



## **Supplementary Agenda**

### **Integration Joint Board**

**Thursday 16 June 2016 at 10.00 a.m.**

**Council Chambers  
Cunninghame House  
Irvine**

**8. Final Budget**

Submit report by the Section 95 Officer on the current 2016/17 North Ayrshire Health and Social Care Partnership budget (copy enclosed).



**Subject:** **Budget 2016/17**

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**Purpose:** To outline the current 2016/17 North Ayrshire Health and Social Care Partnership budget.

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**Recommendation:** That the Board:

- (a) **approves** the proposed budget for 2016/17 for Social Care including all savings and pressures.
- (b) **approves** the recommendation that a formal request is made to the Council for additional funding of £0.387m to meet the cost of implementation of the living wage which exceeds the level of Scottish Government funding.
- (c) **notes** the indicative budget for 2016/17 for Health Services.
- (d) **approve** the development of savings for Health Services which reflect option (i) and (ii) outlined in section 5.4.
- (e) **notes** the proposed timeline for approval of the 2016/17 budget.
- (f) **approves** the final ICF project funding for 2016/17.
- (g) **approves** the proposals for the delayed discharge funding for 2016/17.
- (h) **notes** the non core funding awarded to date of £1.767m.

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<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	<p>This report sets the final proposed budget for the Social Care element of the 2016/17 Partnership budget, with a revised interim budget proposed for Health Services. It provides an overview of the financial pressures, proposed savings and proposed funding within the Partnership for 2016/17.</p> <p>This is a follow up report to the Interim Budget Paper which was agreed by the IJB in March 2016.</p>
1.2	<p>The Council set its budget for 2016/17 on 17 February 2016. As part of this it approved funding of £82.490m for the Partnership for 2016/17. This represents a £2.389m reduction from the 2015/16 approved core budget of £84.879m. This will be supplemented from the Partnership share of the £250m additional investment for social care pressures within Health and Social Care Partnerships. The North Ayrshire share of this is £7.280m.</p>
1.3	<p>The Health Board has still to set a final full 2016/17 budget but have set an element of the IJB budget on 23 May 2016. Funding of £80.527m was agreed for the Partnership. This included the £7.280M additional funding from the Scottish Government but excluded prescribing, general medical services and Integrated Care Fund which will be finalised when the Health Board budget is set 21 June 2016.</p>

1.4	This report proposes to set an approved and updated budget of £82.490m for social care services, including savings proposals of £4.000m. Taking the £7.280m of Scottish Government funding into consideration would increase this to £89.770m. An interim budget of £75.014m is proposed health services with details of savings proposals totalling £2.871m being developed. These savings will be the subject of a future report to the IJB.
2.	<b>BACKGROUND</b>
2.1	An interim budget for 2016/17 was presented to the Integration Joint Board on 10 March 2016. This confirmed Council funding of £82.490m and anticipated Health Board Funding of £131.812m. This budget also confirmed the Scottish Government allocation of £7.280m for the NAHSCP to provide additional support to meet a range of pressures.
3.	<b>2016/17 REVENUE BUDGET</b>
3.1	<b>Paper 1</b> contains a summary of the core Partnership funding streams and the interim budget for 2016/17 based on the pressures and savings detailed elsewhere in this report.
3.2	Funding from the Council of £82.490m is as reported in the interim budget in March. The NHS has approved funding of £73.247m for 2016/17. This budget excludes General Medical Services, Prescribing and the Integrated Care Fund. The proposed Primary Care prescribing budget across the three Partnerships has been proposed at £83.5m, which includes pressures of £9.8m and efficiency savings of £2.6m. This has still to be allocated to each Partnership. General Medical Services have still to be approved. An update on the Integrated Care Fund is contained within section 7.
3.3	<p>As outlined in March part of the 2016/17 financial settlement from Scottish Government includes additional funding of £250m for Health and Social Care Partnerships, which equates to £7.280m for the NAHSCP and must be allocated as follows:</p> <ul style="list-style-type: none"> <li>• £3.640m to support additional spend on social care to support the objectives of integration, including through making progress on charging thresholds for all non-residential services to address poverty. This additionality also reflects the need to accommodate growth in demand for services as a consequence of demographic change</li> <li>• £3.640m to help meet the range of cost pressures local authorities need to address in order to deliver effective health and social care services, including to offset the reduction to council budgets and the joint aspiration to make progress towards the living wage.</li> </ul> <p>The use of this funding is discussed in full in section 4.</p>
4	<b>BUDGET PRESSURES</b>
4.1	<b>Paper 2</b> contains the detailed Partnership pressures.
4.2	<p><b>Council Pressures</b></p> <p>The interim budget approved by the IJB in March 2016 was based on the best estimates available at that time for pressures. These estimates have been subject to a full review and updated accordingly. Budget pressures currently identified for Social Care Services total £8.891m, of which the Council has agreed to fund</p>

	£1.611m, leaving a balance of £7.280m to be funded from the additional £7.280m allocated by the Scottish Government for social care pressures.
4.3	The interim budget set in March used Scottish Government assumptions about the cost of implementing the living wage including an assumption that providers would contribute 25% to the overall cost of the Living Wage commitment. Providers were not party to this formal agreement. A more detailed estimate has now been prepared for NAHSCP and has been informed by more relevant activity information and reflects the proposals which are the subject of a separate report to this Board. The cost of implementation has now been revised to £1.638m, representing an additional £0.387m on the interim budget set. Recent guidance has also recommended that the commitment to Living Wage should be extended to personal assistants which was not considered when the original funding was allocated. This represents an additional cost of £0.236m, resulting in a total increase in costs of £0.623m.
4.4	Paper 2 shows that pressures for Social Care can be funded from within the £8.891m funding available. However this can only be done if £0.167m is transferred from the £3.640m set aside for additional spend.
4.5	The Scottish Government funding of £7.280m has clear conditions attached, one of which limits the reduction in funding which can be applied by the Council to NAHSCP. When funding was approved by the Council in March the Council fully met this condition by limiting its reduction in funding to the levels permitted by the conditions, which was £2.389m and was based on the Scottish Government's assessment of the cost of implementing Living Wage. As outlined above the costs associated with the original plans for living wage have now been assessed as £0.387m higher than originally estimated and the level of Scottish Government funding. Applying this updated information could restrict the reduction in Council funding to £2.002m.
4.6	To ensure transparency of the flow of funding support for local authorities and delivery of the living wage commitment, arrangements in respect of how the £7.280m is to be used requires to be signed off at a local level by the appropriate Integration Authority section 95 Officer. A clear condition of this funding is a cap on the level of reduction in Council funding which can be applied. As outlined above, based on the cost of implementation of the living wage exceeding indicative Scottish Government funding, the original cap has been exceeded. As section 95 officer I am unable to sign off on these arrangements at this time and I recommend that the increased cost of the living wage is communicated to the Council and a formal request is made for additional funding of £0.387m to support compliance with the conditions attached to this funding. This does not guarantee funding will be secured but is required to demonstrate that NAHSCP has taken steps to comply with the funding conditions.
4.7	If the Council does not approve additional funding this will be noted by the Board and funding will be balanced within the £7.280m as outlined within Paper 2. Paper 2 shows that the subsidy would be £0.167m across the two strands of funding and this is the basis on which the recommended budget will be approved within the report.
4.8	<b>Health Pressures</b> Paper 2 outlines the funded health pressures which are mainly in relation to payroll increases including associated on costs as well as inflation for resource transfer and supplies.

<b>5.</b>	<b>BUDGET SAVINGS</b>
5.1	<p><b>Council Savings - Paper 3a and 3b</b></p> <p>The Council's funding for 2016/17 assumes a £4m savings target for NAHSCP. Paper 3a provides details of the savings which have already been approved previously by NAHSCP, totalling £3.316m. Following a review of these savings it is proposed to remove two savings totalling £0.062m which are no longer deliverable, resulting in a revised total of £0.746m still to be approved. These are detailed in Paper 3b.</p>
5.2	<p>Equality Impact Assessments (EIAs) have been carried out for all developed savings proposals. An EIA screening has taken place for each saving with only one saving requiring a full EIA which is summarised in Paper 7.</p>
5.3	<p><b>Health Savings</b></p> <p>In addition to the above Council savings the funding which has been secured from Health assumes the delivery of 5% Cash Releasing Efficiency Saving (CRES) by the Partnership which equates to £2.871m for 2016/17. An exercise is currently underway across Health to identify the transformation programmes which are being undertaken or planned including an assessment of the savings which are deliverable as a result. This will be used to inform delivery of CRES savings for 2016/17 and beyond, with a view to establishing a longer term position in relation to CRES. NAHSCP are contributing to this exercise and this information will be used to develop plans for the delivery of savings.</p>
5.4	<p>This exercise will be completed in the coming weeks, and although it will inform the plans for savings these are unlikely to contribute significantly to the 2016/17 savings. The Board has two options in relation to how it proceeds for 2016/17:-</p> <ul style="list-style-type: none"> <li>i. utilise the outcome of the transformation programme review to identify savings which can be allocated against the £2.871m on the understanding that temporary savings will need to be identified to meet any savings which are not deliverable in 2016/17.</li> <li>ii. Identify permanent savings which are deliverable in 2016/17. This would then enable transformation programmes to inform future year savings.</li> </ul>
5.5	<p>On the basis that the financial year is already well underway and the urgency to identify options it is recommended that both options are considered to enable a balanced budget to be set as soon as possible.</p>
5.6	<p>Section 3.2 outlines the position in relation to funding for prescribing and confirms that a total saving of £2.6m is required across the three Partnerships. Health are working on these savings and the outcome will be presented to a future Board.</p>
<b>6.</b>	<b>Timetable for Final Savings Proposals</b>
6.1	<p>It is imperative that a final budget is agreed as quickly as possible to enable effective financial management in 2016/17. The table below outlines the timetable for the development of final savings proposals which will be reported back to the IJB in August.</p>

	<table> <tr> <th>Task</th><th>Timescale</th></tr> <tr> <td>Finance to meet with PSMT individually to develop savings proposals for consideration by the IJB</td><td>13<sup>th</sup> -30<sup>th</sup> June</td></tr> <tr> <td>Resultant proposals to be fully costed and presented to the PSMT</td><td>7<sup>th</sup> July</td></tr> <tr> <td>Present final budget to IJB pre agenda</td><td>28<sup>th</sup> July 2016</td></tr> <tr> <td>Present final budget to IJB</td><td>11<sup>th</sup> August 2016</td></tr> </table>	Task	Timescale	Finance to meet with PSMT individually to develop savings proposals for consideration by the IJB	13 <sup>th</sup> -30 <sup>th</sup> June	Resultant proposals to be fully costed and presented to the PSMT	7 <sup>th</sup> July	Present final budget to IJB pre agenda	28 <sup>th</sup> July 2016	Present final budget to IJB	11 <sup>th</sup> August 2016
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<b>7.</b>	<b>Integrated Care Fund (ICF) – Paper 4</b>										
7.1	At the meeting of 11 February the Board agreed to commit some of the ICF funding for 2016/17. Paper 4 contains a detailed breakdown of this as well as the final proposed use of the ICF. There is an uncommitted balance of £0.486m and it is recommended that the IJB approve this for use in developing work around social isolation, teams around GP practices and improving mental wellbeing. These areas are emerging as priorities through the refresh of the strategic plan and from the initial locality forum discussions.										
7.2	This funding requires detailed plans to be submitted in support of the allocation and it is recommended that this is done based on Paper 4. In reality due to the timing around programme start dates, it is currently estimated that £0.111m of slippage is likely on this programme. Given the current budget position it is proposed that this is held and reviewed later in the year when the financial position can be better estimated.										
<b>8.</b>	<b>Delayed Discharge – Paper 5</b>										
8.1	<p>Delayed discharge funding is used to prevent delays in discharge and prevent admissions to hospital and attendances at A&amp;E. Combined these actions should reduce pressure across the system. Paper 5 outlines the proposed use of the 2016/17 allocation. Part of the spending is dependent on funding being confirmed and if this is not available the spending plan will be adjusted accordingly.</p> <p>Due to the timing around programme start dates, it is currently estimated that £0.186m of slippage is likely on this programme. Given the current budget position it is proposed that this is held and reviewed later in the year when the financial position can be better estimated.</p>										
<b>9.</b>	<b>Non Core Funding – Paper 6</b>										
9.1	As well as the core Partnership funding NAHSCP receive other funding streams. The confirmed non core funding for 2016/17 is outlined in <b>Paper 6</b> and currently totals £1.767m. Any additional funding awarded after setting the budget will be reported to the Board throughout the year.										
<b>10.</b>	<b>Implications</b>										
10.1	<p>Financial</p> <p>It is essential that final budgets are approved for services as quickly as possible to ensure that effective financial management can be put in place. This budget delivers this for Social Care Services. Delivery of an interim budget for Health Services represents a significant risk to the IJB.</p> <p>The timetable for finalising the budget needs to be delivered to ensure effective financial management in 2016/17.</p>										

	<p>The current 2016/17 budget for the Partnership is £164.784m. This will increase pending final approval of the health budget.</p> <p>In line with the Integration Scheme a due diligence exercise will be undertaken of the 2015/16 outturn position. This will be undertaken as a governance exercise as there is no opportunity to return to the funding bodies for additional funds for 2016/17.</p>
10.2	<p><b>Human Resources</b></p> <p>The proposed Council services savings result in a reduction in staffing of 12 FTE in 2016/17. The Council, as employer negotiates with trade union representatives on the overall workforce impact of the Council budget proposals. Trade Union discussions have yet to take place around the new savings as they are still under development but they will be undertaken in due course.</p> <p>Workforce cost reductions are likely to be part of the NHS cash releasing efficiency savings. These savings are not yet developed but there will be full discussions with the Trade Unions as appropriate.</p>
10.3	<p><b>Legal</b></p> <p>There are no legal implications.</p>
10.4	<p><b>Equality</b></p> <p>Equality impact assessments have been carried out for all defined savings proposals. A summary of these assessments has been included within these papers. Copies of the detailed assessments are available to members through the HSCP offices.</p>
10.5	<p><b>Environmental &amp; sustainability</b></p> <p>There are no environmental &amp; sustainability implications.</p>
<b>11.</b>	<b>CONSULTATIONS</b>
11.1	<p>This report has been produced in consultation with relevant budget holders, the Partnership Senior Management Team and the Directors of Finance of the Health Board and Council.</p>
<b>12.</b>	<b>CONCLUSION</b>
12.1	<p>The Board is asked to :</p> <ul style="list-style-type: none"> <li>(a) <b>approve</b> the proposed budget for 2016/17 for Social Care including all savings and pressures.</li> <li>(b) <b>approves</b> the recommendation that a formal request is made to the Council for additional funding of £0.387m to meet the cost of implementation of the living wage which exceeds the level of Scottish Government funding.</li> <li>(c) <b>note</b> the indicative budget for 2016/17 for Health Services.</li> <li>(d) <b>approve</b> the development of savings for Health Services which reflect option (i) and (ii) outlined in section 5.4.</li> <li>(e) <b>note</b> the proposed timeline for approval of the 2016/17 budget.</li> <li>(f) <b>approve</b> the final ICF project funding for 2016/17.</li> <li>(g) <b>approve</b> the proposals for the delayed discharge funding for 2016/17.</li> <li>(h) <b>notes</b> the non core funding awarded to date of £1.767m.</li> </ul>



# North Ayrshire Health and Social Care Partnership

## 2016/17 Core Budget Summary

Paper 1

	NAC £ 000's	NHS £ 000's	Share of National Funding £ 000's	Total Partnership Budget £ 000's
2015/16 Base Partner Funding (inc full year effect of part year funding)	84,879	126,217	-	211,096
Remove non approved NHS budgets*	-	(52,051)	-	(52,051)
Add Budget Pressures (Paper 2)	1,611	1,952	7,280	10,843
Add Non Core funded related spend	-	1,767	-	1,767
Estimated 2016/17 Cost	86,490	77,885	7,280	171,655
Less Budget Savings (Paper 3)	(4,000)	(2,871)	-	(6,871)
<b>2016/17 Final Budget</b>	<b>82,490</b>	<b>75,014</b>	<b>7,280</b>	<b>164,784</b>
<b>Funded By:</b>				
2016/17 Partner Funding	82,490	80,527	-	163,017
Scottish Government Funding	-	(7,280)	7,280	-
Non Core Funding	-	1,767	-	1,767
<b>2016/17 Final Budget</b>	<b>82,490</b>	<b>75,014</b>	<b>7,280</b>	<b>164,784</b>
<b><i>Increase / (Decrease) in Partner Funding from 2015/16 Base</i></b>	<b><i>(2,389)</i></b>	<b><i>(51,203)</i></b>	<b><i>7,280</i></b>	<b><i>(46,312)</i></b>
* This includes the following:				
- General Medical Services	-	16,750	-	16,750
- Prescribing	-	30,049	-	30,049
- ICF	-	2,890	-	2,890
- Various other non recurring funds	-	2,362	-	2,362
	-	<b>52,051</b>	-	<b>52,051</b>
<b>Net Increase / (Decrease)</b>	<b><i>(2,389)</i></b>	<b><i>848</i></b>	<b><i>7,280</i></b>	<b><i>5,739</i></b>

	Social Care				Health	
	Additional spend inc charging thresholds and growth in demand	Local Authority Cost Pressures inc Living Wage	Council Funded	TOTAL	NHS Funded	TOTAL
<b>Contractual / Unavoidable</b>	<b>Share of the £7.280M</b>					
Pay rises and NI costs	-	-	1,028	1,028	1,670	2,698
Sleepovers	-	750	-	750	-	1,500
Kinship Care - current cases	735	-	-	735	-	1,470
Kinship Care - increased demand	111	-	-	111	-	222
National Care Home Contract	-	324	326	650	-	1,300
Living Wage - Local Authority Staff	-	-	168	168	-	336
Other Pressures	(89)	-	89	-	-	-
<b>TOTAL</b>	<b>757</b>	<b>1,074</b>	<b>1,611</b>	<b>3,442</b>	<b>1,670</b>	<b>5,112</b>
<b>National / Local Pressures</b>						
Children with a disability	-	1,095	-	1,095	-	1,095
Mental Health Growth Demand	366	-	-	366	-	366
Learning Disability Growth Demand	567	-	-	567	-	567
Flexible Intervention Service	175	-	-	175	-	175
Transport Contracts inflation	84	-	-	84	-	84
Care Providers Contract Inflation	123	-	-	123	-	123
Living Wage - non Local Authority Staff	-	1,638	-	1,638	-	1,638
Living Wage - Direct Payment impact	236	-	-	236	-	236
Revised Charging thresholds	150	-	-	150	-	150
Family Nurse Partnership	-	-	-	-	41	41
Resource Transfer Inflation	-	-	-	-	192	192
Inflation on supplies	-	-	-	-	49	49
<b>TOTAL</b>	<b>1,701</b>	<b>2,733</b>	<b>-</b>	<b>4,434</b>	<b>282</b>	<b>4,716</b>
<b>Priorities</b>						
Mainstream reablement investment re Care at Home	449	-	-	449	-	449
Mainstream Out of Hours Community Alarm service on Arran	222	-	-	222	-	222
Care Opinion	8	-	-	8	-	8
<b>Equipment</b>						
- Purchase	127	-	-	127	-	127
- Equipment Maintenance (LOLER)	20	-	-	20	-	20
- Risk assessment and management inc training	55	-	-	55	-	55
Intermediate Response Team (to attend 999 calls)	134	-	-	134	-	134
	<b>1,015</b>	<b>-</b>	<b>-</b>	<b>1,015</b>	<b>-</b>	<b>1,015</b>
<b>TOTAL PRESSURES</b>	<b>3,473</b>	<b>3,807</b>	<b>1,611</b>	<b>8,891</b>	<b>1,952</b>	<b>10,843</b>
<b>Funded By:</b>						
Share of National Funding	3,640	3,640	-	7,280	-	7,280
Council Funded	-	-	1,611	1,611	-	1,611
NHS Funded	-	-	-	-	1,952	1,952
<b>TOTAL FUNDING</b>	<b>3,640</b>	<b>3,640</b>	<b>1,611</b>	<b>8,891</b>	<b>1,952</b>	<b>10,843</b>
<b>Balance of Funds</b>	<b>167</b>	<b>(167)</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

**North Ayrshire Health and Social Care Partnership**  
**2016/17 Budget - Previously Approved Council Savings**

**Paper 3a**

Service	Summary Narrative	R/AG Rank (updated to reflect the latest position)	AGREED SAVINGS 2016/17 £	Staffing Element of Saving 2016/17 £	FTE Change 2016/17
Business Support	Review of Partnership business support functions	Green	150,000	150,000	6.0
Children & Families	Reduction in alternative family placement numbers, reducing the number of children requiring to be accommodated in this way by twenty over the next three years.	Amber	166,400	0	0.0
Children & Families	Rationalisation of the Family Support services across North Ayrshire	Green	150,000	0	0.0
Children & Families	Children with Disabilities - improved procurement for provision of community support services.	Green	25,000	0	0.0
Children & Families	Transfer of 12 external foster care placements to in-house carer provision, and a reduction of a further 4 external long term foster placements.	Green	183,040	0	0.0
Community	Whole system review of NHS provided beds in care of elderly/elderly Mental Health and purchased nursing care beds. This will be predicated on the development of a tiered model of care that offers the opportunity to continue living for longer within a community setting, with support appropriate to individual needs. This represents a 7.9% saving	Green	500,000	0	0.0
Community	Older People -The support offered to individuals through their admission to Hospital and in the planning of their discharge back to community settings will be reviewed to improve the quality of support and ensure greater continuity. This will require a different approach and offer the opportunity for improved efficiency in how the available staffing resources are utilised.	Amber	50,000	50,000	1.0
Community	Review and redesign day care for older people with a view to securing a more flexible, person centred approach that is aligned with other services to deliver greater efficiency in service provision.	Green	50,000	50,000	2.0
General	Increase in Income Budget. Revision of base budget to reflect inflation increases and improvements to the charging process to ensure charges are implemented according to the policy.	Green	455,000	0	0.0
General	Streamlining management through the integration of services within the HSCP	Amber	90,000	160,000	3.0
General	NACAS/Money Matters - proposed reduction in the Welfare Reform Payment plus an additional 10% funding from Money Matters	Green	264,294	0	0.0
Mental Health	Review of complex packages of care for individuals with a Learning Disability.	Amber	100,000	0	0.0
Mental Health	Mental Health Care Packages baseline budget adjustment based on historic underspends	Amber	30,000	0	0.0
Children & Families	Further rationalisation of the Family Support services across North Ayrshire	Green	150,000	0	0.0
Children & Families	Children & Families Adoption - remove additional investment	Green	60,000	0	0.0

Service	Summary Narrative	R/A/G Rank (updated to reflect the latest position)	AGREED SAVINGS 2016/17 £	Staffing Element of Saving 2016/17 £	FTE Change 2016/17
Children & Families	Children & Families - Fostering additional savings to be delivered through revised rates, shift from external to internal carers and renegotiation of external carer rates	Amber	50,000	0	0.0
General	Charging review across all services to ensure that current charging policies are being applied appropriately	Green	50,000	0	0.0
Children & Families	Children & Families - remove additional investment	Green	141,000	0	0.0
General	Purchasing additional annual leave - saving assumes that 5% of NAC employed partnership staff opt to buy 1 additional week holiday each year	Green	41,000	0	0.0
General	Transport Initiative - Reduce level of taxi usage across the partnership and savings through increased use of Pool Cars	Green	33,000	0	0.0
General	Workforce review - maintaining core staffing levels to reduce enhanced overtime costs.	Green	183,500	0	0.0
General	Discretionary spend savings and minor budget realignments. This would require further review during 2016/17	Green	394,000	0	0.0
	<b>TOTAL</b>		<b>3,316,234</b>	<b>410,000</b>	<b>12.0</b>

**North Ayrshire Health and Social Care Partnership  
2016/17 Budget - New Council Savings**

**Paper 3b**

**SAVINGS AMENDED SINCE THE INTERIM BUDGET**

		£
HSCP-16-13	Purchasing additional annual leave - saving assumes that 5% of NAC employed partnership staff opt to buy 1 additional week holiday each year. No longer achievable due to the changes to the flexi days allowed.	41,000
HSCP-16-42	Discretionary spend savings and minor budget realignments. This will require further review during 2016/17. An initial review has shown that not all of the previously agreed savings can be made	21,556
<b>Net Impact of Amended Savings</b>		<b>62,556</b>

Savings Target	4,000,000
Previously agreed savings	(3,316,234)
Net impact of Amended savings (per above)	62,556
<b>Balance of Savings - to be agreed per the list below</b>	<b>746,322</b>

Service Area	R/AG Rank	2016/17	Staffing Element	FTE Change
		Proposed Saving £		
Introduce a Pan Ayrshire shared Carefirst Support Service	Amber	30,000	0	0
Dementia Respite care - sell additional places to other Authorities to generate additional income.	Amber	38,610	0	0
Learning Disability Services - development of Self Directed Support Services across the service to provide choice and flexibility for service users	Amber	243,935	0	0
Children's Services - development of Self Directed Support Services across the service to provide choice and flexibility for service users	Amber	63,000	0	0
Review of sleepover provision including alternative models of service delivery e.g. telecare	Amber	34,777	0	0
Contract savings within mental health and children's services	Green	91,000	0	0
Workforce Restructure - review of business support	Green	20,000	20,000	<1
Payroll Turnover - active management of the recruitment process to create additional payroll savings. This is in addition to the current target of £0.812m.	Amber	225,000	225,000	0
		<b>746,322</b>		

# Integrated Care Fund 2016/17

Theme	Project Details	Sector	2016/17 Budget
Ideas and Innovation	BRC - Home from Hospital	Third Sector	£93,848
	Community Connectors	NAC/Third Sector	£186,000
	Early Intervention from Custody	NAC	£45,000
	Enhanced end of Life / Palliative Care Facility	Independent	£40,040
	Foodtrain	Third Sector	£75,000
	Hepatitis C Support	NAC	£41,000
	Medication for Carers	NHS	£20,000
	Medication for ICES	NHS	£25,000
	On yer Bike	NAC/Third Sector	£25,000
	Positive Connections	Third Sector	£7,550
	Post Diagnostic Support	NHS	£60,000
	Recovery Café	NAC/Third Sector	£15,000
	Rehab Health and Wellbeing (HARP)	NHS/Third Sector	£142,000
	Self Management Support	NHS	£2,600
	Services to Redburn	NHS	£12,000
	Staying connected, Good Neighbours, Home from Hospital, On Ward	Third Sector	£38,610
	Talking about Diabetes	NHS	£2,811
	GP Service Fullerton	NHS	£50,000
	Community Phlebotomy Service	NHS	£54,000
	Arran District Nurse	NHS	£30,000
	Intermediate Response Team (to attend 999 calls)	NAC	£21,543
	<b>Ideas &amp; Innovation Total</b>		<b>£987,002</b>
RCOP	Dementia Training	NHS	£39,189
	Falls Co-ordinator	NHS	£13,000
	Falls trainer	NHS	£14,000
	Independent Sector Development Worker Pan Ayrshire	Independent	£21,000
	LOTS Resource Workers	NAC	£71,298
	Lunch Clubs / Community Development	Third Sector	£30,000
	TSI Development Worker	Third Sector	£60,000
	Telecare Technician	NAC	£26,000
	Heart Failure Nurse (One third)	NHS	£15,000
	TSI Capacity	Third Sector	£48,000
	<b>RCOP Total</b>		<b>£337,487</b>
Engagement and Locality Planning	Primary Care / GP Engagement & Locality Forums		£53,000
	Participatory Budgeting		£60,000
	Engagement Staff Costs		£57,000
	<b>Engagement and Locality Planning Total</b>		<b>£170,000</b>
Teams around GPs	ANP x 2	NHS	£95,112
	<b>Teams around GPs Total</b>		<b>£95,112</b>
Change Team	Change Team		£814,674
	<b>Change Team Total</b>		<b>£814,674</b>
<b>Grand Total</b>			<b>£2,404,275</b>

AVAILABLE FUNDING  
FUNDING STILL TO BE ALLOCATED

2,890,000  
485,725

**North Ayrshire Health and Social Care Partnership**  
**2016/ 17 Delayed Discharge Funding**

Paper 5

**Proposed Investment in Intermediate Care and Reablement Services**

DEVELOPMENT	INVESTMENT (5 DAYS)	2016/17 Budget £
SPOC	2.0 WTE ADMIN STAFF BAND 3	45,670
<b>COMMUNITY BASED REHABILITATION SERVICES ( Integrate ICES and Community Rehabilitation)</b>		
COMMUNITY INTERMEDIATE CARE / HOSPITAL @HOME (FAST STREAM)	Mainstream ICES	338,000
	2.0 WTE ANPs BAND 7 (ICF funded)	-
BED BASED INTERMEDIATE CARE (WARD 1)	0.5 WTE PHYSIO BAND 5	16,021
	1.0 WTE OT BAND 5	32,042
	0.64 WTE REHAB ASSIST BAND 3	14,614
	1.0. WTE WARD CLERKESS BAND 2	20,337
BED BASED REHABILITATION (WARD 2)	0.5 WTE PHYSIO BAND 5	16,021
	0.5 WTE DIETITIAN BAND 5	16,021
	0.64 WTE REHAB ASSIST BAND 3	14,614
	1.0 WTE WARD CLERKESS BAND 2	20,337
ADDITIONAL STAFFING TO COVER THE WHOLE MODEL	0.5 WTE SALT BAND 6	19,846
	0.5 WTE DIETITIAN BAND 6	19,846
	IMMEDIATE RESPONSE TEAM	62,570
	PHARMACIST ON ARRAN 1 DAY PER WEEK	8,384
	1.0WTE SERVICE MANAGER BAND 8a	55,177
	1.0 WTE COMM GP WITH SPEC IN PALLATIVE	80,000
	1.0WTE INTERMEDIATE CARE SPEC	125,000
	5 SESSION GP INPUT	65,000
<b>TOTAL</b>		<b>969,500</b>
<b>DELAYED DISCHARGE FUNDING</b>		
DELAYED DISCHARGE FUNDING		867,000
ASSUMED CONTRIBUTION FROM ACUTE FOR MEDICAL POSTS		102,500
<b>TOTAL</b>		<b>969,500</b>

# North Ayrshire Health and Social Care Partnership

## 2016/17 Non Core Funding

## Paper 6

This paper outlines all **confirmed** non core funding. Any additional funding received will be reported to the IJB throughout the year.

Ref	Fund	2016/17 Confirmed Funding £ 000's
1	Family Nurse Partnership	396
2	CEL13 Health Visitors	855
3	Keepwell	200
4	West of Scotland CAMHS & Psychological therapy	316
	<b>TOTAL</b>	<b>1,767</b>



## Equality Impact Assessment Summary

Area of Saving	Assessment of Impact on Protected Characteristics	EIA Outcome
Learning Disability Services - development of Self Directed Support Services across the service to provide choice and flexibility for service users	<p>Disability - The proposal will impact on individuals with learning disabilities and mental health problems as it may result in a change of support arrangements or available services.</p> <p>Pregnancy and Maternity - Individual support requirements for people who are pregnant or are parents with dependants may change as a result of their circumstances. The proposal may have an impact on this group.</p>	<p>No major change</p> <p>Robust monitoring and review arrangements need to be in place. Ongoing liaison is required with provider organisations.</p>