoss Day Care	Green	168,932	Trindlemoss day opportunities staffing was restructured during 2021/22 and 2022/23. This saving has already been achieved and will remove the additional staffing budget.
8	Intermediate Placement Scheme - cessation of service	Green	30,000	The contract has ceased and will not be renewed.
Other Areas				
9	Carers Act Funding - Substitution of Spend	Green	500,000	There is a plan in place to invest across carer service contract, preparation of carer plans, short breaks and other support to carers. This proposal will invest £0.500m in contributions to Red Rose House, Roslin House, Anam Cara, waiving of charges and day services.
10	Payroll Turnover - increase to target (social care)	Green	1,000,000	22/23 Month 10 – projecting turnover savings £4.414m v target £2.014m resulting in a projected overachievement of target in 22/23 of £2.4m. Saving based on less than 50% of this year's overachievement
11	Income Generation - 5% Increase to fees and charges	Green	46,600	Implement a 5% increase to fees and charges and a 5% increase to the maximum charge. The impact will be limited where service users are already paying the maximum charge. Social care charges are means-tested with the exception of community alarms
12	Staffing Reconfiguration - Finance and Transformation	Green	35,000	Saving released through management and admin structure change

TOTAL SOCIAL CARE SAVINGS **4,020,623**

Health:

Savings ref number	Description	Deliverability Status at budget setting	Approved Saving 2023/24 £m	Description of the Saving
13	Payroll Turnover - Health Lead Partnership	Green	392,245	22/23 Month 10 – projecting turnover savings £2.182m v target £0.481m resulting in a projected overachievement of target in 22/23 of £1.701m. The saving is based on less than 25% of this year's overachievement
14	Payroll Turnover - Health Non Lead Partnership	Green	250,000	22/23 Month 10 – projecting turnover savings £1.789m v target £1.183m resulting in a projected overachievement of target in 22/23 of £0.606m. The saving is less than 50% of this year's overachievement.
15	Reprovisioning of Continuing Care beds	Amber	300,000	Currently provided through Cumbrae Lodge Care Home in Irvine but the provider does not want to continue to provide the service. Plans are being developed to relocate the service to Taigh Mor in Beith with an anticipated saving of £0.3m.

TOTAL HEALTH SAVINGS **942,245**

TOTAL NORTH HSCP SAVINGS **4,962,868**

NHS Ayrshire and Arran 2% Baseline Uplift 2023-24

	East	North	South	Total
Base budgets by IJB	205,654,273	164,578,522	97,522,512	467,755,307
Primary Medical Services	(29,973,461)	(18,917,262)	(18,880,953)	(67,771,676)
Less Action 15		(2,623,619)		(2,623,619)
District Nurse Posts	(117,809)	(132,167)	(110,395)	(360,371)
Perinatal and Infant Mental Health Services		(302,991)		(302,991)
Funding uplift for Alcohol and Drug Partnerships	(326,117)	(364,842)	(304,743)	(995,703)
School Nurse commitment Tranche 1	(135,341)	(151,835)	(126,824)	(414,000)
CAMHS improvement - Intensive Psychiatric CareUnits		(121,697)		(121,697)
CAMHS improvement - Intensive Home TreatmentTeam		(147,512)		(147,512)
CAMHS improvement - LD, Forensic and Secure		(51,629)		(51,629)
CAMHS improvement - Out of Hours unscheduled care		(86,294)		(86,294)
CAMHS improvement - CAMHS Liaison Teams		(129,073)		(129,073)
CAMHS improvement - Neurodevelopmental		(225,693)		(225,693)
Mental Health Outcomes Framework		(1,492,428)		(1,492,428)
Tranche 2 - Family Nurse Partnership			(210,000)	(210,000)
Less COVID-19	0	0	0	0
Schedule 5 devolved prescribing	(25,682,061)	(30,412,505)	(24,220,396)	(80,314,962)
East Lead Prescribing	(2,178,123)			(2,178,123)
Less East Central FHS	(58,543,815)			(58,543,815)
Long COVID support fund				0
Naloxone for Police Scotland		(25,948)		(25,948)
Primary Care Improvement Fund - Tranche 1	(4,088,679)			(4,088,679)
Improvement to SARCS	(47,500)			(47,500)
Family Nurse Partnership - Tranche 1			(1,682,478)	(1,682,478)
GDS element of the Public Dental Service	(2,037,750)			(2,037,750)
Integration Authorities - Multi-disciplinary Teams	(696,000)	(828,000)	(750,000)	(2,274,000)
Funding for band 2-4	(454,496)	(340,555)	(283,949)	(1,079,000)
Dental Health Support workers and OH	(233,739)			(233,739)
Combat Stress	(1,424,090)			(1,424,090)
				-
Revised HSCP Baseline	79,715,292	108,224,472	50,952,773	238,892,537
Uplift 2%	1,594,306	2,164,489	1,019,055	4,777,851

SCOTTISH GOVERNMENT FUNDING LETTERS



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Chief Executives, NHS Scotland

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

Issued via email

15th December, 2022

Dear Chief Executives

Scottish Government Budget 2023-24

Following the announcement of the Scottish Government's Budget for 2023-24 by the Deputy First Minister in Parliament today, I am writing to provide details of the indicative funding settlement for Health Boards. A breakdown of this is provided in **Annex A** to this letter.

The Deputy First Minister has set out this budget in the context of the current cost of living crisis and funding parameters set by the Chancellor of the Exchequer in November 2022. This budget sets out the next steps to deliver the Health and Social Care commitments outlined in the Programme for Government, taking into account the current economic environment and recent Emergency Budget Review.

As in previous years, the position will be subject to any amendments agreed through the Scottish Parliament's Budget Bill process, as well as recognising the further work that we will undertake with you specifically in relation to Covid-19 and pay funding arrangements. I will keep you up to date with any changes to our planning assumptions.

Budget Uplift

Compared to 2022-23 budgets, Boards will receive a total increase of 5.9% for 2023-24. This includes recurring funding for pay in 2022-23 and a baseline uplift of 2% for 2023-24. Within this total, those Boards furthest from NRAC parity will receive a share of £23.2 million, which will continue to maintain all Boards within 0.8% of parity.

In terms of pay, given the challenging and uncertain outlook for inflation, the need to conclude some pay deals for the current year and the associated implications for spending baselines, the Government has not set out a public sector pay policy alongside the 2023-24 Budget and we will say more on 2023-24 pay (covering Agenda for Change and other staff groups) at an appropriate point in the new year. As part of Boards recurring adjustments for 2022-23, amounts have been included based on pay offers for Agenda for Change and Medical and Dental staffing in 2022-23. The Agenda for Change pay deal remains subject to agreement, and we will work with Directors of Finance to finalise this position once the outcome is known. I will write to Boards in 2023 to confirm finalised baseline budgets following the conclusion of this work.

Health & Social Care Levy Funding

I can confirm that the £69.1 million allocated in 2022-23 to support Boards with the costs of the additional National Insurance levy in 2022-23 will remain with Boards. Following the change in policy by UK Government, this funding is not ringfenced and it is to be determined locally how this resource is utilised.

Covid-19 Funding

Whilst the scale of Covid-19 costs has reduced significantly in 2022-23 and projected to reduce further in 2023-24, we recognise that there are specific legacy costs that will require additional funding support in the new financial year. This includes funding for:

- Vaccinations staffing and delivery;
- Test & Protect activities including Regional Testing facilities;
- Additional PPE requirements; and
- Some specific Public Health measures.

Following today's budget we will seek to provide early clarity as to the total funding to be provided to support these costs. However, beyond the above, NHS Boards and Integration Authorities should expect to meet remaining costs from baseline funding and should continue to drive these costs down as far as possible.

Policy Funding

In addition to the baseline uplift outlined, funding aligned to policy commitments and recovery of health and social care services will be allocated to Boards and Integration Authorities in 2023-24. It is our intention to provide early indication of allocations, where possible, and to align this to the planning guidance that will be issued in relation to Annual Delivery Plans, setting out the priorities for health and social care in the coming year.

Recognising the level of funding that is provided through in-year non-recurring allocations, and to maximise flexibility in delivery, we intend to review funding arrangements ahead of 2023-24. As part of this work, we will seek to bundle and baseline funding where this is appropriate. We will work closely with both Territorial and National Boards to establish a suitable approach.

Health and Social Care Integration

In line with previous years, 2023-24 NHS payments to Integration Authorities for delegated health functions must deliver an uplift of 2% over 2022-23 agreed recurring budgets and make appropriate provision for 2022-23 pay.

The Health and Social Care Portfolio will transfer net additional funding of £95 million to Local Government to support social care and integration, which recognises the recurring commitments on adult social care pay in commissioned services (£100 million) and inflationary uplift on Free Personal Nursing Care rates (£15 million). This is offset by non-recurring Interim Care money ending (£20 million).

The overall transfer to Local Government includes additional funding of £100 million to deliver a £10.90 minimum pay settlement for adult social care workers in commissioned services, in line with Real Living Wage Foundation rate.

The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2022-23 recurring budgets for services delegated to IJBs and, therefore, Local Authority social care budgets for allocation to Integration Authorities must be at least £95 million greater than 2022-23 recurring budgets.

Capital Funding

The Health Capital settlement for 2023-24 is in line with the expectations of the Capital Spending Review. Therefore I can confirm that Boards' Capital Resource Limit will be in line with that for 2022-23, plus additional funding will be provided for legally committed projects. The capital programme and commitments is subject to ongoing review by the National Infrastructure Board and the Capital Investment Group, and Boards will be advised at the earliest opportunity on any further allocations for projects in development during 2023-24.

2023-24 Financial Planning

As previously confirmed, where Boards are indicating that financial support is required in 2022-23, we have asked Boards to submit financial recovery plans in the new year, setting out a return to financial balance in the next three years. I expect that Boards are taking proactive steps to develop these plans.

We will be requesting that financial plans for 2023-24 are submitted in the new year and will be issuing guidance to this effect shortly. As noted in my letter on 12 September, all Boards are expected to be engaging with the Sustainability and Value (S&V) programme, reflecting this work at a local level to support delivery of a cost reduction target of 3% per annum and productivity and related improvements in line with the four aims. The S&V board is now meeting regularly as are the working groups taking forward specific ideas. Value propositions have been set out to bring various elements of this work together which will be shared in due course.

Longer term work is required as we move out of recovery, towards transformation and renewal of our health services to deliver world-class, safe, person-centred, and sustainable healthcare for the people of Scotland. This will build on and prioritise specific areas of work in a joined-up way, whilst working in parallel to develop longer term transformation and renewal of our health services.

It is clear that there is significant financial challenge in 2023-24 and we will continue to work closely with Chief Executives to address this. I thank you again for your support to date and your continued engagement moving into the next financial year.

Yours sincerely

A handwritten signature in black ink, appearing to read 'R McCallum', with a long horizontal stroke extending to the right.

Richard McCallum
Director of Health Finance and Governance

Annex A – Board Funding Uplifts

	2022-23 Allocation	Recurring Allocations*	22-23 Pay**	Total 2022-23 Allocation	Uplift***	2023-24 Total Allocation	Uplift from 2022-23	NRAC Funding	Distance from NRAC Parity	HSC Levy Funding (retained by Boards) ****	Uplift from 2022-23 (inclusive of HSC Levy)
	£m		£m	£m	£m	£m		£m	%	£m	%
NHS Territorial Boards											
Ayrshire and Arran	806.8	(0.6)	27.4	833.5	16.7	850.2	5.4%	0.0	-0.4%	4.4	6.0%
Borders	234.8	(0.1)	8.0	242.6	6.0	248.6	5.9%	1.1	-0.8%	1.3	6.5%
Dumfries and Galloway	334.1	(0.2)	11.3	345.3	6.9	352.2	5.4%	0.0	1.9%	1.8	6.0%
Fife	749.4	(0.5)	25.5	774.3	16.5	790.8	5.5%	1.0	-0.8%	4.0	6.1%
Forth Valley	598.1	(0.3)	20.3	618.1	13.0	631.1	5.5%	0.6	-0.8%	3.2	6.1%
Grampian	1,072.2	(0.9)	36.4	1,107.7	22.2	1,129.9	5.4%	0.0	-0.4%	5.8	6.0%
Greater Glasgow and Clyde	2,504.0	(1.4)	85.0	2,587.6	51.8	2,639.4	5.4%	0.0	1.7%	13.6	6.0%
Highland	725.6	(0.5)	27.8	752.9	15.3	768.2	5.9%	0.2	-0.8%	3.9	6.4%
Lanarkshire	1,346.8	(0.8)	45.7	1,391.8	32.3	1,424.1	5.7%	4.5	-0.8%	7.3	6.3%
Lothian	1,639.3	(1.3)	55.7	1,693.7	49.6	1,743.3	6.3%	15.7	-0.8%	8.9	6.9%
Orkney	57.1	(0.1)	1.9	59.0	1.2	60.2	5.5%	0.1	-0.8%	0.3	6.0%
Shetland	57.0	0.0	1.9	59.0	1.2	60.1	5.5%	0.0	2.3%	0.3	6.1%
Tayside	856.5	8.7	29.1	894.3	17.9	912.2	6.5%	0.0	-0.7%	4.7	7.1%
Western Isles	84.5	(0.0)	2.9	87.3	1.7	89.0	5.4%	0.0	11.5%	0.5	6.0%
Territorials Total	11,066.1	2.0	379.0	11,447.1	252.2	11,699.2	5.7%	23.2		60.0	6.3%
NHS National Boards											
National Waiting Times Centre	68.1	0.0	6.2	74.3	1.5	75.8	11.3%			0.9	12.8%
Scottish Ambulance Service	305.9	5.6	16.2	327.7	6.6	334.2	9.3%			2.0	10.0%
The State Hospital	40.0	0.0	1.7	41.7	0.8	42.5	6.3%			0.3	7.0%
NHS 24	78.4	5.5	5.0	88.9	1.8	90.7	15.7%			0.7	16.7%
NHS Education for Scotland	492.3	1.4	13.8	507.5	10.1	517.6	5.1%			2.8	5.7%
NHS National Services Scotland	355.3	5.6	10.4	371.2	7.4	378.6	6.6%			1.5	7.0%
Healthcare Improvement Scotland	30.4	1.1	1.4	32.9	0.7	33.6	10.4%			0.2	11.0%
Public Health Scotland	52.1	0.2	3.5	55.8	1.1	56.9	9.3%			0.7	10.8%
Nationals Total	1,422.6	19.5	58.0	1,500.1	30.0	1,530.1	7.6%			9.1	8.3%
Total NHS Boards	12,488.7	21.5	437.0	12,947.2	282.2	13,229.3	5.9%			69.1	6.5%

* Includes recurring allocations from 2021-22

** Includes estimated funding for Agenda for Change and Medical & Dental pay uplift in 2022-23.

*** Includes NRAC parity adjustments.

**** Included in Boards 2022-23 Baseline Budgets



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Councillor Morrison
COSLA President
Verity House
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EH12 5BH

Copy to: Councillor Steven Heddle
The Leaders of all Scottish local authorities

15 December 2022

Dear Shona,

Today I formally set out the Scottish Government's proposed Budget for 2023-24 in a statement to the Scottish Parliament. I write now to confirm the details of the local government finance settlement for 2023-24.

As discussed when I met with you, the Resources Spokesperson, and Group Leaders on 1 December, we are facing the most challenging budget circumstances since devolution. This is primarily due to over a decade of austerity eroding financial settlements from Westminster, compounded by the impact of Brexit and the disastrous mini-budget. Scottish and local government are experiencing unprecedented challenges as a result of the UK Government's economic mismanagement, resulting in rising prices and soaring energy bills, with inflation estimated to be running at a 41 year high of 11.1% at the time of the Chancellor's Autumn Statement.

My Cabinet colleagues and I have engaged extensively with COSLA Leaders and spokespersons over the course of the year and there is collective understanding that this economic context is also having a significant impact upon local authorities. Councils, like the Scottish Government and rest of the public sector, are working hard to support people through the cost crisis. In this regard we are hugely grateful to councils for their hard work and we fully appreciate that no part of public life has been immune from taking deeply difficult decisions to live within the current fiscal reality.

I have already taken the unprecedented step of making a statement to Parliament to reprioritise over £1.2 billion of funding as part of my Emergency Budget Statement. Despite the scale of that challenge the Scottish Government actively chose to protect Councils during

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that exercise and increased the funding available to councils whilst most other portfolios were required to make significant savings.

The Scottish Government's revenue raising powers offer limited flexibility to deal with challenges of this magnitude. I wrote to the Chancellor on 19 October to highlight the impact of inflation on the Scottish Government's budget and to call for additional funding to help us deal with these inflationary pressures and to support public services.

As we face these challenges, and in the absence of meaningful change in direction by the UK Government, we need to work together to ensure that we deliver for people within the financial constraints we have. I very much welcomed the open discussion on 1 December about how we focus our efforts on our shared priorities, and to that end we are offering to jointly develop an approach to working within this budget which delivers our ambitions.

The Local Government Settlement

Before turning to that offer, I will first set out how I have sought to support local government through the budget itself.

The Resource Spending Review guaranteed the combination of General Revenue Grant and Non-Domestic Rates Income at existing levels between 2023-24 and 2025-26 including the baselining of the £120 million that was added in Budget Bill 2022-23. The Budget delivers those commitments in full, despite the fact that the UK Government's Autumn Statement reversed their previous position on employer National Insurance Contributions resulting in negative consequential. This decision has conferred around £70 million of additional spending power for local government.

The difficult decisions in the Emergency Budget Statement provided one-off additional funding to support enhanced pay deals for local government staff. We recognise the role that increasing pay for local authority employees, especially those on lower incomes, plays in helping more people cope with the cost crisis, but the fact remains that every additional pound we spend on recurring pay deals, must be funded from elsewhere within the Scottish Government budget. I therefore hope that councils will welcome the fact that the budget baselines the additional £260.6 million allocated in 2022-23 to support the local government pay deal and also delivers additional funding to ensure that payment of SSSC fees for the Local Government workforce will continue to be made on a recurring basis.

Despite the challenging budget settlement I have sought to increase funding as much as I can. I have been able to increase General Revenue Grant by a further £72.5 million, taking the total increase to over £550 million. I have also ensured that we have maintained key transfers worth over £1 billion and added a further £102 million of resource to protect key shared priorities particularly around education and social care.

The Resource Spending Review also confirmed the outcome of the 2021 Capital Spending Review and this has been supplemented by £120.6 million mentioned as part of the support to the local government pay deal plus a further £50 million to help with the expansion of the Free School Meals policy.

With regards to that wider settlement, we are providing £145 million to be used by councils to support the school workforce. The Cabinet Secretary for Education and Skills has written separately to COSLA on this matter.

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I am also very grateful for the work undertaken through the Early Learning and Childcare Finance Working Group to develop and scrutinise detailed analysis of the delivery costs for the 1140-hour commitment. This is crucial to ensuring we meet our shared commitment to providing transparency and value for money in a significant programme of public sector investment. The Early Learning and Childcare settlement for 2023-24 takes account of significant declines in the eligible population in recent years and makes provision for important policy and delivery priorities based on feedback from COSLA and local government colleagues.

As set out in separate detailed communications, the Health and Social Care Portfolio will transfer net additional funding of £95 million to Local Government to support social care and integration, which recognises the recurring commitments on adult social care pay in commissioned services (£100 million) and inflationary uplift on Free Personal Nursing Care rates (£15 million). This is offset by the non-recurring interim care money ending (£20 million).

The overall transfer to Local Government includes additional funding of £100 million to deliver a £10.90 minimum pay settlement for adult social care workers in commissioned services, in line with Real Living Wage Foundation rate.

The funding allocated to Integration Authorities should be additional and not substitutional to each Council's 2022-23 recurring budgets for services delegated to IJBs and therefore, Local Authority social care budgets for allocation to Integration Authorities must be at least £95 million greater than 2022-23 recurring budgets.

The consolidation of funding into the new £30.5 million homelessness prevention fund not only reflects the importance local and national government jointly place on homelessness prevention and earlier intervention, but also simplifies the homelessness funding landscape. This provides more flexibility for council and greater clarity for citizens who want to understand how national and local government are working jointly to improve outcomes.

In total, including the funding to support the devolution of Empty Property Relief, the budget increases the local government settlement by over £550 million relative to the Resource Spending Review position.

I am conscious of the position you set out to me, and the challenges which councils will still face, like all parts of the public sector, in meeting current and emerging demands from within this budget. Therefore, I am offering to continue to work with you with real urgency in the coming weeks to determine how we might jointly approach these challenges and ensure sustainable public services to support our shared priorities now and in the future.

Delivering for People and Communities by Working Together Flexibly

Through the Covid Recovery Strategy, Scottish Government and Local Government, committed to work together to address the systemic inequalities made worse by Covid, to make progress towards a wellbeing economy, and accelerate inclusive person-centred public services.

We must sustain this focus on the outcomes we care most deeply about, in particular:

- i) tackling child poverty,

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- ii) transforming the economy to deliver net zero, and
- iii) sustaining our public services.

No single part of the public service landscape can deliver these outcomes alone. We need to work in partnership to deliver outcomes for people and places across Scottish and local government as our two spheres of government, recognising our joint accountability for change. Local service providers have the critical relationships with people and communities and must be empowered and enabled to organise services around their needs, rather than the funding stream, policy area or body delivering. By doing so, we will collectively reduce complexity and barriers for people, deliver improved outcomes and reduce inequalities among communities in Scotland, and enable the fiscal sustainability of key public services.

Strong local leadership will make this approach work in practice, supported by a national vision and learning from good practice. Community Planning Partnerships are the mechanism in which we need to see a collective and intensive effort to align available resources into prevention and early intervention focused on delivering shared outcomes for people and place. Local authorities have the leading, critical role in CPPs, but CPPs also involve a range of public bodies which must play their part, alongside local third sector and community bodies.

The Scottish Government is committed to building trust and maximising benefits for our citizens and communities. We will act to:

- align budgets to maximise impact on outcomes;
- remove barriers which hinder flexibility in funding, and in the design and delivery of services around people, helping to embed the service changes flowing from this;
- require our partner public bodies and agencies to work collaboratively within CPPs to deliver shared outcomes, take action to address local priorities and align local funding, this will be supported by our Place Director network;
- enable third sector partners to participate and contribute in local plans, including through flexible funding.

Local authorities are key partners in this endeavour. Through COSLA, we will invite local authorities to work with us to:

- prioritise spending to agreed key outcomes for which we are jointly accountable, with clarity as to the way in which we will work together to secure and measure success;
- ensure that joint plans of activity across Community Planning Partnerships can deliver those outcomes in a way which reflects the needs of a local communities, and to robustly account for delivery of these plans;
- share resources across CPPs to deliver these activities in whatever way is most effective;
- continue to share and learn from best practice nationally and locally to embed person centred approaches that work for individuals and communities, and reduce barriers and duplication in our joint systems.

We will seek to agree jointly how to put this commitment into operation practically over the coming months and to develop robust assurance that demonstrates delivery of critical priorities and reform. We need to be data driven and transparent, reflecting the accountability which comes with responsibility. Scottish and Local Government need to agree metrics and mechanisms for monitoring impact and outcomes, so that intervention and resource can be

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targeted where it is most needed to secure improvement. This will include seeking to reduce unnecessary reporting.

This approach is aimed at building trust and relationships and as well as adopting it through this budget, it will be reflected in the partnership agreement that will underpin the New Deal for Local Government set out in the Resources Spending Review. In order to offer flexibility across funding and work towards removal of ring fencing, the Scottish Government will need clear commitment from local government about delivery of agreed joint outcomes.

The Cabinet Secretary for Social Justice, Housing and Local Government would welcome an initial discussion on this when you meet next week at the Strategic Review Group, in order to pave the way for work at pace among our officials.

Non-Domestic Rates and Other Local Taxation Measures

As Leaders will be aware, the 1 April 2023 marks the date of the next Non-Domestic Rates revaluation, and the first to reflect the reforms introduced by the independent Barclay Review of Non-Domestic Rates. These reforms, including the move to three-yearly revaluations and a one-year tone date, will ensure that property values more closely align with prevailing property market conditions in Scotland.

The Budget freezes the poundage and acknowledges the impact of the revaluation by introducing a number of transitional reliefs to ensure that any properties which see significant increases in their rates liabilities following the revaluation do so in a phased manner. The Barclay Review also recommended a number of reforms to the Non-Domestic Rates appeals process which are critical to ensuring the deliverability of the three-yearly revaluation.

The new two-stage appeals process will commence on 1 April 2023 alongside the transfer of functions of Valuations Appeals Committees to the Scottish Courts and Tribunals Service. The Non-Domestic Rates (Scotland) Act 2020 and subsequent regulations have, amongst other things, provided Assessors and Councils with greater information-gathering powers and have also increased the transparency of the process for ratepayers including, for the first time, the provision of draft values on 30 November 2022. These reforms are intended to reduce the reliance on the formal appeals process to deliver accurate rateable values and the Act also provided a legal basis for the pre-agreement of values.

Many of the reforms of the Barclay Review seek to incentivise behaviour changes to deliver a more effective and efficient system. Reflecting the ability to pre-agree values and the importance of building resilience in the new appeals system to support the transition to more frequent revaluations, Ministers plan to make administrative changes to the funding treatment of appeals associated with public sector bodies, including councils.

The current system essentially sees the public sector challenge other parts of the public sector with private sector advisor fees effectively extracting resources from public services. The conclusion of the process determines funding allocations outside the remit of the annual budget framework with successful public bodies benefiting financially to the detriment of other ratepayers and public services. The volume of public sector appeals also serves to delay access to justice for other appellants.

Ministers do not believe that this offers value for money for the public. Whilst the right to propose and appeal will remain, to incentivise the use of the pre-agreement powers and

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discourage the continued reliance on the formal appeals process, from 1 April 2023, all bodies, including councils, who receive their funding through the Scottish Government budget process, will see the financial incentive for proposing and appealing removed.

Where a property occupied by a public body is subject to a successful proposal or appeal, the financial benefit from the reduction in rateable value will result in a downward re-determination of revenue allocations at a subsequent fiscal event. On this basis, Ministers will be encouraging all public bodies to begin the process of pre-agreement with their local assessors ahead of 1 April 2023 to ensure that values are accurate prior to the start of the revaluation and that this approach be adopted by default for future revaluations.

The Non-Domestic Rates (Scotland) Act also had the effect of abolishing Empty Property Relief as agreed with the Scottish Green Party a part of the 2019-20 Budget process. Unoccupied properties will therefore be liable for full rates from 1 April 2023 if relief is not available under a local scheme. To effectively devolve responsibility for the relief and provide greater fiscal empowerment for council, as agreed by the Settlement and Distribution Group, the budget provides an additional £105 million of General Revenue Grant, significantly more than the cost of maintaining the national relief in light of the subsequent decision to freeze the poundage.

In addition, following consultation with members of the Institute of Revenues, Rating and Valuation, we will bring forward regulations intended to empower councils to tackle rates avoidance more effectively. In combination, the funding transfer and the proposed new powers will provide significant additional fiscal flexibility to councils to administer support for unoccupied properties in a way that is tailored to local needs.

Furthermore, I can confirm that the Scottish Government will not seek to agree any freeze or cap in locally determined increases to Council Tax, meaning each council will have full flexibility to set the Council Tax rate that is appropriate for their local authority area. I do hope that councils will reflect carefully on the cost pressures facing the public when setting council tax rates.

We are also committed to expanding councils' ability to raise additional revenues and discussions among our respective officials have commenced to identify a structured approach to future potential local taxes. At the same time, councils now have the power to establish local workplace parking levy schemes and our work to introduce a local visitor levy bill in this parliamentary session is on track.

Finally, I am conscious that, while it is not directly applicable to Local Government pay negotiations, many stakeholders have used Public Sector Pay Policy as a reference point in previous years. For this reason, I feel it is important to highlight to you that we have taken the decision not to announce pay uplifts or publish a Public Sector Pay Policy for 2023-24.

There are a number of reasons for this, not least among them the desire to approach pay negotiations differently for 2023-24, the imperative for reform and the need to ensure the sustainability of public sector pay and workforce arrangements. This does not change our view that our job in the midst of a cost crisis is not to press down on pay, particularly the most vulnerable. We will be sharing further guidance in relation to 2023-24 pay at an appropriate point in the new year which is likely to be considered by Trade Union colleagues relevant in Local Government pay negotiations, if you agree I will ask my officials to engage

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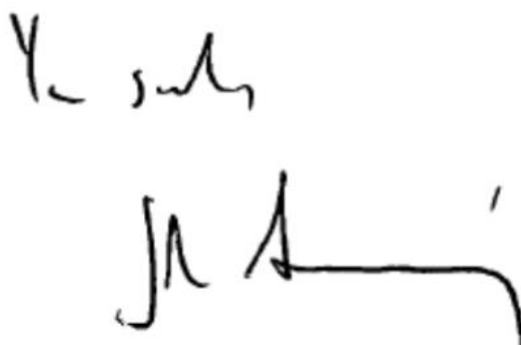


with COSLA officers as this develops to determine if you might wish to formally endorse or adopt it.

I am under no illusions about the challenging fiscal environment we face across all of our public services over the next few years but I have sought to protect the local government settlement as far as possible with an overall settlement of over £13.2 billion. The budget goes significantly beyond the commitments made in the Resource Spending Review. It provides substantive additional funding and it does not pass on the negative consequential for employer national insurance contributions resulting from of the Autumn Statement. Importantly, it provides a number of fiscal and policy flexibilities. Alongside the settlement, I hope my offer to build on the Covid Recovery Strategy will be warmly and urgently received, to enable us to make urgent progress on the New Deal.

I want us to work in partnership, to build on the Covid Recovery Strategy and agree an approach which improves delivery of sustainable public services, designed around the needs and interests of the people and communities of Scotland, at its heart.

I would welcome confirmation that you are supportive of the proposed joint work outlined above and I look forward to working with COSLA and Leaders in the months ahead to deliver on our shared priorities.



JOHN SWINNEY

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DIRECTION

Reference No.			
From	North Ayrshire Integration Joint Board		
To	NHS Ayrshire & Arran		
	Local Authority		
	Both		✓

1.	IJB Report Reference	<i>Include hyperlink to report.</i>	
2.	Date Direction Issued by IJB	16/03/2023	
3.	Date Direction takes effect	01/04/2023	
4.	Does this direction supercede, amend or revoke a previous direction – if yes, include the reference numbers(s)	Yes	
		No	✓
5.	Description of services/functions covered by the direction	All services delegated to the North Ayrshire Integration Joint Board via the approved Integration Scheme.	
6.	Full text of direction	North Ayrshire Council and NHS Ayrshire and Arran are to note the balanced budget position and plans approved by North Ayrshire IJB on 16 th March 2023 for the financial year 2023-24. Partners should use resources available to invest in pressures as noted in Appendix B (totalling £12.028m) and the savings approved by the IJB (totalling £4.963m), as noted in Appendix C of the report.	
7.	Budget allocated by Integration Joint Board to carry out direction	The Partnership budget for 2023-24 totals £323.619m – which consists of £202.211m NHS Ayrshire and Arran (including estimated set aside of £35.547m) and £121.408m North Ayrshire Council.	
8.	Review/Monitoring Arrangements	Performance will be monitored through the routine budget monitoring process, including any in-year changes to the funding from North Ayrshire Council and NHS Ayrshire and Arran.	
9.	Date of Review of Direction (if applicable)	August 2023 (following first financial monitoring report to IJB).	
10.	Lead Partnership Arrangements	The budget includes all pan-Ayrshire services delegated to and managed by North Ayrshire under the Mental Health lead partnership arrangements.	

Integration Joint Board 16th March 2023

Subject :	Medium-Term Financial Outlook 2023-2026
Purpose :	To make IJB aware of the projected medium-term financial outlook for the period to 31 st March 2026.
Recommendation :	That IJB notes the Medium-Term Financial Outlook.

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

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
MTFO	Medium Term Financial Outlook

1.	EXECUTIVE SUMMARY
1.1	This Medium-Term Financial Outlook (MTFO) covers the three-year period 2023-2026. The annual budget for 2023-24 is also on the agenda for this meeting for IJB approval.
1.2	The MTFO looks at the range of factors which influence the financial planning of the Integration Joint Board.
1.3	A range of possible scenarios for the financial position in 2024-25 and 2025-26 are considered based on the information currently available. This helps to identify the financial challenges which will be faced by the IJB, enabling the IJB to see the impact of current and future decisions on its medium-term financial health.
2.	BACKGROUND
2.1	North Ayrshire Integration Joint Board (NAIJB) has responsibility for planning how community health and social care services are delivered across North Ayrshire. It does this by directing North Ayrshire Council and NHS Ayrshire and Arran to work together to deliver integrated services through the Health and Social Care Partnership.

2.2	A Medium-Term Financial Outlook (MTFO) is a critical part of the strategic planning process. The financial context for public services remains very challenging and so it is vital that the IJB's strategic ambitions are set against the financial resources which are anticipated to be available.
2.3	This MTFO covers the three-year period 2023-2026. The annual budget for 2023-24 is also on the agenda for this meeting for IJB approval.
2.4	<p>There are a range of factors which influence the financial planning of the IJB. These are considered through the MTFO and include the following:</p> <ul style="list-style-type: none"> • Demographic changes • Local priorities • Workforce challenges • The UK and Scottish Economy • Policy and Legislation • Cost and demand pressures • Available funding
	Local Context
2.5	<p>Our Strategic Needs Assessment details a range of demographic and health factors which will see growing demand for services:</p> <ul style="list-style-type: none"> • Decreasing and ageing population • High deprivation • Long-term health conditions which increase in older people • Unplanned and emergency admissions to hospital which increase in older people • Increasing mental health concerns • Higher than average numbers of Looked After and Accommodated Children
2.6	The IJB faces workforce challenges with an ageing workforce and already there are difficulties in recruiting to certain job roles. There is a reducing working age population and a national shortage of appropriately trained staff for particular professions.
	The UK and Scottish Economies
2.7	The economy continues to face challenges with funding pressures for the public sector, high inflation and the complexities caused by Brexit and the Covid pandemic. This will impact on the funding available for Health and Social Care, and a range of possible scenarios from the Scottish Government Medium Term Financial Strategy are outlined in section 3 of the MTFO.

	Policy and Legislation
2.8	The IJB requires to deliver on a range of national and local priorities and demonstrate that it has made progress in shifting the balance of care towards more community-based settings. In addition, the National Care Service will represent a huge change in how the IJB operates in the coming years.
2.9	Set against all of this, Health and Social Care is a clear priority for the Scottish Government, and this may result in additional financial support, although this will undoubtedly come with additional cost commitments to deliver new policies.
	Cost and Demand Pressures
2.10	Pressures fall largely into three categories: price inflation, demographic change and non-demographic change. Cost pressures have been identified by the Partnership totalling £10.447m for 2024/25 and £11.030m for 2025/26 and are reflected in the financial modelling within the MTFO.
	Funding
2.11	A detailed funding settlement for 2023/24 has been received through the Scottish Budget. There remains a lack of certainty around the levels of funding for 2024/25 (year 2) and 2025/26 (year 3), although the Scottish Government published its Resource Spending Review through to financial year 2026/27 and this provides a high-level indication of funding for each spending portfolio.
	Medium-term Financial Outlook
2.12	Three scenarios have been developed for years 2 and 3 which align to the Scottish Government Medium-term Financial Strategy – best-case, medium-case and worst-case.
2.13	<u>Best-Case Scenario</u> – this assumes a 5% increase in funding per annum for Social Care, in line with the Scottish Government commitment to a 25% increase over the lifetime of the current Parliament. A 4% increase per annum has been assumed for Health funding, which is also in line with the Government commitment to a 20% increase in frontline health spending over the lifetime of the current Parliament.
2.14	<u>Medium-Case Scenario</u> – this assumes funding increases in line with the Health and Social Care Portfolio figures used in the Resource Spending Review (published May 2022). For 2024/25 this equates to an increase of 2.54% and for 2025/26 an increase of 3.01%.
2.15	<u>Worst-Case Scenario</u> – this assumes a flat cash settlement for both Social Care and Health across both years.

2.16	Against each of the three scenarios, sensitivity analysis has been used to demonstrate what the impact would be in 2023/24 and 2024/25 if the funding was to increase or decrease by 5% or 10%.
2.17	For 2024-25, the forecast budget gap ranges from a deficit of £1.140m in the best-case scenario to a shortfall of £5.854m in the medium-case and a shortfall of £11.699m in the worst-case. These figures are after adjusting for the saving of £1.252m which was planned on a non-recurring basis for 2023/24 through the use of reserve balances.
2.18	The most likely position is considered to be somewhere between medium and worst case which would suggest there could be a shortfall in the region of 2.0% to 4.1% of the Partnership budget to address for 2024-25.
2.19	For 2025-26, the forecast budget gap ranges from a breakeven position in the best-case scenario, to a shortfall of £3.876m in the medium-case and a shortfall of £11.031m in the worst-case.
2.20	The most likely position is currently considered to be somewhere between medium and worst case which would suggest there could be a shortfall in the region of 1.3% to 3.8% of the Partnership budget to address for 2025-26. This also assumes that all savings for 2024-25 will be delivered on a recurring basis and there is no requirement to use reserves.
3.	PROPOSALS
3.1	It is proposed that the IJB notes the Medium-term Financial Outlook and the potential financial position in years 2 and 3.
3.2	<u>Anticipated Outcomes</u>
	<p>The development of the Medium-term Financial Outlook provides key information on the possible financial position of the IJB over the next three years.</p> <p>It identifies the financial challenges which will be faced by the IJB enabling the IJB to see the impact of current and future decisions on its medium-term financial health.</p> <p>The MTFO will also be used to identify pressure points and inform decisions which are required to ensure the Partnership remains financially sustainable.</p>
3.3	<u>Measuring Impact</u>
	The IJB receives in-year financial monitoring reports which assist with monitoring the financial position and addressing any concerns. The MTFO will support the development of future annual budgets.

4.	IMPLICATIONS
4.1	<u>Financial</u> The Medium-term Financial Outlook outlines potential funding and expenditure scenarios for 2023-26, identifying possible budget gaps for each financial year.
4.2	<u>Human Resources</u> None.
4.3	<u>Legal</u> The IJB requires to agree a balanced budget each financial year and a Medium-term Financial Outlook helps to support that requirement in future years.
4.4	<u>Equality/Socio-Economic</u> Equality Impact Assessments are carried out as necessary in relation to any new savings proposals.
4.5	<u>Risk</u> The report falls in line with the agreed risk appetite statement which is a low -risk appetite in respect to adherence to standing financial instructions, financial controls and financial statutory duties and a high -risk appetite in relation to finance and value for money.
4.6	<u>Community Wealth Building</u> None.
4.7	<u>Key Priorities</u> A Medium-term Financial Outlook helps to support the delivery of the Strategic Plan 2022-2030.
5.	CONSULTATION
5.1	No consultation has been required in the preparation of this report.

Caroline Cameron, Director

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Appendices

- Medium Term Financial Outlook 2023-26



*Delivering care
together*

North Ayrshire Health and Social Care Partnership

Medium Term Financial Outlook

2023-2026

MEDIUM TERM FINANCIAL OUTLOOK 2023-2026

1 Introduction

- 1.1** North Ayrshire Integration Joint Board (NAIJB) has responsibility for planning how community health and social care services are delivered across North Ayrshire. It does this by directing North Ayrshire Council and NHS Ayrshire and Arran to work together to deliver integrated services through the Health and Social Care Partnership.
- 1.2** The Vision of the Health and Social Care Partnership is that “All people who live in North Ayrshire are able to have a safe, healthy and active life”.
- 1.3** The Partnership has five strategic priorities:
- Enable Communities
 - Develop and Support our Workforce
 - Provide Early and Effective Support
 - Improve Mental and Physical Health and Wellbeing
 - Tackle Inequalities
- 1.4** The Partnership provides locality-based health and social care services for people throughout their life. Our service areas and key partners are:
- Delivery Services:
- Children, Families and Justice Services
 - Health and Community Care Services
 - Mental Health, Addictions and Learning Disability Services (Including the pan-Ayrshire mental health lead partnership)
- Support Services:
- Business Support
 - Finance and Transformation
- Key Partners:
- North Ayrshire Third Sector Interface
 - The Independent Sector
 - Wider community planning partners including Ayrshire Justice Partnership, Police Scotland and Scottish Fire and Rescue Service.
- 1.5** The IJB has agreed a long-term strategic plan through to 2030. This sets out how we plan to improve services and the health and wellbeing of the local community.
- 1.6** A Medium-Term Financial Outlook (MTFO) is a critical part of the strategic planning process. The financial context for public services remains very challenging and so it is vital that the IJB’s strategic ambitions are aligned with the financial resources which are anticipated to be available. It has been very difficult to put in place meaningful medium term financial planning arrangements due to the pandemic and the ongoing one-year funding settlements for the IJB.
- 1.7** This MTFO, covering the three-year period 2023-2026, assists with ensuring that resources are directed towards the priorities of the Strategic Plan, as well as with annual financial planning.

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

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

2 Local Context

Strategic Needs Assessment

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

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

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

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

2.4 In the latest period available (2018-2020 3-year aggregate), the average life expectancy in North Ayrshire was 75.3 years old for men, and 80.1 years old for women. For the reporting period 2018-20, the average healthy life expectancy in North Ayrshire was 57.4 years for men, down from 58.5 in the previous reporting cycle. Similarly, health life expectancy of women fell to 55.5 years, from 56.3 previously.

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

2.6 27% of local people are living with a long-term condition (LTC) (which could include Arthritis, Asthma, Diabetes or Chronic Obstructive Pulmonary Disease (COPD)).

Long-term conditions are more common in older age groups, with the proportion of people living with one or more LTC increasing with age. When compared, only 1.7 people in 10 under 65 have a long-term condition, unlike those 85+ where 8.2 people in every 10 live with an LTC.

- 2.7** Projected prevalence up to 2025/2026 shows there is an expected gradual increase in the older age groups for LTC. For people 85 plus, it is forecast that this will increase to 8.8 in 10 people. (7.3% increase). Those living with more than one long-term condition (multi-morbidity) increases with age, with approximately 15% of over 65s with multi-morbidities, compared to less than 5% of under 65s for 3 LTCs.
- 2.8** Across most acute hospital measures (including Emergency Admissions, Unscheduled Bed days, Delayed Discharges, and preventable admissions), we see higher proportions of people from older age groups and those proportions increase with age. As such, those aged 75 or over account for the greatest volume of emergency admissions, unscheduled bed days and delayed discharges. When taking this in context with the population projections outlined at 2.2 and 2.3 above, a growing population of those 75+ is likely to place additional demands on local health and care services. However, those 75+ also account for the greatest volume of potentially preventable admissions, which suggests investment in community-based services could help reduce demand on acute hospitals.
- 2.9** Mental Health concerns continue to rise, with the percentage of the local population receiving medication for some form of mental health condition increasing each year. In the 2019/20 financial year, 22% of local people were receiving some form of Mental Health medication. North Ayrshire is continually higher than the overall percentage for the health board area and Scotland. This suggests a greater demand for local Mental Health support. When looking at hospital admissions, North Ayrshire's rates are below that of Scotland as a whole, and mostly in line with the NHS Ayrshire and Arran health board area. However, unlike general acute admissions, the highest proportion of Mental Health admissions are among adults aged 18-44, suggesting a demand within this age group for mental health services.
- 2.10** Over the period from 2013 to 2021, North Ayrshire has continually had a higher rate of children looked after than Ayrshire as a whole and Scotland. The number of children that were looked after in 2021 for North Ayrshire was 20.8 (rate per 1000), which represents a decrease from the previous figure of 22.7. However, North Ayrshire's rate of children looked after is third highest across all local authority areas.

Locality Priorities

- 2.11** North Ayrshire is divided into 6 locality areas – Irvine, Kilwinning, Three Towns, Garnock Valley, North Coast and Cumbrae, and Arran.
- 2.12** Our six Locality Planning Forums (LPFs) are one of our key mechanisms for engaging with local people. The Chairs of the LPFs are also members of our Integration Joint Board and LPF membership is made up of a range of health and social care professionals, third and independent sector representatives and local community groups. Their role is to use their knowledge of services and the local area to support and engage with local people and communities, to identify locality priorities.

- 2.13** During 2021, each LPF reviewed and updated their locality priorities. These have been agreed by the IJB's Strategic Planning Group. These priorities will inform local action by the HSCP and our partners to help address the concerns raised.
- 2.14** All mainland locality planning forums adopted the priorities below:
- Improving Mental Health and Wellbeing
 - Reducing social Isolation
 - Prevention, early intervention and recovery from drug and alcohol related harms and deaths
 - Recovering from the COVID experience
- 2.15** Due to additional local concerns, other identified priorities were adopted in specific localities:
- Enabling financial inclusion and tackling poverty, was adopted in the Three Towns
 - Enabling digital inclusion, was also adopted in Three Towns
 - Preventing suicides, was adopted by the North Coast and Cumbrae.
- 2.16** The following priorities of opportunity are shared by all Locality Planning Forums:
- Capitalising on the Covid experience – continuing the legacy of the great partnership working that was developed in the early stages of the pandemic.
 - Developing personal self-care/ self-management, coping skills and health literacy

Workforce Challenges

- 2.17** At the start of April 2022, the Health and Social Care Partnership had 3,622 employees, with just over half (52%) employed by North Ayrshire Council and the remainder (48%) employed by NHS Ayrshire and Arran. This figure does not include the workforce employed by our commissioned health and social care providers.
- 2.18** 43% of the staff were over the age of 50 which indicates that many will retire in the coming years and the Partnership will face challenges in replacing them.
- 2.19** As outlined above, the local population will reduce in number in the next few years and the age profile will increase. Older people are more likely to have multiple Long-Term Conditions. This means there will be more demand on health and social care services in future but less people of working age to fill these job roles.
- 2.20** The Partnership and its commissioned service providers are already facing challenges in recruiting to certain job roles. This challenge is compounded when investment in our services is predicated on growing our workforce, particularly where that similar investment and recruitment is being replicated across Scotland.
- 2.21** In October 2022, the Partnership published a three-year Workforce Plan. It highlighted many key challenges facing the HSCP Workforce, including:
- Widespread challenges in recruiting to vacant posts, experienced across all service and professional areas.
 - Staff retention; likely as a result of the high level of vacancies and competition across the health and social care market.

- A lack of nationally available trained/qualified workers – particularly for professional roles (e.g., shortage of trained Mental Health Officers).
- High levels of staff absence, exacerbated by the high pressure of working through the pandemic.

2.22 To address these challenges and build the local HSCP workforce needed to meet future Health and Social Care Demand, a workforce action plan was developed built around local priorities. These priorities mapped to the Scottish Government's five pillars of Workforce Planning. Our five priorities of workforce planning are:

- Understanding our Workforce (Plan)
- Promoting our Organisation (Attract)
- Investing in our People (Train)
- Building our Workforce (Employ)
- Growing our People (Nurture)

3 National Context

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

The Economy

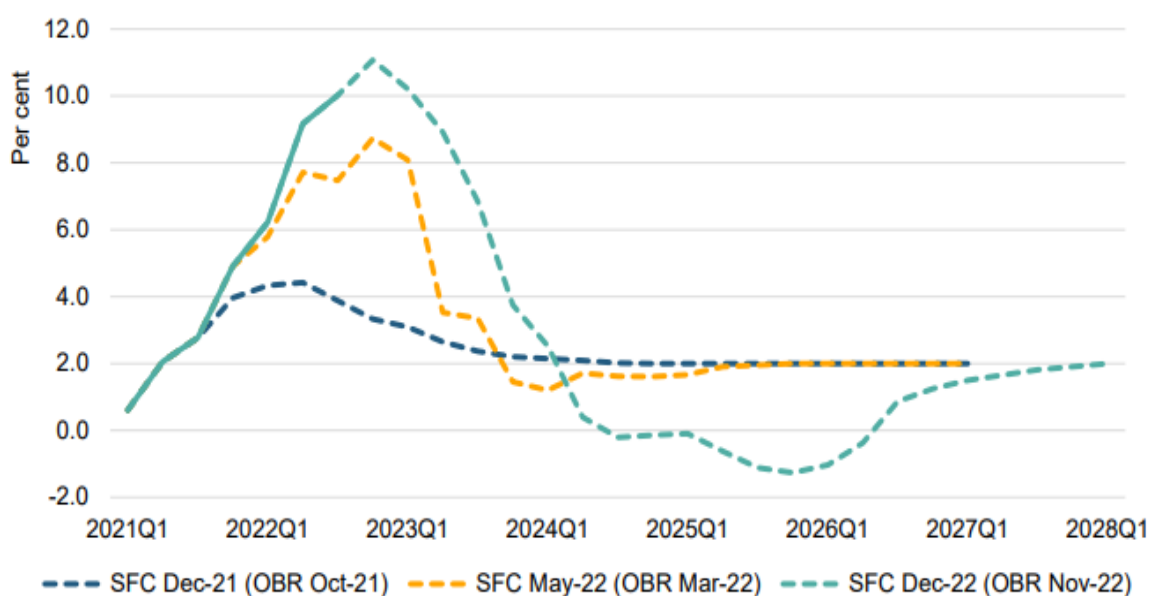
3.2 The past year has been defined by economic turmoil. At a global level, this has been a consequence of the Covid pandemic and the Russian invasion of Ukraine. These have impacted on the cost of living for individuals, driven by high inflation in food, fuel and energy, and on costs for organisations in all sectors. Towards the end of 2022, UK inflation was at a 40-year high.

3.3 Scotland and the UK face the additional challenge of the withdrawal from the EU, which has impacted on the availability of labour and the ease of international trade. The Office for Budget Responsibility (OBR) estimates that the UK economy will be 4% smaller relative to remaining in the EU.

3.4 The UK Government mini budget in September 2022 resulted in higher costs of borrowing. The Bank of England is warning that the UK economy is facing the longest recession in a century and the Scottish Fiscal Commission (SFC) forecasts that the Scottish economy will take almost six years to recover to pre-pandemic levels as a result.

3.5 All of this represents a marked contrast to the position when the previous Scottish Budget was published in December 2021. At that time, SFC forecasts suggested that the economy would return to pre-pandemic levels by April-June 2022 and that inflation would peak at 4.4% during the same quarter and then return to 2% during 2024.

3.6 Inflation is now forecast to have peaked at 11.1% in late 2022 and to decline throughout 2023 and into 2024. This is illustrated in the graph below along with the previous forecasts which were made in December 2021 and May 2022.



Source: Scottish Fiscal Commission, Scottish Fiscal Commission (2022) Scotland's Economic and Fiscal Forecasts – May 2022 ([link](#)), Scottish Fiscal Commission (2021) Scotland's Economic and Fiscal Forecasts – December 2021 ([link](#)). Solid lines refer to outturn available at time of publication and dashed lines refer to forecasts.

3.7 The public sector has faced significant pay demands during 2022-23 and settlements reached so far have been in excess of the Public Sector Pay Policy which was published alongside the Scottish Budget in December 2021. This has placed additional pressure on public finances during 2022-23 and recurringly.

3.8 The labour market remains challenging as the economy recovers from the pandemic with vacancies at historic highs. Employers face challenges in recruiting to many jobs.

Fiscal Outlook

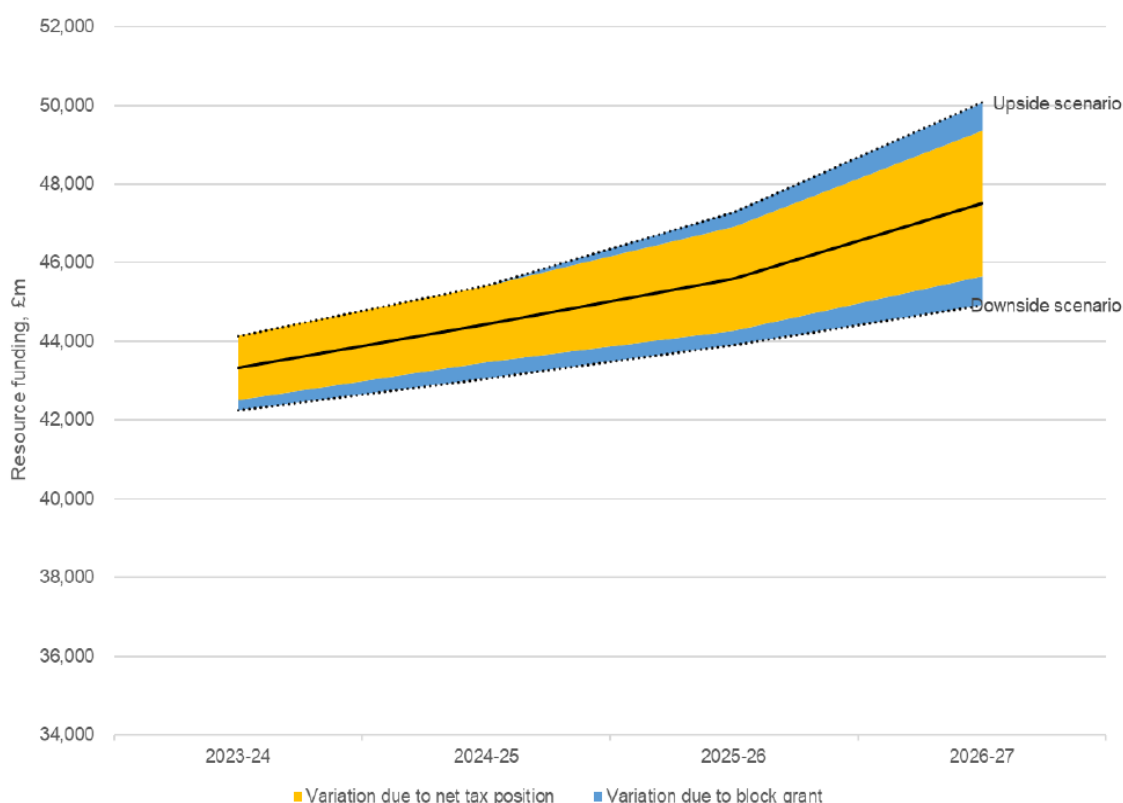
3.9 The Scottish Government published an updated Medium-Term Financial Strategy in May 2022 which covers the period to 2026-27. It compares the funding and spending scenarios to assess the scale of the challenge. It was published alongside the Resource Spending Review for the same time period.

3.10 The available funding for the Scottish Budget is broken down into 5 high-level categories:

1. The Block Grant – the single largest source of funding; it is determined by the Barnett Formula, based on the spending plans of the UK Government.
2. Devolved Taxes – the Scottish Government receives the income from these, the largest of which is Scottish Income Tax. The budget is also reduced based on how quickly the revenues from the corresponding tax have grown in the rest of the UK.
3. Non-Domestic Rates – raised by local authorities; all revenue raised is returned to Scottish Government for redistribution.
4. Social Security Block Grant adjustments – revenue provided by the UK Government for devolved social security payments, based on the growth in expenditure in the corresponding payment in the rest of the UK.
5. Other income.

3.11 The MTFS notes that the funding available to Scottish Government is expected to grow steadily (by 14%) over the next four years to 2026-27, with slightly higher growth from 2025-26. In real terms the growth would only be 5% due to the effect of inflation. However, much of the growth relates to the Social Security block grant, driven by increased demand. Excluding this implies real terms growth of only 2% across the whole four-year period.

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



	2023-24	2024-25	2025-26	2026-27
Central funding envelope	43,321	44,439	45,600	47,498
Upside scenario	44,144	45,419	47,285	50,069
% variation	1.9%	2.2%	3.7%	5.4%
Downside scenario	42,248	43,059	43,914	44,927
% variation	-2.5%	-3.1%	-3.7%	-5.4%

3.13 The central scenario is based on UK Spending Review announcements to 2023-24 for the block grant, and Office for Budget Responsibility (OBR) forecasts for growth in government spending beyond that. It reflects Scottish Fiscal Commission (SFC) tax revenue forecasts and the OBR's forecasts for block grant adjustments. Upside and downside scenarios have been modelled to illustrate the potential impact of UK spending decisions on the Block Grant, and the impact of Scottish tax performance.

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

Resource Spending Outlook

- 3.15** The Scottish Government MTFS outlines the economic and fiscal outlook for the period to 2027, to provide the necessary context to spending plans. The Resource Spending Review, which was published at the same time, sets out the multi-year portfolio spending envelopes.

Table 2: Health and Social Care Portfolio Spending Plans

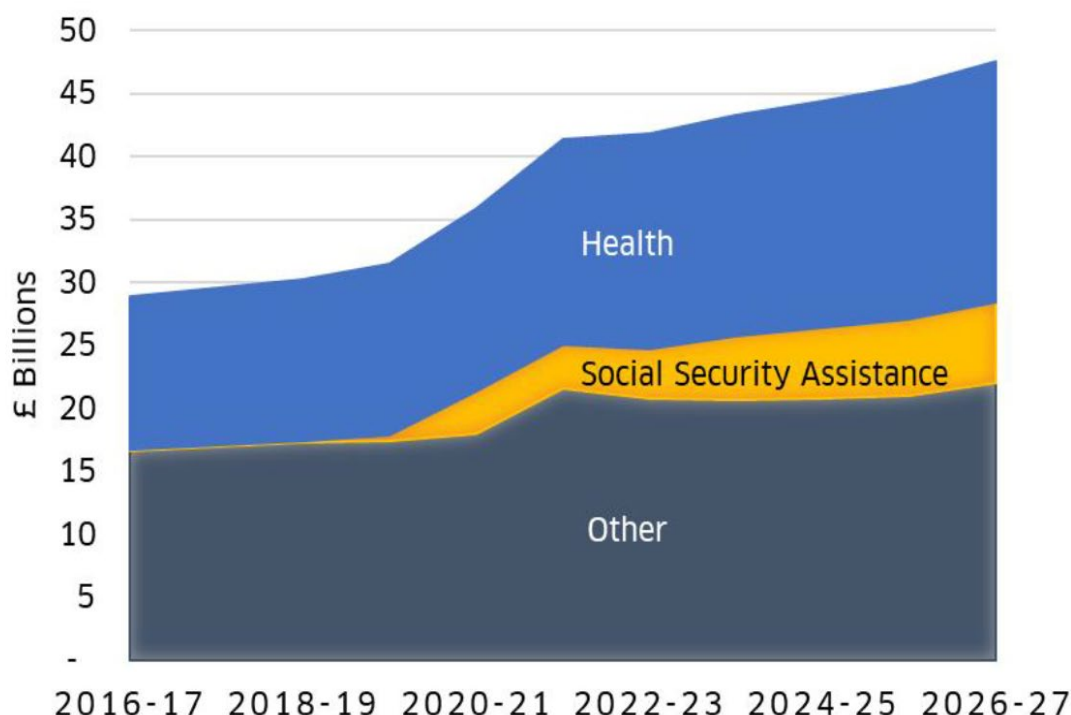
Level 2*	2022-23 £m	2023-24 £m	2024-25 £m	2025-26 £m	2026-27 £m
Health and Social Care	17,084	17,527	17,972	18,513	19,006
Food Standards Scotland	23	23	23	23	23
Total	17,106	17,550	17,995	18,536	19,029

- 3.16** The risks to the resource spending outlook include the following:

- Spending pressure from increased demand from an ageing population
- Demand-led nature of social security expenditure
- Public sector pay
- Inflationary pressures

- 3.17** From 2016-17 to 2022-23 the Health and Social Care Portfolio has risen by £5bn and by the end of the spending review period in 2026-27 the total rise will have been £6.9bn. This is illustrated in the graph below.

Figure 2: Trends in Scottish Government expenditure, 2016-17 - 2026-27



Source: Scottish Budget; 2016-17 to 2022-23

- 3.18** The RSR also outlines the underlying growth in the size and cost of the public sector workforce, even since before Covid. Some of it relates to the devolution of new functions, but the RSR notes that the growth is not sustainable. The approach from 2023-24 onwards will be to contain the total cost of the public sector pay bill at 2022-23 levels – so increasing salary costs will need to be balanced by reductions in workforce numbers.

Scottish Government Legislative and Policy Changes

- 3.19** National Care Service – the Independent Review of Adult Social Care (published February 2021) recommended the creation of a National Care Service (NCS), with Scottish Ministers being accountable for the delivery of adult social care services. In Autumn 2021, the Scottish Government consulted widely on the creation of a NCS which would have a much wider remit, assuming responsibility for the delivery of a community health and social care service which would support people of all ages. The Scottish Government has drafted legislation and has committed to the NCS being operational by the end of the current parliamentary term in 2026. The establishment of a NCS may fundamentally change the role and operation of the Integration Joint Board and will have significant implications for the whole health and social care system. However, it is currently unclear what form the NCS will take, with the candidates in the SNP Leadership contest (March 2023) indicating that they have differing views on the way forward.
- 3.20** GP Contract 2018 and Primary Care Improvement Plans – the new General Medical services contract came into force in April 2018 and aims to refocus the role of GP as an Expert Medical Generalist, supported by multi-disciplinary teams in general practice. These teams will provide services such as vaccination, pharmacotherapy, community

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

- 3.21** Carers Act (Scotland) 2016 - this Act is designed to support carers' health and wellbeing and help make caring more sustainable and came into effect from 1 April 2018. It places a duty for local authorities to provide support for carers, based on the carer's identified needs which meet the local eligibility criteria and supported by adult carer support plans or young carer statements to identify carers' needs and personal outcomes. This duty is supported by additional funding which has incrementally increased each year since 2018 and reached the maximum level in 2022-23.
- 3.22** Mental Health Strategy 2017-2027 - In March 2017, the Scottish Government published its Mental Health Strategy, providing a 10-year vision to improve Mental Health services and improve support to those affected by poor mental health and other complex conditions. The national strategy had a large focus on prevention and early intervention of mental health concerns, with a goal of ensuring mental health problems were treated with the same approach as physical health problems. In 2019 we undertook the Ayrshire Mental Health Conversation and engaged with people across Ayrshire to co-produce a strategic response to the national strategy. Significant additional funding has been provided for investment in mental health services.
- 3.23** The Promise – the findings of the Independent Care Review, published in February 2020, form the promise to all young people who have experienced the care system in Scotland. The aim is to improve the experience of all children and young people and their families if they require additional support and will create a more compassionate care system.
- 3.24** Scottish Living Wage – this is part of a Scottish Government policy to improve people's lives and help create a fairer society. The rate was increased from £9.90 to £10.90 per hour in September 2022 (although employers have until May 2023 to implement the change) and is subject to annual review. This impacts on the costs for the Council and NHS Board as employers and on the cost of services which we commission from other providers.
- 3.25** Annual Adult Social Care Workforce Uplift – Scottish Government funding has been provided to support an uplift to £10.90 per hour from April 2023 for all eligible employees; this will align to the Living Wage.
- 3.26** National Drugs Mission – In 2021 the Scottish Government announced a new national mission to reduce drug related deaths and harms. This will provide £50m of funding per year for five years to support a number of key approaches and priorities including the roll out of the Medication Assisted Treatment Standards.

National Demand Pressures

- 3.27** There are many studies which consider the factors driving expenditure on health and social care. Most of these conclude that demand will increase faster than the rate of

growth of the wider economy and an increasing proportion of GDP will require to be spent on these services. The factors driving growth can be classified into three areas:

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

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

4 Reserves

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

4.2 The IJB has a Reserves Strategy which was last refreshed and approved in September 2022. The purpose of this Strategy is to:

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

4.3 At 31st March 2022, the IJB held reserves as follows:

- Unallocated General Fund Balance = £7.248m
- Earmarked General Fund Balance = £1.199m
- Earmarked Scottish Government Funding = £23.106m
- Negative Reserve (debt to North Ayrshire Council) = £2.321m

4.4 The IJB was in the unusual position of holding a negative reserve balance, which reflects an outstanding debt to North Ayrshire Council in respect of deficits incurred in earlier years. The outstanding balance has been repaid in full during the 2022-23 financial year.

4.5 IJB agreed a draw on the unallocated general fund balance during the year to support the purchase of a property on Arran to provide short-term staff accommodation; this

will assist with the filling of posts on the island and will avoid other accommodation costs being incurred on an ongoing basis.

- 4.6** The earmarked Scottish Government funding included £13.321m of Covid monies which were received at the end of 2021-22 and carried forward. This will be zero by the end of 2022-23 with the funding either spent or recovered by Scottish Government and with no expectation of any additional Covid funding for future years.
- 4.7** At 31st January 2023 (Month 10), the IJB was projecting an underspend for the 2022-23 financial year of £1.181m. It is intended that any in-year underspend will be earmarked within a service change fund, which will support the delivery of future savings, including any severance costs arising through Voluntary Early Release of staff.
- 4.8** The Chief Finance Officer is responsible for advising on the targeted optimum levels of reserves the IJB would aim to hold (the prudential target). In determining the prudential target the Chief Finance Officer must take account of the strategic, operational and financial risks facing the IJB over the medium term and the IJB's overall approach to risk management.
- 4.9** Good practice suggests that a prudent level of unallocated general reserves would be in the range 2% to 4% of the revenue budget. In cash terms, this would be between £5.761million and £11.522 million. The projected unallocated balance at 31st March 2023 meets the minimum recommended level, however is towards the lower end of the range.

5 Scottish Government Funding

- 5.1** The Scottish National Party manifesto for the Scottish Parliament Elections in May 2021 made several spending commitments over the lifetime of this parliamentary term (2021 to 2026) which are relevant to community health and social care services:
- Increase NHS frontline spending by 20%
 - Create a National Care Service backed by increasing investment in social care by 25%
 - A £250million National Drugs Mission (£50m per year starting 2021-22)
 - Increase direct investment in Mental Health services by 25% and ensure that 10% of the frontline NHS budget is spent on Mental Health services.
 - Increase Primary Care funding by at least 25%
- 5.2** It can be seen how these indicative funding commitments link to the highlighted legislative and policy changes outlined earlier in the document.
- 5.3** As noted at 3.9 above, the Scottish Government published a Resource Spending Review in May 2022; this is not intended to be a detailed multi-year budget but provides high level indicative figures for each spending portfolio.

- 5.4** The Health and Social Care Portfolio figures are detailed in the table at 3.15 and indicate the following:

2022-23	£17,084m		
2023-24	£17,527m	+£443m	+2.59%
2024-25	£17,972m	+£445m	+2.54%
2025-26	£18,513m	+£541m	+3.01%
2026-27	£19,006m	+£493m	+2.66%

- 5.5** The detailed funding commitments made in the Scottish Budget in December 2022 covered only financial year 2023-24 and the following areas have been reflected in our financial planning:

Via Health

- Health Boards must provide IJBs with an uplift of 2% onto the base budget from 2022-23 (NA IJB share £2.164m)

Via Local Authorities

- Free Personal and Nursing Care – additional funding of £15m (NA IJB share £0.388m)
- Real Living Wage - £100m (£2.826m)
- Removal of non-recurring Interim Care funding - £20m (-£0.551m)
- Whole Family Wellbeing Fund - £30m (£0.954m)
- Other minor adjustments - £0.032m

6 Budget Pressures

- 6.1** As noted at 3.27 above, pressures fall largely into three categories: price inflation, demographic change and non-demographic change.
- 6.2** The budget pressures for 2023-24 are detailed in the budget paper and the assumptions made for 2024/25 (year 2) and 2025/26 (year 3) are outlined below.

Price Inflation

- 6.3** Pay – it has been assumed that pay will increase by 3% per annum for Council staff and 2% for NHS staff groups. These assumptions align with those used by the partner bodies in their budget planning. Any increase above these levels, should additional Scottish Government funding not be forthcoming, will present a financial risk to the IJB.
- 6.4** National Care Home Contract (NCHC) inflation – each year discussion takes place between COSLA and Scottish Care to negotiate new NCHC rates for residential and nursing care. Budget provision has been made for an increase of 5% in nursing and residential care rates in 2023/24 and 4% per annum in each of 2024/25 and 2025/26.
- 6.5** Other Contract inflation – provision has been made in 2023/24 for the increase in real living wage to £10.90 per hour which will be paid in line with Scottish Government

guidance and further estimated increases have been factored in for 2024/25 and 2025/26.

Demographic Changes

- 6.6** Physical Disabilities – increased demand of 3.73% per annum has been anticipated based on the average increase in community packages since 2020/21.
- 6.7** Mental Health – increased demand of 4% per annum for 2024/25 and 2025/26 have been built into the financial plan based on annual increases in residents being prescribed medication for mental health concerns and rates of depression. It has been assumed that increased demand in 2023/24 could be absorbed within the existing budget provision.
- 6.8** Learning Disabilities - there is a pressure in relation to service users living longer with an increased acuity of need, particularly those with older carers where the Partnership is required to provide additional support for a longer period. The pressure is solely based on the service information available on the expected increase in the number of clients requiring support due to sustainability of the current care arrangements in place.
- 6.9** Children and Young people – provision has been made for increased demand for foster care and kinship care in 2024/25 and 2025/26. It has been assumed that increased demand in 2023/24 could be absorbed within the existing budget provision.
- 6.10** Older People – provision has been made in 2024/25 and 2025/26 for increased demand for Care at Home services linked to the expected increase in the over 65 population. No additional budget pressure has been included in 2023/24 as significant additional Scottish Government funding to increase Care at Home capacity was made available in 2022/23 and not all posts have yet been recruited to.

Non-demographic Changes

- 6.11** Mental Health and Learning Disabilities transitions of care – provision has been made for known service users who are expected to move from Children’s services into adult health services. Complex care arrangements are required to support a number of individuals, it is anticipated that through the investment in supported accommodation models of care in the community that there will be a longer-term reduction in the ongoing need to invest in individual care packages. This ambition is aligned to the review of complex care arrangements and the Community Living Change Fund.
- 6.12** These budget pressures have been quantified as shown in the table below:

	2024/25 (£m)	2025/26 (£m)
Price inflation:		
• Pay	3.624	3.718
• Contract inflation	1.340	1.398
Demographic Changes:		
• Physical Disabilities	0.172	0.178
• Mental Health	0.129	0.134

• Learning Disabilities	0.277	0.284
• Children and Young People	0.138	0.141
• Older People	0.389	0.389
Non-demographic Changes:		
• Mental Health transitions	0.303	0.270
• LD transitions	0.380	0.524
• Other service changes	0.700	0.850
Estimated cost of Scottish Government priorities	2.995	3.144
TOTAL COST PRESSURES	10.447	11.030

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

7 Risk Assessment and Sensitivity Analysis

- 7.1** The IJB must be aware of the risks to its financial modelling – it has an approved Risk Strategy and Risk Appetite Statement which support ‘risk aware’ decision-making.
- 7.2** The key risks to this Medium-term Financial Outlook include the following:
- The impact of the current significant levels of inflation on our staff costs and on our partner providers
 - Current significant overspends in relation to low-volume high-cost care packages, particularly in children’s residential placements, learning disability care packages and unplanned activities within the Mental Health lead partnership.
 - Public expectation around levels of service delivery
 - The impact of decisions made by NHS Ayrshire and Arran and North Ayrshire Council on the IJB
 - The impact of introducing a National Care Service
 - Demand and cost pressures are over or underestimated.
 - Recruitment challenges
 - Failure to accurately estimate sources of income, including grant funding or charges to service users.
- 7.3** The next section of the MTFO looks at three different scenarios with different levels of funding and estimates and what the budget position of the IJB could be over the next three financial years under each of these scenarios.
- 7.4** Sensitivity analysis has also been used to test the assumptions made by the MTFO and understand what the implications would be if the assumptions change.

8 Scenarios

- 8.1** Based on the budget pressures which are detailed in Section 6 above, three scenarios have been developed which align to the Scottish Government Medium-term Financial Strategy – best-case, medium-case, and worst-case. These have been developed for years 2 and 3 of this MTFO, i.e., 2024/25 and 2025/26, as a plan for a balanced budget in 2023/24 has been developed.
- 8.2** Best-Case Scenario – this assumes a 5% increase in funding per annum for Social Care, in line with the Scottish Government commitment to a 25% increase over the lifetime of the current Parliament. A 4% increase per annum has been assumed for Health funding, which is also in line with the Government commitment to a 20% increase in frontline health spending over the lifetime of the current Parliament.
- 8.3** Medium-Case Scenario – this assumes funding increases in line with the Health and Social Care Portfolio figures used in the Resource Spending Review (published May 2022). For 2024/25 this equates to an increase of 2.54% and for 2025/26 an increase of 3.01%.
- 8.4** Worst-Case Scenario – this assumes a flat cash settlement for both Social Care and Health across both years.
- 8.5** Against each of the three scenarios, sensitivity analysis has also been used to demonstrate what the impact would be in 2024/25 and 2025/26 if the funding was to increase or decrease by 5% or 10%.

2024-2025

8.6

		2024-25			
		Social Care (NAC) £m	Health Lead (NHS A&A) £m	Health Non Lead (NHS A&A) £m	Total £m
FUNDING					
Best Case Scenario		(6.182)	(2.196)	(2.181)	(10.559)
Medium Case Scenario		(3.067)	(1.394)	(1.385)	(5.846)
Worst Case Scenario		0.000	0.000	0.000	0.000
ESTIMATED PRESSURES					
Best Case Scenario		7.890	1.096	1.461	10.447
Medium Case Scenario		7.890	1.096	1.461	10.447
Worst Case Scenario		7.890	1.096	1.461	10.447
POTENTIAL BUDGET GAP					
: Based on Best Case Scenario		1.708	(1.099)	(0.720)	(0.112)
: Based on Medium Case Scenario		4.823	(0.297)	0.077	4.602
: Based on Worst Case Scenario		7.890	1.096	1.461	10.447
EXISTING SAVINGS		0.000	0.000	0.000	0.000
ADJUST FOR NON-RECURRING USE OF RESERVES		1.252	0.000	0.000	1.252
POTENTIAL BUDGET GAP (AFTER EXISTING and NON-RECURRING S.					
: Based on Best Case Scenario		2.960	(1.099)	(0.720)	1.140
: Based on Medium Case Scenario		6.075	(0.297)	0.077	5.854
: Based on Worst Case Scenario		9.142	1.096	1.461	11.699

- 8.7 For 2024-25, the forecast budget gap ranges from a deficit of £1.140m in the best-case scenario to a shortfall of £5.854m in the medium-case and a shortfall of £11.699m in the worst-case. These figures are after adjusting for the saving of £1.252m which was planned on a non-recurring basis for 2023/24 through the use of reserve balances.
- 8.8 The most likely position is considered to be somewhere between medium and worst case which would suggest there could be a shortfall in the region of 2.0% to 4.1% of the Partnership budget to address for 2024-25.
- 8.9 The sensitivity analysis below shows the impact on each scenario if funding was to increase or decrease by 5% or 10%.

	2024-25
	£ Impact
1) BEST CASE FUNDING VARIATION	
<i>Scenario a: funding is 5% more</i>	<i>(0.528)</i>
<i>Scenario b: funding is 5% less</i>	<i>0.528</i>
<i>Scenario c: funding is 10% more</i>	<i>(1.056)</i>
<i>Scenario d: funding is 10% less</i>	<i>1.056</i>
2) MEDIUM CASE FUNDING VARIATION	
<i>Scenario a: funding is 5% more</i>	<i>(0.292)</i>
<i>Scenario b: funding is 5% less</i>	<i>0.292</i>
<i>Scenario c: funding is 10% more</i>	<i>(0.585)</i>
<i>Scenario d: funding is 10% less</i>	<i>0.585</i>
3) WORST CASE FUNDING VARIATION	
<i>Scenario a: funding is 5% more</i>	<i>0.000</i>
<i>Scenario b: funding is 5% less</i>	<i>0.000</i>
<i>Scenario c: funding is 10% more</i>	<i>0.000</i>
<i>Scenario d: funding is 10% less</i>	<i>0.000</i>

8.11

	2025-26			
	Social Care (NAC) £m	Health Lead (NHS A&A) £m	Health Non Lead (NHS A&A) £m	Total £m
FUNDING				
Best Case Scenario	(6.491)	(2.284)	(2.269)	(11.044)
Medium Case Scenario	(3.729)	(1.718)	(1.707)	(7.155)
Worst Case Scenario	0.000	0.000	0.000	0.000
ESTIMATED PRESSURES				
Best Case Scenario	8.434	1.112	1.485	11.031
Medium Case Scenario	8.434	1.112	1.485	11.031
Worst Case Scenario	8.434	1.112	1.485	11.031
POTENTIAL BUDGET GAP				
: Based on Best Case Scenario	1.943	(1.171)	(0.784)	(0.012)
: Based on Medium Case Scenario	4.705	(0.606)	(0.222)	3.876
: Based on Worst Case Scenario	8.434	1.112	1.485	11.031
EXISTING SAVINGS	0.000	0.000	0.000	0.000
ADJUST FOR NON-RECURRING USE OF RESERVES				
POTENTIAL BUDGET GAP (AFTER EXISTING and NON-RECURRING S.				
: Based on Best Case Scenario	1.943	(1.171)	(0.784)	(0.012)
: Based on Medium Case Scenario	4.705	(0.606)	(0.222)	3.876
: Based on Worst Case Scenario	8.434	1.112	1.485	11.031

- 8.12** For 2025-26, the forecast budget gap ranges from a breakeven position in the best-case scenario, to a shortfall of £3.876m in the medium-case and a shortfall of £11.031m in the worst-case.
- 8.13** The most likely position is currently considered to be somewhere between medium and worst case which would suggest there could be a shortfall in the region of 1.3% to 3.8% of the Partnership budget to address for 2025-26. This also assumes that all savings for 2024-25 will be delivered on a recurring basis and there is no requirement to use reserves.
- 8.14** The sensitivity analysis below shows the impact on each scenario if funding was to increase or decrease by 5% or 10%.

8.15

	2025-26
	£ Impact
1) BEST CASE FUNDING VARIATION	
<i>Scenario a: funding is 5% more</i>	<i>(0.552)</i>
<i>Scenario b: funding is 5% less</i>	<i>0.552</i>
<i>Scenario c: funding is 10% more</i>	<i>(1.104)</i>
<i>Scenario d: funding is 10% less</i>	<i>1.104</i>
2) MEDIUM CASE FUNDING VARIATION	
<i>Scenario a: funding is 5% more</i>	<i>(0.358)</i>
<i>Scenario b: funding is 5% less</i>	<i>0.358</i>
<i>Scenario c: funding is 10% more</i>	<i>(0.715)</i>
<i>Scenario d: funding is 10% less</i>	<i>0.715</i>
3) WORST CASE FUNDING VARIATION	
<i>Scenario a: funding is 5% more</i>	<i>0.000</i>
<i>Scenario b: funding is 5% less</i>	<i>0.000</i>
<i>Scenario c: funding is 10% more</i>	<i>0.000</i>
<i>Scenario d: funding is 10% less</i>	<i>0.000</i>

9 Balancing the Budget

9.1 There are a number of options open to the IJB to balance any budget gap for 2024-25 and 2025-26. These include:

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

10 Conclusions

10.1 The IJB faces significant financial challenges in the coming years which will place increasing pressure on its budgets. These are outlined in this document.

10.2 Our Strategic Needs Assessment details a range of demographic and health factors which will see growing demand for services:

- Decreasing and ageing population
- High deprivation
- Long-term health conditions which increase in older people
- Unplanned and emergency admissions to hospital which increase in older people
- Increasing mental health concerns
- Higher than average numbers of Looked After and Accommodated Children

- 10.3** The IJB faces workforce challenges with an ageing workforce and already there are difficulties in recruiting to certain job roles. There is a reducing working age population and a national shortage of appropriately trained staff for particular professions.
- 10.4** The economy continues to face challenges with funding pressures for the public sector, high inflation and the complexities caused by Brexit and the Covid pandemic.
- 10.5** This will impact on the funding available for Health and Social Care, and a range of possible scenarios from the Scottish Government Medium Term Financial Strategy are outlined in section 3.
- 10.6** The IJB requires to deliver on a range of national and local priorities and demonstrate that it has made progress in shifting the balance of care towards more community-based settings. In addition, the National Care Service will represent a huge change in how the IJB operates in the coming years.
- 10.7** Set against all of this, Health and Social Care is a clear priority for the Scottish Government, and this may result in additional financial support, although this will undoubtedly come with additional cost commitments to deliver new policies.
- 10.8** There remains a lack of detail about the funding settlement beyond 2023-24 although the Scottish Government Resource Spending Review (May 2022) provides some high-level figures which have been used in our financial modelling.
- 10.9** Based on the scenarios within this MTFO, it is highly likely that the IJB will have significant funding gaps to address for 2024-25 and 2025-26. Some potential routes for addressing any such gaps are identified at section 9 above, and detailed proposals will be brought to the IJB for approval through the budget exercises for these years.

11 Reference Documents

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

Scottish Government Medium-term Financial Strategy (May 2022)

Scottish Government Resource Spending Review (May 2022)

Scottish Budget 2023-24 (December 2022)

"A Stronger and More Resilient Scotland – The Programme for Government 2022-23" (September 2022)

Paul Doak

Head of Service (Finance and Transformation)

16th March 2023.

Integration Joint Board 16 March 2023

Subject : **Strategic Risk Register**

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

Recommendation : To approve the updated IJB Strategic Risk Register

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

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

1.	EXECUTIVE SUMMARY
1.1	This report provides an update on the strategic risk register, to help ensure the IJB are proactive in identifying and managing the risks to the successful delivery of our Strategic Plan.
2.	BACKGROUND
2.1	A Strategic Risk Register is a requirement of the Clinical and Care Governance Framework and as part of our Risk Management Strategy, which was last approved by the IJB in June 2022.
2.2	<p>The review focussed on updating previous risks and identifying new risks.</p> <p>There is one new risk which has been escalated from the operational risk register on the recommendation of the PSMT:</p> <ul style="list-style-type: none"> SRR13 – Provider Failure (commissioned services) <p>The remaining previous risks have been updated to reflect any additional mitigating action and reassessed on that basis. Most of the risk remained at the same score but two risks reduced score:</p>

- **SRR06 Governance** residual risk reduced from 6 to 3 as the governance arrangements are now well established and IJB is in good place in relation to Standing orders, Code of Conduct and member development etc.
- **SRR10 Covid** residual risk reduced from 15 to 12 as the risk is around the funding of covid related costs, as the Covid funding ceases in 2023-24, rather than the remobilisation of services.

2.3 The actions required to manage and control the risks have been identified and they will be subject to ongoing monitoring and review by the PSMT with an update to be reported to the Performance and Audit Committee.

2.4 There are 11 risks noted on the Strategic Risk Register, with a number of these graded as high risk. While there are a number of controls and mitigations in place there may be further actions required to reduce the risks further in line with the level of risk tolerance. The current Strategic Risk Register is included as Appendix A.

The risks are summarised below:

Ref	Title	Gross Risk (score pending further controls) 2022	Residual Risk (score after further controls) 2022	Gross Risk (score pending further controls) 2023	Residual Risk (score after further controls) 2023
SRR01	Financial Sustainability	15 High	12 High	15 High	12 High
SRR02	Infrastructure (ICT Integration)	12 High	9 Moderate	12 High	9 Moderate
SRR05	Transformational Change Programme	9 Moderate	6 Moderate	9 Moderate	6 Moderate
SRR06	Governance	9 Moderate	6 Moderate	9 Moderate	3 Low
SRR07	Demography and Inequality Pressures	16 High	12 High	16 High	12 High
SRR08	Workforce	12 High	9 Moderate	12 High	9 Moderate
SRR09	Scottish Government Policies	16 High	12 High	16 High	12 High
SRR10	Covid-19 Recovery	20 Very High	15 High	16 High	12 High
SRR11	National Care Service	15 High	15 High	15 High	15 High
SRR12	Clinical and Care Governance	9 Moderate	9 Moderate	9 Moderate	9 Moderate
SRR13	Provider Failure (commissioned services)	n/a	n/a	12 High	12 High

2.5	The scoring of the risks is based the severity of the risk multiplied by the likelihood of it happening. The background to this is given in the extract of the approved risk management strategy in Appendix B.
2.6	<p>The operational risks of the partnership are regularly reviewed and considered at service management meetings. The Clinical and Care Governance Group is responsible for the oversight of operational risks within the partnership. The Group consider any High or Very High risks (as defined by the approved risk management strategy) and if required escalate these to the Partnership Senior Management Team (PSMT) for consideration for inclusion on the Strategic Risk Register.</p> <p>The new risk SRR13 Provider Failure (commissioned services) has been escalated to the Strategic Risk Register. There is an ongoing risk of supplier failures due to staffing issues and financial sustainability across social care providers particularly for Care at Home, Adult Community Support services and care homes.</p>
3.	PROPOSALS
3.1	It is proposed to approve the risk register detailed in Appendix A including the action required to manage, mitigate and control the risks.
3.2	<u>Anticipated Outcomes</u>
	Risk management is an integral part of governance and it is essential that the IJB has assurance that risks are identified and managed appropriately to ensure the safe and sustainable delivery of services.
3.3	<u>Measuring Impact</u>
	The risk register will be monitored with the individual risk owners being responsible for keeping the register up to date under the overview of the Principal Manager – Finance. It is recommended that risk assessments be reviewed on an annual basis as a minimum. PAC will monitor the register to ensure the actions required to manage and control the risk are being progressed, with updates provided to the IJB and PAC at least annually.
4.	IMPLICATIONS
4.1	<u>Financial</u> None
4.2	<u>Human Resources</u> None
4.3	<u>Legal</u> None
4.4	<u>Equality/Socio-Economic</u> None
4.5	<u>Risk</u> The report falls in line with the agreed risk appetite statement which is low -risk appetite in respect to adherence to compliance duties.
4.6	<u>Community Wealth Building</u> None.

4.7	<u>Key Priorities</u> Appropriate and effective risk management practice will deliver better outcomes for the people of North Ayrshire, protecting the health, safety and wellbeing of everyone who engages with the IJB or for maximising opportunity, delivering innovation and best value, and increasing performance.
5.	CONSULTATION
5.1	The strategic risks have been reviewed and agreed by the PSMT.

For more information please contact:

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Appendix A

Strategic Risk Register

Glossary of Terms

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

Appendix B

Extract from the Risk Strategy on Risk Scoring

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

Severity

“Domains”	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Extreme
Objectives and projects	<ul style="list-style-type: none"> ▪ Barely noticeable reduction in scope / quality / schedule 	<ul style="list-style-type: none"> ▪ Minor reduction in scope / quality / schedule 	<ul style="list-style-type: none"> ▪ Reduction in scope or quality, project objectives or schedule. 	<ul style="list-style-type: none"> ▪ Significant reduction in ability to meet project objectives or schedule. 	<ul style="list-style-type: none"> ▪ Inability to meet project objectives, reputation of the organisation seriously damaged and failure to appropriately manage finances.
Injury (physical and psychological) to patients/staff.	<ul style="list-style-type: none"> ▪ Adverse event leading to minor injury not requiring first aid. 	<ul style="list-style-type: none"> ▪ Minor injury or illness, first-aid treatment needed. No staff absence required. 	<ul style="list-style-type: none"> ▪ Significant injury requiring medical treatment and/or counselling. 	<ul style="list-style-type: none"> ▪ Major injuries or long-term incapacity/ disability (loss of limb), requiring medical treatment and/or counselling. 	<ul style="list-style-type: none"> ▪ Incident leading to death or major permanent incapacity.
Patient experience / outcome	<ul style="list-style-type: none"> ▪ Reduced quality of patient experience / clinical outcome not directly related to delivery of clinical care. 	<ul style="list-style-type: none"> ▪ Unsatisfactory patient experience / clinical outcome directly related to care provision – readily resolvable 	<ul style="list-style-type: none"> ▪ Unsatisfactory patient experience / clinical outcome, short term effects – expect recovery < 1Wk 	<ul style="list-style-type: none"> ▪ Unsatisfactory patient experience / clinical outcome, long term effects - expect recovery > 1Wk 	<ul style="list-style-type: none"> ▪ Unsatisfactory patient experience / clinical outcome continued ongoing long-term effects.

Complaints / claims	<ul style="list-style-type: none"> Locally resolved complaint 	<ul style="list-style-type: none"> Justified complaint peripheral to clinical care 	<ul style="list-style-type: none"> Below excess claim. Justified complaint involving lack of appropriate care. 	<ul style="list-style-type: none"> Claim above excess level. Multiple justified complaints. 	<ul style="list-style-type: none"> Multiple claims or single major claims.
Staffing and competence	<ul style="list-style-type: none"> Short term low staffing level (< 1 day), where there is no disruption to patient care. 	<ul style="list-style-type: none"> Ongoing low staffing level results in minor reduction in quality of patient care Minor error due to ineffective training / implementation of training. 	<ul style="list-style-type: none"> Late delivery of key objective / service due to lack of staff. Moderate error due to ineffective training / implementation of training. Ongoing problems with staffing levels 	<ul style="list-style-type: none"> Uncertain delivery of key objective / service due to lack of staff. Major error due to ineffective training / implementation of training. 	<ul style="list-style-type: none"> Non delivery of key objective / service due to lack of staff. Loss of key staff. Critical error due to insufficient training / implementation of training.
Service / business interruption	<ul style="list-style-type: none"> Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service 	<ul style="list-style-type: none"> Short term disruption to service with minor impact on patient care. 	<ul style="list-style-type: none"> Some disruption in service with unacceptable impact on patient care. Temporary loss of ability to provide service. 	<ul style="list-style-type: none"> Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked. 	<ul style="list-style-type: none"> Permanent loss of core service or facility. Disruption to facility leading to significant “knock on” effect.
Financial	<ul style="list-style-type: none"> Negligible organisational financial loss (£< 1k). 	<ul style="list-style-type: none"> Minor organisational financial loss (£1-10k). 	<ul style="list-style-type: none"> Significant organisational financial loss (£10-100k). 	<ul style="list-style-type: none"> Major organisational financial loss (£100k-1m). 	<ul style="list-style-type: none"> Severe organisational financial loss (£>1m).
Inspection / assessment / audit	<ul style="list-style-type: none"> Small number of recommendations which focus on minor quality improvement issues. 	<ul style="list-style-type: none"> Minor recommendations made which can be addressed by low level of management action. 	<ul style="list-style-type: none"> Challenging recommendations but can be addressed with appropriate action plan. 	<ul style="list-style-type: none"> Enforcement Action. Low rating. Critical report. 	<ul style="list-style-type: none"> Prosecution. Zero Rating. Severely critical report.

Adverse publicity / reputation	<ul style="list-style-type: none"> No media coverage, little effect on staff morale. 	<ul style="list-style-type: none"> Local Media – short term. Minor effect on staff morale / public attitudes. 	<ul style="list-style-type: none"> Local Media – long term. Impact on staff morale and public perception of the organisation. 	<ul style="list-style-type: none"> National Media (< 3 days). Public confidence in the organisation undermined. Usage of services affected. 	<ul style="list-style-type: none"> National Media (> 3 days). MP / MSP Concern (Questions in Parliament).
Organisational / Personal Security, and Equipment	<ul style="list-style-type: none"> Damage, loss, theft (£< 1k). 	<ul style="list-style-type: none"> Damage, loss, theft (£1-10k). 	<ul style="list-style-type: none"> Damage, loss, theft (£10-100k). 	<ul style="list-style-type: none"> Damage, loss, theft (£100k-1m). 	<ul style="list-style-type: none"> Damage, loss, theft (£>1m).

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

Risk Rating

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

Risk Ref	Description of Risk	Risk Owner	Mitigations/Control Measures	Previous Score	Gross Risk				Proposed New Control Measures	Previous Score	Residual Risk				Risk Tolerance / Appetite
					Severity	Probability	Score	Rating			Severity	Probability	Score	Rating	
SRR01	Financial Sustainability - financial failure from demand for services outstripping the available budget, as a result of the level of delegated resource to the IJB from partners not being sufficient to deliver on strategic objectives. Overall risk of budget not being aligned to delivering financial balance whilst delivering on strategic outcomes. This may lead to service user assessed needs being unmet, inability to deliver on the Strategic Plan, with a reduction in performance, progress not being made with national targets, reputational damage to the IJB and partner bodies and the requirement to implement service changes that are not in line with the strategic objectives.	Head of Finance and Transformation (updated)	<ul style="list-style-type: none"> * IJB actively monitors the partnership financial position. * Directors of Finance of the Council and Health Board have oversight. * Regular updates are provided to the Council's Cabinet. * A Chief Finance and Transformation Officer is in place within the HSCP to support delivery of transformation at scale and pace. * A Medium-Term Financial Outlook will be refreshed for 2023-26 and presented to the IJB in March 2023. * Transformation Board overseeing the programme of service re-design. * Outstanding debt to NAC is currently £2.321m but it is planned to clear the debt by the end of 2022-23. * Integrated approach to managing totality of NHS and LA resources delegated to the IJB. * Robust processes for monitoring projects and the monthly financial position ensuring financial projections can inform any correction action * Financial returns are submitted to the Scottish Government on a regular basis. * Significant funding for IJBs for Covid response, supported by regular returns to SG but no funding beyond 2022/23. * Previous financial settlements have seen both partners meet the SG settlement conditions with any additional resources passed to the IJB. * Significant funding for IJBs for Covid response, supported by regular returns to SG. * Previous financial settlements have seen both partners meet the SG settlement conditions with any additional resources passed to the IJB. * Focus on accuracy of data used to inform financial projections alongside regular review of waiting lists and approval processes. * The IJB had uncommitted financial reserves of £7.248m at the start of 2022/23, which equates to 2.6% of the budget. This is within the good practice target of 2-4%. 	15	5	3	15	High	* Continue to actively managing the demand for services using professional judgement to determine when care is provided.	12	4	3	12	High	Treat
SRR02	Infrastructure - ICT System Integration and Property - lack of an integrated IT system to meet the needs of NAHSCP leading to non-robust and inefficient information recording and sharing resulting in inefficient business models, duplication of effort, inaccurate or lack of data on service demand and delivery and risk to service users, patients and staff.	Head of Finance and Transformation (updated)	<ul style="list-style-type: none"> * Some pockets of agile and remote working have been implemented and work continues to roll these initiatives out to improve efficiency. * Access to systems can be requested to allow NHS-Partnership staff access to NAC systems, and NAC-Partnership staff access of NHS systems. * Work has progressed to reduce the number of MH ancillary recording systems and consolidate data on centralised systems. * Working from home has accelerated the use of technology with more business being conducted via MS Teams. * HSCP systems and performance team supporting work across the partnership and progressing developments and issues with systems * Defining the new system set up for replacing CareFirst. * Work continues on the removal of a number of NHS Access databases. * Implementation of Trakcare functionality within Adult Community Mental Health Services to manage patient clinics across all three Partnerships. * Ensure that there are local arrangements in place to manage local risk. * NHSAAA are undertaking a review of all MS Access databases in use for removal to centralised systems. 	12	4	3	12	High	<ul style="list-style-type: none"> * Develop strategic direction with NHSAAA, EAHSCP and SAHSCP. * Replacement of the current social care system will include consideration of functionality which will support health service data requirements * A pan-Ayrshire initial meeting took place with NHS in Jan 2023 to agree that the use of the NHS Orion platform for data integration would be of benefit to partnerships teams - a scoping exercise is now underway by NHS IT to review how this platform works in practice within Glasgow for implementing locally 	9	3	3	9	Moderate	Tolerate
SRR05	Transformational Change Programme - failure to deliver transformational change impacting on financial sustainability, effectiveness of service delivery alongside negative impact on individual's outcomes through a failure to modernise services to meet current and future demands.	Head of Finance and Transformation (sent to Nicola Fraser 25/1/23 - no updates required)	<ul style="list-style-type: none"> * NAHSCP Transformation Board for oversight of programme development and delivery. * Reporting to NAHSCP Integration Joint Board, NHSAA Performance Governance Committee which has oversight on behalf of the NHS Board and NAC Extended Leadership Team. * Pan Ayrshire SPOG, NHSAA, NAC Scrutiny Groups & Staff Partnership Forum review and professionally challenge business plans * Scheduled meetings with Planning Managers to ensure effective communication throughout the change process on a 6 weekly basis. * Cross fertilisation and knowledge transfer of Planning Managers. * Development of Transformation Board risk register to manage risks associated with Programme change strands. * Alignment of service change/transformation plans to Strategic Plan priorities * Delivery Plans developed for each programme which identifies specific requirements for the successful delivery of each area, triggers exception reports to report when plans are not on track 	9	3	3	9	Moderate	<ul style="list-style-type: none"> * Raising awareness of Programme within the three parent organisations (including elected members and board members) via established reporting arrangements * SPOG review of business cases prior to formal submission to corporate parents to highlight negative aspects * Alignment of plans to Covid recovery * Development of full operational Workforce Plan to sit alongside plans 	6	3	2	6	Moderate	Treat
SRR06	Governance - IJB governance arrangements are not conducive to effective working and decision making. Leading to a lack of confidence in the IJB and reputational damage. Failure to comply with governance requirements such as Freedom of Information, Complaints and other regulations laid down within the Public Bodies (Scotland) Act. This could lead to a breach of specific regulations resulting in enforcement action from governing bodies, adverse public reaction and/or prosecution.	Governance Officer (Karen Andrews) (updated)	<ul style="list-style-type: none"> * Appropriate arrangements in place for representation at the IJB and sub-committees * Integration Scheme, Strategic Plan, Standing Orders and Code of Conduct in place. * Policies and procedures developed and in place for each function including Complaints, FOIs/Adverse Events for both HSCP and IJB. * Operational Governance / Delivery groups in place to ensure appropriate action planning and monitoring including Performance and Audit Committee, Clinical and Care Governance Group, Adverse Events Review Group, Health and Safety Groups and the Staff Partnership Forum. * IJB receives 6 monthly updates on Clinical and Care Governance activity including details of adverse events; significant case review; complaints. This update includes details of outcomes and lessons learned. The Adverse Event Review Group now includes a fortnightly update for all AERs across the North HSCP. * Approved a Risk Management Strategy, Strategic Risk Register and risk appetite statement. * Health and Care Governance Framework in place * Internal Audit review of IJB Governance concluded in 2021. 	9	3	3	9	Moderate	<ul style="list-style-type: none"> * Development of IJB member induction programme was paused during pandemic but has now been finalised and two sessions have taken place with a further two planned for May and September. * IJB Carer Representative was appointed following a successful recruitment campaign. Additional stakeholder appointments still to be confirmed. * HSCP reviewing resourcing and capacity for demand to undertake SAERs. Proposal to enhance process with training and reviewing capacity across the three HSCPs. * Internal Audit Review of IJB Community Engagement planned for 2023. * Pan Ayrshire Review of Integration Schemes planned for end of 2023. * Pan Ayrshire Working Group on Directions has been established focusing on governance, joint commissioning plans, set aside and lead partnership arrangements. 	6	3	1	3	Low	Treat

Risk Ref	Description of Risk	Risk Owner	Mitigations/Control Measures	Previous Score	Gross Risk				Proposed New Control Measures	Previous Score	Residual Risk				Risk Tolerance / Appetite
					Severity	Probability	Score	Rating			Severity	Probability	Score	Rating	
SRR07	Demography and Inequality Pressures - failure to adequately plan for and respond to changes in our population profile and in the levels of poverty in North Ayrshire will result in more people experiencing higher levels of physical and mental ill health, resulting in increasing demand on services, an inability of services to provide adequate care and negative impact on health and wellbeing. This includes the impact of the war in Ukraine, refugees, unaccompanied asylum seeking children and care experienced young people who may face inequality.	Chief Officer (Scott Bryan) (updated)	<ul style="list-style-type: none"> * Through delivery of the strategic plan the IJB sets out actions to tackle inequality through its Partnership Pledge and across all five of the strategic priorities. * Our Strategic Plan sets out Strategic Needs Assessment and our Strategic Planning Group and Locality Planning Forums work on the ongoing development of this * HSCP services work to address inequalities, for example our Money Matters service work with vulnerable families, providing them with benefits advice and helping to maximise household incomes. * The Partnership will continue to work closely with partners to deliver the Fair for All pledges and progress the Fairer Food agenda. * Demography increases are factored into budget planning to ensure the resource requirements are understood and funding is identified to meet needs * The Change Programme and previous Challenge Fund Projects are focused on early intervention and prevention approaches stemming the impact of future demography increases. * Equalities Impact Assessments considered as part of IJB decision making processes * Expand Community Link Workers service to assist individuals to understand the full range of formal and informal community based services available to them * Our Justice services offer greater levels of support to those with experience of the Justice system, providing offenders with employment and wellbeing support, and reducing the likelihood of reoffending. * We provide welfare training to staff across the HSCP, including NHS, NAC and Third Sector Staff, helping to better inform our workforce of the impact of inequalities. 	16	4	4	16	High	<p>Our refreshed Strategic Plan 'Caring Together' 2022-30, again underlines the HSCPs commitment to addressing local inequalities by retaining Tackling Inequalities as a key priority.</p> <p>We will Raise the profile of the impact of inequalities with our communities, staff, service users and volunteers through implementation of the strategic plan to ensure they have a firm understanding of inequalities and its impact on health and wellbeing.</p> <p>Demographic Measures</p> <ul style="list-style-type: none"> * Workforce plan will underline need to meet future demand resulting from population change * Strategic plan has key focus on providing early and effective support to help people remain as healthy as possible for as long as possible. <ul style="list-style-type: none"> - We will improve our processes around Social Care Assessment to ensure there are no delays or waiting lists for people who require an assessment or review of their need. - Through our extended response service for those over 65+ at home, we respond mental health crises faster and are able to reduce the number of Mental Health hospital admissions. - On Arran, the development of an integrated hub will allow for the provision of more effective 24/7 care, supporting people with complex care needs to remain at home. - Part of the Caring for Ayrshire programme will review the North Ayrshire primary care estate to ensure it is fit for purpose to meet the health and care needs of local people now and in the future. - Ensure we provide effective advice, respite options and financial support to carers, including older carers, to ensure they are supported to continue in their caring role. 	12	3	4	12	High	Treat
			<ul style="list-style-type: none"> * We will also continue to undertake Equality Impact Assessments on all new policy or service proposals, ensuring we ass the impact of any proposals on identified protected groups. Further, the EIA process included assessment of how proposals meet the Fairer Scotland Duty. * Our commissioning and procurement process adopt ethical approaches, ensuring all commissioned services do not discriminate against any particular groups and provide real actionable community benefits * Involvement in NAC Ukrainian Taskforce, Ayrshire Taskforce and Refugee Taskforce which meets regularly to share information and allow for appropriate planning. 						<p>Inequalities Measures</p> <ul style="list-style-type: none"> * Embedding Money Matters staff in nine GP practices and seven local schools in North Ayrshire's more deprived areas, to improve access to financial advice and income maximisation services for local families. * By implementing new ways of working in Trindlemoss, people with a learning disability will have greater opportunities to develop skills and access meaningful paid employment <ul style="list-style-type: none"> - Increase the number of employability mentors in Justice Services, to support those with experience of the justice service into meaningful employment or training opportunities and to help divert away from criminal behaviours. - Implement the National Health Visiting Pathway, supporting children in their early years and reducing the number of children with developmental concerns in the early stages. - Working closely with Housing colleagues to ensure formerly looked after young people can access a positive and stable housing destination. - In our Drug and Alcohol Services, we are implementing actions to reduce the number of local drug and alcohol related harms and deaths. This includes implementing the national MAT (Medicated Assisted Treatment) standards and increasing the number of ABIs (Alcohol Brief Interventions) delivered across North Ayrshire. - Through the Caring for Ayrshire programme, we set out a phased approach to improve local primary care premises (GP Practices and Health Centres). This will improve overall professional capacity within GP practices for Multi-Disciplinary Teams, ensuring the right support is available for local people with health concerns. 						
SRR08	Workforce - failure to recruit and retain and plan workforce requirements effectively leading to an insufficient workforce (number of staff, key roles and competency levels), resulting in a reduction in capacity to safely and effectively care for local people and a negative impact on service user and patient's needs being met	Chief Officer (updated)	<ul style="list-style-type: none"> * Collaborative recruitment in A&A for areas including ICT, Primary Care Implementation plan, Mental Health and Clinical Leadership * Workforce Development Strategy (WDS) 2018-2021 approved by the IJB, interim workforce plan is being developed * Engagement with local secondary schools to expand the range of work experience and modern apprentice options that are available to promote a career in care. * Engagement with Ayrshire College to refine and expand the range of options available for students to experience service delivery in North Ayrshire. * Conduct exit interviews with all staff to understand reasons for leaving, using this intelligence to inform plans to improve working conditions and role satisfaction * Work with local providers to understand the pressures they face and support them, supporting the implementation of the Scottish Living Wage and fair work agenda * Early identification of vacancies and timeous submission of recruitment paperwork to the vacancy scrutiny group * Managed risks to recruiting on a permanent basis rather than relying on temp recurring funding, through creative use of funding and alignment with other service needs/alternatives 	12	4	3	12	High	<p>A new HSCP Workforce Plan was approved by IJB and published in October 2022. This plan set out the key challenges facing the HSCP Workforce. While a number of challenges were identified, key among them included:</p> <ul style="list-style-type: none"> •An older workforce, with many approaching retirement age and relatively low numbers of staff from younger age groups. •A high level of staff vacancies, resulting from difficulties in appointing to vacant posts and staff retention. •High levels of absence <p>As part of our Workforce Plan we identified 5 workforce priorities which aligned to the Scottish Government's five pillars of Workforce Planning:</p> <ul style="list-style-type: none"> •Understanding our Workforce (Plan) •Promoting our Organisation (Attract) •Investing in our People (Train) •Building our Workforce (Employ) •Growing our People (Nurture) <p>The Plan places a focus on better understanding our organisation through provision of better workforce data, promoting the HSCP as a positive place to work and build a career, and highlighting the positive benefits of HSCP employment, including career development and support.</p> <p>The plan also places a strong focus on the wellbeing of the workforce as a key priority.</p> <p>To support implementation of the Workforce Plan, an supporting action plan was identified. Actions included:</p> <ul style="list-style-type: none"> oDeveloping an enhanced suite of workforce planning reports. oSupporting the AHP Workforce Commission oWorking closer with education colleagues to promote HSCP careers for pupils close to school leaving age oCreating career pathway plans, so potential and existing staff have a clear vision of future development opportunities 	9	3	3	9	Moderate	Treat

Risk Ref	Description of Risk	Risk Owner	Mitigations/Control Measures	Gross Risk					Proposed New Control Measures	Residual Risk					Risk Tolerance / Appetite
				Previous Score	Severity	Probability	Score	Rating		Previous Score	Severity	Probability	Score	Rating	
SRR09	Scottish Government Policies: risk of further legislative, policy developments or change which impacts on the IJBs ability to deliver on strategic objectives, examples include the Promise, the Living Wage, Carers Act, Free Personal Care and other future policy developments including the National Care Service. The impact being the inability to deliver on these alongside strategic plan commitments and objectives and the impact of funding for new policy and legislative commitments.	Chief Officer (no updates proposed)	<ul style="list-style-type: none"> * Horizon scanning for policy developments through partners, professional networks including links with Scottish Government policy teams * Regular liaison with Scottish Government and COSLA senior officers * Attendance at the national Chief Officer network. * Responses to consultations on potential implementation of new policy areas * Early impact assessments locally for national policies, including operational and financial service impact * Financial modelling to respond to requests for information to support full funding * Fully brief IJB members and wider partners on policy implications for the IJB to gather support and awareness of any implementation issues or concerns 	16	4	4	16	High	<ul style="list-style-type: none"> * Promote and develop pan-Ayrshire approaches to impact assessment of policy implementation * Reinforce the role of Elected Members and IJB members to influence Scottish Government decision making through political routes 	12	4	3	12	High	Treat
SRR10	Covid-19: Failure to contain any covid related costs within the existing budget leading to an overspend which could lead to a reduction in service provision in order to bring the budget back online.	Chief Officer (updated)	<ul style="list-style-type: none"> * IJB actively monitors the partnership financial position. * Directors of Finance of the Council and Health Board have oversight. * Regular updates are provided to the Council's Cabinet. * Robust processes for monitoring projects and the monthly financial position ensuring financial projections can inform any correction action. * Close monitoring of the services that were Covid funded e.g. ward costs 	20	4	4	16	High	<ul style="list-style-type: none"> * Continue to monitor the service areas where covid funding was allocated during the pandemic and identify any issues early to develop a plan to bring the costs within budget. 	15	3	4	12	High	Treat
SRR11	National Care Service - Development of the National Care Service leading to uncertainty about the future delivery of services by the IJB resulting in an impact on the current services and staff.	Chief Officer (no changes proposed)	<ul style="list-style-type: none"> * Providing a full response to the Scottish Government Consultations * Participating in national engagement events organised by Scottish Government * Keeping up to date with and seeking to influence developments via national professional networks * Continue the current transformation programme to continue to deliver the improvements intended to be achieved by integration of health and social care. 	15	3	5	15	High	<ul style="list-style-type: none"> * Push for more information where there were significant gaps in the draft legislation, e.g. boundaries, services in scope, finance, assets, staffing, pension provision. * Continue seeking to influence developments via national professional networks. 	15	3	5	15	High	Treat
SRR12	Clinical and Care Governance: Failure to have an appropriate framework in place leading to an adverse impact on the culture resulting in a reduction in the quality of the delivery of the highest quality of care and support is understood.	Chief Social Work Officer and Associate Nursing Director (updated)	<ul style="list-style-type: none"> * continuous review of arrangements for Clinical and Care Governance are essential for the delivery of statutory, policy and professional requirements and the achievement of our quality ambitions. * ongoing review of established structures and processes to assure Integration Joint Boards, Health Boards and Local Authorities * empowering clinical and care staff to contribute to the improvement of quality * making sure that there is a strong voice of the people and communities who use our services. * ensure that professional leadership develops good governance for each of the following components: culture, systems, practices, performance, vision and leadership. * delivery of the highest quality of care and support is understood to be the responsibility of everyone working in the organisation - built upon partnership and collaboration within teams, and between health and social care professionals and managers. 	9	3	3	9	Moderate		9	3	3	9	Moderate	Tolerate

North Ayrshire Integration Joint Board

16th March 2023

Subject : **HSCP Equality Outcomes Plan (2022-25)**

Purpose :

- Awareness
- Approval

Recommendation : IJB review the contents of the attached Equality Outcomes Plan for the period 2022-25.
IJB to provide approval for publication and implementation of the plan.

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

Glossary of Terms

NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
PSED	Public Sector Equality Duty
EHRC	Equality and Human Rights Commission
IJB	Integration Joint Board

1.	EXECUTIVE SUMMARY
1.1	As a registered public body, North Ayrshire Integration Joint Board (IJB) is required to publish a set of Equality Outcomes, demonstrating how it intends to improve the lives of people with protected characteristics.
1.2	North Ayrshire IJB previously published a set of equality outcomes in April 2021 which aligned with the one-year strategic bridging plan for 2021-22. Following guidance from the Equality and Human Rights Commission (EHRC) we have developed a more focused set of equality outcomes that more closely reflect our primary service user groups.
1.3	The draft Equality Outcomes Plan 2022-25 has now been prepared and is attached with this covering paper. The new Equality Outcomes Plan must be published by 31st March 2023.

2.	BACKGROUND
2.1	As a registered public body, Integration Joint Boards are required to comply with the Public Sector Equality Duty (PSED) as set out in the Equalities Act (2010). To meet the PSED, public bodies are obligated to comply with both General and Specific Duties.
2.2	<p>In meeting the General Duty public bodies must ensure that in their day-to-day practice they act to:</p> <ul style="list-style-type: none"> ○ Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct. ○ Advance equality of opportunity between people who share a relevant protected characteristic and those who do not. ○ Foster good relations between people who share a protected characteristic and those who do not.
2.3	<p>In undertaking specific equality duties public bodies must:</p> <ul style="list-style-type: none"> ○ Publish a set of equality outcomes which it considers would enable it to better perform the general equality duty. These must be reviewed within four years of initial publication. ○ Assess relevant policies, procedures, and practices through Equality Impact Assessment <p>In addition to those duties listed above, public bodies must publish a report on progress towards identified outcomes and how the organisation is mainstreaming its equality duty. The publications must be in a fully accessible format.</p>
2.4	<p>In 2017, North Ayrshire Health and Social Care Partnership (HSCP) as part of the Ayrshire Equality Partnership (AEP) produced a joint set of Equality Outcomes. These consisted of four, high level outcomes and were adopted by most AEP partners. These outcomes were that, in Ayrshire:</p> <ol style="list-style-type: none"> 1. people experience safe and inclusive communities. 2. people have equal opportunity to access and shape our public services. 3. people have opportunities to fulfil their potential throughout life. 4. public bodies will be inclusive and diverse employers.
2.5	In working towards these outcomes, the AEP produced joint action plans to produce a more cohesive approach to Equalities across Ayrshire. However, while initially supportive of the overall approach, later feedback from EHRC suggested that the four Ayrshire outcomes were not specific enough to be truly meaningful.
2.6	EHRC advised that Equality Outcomes must be specific in their approach, looking at addressing specific need or issues. They should not be generic or universal in their approach. In summary, equality outcomes should focus on improving the lives of those with protected characteristics.

2.7	In response, AEP members decided to set additional more organisational specific Equality Outcomes but agreed to maintain the four high level Ayrshire outcomes.
2.8	In April 2021, North Ayrshire IJB published a new local set of eight equality outcomes. A progress report in relation to this plan is currently being developed and will be presented to IJB in due course.
2.9	On reviewing the 2021 equality plan and following further EHRC advice (para 2.6), a smaller and more focussed set of Equality Outcomes have been identified for publication.
2.10	<p>The draft Equality Outcomes Plan 2022-25 is now ready for publication. The plan sets out how the HSCP will continue to mainstream equality practice into our day-to-day business. Our set of Equality Outcomes will cover the reporting period of this plan from April 2022 to April 2025. They are:</p> <ol style="list-style-type: none"> 1. People with complex care needs are supported to live independently at home for as long as possible. 2. People and communities who make North Ayrshire their home can effectively access the health and social care services they need. 3. Children and families in need are supported to live healthy and safe lives. 4. Through improved engagement practices and access to a greater range of health and social care opportunities, people with a learning disability, or those with complex health conditions, achieve better health outcomes.
3.	PROPOSALS
3.1	<p>The Equality Outcomes Plan identifies 4 Equality Outcomes for the partnership to address over the lifetime of the plan (2022-25). As per guidance from EHRC these outcomes are more focussed on specific protected groups.</p> <p>The plan also provides a supporting action plan that will help progress towards the identified outcomes.</p> <p>It is proposed that IJB review the contents of the attached Equality Outcomes Plan for the period 2022-25 and provide approval for publication and implementation of the plan.</p>
3.2	<u>Anticipated Outcomes</u>
3.2.1	It is anticipated that through adoption of the identified equality outcomes and implementation of the associated action plan, North Ayrshire IJB will comply with the Public Sector Equality duty and provide effective supports to local people and service users with protected characteristics.

3.3	<u>Measuring Impact</u>
3.3.1	To support the delivery of these outcomes, an action plan has been produced drawing on from existing actions with the HSCP Strategic Plan and from additional planned activity identified through facilitated team discussions.
3.3.2	As per national guidance, public bodies are required to publish a progress and mainstreaming report every two years. As such, a mainstreaming report will be published by April 2025.
4.	IMPLICATIONS
4.1	<u>Financial</u> None.
4.2	<u>Human Resources</u> None.
4.3	<u>Legal</u> By publishing a set of equality outcomes, the IJB remains compliant with the Public Sector Equality Duty.
4.4	<u>Equality/Socio-Economic</u> The outcomes plan outlines the key processes and actions the IJB/HSCP will undertake to support those in North Ayrshire who possess a protected characteristic. The plan includes what the HSCP does on a to mainstream equalities into everyday business as well as identifies key equality outcomes that focus action to support those with protected characteristics.
4.5	<u>Risk</u> The report falls in line with the agreed risk appetite statement which is low -risk appetite in respect to adherence to compliance duties.
4.6	<u>Community Wealth Building</u> None.
4.7	<u>Key Priorities</u> The Equality Outcomes Plan aligns with the IJB Strategic Plan, 'Caring Together'. A key focus of the strategic plan is to improve equality of health outcomes across North Ayrshire and address local inequalities.

5.	CONSULTATION
5.1	<p>The plan has been presented to a number of HSCP Leadership groups for review and comment:</p> <ul style="list-style-type: none"> • 24th Jan 2023 – Health and Community Care Senior Management Team • 25th Jan 2023 – Mental Health and Learning Disability Senior Management Team • 31st Jan 2023 – Children, Families and Justice Senior Management Team • 31st Jan 2023 – North Ayrshire Strategic Planning Group • 09th Mar 2023 – Partnership Senior Management Team

Caroline Cameron, Director

Scott Bryan, Interim Programme Portfolio Manager - Strategy, sbryan@north-ayrshire.gov.uk

Appendices

- Appendix No, **North Ayrshire HSCP – Equality Outcomes Plan 2022-25 (Draft)**



EQUALITY OUTCOMES PLAN 2022-25

North Ayrshire Health and Social Care Partnership

Contents

Introduction	2
Diversity in North Ayrshire.....	2
North Ayrshire Health and Social Care Partnership.....	3
Our Strategic Direction 2022-30	4
Related strategies	5
Equality Act and the Public Sector Equality Duty	6
General Duties	6
Specific Duties.....	6
Mainstreaming our equality duty	8
Equality Outcomes	11
Ayrshire Shared Equality Outcomes	11
NA HSCP Local Equality Outcomes.....	12
Equality Outcomes Supporting Actions	14
Equality Outcome 1: Older people with complex care needs are supported to live independently at home for as long as possible.....	14
Equality Outcome 2: People and communities who make North Ayrshire their home can effectively access the health and social care services they need.	15
Equality Outcome 3: Children and families in need are supported to live healthy and safe lives.....	16
Equality Outcome 4: Through improved engagement practices and access to a greater range of health and social care opportunities, disabled people, or those complex health conditions, achieve better health outcomes.	17
Appendix	19
Appendix A - Acronym Directory	19
Appendix B – Diversity in North Ayrshire (2019) – Infographic.....	20
Appendix C: General Equality Duties and Protected Characteristics.....	21
Appendix D: National Health & Wellbeing Outcomes	22
Appendix E - Ayrshire Equality Outcome Partners	24
Appendix F - Equality Outcomes Map.....	25

Introduction

In April 2022, North Ayrshire Health and Social Care Partnership published its longer-term Strategic Plan, 'Caring Together' 2022-30. This was the first time the Partnership set out a strategic vision beyond a three-year medium term. The plan sets our vision and priorities for improving the health and wellbeing of local people.

In 2021, we published a local set of eight equality outcomes. More information on progress made towards those outcomes can be found in our Equality Outcome and Mainstreaming report 2021-22 published on our website: <https://tinyurl.com/ye5abj5b>.

Following the publication of Caring Together, we have now identified a new Equality Outcome set which aligns with our overall strategic plan. However, while the strategic plan is universal in its approach, aiming to support all residents of North Ayrshire, this Equality Outcomes plan provides greater focus on how we intend to improve the lives of those who possess protected characteristics.

By its very nature, the HSCP engages with and supports a variety of people with different support needs on a day-to-day basis, many of whom fall under the banner of protected characteristic. This plan sets out how we intend will focus our support on individuals with protected characteristics.

National guidance on setting equality outcomes notes that these should be proportionate and relevant to the strategic priorities of the organisations setting them. Following advice from the Equality and Human Rights Commission (EHRC), we have revised our Equality Outcomes for this new planning cycle reducing the number of outcomes from eight to four. The purpose of this revision is to ensure we provide greater focus on concerns facing specific equality groups.

Diversity in North Ayrshire

As of 2021, North Ayrshire is home to an estimated 134,220 people. Within this group exists a wide range of diversity and identities. Most people in Ayrshire will possess at least one protected characteristic (see page 6 for more information).

The annual Scottish Household Survey provides a sample of protected characteristics in North Ayrshire. An infographic showing the diversity in North Ayrshire from the 2019 survey (the most recent publication) can be found in Appendix B.

North Ayrshire Health and Social Care Partnership

North Ayrshire Health and Social Care Partnership (the Partnership) provides locality-based health and social care services for people throughout their life: from birth through childhood, teenage years and adulthood.

Our services areas include:

- Children, families and justice services,
- Adult health and community care services and
- Mental health, addictions and learning disability services

Our teams include Allied Health Professionals (dietitians, physiotherapists, occupational therapists, speech and language therapists), addictions workers, care at home, care homes, child immunisation, community alarm and digital health, community link workers, money matters, nurses (including specialist nurses), paid carers, psychologists and psychiatrists, social workers (across all age groups), residential adult & childcare staff and volunteers.

In addition, dentists, GPs, optometrists and pharmacists (primary care professionals) work together with us. We also work closely with the Third sector, the Independent sector, Housing Services, NHS acute hospitals, Alcohol and Drug Partnerships, Ayrshire wide Partnerships, Police Scotland, local councillors, and many others.

We want to ensure all people in North Ayrshire can access community support in their locality and as required, contact the right health and social care professional, at the right time. We all work together to provide high quality, safe and sustainable care, as seamlessly as possible for the person needing support.

Lead Partnership Arrangements

The Partnership also delivers a Lead Partnership role across all of Ayrshire, which describes what primary care services the North Ayrshire Integration Joint Board (IJB) will manage on behalf of NHS Ayrshire & Arran (NHS A&A). This is also true in East and South Ayrshire, where both council authorities have their own delegation schemes with NHS A&A.

Across Ayrshire, the following services are managed by a lead partnership:

- Primary Care Services (GP practices, Dentistry, Optometry) are managed by East Ayrshire HSCP
- Mental Health Services (Psychiatry, CAMHS, Inpatient Services) and Children's Health Visiting Service are managed by North Ayrshire HSCP
- Integrated Continence Services, Joint Equipment Store, and Family Nurse Partnership are managed by South Ayrshire HSCP



Further information in relation to Ayrshire's lead partnership arrangements can be found in our joint Lead Partnership Statement. <https://tinyurl.com/2aaemxym>

Our Strategic Direction 2022-30

Published in April 2022, the Partnership's Strategic Plan, 'Caring Together' 2022-30, sets out our commitment to achieving our vision that, "People who live in North Ayrshire are able to have a safe, health and active life". The plan can be found on our website:

<https://tinyurl.com/9mmexs4x>

As part of our engagement work in developing this plan, we asked local people to tell us what values they would expect to see from a Health and Social Care organisation. They told us they expect us to embody:

Care, Empathy, and Respect

- By being a Caring Partnership, we look after and support the health and wellbeing needs of those who require it.
- By showing Empathy, we understand the needs, wishes and concerns of people accessing our services as we support them on their care journey.
- By showing Respect, we see people accessing services as unique individuals and actively involve them, and their family, in the planning and delivery of their care.

Going forward, the Partnership will strive to embody these values.

The plan recognises that many people living in North Ayrshire experience health and wellbeing concerns that are often disproportionate to others living in their community. We understand that an individual's unique characteristics and background can have a significant impact on achieving positive health and wellbeing outcomes. Through its strategic plan, the Partnership hopes to improve health and wellbeing standards of all people across North Ayrshire, particularly focussing on our more vulnerable groups.

To help achieve our vision, we have identified five strategic priorities for action:



These priorities do not exist independently of each other. Instead, the priorities are interlinked and success against one priority is likely to positively impact against others.

To support these priorities, our services identified a number of long-term ambitions that they hope to achieve in order to support everyone in North Ayrshire to live safe and healthy lives. Some of the ambitions, that are more relevant to protected groups include:

- Ensuring children and young people can grow up in loving and nurturing environments, with families receiving the right support when they need it.
- People with mental health concerns receive the support they need in their own communities.
- Our workforce is ready and able to meet the health and social care needs of people now, and are always planning for future demand.

- People who require support are at the heart of their care and are able to make informed choices about the service they receive.
- People moving between key life, or transitions stages in health and social care are effectively supported.
- Older people are able to be supported effectively at home, with little to no waiting times for assessment or receiving care.
- We will enhance our community engagement approaches to ensure the voice of local people, particularly those with lived experience are used to help shape and improve our services.

The full set of ambitions can be found in our strategic plan, which also outlines the key strategic actions that will be undertaken to achieve them.

Related strategies

Our endeavours to meet these equality outcomes will be underpinned by several relevant strategies and policy directions including:

- North Ayrshire HSCP Strategic Plan, 'Caring Together' 2022-30: <https://tinyurl.com/9mmexs4x>
- The Promise: <https://thepromise.scot/plan-21-24-pdf-spread.pdf>
- Caring for Ayrshire programme: <https://tinyurl.com/4mxf5ey6>
- Mental Health Strategy 2017-27: <https://tinyurl.com/2p8jxzek>
- Learning Disability Strategy – Towards Transformation: <https://tinyurl.com/3tsu83r6>
- Public Health Scotland Strategic Plan (2020-23): <https://tinyurl.com/87n2zps>
- Independent Review of Adult Social Care in Scotland: <https://tinyurl.com/4z5rja59>
- Coming Home Report 2022 (improving care for people with complex needs and learning disabilities) <https://tinyurl.com/5242y3h9>
- North Ayrshire Children's Service Plan 2020-23 <https://tinyurl.com/5n7ptzcu>

By contributing to each of these plans we will seek to actively improve the access to and quality of public services for all.

Equality Act and the Public Sector Equality Duty

Obligations on Integration Joint Boards

As a public authority identified in the Equalities Act 2010, North Ayrshire Integration Joint Board (IJB) must comply with the General and Specific Duties as set out in the Act.

General Duties

The Act sets out general duties for every public authority to have due regard. The General Duties place an obligation on public bodies to:

- Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.
- Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The general duties apply to every function within our organisation, including how we plan and deliver frontline services, our role in policy making and in how we procure and contract services from outside agencies. The Act refers to this as ‘mainstreaming equality’.

The public sector equality duty covers the following protected characteristics (see Appendix C for further definitions):

- *Age*
- *Disability*
- *Race*
- *Religion or belief*
- *Sex*
- *Pregnancy and maternity*
- *Sexual orientation*
- *Gender reassignment*
- *Marriage and civil partnerships*

Specific Duties

Specific duties have been designed to help authorities meet the three needs outlined in the general duty.

Due to the legislative structure of Integration Joint Boards (IJB), Health and Social Care Partnerships are exempt from certain specific duties. This is due to the unique structure of Integration Boards in that they are not employing bodies. IJBs direct the strategy and operations of Primary Health Care and Social Care services, all staff members remain employees of either NHS Ayrshire and Arran or North Ayrshire Council.

North Ayrshire Health and Social Care Partnership must:

- Publish a report on how it has mainstreamed equality into the day-to-day operations of the organisation
- Publish a set of equality outcomes which it considers would enable it to better perform the general equality duty. These must be reviewed within four years of initial publication

- Publish a report on progress towards these outcomes
- Make any reports published fully accessible to all
- Assess relevant policies, procedures and practices through Equality Impact Assessment

In terms of our current reporting obligations, IJBs need not:

- Gather and use employee information;
- Publish gender pay gap information;
- Publish statements on equal pay;
- Publish information on board diversity*

However, while we are not required to report on specific duties in relation to employees, we will work closely with North Ayrshire Council and the Board of NHS Ayrshire & Arran to ensure our staff are treated in a fair and equitable manner.

*In relation to the publishing of board diversity information, this aspect of the Public Sector Duty has now been legislated but is yet to be implemented.

Mainstreaming our equality duty

North Ayrshire Health and Social Care Partnership is dedicated to improving the health and wellbeing of local people. In doing so, we work together with other key partners to improve the life chances of all. Our ambitions and strategic intentions are clearly set out in our strategic plan 'Caring Together'.

The five priorities within the strategic plan reflect our ambition to improve the lives of local people. Among these is to work with our communities as we address the high levels of inequality that exist in North Ayrshire as a result of the high levels of local deprivation. Our Strategic Plan is universal in its approach and applies to all residents in North Ayrshire who require health and social care support.

We know that people with protected characteristics are often adversely impacted by social and economic inequalities. As such, it is important that we always consider the impact of our decisions and services on those groups. Going forward, we will continue to embed and enhance our understanding of equalities across the Partnership. Some of the key mechanisms we will use to do this are set out below.

Transformation and Change

The partnership is continually reviewing and improving our services to ensure that we continue to effectively support local people and meet any change in demand. As we undergo these reviews, it is essential that we consider the potential impact on people with protected characteristics to ensure no negative impact arises from any changes we make. Going forward we will ensure that considerations around equalities are considered at the earliest stages of any new development.

Equality Impact Assessments

The key tool for assessing the potential impacts on those with protected characteristics is our Equality Impact Assessment (EIA). These assessments are carried out on all our key budget proposals and on the majority of the partnerships policies, plans and strategies. During the life of this plan, we will support services to consider the impact of equalities on any new proposals by completing an EIA at the initial planning stages and ensure it is reviewed regularly throughout the development process.

In 2023, NAHSCP will launch a new Partnership website that will host a range of information and advice about our services. This site will also host the HSCPs plans, strategies and reports. This site will also host information on our work to mainstream equalities as well as all completed EIAs. The new website will ensure it adheres to full accessibility guidelines in both its overall design and documentation.

Training

The HSCP provides a range of training options to ensure our workforce can meet the challenges of their roles. A number of these training courses available have a strong equality focus. Some of the equality related training available through HSCP Learning and Development include:

- Promoting Equality

- Autism Awareness
- Child Protection Awareness
- Adult Support and Protection Awareness
- Understanding Mental Health
- Understanding Domestic Abuse
- Adults with Incapacity

In addition HSCP employees also have access to the learning resource of their parent organisations. For NAC contracted employees this includes:

- Deaf Awareness
- British Sign Language and Tactile BSL
- Sensory Impairment and Sight loss Awareness

Additional training resource provided to NHS contracted employees include:

- Health Inequalities Awareness
- LGBT Training
- Learning Disability Awareness
- Transgender Awareness

Other courses are available through NHS Ayrshire and Arran on a demand lead basis.

Engagement

We understand that meaningful participation and engagement are important parts of enabling healthier and more empowered communities. Since the Partnership began in 2015, we have worked hard to review and improve how we engage with local people and communities to ensure their views are at the heart of how we deliver our services.

Through our various engagement methods, we ensure the voice of the people of North Ayrshire is used to inform our decisions making. This includes the people who access health and social care services, unpaid carers and young carers, families, and the staff and volunteers who are involved in the provision of health or social care across all sectors including public, third and independent sectors.

Due to the nature of our work, many of our service users often possess one or more protected characteristic. For example, we provide services to older people with physical impairments and long-term conditions, children and adults with physical or learning disabilities, pregnant women and new mothers and protective services to vulnerable young children. As such, it is natural for the Partnership to engage with people with a range of protected characteristics.

However, going forward through our developing engagement work we will seek to engage more fully with less represented protected groups, such as LGBTQ, Race and Ethnicity, and religious groups.

When we undertake any engagement activity - at any level – we will use the five key principles of participation and engagement:

- Inform, Consult, Involve, Collaborate, Empower (co-produce)

This will ensure we use the best approach whenever we engage with our stakeholders and members of the public, supporting us to better understand their ideas and views and help us to plan and deliver better services for all.

Procurement

The Partnership commissions a range of health and social care services from Third and Independent Sector Providers. As part of meeting regulations within the Equality Act, we must consider our equality duty when awarding contracts to external providers. Our Contracts and Commissioning employ a robust tendering process that ensures equality is fully considered and embedded in all commissioned services.

Going forward, and as we progress towards the creation of a National Care Service our Contracts and Commissioning Team will ensure we retain a strong commitment to ethical commissioning.

Equality Outcomes

National guidance on setting equality outcomes notes that these should be proportionate and relevant to the functions and strategic priorities of the organisation setting them, and that they may include both short and long-term benefits for people with protected characteristics.

From the outset of the development process, the following definition was applied to ensure consistency and rigour.

Outcomes are not what we do, but the beneficial change or effect which results from what we do. These changes may be for individuals, groups, families, organisations or communities.

Specifically, an equality outcome should achieve one or more of the following:

- Eliminate discrimination
- Advance equality of opportunity
- Foster good relations

Ayrshire Shared Equality Outcomes

To support the mainstreaming agenda across all Ayrshire public bodies, the Ayrshire Equality Partnership (AEP) was created. AEP seeks to bring together local partners to work together on mainstreaming equality outcomes across Ayrshire. By working together, we can produce a more coherent vision for the improving equalities agenda across Ayrshire. More information on the AEP can be found in Appendix E.

In April 2017, the Ayrshire Equality Partners published a set of 4 Shared Equality Outcomes. Those are that in Ayrshire:

- 1. people experience safe and inclusive communities**
- 2. people have equal opportunity to access and shape our public services**
- 3. people have opportunities to fulfil their potential throughout life**
- 4. public bodies will be inclusive and diverse employers**

These outcomes were reviewed in 2021 and following public consultation were agreed to continue as high level outcomes for all partners.

NA HSCP Local Equality Outcomes

National guidance from the EHRC advised that the Ayrshire Shared Equality Outcomes were too broad in scope to be true equality outcomes. To this end, it was agreed by AEP partners to maintain the 4 Ayrshire Shared Equality Outcomes as long-term aims, but that each partner would also identify a more localised set of outcomes for the short or medium-term.

The HSCP published a set of 8 local equality outcomes in April 2021 as part of its one-year Equality Plan in alignment with our strategic bridging plan (2021-22). Following guidance from EHRC, we have reviewed our outcomes and identified a more focussed set of four outcomes. Our set of Equality Outcomes will cover the reporting period of this plan from April 2022 to April 2025. They are:

1. People with complex care needs are supported to live independently at home for as long as possible
<u>Rationale:</u> People often express a desire to be cared for at home. The partnership will support people to receive the health and social care support they need at home. We will support people to live as independently as possible, at home for as long as it is safe to do so. We will also be aware and supportive of other protected characteristics that people may have and ensure these are considered as we provide effective care. Partnership services will strive to be more community focussed in the future and will be supported by a vibrant third and independent sector.
2. People and communities who make North Ayrshire their home can effectively access the health and social care services they need
<u>Rationale:</u> North Ayrshire is a welcoming place for refugees, as is evidence from the new Scots communities from countries such as, Ukraine, Syria and Afghanistan. Many of these residents intend to remain in North Ayrshire, making it their home. It is essential that these groups are aware of the health and social care services available to them and understand how to access those services when required.
3. Children and families in need are supported to live healthy and safe lives.
<u>Rationale:</u> Supporting people at the earliest possible stage can prevent circumstances deteriorating and reaching crisis. This is true for both health and social circumstances. By working to prevent poorer outcomes for children and families and offering help at the earliest possible point, can support positive outcomes.
4. Through improved engagement practices and access to a greater range of health and social care opportunities, people with a learning disability, or those with complex health conditions, achieve better health outcomes
<u>Rationale:</u> People with a Learning Disability, or those with complex health conditions, often face barriers to achieving positive health outcomes. This could be due to challenges identifying and accessing the most appropriate services. By enhancing our engagement approaches with service users, families and carers, staff and local providers, we can better identify more meaningful support pathways for individuals; leading to better health and wellbeing outcomes.

We believe these outcomes provide a more focussed approach for the HSCP to re-dress some of the inequalities many local people face. These outcomes are more focussed on supporting specific equality groups, particularly those that are traditionally supported through health and social care services. However, we will be aware of the intersectionality of protected characteristics, ensuring we do not lose sight of other or additional protected characteristics that people may possess and ensure these are considered when delivering effective health and social care services.

How these outcomes align with other strategic priorities and outcomes can be found in Appendix F.

Equality Outcomes Supporting Actions

To support the achievement of the identified outcomes several supporting actions have been identified. Many actions included already exist in our Strategic Plan. This demonstrates our mainstreaming approach to equality and diversity. This plan will be reviewed regularly and be refreshed accordingly as new actions arise and others are completed. We anticipate the through our enhanced engagement activities with local people and protected groups new areas of development will be identified and included for action.

Equality Outcome 1: People with complex care needs are supported to live independently at home for as long as possible

No.	Supporting Action	Desired Outcome	Protected Groups
1.1	Reduce the waiting list for Social Work Assessment and Review	Older people with identified care concerns are able to have their care needs assessed and actioned quickly. People accessing services experience no waiting time for initial assessment and review.	Age (Older People) Disability
1.2	Reduce the waiting list for Care at Home Services (both at home and in hospital)	Older people with identified care needs do not have to wait long periods of time to receive a Care at Home package.	Age (Older People) Disability
1.3	Remobilise Day services for Older People, enhancing options to include both at home and residential provision.	We have helped reduce the negative impact of social isolation and loneliness by providing a range of day service opportunities to older people in North Ayrshire	Age (Older People) Disability
1.4	Review Local Models of Respite Provision	Through provision of an effective Respite service, carers in North Ayrshire are supported to continue in there caring role. Carers are provided appropriate respite support in line with their assessed needs.	Age (Older People) Disability Other - Carers

No.	Supporting Action	Desired Outcome	Protected Groups
1.5	Reduce waiting list for people needing an Occupational Therapy assessment and improve access to aides and adaptations to support independent living.	People who require an assessment and support from occupational therapy receive it promptly, and the support received supports ongoing independent living.	Age (Older People) Disability Other - Carers
1.6	Review Day Services on Arran for Older People	Older people on Arran have access to a range of Day Service options that help support social inclusion, maintain wellbeing and reduce isolation.	Age (Older People) Disability Other - Carers
1.7	Continue to develop community-based MDTs to ensure appropriate support for people in communities to support them to remain at home.	Local people are able to access the right care at the right time in their local communities. Through improved access to a range of Health and Care professionals, people can be supported to remain in good health in their communities for longer	Age (Older People) Disability Other - Carers
1.8	People who have received a period of care within Acute will have access to a range of services to support their transition back home.	People are supported effectively in their return home from a period of care in an acute hospital setting.	Age (Older People) Disability Other - Carers
1.9	Apply the principles the Ayrshire end of life and palliative care model.	People in North Ayrshire are supported through episodes of palliative care and are assisted to die will.	Age (Older People) Disability Other - Carers

Equality Outcome 2: People and communities who make North Ayrshire their home can effectively access the health and social care services they need.

No.	Supporting Action	Desired Outcome	Protected Groups
2.1	Develop a plan to support the transition of new Scots away from Refugee Taskforce support and onto mainstream health and social care supports	New Scots who have settled in North Ayrshire are aware of the Health and Social Care services available to them and no longer require accessing the Re-settlement Taskforce for support.	Race and Ethnicity
2.2	Undertake a needs assessment of the possible long-term health and social care needs of new Scots	We better understand the health and social care needs of new Scots living in North Ayrshire.	Race and Ethnicity

2.3	Deliver locally the actions to support new Scots as identified in the Mental Welfare Commission for Scotland's Equality Outcome Plan 2021.	We have a better understanding of the needs the mental health needs of new Scots and they are aware of the services available to them.	Disability Race and Ethnicity
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Equality Outcome 3: Children and families in need are supported to live healthy and safe lives.

No.	Supporting Action	Desired Outcome	Protected Groups
3.1	Implement Signs of Safety approaches to improve how we work with families to develop meaningful childcare plans.	Child Care Plans are developed through meaningful collaboration with families and include tangible and measurable agreed outcomes. More children can stay at home in the family unit.	Age (Children)
3.2	Improve the quality and accessibility to services for children and young people who themselves (or parent/care givers) are at risk due to the harmful effects of alcohol or drug use, by establishing a speciality support team in Partnership with the ADP.	Reduction in family breakdown Increase in children and young people staying within their family home and local communities. Reduction in crisis episodes Increase in resilience and wellbeing. Increased access to community resources.	Age (Children) Sex
3.3	Enhance early intervention and prevention provision within the established Infant Mental Health Service	There is a pathway of support for expectant and new mums experiencing mental health difficulties and concerns. This service is available to those in need at the earliest possible time.	Age (Children) Sex Disability
3.4	Work with leadership across HSCP, NHS and North Ayrshire Council to locally agree that people with Care Experience are considered as a protected characteristic.	Care Experience is considered a Protected Characteristic in North Ayrshire. This helps ensure that the impact on care experienced young people are considered in all future budget or policy proposals.	Age (Children)

Equality Outcome 4: Through improved engagement practices and access to a greater range of health and social care opportunities, people with a learning disability, or those with complex health conditions, achieve better health outcomes

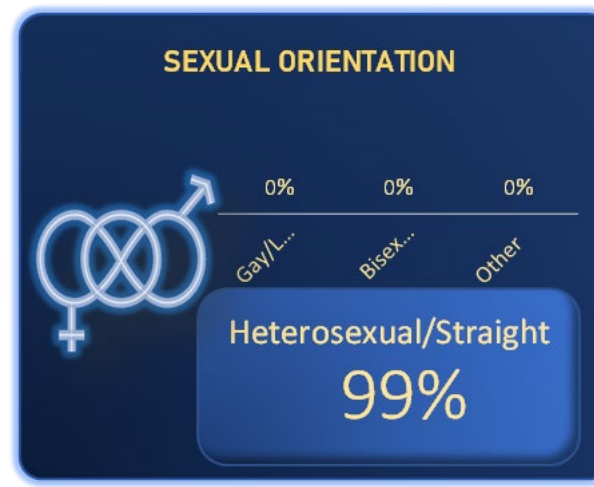
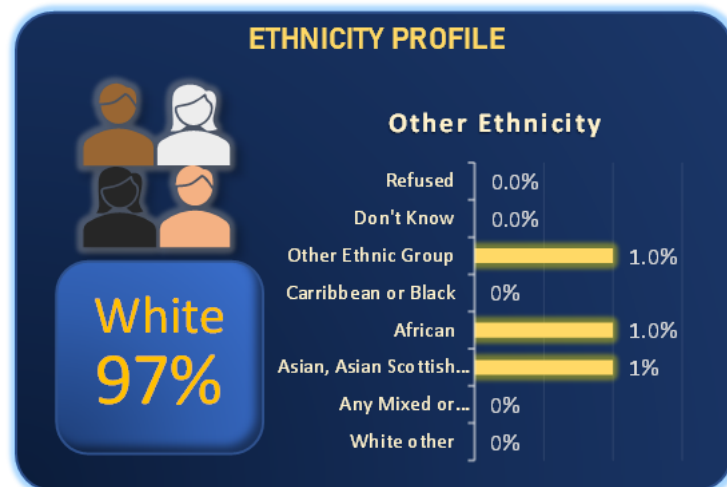
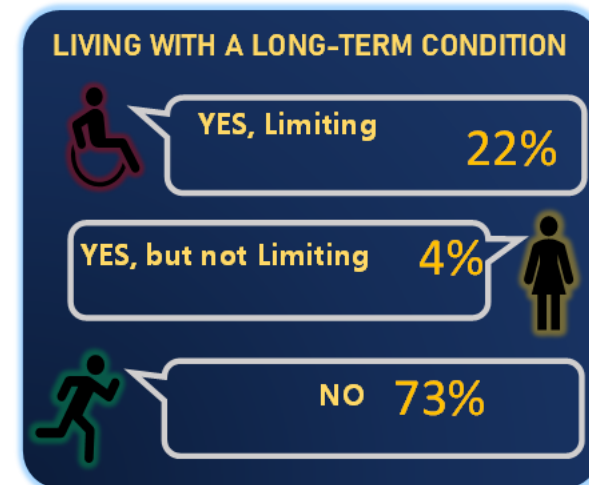
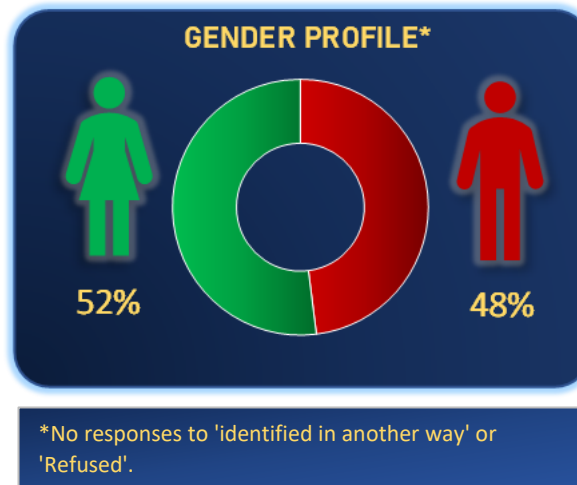
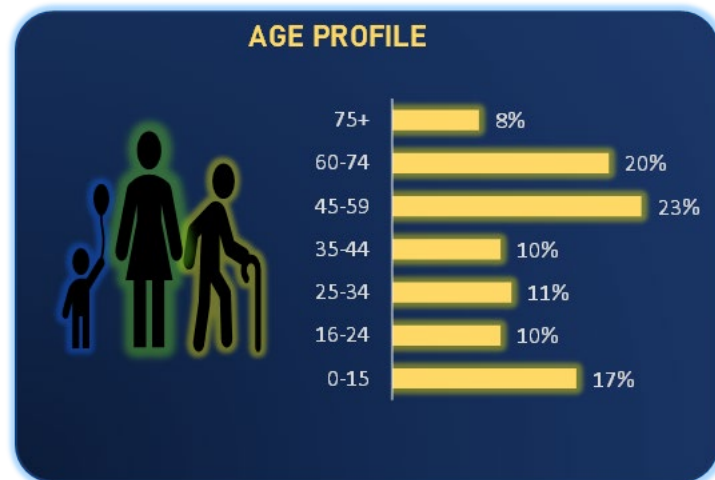
No.	Supporting Action	Desired Outcome	Protected Groups
4.1	Undertake a Learning Disability Needs Assessment with all current LD Service users to better understand long-term need and resource requirements and consider processes for implementing the Annual Health check for all service users.	The needs and aspirations of LD Service Users are listened to and used to inform service improvements and support resource allocation decisions	Disabilities, Other – Carers
4.2	Undertake robust stakeholder engagement activity to identify the range of available support options to service users and their families.	We have engaged with service providers (third and independent sectors) across North Ayrshire and are fully aware of the range of supports and opportunities available for service users and families.	Disability Other – Carers
4.3	Host regular informative drop-in sessions with service users and families to inform them of the range of local community opportunities available.	Service users and their families are aware of the range of community-based support options and opportunities available, beyond the traditional day centre options. Service Users, families and carers have a clearer of understanding of what to expect from HSCP services and what further opportunities are available from third and independent sector partners.	Disabilities Other – Carers
4.4	Undertake a review of respite provision, including engagement with LD services users and families on their respite/short break aspirations.	We have established a clear plan to re-design the delivery of respite services that is fully informed by service user and family feedback.	Disabilities Other – Carers
4.5	We will review our Transition processes across Partnership Services. This will include undertaking meaningful engagement with service users.	We have improved our transitions processes across all age and service user groups. People who will be subject to service transition will be involved in the decision-making process and their aspirations will be taken into account.	Age Disability Other – Carers

Appendix

Appendix A - Acronym Directory

Acronym	Descriptor
IJB	Integration Joint Board
EIA	Equality Impact Assessment
NA	North Ayrshire
HSCP	Health and Social Care Partnership
PSED	Public Sector Equality Duty
EHRC	Equality and Human Rights Commission
NHS A&A	NHS Ayrshire and Arran
AEP	Ayrshire Equality Partnership

Appendix B – Diversity in North Ayrshire (2019) – Infographic
Based on sample of 530 respondents in 2019 Scottish Household Survey



Appendix C: General Equality Duties and Protected Characteristics

General Equality Duty:

- **Eliminate discrimination**, harassment and victimisation and other prohibited conduct.
- **Advance Equality of Opportunity** - between people who share a relevant protected characteristic and those who do not.
- **Foster good relations** between people who share a protected characteristic and those who do not.

Protected Characteristics:

Age	The Equality Act 2010 protects people of all ages.
Disability	Disability includes people with physical, learning and sensory disabilities, people with a long term illness and people with mental health problems.
Race	Under 'The Equality Act 2010' 'race' includes, colour, nationality and ethnic or national origins. It also includes Gypsy Travellers.
Religion or Belief	In The Equality Act 2010, religion includes any religion. It also includes a lack of religion. Belief means any religious or philosophical belief or a lack of such belief.
Sex	Both males and females are protected under The Equality Act 2010
Pregnancy and Maternity	The law covers pregnant women or those who have given birth within the last 26 weeks, and those who are breastfeeding
Sexual Orientation	The Equality Act 2010 protects lesbian, gay, bisexual and heterosexual people
Gender Reassignment	The Equality Act 2010 provides protection to someone who proposes to, starts or has completed a process to change his or her gender.
Marriage and Civil Partnership	Marriage is defined as a union between two people of different or of same sexes. In addition to same sex marriage, same sex couples can also have their relationship legally recognised as 'civil partnerships'. This category only applies to eliminating unlawful discrimination in employment.

Appendix D: National Health & Wellbeing Outcomes

The Public Bodies (Scotland) Act 2014 defines a complete set of principles for the implementation of health and social care services in Scotland. These are the principles against which integrated services should be delivered and the quality of those services should be evaluated. The Act also defines the national outcomes and the health and wellbeing outcomes that integration is looking to achieve. These are as follows:

1. People are able to look after and improve their own health and wellbeing and live in good health for longer

People in North Ayrshire feel confident and able to make positive personal decisions about themselves and their families' health and wellbeing and receive the support they need to achieve their aims.

2. People (including those with disabilities or long-term conditions or who are frail) are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

People in North Ayrshire live as independently as possible, playing an active role within their local community.

3. People who use health and social care services have positive experiences of those services and have their dignity respected

People in North Ayrshire are actively engaged in the design and delivery of services, ensuring that these are tailored to local needs and preferences.

4. Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services

People in North Ayrshire express what matters to them most and help design and deliver services that help them attain this.

5. Health and social care services contribute to reducing health inequalities

People in North Ayrshire benefit from improved lifestyles, life circumstances, life expectancies, health and quality of life, with more rapid improvements in communities that experience the highest levels of need and deprivation to reduce the inequality gap.

6. People who provide unpaid care are supported to look after their own health and wellbeing, including reducing any negative impact of their caring role on their own health and wellbeing

Carers in North Ayrshire benefit from highly accessible and proactive services designed to maintain high levels of health and wellbeing.

7. People using health and social care services are safe from harm

People who use health and social care services in North Ayrshire should do so safely, be free from fear or harm and have their rights and choices respected.

8. People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide

Staff – including those of the third and independent sector – who provide health and social care services in North Ayrshire, actively participate in the programme of continuous improvement and have ownership of the future model of service delivery.

9. Resources are used effectively and efficiently in the provision of health and social care services

Individuals who provide or access health and social care services in North Ayrshire are fully engaged in assessing and allocating the resources available to local communities, and use a rigorous and transparent process to agree how maximum benefit can be attained.

Appendix E - Ayrshire Equality Outcome Partners



The Ayrshire Equality Outcome Partnership is comprised of:

- NHS Ayrshire and Arran
- Ayrshire College
- Ayrshire Valuation Joint Board
- Community Justice Authority
- East Ayrshire Council
- East Ayrshire HSCP
- North Ayrshire Council
- **North Ayrshire HSCP**
- South Ayrshire Council¹
- South Ayrshire HSCP

¹ While South Ayrshire Council helped developed and supports the delivery of the Shared Outcomes, the organisation did not officially adopt them. At the time of publication, South Ayrshire Council were progressing through a 10 year Equality Action Plan, containing existing approved outcomes.

Appendix F - Equality Outcomes Map

How our local equality outcomes map to the Ayrshire Shared Equality Outcomes, our HSCP Strategic Priorities and the 9 National Health and Wellbeing Outcomes is set out below.

HSCP Equality Outcome	Ayrshire Shared Equality Outcome	HSCP Strategic Priority	National Health and Wellbeing Outcomes (Appendix C.)
Older people with complex care needs are supported to live independently at home for as long as possible	1. In Ayrshire, people have opportunities to fulfil their potential throughout life	<ul style="list-style-type: none"> • Enable Communities • Provide Early and Effective Support • Improve Mental and Physical Health and Wellbeing 	1, 2, 4, & 5
People and communities who make North Ayrshire their home can effectively access the health and social care services they need	1. In Ayrshire, people experience safe and inclusive communities 2. In Ayrshire, people have equal opportunity to access and shape our public services 3. In Ayrshire, people have opportunities to fulfil their potential throughout life	<ul style="list-style-type: none"> • Enable Communities • Improve Mental and Physical Health and Wellbeing • Tackle Inequalities 	1, 3, 4 & 5
Children and families in need are supported to live healthy and safe lives.	1. In Ayrshire, people experience safe and inclusive communities 3. In Ayrshire, people have opportunities to fulfil their potential throughout life	<ul style="list-style-type: none"> • Enable Communities • Provide Early and Effective Support • Improve Mental and Physical Health and Wellbeing • Tackle Inequalities 	1, 3, 4, 5 & 7
Through improved engagement practices and access to a greater range of health and social care opportunities, disabled people or those complex health	1. In Ayrshire, people experience safe and inclusive communities 2. In Ayrshire, people have equal opportunity to access and shape our public services	<ul style="list-style-type: none"> • Enable Communities • Improve Mental and Physical Health and Wellbeing • Tackle Inequalities 	1, 2, 3, 4, 5 & 7

conditions, achieve better health outcomes.	3. In Ayrshire, people have opportunities to fulfil their potential throughout life		

Integration Joint Board 16 March 2023

Subject :	Primary Care General Medical Services Update
Purpose :	<p>This report provides an update to the Integration Joint Board on the provision of General Medical Services across Ayrshire and Arran.</p> <p>The report sets out how General Practice is continuing to operate in the current challenging environment, as well as continuing to evolve and develop through the implementation of the Primary Care Improvement Plan.</p>
Recommendation :	<p>It is recommended that the Integration Joint Board:</p> <ol style="list-style-type: none"> Note the current position of Primary Care General Medical Services. Note the progress of implementation of the new GMS Contract through the Primary Care Improvement Plan. Support the current projected balance of the Primary Care Improvement Fund for 2022/23. Approve the transfer of funds from the Primary Care Improvement Fund and General Medical Services to the NHS Ayrshire & Arran Public Health Department for the delivery of vaccinations as set out in Section 3.5

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

Glossary of Terms	
BMA	British Medical Association
COE	Centre of Excellence
CTAC	Community Treatment and Care
CQL	Cluster Quality Lead
EMG	Expert Medical Generalist
GMS	General Medical Services
GP	General Practice / Practitioner
HCSW	Healthcare Support Worker
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
MDT	Multi-disciplinary team

MHP	Mental Health Practitioner
MoU	Memorandum of Understanding
MSK	Musculoskeletal
NHS AA	NHS Ayrshire and Arran
PCIF	Primary Care Improvement Fund
PCIP	Primary Care Improvement Plan
RAG	Red, Amber, Green Status
SLWG	Short Life Working Group
VTP	Vaccine Transformation Programme
WTE	Whole Time Equivalent

1.	EXECUTIVE SUMMARY
1.1	<p>Since the previous update to the IJB in 2021 there have been a number of developments across General Medical Services (GMS).</p> <p>General practices continue to face exceptional challenges with increased demand month on month. General practices have remained open throughout the pandemic, although from the start of the pandemic practices had to quickly adapt how they were operating, only allowing entry based on clinical need; this approach was required to reduce the risk to both the public and to practice staff, and reduce the transmission of COVID. Practices were advised in line with national guidance to follow the infection, prevention and control guidance. This ensured that practices complied with the guidance issued and measures that general practice took to protect patients and staff.</p>
1.2	<p>The new GMS contract, being implemented through the Primary Care Improvement Plan (PCIP), provides the basis for an integrated health and care model with a number of additional professionals and service multi-disciplinary teams (MDTs) including nursing staff, pharmacists, mental health practitioners, musculoskeletal (MSK) physiotherapists, and community link workers as well as signposting a number of patients, where appropriate, to other primary healthcare professionals within the community. This is aligned to the NHS Ayrshire and Arran Caring for Ayrshire vision to create a whole system health and care model focussing on individuals, families and communities with general practice and primary care providing accessible, continuing and co-ordinated care.</p>
1.3	<p>It is recognised that the COVID-19 pandemic and associated remobilisation work has impacted on the original timescales for delivering elements of PCIP 2020-22 and consequently, the implementation of the new GP contract by 2021/22.</p> <p>Throughout 2022 a number of actions agreed to meet the contractual elements within the PCIP continued to progress. A summary of these are noted below:</p> <ul style="list-style-type: none"> • Successfully transferred the majority of vaccinations from General Practice to NHS Ayrshire & Arran Health Board with this task expected to fully transfer to the responsibility of the NHS Board Public Health Team by 1 April 2023.

	<ul style="list-style-type: none"> • The development of the Community Treatment and Care Service (CTAC) is progressing well with a total of 93.10 wte in post with all GP Practices able to access CTAC services. There is a confidence this service will transfer from GP Practices in 2023/24. • There has been a significant amount of work done within the Pharmacotherapy teams who have been engaging with GP Practices to carry out Quality Improvement work to improve systems and processes to allow them to work towards task transfer. • Small Improvement Grants have been provided to GP Practices across Ayrshire to increase clinical space within buildings to support the implementation of the MDTs. • Work is underway with Digital Services colleagues to offer practices the option of on boarding onto the health boards Digital Telephony system which will improve patient access.
1.4	<p>This report has / will also been presented to:</p> <ul style="list-style-type: none"> i. Ayrshire GP Sub-Committee – 31 January 2023 ii. East Ayrshire IJB – 1 February 2023 iii. South Ayrshire IJB – 15 February 2023 iv. NHS Ayrshire & Arran Board – 27 March 2023
2.	BACKGROUND
2.1	<p>The Public Bodies (Joint Working) Scotland Act 2014 provides a legislative framework for the delivery of Primary Care Services in Scotland. East Ayrshire Health and Social Care Partnership (HSCP), through Lead HSCP arrangements, are responsible for the delivery of Primary Care Services across Ayrshire and Arran. In addition NHS Ayrshire & Arran directly commission East Ayrshire HSCP to conduct Primary Care Contracting on behalf of the Board, this being a function that cannot be delegated to IJBs at this time.</p>
2.2	<p>The new GMS contract was introduced in 2018 to facilitate a refocusing of the GP role as Expert Medical Generalist (EMG). This role builds on the core strengths and values of general practice. The national aim is to enable GPs to use their skills and expertise to do the job they trained to do.</p>
2.3	<p>The Contract (1 April 2018) is a joint agreement between the Scottish Government and the British Medical Association (BMA) which sets out to:</p> <ul style="list-style-type: none"> • provide a new direction for general practice in Scotland which aims to improve access for patients, address health inequalities and improve population health including mental health; • provide financial stability for GPs, and reduce GP workload through the expansion of the primary care multidisciplinary team and

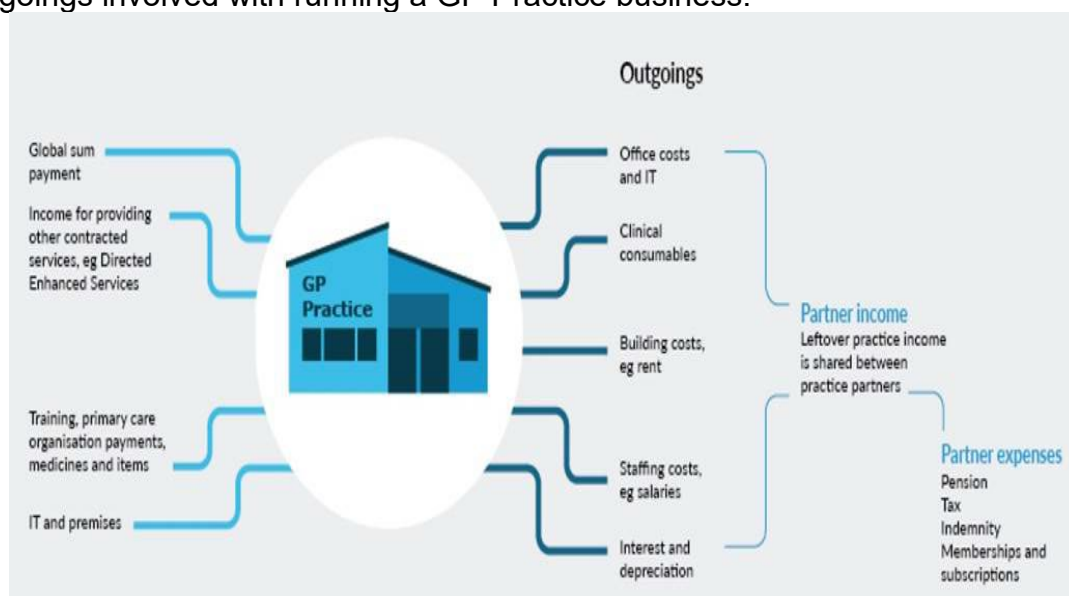
	<ul style="list-style-type: none"> redefines the role of the GP as an EMG focusing on complex care, reduce the risks associated with becoming a GP partner and encourage new entrants to the profession as well as help retain existing GPs.
2.4	The initial priorities include vaccination services, pharmacotherapy services, community treatment and care services, urgent care services and additional professional services including acute musculoskeletal physiotherapy, community mental health and community link workers. GPs will retain a professional leadership role in these services in their capacity as EMG.
2.5	Following the approval of the new GMS contract in January 2018, the first PCIP (2018-2021) set out the plan to implement the new contract across NHS Ayrshire & Arran by 2021. This was approved at the three IJBs and the NHS Board in June 2018, and was then submitted to the Scottish Government on 28 June 2018.
2.6	The PCIP 2 (2020-22) was approved at each of the IJBs, NHS Board and Local Medical Committee in December 2019. It set out a collaborative approach for delivery across the three Ayrshire IJBs, the NHS Board and the local GP sub-committee / Local Medical Committee. This inclusive collaboration has been essential in developing an the ambition for all parties to develop our Primary Care services to be both sustainable and meet the future needs of our communities within each of the partnership areas.
3.	PROPOSALS
3.1	<p>Overview of General Practice</p> <p>Primary Care is usually a patient's first point of contact with NHS Ayrshire & Arran and it is estimated that around 90% of NHS contacts take place within general practice.</p> <p>All Primary Care contractors operate as separate independent businesses in their own right, and are not directly employed by the NHS Ayrshire & Arran. Business types can be from a single handed practice, partnerships of varying size to large multiple Public Limited Companies. Each is governed by its own statute and regulations. Ayrshire and Arran GP Practices hold a specific overarching contract with NHS Ayrshire & Arran to provide general medical services.</p> <p>General practitioners inclusion on the Performer's List, and therefore eligibility to provide GMS services, is the responsibility of NHS Ayrshire & Arran.</p> <p>There are 53 GP practices across Ayrshire and Arran, with 51 run as a GP Partnership and two which operate as an individual GP single handed practice. A GP Partnership involves two or more GPs, with nurses, practice managers and other staff working together as business partners. GP partners are jointly responsible for meeting the requirements set out in the contract for their practice and share the income it provides.</p> <p>The core elements of a general practice contract includes:</p>

- an agreed geographical or population area the practice will cover
- require the practice to maintain a list of patients for the area and sets out who this list covers and under what circumstances a patient might be removed from it
- the establishment of essential medical services a general practice must provide to its patients
- outlines key policies including indemnity, complaints, liability, insurance, clinical governance and termination of the contract.

Within Ayrshire and Arran there are currently no Health Board managed practices, however the Primary Care Team continue to work closely with those practices that require support.

GP practices are paid via a nationally-agreed Global Sum, weighted for patient age, type and deprivation and locally agreed enhanced services contracts are paid in addition. Other payments may be received from additional locally agreed contracts i.e. community hospitals. In addition certain practice expenses may be reimbursable as a practice allowance. Administered payments refers to payments set out in the Statement of Financial Entitlements. Payments in this category include, for example, locum allowances and appraisal costs.

The diagram below provides more information on how a GP Practice operates and the outgoings involved with running a GP Practice business.



3.2 GP Practice Activity

Whilst every GP Practices delivers general medical services through their contract with NHS Ayrshire and Arran, they have flexibility to deliver that in a manner that best suits their patient population as well as business model. One size does not fit all and all practices operate very differently in terms of clinics that operate on a daily basis, their clinical workforce model, and also how appointments are triaged and allocated.

This then makes it challenging to establish a unifying metric or activity measure common across all that allows meaningful comparisons. There is national agreed data set being progressed with SPIRE for general practice which will assist with robust data collection. Locally we have some local sets available that reflect some of the activity of the practices pre pandemic in 2019 to recent months in 2022.

During the pandemic, in line with national guidance issued in 2020, GP Practices moved to a fully telephone first model to allow compliance with infection control and respiratory screening to take place. This resulted in a large amount of assessments carried out over the telephone or other technology such as Near Me for video calls. Since March 2022 GP Practices have moved back to a mixed model, working with a blend of face to face and remote consultations based on clinical need. The data below demonstrates that in December 2022 activity levels are higher than 2019 with 75% of consultations were carried out face to face compared to 82% pre-pandemic.

Month	Patient reviews	Face-to-face reviews
December 2022	250,000	75% (187,500 reviews)
December 2019	193,000	82% (158,260 reviews)

With such high patient demand outweighing clinical capacity available, it is often necessary to triage (or sort into order) the patient contacts to ensure that the sicker patients are prioritised. This has also resulted in some delays to telephone call connection and we have asked our citizens to be patient in the face of this high demand. Staff within practices are working tirelessly to get to every call, although it is recognised that due to ongoing challenges with the current phones lines unable to cope with the demand, patients can have problems getting through with no queuing system available. The recent investment in an improved GP telephony system will be offered to all practices and a roll out programme is already underway to work towards resolving the phone line issue. This is described in more detail later in the paper.

3.3 **COE (Centre of Excellence) Relaunch**

The COE has been in place for a number of years supported by three GP Practice Managers with extensive experience of working within practices across Ayrshire and Arran.

The aim of the COE was to provide training, support and mentorship to GP Practice Managers and admin teams. This mainly involved providing a wide range of training courses both internally and externally to ensure all GP Practice admin staff were fully trained on the systems and processes within a GP practice, including complaints handling and HR management.

The COE has provided support to new Practice Managers joining Primary Care and has supported practices in their development of Business Continuity Plans, as well as the day to day running of general practice.

	<p>In 2018 the COE reduced to one Practice Manager providing support, training and mentorship to all 53 GP Practices across Ayrshire and Arran. Following feedback regarding the model and the ongoing sustainability a review of the function was commissioned by the Senior Manager for Primary Care Services.</p> <p>A Short Life Working Group (SLWG) was created from volunteers across the Practice Manager network to review the current service delivery model and develop a new training programme to be offered out to all admin and practice manager staff across all Ayrshire and Arran GP Practices.</p> <p>The proposed service specification for COE has been developed between the Primary Care Team and the SLWG to address the need for continued staff training and development within the admin section of GP Practice. The delivery model seeks to develop a robust support programme for new GP Practice Managers to maximise their skills with a view to improve practice efficiency.</p> <p>An Options Appraisal for the service going forward was carried out with three options considered. The option agreed by the GP Sub Committee and Senior Management Team was that the COE team should be provided centrally by four Practice Managers to ensure that a wide range of training and support is made available to all non-clinical staff within General Medical Practices across Ayrshire and Arran. There is a set aside budget of £25k within the Primary Care budget to support this valuable resource.</p> <p>The revised service specification aims to provide an underpinning framework for excellence in General Practice Management across Ayrshire and Arran, and provide expert management input where practices may require additional support. The landscape of general practice has changed significantly since the pandemic and due to demand outweighing clinical capacity, GP Practices have had to adapt the way in which they deliver care to patients.</p> <p>The new COE model re-launch event will take place on Thursday 16 March 2023.</p>
3.4	<p>Update on Primary Care Improvement Plan (PCIP)</p> <p>The aim of the new GMS contract was to transform primary care, sustain general practice, reduce GP workload and improve patient care.</p> <p>The Memorandum of Understanding (MoU) set out seven key principles of the contract: Safe; Person-Centred; Equitable; Outcome focused; Effective; Sustainable; Affordability and value for money.</p> <p>The most recently agreed PCIP included local workforce planning, infrastructure development and patient engagement to allow task transfer to take place. The PCIP covered the five areas from the MoU:</p> <ul style="list-style-type: none"> • Pharmacotherapy • Community Treatment and Care Service (CTAC) • Vaccinations

	<ul style="list-style-type: none"> • Urgent Care • Additional MDT roles <p>Following the Scottish Government announcement in 2022 to ensure greater focus on the agreed three main contractual elements of the contract:</p> <ul style="list-style-type: none"> • Pharmacotherapy • CTAC • Vaccinations <p>There was enhanced detailed financial and workforce planning carried out to confirm full task transfer requirements for each of these areas towards the end of 2022 when Boards and IJBs were advised in that the final date for task transfer was 2023/24. An update on each of the contractual elements is noted below.</p>
3.4.1	<p>Pharmacotherapy – an agreement that every GP practice will have access to a pharmacotherapy service. This service will be provided by a combined skill mix of pharmacists, technicians and support workers. The contract noted that Pharmacy teams will take on responsibility for:</p> <ul style="list-style-type: none"> • Core elements of the service, including: acute and repeat prescribing, medicines reconciliation, monitoring high risk medicines. • Additional elements of the service, including: medication and polypharmacy reviews and specialist clinics (e.g. chronic pain) <p>The Ayrshire and Arran PCIP set out a three year trajectory from April 2018 to April 2021, to establish a sustainable pharmacotherapy service which includes pharmacy support to every practice. This included a skill mix of pharmacists, pharmacy technicians and pharmacy support workers who will become embedded members of core practice clinical teams.</p> <p>During the three year trajectory to establish a sustainable pharmacotherapy service, the service was front loaded in terms of recruitment and training of the eventual required workforce. This was to ensure that capacity was in place by year three, the final implementation stage, which was delayed mainly due to the pandemic. The pharmacotherapy team are continuing to:</p> <ul style="list-style-type: none"> • Review the skill mix within the Pharmacotherapy service to increase the utilisation of Pharmacy Technicians and Pharmacy Support Staff to support task transfer • Developing a hub model to support remote and rural practices utilising remote access to GP practices • Optimising prescribing systems to manage demand • Development of collaborative working with community pharmacies • Implementing serial prescribing across all practices

The Pharmacotherapy Team have continued to refine the service delivery model over the last five years as well as share and utilise best practice nationally to ensure safe, effective, and quality service provision. This has resulted in a change of skill mix with a change in the ratio of pharmacists, pharmacy technicians and the introduction of pharmacy support workers, aiming for a 50:50 split of pharmacists to technical team.

The Pharmacotherapy Service is currently funded for 103.1 WTE roles, however it should be noted there are currently only 88.2 WTE in post due to vacancies and maternity leave. For North HSCP this is a skill mix support of 33.7 WTE within 19 GP practices. Recruitment to fill vacancies is becoming more difficult as the service progresses due to the availability of workforce.

The development of the Pharmacotherapy Service has created a career pathway for pharmacists and technicians from trainee level up to senior management posts with a key focus on education and training to ensure retention of staff.

To ensure development and retention of pharmacists there is a focus and commitment within the service to drive forward the clinical development of the pharmacists identifying clinical areas of interest to develop pharmacist led clinics and support the local clinical priorities.

To support understanding the position against the required task transfer the senior pharmacists for each cluster carried out an audit in December 2022 to rate GP Practice progress Red, Amber, Green (RAG) using criteria agreed through the Pharmacotherapy Implementation Group.

Where practices have been RAG rated green current delivery is considered very good at this stage and the teams are working well to be in a position to transfer. Practices within the amber category may require additional resource, need to push forward with serial prescribing and reduce acute numbers. Practices within the red category are still a concern in terms of engagement, workload, or difficulties with recruitment to these areas. The outcomes of audit is noted below:

- Green - 58% of practices are on track to support delivery of level one task transfer, however there is still a concern that this won't be done by 1 April 2023
- Amber - 32% of practices still require some improvement on systems and processes work to achieve level one task transfer
- Red – 8% of practices still require a significant amount of input required at this stage

High numbers of acute prescriptions requests within some practices remains a barrier to success and work continues to support improvement of processes and reduce the number of acute requests and a move to repeat prescriptions. This includes the launch of a funded GP project in 2021 which 26 practices signed up to during 21/22. Unfortunately only 50% of those practices who signed up completed the project due to other competing demands and priorities within the practice. In 2022/23 11 practices

	<p>have signed up to the project and working through this. In addition to this project there has also been the launch of local acute prescribing quality improvement targeted work within two practices in each locality.</p> <p>Following a series of very successful recruitment rounds over the last five years, the challenges with recruiting to vacancies is also impacting on the ability to provide a full service.</p> <p>In January 2023 the Royal Pharmaceutical Society Scotland and the BMA's Scottish GP Committee released a joint statement calling for improvements to support delivery of the pharmacotherapy service as per the previous contract commitment.</p> <p>The statement recognises that much progress has been made but states that further improvements are needed to fully maximise the benefits of the service. In particular, it highlights the need for:</p> <ul style="list-style-type: none"> • Better use of skill mix, including more clearly defining roles and responsibilities • Improved IT enablers to reduce administrative burden • Further developing a tandem model of working comprising hubs with in-practice activity <p>Further national guidance on the directions set out within the GMS contract for Pharmacotherapy is expected early 2023.</p>
3.4.2	<p>Vaccination Transformation Programme - within Ayrshire and Arran all vaccination workload has transferred from general practice to the NHS Ayrshire & Arran mass vaccination teams. There is a local enhanced service in place as part of the transitional arrangements within practices for no routine vaccinations. This is expected to fully transfer by April 2023.</p>
3.4.3	<p>Community Treatment and Care (CTAC) Services – CTAC services include many non- GP services that patients may need, including (but not limited to):</p> <ul style="list-style-type: none"> • management of minor injuries and dressings • phlebotomy • ear syringing • suture removal • chronic disease monitoring and related data collection. <p>The CTAC model has been further developed during 2022/23. As set out within the latest PCIP, a workforce of 90 WTE staff would be required to fully deliver CTAC across Ayrshire and Arran. At January 2023, the current workforce is 86.3 WTE with a small number vacant posts that are currently being recruited to.</p> <p>The CTAC workforce consists of Registered Nurses and Healthcare Support Workers (HCSW). The current workforce includes 20 HCSW and 3 Registered Nurses who TUPE'd from General Practice following consultation with GP practices and the NHS Board in September 2021.</p>

A resilience model was approved in 2022 to support the additional recruitment of 12 WTE Nurses and 6 WTE HCSWs. The aim of the resilience model was to be provide cover for CTAC when staff were on long-term sick or maternity leave to ensure the workload does not fall back to General Practice.

As part of the resilience model, there was also approval for 6 WTE Practice Educators on a fixed term basis for two years. The Practice Educator role secures a robust and sustainable education and supervision model in addition to creating resilience across the wider CTAC Service. The staff commenced in September 2022; 2 x staff per HSCP area.

A total of 52 practices have full access to CTAC services with one practice only accessing the adult vaccination component at this stage due to the practice not being fully bought in to the CTAC service specification. The practice will continue to be offered sessions at the Ayr Hub for wider CTAC activities.

The CTAC workforce are fully supported in their career and development in line with Nursing, Midwifery and Allied Health Professions and HCSW education and development framework and are fully embracing opportunities. The first cohort of registered nurses have graduated with University West of Scotland Graduate Diploma Integrated Community Nursing Programme with two further cohorts in progress. The HCSWs have commenced an SVQ3 and one HCSW is undertaking the Open University pre-registration nursing programme working towards registration.

A CTAC service specification has also been developed and approved which clearly sets out the service delivery model, supervision and leadership arrangements of CTAC staff based within General Practice.

As part of the CTAC service development, the CTAC nursing interventions were reviewed and there was agreement to extend the range of interventions that could be undertaken by the Registered Nurses and HCSWs.

A Test of Change was undertaken in South Ayrshire HSCP to test hub working for the three practices in South Ayrshire who were unable to take their full allocation within practice due to space constraints.

Two rooms were identified within North Ayr Health Centre in Ayr and a short-life working group was set up to plan, set up and test a hub model where the participating practices could allocate patients to receive CTAC nursing interventions at the Hub rather than the GP practice. This was carried out over a three month period and evaluated positively with good feedback from patients, staff working at the Hub and participating GP practices. There was agreement that the approach will now be implemented and spread across all three HSCPs.

A week of care audit was undertaken within General Practice in November 2022. The aim of the audit was to identify how much CTAC nursing activity was being undertaken

by CTAC staff and what was still being undertaken by practice-employed staff. The aim was to take a snap-shot of activity over a one week period to estimate how much task transfer had taken place. The results of the audit indicated that 72% of all consultations were undertaken by CTAC staff and 28% were undertaken by practice staff.

The main reasons recorded for practice staff undertaking the CTAC nursing interventions was because there was only CTAC staff allocation on certain days (appointment required out with), no available CTAC appointments and CTAC staff being on annual leave or sick leave.

This highlighted the requirement for the CTAC resilience posts which will take away the need for practice staff to cover sick leave and annual leave to the same degree but further work is required to ensure full task transfer. Further discussions will take place with practices to start to review task transfer at practice level and consider if adequate staffing is in place to fully meet demand.

3.4.4 Urgent Care – this is an area still being explored locally and nationally to understand how this element of the contract aligns to the urgent care programmes launched nationally. Potential options have been considered locally to support practices linked to the Ayrshire Urgent Care Service, as well increased Advanced Nurse Practitioner Support in GP Practices. This can only be progressed further when there is clarity around the funding envelope.

3.4.5 Additional professional roles – the Mental Health Practitioner (MHP) and MSK roles continue to develop and embed within GP Practices and HSCP services. Future workforce plans to roll out these roles across all practices has been paused following the recent funding announcement and request to focus on the three main contractual elements of the new GMS contract.

Below is an update on the current allocation of MSK and MHP's across practices within each of the partnership areas as outlined below:

HSCP	MSK	MHP
North	5.4WTE provide cover for 15 of 19 practices	12.6WTE provide cover for 19 of 19 practices
South	3.4WTE provide cover for 12 of 18 practices	7.1WTE provide cover for 18 of 18 practices
East	4.0WTE provide cover for 14 of 17 practices	9.6WTE provide cover for 15 of 17 practices

	<p>Due to the funding constraints there is a high risk of not being able to provide these services across all practices in Ayrshire and Arran creating variance across and an inequality of access. This is creating health inequalities and access to services for patients based on a postcode lottery. Unfortunately the financial envelope within the new GMS contract does not allow additional funding to be allocated to services.</p> <p>All GP Practices have access to community link workers/community connectors across Ayrshire to support. The delivery model is different within each HSCP for this support as the services align to the wider HSCP services based on population need and priorities.</p>
3.5	<p>Primary Care Improvement Fund (PCIF) Update</p> <p>The implementation of the 2018 GMS contract for Scotland intended to see an additional investment of £250m per annum in support of General Practice by 2021. This was part of an overall commitment of £500 million per annum investment in Primary and Community health services that was previously committed by Scottish Government.</p> <p>It was anticipated Ayrshire and Arran would be allocated £14,728,980 in 2022/23 as a final allocation of the PCIF. Each of the IJBs also held a carry forward from 2021/22 in reserves to fund the projected workforce plan for 2022/23.</p> <p>In October 2022 the Scottish Government announced a reduction in allocated funds in year to NHS Boards/IJBs with a request to use any IJB reserves in the first instance to fund roles in post or planned recruitment. This equated to approximately £5 million of reserves in total for 2022/23 which had been earmarked against a workforce recruitment plan for recurring roles as well as non-recurring fixed term posts to front load services to support task transfer. In response to this finance announcement all recruitment plans were put hold until confirmation of funding is received.</p> <p>Ayrshire and Arran confirmed with Scottish Government in December 2022 a forecast of £12,022,445 anticipated spend in 2022/23. As at 25 January 2023, the predicted spend is £12,164,389. For each IJB this is:</p> <ul style="list-style-type: none"> • East £3,619,942 • North £4,682,940 • South £3,861,508 <p>There is currently £10,929,526 available (within North IJB £3,956,396) therefore there will be a request to draw down £1,234,863 in total for Ayrshire and Arran, of which £726,544 for North Ayrshire.</p> <p>Confirmation of funding for 2023/24 is expected from the Scottish Government by early 2023. Thereafter, work will be required at pace to confirm what can be delivered within the financial envelope for delivery of the contract.</p>

	<p>Following the full transfer of vaccinations as set out section 3.4.2, there is a requirement to move budget from PCIF and also core GMS funding to Public Health to the value of £842,536. For North Ayrshire this is £243,659 from PCIF and £34,000 from GMS funding.</p> <p>The IJB are asked to approve the total transfer of £277,659 for the delivery of vaccinations via the NHS Board mass vaccinations model from 1 April 2023.</p>
3.6	<p>Premises</p> <p>Primary Care Premises continues to be a high risk across the three HSCPs. An overarching Premises Group is in place to discuss and agree priorities and risk. The Group has representation from across the HSCP's, along with NHS Ayrshire & Arran Estates, and Finance colleagues.</p> <p>Significant investment is required across many GP Practices to support increased populations and additional staff members as set out in the new GMS Contract.</p> <p>To support the short to medium term premises challenges, and to support implementation of the new GMS contract, Scottish Government issued small improvement grant funding accessible for all GP Practices in 2022/23 to increase clinical capacity and support the implementation of MDTs within general practice.</p> <p>Where larger scale work has been requested; site visits have taken place by the Primary Care Team and NHS Estates colleagues to understand any immediate risks in more detail. Collaboration with Digital Services has also been vital when new consulting rooms / space for MDT members has been required.</p>
3.7	<p>Digital</p> <p>There are a number of digital developments underway to support all 53 GP Practices across Ayrshire and Arran which will improve patient care, access and improved delivery of general medical services to the population of Ayrshire and Arran. Below is a snapshot of the development work that is underway.</p> <p>Digital Telephony rollout - A business case has been approved and a programme of work underway to move General Practice on a per practice basis from a fragmented set of independent telephony solutions to a single resilient digital telephony platform supported by NHS Ayrshire and Arran. The proposed new platform offers increased functionality that will benefit general practice clinicians and patients alike.</p> <p>There has been wide engagement with all GP Practices across Ayrshire on the options for a robust GP telephony systems, medium to long term, rather than opting for a variety of short term solutions. Benefits to the patients are outlined below.</p> <ul style="list-style-type: none"> • More calls answered • Improved waiting times

- Accessibility improvements
- Added functionality

The new system will be rolled out across the next 12 months and will deliver enhanced resilience and functionality resulting in a robust and reliable telephony offering being presented to patients. Advanced call management and queuing options will allow patient calls to be routed to the most appropriate member of Practice staff.

GP IT Re-provisioning - work is underway with NHS Ayrshire & Arran and GP Practices to progress the national roll out and implementation of a new GP IT system. A Strategic Oversight Group has been established to commence the planning requirements and timescales for implementation for this work to progress in 2023.

E-consult - eConsult is a Digital Asynchronous Consultation Solution used by GP Practices in Ayrshire and Arran. It is designed to help enhance patient access, improve efficiencies and empower practices to support their patients effectively. There are now 16 of 53 GP Practices in Ayrshire and Arran actively using eConsult. A number of practices have withdrawn or declined to use eConsult and some others who had previously engaged not able to actively use the platform due to reduced clinical workforce capacity in General Practice.

For eConsult to work effectively there needs to be sufficient practice workforce to support the workload generated from the platform. Due to ongoing issues with reduced staffing levels and capacity, this means that practices often decide to switch off the platform on a temporary or longer term basis.

There are new features coming on board soon such as “smart inbox”. Smart Inbox is a customisable and collaborative way for the practice to view, manage and respond to the patient’s needs. It will help to visualise, separate, prioritise and manage digital queues from one place. This will ensure there is full visibility enabling the clinician to identify which eConsult needs attention first with full visibility of the queue, optimised for clinical safety. There will also be the option for two-way messaging to receive responses from patients, SMS and video calling.

It is hoped the increased functionality with eConsult will increase the uptake across practices. The Primary Care Team will continue to promote this to practices, including the benefits to patient access.

3.8

Quality / Patient Care

Quality in general practice is encouraged via the cluster model. GP clusters are typically groups of between five to eight GP practices in a close geographical location. As described in the Scottish Government's publication, 'Improving Together', the purpose of clusters is to encourage GPs to take part in quality improvement activity with their peers, and contribute to the oversight and development of their local healthcare system.

	<p>There is a nominated Practice Quality Lead in each GP practice and each cluster has a Cluster Quality Lead (CQL). CQLs support their local GP practices and liaise with locality teams and other professional groups and organisations.</p> <p>The planning of GP Cluster quality improvement initiatives is informed by evidence and on population health needs, service capacity and demand and effective interventions to improve health and reduce inequalities. ISD Scotland holds a range of data supporting Primary Care, GP Clusters and Health and Social Care Partnerships to deliver high quality, effective and efficient services to meet the changing needs of the Scottish population.</p> <p>Ayrshire and Arran HSCP's have 11 GP clusters who will use data and health intelligence at a local level, cognisant of local priorities, to facilitate assurance and to drive improvement in the quality of care provided by different parts of the health and social care system.</p> <p>NHS Ayrshire & Arran, supported by NHS Education Scotland and Healthcare Improvement Scotland, held an Ayrshire wide CQL event on Wednesday 1 February 2023 to relaunch and refocus the Quality Improvement and learning needs agenda across general practice.</p>
3.9	<p>Anticipated Outcomes</p> <p>The purpose of the work underway is to help people access the right person, in the right place, at the right time in line with the Scottish Government Primary Care Vision and Outcomes. Including:</p> <ul style="list-style-type: none"> • Maintaining and improving access • Introducing a wider range of health and social care professionals to support the Expert Medical Generalist • Enabling more time with the GP for patients when it's really needed • Providing more information and support for patients.
3.10	<p>Measuring Impact</p> <p>Implementation of the PCIP has created opportunities seen in the context of the aim of the Caring for Ayrshire agenda to design a fully integrated system wide approach to ensure people are able to access the right care at the right time in the right place. Primary care clinicians have more interactions with patients than other parts of the NHS therefore the whole system transformational change relies on sustainable and accessible primary care services.</p>

4.	IMPLICATIONS
4.1	<p>Financial</p> <p>In November 2021 Scottish Government announced a support allocation of £15 million across Scottish GP Practices in 2021/22 with a commitment of a further payment of £15 million in 2022-23. This sum was approximately based on £5 per patient in Scotland and allocated to practices by the Scottish Workload Formula and Income and Expenses Guarantee. The first payment was made to all Ayrshire and Arran practices in December 2021 with a further payment expected by September 2022. This payment was intended to support General practices over the winter period.</p> <p>Many GP practices as a result of the increase in patient demand, utilised the money allocated for additional hours for current staffing, and in some cases chose to recruit additional staff. GP Practices were directed to use the recurring funding to support the day to day running of GP practices to allow them to continue to deliver patient care and support sustainability of practices.</p> <p>In October 2022, it was announced that the £15 million had been reduced to £10million due to financial constraints. This caused GP practices additional stress and pressure and many had already planned their workforce and delivery model based on the funding they expected to receive. It not known if this funding will be continued beyond 2022/23.</p> <p>Due to not having confirmation of PCIF beyond this year, this has further delayed the progress and implementation of the PCIP and task transfer for practices.</p> <p>It should be noted that discussions are ongoing nationally with the BMA and Scottish Government on transitionary payments to practices should any contractual functions not transfer by the final deadline set. The detail and criteria for this has still be explored fully, with no information at this stage how it will be funded.</p>
4.2	<p>Human Resources</p> <p>GP workforce remains a risk with a number of GPs retiring or choosing to leave the profession. There is ongoing work with current GPs and also trainees to make GP roles as attractive as possible in Ayrshire and Arran.</p> <p>This also includes the introduction of GPs with Extended Roles to create a portfolio career where GPs will work part time in general practice and either one or two days in a specialty area within acute services.</p> <p>Development of these new services has created to date approximately 327 WTE new roles across general practice in Ayrshire and Arran, which includes CTAC, Pharmacotherapy, MHP, MSK and Vaccination staff groups. This has ranged from school leavers starting on a structured career path, new graduates to experienced clinicians.</p>

	<p>Availability and recruitment of the wider MDT staff and professional groups is becoming more challenging as other Health Boards also progress their workforce plans.</p> <p>Many of the roles being created within the new service developments are new job roles and require job evaluation ahead of recruitment. Services plan ahead as much as possible when workforce planning, but there can still be delays of up to 12 months when recruiting to these services.</p>
4.3	<p>Legal</p> <p>None.</p>
4.4	<p>Equality/Socio-Economic</p> <p>The aim through the reformed primary care service is not just to extend life, but aim to reduce the time spent in poor health. Implementing the new GMS contract is an opportunity to mitigate health inequalities where possible.</p>
4.5	<p>Risk</p> <p>Continued sustainability of GP practices is at risk while the new GMS contract is being implemented. The Primary Care Team are in regular contact with practice managers and teams to understand in detail the status of their service delivery and also sighted on any issues early to be able to resolve these where possible.</p> <p>There is a risk that GP Practices will be unable to recruit to GP or Locum roles due to availability of workforce. The Primary Care Team have supported a number of successful rolling media programmes to promote GP Practices in Ayrshire and Arran and will continue to work with practices to forecast potential vacancies.</p> <p>There is a risk of not being able to implement all aspects of the new GMS contract due to financial constraints and the ability to recruit to additional professional roles to either expand the MDTs, ensuring sufficient resilience for leave or vacancies within each of the services.</p> <p>Due to lack of space within practices it's becoming increasingly more difficult to allocate additional MDT staff if they are recruited resulting in practices not being able to take their full allocation which will in turn lead to patients not having access to full services. The teams will continue to implement solutions where possible with digital options and use of hub sites.</p>

4.6	<p>Community Wealth Building</p> <p>The wellbeing of people and communities is core to the aims and successes of Community Planning. The PCIP, delivered as an integral part of the Wellbeing Delivery Plan, Integration Authorities Strategic Commissioning Plan of both the NHS and Council, will contribute to support this wellbeing agenda.</p>
4.7	<p>Key Priorities</p> <p>The strategy and programme outlined in this report will assist the IJB to deliver the following Strategic Objectives from its Strategic Plan to:</p> <ul style="list-style-type: none"> • Provide early and effective support • Improve mental and physical health and wellbeing • Develop and support our workforce
5.	<p>CONSULTATION</p> <p>Consultation has taken place through the Primary Care structures involving all stakeholders across each HSCPs and GP Sub Committee.</p> <p>Ongoing communication with all stakeholders and the population will be critical as implementation and reform progresses post COVID-19 arrangements and challenges.</p>

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01 February 2023

DIRECTION

Reference No.	20230316/(Agenda Item No.)			
From	North Ayrshire Integration Joint Board			
To	NHS Ayrshire Arran	X	Name/Contact Details	Public Health Department
	Local Authority		Name/Contact Details	
	Both		Name/Contact Details	

1.	IJB Report Reference No.	Include hyperlink to report.	
2.	Date Direction Issued/Approved by IJB	16 March 2023	
3.	Report Author/Contact Details	Vicki Campbell, Head of Primary and Urgent Care Services – vicki.campbell@aapct.scot.nhs.uk	
4.	Date Direction takes effect	1 April 2023	
5.	Does this direction supercede, amend or revoke a previous direction – if yes, include the reference numbers(s)	Yes	
		No	x
6.	Description of services/functions covered by the direction	Sections 3.4.2 and 3.5 of covering report.	
7.	Full text of direction	Approve the transfer of funds from 1 April 2023 from the Primary Care Improvement Fund and General Medical Services to the NHS Ayrshire & Arran Public Health Department and Direct NHSAA to deliver all vaccination workload transferring from General Practice to NHSAA mass vaccination teams as set out in Section 3.4.2 and 3.5	
8.	Specification of those impacted by direction.	Transfer of funds will allow full transfer of vaccinations from General Practice to NHS Ayrshire & Arran for delivery to citizens via the mass vaccination model from 1 April 2023.	
9.	Budget allocated by Integration Joint Board to carry out direction	As detailed in section 3.5 of covering report.	
10.	Outcomes/Link to Strategic Priorities	By transferring vaccine delivery from General Practice to the Health Board, this supports the IJB to deliver on its Strategic Objective to provide early and effective support to citizens.	
11.	Timescales/Review/Monitoring Arrangements	Funds to transfer from 1 April 2023 from the Primary Care Improvement Fund and General Medical Services to the NHS Ayrshire & Arran Public Health Department	

		Once this Direction is actioned, total delivery of vaccines will be move from General Practice delivery model and resume under the continuing responsibility and accountability of NHS AA (via Public Health) via a mass vaccination model. Uptake numbers and impact of numbers will be reviewed across 2023/24.
12.	Lead Partnership Arrangements	The total delivery of this service will fully transfer from 1 April 2023 under the continuing responsibility and accountability of NHSAA. Once actioned, all Lead Partnership arrangements for vaccine delivery in General Practice will cease.

North Ayrshire Integration Joint Board 16 March 2023

Subject :	Primary Urgent Care Update
Purpose :	This report aims to provide an update to the Integration Joint Board (IJB) on provision of primary urgent care services through the Ayrshire Urgent Care Service (AUCS) and an update on new pathways delivered through the service as a result of the introduction of the national Redesign of Urgent Care (RUC) Programme.
Recommendation :	It is recommended that the Integration Joint Board: <ul style="list-style-type: none"> a) Note the progress of the Urgent Care agenda across Ayrshire and Arran; b) Note the new pathways introduced through the RUC Programme; c) Note the increased activity within AUCS and proposals being progressed to sustain the successful person centred delivery model and patient pathways.

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

Glossary of Terms	
ANP	Advanced Nurse Practitioner
AUCS	Ayrshire Urgent Care Service
ED	Emergency Department
FND	Flow Navigation Centre
GP	General Practitioner / General Practice
HSCP	Health and Social Care Partnership
NHS AA	NHS Ayrshire and Arran
OOH	Out of Hours
RUC	Re-design of Urgent Care
SARC	Sexual Assault Response Co-Ordination
SAS	Scottish Ambulance Service

1.	EXECUTIVE SUMMARY
1.1	AUCS was previously an out of hours (OOH) GP (General Practitioner) led multi-disciplinary service and since 2020, operates 7 days per week 24 hours a day as a GP led Flow Navigation Centre (FNC). Further information on this joint approach and new pathways developed are provided within this report.
1.2	Since the establishment of the Flow Navigation Centre (FNC) within AUCS as the Pathfinder Board in December 2020 the service has continued to develop and evolve various joint working models aligned to the national Redesign or Urgent Care (RUC Programme).
1.3	The paper outlines the activity and impact of the new additional pathways in operation 24/7 to support an improved patient journey, with a focus on community services. The data presented demonstrates the effectiveness of the new pathways avoiding hospital attendances or avoidable admission to hospital which has better outcomes for patients.
1.4	The success of the new pathways and ways of working is a result of good working relationships across Ayrshire and Arran and wider system partners including NHS 24, Scottish Ambulance Service (SAS), and Police Scotland. All new service developments are developed in partnership across clinical and managerial leadership teams from all parties.
1.5	<p>This report has / will also been presented to:</p> <ul style="list-style-type: none"> i. Ayrshire GP Sub-Committee – 31 January 2023 ii. East Ayrshire IJB – 1 February 2023 iii. South Ayrshire IJB – 15 February 2023 iv. NHS Ayrshire & Arran Board – 27 March 2023
2.	BACKGROUND
2.1	The Public Bodies (Joint Working) Scotland Act 2014 provides a legislative framework for the delivery of Primary Care Services in Scotland with powers and duties delegated variously to both the NHS Board and the IJBs. Through these arrangements the three Ayrshire IJBs commission, through Directions, NHS Ayrshire & Arran (NHSAA) to provide Primary Care Services. This includes provision of OOH Primary Care Services through AUCS. This is delivered through the Director of East Ayrshire Health and Social Care Partnership (HSCP) in a lead partnership arrangement. In addition, NHSAA directly commission East Ayrshire HSCP to conduct Primary Care Contracting on behalf of the Board, this being a function that cannot be delegated to IJBs at this time.

2.2	<p>Following the work of Sir Lewis Ritchie in 2015 'Transforming Urgent Care for the People of Scotland', AUCS had embraced the vision of developing a multi-disciplinary integrated approach to OOH services in Ayrshire. This included integrating social work, community nursing and emergency mental health service.</p> <p>We have continued to build on this to develop a 24/7 model ensuring there is a senior clinical decision maker supporting a multi-disciplinary approach to urgent care, not only internally but facilitating joint working and decision making with various agencies across primary care, community services and hospital front doors. This creates a fully person centred pathway for all patients, getting the right care in the right place at the right time with a focus on the patient/carer need through to conclusion of that episode of care.</p>
2.3	<p>The RUC programme was introduced in 2020 to reduce Emergency Department (ED) attendances by 15% across Scotland to prevent overcrowding in ED waiting rooms and to improve the urgent care experience for patients and staff. This is achieved by directing those whose care requirements are not an emergency, to more appropriate, and safer care closer to home, by optimising clinical consultations through telephone and digital consultations. The percentage of reduction has been achieved in Ayrshire and Arran.</p>
3.	<p>PROPOSALS</p>
3.1	<p>AUCS Service Overview</p> <p>There are various services and pathways now included within AUCS. Some of which are available 24/7 and others during the OOH period (Monday to Friday 6 pm – 8 am and Saturday/Sunday). All professional and service management arrangements sit within the current AUCS management structure with the exception of OOH Social Work who are managed through East Ayrshire HSCP and the OOH Mental Health Crisis Team who are managed through North Ayrshire HSCP.</p> <p>An outline for each of the services is detailed below and the service is also supported by a number of disciplines in addition to this including shift team managers, urgent care call handlers, dispatchers, receptionists and drivers.</p> <p>Call handling service 24/7 with the highest volume of activity in the OOH period when the service acts as a single point of contact for various services across East, North and South Ayrshire HSCTs. The service takes an average of 4967 calls through the single point of contact per month. The volume has grown year on year and includes calls from families and patients trying to reach:</p> <ul style="list-style-type: none"> • Care at home • Social work • District Nursing Services

GP Out of Hours Service – The OOH service should only be used by those who require an urgent service and cannot wait until their own GP Practice is open. To access patients will call NHS 24 on 111. Dependant on the outcome of the call, the patient will receive telephone advice with no further action or be referred onto AUCS with a response time based on clinical need of one hour, two hours or four hours. The OOH service sees around 8,500 patients monthly in centres or as a home visit. This is an increase of 20% activity prior to 2022.

On average 89% of patients are clinically assessed within the set time-frame from NHS 24. Factors that impact this performance is mainly periods of high demand where clinicians will prioritise the most vulnerable, including one and two hour response times. It should also be noted there are a cohort of patients that cannot be reached for several hours which also impacts on the response performance.

All patients that are referred to AUCS OOH from NHS 24 go through a full clinical assessment within the triage time set by NHS 24 with an outcome of either:

- Self-Care
- A prescription issued for collection at local pharmacy
- An Appointment at a local Primary Care Urgent Care Centre
- A home visit undertaken by GPs/Advanced Nurse Practitioners (ANP) in dedicated cars with driver support colleagues.

A patient transport service is available to take patients to OOH urgent care centres, in Ayr, Kilmarnock or Irvine if they have no other means of transport.

Due to improved ways of working and introducing a 'clinical triage first model' for all GP OOH calls from NHS 24, this has reduced the number of urgent care centre appointments across the three sites as well as less mobile clinician cars on the road. A total of 46% of calls are closed off remotely therefore this has allowed opportunity to re-design the service delivery model. It should be noted that a full clinical remote assessment can still take 15 minutes therefore the clinical capacity is still required.

The current model relies heavily on GP engagement for service delivery. There are currently over 200 GPs on the workforce database within AUCS with 144 GPs actively doing shifts throughout 2022. There are also three ANPs within the service along with sessional bank ANPs from General Practice who support the service. For the service to be fully operational it requires 12 GPs/ANPs for a weekday service and 39 clinicians each day over the weekend. This gives an average weekly demand for 138 shifts to be covered. There has been an increase in the number of GPs and ANPs signing up for shifts in the last year with feedback on the variety and various pathways, as well as flexible working being an attractive feature to work with the service.

111 Emergency Department/Minor Injuries – patients who think they require to attend the ED are directed to contact NHS 24 (111) for their urgent care needs as a first point of contact. NHS 24 assess the patient's needs and then route patients who require further assessment to the FNC operational within AUCS over the 24/7 period.

The Senior Clinician, usually a GP, will clinically assess the patient remotely and determine the best outcome through the most appropriate care pathway which could include:

- Closed as assessment and care provided by a clinician over the phone with self-care advice;
- Directed to their GP practice (during in-hours);
- Scheduled for a home visit by an AUCS clinician (during out of hours)
- Appointed to a Primary Care Treatment Centre (during out of hours);
- Onward refer to a community service and
- Appointment at the Minor Injury Unit.

The OOH District Nursing Team - operate within AUCS and provides planned and urgent community based care to patients including palliative care where necessary. The OOH District Nursing Service is staffed between 5pm and 8.30am seven days per week with registered and non-registered staff. Requests for a visit can be made by patients, family members, carers, GPs and in-hours district nurses via the professional line and single point of contact. The OOH District Nursing service provides an Ayrshire wide service, with the exception of the two islands (Millport and Arran). The service supports on average 500 planned visits per month and 1500 unplanned visits. Planned visits are the same as pre-COVID levels with unplanned seeing an increase of 500 per month. It is noted through continuous data review, that the majority of workload is now palliative care with a large proportion of unplanned visits due to workforce and service pressures with day time services. This has been acknowledged through the community nursing service review.

Pan Ayrshire OOH Social Work team - a range of Senior Practitioners and sessional social work staff ensure the delivery of a professional OOH response to the immediate needs of individuals and families across all social work services, including those considered as vulnerable or at risk. They work closely and have positive relationships with their colleagues within Police Scotland and Health and Education, both locally and nationwide. Since April 2022 the service has received an average of 561 referrals per month. There has been a steady decline with the volume of referrals to the service over the last number of years, including 2020-2021 and 2021- 2022. The service are currently undertaking an in-depth service data analysis in relation to the service trends since 2019. This will hopefully provide more information on the reasons for the reduction in referral rates.

Mental Health Crisis Team operates as part of AUCS in the OOH period providing urgent access to relevant community mental health services. This service is also fully integrated with the Police Scotland and SAS pathway described later in the paper. Any referrals via the NHS 24 pathway that are identified as requiring mental health support, and no physical health need, are passed directly through to the crisis team from the AUCS dispatch staff. The wider service will also seek input from the crisis team as required. The Mental Health Crisis Team support a range of services outwith AUCS in the OOH period with an average 150 calls via NHS24/ AUCS on a monthly basis.

	<p>Covid-19 Therapeutic Service - First opening 21 December 2021, the 7 day COVID-19 Therapeutic service is delivered through AUCS within the COVID Treatment Centre. This supports a specific cohort of patients deemed as very high risk of progression to severe disease and/or death if they develop COVID symptoms and test positive for the virus. The service was funded 2022/23 on a non-recurring basis for 1 year through the three HSCPs at an annual running cost of £256k.</p> <p>People identified as potentially eligible have been notified by letter with information on how to access this treatment locally as part of their care. There is also a facility for patients to self-refer or via their GP if they think they are eligible for treatment. Some of the treatment options must be started within the first five days of when people start to have COVID symptoms so it is important eligible patients are referred into the service at the earliest opportunity.</p> <p>As at the end of December 2022, 1784 patient referrals had been received into the service with 901 going onto to receive treatment. Following treatment, only 10 of the 901 patients then went on to be admitted to secondary care services for further care specifically for COVID-19.</p> <p>The COVID-19 Therapeutic Service is delivered by a cohort of clinical (mixed skill level) and admin staff 7 days a week. Recent recruitment was undertaken to strengthen the clinical workforce during the winter period which is funded until March 2023. Due to these being only temporary fixed term posts, the team struggled to recruit to a sustainable workforce, with clinical staff from other areas being used to fill the gaps. Further work is required to understand the future need and funding requirements for this service.</p>
3.2	<p>National Hub - Sexual Assault Response Coordination Service (SARCS) self-referral service – following a successful bid late 2021, AUCS was selected as the national hub for all SARCS self-referrals Scotland wide, working in collaboration with NHS 24. The National Hub went live in April 2022 receiving referrals from NHS 24 with 24/7 access so that all referrals, regardless of where the person is in Scotland is managed in a timeously and in a safe way.</p> <p>The Hub ensures that all referrals from NHS 24 are triaged and directed to the appropriate Board pathway and are handed over using a consistent process to the appropriate SARCS regardless of what operational model a health board operates. The Hub operates as a back office function without the need to speak to the person self-referring into the service. Due to the National Hub being a new service, all Hub staff required to be trained with SOPs and frameworks developed to support the processes and systems. A total of 274 referrals have been processed by the National Hub between 1 April and 20 December (241 x acute; 28 x historic; 5 x 13-15yr old).</p> <p>Strong positive relationships have developed with NHS 24 and national SARCS Policy Unit colleagues within Scottish Government through regular engagement to share learning, identify emerging issues with solution focussed discussions.</p>

	<p>Embedding the Hub within an already established service has benefitted from established systems and processes already in place to support incidents and resilience. The email process for sending all referrals to Boards has proved successful and consistent. Most Boards who have received referrals are now familiar with the requirement to confirm receipt of referrals by email for assurance of hand-off.</p> <p>The initial funding proposal for Year 1 for the National Hub was £76.5k. Project implementation arrangements to develop the Hub model and service have been provided by Ayrshire and Arran as the host Board whilst activity was understood. Non-recurring funding of £47.5k has been agreed for 2xWTE Band 2 call handlers (1.9.22 to 31.3.23) within the existing host service to allow resilience and flexibility and also enable a greater understanding of the service demand over Year 1, a saving of approx. £30k from initial projections.</p> <p>Demand has grown each month and there are ongoing discussions with Scottish Government to determine future resource requirements for 2023/24.</p>
3.3	<p>Redesign of Urgent Care Programme – Update on Phase 2 Implementation</p> <p>Throughout 2022 the service has been developing and embedding Phase 2 key priorities that build on the earlier de Minimis specification to deliver six principles of care via the FNC. The main aim is to reduce the number of ‘touch points’ a patient has when navigating through the system for an urgent care need. The FNC supports a number of pathways to wrap the professional services around the patient with an average 1644 calls per month over and above OOH activity. It is noted that only 25% (411) of the calls received via FNC attend hospital within 48 hours. The remaining 1,233 are assessed and treated with via services within AUCS or navigated back to community services. This has also been linked to the sustained reduced level of ED attendances post pandemic.</p> <p>The FNC operates with one clinician and call operator 8 am – midnight 7 days per week. The model fully integrates with the wider OOH team during the OOH period. Moving to a 24/7 service with multiple pathways there was also a requirement to increase the shift team managers to ensure sufficient management oversight during shifts as well as increased clinical support to ensure the pathways operate efficiently and safely. The additional running costs for the 24/7, 7 days per week service is £750k. This was funded in 2022/23 from non-recurring IJB reserves set aside to support implementation of the urgent care programme. An overview of the new pathways are noted below.</p> <p>Care and Nursing Home Pathway - provides direct access to the FNC within AUCS during the OOH period as an alternative to the NHS 24 process to expedite the management of Care Home residents’ care, and to reduce any delay with using the NHS 24 route. This replicates the service provided to care and nursing homes in-hours Monday – Friday via their own GP Practice.</p>

This pathway was introduced following a detailed data review identifying that staff were being held up on the phone to NHS 24 for long periods of time as well as a large number of care and nursing home residents were being directed to Scottish Ambulance Service following an NHS 24 assessment. From January 2022 there has been 2632 direct calls to the FNC for clinical advice/assessment.

Referral process in place for GP Practices to schedule minor injury appointments via the FNC where patient transport can also be arranged. This has reduced the number of ambulances being requested and the majority of patients are seen within the minor injuries unit around their appointment time therefore reducing the crowding in EDs. There have been 905 GP Practice referrals to the FNC since January 2022, which also includes any referrals from GP Practices to request a revisit or patient follow up from a clinician in the OOH period.

Community Pharmacy - a dedicated professional to professional pathway into AUCS in the OOH period should a patient present at community pharmacy and the Pharmacist is unable to fully treat them or needs support from a senior clinical decision maker from FNC. If a senior clinical decision maker is not available a call back for the patient will be arranged within an agreed timeframe with the pharmacist. Prior to this pathway, patients would normally be directed to NHS 24 if community pharmacy are unable to help therefore reducing the amount of services the patient has to navigate through. This pathway is still in development with learning gathered routinely – a total of 614 patient referrals have been received into FNC from Community Pharmacy to the FNC OOH to date.

Emergency Services Mental Health (ESMH) pathway - was fully launched on 30 May 2022 following a successful pilot in early 2022. SAS and Police Scotland refer mental health related calls which do not require emergency medical intervention to the FNC. This process involves the FNC facilitating the call to the Emergency Mental Health Team for initial assessment which includes conversations with the referrer and the patient, after which a joint decision is made about whether an in-person mental health assessment is needed, either at the patient's own home or a specific location within the community. This is a more individualised and person-centred approach, providing the right care in the right place at the right time, and reduces pressure and capacity on Police Scotland, SAS and the ED teams as well as the opportunity for ongoing follow up within the community.

A total of 748 calls were received at the FNC and routed to the Emergency Mental Health Team from Police Scotland or SAS. These patients would otherwise have formerly been conveyed to the EDs by Police Scotland or SAS colleagues which was not always the most appropriate place for the specific care needed by these vulnerable individuals.

The new pathway is the first in Scotland to be embedded within the FNC and has gained national recognition and interest from other NHS Boards. NHS Ayrshire & Arran continues to promote the pathway and work across national improvement networks to refine and enhance the service.

Scottish Ambulance Service (SAS) Pathway - this can be accessed by SAS crews attending calls or reviewing calls on their dispatch screens to consider what input and support the FNC could provide. This might also provide an option to discuss other potential pathways for patients. It is noted that many calls that come via SAS have very similar acuity to those that already come from NHS 24 to AUCS for clinical assessment. Throughout 2022 AUCS has also been attending to confirm life extinct non-suspicious deaths for SAS and Police Scotland to support our emergency services prioritise life threatening conditions.

When SAS refer to the FNC for advice, this results in any of the following scenarios:

- A conversation between the crew or referring paramedic to agree outcome
- A full remote clinical consultation between the patient/carer and the GP
- Some calls are referred over to the FNC and closed allowing SAS crews to move to their next call.
- SAS notifies all patients that their call has been passed to the FNC for follow up and a clinician will contact them within one hour (on average patients/crews are contacted within 20 minutes).

Following contact with the FNC, various outcomes for the patient are identified which can include:

- No further assessment needed:
- A GP at issuing a prescription which can be collected directly at the local pharmacy
- The patient appointed for an in-person consultation at a Primary Care Treatment Centre
- Referral to another community service, including district nursing, integrated care teams, hospital at home, and respiratory service
- A home visit by a GP facilitated by the FNC or direct referral to the local ED or Combined Assessment Unit.

The SAS pathway has been a working progress since spring 2021 with the implementation escalated over the festive period in 2021 to support contingency plans at the hospital front door and improve patient journeys. From December 2021 to December 2022 there were 1730 referrals to AUCS from SAS, of which only about 10% went on to be referred to hospital as final outcome. Approximately 90% of referrals didn't require a SAS crew to convey to the hospital front door.

There is an additional benefit involving the FNC as the AUCS Clinicians are able to access hospital clinical systems, emergency care summary, and previous encounters with AUCS to try build the bigger picture for each patient and assess the risk on an individual basis.

	<p>Normally any SAS contact with patients is not reported back to general practice whereas all referrals logged via the FNC are recorded via the FNC clinical system (Adastral) and reported back to general practice. This allows visibility for the GP Practice to follow up where appropriate.</p> <p>SAS clinicians have fed back they feel positive about the joint working which not only improves the patient journey, but supports staff to get their meal breaks and end shift at the appropriate times. AUCS clinicians shared that they recognise how their input and the service is facilitating an improved patient journey and supporting patients to be treated in their homes or having end of life discussions where more appropriate, as opposed to referring to hospital. This SAS model is now fully integrated into AUCS as business as normal.</p>
3.4	<p><u>Anticipated Outcomes</u></p> <p>The main aim for AUCS is to provide a prompt and seamless experience for citizens across Ayrshire and Arran as well as an opportunity to schedule an appointment or home visit when necessary. Clinicians and administration staff within the service feedback on a daily basis that patients are happy with their outcome either when they receive a scheduled appointment or are directed to the right service first time, and often at home.</p> <p>Continue to sustain the core OOH service and clinical engagement from our local clinical workforce to ensure we are learning and improving from the current service delivery model. It is noted through the data that demand, overall activity and patient need for urgent care has changed, and continues to change on a regular basis.</p> <p>The learning to date offers important opportunities seen in the context of the aim of the Caring for Ayrshire programme which is to design a fully integrated system wide approach to ensure people are able to access the right care at the right time in the right place.</p>
3.5	<p><u>Measuring Impact</u></p> <p>Continuous review of all new pathways is undertaken to evaluate impact and effectiveness to ensure improved patient journeys.</p> <p>Work will also progress under the RUC vision collaborating with acute and community professionals to identify areas of improvement which will benefit citizens of Ayrshire and Arran to access appropriate care at the point of contact wherever possible.</p>
4.	<p>IMPLICATIONS</p>
4.1	<p><u>Financial</u></p> <p>The AUCS GP OOH budget was originally set in 2016/17 based on activity at that time.</p>

	<p>Despite the gradual increase of activity (now 20% in 2022) the service has continued to manage within budget, working efficiently and re-designing where possible using data and trends to match the required workforce to demand.</p> <p>Due to additional unfunded public holidays in 2022, increasing GP pay rates, and an increased workforce required during December 2022 to cope with demand this has been more challenging in year.</p> <p>The main clinical system (Adastra) used within AUCS was impacted by the national cyber-attack and was offline fully for five weeks during August to September. This required manual workarounds and increased clinical capacity to safely manage the demand. The system has only recently gone fully live again in December 2022.</p> <p>There is confidence the service will still end the year within budget due to other vacancies in the management team, but with consideration required for future years funding to match winter demand in particular.</p> <p>A full business case will be developed in collaboration with other system partners and acute services to determine the future of the FNC model beyond 31 March 2023 and funding to support this.</p> <p>A review of the COVID-19 Therapeutics Service is currently ongoing to understand future resource requirements beyond 31 March 2023.</p> <p>Funding confirmation is required from Scottish Government regarding the 2WTE call handlers required to support the National Hub SARC model. This has been covered with extra hours during 2022/23 with clarity required on sustainable funding.</p>
4.2	<p><u>Human Resources</u></p> <p>The medical workforce across AUCS has stabilised over recent years and even with the introduction of new pathways maintains good cover provision. Like most OOH systems across Scotland the GP workforce is built on a GP sessional volunteer rota. The clinical roles offered within AUCS offers variety supporting the various pathways which has supported attracting new GPs and ANPs to the service.</p> <p>Recent developments has saw the senior management workforce model strengthened along with a wider multi-disciplinary team approach to deliver core urgent care services to patients.</p> <p>A number of staff supporting the FNC and delivery of the COVID-19 therapeutics are current staff doing additional hours, booked bank shifts or fixed term contracts. Time has been invested training and developing clinical and non-clinical staff over the last 12-24 months. If these service delivery models continue beyond 31 March 2023 it would be recommended permanent posts are advertised to recruit and attract the workforce required. Recruitment to fixed term posts has been unsuccessful to date.</p>

4.3	<p><u>Legal</u></p> <p>None.</p>
4.4	<p><u>Equality/Socio-Economic</u></p> <p>Changes to how urgent care services are accessed may positively impact patients who have reduced mobility or multi co-morbidities where travel can be difficult as there will not be a need to travel and the infection risk will be reduced. Current and future users of urgent care will continue to access all services through NHS 24 / 111 route. This will ensure patients are seen in the right place with the right team at the right time. Access will remain unchanged for all emergency care needs and access to GP will remain unchanged.</p> <p>The additional pathways also allow for more seamless care patient health and care professionals for patients who try to access urgent care rather than patients trying to navigate various systems or having various ‘touch points’ across the system.</p>
4.5	<p><u>Risk</u></p> <p>Like most other NHS Boards, the ability to fill sessional GP shifts remains a consistent risk to service delivery. By utilising a multi-disciplinary clinical team providing OOH services along with the recruitment of GPs with Extended Roles who work between primary and urgent care, this core workforce mitigates the risk of solely using sessional GPs.</p> <p>There is a risk to the future of the FNC model and impact on the hospital front doors if sustained funding can’t be identified beyond 31 March 2023. The business case will outline the benefits and impact of the FNC to reduce attendances to the ED as well as avoiding unnecessary admissions to hospital.</p>
4.6	<p><u>Community Wealth Building</u></p> <p>The wellbeing of people and communities is core to the aims and successes of Community Planning. Ensuring we deliver the right care in the right place at the right time, is an integral part of the Wellbeing Delivery Plan, Integration Authorities Strategic Commissioning Plan of both the NHS and Council, will contribute to support this wellbeing agenda.</p>
4.7	<p><u>Key Priorities</u></p> <p>The strategy and programme outlined in this report will assist the IJB to deliver the following Strategic Objectives from its Strategic Plan to:</p> <ul style="list-style-type: none"> • Provide early and effective support • Improve mental and physical health and wellbeing • Develop and support our workforce

5.	CONSULTATION
	<p>There is an ongoing commitment to engage with the public and wider services on the pathways available within AUCS. How to access the services via NHS 24 111 is widely publicised on television, radio social media and community venues. National and local messaging is also continuously issued across all platforms to our communities to ensure people are directed to the Right Care, at the Right Time in the Right Place.</p> <p>The teams within AUCS also actively engage with and seek the assistance of the wider services with pathway design and expand the use of the use of the FNC as a central hub for intersecting services. The team is fully engaged with the National Urgent and Unscheduled Care Collaborative and work is ongoing to enhance a number of pathways at pace through this programme.</p>

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19 January 2023

Meeting: Ayrshire and Arran NHS Board

Meeting date: Monday 28 November 2022

Title: Whistleblowing Report – Quarter 2, July - 30 September 2022

Responsible Director: Jennifer Wilson, Nurse Director

Report Author: Karen Callaghan, Corporate Governance Coordinator

1. Purpose

This is presented to the NHS Board for:

- Discussion

This paper relates to:

- Government policy/directive

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

The National Whistleblowing Standards and Once for Scotland Whistleblowing policy (the Standards) were introduced on 1 April 2021. NHS Board Members are asked to discuss the report on organisational activity in relation to Whistleblowing concerns raised in 2022-23 Quarter 2 (July - 30 September 2022).

2.2 Background

The National Whistleblowing Standards (the Standards) set out how the Independent National Whistleblowing Officer (INWO) expects all NHS Boards to manage, record and report whistleblowing concerns. It is a requirement of the Standards that whistleblowing data is reported quarterly to the NHS Board.

The Standards also require that Boards publish an annual report setting out performance in handling whistleblowing concerns. The annual report summarises and builds on the quarterly reports produced by the board, including performance against the requirements of the Standards, Key Performance Indicators (KPIs), the issues that have been raised and the actions that have been or will be taken to improve services as a result of concerns.

In NHS Ayrshire & Arran the agreed governance route for reporting on whistleblowing is to Staff Governance Committee and then to the NHS Board. The NHS Board report will be shared with Integration Joint Boards following the NHS Board meeting.

2.3 Assessment

An anonymous Whistleblowing concern was received by the Chief Executive in Quarter 2 (Q2) and the matters raised were appropriate to be reviewed as whistleblowing. However as anonymous concerns cannot be reviewed under the Standards, or be considered by the INWO, it has therefore been taken forward following the whistleblowing principles and investigated in line with the Standards. This anonymous concerns will be recorded for management information purposes.

As no other Whistleblowing concerns were received in Q2 a detailed report is not possible, a short update on recent whistleblowing activity to support the standards is provided below.

- Improvement plans: Table 1 shows status of investigations from concerns raised in 2021-22. Of the plans that remain open the actions are either in progress or complete and progress continues to be monitored through Directorate Governance routes with feedback on closure to the Whistleblowing Oversight Group.

Number Investigations closed	Numbers of Improvement Plans		Number of Learning Plans	
	In Progress	Closed	In Progress	Closed
5	3	1	1	

Table 1

- Speak Up Week: is an engagement event launched by the INWO in July 2022, NHS Ayrshire & Arran supported National Speak Up week, which took place from 3 to 7 October 2022. The purpose of this was to provide an opportunity for Boards to promote and celebrate speaking up. We engaged with staff at various locations across the organisation, this included Acute and HSCP sites, it was a successful Speak Up Week.
- Training: Proposed changes to the mandatory training requirements for completion of the Whistleblowing Turas Modules were agreed at the Staff Governance Committee on 8 August 2022. Completion of the eLearning [Whistleblowing Turas Module](#) continues to be mandatory for all management level staff, supervisors, line managers, those who may receive concerns, Speak Up Advocates, and those involved in Whistleblowing investigations. For remaining staff the awareness training is no longer mandatory, however, managers will discuss the Whistleblowing eLearning training with staff at PDR and encourage staff to complete the Turas awareness module if they wish.

Monthly reports will continue to be produced to monitor completion of the Turas Whistleblowing eLearning modules.

- Review of processes: The review of our Confidential Contacts and local processes is complete and a separate proposal paper will be presented to Board.

- **Communications:** Information on the agreed changes to the mandatory training requirements Whistleblowing Turas Modules, were disseminated through the Daily Digest and eNews, it was also shared with the Corporate Management Team to be sent on to all managers within the organisation.

Whistleblowing communications continue to be refreshed as a reminder to staff how to raise a Whistleblowing concern and include refreshed and updated 7 minute briefings.

2.3.1 Quality

Procedures for raising concerns should provide good-quality outcomes through a thorough but proportionate investigation. The approach to handling whistleblowing concerns ensures that learning and improvement is progressed for upheld whistleblowing concerns and are shared across all relevant services.

2.3.2 Workforce

The Standards support our ambition for an open and honest organisational culture where staff have the confidence to speak up and all voices are heard. This is focused through our organisational Values of 'Caring, Safe and Respectful' and promoting a culture of psychological safety.

2.3.3 Financial

There is no financial impact.

2.3.4 Risk assessment/management

If staff do not have confidence in the fairness of the procedures through which their concerns are raised, or do not feel assured that concerns raised will be acted upon, there is a risk that they will not raise valid concerns about quality, safety or malpractice. The opportunity to investigate and address these concerns will have been lost, with potentially adverse impact on quality, safety and effectiveness of services.

There is also a wider risk to organisational integrity and reputation, if staff do not believe they will be listened to and do not feel senior leaders in NHS Ayrshire & Arran are fulfilling the organisation's Values of 'Caring, Safe and Respectful' and promoting a culture of Psychological Safety.

2.3.5 Equality and diversity, including health inequalities

A local Equality Impact Assessment (EQIA) for the Standards is in place and published on our [public facing web](#). This assesses the impact of the Whistleblowing Standards on staff and those who provide services on behalf of the NHS with protected characteristics.

2.3.6 Other impacts

- **Best value:** Governance and accountability and Performance management. The delivery of an effective process for whistleblowing concerns will support the Board's commitment to safe, effective and person-centred care. Effective handling of concerns supports the delivery of the Healthcare Quality Strategy.
- **Compliance with Corporate Objectives** - Create compassionate partnerships between patients, their families and those delivering health and care services which respect individual needs and values; and result in the people using our services having a positive experience of care to get the outcome they expect.

2.3.7 Communication, involvement, engagement and consultation

There is no requirement for formal engagement with external stakeholders in relation to the formulation of this paper. There has been wide communication of the Standards across the organisation.

2.3.8 Route to the meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Whistleblowing Oversight Group by email.
- Staff Governance Committee on Tuesday 1 November 2022

2.4 Recommendation

The Board are asked to discuss the paper for Quarter 1 (July - 30 September 2022).