

Cunninghame House  
Irvine

29 October 2015

### **Integration Joint Board**

You are requested to attend a meeting of the Integration Joint Board to be held on Thursday **5 November 2015 at 10.00 a.m. in the Council Chambers, Cunninghame House, Irvine**, to consider the following business.

### **Business**

**1. Apologies**

Invite intimation of apologies for absence.

**2. Declaration of Interest**

**3. Minutes / Action Note (Page 5)**

The accuracy of the Minutes of the meeting held on 17 September 2015 will be confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973 (copy enclosed).

**4. Matters Arising**

**Reports for Approval**

**5. Finance Report to 30 September 2015 (Page 13)**

Submit report by Lesley Aird, Head of Finance (North Ayrshire Council) and Fiona Neilson, Senior Finance Manager (NSH) on the current financial position of the North Ayrshire Health and Social Care Partnership as at the period 6 to 30 September 2015 (copy enclosed).

**6. Additional Settlement Funds for Looked After Children 2015-2018 (Page 33)**

Submit report by Stephen Brown, Head of Children, Families & Criminal Justice, on the allocation of the additional funds in relation to the 2014 Children and Young People (Scotland) Act (copy enclosed).

- 7. Mental Health Innovation Fund (Page 37)**  
Submit report by Tommy Stevenson, Senior Manager (CAMHS), on North Ayrshire's two Mental Health Innovation Fund proposals (copy enclosed).
- 8. Integrated Care Fund Contingencies (Page 41)**  
Submit report by Jo Gibson, Principal Planning & Performance Manager, on the proposed allocation of ICF contingency monies to support Change Programme Projects (copy enclosed).

### **Reports to Note**

- 9. Director's Report (Page 43)**  
Submit report by Iona Colvin, Director on progress made to date (copy enclosed).
- 10. Pan Ayrshire Concerns Hub within Kilmarnock Police Office (Page 51)**  
Submit report by Elizabeth Stewart, Senior Manager (Field Work), on developments in relation to the formation of a Pan Ayrshire Concerns Hub (copy enclosed).

### **Minutes**

- 11. Minutes of North Ayrshire Strategic Planning Group – 17 September 2015 (Page 59)**  
Submit the minutes of the North Ayrshire Strategic Planning Group held on 17 September 2015 (copy enclosed).
- 12. Date of Next Meeting**  
The next meeting will be held on **10 December 2015 at 10.00 a.m., Council Chambers, Cunninghame House, Irvine**
- 13. Urgent Items**  
Any other items which the Chair considers to be urgent.
- 14. Confidential Item**  
In terms of Standing Order 11.2 (Admission of Press and Public) the information contained within the following report is confidential and if disclosed would be in breach of an obligation of confidence.
- 14.1 Community Payback Order Annual Report**  
Submit report by David MacRitchie, Senior Manager (Criminal Justice Services), on the Community Payback Order Annual Report 2014/15 (copy enclosed).

# Integration Joint Board

## Sederunt

### Voting Members

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

### Professional Advisors

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

### Stakeholder Representatives

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



**North Ayrshire Health and Social Care Partnership  
Minute of Integration Joint Board meeting held on  
Thursday 17 September 2015  
at 10.00 a.m., Council Chambers, Cunninghame House, Irvine**

**Present :**

Councillor Anthea Dickson, (Chair)  
Stephen McKenzie, NHS Ayrshire & Arran (Vice Chair)  
Bob Martin, NHS Ayrshire & Arran  
Janet McKay, NHS Ayrshire & Arran  
Councillor Ruth Maguire, NAC  
Councillor Robert Steel, NAC  
Councillor Peter McNamara  
Louise McDaid, Staff Representative – North Ayrshire Council  
Marie McWaters, Carers Representative  
Jim Nichols, Third Sector Representative  
Fiona Thomson, Service User Representative  
Martin Hunter, Service User Representative  
Stewart Donnelly, Staff Representative – NSH Ayrshire and Arran  
Iona Colvin, Director, NAHSCP  
Lesley Aird, Chief Finance Officer  
Stephen Brown, Head of Children, Families & Criminal Justice  
Kerry Gilligan, Lead AHP  
Karen McDowall, Senior Nurse, NHS Community

**In Attendance :**

Thelma Bowers, Head of Mental Health  
Janine Hunt, Principal Manager (Business Support)  
Jo Gibson, Principal Manager (Planning & Performance)  
David Rowland, Head of Health & Community Care  
David Walsh, MainStreet Consultancy  
Helen McArthur, Senior Manager (Community Care Services)  
Angela Little, Committee Services Officer

**Apologies for Absence**

Carol Davidson, NHS Ayrshire & Arran  
Dr Mark MacGregor  
David Donaghey, Staff Side Representative, NHS Ayrshire & Arran

**Patricia Chalmers, Independent Sector Representative**

**1. Apologies**

Apologies were noted.

**2. Declarations of Interest**

There were no declarations of interest in terms of Standing

Order 7.2 and Section 5.14 of the Code of Conduct for Members of Devolved Public Bodies.

### **3. Minutes/Action Note – 13 August 2015**

The accuracy of the Minutes of the meeting held on 13 August 2015 were confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973.

#### **3.1 Matters Arising**

The IJB was advised of difficulties experienced by L. McDaid, J. Nicols and J. Hunter in respect of the receipt of and access to the electronic IJB agenda and reports.

A. Little undertook to investigate the areas raised and put in place appropriate measures to resolve the issues. A. Little

### **4. CSWO Annual Report**

#### **15. Chief Social Work Officer Annual Report**

Submitted report and presentation by Stephen Brown, Head of Children and Families and Criminal Justice on the annual report of the Chief Social Work Officer to the local authority on the statutory, governance and leadership functions of the role, which included information in relation to:-

- Partnership structures/governance arrangements;
- The Social Services landscape, market and performance;
- Statutory functions;
- Finance;
- Continuous improvement;
- Planning for change;
- Workforce development;
- User and carer empowerment; and
- Key challenges for the year ahead

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

- Work that is underway to develop performance reports that will provide regular information to members;
- Work that will be undertaken to update the Carers Strategy; and

- An amendment that will be made to the report to change the term “Carers Forum” to “Carers Advisory Group”.

The Integrated Joint Board agreed to endorse the Chief Social Work Officer's Annual Report.

Noted.

## 5. Development our Engagement Approach

Submitted report by Jo Gibson, Principal Manager (Planning and Performance) on progress in further developing the approach for engaging with service users, carers and the public.

An objective review of the engagement approach was undertaken by Community Renewals who facilitated a number of sessions with the Public Participation Forum (PPF). The final report was attached as Appendix 1 and set out a series of recommendations that have been shared with and welcomed by the PPF. A stakeholder event will be held at the end of October 2015 to work on engagement plans for the major change projects which include:-

- Development of locality planning structures;
- Care at Home Review;
- Improving access to Equipment and Adaptations;
- Reviewing services for children with disabilities;
- Development of Woodland View;
- Integration of Addiction Teams; and
- Improving the utility of Carena.

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

- An invitation that will be extended to a wide range of engagement networks, including Tenants Groups to a stakeholder event in October to work on the engagement plans for each of the seven change projects;
- That Members would be advised of the date of the event in October in due course;
- That Arran stakeholders will be contacted and appropriate arrangements made for their attendance at the event

The Integration Joint Board agreed to (a) note the work

undertaken by Community Renewals; and (b) the recommendations as detailed in the report.

Jo Gibson

## 6. Developing Locality Partnership Forums

Submitted report by Jo Gibson, Principal Manager (Planning and Performance) on the proposal (a) to establish HSCP Locality Planning Forums coterminous with the North Ayrshire Community Planning Partnership locality boundaries of Kilwinning, Irvine, North Coast, Three Towns, Garnock Valley and Arran; and (b) that each forum will meet 3 to 4 times per year, will be chaired by a member of the IJB and report directly to the Strategic Planning Group and IJB.

The report also provided information in relation to the support that will be available to the Locality Planning Forum (LPF) Chairs, a stakeholder event in October 2015 to attract carers', patients and service user representatives in each LPF and the proposed LPF draft annual planning cycle as set out in Appendix 1 to the report.

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

- That the HSCP Locality Planning Forums would operate alongside the CPP Locality Partnerships in the first instance and that opportunities to plan and act together will be maximised
- That information in respect of the Integrated Care Fund will be included in a future Financial Management Report; and
- That a report on funding will be provided to a future meeting of the IJB.

Lesley Aird

J. Nicols volunteered to chair the Arran HSCP Locality Forum.

The Integrated Joint Board agreed to (a) approve the proposals outlined in report in relation to the establishment of six HSCP Locality Planning Forums; and (b) that IJB Members consider volunteering to Chair a Locality Planning Forum and advise Jo Gibson accordingly

IJB Members  
Jo Gibson

## 7. Care at Home Review

Submitted report by David Rowland on (a) a review of Care at Home services by MainStreet Consulting; (b) the evaluation of the future models of Care at Home options presented by MainStreet Consulting; (c) the development of a short/medium



term action plan and a long term plan to progress the modernisation of service delivery and procurement.

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

- Contracts with the private sector that expire in March 2016 and work that is being done to strengthen particular areas of the tendering process;
- The Council's tendering process that will comply with minimum and living wage levels;
- A review of the balance between the provision of care at home services by the private sector and those provided in-house;
- Consideration that will be given to providing a presentation on the Care at Home Review to the Providers' Forum.

The Integration Joint Board agreed to (a) note the findings of the Care at Home review; (b) endorse the proposals for the future service models; and (c) approve the methodology and timescales to implement future service models.

J. Rowlands

## **8. North Ayrshire Council Capital Plan Refresh**

Submitted report by Julie Davis, Manager (Business Support) on the proposed project bids to the North Ayrshire Council Capital Investment Refresh Plan for (i) the refurbishment of the 5<sup>th</sup> floor, west wing, Cunninghame house to accommodate North Ayrshire HSCP headquarters; (ii) the development of transitional facility for adults with learning disabilities; and (iii) the development of Extra Care Housing and Dementia villages, presented by Janine Hunt, Principal Manager (Business Support).

Members asked questions and were provided with further information in relation to work that is being done to develop a longer term vision for neurodevelopmental services.

The IJB was advised that consultation had also taken place with the NHS Capital Management Group who had requested further information.

The Integration Joint Board (a) agreed the proposed three projects for inclusion in the North Ayrshire Council Capital Refresh Plan; and (b) noted the intention to seek funding from NHS Ayrshire and Arran.

## **9. Director's Report**

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

Noted.

## **10. Education Attainment of Looked After School Leavers**

Submitted report by Elizabeth Stewart, Senior Manager (Fieldwork) on the educational attainment of all looked after young people in Scotland, details of North Ayrshire's performance over the last three years and comparison against North Ayrshire's family group authorities, presented by Stephen Brown, Head of Children, Families and Criminal Justice.

Members asked questions and were provided with further information in relation to future changes to funding for Kinship Carers.

Noted.

## **11. Financial Management Report as at 31 July 2015**

Submitted report by Lesley Aird, Head of Finance on the current financial position of the North Ayrshire Health and Social Care Partnership and the projected outturn for 2015/16 as at 31 July 2015.

The projected overspend for 2015/16 is £2.523m. The main areas of overspend are lead Mental Health services, Children's Services and Learnings Disabilities, partially offset by anticipated underspends on Older People's Services.

The Board noted the content of the report, including specific key actions on significant variances and the actions being taken to bring the budget back into line.

## **12. Missing Persons Guidelines (NHS)**

Submitted report by Derek Barron, Lead Nurse, on a draft national partnership agreement guideline by the Scottish Government, Police Scotland and NHS Scotland to meet the objectives of the National Missing Persons Strategy, presented by Karen McDowall, Senior Nurse (NHS Community).

Noted.

**13. Consultation: Working Together for People who go missing in Scotland**

Submitted report by Derek Barron, Lead Nurse, on the consultation paper “Working together for People who go Missing”, presented by Karen McDowall, Senior Nurse (NHS Community)

The Board agreed to (a) note the consultation; and (b) provide written comments to Derek Barron, Lead Nurse, for inclusion in IJB Members the submission from the IJB.

**14. Consultation: Reviewing Quality of Care**

Submitted report by Jo Gibson, Principal Manager (Planning and Performance) on (i) the consultation paper on building a comprehensive approach to reviewing the quality of care of services in Scotland; and (ii) the proposed response to the consultation document.

The Board agreed the proposed response to the consultation Jo Gibson documents as outlined in Appendix 1 to the report.

**15. Minutes of North Ayrshire Strategic Planning Group**

Submitted the Minutes of the North Ayrshire Strategic Planning Group held on 6 August 2015.

Noted.

**16. Date of Next Meeting**

The next meeting will be held on Thursday 5 November 2015 at 10.00 a.m. in the Council Chambers, Cunninghame House, Irvine.

**17. Revised Meeting Dates 2016**

The Board noted the revised meeting dates for 2016.

The meeting ended at 12.15 p.m.



## North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 17 September 2015

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	Violence Against Women Strategy	22-1-15	Agreed that the Violence Against Women Strategy be discussed at a future meeting of the SIB/IJB	Agenda – future meeting	Stephen Brown
2.	Concerns Hub	12-3-15	Report on the Concerns Hub to be submitted to IJB early Summer.	Agenda – IJB – 5/11/15 <b>Confirmed</b>	Stephen Brown
3.	Remodelling Rehabilitation Services on Arran	12-3-15	An interim report on the Remodelling of Service submitted to IJB on 13 <sup>th</sup> August 2015 and the final report submitted on 8 <sup>th</sup> October 2015.	Agenda – IJB – 10/12/15	David Rowland
4.	Development and Implementation of a North Ayrshire Social Enterprise Strategy	4-6-15	Draft Social Enterprise Strategy to be submitted to the IJB, NACMT and NAC Cabinet Meeting.	Agenda – IJB – 5/11/15 <b>Confirmed</b>	John Godwin
5.	Model Publication Scheme	13/8/15	Report on progress including the outcome of the options appraisal	Agenda – early 2016	J. Hunt

6.	GP Strategy	13/8/15	Progress report	Agenda – February 2016	Dr P Kerr
7.	Access to Electronic Agendas and reports	17/9/15	Investigate and resolve access issues	As soon as possible	A. Little
8.	Developing Locality Partnership Forums	17/9/15	IJB Members to advise if willing to Chair a Locality Planning Forum	As soon as possible	IJB Members
9.	Consultation: Working Together for People who go missing in Scotland	17/9/15	IJB Members to provide comments to Derek Barron	As soon as possible	IJB Members

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**Integration Joint Board**  
**5<sup>th</sup> November 2015**  
**Agenda Item No 5**

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<b>Subject:</b>	<b>Financial Management Report as at 30 September 2015</b>
<b>Purpose:</b>	To provide an overview of the current financial position of the North Ayrshire Health and Social Care Partnership, as well as the projected outturn for 2015/16 as at Period 6 to 30 September 2015
<b>Recommendation:</b>	That the Board (a) <b>notes</b> the content of this report and (b) <b>approves</b> the actions being taken, as noted in paragraph 2.4, to bring the budget back into line.

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<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	This report provides an overview of the current financial position of the North Ayrshire Health and Social Care Partnership, as well as the projected outturn for 2015/16 as at Period 6 to 30 September 2015. This report reflects projected expenditure and income and has been prepared in conjunction with relevant budget holders.
1.2	The total approved budget for 2015/16 was £204.818m. This has been increased to £206.816m at period 6 to 30 September 2015. The budget has increased by £1.998m in total (£0.725m since the period 4 report). Budget movements are detailed in Section 3.2 of this report.
<b>2.</b>	<b>CURRENT POSITION</b>
2.1	Against the revised full-year budget of £206.816m there is a projected overspend of £2.441m.
2.2	<p><u>Summary of main movements since last report</u></p> <p>The overall position has improved slightly from a projected overspend of £2.523m at the end of July to a projected overspend of £2.441m at the end of September 2015, a decreased overspend of £0.082m. The main movements since the last report are detailed below.</p>

	<u>Level One – Core – (total projected overspend of £0.054m, the projected overspend has reduced by £0.171m since period 4)</u>
2.2.1	Older People, increased underspend from period 4 of £0.073m, mainly due to staff turnover savings within older people daycare staffing. Posts which were previously expected to be filled in September have now been revised to November start dates and a reduction of overtime projections within community alarm staff, partially offset by community packages previously provided by an external provider within Physical Disabilities now provided by the in house Care at Home service.
2.2.2	Physical disabilities – reduction in the projected overspend of £0.171m due to: <ul style="list-style-type: none"> <li>• community packages previously provided by an external provider £67k now brought in house and transferred to the in house Care at Home service,</li> <li>• estimated costs of specific packages reviewed and reduced by £59k,</li> <li>• lower than anticipated community (£23k) and residential (£13k) package admissions</li> <li>• £17k underspend due to vacant post not previously projected.</li> </ul>
2.2.3	Addiction services have an increased underspend from period 4 of £0.031m, mainly due to vacant posts that will not be filled this financial year.
2.2.4	Community Nursing has a decreased overspend of £0.048m due to a decrease in expenditure on supplementary staffing and a reduction in care package costs.
2.2.5	The above have been partially offset by projected increased overspends totalling £0.152m in Learning Disabilities, Mental Health Community Teams, General Medical Services.
2.2.6	<u>Level Three – Lead Partnership Services (total projected overspend £0.844m, the projected overspend has reduced by £0.147m since Period 4)</u> The lead mental health services overspend projection has been reduced by £0.189m from the period 4 due to an anticipated reduction in supplementary staffing in adult inpatients and a reduction in staffing in elderly mental health inpatient services.  Training Health Visitors is now showing an anticipated overspend of £0.072m due to a delay in trainees completing their qualification. A review is underway to bring the budget back into balance.
2.2.7	<u>Level Four – Children's Services (total projected overspend £1.209m, the projected overspend has increased by £0.207m since Period 4)</u> An increase in the projected overspend from Period 4 of £0.207m within Children Services mainly due to one new remand placement, one new residential school placement and extended end dates to existing residential school placements.
2.2.8	<u>Direct Overheads and Support Services – (total projected underspend £0.094m, the projected overspend has decreased by £0.014m since Period 4)</u> A projected underspend of £0.164m within the Council support services due to slippage in recruitment and review of projected costs within Money Matters team is offset by a projected overspend of £0.178m within the NHS support services resulting from a shortfall in funding for the NHS share of partnership management costs. A funding bid for £100k of this is being made for 2016/17, however the remainder relates to the Partnerships share of the costs of Clinical Leadership which the Health Board has indicated it will not fund. The Partnership will have to identify alternative savings to fund this going forward.



2.3	<p><b><u>Detailed Actual vs Budget Analysis to 30<sup>th</sup> September 2015</u></b></p> <p>The summary in Appendix 1 reflects the approved budgets and projected outturns across the Partnership, Appendix 1a details the main variances across all Partnership services, Appendices 2 and 3 detail the main variances across budgeted services delivered by North Ayrshire Council and the Health Board respectively.</p>
2.4	<p><b><u>Corrective Actions</u></b></p> <p>The following actions are being undertaken to address projected overspends:</p> <ul style="list-style-type: none"> <li>• Review of individual care packages across Learning Disabilities, Mental Health and Physical Disabilities to ensure packages meet service user needs and do not create increased dependency and demand. Specific staff have been tasked with reviewing the packages on a rolling basis, starting with the highest cost packages for each area. Monthly reports on progress will go to Heads of Service and the Chief Finance Officer to ensure the review process is being actively delivered.</li> <li>• For the Lead Services Mental Health overspend a business case has been developed and put to the Health Board CMT for consideration to agree an interim funding solution to allow the new hospital to come on stream and deliver the anticipated budget realignment over the next three years. The Health Board is considering the proposal which would see additional in year funding being agreed for the 3 year period.</li> <li>• All budgets are being reviewed to identify any scope for reducing in year spend to allow virement to overspent budgets. This includes delaying the filling of some vacancies to generate greater turnover savings.</li> <li>• A funding bid has been submitted for £100k to the NHS for the balance of the NHS share of Partnership Management costs</li> <li>• A full charging review is being carried out. This review is expected to identify new income streams and maximise the revenue from existing streams as part of the overall efficiencies work. It is key to ensure transparent and equitable charging policies are in place across all Partnership services and it is planned to introduce the new arrangements from April 2016.</li> </ul>
2.5	<p><b><u>Change Programme</u></b></p> <p>The Partnership was allocated £2.941m for 2015/16 from the Integrated Care Fund and £0.867m for Delayed Discharge. Spend against both of these programmes is closely monitored by the Senior Management Team and the Change Programme Board.</p> <p>Both funds are expected to outturn within budget for 2015/16. Consideration is being given to the use of the contingency budgets and any project slippage to ensure the funds are fully utilised within the year. Appendix 4 provides a summary of current projected spend on each fund.</p>
3.	<p><b>BUDGET REVIEW</b></p>
3.1	<p><b>In year Savings Delivery</b></p>
3.1.1	<p>All agreed Council and Health efficiency savings for 2015/16 have already been removed from the Partnership budget. This section provides an update on progress for delivering those savings.</p> <p>The Council elements of the service had been targeted with delivering £2.619m of efficiency savings in 2015/16. To date as at period 6 £0.936m (36%) has been delivered.</p>

	<p>The agreed Health efficiency for 2015/16 was the planned closure of beds at Cumbrae Lodge. This took place in June 2015 as planned but the saving had been estimated for the full year. The impact of this for 2015/16 was a £60k shortfall in savings delivery which has been fully funded from delayed spend on the element of the Cumbrae Lodge savings which were retained by the Partnership.</p> <p>A full list of the 2015/16 savings which have already been removed from the 2015/16 budgets is detailed at Appendix 5.</p>
3.2	<b>Budget Movements</b>
3.2.1	<p>In total the budget has increased by £1.998m (a further £0.725m since the period 4 report). Significant budget movements include:</p> <p>Level One Core budgets have been increased by £0.854m:</p> <ul style="list-style-type: none"> <li>• £1.5m increase in the prescribing budget as a result of new funding from the Scottish Government,</li> <li>• £0.3m decrease in the resource transfer budget for funding that has now been allocated to NHS services (dementia nurses and Arran see below)</li> <li>• £0.63m decrease in the council budgets due to delayed confirmation of the national pay award. Once the award is confirmed the uplift will be applied to the budget.</li> <li>• Additional funding of £0.291m received from the Scottish Government for the low pay agreement in nursing homes.</li> </ul> <p>Non District General Hospital Budgets have reduced by £0.287m due to CRES for Cumbrae Lodge erroneously being deducted from mental health instead of Ayrshire Central in the original budget (see below). The Arran budget has increased for the intermediate care service now funded from resource transfer.</p> <p>Lead Partnership Services Budgets have increased by £1.74m due to the inclusion of budgets for Keepwell, trainee health visitors and dementia nurses and an adjustment due to CRES for Cumbrae Lodge erroneously being deducted from mental health instead of Ayrshire Central in the original budget (see above). The inclusion of additional funding for psychiatry for junior doctor posts and discretionary points, CAMHs funding and the transfer of a post from public health to specialist addiction services.</p> <p>Children's Services budgets have reduced by £0.313m due to the council pay award not having been confirmed yet. Once the award is confirmed the uplift will be applied to the budget. This has been partially offset by additional funding for Child Protection £0.038m offset.</p>
4.	<b>LEAD PARTNERSHIP AND SET ASIDE BUDGETS</b>
4.1	<p>The Integration Scheme creates various Lead Partnership roles across the three Integration Joint Boards. Within the Integration Scheme, as with all delegated budgets, the intention is that services should be delivered within budget. Should that not be possible a recovery plan requires to be developed and approved by all the Joint Integration Boards. Failure to reach agreement will require interim additional contributions in proportion to service usage pending final agreement of the recovery plan.</p>
4.2	<p>It is important to understand the financial position of the budgets being managed by other Partnerships under these Lead Partnership arrangements:</p>

	<p>East Ayrshire HSCP</p> <p>The Primary Care budgets are projected to underspend by £0.3m. There is a pressure on the out of hours medical services where new models of care are being tested at an initial higher cost. There are underspends within Community Dental Services largely from vacant posts and in addition there is an over-recovery of discount on dispensing costs.</p> <p>South Ayrshire HSCP</p> <p>The Allied Health Professionals (AHP) Service is projected to overspend by £0.3m after having identified corrective action in 2015/16. The main sources of this overspend are:</p> <ul style="list-style-type: none"> <li>• Reduction in funding being received from Local Authorities for community Speech and Language Therapy posts with the staff not yet redeployed.</li> <li>• Meeting an increased demand for MSK services.</li> <li>• Delays in meeting efficiency savings coupled with staff being higher on the incremental scale than the level funded.</li> </ul> <p>The corrective action being taken mainly relates to minimising costs in respect of staffing applying strict rigour when posts become vacant including consideration of potential skill mix opportunities.</p> <p>North Ayrshire HSCP</p> <p>As is highlighted earlier in the report (para 2.6), Specialist Mental Health Services are projecting an overspend of £0.8m. Outturn spend is projected to be slightly lower than the 2014/15 outturn. The overspend in both years is due to the continuing levels of nursing cover required to manage complex patients. Consideration of how this can be managed is ongoing.</p> <p>Workforce plans have been reviewed with utilisation of the national workforce tool which has validated the existing gap in nursing wte to facilitate enhanced observations. A proposal for fixed term staffing has been submitted to the Health Board for consideration to reduce some of the overspend in year. Further review of work force will be undertaken in alignment with opening of new hospital (2016/2017), new service models and new ways of working will be implemented together with delivery of a 3 year change programme.</p> <p>There is agreement that the risks of overspends which cannot be recovered will be met by NHS Ayrshire &amp; Arran in 2015/16. This allows an opportunity to develop frameworks to support these arrangements.</p>
4.3	<p>The Integration Scheme establishes that in year pressures in respect of Set Aside budgets will be managed in year by the Health Board, with any recurring over or underspend being considered as part of the annual budget setting process.</p> <p>The Acute Services with NHS Ayrshire &amp; Arran are in a significant overspend with particular issues around the costs of covering a high level of medical vacancies and the increasing needs of patients requiring nursing support above that funded. These pressures are being scrutinised and options developed to minimise costs.</p>
<b>5.</b>	<b>Implications</b>
	<p>Financial</p> <p>The net projection for the year as at 30 September 2015 is an overspend of £2.441m.</p>
	<p>Human Resources</p> <p>There are no human resource implications.</p>

	Legal There are no legal implications.
	Equality There are no equality implications.
	Environmental & sustainability There are no environmental & sustainability implications.
<b>6.</b>	<b>CONSULTATIONS</b>
6.1	This report has been produced in consultation with relevant budget holders, the Partnership Senior Management Team and the Director of Finance for NHS Ayrshire and Arran and the Executive Director Finance and Corporate Support for North Ayrshire Council.
<b>7.</b>	<b>CONCLUSION</b>
7.1	<p>The projected overspend for 2015/16 is £2.597m. The main areas of overspend are Children's Services, Lead Mental Health services and Learning Disabilities, partially offset by anticipated underspends on Older People's Services.</p> <p>It is recommended that the Health and Social Care Partnership note the content of this report, and approve the actions being taken to bring the budget into line, as noted in paragraph 2.4.</p> <p>Further work is ongoing with the Health Board and Council to resolve outstanding baseline budget pressures.</p>

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

Indicative Health & Social Care Partnership Budgets: North  
Objective Report as at 30th September 2015

Appendix 1

Partnership Budget Objective Summary	2015/16 Budget			Aligned	
	Aligned			Aligned	
	Budget	Outturn	Over/ (Under) Spend Variance	Over/ (Under) Spend Variance at P4	Movement in projected budget variance from P4
	£'000	£'000	£'000	£'000	£'000
<b>Level One Core</b>					
Learning Disabilities	15,716	16,237	521	456	66
Older people	42,416	41,530	(886)	(813)	(73)
Physical Disabilities	4,142	4,200	58	229	(171)
Mental Health Community Teams	5,255	5,557	302	250	52
Addiction	2,359	2,286	(72)	(41)	(31)
Community Nursing	3,646	3,683	37	85	(48)
Prescribing	29,099	29,099	0	0	0
General Medical Services	16,750	16,855	105	93	12
Resource Transfer, Change Fund, Criminal Justice	2,445	2,434	(11)	(33)	22
<b>Total Level One</b>	<b>121,828</b>	<b>121,881</b>	<b>54</b>	<b>225</b>	<b>(171)</b>
<b>Level Two - Non District General Hospitals</b>					
Ayrshire Central Continuing Care	3,919	4,273	354	348	6
Arran War Memorial Hospital	1,613	1,676	62	40	23
Lady Margaret Hospital	564	576	12	25	(14)
<b>Total Level Two</b>	<b>6,096</b>	<b>6,525</b>	<b>428</b>	<b>414</b>	<b>15</b>
<b>Level Three - Lead Partnership Services</b>					
Mental Health Services	44,410	45,221	811	1,000	(189)
Family Nurse partnership	476	476	0	0	0
Keepwell	470	444	(26)	0	(26)
Training Health Visitors	587	658	72	0	72
Other General Services	55	42	(13)	(10)	(3)
<b>Total Level Three</b>	<b>45,998</b>	<b>46,841</b>	<b>844</b>	<b>990</b>	<b>(147)</b>
<b>Level Four - Children's Services</b>					
Community Paediatrics	508	503	(6)	35	(40)
C&F Social Work Services	23,543	24,708	1,165	967	198
Health Visiting	1,861	1,910	50	0	50
<b>Total Level Four</b>	<b>25,912</b>	<b>27,121</b>	<b>1,209</b>	<b>1,002</b>	<b>207</b>
<b>Direct Overheads &amp; Support Services</b>	<b>6,983</b>	<b>6,888</b>	<b>(94)</b>	<b>(108)</b>	<b>14</b>
<b>Partnership Total</b>	<b>206,816</b>	<b>209,257</b>	<b>2,441</b>	<b>2,523</b>	<b>(82)</b>

Subjective Report as at 31st September 2015

Partnership Budget Subjective Summary	2015/16 Budget		
	Aligned		
	Budget	Outturn	Variance
	£'000	£'000	£'000
Employee Costs	93,584	94,388	804
Property Costs	497	465	(32)
Supplies and Services	7,633	8,010	377
Prescribing Costs	29,099	29,099	0
Primary Medical Services	16,750	16,855	105
Transport and Plant	580	588	8
Admin Costs	3,178	3,134	(44)
Other Agencies & Bodies	63,292	65,360	2,068
Transfer Payments	11,203	11,273	70
Other Expenditure	103	133	30
Capital Expenditure	0	0	0
Income	(19,103)	(19,892)	(789)
<b>Partnership Total</b>	<b>206,816</b>	<b>209,413</b>	<b>2,597</b>

Indicative Health & Social Care Partnership Budgets: North				Appendix 1a		
Objective Report as at 30th September 2015						
Partnership Budget Objective Summary	2015/16 Budget			Notes		
	Aligned				Aligned	
	Budget	Outturn	Over/ (Under) Spend Variance		Over/ (Under) Spend Variance at P4	Movement in projected budget variance from P4
	£'000	£'000	£'000		£'000	£'000
Level One Core						
Learning Disabilities	15,716	16,237	521	Community packages are projecting an overspend of £859k based on a projection of 230 placement numbers to the end of the year, a net increase of 8 placements is anticipated for the remainder of the year. The service is currently reviewing and validating all packages.  There is a slight overspend on Residential packages £62k and voluntary organisations £22k which is offset by a reduction in direct payment packages £41k over recovery on income £190k and reduction in respite provision £60k and employee costs £88k.	456	66
Older people	42,416	41,530	(886)	Care Homes/Care at Home Residential and nursing care placements are projecting an underspend of £621k, due to lower than anticipated occupancy levels at the start of the year and discharge numbers being higher than anticipated at this stage in the year. It is anticipated that early release of £200k of savings to 2016/17 from 2017/18 approved. The reduction in Care Home costs has created additional pressures within Care at Home. Both budgets continue to be monitored carefully. Employees are £100k underspend, due to high level of vacancies within day care services, previous projections anticipated posts would be filled by September, this has now been revised to November.  Income Income is expected to over recovery by £451k, mainly due to income received from charging orders for residential placements.	(813)	(73)
Physical Disabilities	4,142	4,200	58	Overspends are projected in Residential placements, £229k, and Community packages, £11k, offset with an underspend in Direct payments of £228k based on a total number of 151 physical disabilities packages at the end of the year, an anticipated net decrease of 4 placements for the remainder of the year. There is a £50k anticipated overspend related to the Cordia lift maintenance contract.  The above overspends are partially offset by projected underspends in Direct Payments £205k.	229	(171)
Mental Health Community Teams	5,255	5,557	302	Current placement numbers indicate that Residential packages will underspend by £116k, Community packages will overspend by £444k, these have increased significantly from the start of the year, with 16 new placements. Direct payments are also projecting an overspend of £73k. Overspends are offset with projected underspends in employee costs £20k and Voluntary organisations £37k Vacancies are in the process of being filled.	250	52

Partnership Budget Objective Summary	2015/16 Budget			Notes		
	Aligned				Aligned	
	Budget	Outturn	Over/ (Under) Spend Variance		Over/ (Under) Spend Variance at P4	Movement in projected budget variance from P4
	£'000	£'000	£'000		£'000	£'000
Addiction	2,359	2,286	(72)	The projected overspend within Addictions include property costs for Townhead £14k, this used to be occupied by Social Services, investigation is ongoing to who is responsible for these costs, other slight overspends include staff mileage and supplies and services based on current spending patterns. Addiction Services are projected to underspend by £91k. This arises from a number of vacancies at the start of the year which are assumed will become filled as the year progresses.	(41)	(31)
Community Nursing	3,646	3,683	37	Community Nursing is projected to overspend by £37k. This arises from District Nurse staff in post being above the funded establishment and increased costs in the provision of packages of care. The recently appointed Senior Manager - Locality Services is currently reviewing the staffing levels in each locality to understand how unfunded posts have been appointed to and to clarify workforce requirements going forward. At the same time, the needs of those who require complex adult care packages will be reviewed during this year to determine the level of support required and the most efficient and effective manner of securing this.	85	(48)
Prescribing	29,099	29,099	0		0	0
General Medical Services	16,750	16,855	105	Increased spend on national enhanced services (DMARs and ICUD fittings) and local enhanced services (patient safety, H-Pylori and ring pessary services)	93	12
Resource Transfer, Change Fund, Criminal Justice	2,445	2,434	(11)	Favourable variance within Changing Children's Services Fund in relation to staff turnover	(33)	22
Total Level One	121,828	121,881	54		225	(171)

Partnership Budget Objective Summary	2015/16 Budget			Notes		
	Aligned				Aligned	
	Budget	Outturn	Over/ (Under) Spend Variance		Over/ (Under) Spend Variance at P4	Movement in projected budget variance from P4
	£'000	£'000	£'000		£'000	£'000
Level Two - Non District General Hospitals						
Ayrshire Central Continuing Care	3,919	4,273	354	<p>The frail elderly wards at Ayrshire Central Hospital continue to exceed budget. The projected overspend for 2015/16 is £354k which is higher than in 2014/15.</p> <p>There continue to be issues with high occupancy, patients being more frail and high staff sickness levels across a number of wards. The promoting attendance policy has been applied rigorously in Pavilion 3 and staff have been supported in clarifying their roles and enhancing their skills and competencies. This is having a positive impact and while managers continue to deal with a small number of outstanding issues on an individual basis, it is necessary to utilise Bank and occasionally Agency staff to sustain a safe level of service. At the same time, the Pavilion 3 budget is under a historic pressure relating to former staff members who are being supported in finding alternative opportunities.</p> <p>While the management of sickness absence for Pavilion 6 continues to be undertaken by the South Ayrshire Health and Social Care Partnership on a short-term basis to enable the flexible use of staffing within Biggart Hospital, the Senior Manager - Long-Term Care and their Service Manager will become more active within the unit to prepare staff for the return to the Ayrshire Central site. This will involve a significant Organisational Development input and it is anticipated that this will have a positive impact on the current pressures. In the meantime, Pavilion 6 continues to deliver a reduced level of service with only 26 of the 30 bed capacity being made available to support patient care.</p>	348	6
Arran War Memorial Hospital	1,613	1,676	62		40	23
Lady Margaret Hospital	564	576	12		25	(14)
Total Level Two	6,096	6,525	428		414	15



Partnership Budget Objective Summary	2015/16 Budget			Notes		
	Aligned				Aligned	
	Budget	Outturn	Over/ (Under) Spend Variance		Over/ (Under) Spend Variance at P4	Movement in projected budget variance from P4
	£'000	£'000	£'000		£'000	£'000
Level Three - Lead Partnership Services						
Mental Health Services	44,410	45,221	811	Lead partnership mental health services are projected to overspend by £811k in 2015/16. The overspend is incurred in the adult in-patient wards due to staff in post exceeding establishment as a result of high levels of constant observation and high sickness absence. Permission has been given recruit temporarily a number of staffing non-recurringly which should help reduce the reliance and bank staffing and the level of overspend. It is anticipated that once services move to the new location of Woodland View in April 2016 the level of overspend will reduce as it is expected that the therapeutic and functional design of the wards in the new hospital will have an anticipated impact on the progress of patient recovery and support clinical/therapeutic interventions which may in turn result in a reduction in the frequency and longevity of enhanced observations post admission. Other actions to mitigate the overspend include: Review of work force requirements and re- implementation of the national nursing workforce tool post 6 months service transfer to new hospital to ensure workforce skill mix is adjusted to reflect design impact of new service Review and embed new ways of working within the new hospital to ensure/maximise service efficiency and release staff capacity Optimise workforce attendance with review of staff absence & well being recovery plans to ensure targets are reached Request to Scottish Government for funding to support transition to the new hospital.	1,000	(189)
Family Nurse partnership	476	476	0		0	0
Keepwell	470	444	(26)		0	(26)
Training Health Visitors	587	658	72	The delay in trainees starting on the HV course from 2014-15 and delays in others completing their qualification has put pressure on the 2015-16 budget. Steps are being taken to bring the budget back into balance.	0	72
Other General Services	55	42	(13)		(10)	(3)
Total Level Three	45,998	46,841	844		990	(147)

Partnership Budget Objective Summary	2015/16 Budget			Notes	Aligned	
	Aligned					
	Budget	Outturn	Over/ (Under) Spend Variance		Over/ (Under) Spend Variance at P4	Movement in projected budget variance from P4
	£'000	£'000	£'000		£'000	£'000
Level Four - Children's Services						
Community Paediatrics	508	503	(6)	Fuding for a child protection post previously funded by another authoirty has been provided.	35	(40)
C&F Social Work Services	23,543	24,708	1,165	<p>Children with Disabilities (£1.07m projected overspend) This is the most significant area of overspend due to 4 new residential packages, 3 which started during 14/15 and 1 which started in 15/16 and one existing package. The overspend relating to these 5 packages is £658k, residential respite is projecting an overspend of £71k based on current levels of activity. Further overspends are also projected within Community packages, £69k and Direct Payments £282k.</p> <p>Residential Schools including Secure accommodation and Community Supports (£0.150m projected underspend) Residential schools and community supports are projected to underspend by £155k due to placements being lower than budgeted and for a shorter time period. Secure accommodation is projecting an adverse variance of £5k due to one remand placement within the month at a cost of £86k to the end of the year.</p> <p>Fostering, Adoption and Kinship (£0.281m projected overspend) Overall Fostering is projected to overspend by £228k due to a delay in moving placements from external to internal carers in the first three months of the year, this has now been addressed and placements have been moved There is a projected overspend of £145k in relation to adoption placement fees and assessment costs which are higher than budgeted based on current demand. The above overspends have been partially offset by an anticipated underspend £92k on Kinship due to placements being lower than budgeted.</p> <p>Other Expenditure (£0.038m projected underspend) Agency costs of £80k have been incurred for assessment purposes within the fieldwork teams. Family Support Network budget overspend by £39k and Standby Service projecting an overspend of £21k based on prior years outturn. offset with anticipated underspends in Throughcare and Care Leavers due to lower than anticipated demand £116k and staff training £62k projected overspend.</p>	967	198
Health Visiting	1,861	1,910	50	There is currently an imbalance in the health visiting budget across the 3 HSCPs. An exercise is underway to redress this imbalance and it is assumed for the purposes of the projection that funding will be transferred to the North HSCP from another partnership.	0	50
Total Level Four	25,912	27,121	1,209		1,002	207
Direct Overheads & Support Services	6,983	6,888	(94)	Employee costs underspending by £98k, over recoveries of income from Universities for Practice Teachers £54k, anticipated underspend within Money Matters team £35k and minor underspends within postages, supplies and services. There is an imbalance between the funding provided for partnership managment and the actual cost of providing the service.	(108)	14
Partnership Total	206,816	209,257	2,441		2,523	(82)

Indicative Health & Social Care Partnership Budgets: North - Council Funded Budgets							Appendix 2	
Objective Report as at 30th September 2015								
Council Services Objective Summary	2015/16 Budget			Notes				
	Council				Council			
			Over/ (Under) Spend Variance		Over/ (Under) Spend Variance at P4	Movement in projected budget variance from P4		
	Budget	Outturn						
	£'000	£'000	£'000					
Level One Core								
Learning Disabilities	15,215	15,788	573	Community packages are projecting an overspend of £859k based on a projection of 230 placement numbers to the end of the year, a net increase of 8 placements is anticipated for the remainder of the year. The service is currently reviewing and validating all packages.  There is a slight overspend on Residential packages £62k and voluntary organisations £22k which is offset by a reduction in direct payment packages £41k over recovery on income £190k and reduction in respite provision £60k and employee costs £88k.	501	72		
Older people	42,416	41,530	(886)	Care Homes/Care at Home Residential and nursing care placements are projecting an underspend of £621k, due to lower than anticipated occupancy levels at the start of the year and discharge numbers being higher than anticipated at this stage in the year. It is anticipated that early release of £200k of savings to 2016/17 from 2017/18 approved. The reduction in Care Home costs has created additional pressures within Care at Home. Both budgets continue to be monitored carefully. Employees are £100k underspend, due to high level of vacancies within day care services, previous projections anticipated posts would be filled by September, this has now been revised to November.  Income Income is expected to over recovery by £451k, mainly due to income received from charging orders for residential placements.	(813)	(73)		
Physical Disabilities	4,142	4,200	58	Overspends are projected in Residential placements, £229k, and Community packages, £11k, offset with an underspend in Direct payments of £228k based on a total number of 151 physical disabilities packages at the end of the year, an anticipated net decrease of 4 placements for the remainder of the year. There is a £50k anticipated overspend related to the Cordia lift maintenance contract.  The above overspends are partially offset by projected underspends in Direct Payments £205k.	229	(171)		
Mental Health Community Teams	3,028	3,375	347	Current placement numbers indicate that Residential packages will underspend by £116k, Community packages will overspend by £444k, these have increased significantly from the start of the year, with 16 new placements. Direct payments are also projecting an overspend of £73k. Overspends are offset with projected underspends in employee costs £20k and Voluntary organisations £37k	268	79		
Addiction	1,302	1,319	17	The projected overspend within Addictions include property costs for Townhead £14k, this used to be occupied by Social Services, investigation is ongoing to who is responsible for these costs, other slight overspends include staff mileage and supplies and services based on current spending patterns.	50	(33)		
Community Nursing		0	0		0	0		
Prescribing		0	0		0	0		
General Medical Services		0	0		0	0		
Resource Transfer, Change Fund, Criminal Justice	(12,137)	(12,148)	(11)	Favourable variance within Changing Children's Services Fund in relation to staff turnover	(33)	22		
Total Level One	53,966	54,064	98		202	(104)		

Council Services Objective Summary	2015/16 Budget			Notes	Council	
	Council				Over/ (Under) Spend Variance at P4	Movement in projected budget variance from P4
	Budget	Outturn	Over/ (Under) Spend Variance			
	£'000	£'000	£'000		£'000	£'000
Level Four - Children's Services						
Community Paediatrics						0
C&F Social Work Services	23,543	24,708	1,165	<p><u>Children with Disabilities (£1.07m projected overspend)</u> This is the most significant area of overspend due to 4 new residential packages, 3 which started during 14/15 and 1 which started in 15/16 and one existing package. The overspend relating to these 5 packages is £658k, residential respite is projecting an overspend of £71k based on current levels of activity. Further overspends are also projected within Community packages, £69k and Direct Payments £282k.</p> <p><u>Residential Schools including Secure accommodation and Community Supports (£0.150m projected underspend)</u> Residential schools and community supports are projected to underspend by £155k due to placements being lower than budgeted and for a shorter time period. Secure accommodation is projecting an adverse variance of £5k due to one remand placement within the month at a cost of £86k to the end of the year.</p> <p><u>Fostering, Adoption and Kinship (£0.281m projected overspend)</u> Overall Fostering is projected to overspend by £228k due to a delay in moving placements from external to internal carers in the first three months of the year, this has now been addressed and placements have been moved There is a projected overspend of £145k in relation to adoption placement fees and assessment costs which are higher than budgeted based on current demand. The above overspends have been partially offset by an anticipated underspend £92k on Kinship due to placements being lower than budgeted.</p> <p><u>Other Expenditure (£0.038m projected underspend)</u> Agency costs of £80k have been incurred for assessment purposes within the fieldwork teams. Family Support Network budget overspend by £39k and Standby Service projecting an overspend of £21k based on prior years outturn. offset with anticipated underspends in Throughcare and Care Leavers due to lower than anticipated demand £116k and staff training £62k projected overspend.</p>	967	198
Health Visiting						0
Total Level Four	23,543	24,708	1,165		967	198
Direct Overheads & Support Services	6,059	5,810	(249)	Employee costs underspending by £98k, over recoveries of income from Universities for Practice Teachers £54k, anticipated underspend within Money Matters team £35k and minor underspends within postages, supplies and services.	(85)	(164)
Partnership Total	83,567	84,581	1,014		1,084	(70)

Indicative Health & Social Care Partnership Budgets: North - Health Funded Budgets						Appendix 3
Objective Report as at 30th September 2015						
Health Services Objective Summary	2015/16 Budget			Notes	Health	
	Health				Over/ (Under) Spend Variance at P4 £'000	Movement in projected budget variance from P4 £'000
			Over/ (Under) Spend Variance			
	Budget	Outturn				
	£'000	£'000	£'000			
Level One Core						
Learning Disabilities	501	449	(52)		(45)	(6)
Older people	0	0	0		0	0
Physical Disabilities	0	0	0		0	0
Mental Health Community Teams	2,228	2,183	(45)	Vacancies are in the process of being filled.	(18)	(27)
Addiction	1,057	968	(89)	Addiction Services are projected to underspend by £91k. This arises from a number of vacancies at the start of the year which are assumed will become filled as the year progresses.	(91)	2
Community Nursing	3,646	3,683	37	Community Nursing is projected to overspend by £37k. This arises from District Nurse staff in post being above the funded establishment and increased costs in the provision of packages of care. The recently appointed Senior Manager - Locality Services is currently reviewing the staffing levels in each locality to understand how unfunded posts have been appointed to and to clarify workforce requirements going forward. At the same time, the needs of those who require complex adult care packages will be reviewed during this year to determine the level of support required and the most efficient and effective manner of securing this.	85	(48)
Prescribing	29,099	29,099	0		0	0
General Medical Services	16,750	16,855	105	Increased spend on national enhanced services (DMARs and ICUD fittings) and local enhanced services (patient safety, H-Pylori and ring pessary services)	93	12
Resource Transfer, Change Fund, Criminal Justice	14,581	14,581	0		0	0
Total Level One	67,862	67,818	(44)		23	(67)
Level Two - Non District General Hospitals						
Ayrshire Central Continuing Care	3,919	4,273	354	The frail elderly wards at Ayrshire Central Hospital continue to exceed budget. The projected overspend for 2015/16 is £354k which is higher than in 2014/15.  There continue to be issues with high occupancy, patients being more frail and high staff sickness levels across a number of wards. The promoting attendance policy has been applied rigorously in Pavilion 3 and staff have been supported in clarifying their roles and enhancing their skills and competencies. This is having a positive impact and while managers continue to deal with a small number of outstanding issues on an individual basis, it is necessary to utilise Bank and occasionally Agency staff to sustain a safe level of service. At the same time, the Pavilion 3 budget is under a historic pressure relating to former staff members who are being supported in finding alternative opportunities.  While the management of sickness absence for Pavilion 6 continues to be undertaken by the South Ayrshire Health and Social Care Partnership on a short-term basis to enable the flexible use of staffing within Biggart Hospital, the Senior Manager - Long-Term Care and their Service Manager will become more active within the unit to prepare staff for the return to the Ayrshire Central site. This will involve a significant Organisational Development input and it is anticipated that this will have a positive impact on the current pressures. In the meantime, Pavilion 6 continues to deliver a reduced level of service with only 26 of the 30 bed capacity being made available to support patient care.	348	6
Arran War Memorial Hospital	1,613	1,676	62		40	23
Lady Margaret Hospital	564	576	12		25	(14)
Total Level Two	6,096	6,525	428		414	15

Health Services Objective Summary	2015/16 Budget			Notes	Health	
	Health				Over/ (Under) Spend Variance at P4 £'000	Movement in projected budget variance from P4 £'000
	Budget	Outturn	Over/ (Under) Spend Variance			
	£'000	£'000	£'000			
Level Three - Lead Partnership Services						
Mental Health Services	44,410	45,221	811	Lead partnership mental health services are projected to overspend by £811k in 2015/16. The overspend is incurred in the adult in-patient wards due to staff in post exceeding establishment as a result of high levels of constant observation and high sickness absence. Permission has been given recruit temporarily a number of staffing non-recurringly which should help reduce the reliance and bank staffing and the level of overspend.It is anticipated that once services move to the new location of Woodland View in April 2016 the level of overspend will reduce as it is expected that the therapeutic and functional design of the wards in the new hospital will have an anticipated impact on the progress of patient recovery and support clinical/therapeutic interventions which may in turn result in a reduction in the frequency and longevity of enhanced observations post admission. Other actions to mitigate the overspend include: Review of work force requirements and re- implementation of the national nursing workforce tool post 6 months service transfer to new hospital to ensure workforce skill mix is adjusted to reflect design impact of new service Review and embed new ways of working within the new hospital to ensure/maximise service efficiency and release staff capacity Optimise workforce attendance with review of staff absence & well being recovery plans to ensure targets are reached	1,000	(189)
Family Nurse partnership	476	476	0		0	0
Keepwell	470	444	(26)		0	(26)
Training Health Visitors	587	658	72	The delay in trainees starting on the HV course from 2014-15 and delays in others completing their qualification has put pressure on the 2015-16 budget. Steps are being taken to bring the budget back into balance.	0	72
Other General Services	55	42	(13)		(10)	(3)
Total Level Three	45,998	46,841	844		990	(147)
Level Four - Children's Services						
Community Paediatrics	508	503	(6)	Funding for a child protection post previously funded by another authority has been provided.	35	(40)
C&F Social Work Services	0	0	0		0	0
Health Visiting	1,861	1,910	50	There is currently an imbalance in the health visiting budget across the 3 HSCPs. An exercise is underway to redress this imbalance and it is assumed for the purposes of the projection that funding will be transferred to the North HSCP from another partnership.	0	50
Total Level Four	2,369	2,413	44		35	9
Direct Overheads & Support Services	924	1,079	155	There is an imbalance between the funding provided for partnership management and the actual cost of providing the service.	(23)	178
Partnership Total	123,249	124,676	1,427		1,439	(12)

**Integrated Care Fund**

	Allocation	Total Projected Spend	NAC Projected Variance	NHS Projected Variance	Arran CVS Projected Variance	Total Projected Variance
Ideas and Innovation	£1,041,788	£948,371	-£16,315	-£77,102	£0	-£93,417
RCOP	£993,487	£1,154,650	£91,930	£69,233	£0	£161,163
Change Team	£802,448	£608,116	-£167,623	-£26,709	£0	-£194,332
Contingency	£103,836	£0				-£103,836
<b>TOTAL</b>	<b>£2,941,559</b>	<b>£2,711,137</b>	<b>-£92,008</b>	<b>-£34,578</b>	<b>£0</b>	<b>-£230,422</b>

**Delayed Discharge Allocation**

	Allocation	Total Projected Spend	Total Projected Variance
Rehab and Reablement	£228,616	£176,348	-£52,268
Aids and Adaptations	£19,250	£6,417	-£12,833
Care at Home	£603,179	£191,060	-£412,119
Community Equipment		£93,000	£93,000
Contingency	£15,956	£0	-£15,956
<b>TOTAL</b>	<b>£867,000</b>	<b>£466,824</b>	<b>-£400,176</b>

Note : negative variance represents an underspend





## HSCP 2015/16 Savings Tracker - Please note: the following savings have already been removed from the 2015/16 Partnership Budgets

Appendix 5

Budget Savings	Senior Manager	Reference	2015/16 £	Released at Month 6	Slippage at Month 6	Projected Full Year Slippage	BRAG Status	Comment
<b>Health and Social Care Partnership</b>								
Staff turnover baseline budget saving based on historic trends	ALL	SP-HSC-23	298,000		298,000		Green	
Mental Health Care Package baseline budget adjustment based on historic underspends	Dale Mellor	SP-HSC-24	200,000	112,000	88,000	-	Amber	£130k identified at present to be achieved through one high cost community package moving to residential and temp reductions in other packages.
Increase the administrative charge for Criminal Justice Service to 8%	David MacRitchie	SP-HSC-15	112,000	112,000	-	-	Green	Admin charge allocated at year end to Section 27 Grant. Charge increased at end of FY14/15 to bring in line with 8% overhead allocation
Reduction through early intervention in the demand for foster care and alternative family placements	Elizabeth Stewart	SP-HSC-08	83,200	-	83,200		Amber	Work ongoing at present with a number of placements, outcomes not known at present. Risk full saving is not achieved
Children with Disabilities - improved procurement for provision of community support services.	Elizabeth Stewart	SP-HSC-09	25,000	25,000	-		Blue	Achieved through reduction of budget for community supports provided by supported carers
Realignment of foster care services from external to in-house carer provision	Elizabeth Stewart	SP-HSC-11	91,520		91,520		Amber	Slippage due to placements not moved until July, previously anticipated to be before April 15, in order to achieve full year savings
Efficiency savings which will accrue through the implementation of the CM2000 system.	Helen McArthur	SP-SS-13-18	200,000	-	200,000		Red	Issue in achievement of efficiencies with CM2000. 2 Framework Providers have ceased providing services for NAC. 3 Framework providers using CM2000, one of which could potentially increase compliance levels to achieve savings. Another non-framework provider to implement CM2000 this could potentially make efficiency savings. Potentially £80k could be achieved this year if implemented in August 15 as planned.
The full implementation of CM2000 will enable the management of more efficient services, delivering a 15% saving, in line with other local authorities	Helen McArthur	SP-HSC-04	200,000	-	200,000		Red	As Above
Review information systems team	Janine Hunt	SP-SS-13-09	30,092	30,092	-		Green	Post given up in C & F to fund trainer post within carefirst team
Review of Partnership support functions	Janine Hunt	SP-HSC-03	50,000	17,000	33,000		Green	Saving to date achieved through grade 10 post no. 309809 replaced with Grade 7 (0.6FTE) post no. 311712, balance expected to be achieved this year through vacancies still to be identified

Budget Savings	Senior Manager	Reference	2015/16 £	Released at Month 6	Projected Full Year Slippage	BRAG Status	Comment
<b>Health and Social Care Partnership</b>							
Review of block contracted services - including George Steven Centre	John McCaig	SP-SS-13-29	14,846	-	14,846	Red	Saving will not be achieved, review of Block Contract was achieved in 2013/14. NAC utilising more places than block contract, therefore additional costs are being incurred
Rationalisation of Local Area Coordinator posts	John McCaig	SP-SS-13-35	45,875	45,875	-	Blue	Savings achieved prior year
Redesign of Council LD Day Services	John McCaig	SP-SS-13-31	122,900	122,900	-	Blue	Savings achieved prior year
Review of high cost care packages	John McCaig	SP-SS-13-42	100,000	2,000		Amber	Plans required to be put in place to identify packages for review
Review of complex packages of care for individuals with a Learning Disability	John McCaig	SP-HSC-07	50,000	50,000		Amber	Plans required to be put in place to identify packages for review
Additional income from charges. The actual income received is greater than the amount budgeted and the budget is being amended to reflect the actual position	John McCaig - Charging Policy	SP-SS-13-04	41,000	41,000		Blue	Increase in charge for Dirrans Head Injuries Unit has been implemented with East Ayrshire Council resulting in achieving income savings
Increase in Income Budget. Revision of base budget to reflect inflation increases and improvements to the charging process to ensure charges are implemented according to the policy.	John McCaig - Charging Policy	SP-HSC-13	100,000	100,000		Blue	Income to date projecting an over recovery
Review Assessment and Care Management staff within Older People	Mary Francey	SP-SS-11-29	100,668	67,000		Green	£67k achieved through restructure Nov 13, balance to be achieved.
Review of purchased service contracts - including supported living	Mary Francey	SP-SS-13-38	108,000	77,000		Amber	Plans to be put in place to achieve savings
Older People - Review of support offered to individuals through admission to Hospital and the planning of discharges back to community settings to improve the quality of support and ensure greater continuity.	Mary Francey	SP-HSC-10	40,000	-		Green	Post to be identified
Transport Savings - introduction of a central transport hub, taking over responsibility for the management and utilisation of all journey provision, will enable a 10% saving across the Council's fleet	n/a	SP-SS-13-05	6,000	6,000	-	Blue	
Rationalisation of the Family Support services across North Ayrshire linked to the Dartington research work	Stephen Brown	SP-HSC-22	50,000	50,000		Blue	Reduction of Family Network service from Quarriers
Cumbræe Lodge	Isabel Marr	NHS	550,000	275,000	-	Amber	Beds didn't close until June
<b>Total for Health and Social Care Partnership</b>			<b>2,619,101</b>	<b>1,132,867</b>	<b>14,846</b>	<b>-</b>	<b>-</b>

**Integration Joint Board**  
**5<sup>th</sup> November 2015**  
**Agenda Item No. 6**

<b>Subject:</b>	<b>Additional Settlement Funds for Looked After Children 2015-2018</b>
<b>Purpose:</b>	To seek approval on the allocation of the additional funds in relation to the 2014 Children and Young People (Scotland) Act.
<b>Recommendation:</b>	That the IJB, authorise the allocation of the settlement funds as described below

<b>1.</b>	<b>INTRODUCTION</b>
1.1	The 2014 Children and Young People (Scotland) Act extended existing local authority duties and powers in relation to guiding, advising and supporting previously looked after Children until they reach 21 years of age or beyond in certain circumstances. The new legislation is “Continuing Care” and “Aftercare” which came into force in April 2015
1.2	The right to continuing care will only be available to new care leavers (who leave care in or after April 2015) and who were born after April 1st 1999 and whose last placement was “away from home”.
1.3	<p>All looked after Children can be care leavers; including those who were “looked after at home and in formal “kinship care”.</p> <p>The 2014 Act enables eligibility to care leavers aged 21-25 to access Aftercare Services.</p> <p>Continuing Care was introduced in the 2014 Act placing a duty on the Local Authority to provide care leavers whose final placement was away from home with a continuity of care that is similar to the care that was provided prior to their period of being looked after ceased. The aim being for a more graduated, transition out of care, with the expectation being, that the day to day experience of care will not alter from those formally looked after.</p>
<b>2.</b>	<b>CURRENT POSITION</b>
2.1	The Scottish Government have given £1,865,501 as an additional settlement for Looked after Children 2015-18 and the implementation of the 2014 Children and Young People (Scotland) Act. This funding has come as a result of the extension of local authority duties and powers in relation to guiding, advising and supporting previously looked after Children until they reach 21 years of age or beyond.

2.2	A working group of partners was established and met over a number of months to consider how best to utilise these funds in implementing this new legislation. This group agreed the following as a way forward with this settlement.		
3.	<b><u>PROPOSALS 2015 – 2018</u></b>		
3.1	<b><u>Continuing Care</u></b>		
	2015/16	£152,000	To supports costs of external residential care placements for young people who meet specific legislation criteria and request continuing care beyond their 16 <sup>th</sup> Birthday. There are currently 9 placements meeting this criteria and given the new act it is anticipated this is likely to increase.
	2016/17	£193,200	
	2017/18	£254,000	
	2018/19	£284,000	
	<b><u>Review of Continuing Care</u></b>		
	2016/17	£50,000	As a means of enabling Continuing Care to be delivered safely, with the Child/Young person at the centre, there is a requirement to review all care plans.
	2017/18	£50,000	
	2018/19	£50,000	This would require the employment of a Grade 12 Senior Officer from years 2016 - 2019, who will review these cases independently ensuring quality continuing care.
	<b><u>Throughcare And Aftercare</u></b>		
	2015/16	£138,000	The recruitment of four additional staff to deliver on the new legislation responsibilities outlined in parts 10 and 11 of the Children's Scotland Act (2014) including young people in Kinship care who may request assessment and support post 16 years until the age of 25 years.
	2016/17	£143,800	
	2017/18	£143,800	
	2018/19	£63,300	
			North Ayrshire Council have to report annually to the Scottish Government on this area via the CLAS returns.
			<ul style="list-style-type: none"> <li>• 1 x Grade 10 (Kinship team) £42,566</li> <li>• 1 x Grade 7 (Kinship team) £29,781</li> <li>• 1 x Grade 7 (Rosemount) £29,781</li> <li>• 1 x Grade 7 (Aftercare) £29,781</li> </ul>

		<ul style="list-style-type: none"> <li>£6.091 - 50/50 Rosemount and Throughcare team</li> </ul>
<b><u>Kinship Care</u></b>  2015/16	£89,000 (one-off payment)	This money will be used to pay initial Kinship fees to all Kinship carers. The payment of the initial kinship fee is a requirement of the new Act. This money would enable us to pay the initial fee for up to a max of 178 placements out of the 200 (approx.) present carers.
<b><u>Changed Eligibility for Aftercare</u></b>  2015/16  2016/17  2017/18  2018/19	£27,000  £54,000  £81,000  £81,000	<p>To fund a CAMHS charge nurse post – Band 6 £26,800 - £34,876 (0.7 FTE) who would provide support and advise to looked after young people up to the age of 25 years in social services locations. From 2015 – 2019.</p> <p>NHS CAMHS managers are investigating potential sources of funding to make up the short-fall to a full-time post.</p> <p>To fund a second CAMHS Charge nurse post in year 2016/17, 2017/18, 2018/19 for those young people presently Looked after and accommodated.</p> <p>This would be a key early and effective intervention approach for supporting young people looked after and accommodated and their mental health.</p> <p>This additional CAMHS nurse would empower young people and reduce the development of more complex mental health difficulties as they move into continuing care/ aftercare.</p>
<b><u>GIRFEC</u></b>  <u>2015/16</u>	£11,000	To part fund a third of the GIRFEC coordinators post which will be a pan Ayrshire post.

<b>4.</b>	<b>IMPLICATIONS</b>
4.1	The North Ayrshire Health and Social Care Partnership have received the settlement to enable us to deliver services in compliance with our new duties as stated above. Accessing the additional funds will enable us to extend existing services with our new responsibilities in mind, as described above. The delay in accessing the settlement funds has already impacted upon the services being delivered in response to the new duties. It has also created the likelihood that the settlement funds will not be spent as initially expected by the Health and Social Care Partnership, hence the ability to carry any of the money over into the next financial year would be of great benefit.
<b>5.</b>	<b>CONSULTATIONS</b>
5.1	There has been significant consultation as to how to utilise these funds. A range of Senior Managers in Children and Families have contributed to the above spending plan and a working group of practitioners and managers across Children and families, Intervention Services and Residential services was established to consider the implications of the 2014 Act and its implications. The outcome of the consultation being the creation of the suggested ways of spending the fund as above.
<b>6.</b>	<b>CONCLUSION</b>
6.1	<p>The 2014 Children and Young People (Scotland) Act extended existing local authority duties and powers in relation to guiding, advising and supporting previously looked after Children which came into force in April 2015 for “Continuing Care” and “Aftercare”. The aim being for a more graduated, transition out of care, with the expectation being, that the day to day experience of care will not alter from those formally looked after.</p> <p>The immediate accessing of the settlement would enable the Health and Social Care Partnership to deliver improved provision for those who are within the category of “continuing care” and “aftercare”, reducing the likelihood of significant under spend.</p>

**For more information please contact Stephen Brown, Head of Children, Families & Criminal Justice on [01294 317804] or [sbrown@north-ayrshire.gcsx.gov.uk]**

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**Integration Joint Board**  
**5<sup>th</sup> November 2015**  
**Agenda Item No. 7**

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**Subject:** **Mental Health Innovation Fund**

**Purpose:** To seek IJB approval for North Ayrshire's two Mental Health Innovation Fund proposals

**Recommendation:** That IJB gives approval for the two pan Ayrshire Mental Health Innovation Fund proposals to proceed.

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<b>1.</b>	<b>INTRODUCTION</b>
1.1	The Scottish Government announced a £15M mental health fund in 2014 and wrote to NHS Boards in March 2015 inviting proposals in relation to children and young people and innovation / people in distress. NHS Ayrshire and Arran's allocation is £311,055 per year for 3 years.
1.2	North Ayrshire H&SCP is the lead Partnership for mental health within Ayrshire and Arran, therefore 2 proposals were submitted in May 2015 on behalf of all 3 H&SCP's.
1.3	Clarification about one of the proposals was sought by Scottish Government in August and confirmation was received in September that funding would be made available from October 2015.
<b>2.</b>	<b>CURRENT POSITION</b>
2.1	Two successful proposals to the MH Innovation Fund were developed within short timescales in partnership with NHS, local authority, education, police, A&E and voluntary and private sector representatives. One proposal was in relation to children & adolescent mental health services (CAMHS) and the other was about responding to people in distress. Funding has now been made available for 3 years.
2.2	<p>The pan Ayrshire CAMHS proposal is to release existing staff (using the funding for backfill) to deliver the following:</p> <ol style="list-style-type: none"> <li>1. A measurable reduction in the admissions to adult mental health beds or associated shortened stay linked to community based interventions for complex presentations.</li> <li>2. Seamless admission and discharge from Skye House (a West of Scotland resource), we are currently working closely with Skye House to ensure the investment in intensive support interfaces and informs admissions and importantly allows for dynamic change based on developing evidence around presenting need for hospitalisation</li> </ol>

	<p>3. The development of a clear interface with education and recognition of mental health vulnerability and attainment. Two teachers will be linked to the development of the early intervention initiative with the aim of building capacity, confidence and the development of responsive child centred supports in school, hospital or home. In the longer term this will lead to improved educational and vocational outcomes for children with mental health difficulties.</p>
2.3	<p>The pan Ayrshire people in distress proposal is to release existing staff and pilot a new service (using the funding for backfill and service costs) to deliver the following:</p> <ol style="list-style-type: none"> <li>1. Further understanding the frequency, complexity, and patterns of activity with police and A&amp;E to inform prevention strategies</li> <li>2. Reduction of people being detained in police custody cells where there is no criminality involved and explore opportunities to divert people with mental health problems from Criminal Justice System</li> <li>3. Prevention and reduction of out of hour's attendances at A&amp;E departments for people in need of immediate support</li> <li>4. Provide access to 'safe places' for people other than police cells / hospital</li> <li>5. Rethink patient pathways which will include a multi-agency response around assessment, care and treatment and other support interventions</li> <li>6. Review how the views of people in distress are gathered and organised to inform future improvements</li> <li>7. Build capacity across and within provider services, agencies and third sector to better support people in distress</li> <li>8. Design a model of early intervention built around collaboration and joined up strategic planning building on the already developing 'Police Public Protection Concern Hub' model of interagency collaboration</li> <li>9. Identify and train a range of frontline staff in the most appropriate ways of engaging and supporting people in distress to ensure consistency and effectiveness of approach.</li> </ol>
<b>3.</b>	<b>PROPOSALS</b>
3.1	That IJB gives approval for the two pan Ayrshire Mental Health Innovation Fund proposals to proceed and approves the establishment of a Programme Board to oversee their development and delivery.
<b>4.</b>	<b>IMPLICATIONS</b>
	<b>Financial Implications</b>
4.1	Funding will be provided by Scottish Government to NHS Ayrshire and Arran at a level of £311,055 per year for 3 years. The Scottish Government has indicated that this allocation has to be split evenly between the two proposals.
	<b>Human Resource Implications</b>
4.2	There will be HR implications associated with the releasing and backfilling of Partnership posts to deliver on the proposals. The North H&SCP HR teams will be involved in any recruitment processes.



	<b>Legal Implications</b>
4.3	Any procurement will be undertaken in line with EU Public Procurement thresholds for services. The North H&SCP Service Design and Procurement Team as well as the Council's Legal Services will be involved in any procurement processes.
	<b>Equality Implications</b>
4.5	The further development of services for children and young people, and people in distress in line with the proposals will offer more effective support to individuals who require it. These individuals are not expected to be disadvantaged through delivery of the proposals.
	<b>Environmental Implications</b>
4.6	There are no environmental implications in connection with this proposal.
<b>5.</b>	<b>CONSULTATIONS</b>
5.1	Consultation to date has taken place with NHS, local authority, education, police, A&E and voluntary and private sector representatives in the writing of the proposals. Further consultation will be undertaken in relation to implementation of the proposals once approval is granted.
<b>6.</b>	<b>CONCLUSION</b>
6.1	The Scottish Government has approved and funded two proposals in relation to children and young people and innovation / people in distress for Ayrshire and Arran for 3 years. The proposals now require to be progressed and implemented on a pan Ayrshire basis.
6.2	Therefore, it is recommended that IJB: <ul style="list-style-type: none"> <li>1. Approve the two pan Ayrshire Mental Health Innovation Fund proposals</li> <li>2. Approves the establishment of a Programme Board to oversee the development and delivery of the work</li> </ul>

**For more information please contact Tommy Stevenson on 01294 317836 or Dale Meller on 01294 317790**



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**Integration Joint Board**  
**5<sup>th</sup> November 2015**  
**Agenda Item No 8**

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**Subject:** **Integrated Care Fund (ICF) - Contingency Fund**

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**Purpose:** To highlight to the Integrated Joint Board the proposed allocation of ICF contingency monies to support Change Programme Projects

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**Recommendation:** The Integrated Joint Board is asked to approve the allocation of ICF contingency monies to support areas of work identified.

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<b>1.</b>	<b>INTRODUCTION</b>
1.1	On the 12 February 2015, the Integrated Joint Board (IJB) approved a £103,836 contingency fund as part of the Integrated Care Fund (ICF).
1.2	On the 24 September 2015, the Change Programme Steering Group received Project Initiation Documents, which highlighted that two projects required additional specialist staff support.
1.3	As per the Terms of Reference for the ICF contingency fund this report seeks approval to allocate monies to the projects highlighted in Section 3 of this report.
<b>2.</b>	<b>CURRENT POSITION</b>
2.1	At the Change Programme Steering Group on the 15 July 2015, the following work was highlighted:
2.2	The Head of Mental Health Services requested that a Learning Disabilities Sleep Over Review Project was added to the Change Programme. This is as a result of a recent change to legislation, which requires the payment of an hourly rate to staff fulfilling this role, rather than a flat overnight rate.
2.3	The review will focus on developing a sustainable model to support 79 service users and alternative approaches will be explored including: <ul style="list-style-type: none"> <li>• Increased use of assistive technology</li> <li>• Crisis response service</li> <li>• In-house or commissioned options</li> </ul>
2.4	The Head of Health and Community Care also highlighted the extensive programme of work required to develop a new Arran Model of Care and requested funding for part time project manager support.

2.5	The Change Programme Steering Group supported the requests and agreed to raise with the IJB for approval.
<b>3.</b>	<b>PROPOSALS</b>
3.1	<p>The funding required to support the proposals outlined are as follows:</p> <ol style="list-style-type: none"> <li>1. Learning Disabilities Sleep Overs Review £39,291</li> <li>2. Arran Model of Care - Project Manager £12,000</li> </ol>
<b>4.</b>	<b>IMPLICATIONS</b>
4.1	<b>Financial Implications</b>
	A total of £51,291 is requested from the ICF Contingency Fund. This leaves £52,545 until 31 March 2016.
4.2	<b>Human Resource Implications</b>
	The support for both projects will be temporary until 31 March 2016 using secondment opportunities for staff.
4.3	<b>Legal Implications</b>
	None
4.4	<b>Equality Implications</b>
	None
4.5	<b>Environmental Implications</b>
	None
4.6	<b>Implications for Key Priorities</b>
	The monies are required to support the changes in legislation around Learning Disabilities Sleep Overs and to meet the ambitions of the Health & Social Care Partnership's Strategic Plan.
<b>4.</b>	<b>CONSULTATIONS</b>
4.1	On the 24 September 2015, the Change Programme Steering Group received Project Initiation documents, which highlighted the additional resources required. The Change Programme Steering Group was supportive of this approach.
<b>5.</b>	<b>CONCLUSION</b>
5.1	The IJB is asked to approve the use of the ICF Contingency fund to support delivery of the Change Programme.

**For more information please contact Jo Gibson, Principal Planning & Performance Manager on [jogibson@north-ayrshire.gov.uk](mailto:jogibson@north-ayrshire.gov.uk)**

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**Integration Joint Board**  
**5<sup>th</sup> November 2015**  
**Agenda Item No. 9**

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**Subject:** **Director's Report**

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**Purpose:** To advise members of the North Ayrshire Integration Joint Board of developments within the North Ayrshire Health and Social Care Partnership.

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**Recommendation:** That members of the IJB note progress made to date.

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<b>1.</b>	<b>INTRODUCTION</b>
1.1	This report presents a high level overview for members of the Integration Joint Board (IJB) of the work undertaken within the North Ayrshire Health and Social Care Partnership (NAHSCP), both locally and with the other Ayrshire partnerships.
<b>2.</b>	<b>CURRENT POSITION</b>
	<b><u>Strategic Planning &amp; Operational Group (SPOG)</u></b>
2.1	The Strategic Planning and Operational Group (SPOG) continue to meet on a weekly basis. John Burns, Chief Executive NHS Ayrshire & Arran attended the meeting on 24 <sup>th</sup> September 2015 to discuss the Programme Scope for the SPOG, the NHS Board's current financial position and requirements and expectations in relation to Winter Planning.
2.2	The Chief Executive also discussed the best way to progress workstreams in line with "Managing a Balanced Health and Care System". This is a draft strategic framework which brings together NHS Ayrshire & Arran's strategic aims, improvements and changes required over the next three years to develop longer term arrangements to achieve a balanced health and care system across Ayrshire. The Programme Scope for the SPOG will be included as an appendix within the above document.
2.3	Winter planning arrangements were also discussed, including the proposal to have "daily huddle" updates between Chief Executive, Directors of Health & Social Care, Director of Acute Services, Medical Director and Nurse Director. These commenced on 1 <sup>st</sup> November 2015.

	<b><u>National Developments</u></b>
2.4	<p><b><u>National Conversation on a Healthier Scotland</u></b></p> <p>The Scottish Government are hosting a National Conversation on a Healthier Scotland. The purpose of the National conversation is to consider the type of Health and Social care services Scotland will need in 2030, knowing that demographic changes mean the current arrangements are unsustainable.</p>
2.5	<p>The Scottish Government will draw initial conclusions from this conversation by the end of 2015 with a response promised by early 2016. COSLA organised an event on 5<sup>th</sup> October 2015 with key local government officers to influence and inform the thinking around these issues as well as ensuring that issues relating to social care are included in the debate. Iona Colvin, Director and Jo Gibson, Principal Manager (Planning and Performance) attended the COSLA event on 5<sup>th</sup> October and Cllr Anthea Dickson attended the COSLA session for Elected Members on 12<sup>th</sup> October 2015.</p>
	<b><u>Mental Health Services for Veterans in Scotland</u></b>
2.6	<p>The Scottish Government recently announced through Circular DL (2015) 22, the arrangements in place, with effect from 1<sup>st</sup> April 2015, to provide specialist mental services with Combat Stress for Veterans resident in Scotland. These services will be provided at the Hollybush House facility in Ayr. The Scottish Government has committed £1.224m per year up to 2017-18 to fund this commissioned service through NHS Ayrshire and Arran as the host NHS Board. These arrangements will be kept under review and will be subject to the next Scottish Government Spending Review outcome.</p>
	<b><u>Call for Evidence – Health &amp; Sport Committee – Alcohol (Licensing, Public Health &amp; Criminal Justice (Scotland)) Bill</u></b>
2.7	<p>Chief Inspector Tim Ross, Police Scotland, in his capacity as Chair of the North Ayrshire Alcohol and Drug Partnership attended the Scottish Parliament's Health &amp; Sport Committee on 6<sup>th</sup> October 2015 to give evidence on Stage One of the above Bill.</p>
	<b><u>Ayrshire Developments</u></b>
	<b><u>Winter Plan 20115/16</u></b>
2.8	<p>There are two strands to North Ayrshire Health and Social Care Partnership's winter planning efforts, i.e. to reduce demand for Accident and Emergency and to ensure individuals are discharged from acute care without delay.</p>
2.9	<p>In terms of reducing demand for Accident and Emergency Services, the Partnership will utilise its investment in Community Connector posts within General Practice to engage directly with individuals who attend the Emergency Department most regularly, seeking to understand their needs and to engage in how these could be better met by local community services. The Community Connectors will then signpost these individuals to the appropriate service.</p>
2.10	<p>In addition to this, the IJB has invested in 8 new Care at Home posts to pilot a rapid</p>

	response service within the Irvine area. This will see the postholders being deployed along with Scottish Ambulance Service or NHS ADOC Teams to engage with the professionals in a discussion about how those requesting medical intervention or transfer to hospital are currently being supported in the community and how their presenting condition compares to their normal state. It is anticipated that this will reduce the number of individuals being transferred to A&E and therefore the number of emergency admissions from the local area.
2.11	Finally, in terms of reduce demand for A&E, the Partnership will introduce a Single Point of Contact for Hospital staff and General Practitioners to ensure the removal of any ambiguity over how to access services or who should respond. This will see all calls being triaged by an integrated admin and clinical team with individuals being directed to the most appropriate professional based on their needs. The SPOC Team will assume responsibility for the service user and securing the next step in their journey, thereby alleviating pressure from General Practitioners that can result in them defaulting to an emergency admission.
2.12	Turning to ensuing discharge from acute care is supported timeously, the IJB endorsed investment in 40 Care at Home staff to remove the current waiting list for access to home care services. At the same time, investment in a further 35 rehabilitation and reablement posts will see a movement towards discharge within 48 hours, with individuals being supported home with a package of care that will reduce as their independence grows with a view to returning to full independent living or the mainstreaming of Care at Home services commensurate with their need.
2.13	In addition to this, there has been investment in medical staffing for rehabilitation and intermediate care services at Pavilion 3 at ACH. This service will ensure timely discharge from Crosshouse for those who will benefit from rehabilitation and those who need an assessment of their longer term care needs. Additionally, this service will take admissions directly from the community to provide a viable alternative to acute hospital admission for those who could benefit from some short-term care and rehabilitation before returning home.
	<u>Older People's Pathway</u>
2.14	The Project Team for the Review of Older People and Complex Needs Model of Care met for the first time on 22 <sup>nd</sup> September 2015, chaired by Iona Colvin, Director NAHSCP. This project will examine and review the current models and pathways of care and examine the provision of support to people over 65, those with complex care needs, rehabilitation and reablement and end of life care. The project will allow the three Ayrshire Partnerships and Acute services to develop a framework to ensure consistency of approach while acknowledging the needs and ambitions of the three different areas.
2.15	To achieve the future model of care the project team will focus on four main areas :- <ul style="list-style-type: none"> <li>• Transforming service structures</li> <li>• Transforming hospital services</li> <li>• Transforming joint working across independent, third sector and statutory sectors.</li> <li>• Transforming relationships with older people or those with complex care needs and their carers.</li> </ul>
2.16	Progress reports will be submitted on a monthly basis to the Strategic Planning & Operational Group (SPOG) and thereafter feed through Corporate Management

	Teams and the NHS Board. Within North Ayrshire, the team will report to the Change Programme Steering Group, feeding into the IJB and North Ayrshire Council reporting structures.
	<u>Woodland View Development</u>
	<u>Woodland View Weathertight Ceremony</u>
2.17	<p>Jamie Hepburn, Minister for Sport, Health Improvement and Mental Health attended the Weathertight ceremony for Woodland View, the new £46 million adult mental health and community facility in North Ayrshire, on 21<sup>st</sup> October 2015.</p> <p>Mr Hepburn performed the final ‘screeding’ of the floor in the central entrance of the building. NHS Ayrshire &amp; Arran’s construction partner for the new facility, Balfour Beatty, will now concentrate on completing the internal work within the facility.</p> <p>When complete, Woodland View will provide 206 private en-suite bedrooms for in-patients. It will accommodate people who need a level of care and rehabilitation that can only be provided by a stay in hospital, including mental health and addiction rehabilitation and long-term care and rehabilitation for older people.</p>
	<u>Woodland View Appreciate Inquiry (AI)</u>
2.18	On Wednesday 23 September the first of 10 sessions for staff who will be relocating to Woodland View when it opens in Spring 2016 was held. The AI conversations will be built around HSCP values of Care, Respect, Efficiency, Inclusiveness, Honesty, Innovation and Person-Centredness, and staff from a mix of locations (Ailsa, Crosshouse, Biggart and Ayrshire Central) as well as different disciplines will ensure each session develops a big picture approach that will support staff as they prepare to move into their new environment.
	<b><u>North Ayrshire Developments</u></b>
	<u>Change Programme</u>
2.19	<p>At the change Programme Steering Group on the 24<sup>th</sup> September 2015, the following projects were approved for Phase 2:</p> <ul style="list-style-type: none"> <li>• Teams Around the Child</li> <li>• Children Affected by Disabilities Review</li> <li>• Children Placed in Care Pathways Review</li> </ul>
2.20	The Change Programme identified individual project risks, as well as common risks across all projects, including the challenges of using a range of IT systems and the lack of shared accommodation bases.
2.21	A performance, outcomes and evaluation framework is being developed for each project as well as for the impact of the overall Change Programme.
2.22	We continue to use an Appreciative Inquiry approach and the following events have taken place with staff and key stakeholders to ensure we deliver both a positive engagement process and successful change:



	<ul style="list-style-type: none"> <li>• <b>Business Support Review</b> - 26 senior Business Support staff met at Greenwood Conference Centre on Tuesday 18<sup>th</sup> August to begin to build a shared knowledge of the business support review project. It was a positive, energising and inclusive session that generated lots of input for the team to take forward. This is a large project – Business Support touches every corner and aspect of work within the Health and Social Care Partnership and is fundamental to delivering our vision of ensuring all people who live in North Ayrshire are able to have a safe, healthy and active life.</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>North Ayrshire Drug and Alcohol Services</b> - As a follow-up to their previous development day (earlier this year) colleagues in North Ayrshire Drug and Alcohol Service Team undertook an Appreciative Inquiry, “Engaging with the Story”. This theme, on Friday 28 August and Friday 4 September 2015, allowed the North Ayrshire Drug and Alcohol Service Team to share experiences and work towards creating a new and emerging future for their service.</li> </ul>
	<ul style="list-style-type: none"> <li>• <b>Equipment and Adaptations event</b> - As part of the Partnership’s change programme we are reviewing our equipment and adaptations processes. The partnership is keen to engage with as many stakeholders as possible to help develop a service that meets the needs of the people of North Ayrshire. An engagement event was on Wednesday 21 October using an appreciative inquiry approach.</li> </ul>
	<u>Arran Review</u>
2.23	The Integration of Health and Social Care has afforded the opportunity to review services delivered by the Partnership on the Isles of Arran and Greater Cumbrae.
2.24	A Review of Arran Services commenced with the establishment of a short life steering group, the first meeting of which was chaired by David Rowland on September 9 <sup>th</sup> , 2015. The meeting was attended by key stakeholder services, third and independent sector and has identified and secured public engagement.
2.25	The steering group will provide strategic leadership and direction. Members of the public will be invited to liaise with local groups whilst senior staff engages with their teams identifying need and current service provision with a view to recommending and formulating models of local care, appropriate environments and suitable supporting infrastructure that could be provided in a seamless manner from a fully integrated local team.
2.26	This first phase will report to the Integrated Joint Board in March 2016 seeking endorsement for agreed actions and resources. Information will be distributed and published after each monthly meeting with comments being invited from all stakeholders using the dedicated mailbox <a href="mailto:ArranReviewofServices@aapct.scot.nhs.uk">ArranReviewofServices@aapct.scot.nhs.uk</a> .

	<u>Care at Home Recruitment</u>
2.27	The Care at Home service are in the process of recruiting 20hr and 30hrs posts both permanent and temporary for positions in various localities. As everyone is aware the Service has been having ongoing difficulties in attracting individuals to come forward and apply for posts. Therefore to ensure that the Service reaches out to as many individuals as possible the Care at Home team have, as well as utilising Talentlink, undertaken the following: circulated and placed recruitment posters in libraries, supermarkets, GP practices, colleges, hospitals, dental surgeries across North, South and East Ayrshire as well as Inverclyde; detailed the vacancies on Facebook and Twitter; advertised within both local and national press; engaged the local radio and have had adverts periodically played during the day; carried out meetings with Job Centre Managers to promote and discuss both the service and the roles of a care at home assistant; working with Economic Development who are conducting information sessions and facilitating open recruitment events; advertised on the linked Televisions with the local office reception areas.
2.28	The Service is working with Ayrshire College and is about to, for the first time, give students the opportunity of placements within care at home. Furthermore at the recent CareNA event within the Magnum the Care at Home service had a recruitment stall and distributed 150 recruitment packs to interested individuals. The Service is also preparing an article that will be published in the local press about the role of a Care at Home Assistant. The article will also contain information from service users about the services they receive and their views of the Service. It is hoped that this will also stimulate interest in a career within care at home.
2.29	As a result of some of the aforementioned actions, 118 individuals have been invited to attend for Care at Home Assistant interviews week commencing 19/10/15. A progress update on the outcome of those interviews will be provided within the next report.
	<u>Greening the NHS Estate</u>
2.30	<p>Building on the successful and ambitious partnership demonstration project at University Hospital Ayr/ Ailsa, Public Health and NHS Estates colleagues are now working with the Green Exercise Partnership to extend the Greening the NHS Estate Project to the Ayrshire Central Hospital (Woodland View) site. £66K has been awarded to NHS Ayrshire and Arran by Sustrans to upgrade an existing path which runs between Pavilion 10 and St Margaret Church in Castlepark to cycle path status. This will build on existing work being undertaken by Balfour Beatty which will extend the National Cycle Network past the New Eglington Practice to Pavilion 10.</p> <p>£60K has also been awarded by NHS Endowments towards creating a network of paths in the woodland to the North and East of the new Woodland View development. This will act as match fund for a bid to Woodland In and Around Towns funding.</p>
	<u>Health Improvement Scotland HEI Inspection</u>
2.31	Healthcare Improvement Scotland visited Ayrshire Central Hospital on 8 <sup>th</sup> and 9 <sup>th</sup> September, to complete a Healthcare Environment Inspection. They visited Pavilion 1,3 10 and 11
2.32	While the visit noted a number of areas where we were performing well, the

	inspectors also noted a number of areas for improvement. An Action Plan has been drawn up to address the areas of concern.
2.33	The Healthcare Improvement Scotland report will be published on their website on Wednesday, 4 <sup>th</sup> November 2015.
	<u>Public Engagement Event</u>
2.34	North Ayrshire Health and Social Care Partnership is keen to review how we engage with North Ayrshire residents in the design and delivery of local services. In order to begin to do this an event was held on 19 October 2015 to hear views. The event engaged with members of public on a number of key areas to find out if they want to be involved in an ongoing conversation.
	<u>Carena Event</u>
2.35	On Wednesday 7 <sup>th</sup> October 2015, the long awaited Care & Support Exhibition took place. More than 135 exhibitors attended as well as colleagues, service users and carers. The event was an opportunity to showcase partnership services and what is on offer to a wide audience.
3.	<b>IMPLICATIONS</b>
3.1	<b>Financial Implications</b>
	There are no financial implications arising directly from this report.
3.2	<b>Human Resource Implications</b>
	There are no human resource implications arising directly from this report. The human resource implications for each proposal for the partnership will be considered as they are developed.
3.3	<b>Legal Implications</b>
	There are no legal implications arising directly from this report.
3.4	<b>Equality Implications</b>
	There are no equality implications.
3.5	<b>Environmental Implications</b>
	There are no environmental implications.
3.6	<b>Implications for Key Priorities</b>
	The NAHS CP will continue to work to the delivery of the five objectives within the Strategic Plan.
4.	<b>CONSULTATIONS</b>
4.1	No specific consultation was required for this report. User and public involvement is

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

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

## Integration Joint Board

### Agenda Item No. 10

**Subject:** **Pan Ayrshire Concerns Hub within Kilmarnock Police Office.**

**Purpose:** To advise members of the North Ayrshire IJB of developments in relation to the formation of a Pan Ayrshire Concerns Hub.

**Recommendation:** That the IJB notes the proposal for the development of a Pan Ayrshire Concerns Hub

<b>1.</b>	<b>INTRODUCTION</b>
1.1	Since 2013 the total number of referrals to Social Services by Police Scotland, across Ayrshire has risen dramatically. It is noted that in particular there has been a significant rise in the number of Adult Support and Protection referrals made. For example within North Ayrshire in 2013 there were 290 referrals Adult Support and Protection referrals, rising to 1141 in 2014.
1.2	As a result of these increases, staff from the Health and Social Care Partnerships are under significant pressure to maintain responses which assess the needs of the individual as well as promoting their well-being.
<b>2.</b>	<b>CURRENT POSITION</b>
2.1	Currently, every concern which is made by Police Scotland is routed to the relevant Social Services office and a response is offered. However due to the volume of concerns received by Social Services, coupled alongside the fact that these particular types of referrals are often dealt with amongst a wider gamut of referrals, it is noted that the speed and effectiveness as well as the actual provision of support, could be improved upon.
<b>3.</b>	<b>PROPOSALS</b>
3.1	Historically, similar concerns had been identified within North Ayrshire with regards to the increasing number of Domestic Incidents. A commitment to address this led to the development of the Multi Agency Domestic Abuse Response Team (MADART) which is based within Kilmarnock Police Office. Over the last three years, the application of this model has seen a significant improvement in both response times and outcomes to victims of domestic abuse.

3.2	It is proposed that this model is used as a blueprint for developing a Pan Ayrshire Concerns Hub based within Kilmarnock Police Station in order to respond to any type of referral generated by Police Scotland. All three Chief Executives, NHS Ayrshire and Arran and the Divisional Commander, Police Scotland, have agreed in principle to this proposal.
3.3	For all concerns raised relating to new referrals, the Concerns Hub would carry out initial holistic assessment and ensure that only those most at risk and potentially in need of further intervention from services are referred on.
3.4	The new hub would comprise of Social Workers, Police Officers, at least one Housing Officer and Administration Support. Improved communication, information sharing and professional expertise would all combine to provide timely, proportionate and effective support to those affected by issues which bring them to the attention of Police Scotland.
<b>4.</b>	<b>IMPLICATIONS</b>
4.1	<p><b>Financial Implications</b></p> <p>As a Pan Ayrshire resource, each partnership would be expected to contribute resources. The largest spend would be in relation to staffing costs. There will also be one off set up costs related to procurement of IT equipment and furniture.</p>
<b>5.</b>	<b>CONCLUSION</b>
5.1	IJB members are asked to note that the Pan Ayrshire Concerns Hub is an approach which will address the high volume of referrals generated by Police Scotland in a more timely and effective way which will secure better outcomes for individuals.
	Work is now underway across the three Ayrshire's, alongside the Police to develop a model for delivery and a report will come back to IJB in February 2016 for approval.

**For more information please contact [Elizabeth Stewart] on [01294 317750] or [estewart@north-ayrshire.gov.uk]**

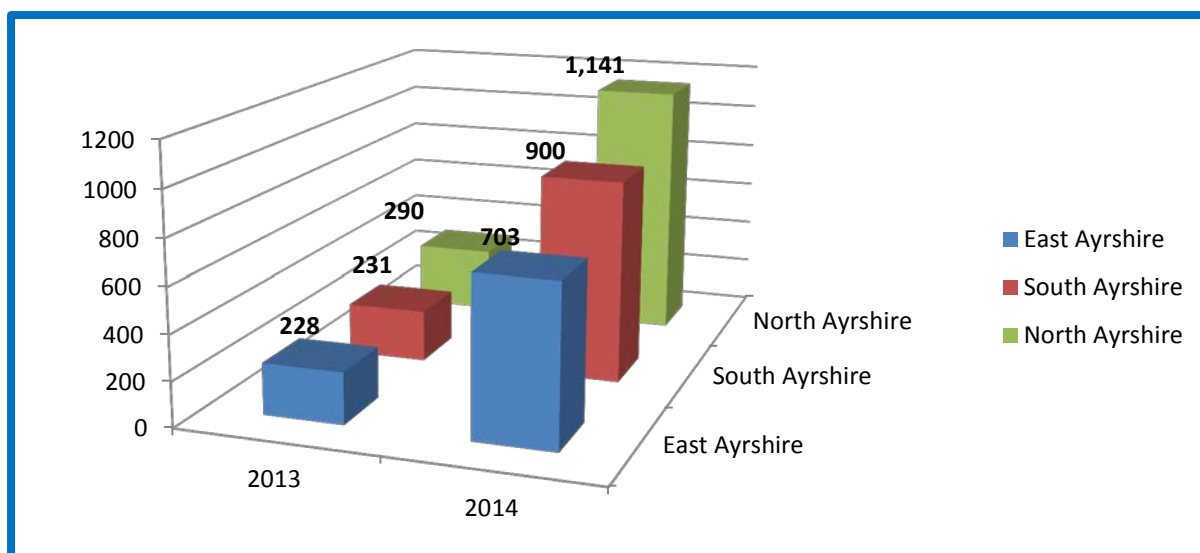
## Pan Ayrshire Concerns Hub – Kilmarnock Police Office

### Introduction

Across the three Ayrshire's, the number of adult concerns referrals generated by Police Scotland has risen substantially. This is a result of police officers responding to a significant number of incidents involving adults for whom officers have subsequently had concerns for. As a result of this increase, staff from the Health and Social Care Partnerships are under significant pressure to maintain responses which assess the needs of the adult and promote their well-being at the same time.

The table below illustrates the huge rise in numbers and reflects the experience of health and care professionals that suggests there are an increasing number of adults in our communities experiencing distress.

### Increase in Police ASP Referrals/Reports 2012 - 2014



**Graph 1**

### Current position

At present, every concern which Police Scotland generates is routed to the relevant Social Services office. Whilst very few of the concerns progress into the Adult Support and Protection arena, there are a significant amount of adults who require supports at a lower level. However due to the volume of concerns received by Social Services, coupled alongside the fact that they are often dealt with amongst a wider gamut of referrals, it is noted that the speed and effectiveness as well as the actual provision of appropriate support, could be improved upon.

Historically, similar concerns had been identified within North Ayrshire with particular regards to the increasing number of Domestic Incidents. A commitment to address this, led to the development of the Multi Agency Domestic Abuse Response Team (MADART) within the North Ayrshire locale only.

Over the last three years, the application of this model has seen significant improvements in response times and outcomes to victims of domestic abuse and their children. Given that Police Scotland also generates concerns relating to Child Welfare, Child Protection and Youth Justice it is

suggested that the Concerns Hub could also screen these referrals to ensure that appropriate priority can be given to each referral and that it reaches the appropriate destination for either information or further action as necessary. In doing so, the Concerns Hub has the potential to act as a conduit for the Children and Young People's Act, when the Named Person responsibilities are introduced in 2016, by ensuring that information is directed smoothly and timeously to the relevant named person.

### Proposal

Owing to the success of the MADART, it is proposed that this model is used as a blueprint for developing a Pan Ayrshire Concern's Hub for all concerns generated by Police Scotland.

The Pan Ayrshire Concerns Hub would be co-located within Kilmarnock Police Office and would comprise of Social Workers, Police Officers, at least one Housing Officer and Administration Support. Improved communication, information sharing and professional expertise would all combine to provide timely, proportionate and effective support to those affected by issues which bring them to the attention of Police Scotland. By utilising the skills and networks of partner agencies we will be able to deliver on shared outcomes whilst meeting the overarching objective of timely and responsive intervention which will in turn improve the life chances of individuals and enable them to maintain control of their lives and exercise choice.

For all concerns raised relating to new referrals, the Concerns Hub would carry out initial holistic assessment, and ensure that only those most at risk and potentially in need of further intervention from services are referred on. This will therefore allow both adult and children's services to focus on those adults and children who are most in need of care and protection.

For all concerns raised about individuals who are already known to Social Services, the Concerns Hub would ensure the fast transition of said concern to the allocated worker thus ensuring a quick and smooth transition of information.

It is anticipated that a more unified assessment of need and risk, utilising a suite of responses available from the Concerns Hub, via the various information systems (Housing, Social Services, Health and Police) and the drawing on of expertise of the multi-disciplinary team, will ensure that those most in need of care and protection receive it at the right time from the right person.

It is also recognised that a dedicated team based at Kilmarnock Police Office would not face the same competing demands and pressures as workers within fieldwork teams and in addition to this, stronger and more effective relationships will be built with our partners at Police Scotland.



As mentioned at the outset of this report the number of referrals relating to adults has increased significantly since 2013. Concerns relating to children have also increased, however not to the same extent. Table 1, below, highlights the total number of concerns raised by Police Scotland in all of the Ayrshire partnerships.

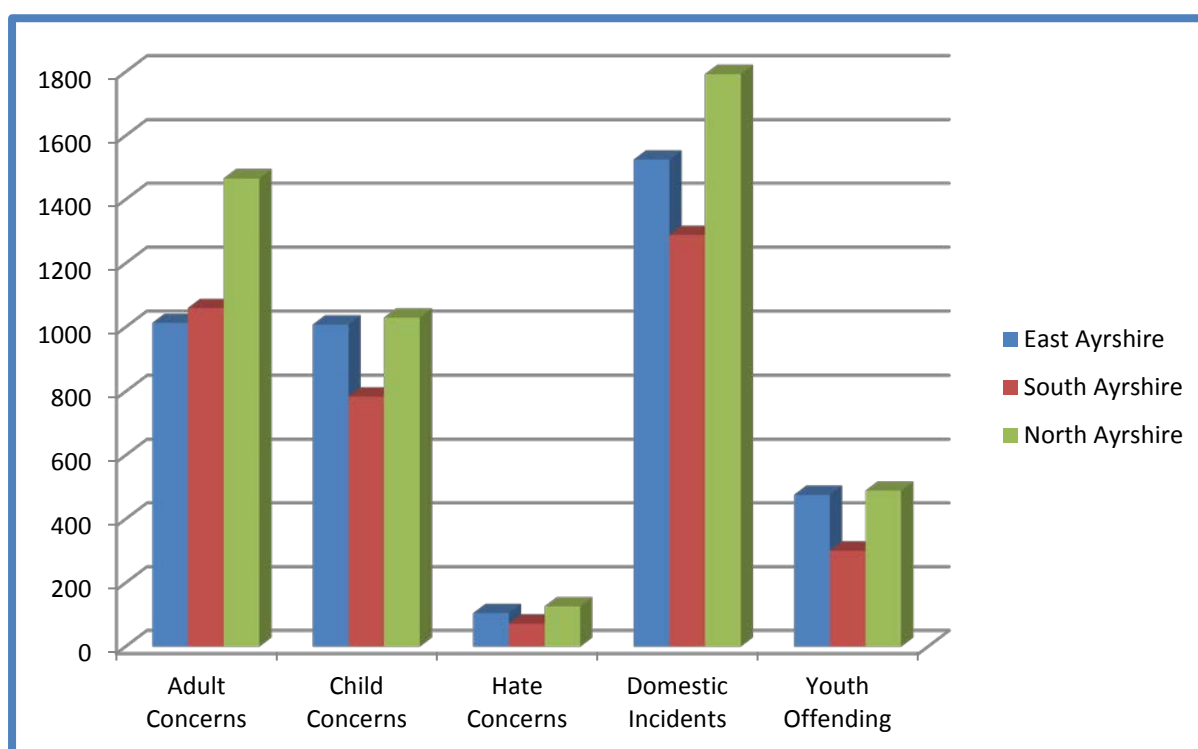
**Total number of referrals generated by Police Scotland per Partnership**

Authority area	Total Reports/Referrals from Police for Social Services Action between 2013 & 2014	Total Reports/Referrals from Police for Social Services Action between 2014 & 2015
North Ayrshire	3525	4947
East Ayrshire	2720	4181
South Ayrshire	2261	3551

**Table 1**

Graph 2, below, highlights the numbers of concerns generated by type, by Police Scotland which are then forwarded onto one of the three partnerships. Concerns are categorised into 5 areas – Adults Concerns, Child Concerns, Hate Concerns, Domestic Incidents and Youth Offending.

**Breakdown per Referral type in 2014 - 2015**



**Graph 2**

### Financial Implications

As a Pan Ayrshire project, each partnership would be expected to contribute resources to the development. As detailed in table 1, it is recognised that Police Scotland make more concerns referrals to North Ayrshire than any of the other Ayrshire partnerships. As such, North Ayrshire will realign existing staff from MADART (2 x Social Worker, 1 x Housing Officer and 1 x Administrator). In

addition to this, North Ayrshire will also commit a further 2 Social Worker posts. Staff would be realigned from our Service Access team which is a generic team in nature, therefore meaning the social work staff would have the skill set and knowledge base required of working with a range of service users.

East Ayrshire currently has 2 Social Worker posts which are dedicated to responding to Adult Support and Protection Concerns generated by Police Scotland. These posts could be realigned to sit within the Concerns Hub and an agreement in principle has been reached with regards to this. Consideration should be given to adding a third Social Worker resource to the East Ayrshire complement of staff, particularly a worker who has experience within a Children and Families setting.

In addition to fieldwork staff, administrative support (1) will also be required.

South Ayrshire receive the lowest number of referrals from Police Scotland, however as shown in table 1, referrals received are still in excess of 3,500 per annum. It is recommended that this local authority give consideration to committing at least 2 Social Workers who would have the ability to respond to concerns in respect of both adults and children

As with East Ayrshire, administrative support (1) will also be required.

### **Breakdown of staff required per Partnership**

	North Ayrshire	East Ayrshire	South Ayrshire
Social Worker*	4	3	2
Housing Officer*	1	0	0
Admin Support –	1	1	1

**Table 2**

\*Please note that Mileage will also be payable

### **Accommodation**

Police Scotland is committed to the creation of Pan Ayrshire Concerns Hub and is in agreement to providing office space within one of their bases, with Kilmarnock Police Office the preferred option. There would be one off costs for each Partnership in terms of furnishing the office i.e., desks, chairs and storage.

### **Information Technology**

As a Pan Ayrshire Concerns Hub, it will be vital that all systems are accessible to staff. From a North Ayrshire perspective, workers in situ at Kilmarnock Police Station already have access to Housing and Social Work IT programmes, therefore there should be no reason as to why this could not be replicated for South and East Ayrshire personnel. It's also anticipated that systems such as SEEMIS and a variety of NHS systems will also be accessible from the Hub. There will be one off set up costs associated with this, and also one off set up costs associated with the procurement of IT equipment. (Laptops, monitors, telephone lines and telephones). Although it is recognised that some staff will already have access to IT equipment which will come with them when they move post.

#### Areas of work still to be developed

- Accommodation requirements to be confirmed given the resources are possibly larger than first anticipated.
- Work with IT across agencies still to be developed.
- Operational procedures, management and governance to be finalised.

#### Conclusion

Chief Executives are asked to agree the following:

- That the Concerns Hub is an approach that will help address the high volume of referrals in a more timely and effective way.
- That the Concerns Hub will ensure that with the implementation of the Children and Young People's Act, the new Named Person role will be supported appropriately to deal with concerns.
- That the resource requirements outlined are needed to ensure the aspirations of the Concerns Hub are delivered effectively.

Elizabeth Stewart

Children and Families (Fieldwork)

Senior Manager

27/9/15





## Minutes of North Ayrshire Strategic Planning Group

Held on Thursday 17<sup>th</sup> September 2015 at 2.00pm, Volunteer Rooms, High Street, Irvine

- Present:**
- Stephen McKenzie, Chair, IJB
  - Jo Gibson, Planning and Performance, Health and Social Care Partnership (H&SCP)
  - Jim Nichols, Third Sector Representative
  - Thelma Bowers, Head of Service, Mental Health
  - Mark Gallagher, Alcohol and Drugs Partnership (ADP)
  - Louise Gibson, Allied Health Professions (AHP) Representative
  - Simon Morrow, Dental Representative
  - Paul Ryan, NHS Pharmacy Representative
  - Christine Speedwell, NA Carers Centre
  - Elaine Young, Assistant Director of Public Health
  - Louise McDaid, Staff Side
  - Martin Hunter, Public Partnership Forum Representative
  - Clive Shephard, Federation of Community Associations
  - Fiona Thomson, Public Partnership Forum Representative
  - Trudi Fitzsimmons, Divisional Manager Housing – deputising for Yvonne Baulk
  - David Rowland, Head of Service Health & Community Care
- In attendance:**
- Eunice Johnstone, Planning Manager, NHS Planning & Performance
  - Sharon Bleakley, Scottish Health Council
  - Debbie Campbell, Interim Team Manager - Performance
  - Kerry Gilligan, AHP Lead North Ayrshire H&SCP and IJB Member
  - Karen Broadfoot, Clerical Assistant (minutes)
- Apologies:**
- Yvonne Baulk, Head of Physical Environment (Housing)
  - Derek Barron, NHS Mental Health Representative
  - Dr Paul Kerr, Clinical Director H&SCP
  - Annie Weir, Programme Manager, Integration of Health and Social Care
  - David Bonellie, NHS Optometry Representative
  - Mr David Donaghey, Staff Side
  - Cllr Grace McLean
  - Gordon McKay, APF Representative

Dr John O'Dowd, Public Health  
Dr John Taylor, Medical Director, Mental Health Services  
Morna Rae, Community Planning, NAC  
Chief Inspector Tim Ross, Chair, Alcohol and Drugs Partnership  
Marjorie Adams, Programme Manager (Early Interventions & Prevention)

## **1. Welcome**

Stephen McKenzie welcomed and thanked everyone for attending the meeting.

## **2. Draft minutes of previous meeting held 6<sup>th</sup> August 2015**

- 2.1 Minutes approved as accurate for meeting of the 6<sup>th</sup> August 2015.

## **3. Matters Arising**

- 3.1 Action note Item 3.1 – Jim Nichols stated that 9 projects have been taken off since the last meeting leaving just 15 projects. Most of these are now up and running with one project with links to Pav 3 still to start. This project includes the befriending service and transport of patients but is delayed due to GP insurance issues.

David Rowland advised that the medical model around older peoples services is at present under discussion with the Geriatricians.

Jim Nichols also advised that the Third Sector had been invited to bid into a project with Evaluation Scotland. This joint bid was submitted on behalf of North Ayrshire and one of only three successful partnership project bids in Scotland.

## **4. Engaging Communities**

- **Introduction to the priority**

- 4.1 Jo Gibson stated that the IJB had agreed 2 significant developments, earlier that morning, in regards to the process for engaging communities and our locality planning approach. Jo Gibson provided a presentation on the details of these approaches which highlighted the areas the IJB had agreed earlier that day.
- 4.2 Draft flyers for the event being held Monday 19<sup>th</sup> October 2015, were given out to the group for their comments and feedback. This event will focus on planning how we engage with service users, carers and the public. This event will look at the following 7 topics:

- H&SCP Locality Planning Forums

- Care at Home Review
- The National Conversation on Health and Care
- Improving services for children with disabilities
- Woodland View
- Developing an integrated Addictions Service
- Review of Carena

These topics were discussed with the PPF members and they all link in with the change agenda and the Strategic Plan.

- 4.3 Jim Nichols enquired if this session will be held in the format of Appreciative Inquiry (AI) as Jim has previously asked for AI training which he has not yet received. Jo Gibson to look into this and bring back.

**JG**

Louise McDaid expressed that it must be made clear as to why people are invited to this event. It is regarding how we engage in services and not the service redesign itself.

- 4.4 Jo Gibson to email the flyer to all and feedback welcomed. The group to share the flyer with their services and to explain the purpose of the event.

**JG  
ALL**

- 4.5 Clarity was sought on the upcoming events being held in October.

- The first being held on the 7<sup>th</sup> October is the Carena event focusing on what services are available in North Ayrshire and what they do.
- The 19<sup>th</sup> October event aim is to bring people together to work on ongoing engagement on service change
- The 21<sup>st</sup> October event is for Equipment and Adaptations.

## **5. Our Emerging Approach to Engaging Communities**

- 5.1 Jo Gibson provided a presentation on our Locality Planning Approach highlighting the connections with the previous presentation on Developing Our Engagement Approach.

Stephen McKenzie noted that there is a distinction between the H&SCP engagement approach and the Community Planning Partnership localities due to the statutory advice given from the Scottish Government. This statutory advice imposes on the SPG what it must do. The SPG must be accountable and transparent on what has been spent in each locality and what differences have been made. The SPG members have a role within the Locality Planning Forums (LPF) to make this work and to be the best it can be.

A detailed discussion on the arrangements for Locality Planning Forums followed.

## **6. Strategic Plan Update**

### **• Quarter One**

6.1 Debbie Campbell provided Quarter One (April – June 2015) Strategic Plan Monitoring Report. These reports will be regularly submitted to the SPG and will show progress against the Strategic Plan.

6.2 Stephen McKenzie noted this is an ambitious process as SPG require evidence for the future. Stephen McKenzie asked the group to consider:

- Benchmarking against service delivery
- do these measures make sense
- what is the value and how useful it is
- is there anything missing?

6.3 Quarter two report will be developed in October/November. The group discussed the report and agreed that this should be a high level report, focusing on providing an overview and highlighting exceptions. A summary of this should be provided for the public. This report will give the SPG evidence to show if progress against the Strategic priorities is being made.

Stephen McKenzie asked the group to look at the report and email comments.

**ALL**

Looking to establish the first meetings of the embryonic LPFs by the end of November 2015. Membership to consist of a board member, GPs or GP representatives, service manager and then taken to the event on the 19<sup>th</sup> October to open out to the wider community. Members to be people who live, work or have a significant locus to the area. It was agreed that inequalities will be a priority for the LPFs.

## **7. Date and time of the next meeting**

Thursday 29<sup>th</sup> October 2015, 9.30am Cumbræ room, Ardrossan Civic Centre, 150 Glasgow Street, Ardrossan, KA22 8EU

## **8. Additional dates and venues for 2015:**

10<sup>th</sup> December 2015 - 2.00 – 4.30pm, Greenwood Conference Centre, Dreghorn – please note the start time