

Integration Joint Board Meeting



Thursday, 11 February 2021 at 10:00

Arrangements in Terms of COVID-19

In light of the current COVID-19 pandemic, this meeting will be held remotely in accordance with the provisions of the Local Government (Scotland) Act 2003. Where possible, the meeting will be live-streamed and available to view at <https://north-ayrshire.public-i.tv/core/portal/home>. In the event that live-streaming is not possible, a recording of the meeting will instead be available to view at this location.

1 Apologies

2 Declarations of Interest

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

3 Minutes/Action Note

The accuracy of the Minutes of the meeting held on 17 December 2020 will be 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

Consider any matters arising from the minutes of the previous meeting.

4 Appointments and Recruitment

Submit report by Andrew Fraser, Head of Service (Democratic Services) on the appointment of the Director of North Ayrshire Health and Social Care Partnership and the Head of Service (Health and Community Care) and arrangements for the appointment of the Chief Finance and Transformation Officer and Section 95 Officer (copy enclosed).

5 Director's Report

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

6 Financial Performance

Submit report by Eleanor Currie, Interim Chief Finance and Transformation Officer on the financial position of the North Ayrshire Health and Social Care Partnership (copy enclosed).

7 Financial Regulations

Submit report by Eleanor Currie, Interim Chief Finance and Transformation Officer on the updated Partnership Financial Regulations (copy enclosed).

8 Strategic Plan

Submit report by Michelle Sutherland, Partnership Facilitator on the Draft Strategic Plan and the summary Strategic Bridging Plan (copy enclosed).

9 Red Rose House

Submit report by Kevin McGinn, Planning Manager (HSCP) on a recommendation to change the proposed service provision within Red Rose House (copy enclosed).

10 Urgent Items

Any other items which the Chair considers to be urgent.

Webcasting

Please note: this meeting may be filmed for live and subsequent broadcast via the Council's internet site. At the start of the meeting, the Chair will confirm if all or part of the meeting is being live-streamed/webcast.

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Integration Joint Board

Sederunt

Voting Members

Councillor Robert Foster (Chair)
Bob Martin (Vice-Chair)

North Ayrshire Council
NHS Ayrshire & Arran

Councillor Timothy Billings
Adrian Carragher
Councillor Anthea Dickson
Jean Ford
John Rainey
Councillor John Sweeney

North Ayrshire Council
NHS Ayrshire and Arran
North Ayrshire Council
NHS Ayrshire and Arran
NHS Ayrshire and Arran
North Ayrshire Council

Professional Advisors

Caroline Cameron
Eleanor Currie
Vacancy
David MacRitchie
Dr. Calum Morrison
Alistair Reid
David Thomson
Dr Louise Wilson

Director
Interim Chief Finance and Transformation Officer
Clinical Director
Chief Social Work Officer – North Ayrshire
Acute Services Representative
Lead Allied Health Professional Adviser
Associate Nurse Director/IJB Lead Nurse
GP Representative

Stakeholder Representatives

David Donaghey
Louise McDaid
Marie McWaters
Graham Searle
Clive Shephard
Jackie Weston
Glenda Hanna
Vicki Yuill
Sam Falconer
Janet McKay
Louise Gibson

Staff Representative – NHS Ayrshire and Arran
Staff Representative – North Ayrshire
Carers Representative
Carers Representative (Depute for Marie McWaters)
Service User Representative
Independent Sector Representative
Independent Sector Rep (Depute for Jackie Weston)
Third Sector Representative
IJB Kilwinning Locality Forum (Chair)
IJB Garnock Valley Locality Forum (Chair)
IJB Irvine Locality Forum (Chair)



North Ayrshire Health and Social Care Partnership
Minute of virtual Integration Joint Board meeting held on
Thursday 17 December 2020 at 10.00 a.m.

Present

Councillor Robert Foster, North Ayrshire Council (Chair)
Bob Martin, NHS Ayrshire and Arran (Vice-Chair)
Councillor Timothy Billings, North Ayrshire Council
Adrian Carragher, NHS Ayrshire and Arran
Councillor Anthea Dickson, North Ayrshire Council
Jean Ford, NHS Ayrshire and Arran
Councillor John Sweeney, North Ayrshire Council

Alison Sutherland, Interim Chief Officer
Caroline Cameron, Chief Finance and Transformation Officer
Dr Callum Morrison, Acute Services Representative
Alistair Reid, Lead Allied Health Professional Adviser
David Thomson, Associate Nurse Director/IJB Lead Nurse
Dr. Louise Wilson, GP Representative

David Donaghey, Staff Representative (NHS Ayrshire and Arran)
Louise McDaid, Staff Representative (North Ayrshire Council)
Graham Searle, Carers Representative (Depute for Marie McWaters)
Clive Shephard, Service User Representative
Glenda Hanna, Independent Sector Representative
Vicki Yuill, Third Sector Representative
Janet McKay, Chair, Garnock Valley HSCP Locality Forum

In Attendance

Joe Cullinane, Leader, North Ayrshire Council
Thelma Bowers, Head of Mental Health
Michelle Sutherland, Partnership Facilitator
Neil McLaughlin, Manager (Performance and Information Systems)
Mhairi McCandless, Clinical Project Coordinator (NSAIS)
Karen Andrews, Team Manager (Governance)
Angela Little, Committee Services Officer
Euan Gray, Committee Services Officer

Apologies for Absence

John Rainey, NHS Ayrshire and Arran
Marie McWaters, Carers Representative

1. Chair's Remarks

The Chair advised that interviews for the post of Director of North Ayrshire Health and Social Care Partnership would be taking place today and tomorrow and he hoped to be able to advise of the outcome shortly.

2. Declarations of Interest

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

3. Minutes/Action Note

The accuracy of the Minutes of the meeting held on 19 November 2020 were confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973.

4. Community Wealth Building

The Leader of the Council provided a presentation on Community Wealth Building (CWB). CWB aims to enhance local wealth and the creation of fair jobs, maximising the potential of all our places through working in partnership with our communities and businesses.

The presentation provided information on:-

- CWB Strategy Objectives – Community Wealth Building Council, procurement, fair employment, land and assets financial power and plural ownership of the economy;
- Progressing CWB via the CWB Commission, 9 new CWB roles, £8.8m Investment Fund, CB Expert Advisory Panel, Ayrshire Growth Deal and the Anchor Charter
- Anchor institutions to develop resilient and inclusive local economies;
- The NHS as an Anchor institution and opportunities from local spend through commissioned services, SMEs, social enterprises and co-operatives, employment and training and HSCP's role in renewal.

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

- The opportunity for the HSCP to sign the Anchor charter as a stand-alone body;
- The role of Business Support in the procurement process to enhance local spend;
- Procurement opportunities for the Third Sector to secure more public sector contracts;
- Involvement of the third Sector in the CWB network;
- A community bank that would offer a range of services including mortgages and business loans; and
- The examination of recruitment process by Anchor institutions to maximise local employment.

Noted.

The Leader left the meeting at this point.

5. Director's Report

Submitted report on developments within the North Ayrshire Health and Social Care Partnership.

The report provided an update on the following areas:-

- Flu vaccinations and Covid Vaccination Programme (FVCV)
- Spreading some festive cheer with the Ghillie Dhu Crew;
- Connecting Scotland;
- Christmas Present Appeal;
- Mental Welfare Commission announced visit;
- Dirrans Centre- Investors in People Awards;
- Covid Update;
- Updates since the last IJB on the Care Oversight Group, Delayed Discharges, the operation of services within the Partnership and the PPE Hub;
- Testing Expansion Plan;
- Care Home Visitor Testing – Early Adopter Sites;
- Social Care Covid19 Bonus Payment; and
- Sustainability Payments – Care Homes.

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

- The vaccination of 380 care home staff in the first week of the programme at Ayr and Crosshouse hospitals and the positive feedback from the Vaccination Team on the care home staff who were professional, courteous and polite;
- The range of factors that are considered when assessing where to deploy the Mobile Vaccination Team, such as planning and co-ordinating the first and second vaccination visits to Care Homes, staggering vaccinations in each Care Home to ensure adequate staffing levels in the event any staff experience side-effects, confirmation that consent is in place for 25 residents within each Care Home to ensure the whole vaccination batch is used, and bespoke arrangements that will be made for Arran and Cumbrae;
- A further alert to staff to be aware of scams targeting those receiving the £500 bonus payment.

The Board agreed to (a) congratulate the Dirrans Centre on their fantastic achievement in winning the Platinum employer of the Year Award at the Investors in People Awards 2020; and (b) otherwise note the report.

6. Financial Performance

Submitted report by Caroline Cameron, Chief Finance & Transformation Officer on the financial position of the North Ayrshire Health and Social Care Partnership.

Appendix A to the report provided the financial overview of the partnership position, with detailed analysis provided in Appendix B. Details of the savings plan were provided at Appendix C. Appendix D outlined the movement in the overall budget position for the partnership following the initial approved budget and the mobilisation plan submission was provided at Appendix E to the report.

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

- Savings to be achieved in Learning Disabilities;
- A review of care packages that will be undertaken to ensure support is at the appropriate level;
- The re-opening of respite for those at highest risk and alternative supports available in the community;
- The continuation of occupancy payments to providers until March 2021;
- Meetings arranged with Providers to discuss recovery plans and advice and guidance available from the Business Support Team;
- An additional member of staff for the Hospital Assessment Team to manage Care Home waiting lists and identify need earlier;
- Fair access agenda to manage the waiting times for those in the community waiting on a Care Home place;
- Monitoring of Covid activity in Care Homes by the Care Home Oversight Group and the importance of communication and building relationships with Care Home Managers; and
- Further detailed information that will be provided to Members at the January IJB Briefing

The Board agreed to note (a) the overall integrated financial performance report for the financial year 2020-21 and the overall projected year-end underspend of £0.807m at period 7; (b) the updated estimated costs of the Covid mobilisation plan of £8.5m, including savings delays, and the associated funding received to date; and (c) the financial risks for 2020-21, including the impact of Covid 19, and that there is no recommendation at this time to implement a formal Financial Recovery Plan for the IJB.

7. Budget Outlook 2020/21

Submitted report by Caroline Cameron, Chief Finance & Transformation Officer on the Budget Outlook for 2020/21, highlighting the risks and providing an overview of the work ongoing to develop plans to allow a balanced budget to be presented to the IJB in March 2021. Appendix A to the report provided details of the estimated budget pressures.

The Board agreed to note the potential budget outlook for 2021-22 for North Ayrshire HSCP, including the work ongoing to develop plans to allow a balanced budget to be presented to the IJB in March 2021.

8. Ayrshire and Arran CAMHS Reform

Submitted report by Thelma Bowers, Head of Service (Mental Health) on the progress against a programme of significant CAMHS reform work being undertaken in Ayrshire and Arran and aligned with key national policy and local priorities. The Extreme Teaming Handbook was attached at Appendix 1 to the report,

The Board agreed to note (a) the content of the report for awareness and assurance, (b) the actions progressed to respond to challenges and opportunities with the commissioning of an Extreme Team approach; and (c) that recommendations from this work will be developed at pace and presented to the Commissioner and the Strategic and Operational Planning Group at the end of the year.

9. Distress Brief Intervention Update

Submitted report by Thelma Bowers, Head of Service (Mental Health) on the progress of Implementation of the Distress Brief Intervention Service. The report provided information on Penumbra, the local provider and funding for 2 years from the National Programme.

The Board agreed to (a) endorse and approve the implementation of the plan to support Distress Brief intervention across Ayrshire; and (b) to receive an update, including case studies, at a future meeting.

10. National Secure Adolescent Inpatient Service (NSAIS)

Submitted report by Mhairi McCandless, Clinical Project Coordinator (NSAIS) on the proposed name for the National Secure Adolescent Inpatient Service, launched in July 2020 and located within the grounds of Ayrshire Central Hospital.

The Board was advised that a newsletter will be circulated to the community in the next few weeks and plans are being made to publicise the new name 'Foxgrove'.

The Board agreed to approve the name of "Foxgrove" for the National Secure Adolescent Inpatient Service.

The meeting ended at 12 noon.

North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 17 December 2020

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	Community Alarm/Telecare Services Transition from Analogue to Digital	26/9/19	That an update report on progress be submitted to a future meeting.	Submit to meeting in 2021	Senior Manager
2.	UK Care Home Industry	19/12/19 13/2/20	Receive a further report examining the issues raised in the Plugging the Leaks in the UK Care Home Industry report from a North Ayrshire context, including the lessons learned from care home closures and in consultation with both staff, independent and third sectors. Agreed that the Care Home Providers be consulted at an early stage in the work to examine the issues raised in the Plugging the Leaks in the UK Care Home Industry report from a North Ayrshire context.	Submit to meeting in April/May 2021	Director
3.	Director's Report	24/9/20	The Board agreed (a) an update be provided to a future meeting on the National Digital Strategy; and (b) to otherwise note the report.		David Thomson
4.	Director's Report	22/10/20	The Board agreed to (a) consider a report		Director

			on the Public Health Scotland Locality Profiles report at a future meeting.		
5.	Director's Report	19/11/20	The Board agreed (b) to receive reports on the Flow Navigation Hubs and the findings of the Independent Review of Adult Social Care at a future meeting.		Caroline Cameron
6.	Chief Social Work Officer Annual Report	19/11/20	The Board agreed (b) that the Interim Head of Service (Health and Community Care) provide a report on trends around overdose/suicide to a future meeting.		David Thomson
7.	Strategic Plan	19/11/20	The Board agreed to (c) receive a first draft of the bridging plan in February 2021.	February 2021	Michelle Sutherland
8.	Distress Brief Intervention Update	17/12/20	The Board agreed to (a) endorse and approve the implementation of the plan to support Distress Brief intervention across Ayrshire; and (b) to receive an update, including case studies, at a future meeting.		Thelma Bowers

Integration Joint Board
11 February 2021

Subject:	Integration Joint Board – Appointments and Recruitment
Purpose:	To note the appointment of the Director of North Ayrshire Health and Social Care Partnership/Chief Officer of the Integration Joint Board and the Head of Service (Health & Community Care), and to make arrangements for the appointment of the post of Chief Finance and Transformation Officer and Section 95 Finance Officer.
Recommendation:	To note the appointments of (1) Caroline Cameron as Director of North Ayrshire Health and Social Care Partnership/Chief Officer of the IJB; (2) David Thomson as the Head of Service (Health & Community Care) and to agree (3) that the vacant post of Chief Finance and Transformation Officer will be recruited by North Ayrshire Council's (NAC) Staffing and Recruitment Committee with membership comprising representatives from NAC, NHS Ayrshire and Arran (NHS) and IJB and (4) to the appointment of the Senior Manager (HSCP Finance and Transform) as the interim Section 95 or Finance Officer of the Integration Joint Board pending the successful appointee taking up post.

Glossary of Terms	
IJB	Integration Joint Board
NAC	North Ayrshire Council
NHS	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership

1.	EXECUTIVE SUMMARY
1.1	On 22 October the IJB agreed a process for the recruitment of the Director of North Ayrshire Health and Social Care Partnership/Chief Officer of the Integration Joint Board, and the Head of Service (Health & Community Care). Appointments have now been made to these posts, as noted in the report
1.2	The IJB also requires to appoint a proper officer to have responsibility for the administration of its financial affairs, also known as the Section 95 Finance Officer. This post is now vacant. The report makes proposals regarding the recruitment process for the post of Chief Finance and Transformation Officer/Section 95 Finance Officer, and in relation to the appointment of an interim Section 95 Office.
2.	CURRENT POSITION
2.1	On 22 October 2020 the IJB agreed that the same person would be appointed as Director of the Health and Social Care Partnership and as Chief Officer of the Integration Joint Board. It also agreed that this post, along with the vacant post of the Head of Service (Health & Community Care) would be recruited by North Ayrshire Council's Staffing and Recruitment Committee with membership comprising

	representatives from NAC, NHS Ayrshire and Arran (NHS) and the IJB. In addition, the IJB agreed that following the appointment of the Chief Officer, a Depute Chief Officer be appointed through an internal recruitment exercise; ring fenced to the Heads of Service. The appointment panel for that post would comprise the Chair and Depute Chair of the IJB along with the Chief Executives of NAC and NHS or their nominees.
2.2	Pending the appointment of the Chief Officer, on 22 October the IJB also agreed to the appointment of an Interim Chief Officer through the internal recruitment exercise detailed in 2.1. Alison Sutherland was appointed as Interim Chief Officer and acted in this role until 21 December when the new appointee took over.
2.3	On 18 December 2020 the Staffing and Recruitment Committee agreed to appoint Caroline Cameron as Director of North Ayrshire Health and Social Care Partnership/Chief Officer of the Integration Joint Board. Caroline took up post on 21 December 2020.
2.4	On 3 February 2021 the Staffing and Recruitment Committee agreed to appoint David Thomson as Head of Service (Health & Community Care), his appointment to take effect immediately
2.5	The internal recruitment process for the post of Depute Chief Officer of the IJB is likely to be concluded in March and will be reported to the IJB at a later date.
2.6	The IJB is bound by Part VII of the Local Government (Scotland) Act 1973 which deals with Finance. Section 95 of that Act requires the IJB to make arrangements for the proper administration of its financial affairs and to secure that a proper officer of the authority has responsibility for the administration of those affairs. This post is known as the Section 95 Finance Officer. Following the appointment of the Chief Finance and Transformation Officer to the post of HSCP Director and Chief Officer, this post is now vacant.
2.7	As with the Chief Officer, it is proposed that the same person would be appointed as Chief Finance and Transformation Officer and as Section 95 Finance Officer of the Integration Joint Board. It is proposed that the same recruitment process as that used for the Director and Head of Service (Health & Community Care) is again followed. In other words, the appointment will be made by NAC's Staffing and Recruitment Committee, comprising representatives from NAC, NHS and IJB. The members would be the Leader and the Deputy Leader, the Leader of the Opposition, and the Chief Executive from NAC; the Chair and Vice Chair of the IJB, a Director of NHS Ayrshire and Arran Health Board and the Chief Executive or their nominee from the NHS.
2.8	Pending the appointment of a permanent Section 95 Officer, given that this post is a single point of accountability on financial matters, it is good practice to appoint an Interim Section 95 Officer of the IJB. This would cover the period up to the successful candidate taking up post. Given the imminent process of setting a budget against the background of unforeseen pandemic costs, Eleanor Currie, the Senior Manager (HSCP Finance and Transform) has been operating in this role on an interim basis from 21 December 2021. It is recommended that the IJB agree to continue this interim appointment until the successful appointee takes up post.
3.	PROPOSALS
3.1	It is recommended the IJB agree to note the appointments of (1) Caroline Cameron as Director of North Ayrshire Health and Social Care Partnership/Chief Officer of the IJB; (2) David Thomson as the Head of Service (Health & Community Care) and to agree (3) that the vacant post of Chief Finance and Transformation Officer will be recruited by North Ayrshire Council's (NAC) Staffing and Recruitment Committee with membership comprising representatives from NAC, NHS Ayrshire and Arran (NHS) and IJB and (4) to the appointment of the Senior Manager (HSCP Finance and Transform) as the interim Section 95 Finance Officer of the Integration Joint Board pending the successful appointee taking up post.

3.2	<u>Anticipated Outcomes</u>
	The appointment of a Chief Officer and Section 95 Finance Officer of the IJB are statutory requirements, which help to ensure accountability. In operational terms the appointment of a Director of the HSCP is also necessary for accountability reasons and to effectively lead the service.
3.3	<u>Measuring Impact</u>
	The impact of these post are in terms of accountability, as well as effective leadership and delivery of services.
4.	IMPLICATIONS

Financial:	These posts are currently budgeted
Human Resources:	Any implications are set out in the report
Legal:	Appointment of a Chief Officer of the IJB and a Section 95 Finance Officer are statutory requirements. In governance terms, as both posts have distinct roles it is better they are not combined.
Equality:	There are no significant implications
Children and Young People	There are no significant implications
Environmental & Sustainability:	There are no significant implications
Key Priorities:	The appointments are essential to enable a strategic and integrated approach to be taken to the development and implementation of all the key priorities.
Risk Implications:	There are risks in terms of the HSCP and IJB operating without the Section 95 Finance Officer post, but the processes set out in this report are aimed at minimising these risks in the shortest achievable timescale.
Community Benefits:	There are no community benefits.

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

5.	CONSULTATION
5.1	There has been consultation with the Chief Executives of NAC and NHS, and the report was prepared in liaison with the Chief Officer of the IJB and NAC's Head of Service (People & ICT).
6.	CONCLUSION
6.1	This report advises the IJB on the appointment of the Interim Chief Officer, the Director of North Ayrshire Health and Social Care Partnership/Chief Officer of the Integration Joint Board and the Head of Service (Health & Community Care). It also

	makes proposals to appoint the vacant post of Chief Finance and Transformation Officer/Section 95 Finance Officer, and an interim Section 95 Officer.
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For more information please contact Andrew Fraser, IJB Monitoring Officer on 01294 324125 or andrewfraser@north-ayrshire.gov.uk

Integration Joint Board 11 February 2020

Subject: **Director's Report**


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

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

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
UNCRC	United Nations Convention on the Rights of the Child
IJB	Integration Joint Board
ADP	Alcohol and Drug Partnership
PPE	Public Protection Equipment
LFT	Lateral Flow Test
ASN	Additional Support Needs
PCR	Polymerase Chain Reaction
AWI	Adults with Incapacity
MWC	Mental Welfare Commission
MHA	Mental Health ??

1.	EXECUTIVE SUMMARY
1.1	This report informs members of the Integration Joint Board (IJB) of the work undertaken within the North Ayrshire Health and Social Care Partnership (NAHSCP) nationally, locally and Ayrshire wide.
2.	CURRENT POSITION
	<u>National Developments</u>
2.1	<u>Publication of Independent Review of Adult Social Care</u>
	<p>The Independent Review of Adult Social Care in Scotland report was published on 3 February, you can read the report here: Independent Review of Adult Social Care - gov.scot (www.gov.scot).</p> <p>Throughout the engagement process Derek Feeley, Chair of the Independent Review of Adult Social Care has been committed to hearing from a wide range of people and organisations including those who have lived experience of using social care services and supports, carers and families. Derek Feeley spoke to staff working in the social care sector and their representatives, including Trades Unions, providers, third sector</p>


	<p>and local community organisations, independent sector organisations, regulation and scrutiny bodies, social work representative bodies, statutory sector leaders, representative organisations and staff, including in Local Authorities, Integration Joint Boards, and NHS Boards. He also attended a series of themed engagement events aimed at ensuring the voice of lived experience is at the centre of the review process.</p> <p>The report sets out a vision for the future of social care services through a National Care Service. Further information on the review will be brought to a future IJB.</p>
2.2	<p><u>Inclusion of Integration Joint Boards as Category 1 Responders</u></p>
	<p>The Scottish Government has confirmed the inclusion of IJBs as Category 1 Responders under the Civil Contingencies Act, and will take this legislation forward which was laid before Parliament on 18 January 2021.</p> <p>By including Integration Joint Boards as Category 1 responders, it ensures that where there is a risk of an emergency which will impact functions delegated to the Integration Joint Board, there will be formal, coordinated and appropriate arrangements in place for emergency planning; information sharing and cooperation with other responders; and joined up information sharing and advice for the public.</p>
2.3	<p><u>Parliament unanimously agreed to the general principles of the UNCRC Incorporation (Scotland) Bill - 19 January 2021</u></p>
	<p>Children's rights will be incorporated into all relevant legislation and within the powers of the Scottish Parliament. Children's rights therefore will be legally protected in Scotland.</p> <p>We must take steps to respect children's rights in their decisions and actions. The impact on North Ayrshire Health and Social Care Partnership includes:</p> <ul style="list-style-type: none"> • Making it unlawful for us to act incompatibly with the incorporated UNCRC requirements. • Using the Child Rights and Wellbeing Impact Assessment (CRWIA) to ensure our policies protect and promote the rights and wellbeing of children and young people. This will require sense checking our existing policies and amending as appropriate. Any new policies will have to go through this assessment. • Reporting every three years on our compliance to the Scottish Government. • Involve children and young people in decisions that affect them. Article 12 supports the right of children and young people to express their views on all matters concerning them and to have those views given due weight in accordance with their age and maturity. • <p>The Bill also gives power to the Children's Commissioner to take legal action in relation to children's rights and courts will have powers to decide if legislation is compatible with the UNCRC requirements. The Bill has passed Stage 1 in the Scottish Parliament and will now go forward to Stages 2 and 3 before being enacted. The timescales for this are unclear at this time.</p>
	<p><u>Ayrshire Wide Developments</u></p>

2.4	<p><u>Staff Well-being Hub, Ayrshire Central Hospital</u></p> <p>The Staff Well-being Hub at Ayrshire Central Hospital is still available for all staff working in North Ayrshire Health and Social Care Partnership/NHS Ayrshire & Arran and continues to be located at the Training Centre in Ayrshire Central Hospital. Social distancing and hygiene measures are in place for the safety of visitors and staff.</p> <p>Although the Hub is open on a drop-in basis from Monday to Friday, 9am to 5pm, it is advisable to make an appointment if you would like to speak with a peer supporter. Appointments can be made by calling 01294 323564, or by emailing NorthStaffWell-Being@aapct.scot.nhs.uk</p> 
2.5	<p><u>IJB Directions</u></p> <p>Progress on the pan-Ayrshire work on improving the use of Directions stalled due to the pandemic. This work now needs to re-start to ensure the 3 IJBs, Health Board and Local Authorities have the necessary arrangements in place from the start of 2021-22.</p> <p>A planned approach was discussed at the Strategic Operational and Planning Group to ensure consistent reporting and recording and more complete budget directions for 2021-22. This would then allow for the implementation of more transparent arrangements for lead partnership services early in 2021-22 alongside work to ensure data quality and the complete resource picture for set-aside and non-set aside resources from 2022-23. This would also support the strategic planning timescales and current revisions to plans</p> <p>SPOG agreed four priority areas :-</p> <ol style="list-style-type: none"> 1. Recording and Reporting 2. Budget and Strategic Plan 3. Lead Partnership Services 4. Acute Set Aside <p>This work will be co-ordinated by the North Ayrshire HSCP with regular reports on progress to SPOG as the work progresses. Further updates will be brought to the IJB as this work develops.</p>

	<u>North Ayrshire Developments</u>
	<u>Appointments</u>
2.6	<u>North Ayrshire ADP</u>
	<p>North Ayrshire Alcohol and Drug Partnership (ADP) is pleased to announce the appointment of new Independent Chair Billy Brotherston.</p> <p>Billy has worked in education for 34 years, initially as a biology teacher but also in pastoral care as a guidance teacher, Principal Teacher of Inclusion (ASN and Pupil Support) at Irvine Royal Academy, Staff Tutor (ASN), and as Depute Head Teacher at Greenwood Academy, with responsibilities including child protection, care experienced children, inclusion and ASN.</p> <p>Billy has worked with a range of partners including health and social care services, psychological services, Police Scotland, Skills Development Scotland and many third sector agencies.</p>
2.7	<u>Irvine Locality Forum</u>
	<p>The Irvine Locality Planning Forum have appointed Louise Gibson as their new Chair. IJB are asked to support this appointment and welcome Louise as a non voting member of the IJB.</p>
2.8	<u>Mental Welfare Commission End of Year Meeting</u>
	<p>The MWC undertook their annual, but this time virtual, visit to Mental Health services in Ayrshire and Arran in January, meeting with key professional and senior Mental Health leads. Leading the meeting and representing the MWC were Executive Director Alison Thomson, Medical Director Arun Chopra, Nursing officer Mary Leroy and Executive Director for engagement and participation Kate Fearnley.</p> <p>The MWC provided an overview of the Commission's local visits during 2019-20, including an update on publications and good practice guidance, MHA and AWI Key findings in the period covering Covid-19.</p> <p>The meeting provided an opportunity for sharing and update on key developments and the work ongoing in Ayrshire and Arran to respond to the challenges of the pandemic through transition, recovery and remobilisation. There was acknowledgment by the Commission of strong leadership throughout Mental Health, with timely responses when required. They also noted the scale and breadth of innovative work underway during a challenging year, including a positive visit to Ward 7a Woodland View, the 10 bedded assessment and treatment facility for patients with learning disabilities relocated from Arrol Park during the pandemic. The MWC acknowledged the work and progress on the development of a staff wellbeing service.</p> <p>On the MWC agenda for the coming year is work on Mental Health and Addictions and also Deaths of those under detention (including due to COVID).</p>

2.9	<u>Make it Your Own...</u>
	Impact Arts' 'Make It Your Own' project offers interior design skills to care experienced young people aged 16 to 26.
	<p>As part of the project, they will receive a £150 home improvement budget, gain creative and practical skills to help sustain a tenancy, and receive support to create or update CVs. Help is also available to apply for college or job opportunities and interview advice is also available, plus lots more.</p> <p>To read more about the scheme, click here.</p>
2.10	<u>Named Person Service</u>
	<p>The Named Person Service (NPS) continues to effectively support Named Persons within the NHS and Education, and Lead Professionals. The 0-5 service is an intrinsic part of the universal health visiting pathway, reflected in the volume of activity recorded by the service between 1st April and 31st December 2020:</p> <ul style="list-style-type: none"> • 1195 Requests for Assistance processed for children under the age of 5 and their families. Just over half of these requests were for other Universal Early Years' services such as Health Visiting Support Workers and Healthcare Support Workers, Family Nurturers, Perinatal Mental Health Nurse or Early Years Social Workers, highlighting the focus on early intervention and prevention; • 251 police concerns and out of hours (OOH) referrals shared from Police Scotland and social work to the relevant Named Person – information that previously was not always being shared routinely; • 17 service involvement notifications or child wellbeing concerns from North Ayrshire Drug and Alcohol Recovery Service (NADARS) and 11 from the Homelessness team, shared to the relevant Named Person for the under 5 child. <p>It has been agreed that the entire service will undergo a review in the next six months and it is an opportunity to highlight the role of the Service in supporting children under 5 and their families.</p>
2.11	<u>COVID Update</u>
	<p>This update offers assurance to IJB on the HSCP's continued response to the COVID-19 pandemic. The partnership's response to the pandemic continues to be recorded through it's "mobilisation plan" which was submitted to the Scottish Government in July.</p> <p>The partnership, along with NHS and NAC continue to operate on an "emergency" footing.</p>

	<u>Updates since last IJB</u> <ol style="list-style-type: none"> 1. Care Home Oversight Group continues to meet on a daily basis to provide oversight and support for the quality and safety of care in residential care settings in North Ayrshire. Public Health report on the current outbreak status within care homes. All care homes subject to outbreaks are closed to visiting and admissions. 2. Delayed Discharge figures are challenging nationally, North Ayrshire HSCP is focussed on sustaining and improving our performance. This is being considered alongside our capacity requirements for social care over the winter period and our continued focus on recruitment and growth of our care at home service. 3. Services within the partnership continue to operate well, with appropriate staffing levels and service operational contingency plans mobilised to cope with pressures. 4. PPE Hub continues to operate well, supporting providers and carers. There are sufficient stock levels for 2-3 months supply and increased stock has been secured from the National Hub to ensure sufficient stock levels over the winter period. The Social Care PPE Hubs and national MOU re supply routes has been extended from March to the end of June. 	
2.12	<u>Vaccinations</u>	
	<p>A North Ayrshire COVID Vaccination Co-ordination has been established to support NHS Ayrshire & Arran deliver the vaccination programme across North Ayrshire Council. The group's role is to plan and co-ordinate support to ensure each priority phase is progressed as quickly as possible.</p>	
	<p>At the time of writing, all residents within older people and adult care homes have received the first dose of vaccines. All care home staff have been offered vaccination slots. Public Health have provided assistance in the promotion of the vaccination to allay any anxieties about the vaccination.</p>	
	<p>GP practices are administering the roll out of vaccinations to the over 80's, shielding and housebound individuals. Our front line health and social care staff are also in the process of first dose vaccinations being completed. The further cohorts are planned as follows :-</p>	
	Adults aged 65 – 79 years	February
	Moderate Risk Adults under 65, plus carers	March
	Adults aged 50 – 64	April
	<p>The HSCP were asked to identify suitable premises in North Ayrshire for mass vaccination centres within the community. The centres started opening on a rotational basis from 1 February:</p> <p> Castlepark Community Centre, Irvine Greenwood Conference Centre, Dreghorn Kilwinning Academy Bridgend Community Centre, Kilbirnie Beith Community Centre Dalry Primary School, Dalry Ardeer Neighbourhood Centre, Stevenston Ardrossan Civic Centre Argyle Centre, Saltcoats Inverclyde Sports Centre, Largs West Kilbride Village Hall </p>	

	<p>Skelmorlie Community Centre DA Hall, Millport Arran High School and village halls</p>
2.13	<p><u>Testing Expansion Programme</u></p> <p>NAHSCP are also expanding testing for the workforce in line with the Scottish Government's testing expansion plan. This includes care home staff having access to 3 tests per week, one PCR test and two lateral flow tests. This increase in testing was put in place in light of increased rates of community transmission.</p> <p>Healthcare workers in hospital and community settings and visiting professionals in care homes also have access to twice weekly testing. Access to twice weekly LFT testing for our Care at Home, Day services, Supported Accommodation/Sheltered Housing and personal assistants (approx. 2,600 additional staff) has been successfully rolled out.</p> <p>North Ayrshire has 10 approved Mass Testing Unit (MTU) sites with mobile testing units being deployed on a rotational basis.</p>
2.14	<p><u>Dalene Steele</u></p> <p>Huge congratulations to Dalene Steele - our very own Ayrshire Superstar! Dalene represented NHS A&A and the whole of Scotland at an online session with HRH Prince William to discuss the COVID vaccination programme. Dalene led the roll out of Covid vaccinations to care home residents across Ayrshire and Arran and is now supporting the mass vaccination programme. Staff have moved mountains to ensure the vaccination roll-out has happened at pace and we are all incredibly grateful and proud of our NHS & HSCP colleagues.</p> 
2.15	<p><u>Remobilisation Plans</u></p> <p>The HSCP continues to work with NHS Ayrshire and Arran in developing and contributing to remobilisation plans to 31 March 2022 for Scottish Government. This includes Pan Ayrshire and Community Mental Health Services and Health and Community Care Services. An IJB update will be provided by the end of March 2021.</p>
3.	<p>PROPOSALS</p>
3.1	<p><u>Anticipated Outcomes</u></p> <p>Not applicable.</p>
3.2	<p><u>Measuring Impact</u></p> <p>Not applicable</p>

4.	IMPLICATIONS

Financial:	None
Human Resources:	None
Legal:	None
Equality:	None
Children and Young People	None
Environmental & Sustainability:	None
Key Priorities:	N/A
Risk Implications:	N/A
Community Benefits:	N/A

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

5.	CONSULTATION
5.1	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.
6	CONCLUSION
6.1	Members of IJB are asked to note the ongoing developments within the North Ayrshire Health and Social Care Partnership.

For more information please contact **Caroline Cameron**, Director/Chief Officer on 01294 317723 or carolinecameron@north-ayrshire.gov.uk

Integration Joint Board
11 February 2021

Subject: **2020-21 – Month 9 Financial Performance**

Purpose: To provide an overview of the IJB's financial performance as at Period 9 including an update on the estimated financial impact of the Covid-19 response.

Recommendation: It is recommended that the IJB:

- (a) notes the overall integrated financial performance report for the financial year 2020-21 and the overall projected year-end underspend of £1.245m at period 9;
- (b) notes the updated estimated costs of the Covid mobilisation plan of £10.211m, including savings delays, and the associated funding received to date; and
- (c) note the financial risks for 2020-21, including the impact of Covid 19, and that there is no recommendation at this time to implement a formal Financial Recovery Plan for the IJB.

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

1.	EXECUTIVE SUMMARY
1.1	The report provides an overview of the financial position for the partnership and outlines the projected year-end outturn position informed by the projected expenditure and income commitments, these have been prepared in conjunction with relevant budget holders and services. It should be noted that although this report refers to the position at the December period end that further work is undertaken following the month end to finalise projections, therefore the projected outturn position is as current and up to date as can practicably be reported.
1.2	The projected outturn, before the impact of Covid-19, is a year-end underspend of £1.245m for 2020-21 which is a favourable movement of £0.114m. There is scope for this position to fluctuate due to in-year cost and demand pressures and assumptions in

	relation to funding and the achievement of savings. The position has been adjusted to reflect the potential impact of Lead Partnership services. In the absence of any alternative risk sharing agreement for lead partnership services an NRAC share of the projected position has been assumed as this would be in line with the allocation in previous years.
1.3	From the core projections, overall, the main areas of pressure are learning disability care packages, looked after children and adult in-patients within the lead partnership. However, there has been significant progress to reduce the pressures in these areas. The financial position demonstrates that the work started before the pandemic to ensure the IJB moved into the new financial year in a financially sustainable position has not been reversed by the Covid-19 response. If this position can be sustained until the financial year end, and assuming all Covid-19 costs are fully funded, the IJB will underspend and repay £1.5m of the debt to North Ayrshire Council as planned.
1.4	The most up to date position in terms of the mobilisation plan for Covid-19 based on the return to the Scottish Government in November projects £10.211m of a financial impact, which is split between additional costs of £8.7m and anticipated savings delays of £1.5m. The impact of savings delays has been built into the core financial projection above on the basis that there is less confidence that funding will be provided to compensate for this. There are financial risks associated with Covid-19 as the IJB has yet to receive confirmation of the full funding allocation. To date North Ayrshire have been allocated funding totalling £8.276m.
1.5	<p>Pending full funding for Covid-19 being confirmed there is a risk that there may be a shortfall to fully compensate the North Ayrshire IJB for the additional costs. Currently there is a balance of £0.468m of estimated costs (exc unachieved savings) for which funding has not yet been allocated. However, there is no recommendation at this time to implement a Financial Recovery Plan on the basis that:</p> <ul style="list-style-type: none"> • There is increasing confidence that additional costs will be funded based on the recently received and future expected funding allocations; • Offsetting reductions of £0.5m have not been included in the overall funding allocation and also have not been factored into the HSCP financial projections, therefore at this stage these would potentially remain available for North to re-direct to any funding shortfall; • The most significant area of additional Covid costs are the purchase of PPE for social care and sustainability payments for commissioned social care providers (£4.7m in total). Both areas have been implemented with an assurance that the actual costs will be fully reimbursed; • The period 9 position projects an underspend position (excluding Covid) and this does not include any assumption re the £1.5m held by the Council towards the IJB debt, this position assumes the debt repayment is made as planned, this position also incorporates estimated delays with savings delivery. <p>The financial position will continue to be reported to the IJB at each meeting, these reports will outline the monthly financial projections and the updated position in relation to estimates for Covid costs.</p>
2.	CURRENT POSITION
2.1	The report includes an overview of the financial position including commitments against the available resource, explanations for the main budget variances, an update on progress in terms of savings delivery and plans to work towards financial balance.

	The report also includes detail of the estimated costs and potential financial impact of the Covid-19 response.																																
	FINANCIAL PERFORMANCE – AT PERIOD 9																																
2.2	<p>The projected outturn position at period 9 reflects the cost of core service delivery and does not include the costs of the Covid 19 response as these costs are considered separately alongside the funding implications.</p> <p>Against the full-year budget of £259.787m there is a projected year-end underspend of £1.245m (0.5%). The Integration Scheme outlines that there is an expectation that the IJB takes account of the totality of resources available to balance the budget in year. Following this approach, an integrated view of the financial position should be taken, however it is useful to note that this overall position consists of a projected underspend of £0.078m in social care services and a projected underspend of £1.167m in health services. The graph below illustrates the continued improvement in the financial projection for 2020-21.</p> <div><p>Movement in Projected Outturn</p><table><thead><tr><th>Month</th><th>Council</th><th>Health</th><th>Total</th></tr></thead><tbody><tr><td>June</td><td>750</td><td>-750</td><td>0</td></tr><tr><td>July</td><td>600</td><td>-500</td><td>100</td></tr><tr><td>Aug</td><td>900</td><td>-1,250</td><td>-100</td></tr><tr><td>Sept</td><td>900</td><td>-1,250</td><td>-100</td></tr><tr><td>Oct</td><td>400</td><td>-1,100</td><td>-700</td></tr><tr><td>Nov</td><td>100</td><td>-1,100</td><td>-1,000</td></tr><tr><td>Dec</td><td>0</td><td>-1,000</td><td>-1,000</td></tr></tbody></table></div> <p>As highlighted at the end of last year the payroll turnover target was to be centralised for future years as the approach in previous years left some service areas with unachievable targets whilst other areas were able to overachieve, it was agreed that a more transparent approach would be to manage the payroll turnover and vacancy savings centrally. This approach has been adopted for 2020-21, this has helped to de-clutter the financial report and to make it more transparent re the overall turnover target and the progress towards achieving this across the partnership. Section 2.6 highlights progress with the partnership vacancy target.</p> <p>Appendix A provides the financial overview of the partnership position. The sections that follow outline the significant variances in service expenditure compared to the approved budgets with detailed analysis provided in Appendix B.</p>	Month	Council	Health	Total	June	750	-750	0	July	600	-500	100	Aug	900	-1,250	-100	Sept	900	-1,250	-100	Oct	400	-1,100	-700	Nov	100	-1,100	-1,000	Dec	0	-1,000	-1,000
Month	Council	Health	Total																														
June	750	-750	0																														
July	600	-500	100																														
Aug	900	-1,250	-100																														
Sept	900	-1,250	-100																														
Oct	400	-1,100	-700																														
Nov	100	-1,100	-1,000																														
Dec	0	-1,000	-1,000																														
2.3	<p>Health and Community Care Services</p> <p>Against the full-year budget of £69.327m there is an underspend of £1.071m (1.5%) which is an adverse movement of £0.024m. The main variances are:</p> <p>a) Care home placements including respite placements (net position after service user contributions) – underspent by £0.859m (favourable movement of £0.110m). The care home budget moved into a sustainable position towards the end of 2019-20 and the opening position for the budget for 2020-21 was expected to be an underspend position as at that time we set the budget at a level to fund 810 places and we were funding 782. The occupancy in care homes has fallen further in the first half of 2020-21 and as at 31st December we were funding 754 placements.</p>																																

	<p>Therefore, there are significant vacancies in care homes, the projected underspend includes a steady net increase of 10 placements per month until the year-end.</p> <p>b) Independent Living Services are overspent by £0.244m (adverse movement £0.034m) which is due to an overspend on physical disability care packages within the community and direct payments. There will be further work undertaken with the implementation of the Adult Community Support framework which will present additional opportunities for reviews and will ensure payment only for the actual hours of care delivered. The roll out of the CM2000 system for Adult services was will assist the reviews.</p> <p>c) Care at home are reporting a balanced position, whilst there is a projected overspend on the budget due to additional capacity for Covid this remains below the costs included in the Covid funding plan and the additional monies received for winter capacity. Bank staff are being offered contracts, the service are recruiting additional staff for the in-house service and also engaging with new providers to bring them onto the framework for commissioned services. The cost of these plans remains in line with the level of Covid resources requested.</p> <p>d) Aids and adaptations projected underspend of £0.045m (£0.081m adverse movement). There have been significant delays with carrying out assessments and providing equipment and adaptations during lock down. The final outturn depends on the level of assessments that can be undertaken in the coming months however this cannot be determined at this stage in the year. The service are actively recruiting temporary staff to re-mobilise these services and address the waits for assessment and delivery of equipment and adaptations.</p> <p>e) Carers Act Funding is projected to underspend by £0.443m (no movement) based on the currently committed spend and delays with taking forward new developments to support carers. This projected position assumes there will be carers' support plans undertaken and a level of demand/services identified from these plans to be delivered later in the year. The service plan is to undertake positive promotion of the services available to carers and we are currently reviewing the process for a carers assessment to make this more accessible to individuals requiring support.</p>
2.4	<p>Mental Health Services</p>
	<p>Against the full-year budget of £78.036m there is a projected overspend of £0.900m (1.1%) which is an adverse movement of £0.429m. The main variances are:</p> <p>a) Learning Disabilities are projected to overspend by £1.651m (favourable movement of £0.010m), included within this is £0.830m (£0.100m adverse movement) community care packages and £0.336m for residential placements (£0.059m favourable movement) due to an allocation of contract inflation. 2020-21 savings relating to the implementation of the Adult Community Support Contract are delayed as the full implementation of the CM2000 system has been postponed as the focus for providers has been on the response to COVID-19. This has commenced in January 2021; the financial benefits of the system are included in the projection later in the year but at a reduced level. Community Learning Disability Care packages are proving to be one of the most challenging areas to address overspends. The current projection assumes the current level of commissioned support will continue for the year, there are opportunities to reduce this commitment as a significant number of these care packages were reduced or suspended during lock down, these will be reviewed when services are re-started to ensure support is re-started at the appropriate level, this may potentially reduce the year-end projected position</p>

and the opening projections for next year which are currently being collated to inform budget planning for 2021-22.

- b) Community Mental Health services are projected to underspend by £0.398m (£0.237m favourable movement) mainly due to slippage in planned transitions. There has been a reduction in the number of care packages since the start of the year and there have been some temporary reductions to care packages during lock-down, currently these are assumed to be temporary reductions, these will also be reviewed when brought back online.
- c) The Lead Partnership for Mental Health has an overall projected underspend of £0.946m (adverse movement of £0.080m) which consists of:
- A projected overspend in Adult Inpatients of £0.728m (£0.100m adverse movement). The overspend is partly due to the delay in closing the Lochranza ward on the Ailsa site. The ward closed during August 2020 but there remain staff to be re-deployed, the overspend may reduce if alternatives can be identified for displaced staff sooner. There is also a higher use of supplementary staffing due to enhance observations.
 - UNPACS is projected to overspend by £0.130m (£0.061m adverse movement) based on current placements. The adverse movement is due to a further new placement being made.
 - Learning Disabilities are projected to overspend by £0.100m which is an adverse movement of £0.070m due to continued increased use of supplementary staffing for enhanced observations.
 - A projected underspend of £0.100m (£0.050m favourable movement) in Elderly Inpatients due to the completion of the work to reconfigure the Elderly Mental wards, this represents the part-year saving with the full financial benefit being available in 2021-22. The part year reduction for 2020-21 has been reduced due to staffing levels for wards, the workforce tool for the wards is being run which will determine the final staffing.
 - A projected underspend in MH Pharmacy of £0.220m (no movement) due to continued lower substitute prescribing costs.
 - The target for turnover or vacancy savings for the Lead Partnership is held within the Lead Partnership as this is a Pan-Ayrshire target. There is a projected over-recovery of the vacancy savings target of £1.268m in 2020-21, further information is included in the table below:

Vacancy Savings Target	(£0.400m)
Projected to March 2021	£1.770m
Over/(Under) Achievement	£1.370m

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

The main areas contributing to this position are noted below:

- Adult Community Health services £0.205m
- Addictions £0.020m
- CAMHS £0.295m
- Mental Health Admin £0.330m
- Psychiatry £0.410m
- Psychology £0.433m

	<ul style="list-style-type: none"> • Associate Nurse Director £0.077m
2.5	Children Services & Criminal Justice
	<p>Against the full-year budget of £35.895m there is a projected overspend of £0.366m (1%) which is an adverse movement of £0.150m. The main variances are:</p> <p>a) Looked After and Accommodated Children are projected to overspend by £0.662m (adverse movement of £0.134m). The main areas within this are noted below:</p> <ul style="list-style-type: none"> • Children's residential placements are projected to overspend by £0.736m (adverse movement of £0.123m due to a further child being placed and extended end dates of two placements and contract inflation above the budgeted level). At period 9 there are 17 placements including 1 secure placement with plans to reduce this by 2 by mid-January and an assumption that there will be no further placements during the year. Budget plans for 2020-21 were based on starting the year with 18, reducing to 14 by the end of Q1 and to 10 places by the end of Q2 and for the remainder of the year. Progress with plans to move children from residential placements have been impacted by Covid-19 as there has been an impact on Children's Hearings and this has limited the availability of tenancies. Children's services are working towards further improving the position as we move through the year as starting the 2021-22 financial year with 15 placements will impact on the savings planned for next year. • Fostering placements are projected to overspend by £0.055m (£0.014m adverse movement) based on the budget for 129 places and 130 actual placements since the start of the year. The fostering service is an area we are trying to grow, and a recruitment campaign was undertaken early in the new year to attract more in-house foster carers to limit the ongoing requirement for external foster placements. There are a number of additional fostering placements attributed to Covid-19 which are out with these numbers as the costs have been included on the Covid-19 mobilisation plan. Respite foster placements is projected to underspend by £0.075m (£0.001m favourable movement) as placements have not taken place due to Covid-19 restrictions. • Kinship placements are projected to underspend by £0.173m (adverse movement of £0.005m) based on the budget for 370 places and 336 actual placements since the start of the year. <p>b) Children with disabilities – residential placements are projected to overspend by £0.112m (£0.065m adverse movement due to a extending a placement that cannot secure a tenancy). Community packages (inc direct payments) are projected to underspend by £0.100m (£0.051m favourable movement) based on.</p> <p>c) Respite is projected to underspend by £0.097m (£0.006m adverse movement) due to respite not taking place due to COVID.</p> <p>d) Transport costs – projected underspend of £0.112m (adverse movement of £0.026m) due to reduced mileage costs.</p>
2.6	Turnover/Vacancy Savings

The payroll turnover target has been centralised for 2020-21. The turnover target for the North Lead Partnership for Mental Health services is detailed within the Lead Partnership information at section 2.4.

The turnover targets and projected achievement for the financial year for Health and Social Care services out with the Lead Partnership is noted below:

	Social Care	Health Services
Vacancy Savings Target	*(£1.957m)	(0.645m)
Projected to March 2021	£1.957m	1.079m
Over/(Under) Achievement	0	0.434m

(*the target for social care services has been increased on a non-recurring basis for 2020-21 only by £0.110m to offset the saving for the roll out of Multi-Disciplinary Teams, as no permanent reductions to the structure can be identified at this time but will be by the service from 2021-22 onwards)

The position in the table above reflects the assumption in the current financial projections. For social care there have been significant vacancy savings to period 9 due to delays with recruitment and a total of £1.560m has been achieved to date. It is not anticipated that the level of vacancies will continue at this rate to the financial year-end, the full annual target is expected to be achieved on the basis that there will vacancies sustained at around 76% of that level. We may potentially exceed the target, as was the case in previous years, but the likelihood of this will not be known with confidence until services and recruitment re-starts fully over the coming months.

The Health vacancy projection to the year-end is informed by the recruitment plans and confidence in recruitment to posts for the remainder of the year.

The main areas contributing to the health and social care vacancy savings are spread across a wide range of services with vacancy savings being achieved in most areas, the most notable in terms of value being social worker posts (across all services), the Community Mental Health Teams and Allied Health Professionals.

2.7 Savings Progress

a) The approved 2020-21 budget included £3.861m of savings.

RAG Status	Position at Budget Approval £m	Position at Period 9 £m
Red	-	0.274
Amber	2.801	1.801
Green	1.060	1.786
TOTAL	3.861	3.861

b) The main areas to note are:

- i) Red savings of £0.274m relating to reducing LD sleepovers and the review of Adoption Allowances, both of which have been impacted by Covid-19, the delays in these savings have been included in the overall projected outturn position;
- ii) Whilst all savings remain on the plan to be delivered there are delays with some savings with delays in implementation due to Covid-19, for example the implementation of the Adult Community Support Framework as the introduction of the CM2000 system was delayed as providers were focussing on COVID related service and staffing issues and further internal implementation work is required;
- iii) The confidence with some savings has increased since the budget was set due to the progress made towards the end of 2019-20, for example with freeing up additional capacity for Care at Home services by reducing care home placements.

Appendix C provides an overview of the savings plan, this highlights that during 2020-21 it is anticipated that a total of £2.394m of savings will be delivered in-year, with £1.467m of savings potentially delayed or reduced. The delays are mainly due to Covid-19 and have been included in the mobilisation plan return to the Scottish Government, but at this stage they have also been reflected in the overall projected outturn position as there is less confidence that the impact of savings delays will be compensated with additional funding.

The Transformation Board is in place to provide oversight and governance to the programme of service change. A focus of the Board is to ensure plans are in place to deliver savings and service change, with a solution focussed approach to bringing programmes back on track. Whilst some of our plans were put on hold due to Covid, the transformation plans are being re-mobilised at pace to ensure we taken any opportunities to join up the re-design services as they come back online. The Transformation Board re-started in July and there will be a concerted effort to ensure the maximum savings delivery can be achieved in-year, to assist with the current year position and to ensure there is no recurring impact moving into 2021-22.

2.8 Budget Changes

The Integration Scheme states that *“either party may increase it’s in year payment to the Integration Joint Board. Neither party may reduce the payment in-year to the Integration Joint Board nor Services managed on a Lead Partnership basis....without the express consent of the Integration Joint Board”*.

Appendix D highlights the movement in the overall budget position for the partnership following the initial approved budget.

Reductions Requiring Approval:

The specific reductions the IJB are required to approve are:

- SG Covid Prescribing Reclaim £0.540m*
- CRES removed from practice budget £0.756m*
- Training Grade Reduction for junior doctors £0.028m
- Reduce Medical discretionary point funding (consultants that have left) £0.033m

*Further detail to follow from the NHS Board

	<p>It is recommended that the IJB approve the budget reductions outlined above.</p> <p>Future Planned Changes:</p> <p>An area due to be transferred in the future are the Douglas Grant and Redburn rehab wards from acute services to the North HSCP. The operational management of these wards has already transferred to the partnership, but the due diligence undertaken on the budget has highlighted a funding shortfall. It has been agreed with NHS Ayrshire and Arran that the financial responsibility will not transfer until balance is found. In the meantime, we are managing services and plans are well progressed to reduce the projected overspend prior to any transfer.</p>
2.9	<p>NHS – Further Developments/Pan Ayrshire Services</p> <p><u>Lead Partnerships:</u></p> <p>The IJB outturn position is adjusted to reflect the impact of Lead Partnership services. During 2019-20 agreement was reached with the other two Ayrshire partnerships that in the absence of any service activity information and alternative agreed risk sharing arrangements that the outturn for all Lead Partnership services would be shared across the 3 partnerships on an NRAC basis. This position is currently the default for 2020-21 as the further work taken forward to develop a framework to report the financial position and risk sharing across the 3 partnerships in relation to hosted or lead service arrangements has been delayed by the requirement to focus efforts on the Covid response.</p> <p>The underspend in relation to North Lead Partnership services is not fully attributed to the North IJB as a share has been allocated to East and South partnerships, similarly the impact of the outturn on East and South led services will require to be shared with North. At month 9 the impact on NA IJB is a £0.336m underspend (£0.351m underspend for East and £0.015m overspend for South).</p> <p>East HSCP – projected underspend of £0.977m (£0.351m NRAC share for NA IJB). The main areas of variance are:</p> <ul style="list-style-type: none"> a) Primary Care and Out of Hours Services (Lead Partnership) - there is a projected underspend of £0.830m (favourable movement of £0.089m). This includes reduced projected costs on Dental Services where there have been a number of services cancelled for the year-to-date. These services are expected to restart in the final quarter of the 2020 calendar year, with an anticipated increase in staffing costs going forward. In addition, work has been undertaken to update cross charging against for Ayrshire Urgent Care Services (AUCS) costs related to the Covid-19 pandemic. It is anticipated that the current level of Covid-related GP activity will continue until the end of December at this stage. In addition, increased staff turnover savings are projected for AUCS, with posts to be recruited to in the final quarter of the financial year. It is anticipated at this stage that the Primary Care Improvement Fund will outturn on budget. b) Prison and Police Healthcare (Lead Partnership) - £0.140m projected underspend (adverse movement of £0.093m). This relates to vacancies and drugs costs which were previously charged to the prison have correctly now been charged against Covid-19 and additional staffing savings. <p>South HSCP – projected overspend of £0.047m (£0.015m NRAC share for NAHSCP). The overspend is mainly due to an overspend in the continence service.</p>

	<p><u>Set Aside:</u></p> <p>The budget for set aside resources for 2020-21 is assumed to be in line with the amount for 2019-20 (£30.094m) inflated by the 3% baseline uplift, this value was used in the absence of any updated information on the share of resources and is £30.997m.</p> <p>At the time of setting the IJB budget it was noted that this may require to be updated following the further work being undertaken by the Ayrshire Finance Leads to establish the baseline resources for each partnership and how this compares to the Fair Share of resources. It was anticipated that 2020-21 would be used as a shadow year for these arrangements, however this work has been delayed due to the Covid-19 response.</p> <p>The annual budget for Acute Services is £356m. The directorate is underspent by £5.7m following allocation of the COVID-19 funds received from Scottish Government.</p> <p>The year to date underspend of £5.7m is a result of:</p> <ul style="list-style-type: none"> • £9m of “offset savings”. These are the underspends resulting from low outpatient and elective activity in the year to date. • £3.3m of unachieved savings. <p>The IJBs and the Health Board have submitted a remobilisation plan outlining how activity will return to normal as far as is possible and are working together to ensure patients are looked after in the most suitable environment.</p>
	<p>COVID-19 – FINANCE MOBILISATION PLAN IMPACT</p>
2.10	<p>Summary of position</p>
	<p>From the outset of the pandemic the HSCP acted very swiftly to respond and developed a mobilisation plan detailing the additional activities to support our response, alongside the estimated financial impact. Financial returns have been submitted to the Scottish Government on a regular basis, on the premise that any additional costs aligned to mobilisation plans would be fully funded. There is a risk that if the full cost of the Covid-19 response is not funded that the IJB may require to recover any overspend in-year, but this is looking less likely given the funding levels to date.</p> <p>The IJB were updated in December outlining the cost estimates, the financial year-end projections and any potential funding gap based on scenarios re Covid-19 funding.</p>
2.11	<p>Mobilisation Plan Cost</p>
	<p>The most recent mobilisation plan cost submission submitted in January estimates the costs to be £10.211m to March 2021. The costs remain estimates as the situation continually evolves and there have been several iterations of the financial plan. The financial returns are submitted alongside the Health Board financial returns to the Scottish Government, this was to move to a quarterly basis but has been kept under review to ensure timely updates can be made to ensure funding allocations can be made.</p> <p>The majority of the additional costs for the HSCP relate to the provision of social care services and the most significant areas are PPE, additional staff costs for staff absence</p>

and student nurses, loss of income due to closed services, additional care home placements, payments to commissioned care providers to ensure future sustainability and the impact on our approved savings programme.

The local finance mobilisation plan submission is included as Appendix E. The main areas of cost together with the movement over the period are summarised below:

Service Area	August Return £m	October Return £m	November Return £m	January Return £m	Change £m
Payments to Providers	1.655	1.683	2.103	3.003	0.900
Personal Protective Equipment (PPE)	2.052	1.693	1.698	1.723	0.025
Savings Delays	1.115	1.132	1.132	1.467	0.335
Nursing – Students and Bank Staff	0.733	0.685	0.714	0.685	(0.029)
Care at Home Capacity	0.416	0.416	0.416	0.416	0.000
Loss of Income	0.442	0.531	0.576	0.853	0.277
Staff Cover	0.425	0.401	0.477	0.496	0.019
Care Home Beds – Delayed Discharges	0.396	0.396	0.396	0.396	0.000
Fostering Placements	0.196	0.196	0.285	0.286	0.001
Delayed Discharges - Other Measures	0.000	0.087	0.114	0.116	0.002
Other staff costs	0.000	0.615	0.685	0.767	0.082
Winter Planning	0.000	0.118	0.000	0.000	0.000
Other costs	0.311	0.233	0.442	0.533	0.091
Offsetting cost reductions	(0.530)	(0.530)	(0.530)	(0.530)	0.000
TOTAL	7.211	7.656	8.508	10.211	1.703

Further information on the elements of the plan are included in previous IJB reports. The most recent changes to estimated costs are in relation to:

- Increased sustainability payments to providers based on the extension of transitional arrangements for support to March 2021,
- Savings delays as the reduction to residential placements for children has been delayed as outlined in the report; and
- Further loss of income from charging for services as not all services have restarted.

2.12 Covid-19 Funding Position

At the outset of the pandemic there was an assurance that subject to any additional expenditure being fully aligned to local mobilisation plans, including the IJB responses, reasonable funding requirements will be supported. This was on the basis that a process would be developed for these to be accurately and immediately recorded and shared with the Scottish Government. The basis of this reporting was drawn up and agreed with COSLA and Health and Social Care Partnerships.

Previous finance reports to IJB have outlined the chronology of funding through the year. The social care allocations have been reviewed following the change to the support through provider sustainability payments and also to pick up any potential shortfalls.

The funding allocations to date are noted below:

	Social Care £000	Health £000	Total North £000
Total allocation by December 2020	5,244	1,022	6,266
Additional Funding January 2020	2,010	0	2,010
TOTAL FUNDING TO DATE	7,254	1,022	8,276

The Scottish Government are continuing to work with Health Boards and IJBs to review and further revise financial assessments and intend to make a further substantive funding allocation in January. This will allow identification of the necessary additional support required, and realignment of funding in line with actual spend incurred with an expectation that an allocation to bring funding up to 100% will be provided.

2.13 Covid – Financial Risk

Overall, at this time the financial risk to the IJB has been reduced significantly by the recent funding allocation.

The table below summarises the overall estimated Covid-19 costs for the North HSCP alongside the funding received to highlight the potential gap:

	£m
Mobilisation Plan Costs (at January 2021)	10.211
FUNDING TOTAL	(8.276)
Shortfall	1.935
Shortfall (excluding savings)	0.468

The estimated additional costs to March 2021 compared to the funding received to date leaves an estimated balance of £0.468m for which funding has not yet been received or allocated.

In terms of the overall risk of currently unfunded elements of the plan:

- There is increasing confidence that additional costs will be funded based on the recently received and future expected funding allocations;
- we have assumed through our core budget monitoring projections that the delays in savings will not be funded and these are included in financial projections, as noted in this report we are projecting breakeven on that basis;
- Offsetting reductions of £0.5m have not been included in the overall funding allocation and also have not been factored into the HSCP financial projections, therefore at this stage these would potentially remain available for North to re-direct to any funding shortfall;
- The most significant area of additional Covid costs are the purchase of PPE for social care and sustainability payments for commissioned social care providers (£3.8m in total). Both areas have been implemented with an assurance that the actual costs will be fully reimbursed;
- The period 9 position projects an underspend of £1.245m (excluding Covid) and this does not include any assumption re the £1.5m held by the Council towards the IJB debt, this position assumes the debt repayment is made as planned, this position also incorporates estimated delays with savings delivery.

	<p>The financial position will continue to be reported to the IJB at each meeting, these reports will outline the monthly financial projections and the updated position in relation to estimates for Covid costs. This will include the ongoing consideration of whether a Financial Recovery Plan may be required in the future, at this stage this is not recommended to be considered.</p>																				
2.14	<p>Provider Sustainability Payments and Care Home Occupancy Payments</p> <p>COSLA Leaders and Scottish Government have agreed an approach to supporting the social care sector to ensure that reasonable additional costs will be met.</p> <p>We have been making payments to commissioned social care providers in line with the agreed National principles for sustainability and remobilisation payments to social care providers during COVID 19.</p> <p>Care Home Occupancy Payments - we have engaged with older people's care homes in relation to care home occupancy payments and make regular monthly payments to care home providers with emergency faster payments being made if required. Meetings are being held with each care home to discuss ongoing sustainability and to provide support.</p> <p>Sustainability payments - providers are responsible for submitting a claim for additional support to the Partnership for sustainability payments and this is assessed as to what support is required on a case by case basis based on the supporting evidence provided. Each case is assessed by the same group to ensure equity and consistency across providers.</p> <p>In general, all payment terms have been reduced and once any payment is agreed it is being paid quicker to assist the cash flow position of providers. The assessment of some claims has been difficult due to delays with additional information and supporting evidence being submitted to support claims, hence there are a number of claims that are in process.</p> <p>The sustainability payments are estimated to be a significant cost in our mobilisation plan and the timely submission and assessment of claims is key to ensuring we can accurately estimate the financial cost and ensure the costs are reclaimed from the Scottish Government.</p> <p>Providers in North Ayrshire are not all strictly adhering to these timescales and we are still receiving claims dating back to the start of the pandemic, the commissioning team are working with providers to support them to submit claims.</p> <p>The tables below show the support provided to date and the outstanding claims as at the end of December.</p> <table><tr><th>PROVIDER SUMMARY</th><th>NCHC Care Homes</th><th>Other</th><th>Total</th></tr><tr><td>Total Number of Providers</td><td>17</td><td>48</td><td>65</td></tr><tr><td>Number in contact for support</td><td>16</td><td>27</td><td>43</td></tr><tr><td>Providers Supported to date</td><td>11</td><td>21</td><td>32</td></tr></table> <table><tr><th>OUTSTANDING CLAIMS</th><th>NCHC Care Homes</th><th>Other</th><th>Total</th></tr></table>	PROVIDER SUMMARY	NCHC Care Homes	Other	Total	Total Number of Providers	17	48	65	Number in contact for support	16	27	43	Providers Supported to date	11	21	32	OUTSTANDING CLAIMS	NCHC Care Homes	Other	Total
PROVIDER SUMMARY	NCHC Care Homes	Other	Total																		
Total Number of Providers	17	48	65																		
Number in contact for support	16	27	43																		
Providers Supported to date	11	21	32																		
OUTSTANDING CLAIMS	NCHC Care Homes	Other	Total																		

Total Number of Claims	5	6	11
Value of Claims	£477,887	£95,853	£573,740

SUPPORT PROVIDED	NCHC Care Homes £	Other Services £	TOTAL £
Occupancy Payments *	£1,552,470	n/a	£1,552,470
Staffing	£61,769	£50,860	£112,629
PPE, Infection Control	£92,795	£31,390	£124,185
Other	£11,600	£273	£11,873
TOTAL	£1,718,634	£82,523	£1,801,157

* payments to end of December

A significant level of financial support has been provided to our commissioned providers, in particular older people's care homes.

Due to concerns re the sustainability of the social care sector the Scottish Government agreed to review transitional arrangements to provide more targeted support to the sector, this work was undertaken with stakeholders to consider the evidence for a new arrangement from December.

Arrangements for support have been agreed alongside guidance which sets out the criteria that need to be met for financial support, the approach for payment for care that cannot be delivered, the categories of additional costs which may be met, the approach to evidencing additional costs and key principles for requesting and making payments.

The key principles of this ongoing support include:

- Understanding the reasons why care cannot be delivered, only Covid related impacts can be funded through sustainability payments;
- The 'planned care' approach of continuing to pay for undelivered care has been removed and providers and HSCPs will be required to explore opportunities for creatively delivering services in a different way, temporarily re-deploy staff into other HSCP services (voluntarily), where this is not possible providers will be required to access national supports in the first place, including the potential to furlough staff;
- Where payment for undelivered care is agreed as the only option this will be at a reduced level depending on the type of service, for example for care homes subject to the NCHC occupancy payments will be made at 80% of the rate for all vacancies, this is dependent on care homes continuing to admit new residents where it is clinically safe to do so;
- The Social Care Staff Support Fund will remain in place to ensure all staff receive their full pay during a Covid related absence; and
- Additional reasonable costs that are incurred as a result of Covid which cannot be covered from other funding sources will be reimbursed, including for example PPE, infection prevention control and additional staffing costs.

3. PROPOSALS

3.1 Anticipated Outcomes

	<p>Continuing to closely monitor the financial position will allow the IJB to take corrective action where required to ensure the partnership can deliver services in 2020-21 from within the available resource, thereby limiting the financial risk the funding partners, i.e. NAC and NHS AA.</p> <p>The estimated costs and funding in relation to the Covid-19 response also require to be closely monitored to ensure that the IJB can plan for the impact of this and to ensure that the IJB is in the position to re-claim funding to compensate for the additional costs.</p>
3.2	<u>Measuring Impact</u>
	Ongoing updates to the financial position will be reported to the IJB throughout 2020-21.
4.	IMPLICATIONS
Financial:	<p>The financial implications are as outlined in the report.</p> <p>Against the full-year budget of £259.787m there is a projected underspend of £1.245m (0.5%). The report outlines the main variances for individual services.</p> <p>There are a number of assumptions underpinning the projections which could change as we progress through the year. We will continue to work with services to ensure the most accurate and reliable position is reported.</p> <p>One of the main areas of risk is the additional costs related to the Covid-19 response and these are detailed in the report together with an updated position in relation to funding.</p>
Human Resources:	None
Legal:	None
Equality:	None
Children and Young People	None
Environmental & Sustainability:	None
Key Priorities:	None
Risk Implications:	Within the projected outturn there are various over and underspends including the non-achievement of savings. The greatest financial risk for 2020-21 is the additional costs in relation to Covid-19.
Community Benefits:	None

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

4.	CONSULTATION
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4.1	<p>This report has been produced in consultation with relevant budget holders and the Partnership Senior Management Team.</p> <p>The IJB financial monitoring report is shared with the NHS Ayrshire and Arran Director of Finance and North Ayrshire Council's Head of Finance after the report has been finalised for the IJB.</p>
5.	CONCLUSION
5.1	<p>It is recommended that the IJB:</p> <p>(a) notes the overall integrated financial performance report for the financial year 2020-21 and the overall projected year-end underspend of £1.245m at period 9;</p> <p>(b) notes the updated estimated costs of the Covid mobilisation plan of £10.211m, including savings delays, and the associated funding received to date; and</p> <p>(c) note the financial risks for 2020-21, including the impact of Covid 19, and that there is no recommendation at this time to implement a formal Financial Recovery Plan for the IJB.</p>

For more information please contact:

Eleanor Currie, Interim S95 Officer on 01294 317814 or eleanorcurrie@north-ayrshire.gov.uk

2020-21 Budget Monitoring Report–Objective Summary as at 31st December

Appendix A

Partnership Budget - Objective Summary	2020/21 Budget										
	Council			Health			TOTAL			Over/ (Under) Spend Variance at Period 8 £'000	Movement in projected variance from Period 8 £'000
	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
COMMUNITY CARE AND HEALTH	55,842	54,617	(1,225)	13,485	13,639	154	69,327	68,256	(1,071)	(1,095)	24
: Locality Services	23,418	22,781	(637)	4,744	4,814	70	28,162	27,595	(567)	(465)	(102)
: Community Care Service Delivery	27,326	27,073	(253)	0	0	0	27,326	27,073	(253)	(302)	49
: Rehabilitation and Reablement	1,940	1,922	(18)	1,528	1,511	(17)	3,468	3,433	(35)	(118)	83
: Long Term Conditions	1,753	1,365	(388)	5,098	5,199	101	6,851	6,564	(287)	(298)	11
: Integrated Island Services	1,405	1,476	71	2,115	2,115	0	3,520	3,591	71	88	(17)
MENTAL HEALTH SERVICES	25,287	26,596	1,309	53,162	50,833	(989)	78,449	77,429	320	471	(151)
: Learning Disabilities	18,877	20,528	1,651	446	446	0	19,323	20,974	1,651	1,661	(10)
: Community Mental Health	4,941	4,586	(355)	1,681	1,638	(43)	6,622	6,224	(398)	(176)	(222)
: Addictions	1,469	1,482	13	1,340	0	0	2,809	1,482	13	12	1
: Lead Partnership Mental Health NHS Area Wide	0	0	0	49,695	48,749	(946)	49,695	48,749	(946)	(1,026)	80
CHILDREN & JUSTICE SERVICES	32,144	32,510	366	3,751	3,751	0	35,895	36,261	366	216	150
: Irvine, Kilwinning and Three Towns	3,182	3,051	(131)	0	0	0	3,182	3,051	(131)	(147)	16
: Garnock Valley, North Coast and Arran	1,263	1,150	(113)	0	0	0	1,263	1,150	(113)	(112)	(1)
: Intervention Services	2,015	1,999	(16)	327	327	0	2,342	2,326	(16)	(17)	1
: Looked After and Accommodated Children	17,718	18,380	662	0	0	0	17,718	18,380	662	528	134
: Quality Improvement	4,354	4,321	(33)	0	0	0	4,354	4,321	(33)	(31)	(2)
: Public Protection	651	650	(1)	0	0	0	651	650	(1)	(3)	2
: Justice Services	2,508	2,508	0	0	0	0	2,508	2,508	0	0	0
: Universal Early Years	453	451	(2)	3,094	3,094	0	3,547	3,545	(2)	(2)	0
: Lead Partnership NHS Children's Services	0	0	0	330	330	0	330	330	0	0	0
PRIMARY CARE	0	0	0	49,728	49,728	0	49,728	49,728	0	0	0
ALLIED HEALTH PROFESSIONALS			0	5,625	5,550	(75)	5,625	5,550	(75)	(75)	0
MANAGEMENT AND SUPPORT COSTS	15,616	15,088	(528)	2,451	1,932	(519)	18,067	17,020	(1,047)	(958)	(89)
COVID - NHS				1,684	1,684	0	1,684	1,684	0	0	0
CHANGE PROGRAMME	1	1	0	1,011	1,011	0	1,012	1,012	0	0	0
OUTTURN ON A MANAGED BASIS	128,890	128,812	(78)	130,897	128,128	(1,429)	259,787	256,940	(1,507)	(1,441)	(66)
Return Hosted Over/Underspends East	0	0	0	0	307	307	0	307	307	332	(25)
Return Hosted Over/Underspends North	0	0	0	0	0	0	0	0	0	0	0
Return Hosted Over/Underspends South	0	0	0	0	291	291	0	291	291	316	(25)
Receive Hosted Over/Underspends South	0	0	0	0	15	15	0	15	15	15	0
Receive Hosted Over/Underspends East	0	0	0	0	(351)	(351)	0	(351)	(351)	(353)	2
Allocation of PCIF from East	0	0	0		0	0		0	0	0	0
Allocate the Action 15 underspend to East and South	0	0	0		0	0		0	0	0	0
OUTTURN ON AN IJB BASIS	128,890	128,812	(78)	130,897	128,390	(1,167)	259,787	257,202	(1,245)	(1,131)	(114)

2020-21 Budget Monitoring Report – Detailed Variance Analysis

Appendix B

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
COMMUNITY CARE AND HEALTH	69,327	68,256	(1,071)	
Locality Services	28,162	27,595	(567)	<p>Older People care homes inc respite - underspend of £0.859m based on 754 placements and including an under recovery of income from Charging Orders of £250k. [Favourable movement of £110k from P8 - Care Homes £96k ; Respite £14k].</p> <p>Independent Living Services :</p> <ul style="list-style-type: none"> * Direct Payment packages- overspend of £0.113m on 67 current packages. * Residential Packages - underspend of £0.010m based on 38 packages. * Community Packages (physical disability) - overspend of £0.141m based on 49 packages .
Community Care Service Delivery	27,326	27,073	(253)	<p>Care at Home (inhouse & purchased) - projected to overspend by £0.213m overall due to increased demand in Inhouse services - projected overspend Inhouse £296k, adverse movement £8k from P8. Projected underspend Purchased £131k an adverse movement of £17k from P8 and £48k under recovery in Service Credits from CM2000 - net projected overspend of £0.213m to be met via COVID [note £400k allocated in total to CAH].</p> <p>Direct Payments - underspend £0.204m to year end an adverse movement of £3k from P8 based on 33 packages.</p>
Rehabilitation and Reablement	3,468	3,433	(35)	<p>Aids and Adaptations - underspend of £0.018m an adverse movement of £81k from P8 due to expected future costs of Stairlift fees & allocation of underspend to recruit temporary staff to reduce backlog of assessments.</p>
Long Term Conditions	6,851	6,564	(287)	<p>Carers Centre - projected underspend of £0.443m</p> <p>Anam Cara - projected overspend in employee costs of £0.076m due to overtime & pilot of temporary post with a view to making longer term savings in bank & casual hours (saving 20/21 £22k).</p>
Integrated Island Services	3,520	3,591	71	<p>Employee Costs - Montrose House now reported under Arran Services with a projected overspend of £0.069m.</p>

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
MENTAL HEALTH SERVICES	78,449	77,429	320	
Learning Disabilities	19,323	20,974	1,651	Residential Packages- overspend of £0.336m based on 43 current packages. Community Packages (inc direct payments) - overspend of £0.830m based on 330 current packages.
Community Mental Health	6,622	6,224	(398)	Community Packages (inc direct payments) and Residential Packages - underspend of £0.439m based on 99 community packages, 13 Direct Payments and 29 residential placements.
Addictions	2,809	1,482	13	Outwith the threshold for reporting
Lead Partnership (MHS)	49,695	48,749	(946)	Adult Community - underspend of £0.225m due to vacancies. Adult Inpatients- overspend of £0.728m due to a delay in closing the Lochranza wards, revised assumptions on redeployed staff and an under recovery of bed sale income. UNPACs - overspend of £0.130m based on current placements and assumed service level agreement costs. Elderly Inpatients - underspend of £0.100m which includes the part year impact of thr £0.934m of unallocated funding following the elderly MH review. CAMHS - underspend of £0.305m due to vacancies. MH Admin - underspend of £0.390m due to vacancies. Psychiatry - underspend of £0.460m due to vacancies. MH Pharmacy - underspend of £0.220m mainly within substitute prescribing. Psychology- underspend of £0.500m due to vacancies.

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
CHIDREN'S AND JUSTICE SERVICES	35,895	36,261	366	
Irvine, Kilwinning and Three Towns	3,182	3,051	(131)	<p>Transports costs - Projected underspend of £0.031m due a reduction in spend in Staff Mileage costs</p> <p>Cornerstone Respite - Projected underspend of £0.061m due to respite services not taking place due to COVID</p>
Garnock Valley, North Coast and Arran	1,263	1,150	(113)	<p>Employee Costs - Projecting £0.059m underspend due to a substantive post being vacant . This will be offsetting an overspend in employee Costs within Quality Improvement.</p> <p>Transports costs - Projected underspend of 0.011m due a reduction in spend in Staff Mileage costs.</p> <p>Cornerstone Respite - Projected underspend of £0.036m due to respite services not taking place due to COVID.</p>
Intervention Services	2,342	2,326	(16)	Outwith the threshold for reporting
Looked After and Accommodated Children	17,718	18,380	662	<p>Looked After Children placements - Projected underspend of £0.220m, Adverse movement of £0.44m which is made up of the following:-</p> <p>Kinship - projected underspend of £0.173m. Budget for 370 placements, currently 336 placements but projecting 337 placements by the year end.</p> <p>Adoption - projected overspend of £0.045m. Budget for 69 placements, currently 73 placements.</p> <p>Fostering - projected overspend of £0.055m. Budget for 129 placements, currently 130 placements and projecting 135 placements by the year end. -</p> <p>Fostering Xtra - projected online. Budget for 32 placements, currently 30 placements but projecting 30 placements by the year end.</p> <p>Fostering Respite - Projected underspend of £0.117m which is due to respite services not taking place due to COVID</p> <p>Private fostering - projected overspend of £0.003m. Budget for 10 placements, currently 10 placements.</p> <p>IMPACCT carers - projected online Budget for 2 placements, currently 2 placements.</p> <p>Residential School placements - Projected overspend £0.991m, current number of placements is 17 of which 1 of them is a Secure Placement, assumption that 2 ending in February and no further new admissions resulting in 15 placements at the year end.</p>
Quality Improvement	4,354	4,321	(33)	Outwith the threshold for reporting
Public Protection	651	650	(1)	Outwith the threshold for reporting
Justice Services	2,508	2,508	0	Outwith the threshold for reporting
Universal Early Years	3,547	3,545	(2)	Outwith the threshold for reporting
: Lead Partnership NHS Children's Services	330	330	0	Outwith the threshold for reporting
PRIMARY CARE	49,728	49,728	0	Outwith the threshold for reporting
ALLIED HEALTH PROFESSIONALS	5,625	5,550	(75)	Projected underspend in supplies.
MANAGEMENT AND SUPPORT	18,067	17,020	(1,047)	Over recovery of payroll turnover on health services and the allocation of unscheduled care funding.
CHANGE PROGRAMME & CHALLENGE FUND	1,012	1,012	0	Outwith the threshold for reporting
TOTAL	258,103	255,256	(1,507)	

Threshold for reporting is + or - £50,000

2020-21 Savings Tracker

Appendix C

Savings reference number	Description	Deliverability Status at budget setting	Approved Saving 2020/21 £m	Deliverability Status Month 9	Saving Delivered @ Month 9 £m	Projected to Deliver during Year £m	Projected Shortfall £m	Comment
Children, Families & Criminal Justice								
1	Children and Young People - External Residential Placements	Amber	0.583	Amber	-	0.208	0.375	Currently projecting an overspend. Some plans to move children have been impacted by COVID. Expect to have 15 places at the year-end when the original plan was to have 10 places, will impact on savings for 2021-22.
2	Adoption Allowances	Amber	0.074	Red	-	-	0.074	Current projected overspend but outcome of the adoption review still to be implemented
3	Children's Services - Early Intervention and Prevention	Amber	0.050	Green	0.050	-	-	Fully achieved, met through efficiencies across Children's services
4	Fostering - Reduce external placements	Green	0.036	Green	0.036	-	-	An underspend is projected at month 9.
5	Community Support - Children's Care Packages	Amber	0.008	Green	0.008	-	-	Tender delayed, saving can be met through budget underspend for 2020-21. Tender due to be implemented February 2022.
Mental Health and LD Services								
6	LD - Reduction to Sleepover Provision	Amber	0.200	Red	-	-	0.200	Cluster sleepover models centred around core supported accommodation are being considered but will be delayed. The supported accommodation build timescales have slipped due to COVID.
7	Learning Disability Day Services	Amber	0.279	Amber	-	0.050	0.229	The provision of day care is being reviewed to ensure it can be delivered safely. This will include a review of the staffing, a new staffing structure has been planned which will deliver the full year saving in future years but will be delayed until 2021-22.
8	Trindlemoss	Green	0.150	Amber	0.150	-	-	Fully achieved but two tenancies still to take up their place and the final tenancy has to be decided.
9	Mental Health - Flexible Intervention Service	Green	0.008	Green	0.008	-	-	Fully achieved, slightly over-delivered (£10k)
Health and Community Care								
10	Roll out of multidisciplinary teams - Community Care and Health	Amber	0.110	Green	-	0.110	-	For 2020-21 only this saving has been added to the vacancy savings target to be met non-recurringly. There are a number of vacancies across Community Care and Health but at this stage the service can not identify posts to be removed on a permanent basis, will be formalised and removed from establishment from
11	Carers Act Funding - Respite in Care Homes	Green	0.273	Green	0.273	-	-	Fully achieved
12	Care at Home - Reablement Investment	Amber	0.300	Green	-	0.300	-	Expect to fully achieve but there is a projected overspend (prior to COVID funding) due to additional TUPE costs and an increased level of service.
13	Care at Home - Efficiency and Capacity Improvement	Amber	0.135	Green	-	0.135	-	Expect to fully achieve but there is a projected overspend (prior to COVID funding) due to additional TUPE costs and an increased level of service.
14	Day Centres - Older People	Amber	0.038	Amber	-	-	0.038	Day centres are currently closed and staff have been re-deployed, will look for opportunities to release savings when the services re-open.
15	Charging Policy - Montrose House	Amber	0.050	Green	0.025	0.025	-	New charging policy in place and additional income projected to be achieved.
Whole System								
16	Adults - New Supported Accommodation Models	Amber	0.063	Amber	-	0.025	0.038	Project has slipped. Expected completion date is February 2021. Saving was based on 5mths, Assume only 2mths are achieved
17	Adult Community Support - Commissioning of Services	Amber	0.638	Amber	-	0.150	0.488	Implementation of CM2000 was delayed due to Covid, but went live in January 2021.
18	Charging Policy - Inflationary Increase	Green	0.050	Amber	-	0.025	0.025	Charging was been suspended until October 2020 due to COVID 19, with the exception of care homes and community alarms.
TOTAL SOCIAL CARE SAVINGS			3.045		0.550	1.028	1.467	

Health:

Savings reference number	Description	Deliverability Status at budget setting	Approved Saving 2020/21 £m	Deliverability Status Month 9	Saving Delivered @ Month 9 £m	Projected to Deliver during Year £m	Projected Shortfall £m	Comment
19	Trindlemoss	Green	0.120	Green	0.120	-	-	Fully achieved
20	Packages of care	Green	0.100	Green	0.100	-	-	Fully achieved
21	Elderly Mental Health inpatients (lead partnership)	Green	0.216	Green	0.216	-	-	Fully achieved
22	MH Payroll Turnover (lead partnership)	Green	0.100	Green	0.100	-	-	Fully achieved
23	North Payroll Turnover	Green	0.280	Green	0.280	-	-	Fully achieved

TOTAL HEALTH SAVINGS	0.816	0.816	0.000	0
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TOTAL NORTH HSCP SAVINGS	3.861	1.366	1.028	1.467
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2020-21 Budget Reconciliation

Appendix D

COUNCIL	Period	Permanent or Temporary	£
Initial Approved Budget			96,963
Rounding error			4
Error in budget			1,299
Resource Transfer			22,769
WAN Circuits Budget Transfer - Kyle Road - New data Connection (Store Costs)	1	P	(1)
British Sign Language funding transferred to Democratic Services	3	P	(5)
Child Abuse Enquiry costs - Budget from Corporate	5	T	58
Corporate Procurement Posts 313490 & 313106	6	P	(76)
COVID funding - tranche 1	7	T	1,339
COVID funding - tranche 2	7	T	670
COVID funding - tranche 3	7	T	1,500
COVID funding - tranche 4	7	T	939
Unscheduled Care Allocation	7	T	500
Commercial Waste Virement	7	P	20
COVID funding - tranche 5	9	T	796
COVID funding - tranche 6	9	T	2,010
Winter Funding			100
Rounding			5
Budget Reported at Month 9			128,890
HEALTH	Period	Permanent or Temporary	£
Initial Approved Budget			149,830
Resource Transfer			(22,769)
Adjustment to base budget	1	P	(90)
2019/20 Month 10-12 budget adjustments	1	P	3,999
Non recurring Funding 19/20	3	T	(298)
Full Year effect of Part Year Reductions	3	P	(54)
Additional COVID funding	3	T	1,339
Additional living wage funding	3	P	186
V1P Funding 20/21	3	T	105
Primary Care Prescribing - Uplift	3	P	2,060
Primary Care Prescribing - CRES	3	P	(756)
Outcomes Framework - Breast Feeding	3	T	33
South HSCP V1P contribution	3	T	20
ANP Allocation - MIN	3	T	20
Training Grade Funding	3	P	49
Funding transfer to Acute (Medical Records)	3	T	(33)
Public Health Outcomes Bundle	3	T	235
Specialist Pharmacist in Substance Misuse	3	T	12
Prescribing Reduction - COVID	3	T	(540)
Lochransa Discharges to South HSCP	3	P	(170)

HEALTH	Period	Permanent or Temporary	£
Precribing Reduction	4	P	(1,497)
Training Grade Funding	4	T	36
TEC Contribution	4	T	(53)
Admin posts from South HSCP	4	P	54
Uplift Adjustment	4	P	21
Additional COVID funding	5	T	2,170
Training Grade Funding	5	P	6
Lochranza Discharges to South/East HSCP	5	P	(232)
Arrol Park Discharges to South HSCP	5	P	(107)
Trindlemoss resource transfer adjustment	5	P	(248)
Training Grade Funding	6	P	9
Diabetes Prevention Psychologist Post NR	6	T	11
Re-parent Parkinson Nurse Nth to Sth	6	P	(109)
Arrol Park Discharges to South HSCP	6	P	(24)
Medical Pay Award - Junior Doctors	6	P	31
COVID funding	7	T	(4,448)
Training Grade Funding	7	P	19
Tranche 4 Social Care Covid	7	T	939
ADP Funding 20/21	7	T	212
Trauma Network Funding	7	P	263
NMAHP Clinical Lead	7	T	16
Anticipated Action 15 increase	7	T	414
Perinatal Funding 20/21	7	T	196
Multiple Sclerosis Nrs fr Acute	7	P	123
Unscheduled care allocation	7	T	(500)
COVID funding - NHS	7	P	1,043
Training Grade Funding	8	P	22
HD413 Winter monies - North	8	T	100
SG Covid Prescribing Reclaim	8	P	(540)
Cres removed from Practice budget	8	P	(756)
Dean funding to Acute	9	P	(28)
Covid -Adult Social Care Winter Plan	9	T	2,010
HD607 Additional Covid Funding-Social Care	9	T	796
Additional District Nursing Funding	9	P	60
Diabetes Prevention Psychologist Further Funding	9	T	8
HD606 MH Remobilisation Plan	9	T	161
Reduce Medical Discretionary Point Funding	9	P	(33)
Covid Funding-NHS	9	T	480
Transfer to social care re winter funding and covid funding	9	T	(2,906)
Budget Reported at Month 9			130,897

COMBINED BUDGET	259,787
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Mobilisation Submission – January 2021

Consolidated HSCP costs	Revenue												Revenue	Capital
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	2020/21	2020/21
Additional Hospital Bed Capacity/Costs - Maintaining Surge Capacity	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Delayed Discharge Reduction- Additional Care Home Beds	82,102	78,564	78,564	78,564	78,564	-	-	-	-	-	-	-	396,358	-
Delayed Discharge Reduction- Additional Care at Home Packages	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Delayed Discharge Reduction- Other measures	65,604	4,362	4,362	4,362	4,362	4,362	4,362	4,362	4,362	5,000	5,000	5,000	115,500	-
Personal protective equipment	185,330	185,330	199,650	173,716	204,565	188,626	97,704	95,389	100,976	97,255	97,255	97,255	1,723,052	-
Deep cleans	-	-	1,195	(1,195)	-	-	-	-	-	-	-	-	-	-
COVID-19 screening and testing for virus	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Estates & Facilities cost including impact of physical distancing measures	-	-	8,339	391	132	392	9,497	2,255	2,296	2,589	2,589	2,589	31,068	-
Additional staff Overtime and Enhancements	70,596	43,682	47,882	19,489	57,510	34,153	37,027	35,024	37,011	38,006	38,006	38,006	496,392	-
Additional temporary staff spend - Student Nurses & AHP	-	-	369,226	101,111	139,650	74,733	29,395	(6,468)	(23,171)	-	-	-	684,475	-
Additional temporary staff spend - Health and Support Care Workers	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Additional temporary staff spend - All Other	-	-	41,206	45,673	253,332	35,198	59,693	58,758	68,331	68,331	68,331	68,331	767,185	-
Social Care Provider Sustainability Payments	-	-	265,254	223,934	314,525	313,608	288,857	247,300	112,500	412,367	412,367	412,367	3,003,080	-
Social Care Support Fund- Costs for Children & Families Services (where delegated to HSCP)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other external provider costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Additional costs to support carers	-	-	-	-	12,602	(12,602)	-	-	-	-	-	-	-	-
Mental Health Services	-	-	-	-	-	-	-	-	26,530	44,823	44,823	44,823	161,000	-
Additional payments to FHS contractors	-	-	-	28,370	4,820	-	6,742	2,500	21,790	7,136	7,136	7,136	85,629	-
Additional FHS Prescribing	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Community Hubs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other community care costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Loss of income	88,500	88,500	88,500	88,500	88,500	88,500	44,250	-	-	92,583	92,583	92,583	853,000	-
Staff Accommodation Costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Additional Travel Costs	-	-	5,857	1,755	1,567	1,028	1,019	1,250	784	1,473	1,473	1,473	17,680	-
Digital, IT & Telephony Costs	-	-	937	(877)	16,810	6	6	6	6	6	6	6	16,914	-
Communications	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Equipment & Sundries	-	59,055	16,479	22,141	(10,294)	1,033	3,290	3,769	2,105	4,280	4,280	4,280	110,419	-
Homelessness and Criminal Justice Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Children and Family Services	6,952	12,166	20,856	34,760	34,760	34,760	29,546	29,546	29,546	17,626	17,626	17,626	285,771	-
Prison Healthcare Costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hospice - Loss of income	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Staffing support, including training & staff wellbeing	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Resumption & redesign of primary care/contractor services to support access to urgent care in hours and OOH	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Costs associated with new ways of working- collaborative	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Winter Planning	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other - Please update narrative	38,845	38,845	38,845	38,845	38,845	31,649	31,649	31,649	31,649	31,649	31,649	31,649	415,768	-
Other - Please update narrative	-	13,555	7,673	7,673	7,673	7,673	-	-	-	-	-	-	44,247	-
Other - Please update narrative	-	-	-	-	-	-	-	6,600	6,600	6,600	6,600	6,600	33,000	-
Other - Please update narrative	-	-	-	-	-	-	-	-	-	10,933	10,933	10,933	32,800	-
Other - Please update narrative	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other - Please update narrative	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other - Please update narrative	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other - Please update narrative	-	-	-	-	-	-	-	-	-	-	-	-	-	-
0	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other - Please update narrative	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Offsetting cost reductions - HSCP	(108,007)	(108,007)	(108,007)	(68,583)	(68,583)	(68,583)	-	-	-	-	-	-	(529,770)	-
Total	429,922	416,052	1,086,819	798,627	1,179,340	734,536	643,038	511,940	421,317	840,659	840,659	840,659	8,743,569	-
													Subtotal	8,743,569
Expected underachievement of savings (HSCP)	141,500	141,500	141,500	141,500	141,500	141,500	47,167	47,167	47,167	158,833	158,833	158,833	1,467,000	-
Total	571,422	557,552	1,228,319	940,127	1,320,840	876,036	690,204	559,107	468,484	999,493	999,493	999,493	10,210,569	-
												Total		10,210,569

Integration Joint Board
11th February 2021

Subject: **Financial Regulations**

Purpose: To seek approval for the updated partnership financial regulations

Recommendation: The IJB are asked to approve the financial regulations detailed in Appendix 1.

Glossary of Terms

NHS AA	NHS Ayrshire and Arran
NAHSCP	North Ayrshire Health and Social Care Partnership
IJB	Integration Joint Board

1.	EXECUTIVE SUMMARY
1.1	This report sets out the outcome of a review of the Financial Regulations which detail the responsibilities of the IJB for its own financial affairs, and which also set out the respective responsibilities of the Chief Officer and the Chief Finance Officer of the IJB.
2.	BACKGROUND
2.1	Both the Council and the Health Board operate under Financial Regulations/Standing Financial Instructions in the operational delivery of services. As this service delivery will continue to be carried out within the Council and the Health Board, all operational and transactional finance matters for delivery of partnership services will comply with Council Financial Regulations and Health Board Standing Financial Instructions as appropriate.
2.2	Under Scottish Government Regulations, for all IJBs in Scotland, the Chief Officer, supported by the Chief Finance Officer, must ensure that there are adequate systems and controls in place for the proper management of its financial affairs.
2.3	As these Financial Regulations relate specifically to the affairs of the IJB itself, they are therefore more limited and focussed in scope.
3.	PROPOSALS
3.1	This report recommends moving forward that the Financial Regulations are reviewed at least every two years and if changes are required that these are reported to the IJB for approval with PAC undertaking a scrutiny role if required.

3.2	<u>Anticipated Outcomes</u>
	The IJB's Financial Regulations are an essential part of the corporate governance of the IJB. These require to be kept under review to ensure that there are adequate systems and controls in place for the proper management of the IJB's affairs.
3.3	<u>Measuring Impact</u>
	PAC will undertake a scrutiny role in relation to the Financial Regulations.
4.	IMPLICATIONS

Financial:	None
Human Resources:	None
Legal:	None
Equality:	None
Children and Young People	None
Environmental & Sustainability:	None
Key Priorities:	None
Risk Implications:	None
Community Benefits:	None

Direction Required to Council, Health Board or Both <i>(where Directions are required please complete Directions Template)</i>	Direction to :-	
	1. No Direction Required	X
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

5.	CONSULTATION
5.1	There was no consultation undertaken.
6.	CONCLUSION
6.1	The IJB are asked to approve the financial regulations detailed in Appendix 1.

For more information please contact Eleanor Currie, Interim Section 95 Officer, on 01294 317814 or eleanorcurrie@north-ayrshire.gov.uk



North Ayrshire Integrated Joint Board

Financial Regulations

DRAFT

Version	Date of Approval	Review Date
1	February 2021	September 2023

PART A) SCOPE AND OBSERVANCE

- 1.1 Both the Health Board and the Council operate under Financial Regulations/Standing Financial Instructions in the operational delivery of services. As this service delivery will continue to be carried out within the Health Board and the Council, these Financial Regulations relate specifically to the affairs of the Integration Joint Board (IJB) itself and therefore are more limited and focussed in scope. All operational and transactional finance matters for delivery of North Ayrshire Health and Social Care Partnership (NAHSCP) will comply with North Ayrshire Council (NAC) Financial Regulations and NHS Ayrshire & Arran (NHS A&A) Standing Financial Instructions.
- 1.2 North Ayrshire Integration Joint Board is a legal entity in its own right created by Parliamentary Order, following Ministerial approval of the Integration Scheme. It is accountable for the stewardship of public funds and is expected to operate under public sector best practice governance arrangements, proportionate to its transactions and responsibilities. The IJB will direct the Council and the Health Board on how resources will be spent in line with the approved Strategic plan and allocate resources back to the Council and Health Board in accordance with this direction per the Statutory Guidance on Directions published in January 2020. The IJB retains responsibility for oversight and management of expenditure within the allocated budgets.
- 1.3 Stewardship is a function of management and, therefore, a responsibility placed upon the appointed members and officers of the Integration Joint Board, in particular:
- Section 95 of the Local Government (Scotland) Act 1973 requires that every local authority shall make arrangements for the proper administration of their financial affairs and shall secure that the proper officer of the authority has responsibility for the administration of those affairs, including:
 - *Approve the financial systems*
 - *Approve the duties of officers operating these systems*
 - *Maintain a written description of such approved financial systems including a list of specific duties*
- 1.4 These financial regulations should be read in conjunction with the standing financial instructions of NHS Ayrshire and Arran Health Board and the Financial Regulations and Codes of Financial Practice of North Ayrshire Council.
- 1.5 The Regulations also set out the respective responsibilities of the Chief Officer and the Chief Finance Officer of the IJB. The Chief Officer and the Chief Finance Officer will follow these Regulations at all times in relation to the conduct of the IJB's own financial affairs. All actions that affect the Integration Joint Board's finances should only be carried out by properly authorised employees. The Chief Officer will establish a clear and effective framework of authorisation for the IJB.

- 2 The Integration Joint Board will appoint an officer responsible for its financial administration.
- 2.1 The Chief Officer may be appointed to this role if the Integration Joint Board deems it to be appropriate. If in such circumstances the Chief Officer does not hold a recognised professional accounting qualification arrangement must be put in place to provide the post holder and the Integration Joint Board with financial advice from a qualified person.
- 2.2 In appointing the Chief Financial Officer the Integration Joint Board has regard to CIPFA guidance on the 'Role of the Chief Financial Officer in Local Government'.
- 2.3 The Integration Joint Board Chief Financial Officer and Chief Officer will discharge their duties in respect of the delegated resources by:
- Establishing financial governance systems for the proper use of the delegated resources; and
 - Ensuring that the Strategic Plan meets the requirement for best value in the use of the Integration Joint Board's resources.
- 2.4 The Chief Finance Officer (in consultation with the Chief Officer) will advise the IJB on the financial implications of the IJB's activities. The Chief Finance Officer will ensure that budget holders receive impartial advice, guidance and support and appropriate information to enable them to effect control over expenditure and income
- 3 **Responsibility of Health Board Accountable Officer; NHS Board Director of Finance & Council Section 95 Officer (Chief Financial Officer)** - The Health Board Accountable officer and the Council's Section 95 Officer discharge their responsibility - as it relates to the resources that are delegated to the Integration Joint Board - by setting out in the Integration Scheme the purpose for which resources are used and the systems and monitoring arrangements for financial performance management. It is their responsibility to ensure that the provisions of the Integration Scheme enable them to discharge their responsibilities in this respect.
- 3.1 The Health Board Director of Finance and the Chief Financial Officer (Section 95 Officer) of North Ayrshire Council will provide specific advice and professional support to the Chief Officer and Chief Financial Officer to support the production of the Strategic Plan and also to ensure that adequate systems of internal control are established by the Integration Joint Board.

4 Responsibility of Chief Officer

- 4.1 The Chief Officer is the accountable officer of the Integration Joint Board. The Chief Officer will discharge their duties in respect of the delegated resources by:
- ensuring that the strategic plan meets the requirement for economy, efficiency and effectiveness in the use of the Integration Joint Board resources; and
 - giving directions to the NHS Ayrshire & Arran Health Board and North Ayrshire Council that are designed to ensure resources are spent in accordance with the plan; it is the responsibility of the Chief Officer to ensure that the provisions of the directions enable them to discharge their responsibilities in this respect within available resources.

5 Directions

- 5.1 The IJB will give directions to NAC and NHSA&A that are designed to ensure resources are spent in accordance with the Strategic Plan and Integration Scheme. Directions are the mechanism to action the strategic commissioning plans (Strategic Plan) as laid out in sections 26 to 28 of the Public Bodies (Joint Working) (Scotland) Act 2014.

6 Responsibility of Chief Officer and the Integration Joint Board Chief Financial Officer

- 6.1 It will be the duty of the Chief Officer assisted by the Integration Joint Board Chief Financial Officer to ensure that these Regulations are made known to the appropriate persons within the Integration Joint Board and to ensure that they are adhered to.

7 Breach of Regulations

- 7.1 Any breach of these regulations should be reported immediately to the Chief Financial Officer, who may then discuss the matter with the Chief Officer, NHS Board Chief Executive, Local Authority Chief Executive or another nominated or authorised person as appropriate to decide what action to take.

8 Review of Financial Regulations

- 8.1 These Regulations will be the subject of regular review (at least every three years) by the Integration Joint Board Chief Financial Officer in consultation with the NHS Board Director of Finance and the Council's Section 95 Officer, and where necessary, subsequent adjustments will be submitted to the Integration Joint Board for approval.
- 8.2 NAC and NHS A&A will provide legal advice regarding these Financial Regulations as required in relation to the functions delegated to the IJB.

PART B) FINANCIAL PLANNING AND REPORTING

9 Responsibility of Integration Joint Board

- 9.1 The IJB will continuously work to secure best value for money, and economy, efficiency and effectiveness in how the organisation directs its resources.
- 9.2 The Integration Scheme sets out the detail of the integration arrangement agreed between NHS Ayrshire and Arran and North Ayrshire Council. In relation to financial management it specifies:
- The financial management arrangements including treatment of budget variances;
 - Reporting arrangements between the Integration Joint Board, NHS Ayrshire and Arran, and North Ayrshire Council
 - The method for determining the resources to be made available by NHS Ayrshire and Arran and North Ayrshire Council to the Integration Joint Board; and
 - The functions which are delegated to the Integration Joint Board by NHS Ayrshire and Arran and North Ayrshire Council.

10 Strategic Plan and Integrated Budget

- 10.1 The IJB will approve a Strategic Plan which sets out arrangements for planning and directing the functions delegated to it by NAC and NHSA&A. The Strategic Plan will normally* cover a three-year period recognising that these may need to be indicative for years two and three. The IJB will publish its Strategic Plan by the March prior to each three-year period.

*The IJB approved a one-year bridging plan for 21-22 due to the impact of Covid-19.

- 10.2 The Chief Officer and the Chief Finance Officer will develop the integrated budget based on the Strategic Plan and present it to the IJB for consideration and agreement as part of the annual budget setting process.

11 Budget Management

- 11.1 Budget holders within the Council and the Health Board will be accountable for all budgets within their control as directed by the IJB in line with its Strategic Plan. The IJB will ensure appropriate arrangements are in place to support good financial management and planning. The Chief Finance Officer and relevant finance staff will use finance IT systems within both organisations to produce financial reports and forecasts in order to monitor the overall financial performance in relation to the approved Revenue Budgets.

- 11.2 The Chief Finance Officer will provide regular budget monitoring updates to the IJB along with explanations for any significant variations from budget and the action planned to deal with them. Budget monitoring reports will also be provided to the Council and the Health Board from an operational perspective, as required and/or requested.

12 Financial Planning

- 12.1 The IJB will develop an integrated budget which takes accounts of:

- **Activity Changes.** The impact on resources in respect of increased demand (e.g. demographic pressures and increased prevalence of long-term conditions) and for other planned activity changes;
- **Cost inflation.** Pay and supplies cost increases;
- **Efficiencies.** All savings (including increased income opportunities and service rationalisations/cessations) should be agreed between the Integration Joint Board, North Ayrshire Council and NHS Ayrshire and Arran as part of the annual rolling financial planning process to ensure transparency;
- **Performance on outcomes.** The potential impact of efficiencies on agreed outcomes must be clearly stated and open to challenge by the North Ayrshire Council and NHS Ayrshire and Arran
- **Legal requirements.** Legislation may entail expenditure commitments that should be considered in adjusting the payment;
- **Transfers to/from the notional budget for hospital services** set out in the Strategic Plan.
- **Adjustments to address equity.** North Ayrshire Council and NHS Ayrshire and Arran may choose to adjust contributions to smooth the variation in weighted capita resource allocations across partnerships; information to support this will be provided by ISD and ASD.

- 12.2 The IJB will liaise and consult with the Council and Health Board as part of the budget setting process. It should be noted that Councils and Health Boards may be required to comply with IJB funding conditions as indicated by the Scottish Government.

13 Limits on Expenditure

- 13.1 No expenditure will be incurred by the Integration Joint Board unless it has been included within the approved Integration Budget and Strategic Plan, except:
- (i) Where additional funding has been approved by NHS Ayrshire and Arran Board and/or North Ayrshire Council and the integrated budget/strategic plan updated appropriately;

- (ii) Where a supplementary budget has been approved by the Integration Joint Board;
- (iii) In emergency situations in terms of any scheme of delegation;
- (iv) Where a virement has been approved.

14 Preparing Procedures, Records and Accounts

- 14.1 All accounting procedures and records of the Integration Joint Board/Health and Social Care Partnership will be determined by the Integration Joint Board Chief Financial Officer. These will also be subject to discussion with the Chief Financial Officer of the NHS Board/Council.
- 14.2 Legislation provides that the Integration Joint Board is subject to the audit and accounts provision of a body under section 106 of the Local Government (Scotland) Act 1973. This requires audited annual accounts to be prepared with the reporting requirements specified in the relevant legislation and regulations - Section 12 of the Local Government in Scotland Act 2003 and regulations under section 105 of the Local Government (Scotland) Act 1973. These will be proportionate to the limited number of transactions of the Integration Joint Board whilst complying with the requirement for transparency and true and fair reporting in the public sector.
- 14.3 North Ayrshire Council and NHS Ayrshire and Arran will include additional disclosures in their statutory accounts which reflect their formal relationship with the Integration Joint Board. The Integration Joint Board Chief Financial Officer will liaise with nominated contacts within each organisation to ensure that appropriate information is exchanged within agreed timescales.

15 Presenting External Audit Reports

- 15.1 The Chief Finance Officer will ensure the presentation of all External Audit reports including reports on the audited Annual Accounts to the IJB or Performance and Committee. These reports available to the Health Board and Local Authority.
- 15.2 The Chief Finance Officer will make appropriate arrangements for the public inspection of the IJB's Accounts.

16 Virement

- 16.1 Virement is defined by CIPFA as “the transfer of an underspend on one budget head to finance additional spending on another budget head, in accordance with the Financial Regulations”. In effect virement is the transfer of budget from one main budget heading (employee costs, supplies and services etc), to another, or a transfer of budget from one service to another.

16.2 Virements require approval and they will be permitted subject to any Scheme of Delegation of the Integration Joint Board as follows:

- (i) Virement must not create additional overall budget liability. One off savings or additional income should not be used to support recurring expenditure or to create future commitments including full year effects of decisions made part way through a year. Where the virement involves the transfer of up to £100,000 between operational budget headings and will not affect the execution of existing Integration Joint Board policy, the transfer will be approved jointly by the Chief Financial Officer and Chief Officer.
- (ii) Where the amount is over £100,000 or where the transfer of any amount would affect the execution of existing Integration Joint Board policy, the prior approval of the Integration Joint Board will be required.
- (iii) The Chief Officer will not be permitted to vire between the Integrated Budget and those budgets managed by the Chief Officer, but which are outside of the scope of the strategic plan, unless agreed by those bodies.

17 Budgetary Control

17.1 It is the responsibility of the Chief Officer and Chief Financial Officer to report regularly and timeously on all budgetary control matters, comparing projected outturn with the approved financial plan to the Integration Joint Board and other bodies as designated by NHS Ayrshire and Arran Board and North Ayrshire Council.

17.2 The Director of Finance (NHS Ayrshire and Arran) and the Chief Financial Officer (section 95) of North Ayrshire Council will, along with the Integration Joint Board Chief Financial Officer put in place a system of budgetary control which will provide the Chief Officer with management accounting information for both arms of the operational budget and for the Integration Joint Board in aggregate.

17.3 It is the responsibility of the Integration Joint Board Chief Financial Officer, in consultation with the Director of Finance (NHS Ayrshire and Arran) and the Chief Financial Officer (section 95) of North Ayrshire Council, to agree a consistent basis and timetable for the preparation and reporting of management accounting information

18 Variances

18.1 The Integration Scheme specifies how in year over/under spends will be treated. Where it appears that any heading of income or expenditure may vary significantly from that appearing in the Financial Plan, it will be the duty of the Chief Officer and

Integration Joint Board Chief Financial Officer, in conjunction with the NHS Board Director of Finance and Section 95 Officer of the Council, to report in accordance with the appropriate method established for that purpose by the Integration Joint Board, NHS Board and Council, the details of the variance and any remedial action required.

19 Reports to Integration Joint Board

- 19.1 All reports to the Integration Joint Board and sub-committees thereof must specifically identify the extent of any financial implications. These must have been discussed and agreed with the Integration Joint Board Chief Financial Officer prior to lodging of reports.

20. LEGALITY OF EXPENDITURE

- 20.1 It will be the duty of the Chief Officer to ensure that no expenditure is incurred or included within the Strategic Financial Plan unless it is within the power of the Integration Joint Board. In cases of doubt the Chief Officer should consult the respective legal advisors of the NHS Board and Council before incurring expenditure. Expenditure on new service developments, initial contributions to other organisations and responses to new emergency situations which require expenditure, must be clarified as to legality prior to being incurred.

PART C – INTERNAL AUDIT

INTERNAL AUDIT

21 Responsibility for Internal Audit

- 21.1 The Integration Joint Board will establish adequate and proportionate internal audit arrangements for review of the adequacy of the arrangements for risk management, governance and control of the delegated resources. This will include determining who will provide the internal audit service for the Integration Joint Board and nominating a Chief Internal Auditor.
- 21.2 Internal Audit services will be provided by North Ayrshire Council. Such provision will be subject to agreement.
- 21.3 The operational delivery of internal audit services within NHS Ayrshire and Arran and North Ayrshire Council will be contained within their respective and established arrangements.

- 21.4 A Chief Internal Auditor will be appointed to act as Integration Joint Board Chief Internal Auditor in addition to their substantive post.
- 21.5 The Internal Audit Service will undertake its work in compliance with the Public Sector Internal Audit Standards.
- 21.6 On or before the start of each financial year the Integration Joint Board Chief Internal Auditor will prepare and submit a strategic *risk-based* audit plan to the [Performance and Audit Committee](#) for approval. It is recommended this is shared with the relevant committee of both NHS Ayrshire and Arran and North Ayrshire Council.
- 21.7 The Integration Joint Board Chief Internal Auditor will submit an annual audit report of the Internal Audit function to the Chief Officer and the [Performance and Audit Committee](#) indicating the extent of audit cover achieved and providing a summary of audit activity during the year. As a minimum the annual audit report and Chief Internal Auditor's opinion will also be reported to the Audit Committees of the NHS Ayrshire & Arran Board and North Ayrshire Council.

22 Authority of Internal Audit

- 22.1 [In relation to Internal Audit work being carried out](#) the person appointed by the Integration Joint Board to carry out the Internal Audit or their authorised representatives will have authority, on production of identification, to:
- (i) Enter at all reasonable times and without notice any premises or land used or operated by the Integration Joint Board;
 - (ii) Have access to, and remove, all records (both paper and electronic), documents and correspondence within the possession or control of any officer, relating to any financial or other transaction of the Integration Joint Board;
 - (iii) Be provided with a separate log-in to any computer system used by the partners of the Integration Joint Board and have full access to any system, network, personal computer or other device including hardware owned by third party service providers;
 - (iv) Require and receive such explanations as are necessary concerning any matter under examination;
 - (v) Require any employee to produce cash, stores or any other assets under their control.

PART D) OTHER AREAS

23 Capital Planning

- 23.1 The Chief Finance Officer annually, in consultation with the Council and NHS A&A, will prepare a Capital Plan to make best use of existing resources and identify the asset requirements to support the Strategic Plan and deliver on the IJB's Property Strategy.
- 23.2 Business Cases will be prepared and submitted to Council's Capital Planning Group or NHS A&A's Capital Planning Group for approval.
- 23.3 The Chief Officer or nominated delegate will be a member of both partners' Capital Planning Groups.
- 23.4 Where new capital investment is required to deliver the Strategic Plan both partners should consider the Capital Plan.

24 Control of Capital Expenditure

- 24.1 The IJB does not receive a capital funding allocation. Capital projects are funded by either NAC or NHS A&A and expenditure will be controlled in accordance with their financial regulations.

25 TREASURY MANAGEMENT

- 25.1 Legislation, under Section 106 of the Local Government (Scotland) Act 1973 empowers the Integration Joint Board to hold reserves, which should be accounted for in the financial accounts and records of the Integration Joint Board.
- 25.2 [As any underspend will be held by the Council on behalf of the Integration Joint Board on the balance sheet as creditor balances to be drawn down by the Integration Joint Board as planned.](#)

26 VAT

- 26.1 HM Revenues and Customs have confirmed that there is no requirement for a separate VAT registration for the Integration Joint Board as it will not be delivering any services within the scope of VAT. This position will require to be kept under review by the Integration Joint Board Chief Financial Officer should the operational activities of the Board change and a need to register be established. HMRC guidance will apply to Scotland which will allow a VAT neutral outcome.

27 Board Members' Expenses

- 27.1 Payment of voting Board Members' allowances will be the responsibility of the Members' individual Council or Health Board and will be made in accordance with their own Schemes.
- 27.2 Members are entitled to payment of travel and subsistence expenses relating to approved duties. Members are required to submit claims on the IJB's agreed expenses claim form and as far as practicable to provide receipts in support of any expenses claimed.
- 27.3 Non-voting members of the IJB will be entitled to payment of travel and other expenses, such as the cost of replacement care where they have caring responsibilities. Non-voting members are required to submit claims on the IJB's agreed expenses claim form and as far as practicable to provide receipts in support of any expenses claimed. The costs relating to expenses incurred by the non-voting members of the IJB will be shared equally by the Health Board and the Council.

28 PROCUREMENT/COMMISSIONING OF SERVICES

- 28.1 Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014/285 provides that the Integration Joint Board may enter into a contract with any other person in relation to the provision to the integration joint board of goods and services for the purpose of carrying out the functions conferred on it by the Act.
- 28.2 As a result of specific VAT and accounting issues associated with the Integration Joint Board contracting directly for the provision of goods and services the Chief Officer is required to consult with the NHS Board Director of Finance, the Chief Financial Officer (section 95 officer) of the Council and the IJB Chief Financial Officer prior to any direct procurement exercise being undertaken,

RISK MANAGEMENT AND INSURANCE

29 Responsibility for Insurance and Risk

- 29.1 The Integration Joint Board will make appropriate insurance arrangements for all activities of the Integration Joint Board in accordance with the risk management strategy.
- 29.2 The Chief Officer will arrange, taking such specialist advice as may be necessary, that adequate insurance cover is obtained for all *normal insurable risks arising* from the activities of the Integration Joint Board and for which it is the general custom to insure. This will include the provision of appropriate insurance in respect of Members of the Integration Joint Board acting in a decision-making capacity.

- 29.3 The NHS Board Director of Finance and the Chief Financial Officer (Section 95) of the Council will ensure that the Chief Officer has access to professional support and advice in respect of risk management.

30 Risk Strategy and Risk Register

- 30.1 The Chief Officer will be responsible for the Integration Joint Board's risk strategy and profile and developing the risk reporting arrangements; this will include arrangements for a risk register. The Risk Management Strategy will be approved by the Integration Joint Board.
- 30.2 The NHS Ayrshire & Arran Board and North Ayrshire Council will continue to identify and manage within their own risk management arrangements risks they have retained under the integration arrangements. The Health Board and Council will continue to report risk management to the existing committees, including the impact of the integration arrangements.

31 Notification of Insurance Claims

- 31.1 The Chief Officer and the Integration Joint Board Chief Financial Officer will put in place appropriate procedures for the notification and handling of any insurance claims made against the Integration Joint Board.

32 ECONOMY, EFFICIENCY AND EFFECTIVENESS (BEST VALUE)

- 32.1 The Chief Officer will ensure that arrangements are in place to maintain control and clear public accountability over the public funds delegated to the Integration Joint Board. This will apply in respect of:
- the resources delegated to the Integration Joint Board by the partner Local Authority and Health Board; and
 - the resources paid to the partner Local Authority and Health Board by the Integration Joint Board for use as directed and set out in the Strategic Plan.
- 32.2 The Integration Joint Board has a duty to put in place proper arrangements for securing Best Value in the use of resources and delivery of services. There will be a process of strategic planning which will have full Member involvement, in order to establish the systematic identification of priorities and realisation of Best Value in the delivery of services. It will be the responsibility of the Chief Officer to deliver the arrangements put in place to secure Best Value and to co-ordinate policy in regard to ensuring that the Joint Board provides Best Value.
- 32.3 The Chief Officer will be responsible for ensuring implementation of the strategic planning process. Best Value should cover the areas of human resource and physical resource management, commissioning of services, financial management and policy, performance and service delivery process reviews.

33 PARTNERSHIPS

- 33.1 The IJB will put in place appropriate governance arrangements to record all joint working arrangements entered into by the IJB.

Date of Review: 27/1/21

DRAFT

Integration Joint Board
11th February 2021

Subject: **Strategic Plan 2021 – Bridging plan**

Purpose: To present the draft full and summary Strategic Bridging Plan to IJB for their review, consideration and comments.

Recommendation: IJB to consider and to provide comments on the contents of the draft full and summary strategic plan. The IJB to approve that the plan be sent for submission to the graphic design stage to ensure accessibility prior to formal approval in March 2021.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
SPG	Strategic Planning Group
EOG	Engagement Oversight Group
MTFP	Medium Term Financial Plan
EU-Exit	United Kingdom's exit from membership of the European Union

1.	EXECUTIVE SUMMARY
1.1	In January 2020, work began on developing a long-term Strategic Commissioning plan to replace 'Let's Deliver Care Together' the current North Ayrshire Integration Joint Board (IJB) plan that is due to expire in March 2021. Following restriction due to the COVID-19 Pandemic, it was agreed to develop a one-year Strategic Bridging Plan for the period from April 2021 to March 2022 to oversee the strategic direction of the Partnership throughout the pandemic recovery period and identify initial Strategic ambitions to 2030.
1.2	Public consultation and engagement on the plan are led by the North Ayrshire Well-being Conversation. This launched in October 2020 and the conversation will run for 18 months, reflecting the impact of the pandemic.
1.3	Following a period of engagement and development, the full Draft Strategic Bridging Plan is available for review at Appendix 1 . A summary Plan has also been produced and is available at Appendix 2 .
1.4	Some work to finalise the service mobilisation intentions and the supporting action plan is on-going and close to completion. Please also note that the links highlighted within the documents are not yet live and this process occurs during the design stage.
1.5	Feedback and approval are now sought from IJB to proceed to further public consultation on the content of the documents and formal graphic design prior to formal approval in March 2021.

2.	BACKGROUND
2.1	The current strategic plan, 'Lets Deliver Care Together (2018-21)', will end on March 31 st , 2021. North Ayrshire IJB are obligated to have a new strategic commissioning plan in place from 1 st April 2021.
2.2	The North Ayrshire Strategic Planning Group (SPG) are responsible for producing the strategic plan and overseeing its implementation. The SPG began the process of reviewing the plan in January 2020 with the view to producing a longer-term plan to 2030, as opposed to the traditional 3-year planning cycles.
2.3	Limitations caused by COVID-19 lockdown have inhibited the ability to produce an effective long-term plan beyond 2022. Following discussions with national colleagues and agreement by IJB, the decision was made by SPG to produce a one-year bridging plan. The aim of which would be to extend the current plan by one year, but also offer a view to our future ambitions in the long term.
2.4	The SPG approved the creation of a Strategic Plan Development Sub-Group and an Engagement Oversight Group to undertake the development of the bridging plan.
2.5	The first draft of the Strategic Bridging Plan was presented to the Strategic Planning Group on 26 th January 2021. Following which a summary plan was produced.
2.6	Some finalisation work is required around mobilisation plans and the agreement of SMART Actions for implementation. Engagement is currently ongoing with service leads.
3.	PROPOSALS
3.1	It is proposed that IJB <ul style="list-style-type: none"> • IJB to consider and to provide comments on the contents of the draft summary and full strategic plan. The IJB to approve that the plan be sent for submission to the graphic design stage to ensure accessibility. • Final designed copies of both documents will be brought back to the March 2021 IJB for approval.
3.2	<u>Anticipated Outcomes</u>
	The Strategic Bridging Plan will ensure the Partnership continues to work towards achieving the nine National Health and Wellbeing Outcomes established by the Scottish Government. In addition, to support the recovery from the Pandemic the plan aligns the Partnership 5 strategic priorities to Scottish Government's Recovery outcomes of; <ul style="list-style-type: none"> • Innovate and Integrate • Ensure Equity, and • Better Outcomes
3.3	<u>Measuring Impact</u>
	The Partnership has a robust performance and financial monitoring framework, incorporating multiple levels of review. This includes: <ul style="list-style-type: none"> • Publication of Annual Performance Reports • Reports to Performance and Audit Committee

	In addition, the Partnership has regular oversight of performance against both the nine National Health and Wellbeing outcomes and the integration indicators as set out by the Ministerial Strategic Group (MSG)
4.	IMPLICATIONS
Financial:	The Strategic Bridging Plan 2021-22 will be supported by the Medium-Term Financial Plan (MTFP). Further the Transformation Actions and Mobilisation Plans have been fully costed. Aligning strategic and financial planning is a key ambition of the partnership.
Human Resources:	As set out in the Strategic Bridging Plan, during 2021 an Integrated Workforce Plan will be created that will set out the Partnerships workforce requirements over the long term.
Legal:	IJBs are required to produce Strategic Commission Plans every three years. In creating a one-year bridging plan approval was sought by officers with the Scottish Government. The plan also contains all required element
Equality:	An Equality Impact Assessment was completed on the original plan 'Let's Deliver Care Together (2018-21)'. This will be reviewed in-line with the bridging plan. This assessment will be fulfilled when the strategic direction and supporting actions are agreed. The plan will be sent to a designer to ensure accessibility issues are fully addressed.
Children and Young People	Children, Families and Justice Services have been involved in the development of the Strategic Bridging Plan. Informed by the service, the plan sets out key actions and strategic intentions to continue to support the most vulnerable children and young people across North Ayrshire.
Environmental & Sustainability:	In terms of sustainability, the pandemic period has placed pressures on many organisations, particularly in the independent sector. The plan sets out ambitions to create a specific older people's strategy, identifying how the Partnership will work with partners to ensure older people receive the most appropriate care when they need it.
Key Priorities:	It has been agreed that for the duration of the Strategic Bridging Plan, the existing 5 Strategic Priorities will continue. These priorities will be subject to review before March 2022.
Risk Implications:	The Bridging Plan sets out the Partnership's intentions to remobilise and recover from the COVID-19 Pandemic, our mobilisation plans and identified actions reflect this. However, the long-term impact of the pandemic is still mostly unknown and may ultimately impact on the delivery of this plan. In addition, the plan also sets out the intention to undertake an EU-Exit Impact Assessment in order to ascertain a greater understanding of the possible effects EU-Exit has on Health and Care Services.
Community Benefits:	Not applicable.

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

5.	CONSULTATION
5.1	<p><u>Engagement</u></p> <p>The Strategic Bridging Plan 2021 has been informed by various methods of engagement and consultation that has been undertaken over the life of the last plan. It is estimated that through these various activities, the Partnership was engaged with almost 3,500 local people and staff.</p> <p>Direct engagement on the plan is lead by the North Ayrshire Well-being Conversation. Launched in October 2020, the conversation will run for 18 months and will ask local people and staff two focussed questions:</p> <ol style="list-style-type: none"> 1. What do you do to keep yourself healthy and well, and 2. Would you like to be more involved in engaging with the HSCP in future? <p>Almost 370 people have responded so far to this engagement activity, sharing their views on what they do to keep themselves well. The process has also identified around 150 local people who are keen to be more involved in shaping services in the future. This group of people will be known as the North Ayrshire Care Improvement Network. The draft summary version of this pan will be shared for their comments. The North Ayrshire Wellbeing Conversation will run throughout 2021, with responses used to inform the longer-term plan from 2022.</p> <p><u>Engaging with Key Groups</u></p> <p>The following key groups have reviewed the plan and provided feedback from members networks:</p> <ul style="list-style-type: none"> • Strategic Plan Development Sub-group (19-01-2021) • NAHSCP Engagement Oversight Group (20-01-2021) • Partnership Senior Management Team (21-01-2021) • Strategic Planning Group (26-01-2021) • Ayrshire & Arran Engagement Group (27-01-2021) • Care Home Providers Forum (29-01-2021) <p><u>Planning Document Consultation</u></p> <p>A formal period of consultation on the Strategic Bridging Plan document will take place in February 2021. This short period of consultation will be led by the Engagement Oversight Group (EOG).</p> <p>The intention is to share a copy of the Summary of Strategic Bridging Plan for feedback (with a link to the full plan if people wish to review it).</p> <p>The Locality Planning Forums and the 150-local people on the North Ayrshire Care Improvement Network will also receive a copy of the summary plan for their comments.</p> <p>People will be asked to comment on the identified Strategic Ambitions 2030. This will afford scope for local people to actively influence the strategic direction of the Partnership.</p>
6.	CONCLUSION
6.1	<p>The North Ayrshire Strategic Planning Group has produced a one-year Strategic Bridging Plan and supporting summary version to inform the direction of the Partnership throughout 2021 as it attempts to remobilise and recover from the COVID-19 Pandemic.</p> <p>In effect, the bridging plan extends the current plan ‘Let’s Deliver Care Together (2018-21)’ for one year, while also providing a vision and the strategic ambitions for the Partnership going forward from 2022 to 2030.</p>

For more information please contact Michelle Sutherland (Strategic Planning and Transformation Lead) on 01294 317751 or msutherland@north-ayrshire.gov.uk or Scott Bryan (Planning, Policy and Inequalities Officer) on 01294 317747 or sbryn@north-ayrshire.gov.uk

North Ayrshire
Health and Social Care Partnership



Strategic Plan – Draft

Bridging Strategic Commissioning Plan
2020-2021

In partnership with



Content Control

Document Name	Strategic Plan
Directorate	Partnership
Prepared by:	Scott Bryan
Authorised by:	Michelle Sutherland
Source Location	
Published Location	
Other documents referenced	Strategic Plan Let's deliver care together, at www.nahscp.org North Ayrshire Council Plan NHS Ayrshire & Arran Caring for Ayrshire
Related documents	
Acknowledgements	

Version Control

Version Number	Date Issued	Author	Update Information
V0.1	14/12/2020	Michelle Sutherland	Initial document
V0.1	24/12/2020	Michelle Sutherland	IJB, SPG and Partner consultation draft
V0.2	27/01/2021	Michelle Sutherland	SPG comments from 26 th January 2021
V0.3	03/02/2021	Michelle Sutherland	Comments from Health & Community Care

Governance Control

07 January 2021 – draft paper to HSCP PSMT. Approved to take to teams for input.

14 January – presentation to IJB informal session linking plan to remobilisation and financial planning.

26th January – Draft paper Strategic Planning Group review

11 February – IJB review again

18 March IJB meeting approved and updated version to HB and NAC

Please note that North Ayrshire HSCP will not undertake the document formal design phase until the 26th January -11th February 2021 and this document will as a result reduce its page numbers by 50%. A 4-page public facing summary will also be produced.

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Acronyms

ADP	Alcohol and Drug Partnership	LPF	Locality Planning Forum
CPP	Community Planning Partners	NHSA&A	NHS Ayrshire and Arran
EOG	Engagement Oversight Group	NAC	North Ayrshire Council
GP	General Practitioner (doctor)	SPG	Strategic Planning Group
HSCP	Health and social care Partnership	TSI	Third Sector Interface
IJB	Integration Joint Board		
PSMT	Partnership Senior Management Team		

1. Foreword

To be added by new Chief Officer and Chair of the Integration Joint Board on completion of consultation.

2. Who are we and what do we do?

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

Our services areas include:

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

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

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

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

Lead Partnership Arrangements

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

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

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

Further information in relation to Ayrshire's lead partnership arrangements can be found in our joint Lead Partnership Statement.
[insert weblink]



3. Our Direction 2020/21

The Integration Joint Board (IJB) approved a continuation of our existing vision and five supporting strategic priorities to 31 March 2021:

Our vision is that all people who live in North Ayrshire are able to have a safe, healthy and active lifestyle.

Our five key strategic priorities to help us reach our vision are:

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

The Partnership will consult on, review and update our Vision and Strategic Priorities for our next full strategic plan by April 2022.

The IJB also agreed that the Partnership would:

- Align our five priorities to the three Scottish Government Covid-19 recovery priorities: [Innovate and Integrate – Ensure Equity – Better Outcomes](#) [\[see online link\]](#).
- Ensure the strategic bridging plan meets our obligations in terms of working toward achieving the Nine National Health and Wellbeing Outcomes and continue to monitor the implementation and progress of our strategic plan through a robust performance framework using both national and local metrics. [\[see online link\]](#).
- Ensure that the Partnership is an effective organisation and that during 2021, we will undertake a review of existing national & Local Policy, operational procedures and ensure that the Scottish Government led Independent Review of Social Care Recommendations are included in our longer-term strategy. [\[Insert link to Independent Review of Social Care\]](#).

4. Strategic Ambitions to 2030

To focus the future goals of the Health and Social Care Partnership, we engaged with our stakeholders to understand their ambitions. Stakeholders, service areas and individual teams responded to our engagement and provided us with their ambitions over the short, medium and long term. A summary of the findings can be found [here \(insert link\)](#) and will help refine this area of the bridging plan during 2021.

Tackling inequalities

The pandemic has further highlighted the negative impact of deprivation and poverty on our communities and we will work collaboratively with partners to deliver shared solutions. We recognise that the impact of child poverty, trauma, and disability can be significant and lifelong, we will work with individuals, families, carers and partner agencies - as early as possible - to reduce these impacts.

Prevention and early intervention

Our services will continue to work with the most vulnerable in our communities, working to reduce the need for crisis interventions and unplanned hospital admissions. This requires continued transformation across the whole health & social care system, ensuring we continue to shift the balance of care; where people receive the right support, at the right time within their community. The Partnership are also committed to keeping people safe, ensuring people are supported by the Child and Adult Protection teams, Suicide Prevention and the Alcohol and Drug partnerships.

Improving Mental Health and Wellbeing

We will continue to work with local communities to improve both physical health and mental wellbeing. We also recognise that our communities can design and implement their own local solutions and that we should commission services, where possible, which deliver local economic growth of the third, co-operative and social enterprises.

Mobilising Communities

In our earlier strategic plan, we developed the 'Partnership Pledge — working together for the future' asking North Ayrshire residents, or as a user of health and social care services, to help us manage the demand and the financial pressures we faced:

- By taking care of your own health and wellbeing
- By being more informed about how to best address your health concerns
- By being mindful of the wellbeing of others in your community

In responding to the pandemic, our local communities mobilised as individuals, neighbours, friends, volunteers, community groups and local businesses. This shows us that rebalancing our relationship with our local people can be achieved. Given the right tools and support, our communities can design and implement their own local solutions to improve health and wellbeing, without our long-term involvement.

5. Our bridging strategic plan

As a result of the worldwide Covid19 pandemic, the Partnership has developed a one-year bridging plan, to extend our strategic plan, *Let's deliver care together*, found on our website at [NAHSCP Strategic Plan 2018-21](#).

This bridging plan approach was agreed by Scottish Government, to meet our legislative requirements and aligns our strategic planning timetable, with the other 30 Health & Social Care Partnerships across Scotland. Our new Strategic Commissioning plan, which will be our third, will be produced on the 1st April 2022.

Developing our Bridging Plan

The Partnership wanted to ensure that people's voices and experiences were at the heart of our strategic planning process. A wide range of stakeholders was essential in developing this bridging plan and these stakeholders and the public members of our Care Improvement Network will continue to provide their views and refine this plan to 31 March 2022:

Strategic Planning Group (SPG)

Our Strategic Planning Group has responsibility for producing and reviewing the Strategic Commissioning Plans. Our SPG is Chaired by the Vice-Chair of the Integration Joint Board (IJB) and the group has a wide-ranging membership, including representation from: senior management, Partnership services, Third Sector Interface, Independent Sector, partner organisations including Housing and Libraries, service users, elected members and carers. Together, our Strategic Planning

Group will agree on the strategic vision, direction and priorities for the Partnership, making recommendation for approval to the IJB for action.

To support the SPG in developing this Strategic Bridging plan the following approaches were used:

Locality Planning Forums

We have six Locality Planning Forums (LPF) across North Ayrshire, which bring together local people and staff from partnership services, partner and community organisations. Each forum is Chaired by an IJB member and supported by a Partnership Senior Manager and a local GP. It is the role of each forum to be the 'ears and voice' of the community (locality). The LPFs identify priorities for action by listening to the views of local staff and community members, reviewing local health and care statistics, identifying key needs, issues and strengths (assets) in their local community. [See page 33 for further details on localities].

Strategic Planning sub-group

The strategic planning sub-group was established with the specific purpose of developing this Bridging Strategic Plan. The sub-group contained wide membership from Partnership services, Community Planning partners and third and independent sector representatives. This group had been tasked with collecting and assessing all relevant planning and to identify a coherent strategic vision and direction to 2030.

Engagement Oversight Group

The Engagement Oversight Group (EOG) is a multi-agency group, with a diverse mix of people who are experienced in community and/or staff engagement to ensure that our engagement is inclusive and meaningful. The North Ayrshire Wellbeing Conversation will support our 18-month engagement programme and is asking two questions of local people; "***What do you do to keep yourself well?***", and "***Would you like to be more involved in the development of local services in the future?***". Local people who wish to be involved will join our **Care Improvement Network**, to inform our longer-term plans. Public feedback has informed the development of the Bridging Plan 2021 and the longer-term ambitions from 2022.

6. New Policy Developments

In addition to the policy drivers identified in *Let's deliver care together*, found at www.nahscp.org, the following new strategic policy developments will influence our new Strategic Commissioning Plan from 1st April 2022:

Caring for Ayrshire

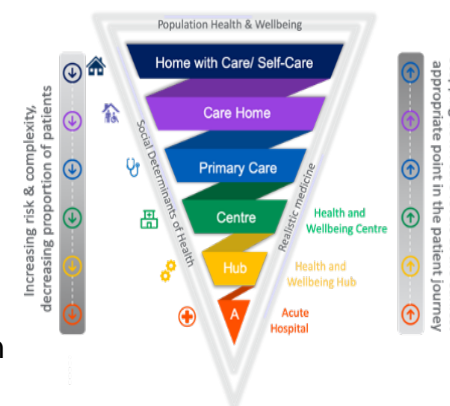
Caring for Ayrshire is a 10-year programme in partnership with NHS Ayrshire and Arran and the three Ayrshire HSCPs to redesign how we provide local health and care services in the future. The programme understands the many demands on health and care services nationally and the need to do things differently.

This strategic transformation programme that will build on developing an integrated health and care service model. This model will look at all aspects of health and care from birth, to end of life, with people being at the heart of the proposals ensuring our future services consider the changing population demographics (e.g. ageing population and increasing inequalities, particularly as a result of poverty).

Going forward the programme will develop clear health and care pathways for the people of Ayrshire and Arran. Greater emphasis and resources will be focussed on providing care as close to home as possible, ensuring people can access appropriate health and care support in their own communities. This work will explore local Health and Wellbeing Hubs providing more localised alternatives to acute hospital attendances and admissions. These could provide a wide range of services currently provided within acute hospital settings including:

- Treatment for minor injuries and illnesses
- Rehabilitation after a stay in hospital (step-down beds)
- Day surgery and planned investigations
- Endoscopy
- Blood analysis.
- An overnight stay in a bed if you can't be cared for at home but don't need to go into hospital (step-up beds)
- Primary Care out of hours services
- Midwife-led maternity service
- CT scanning
- Renal dialysis (day service)
- Chemotherapy (day service)

Where this is not possible, people will be cared for by more intensive services, such as a local health and wellbeing hub, local or regional hospital. [\(Link\)](#)



North Ayrshire Council Plan 2019-24

The North Ayrshire Council Plan 2019-24 [NAC Council Plan \(2019-24\)](#) sets out the Council's priority areas in order to achieve the vision of a "North Ayrshire that is 'Fair For All'". Community Wealth Building is a key driver behind the Council's three priorities which are:

- Aspiring Communities – A society where everyone has the same life chances to grow, prosper and have fulfilling and healthy lives.
- Inspiring Place – An enterprising, vibrant and sustainable environment that is appealing to investors, attractive for visitors and a place where our residents are proud to live and work.
- A Council for the Future – Ensuring the Council is forward thinking and motivated to improve the services we provide for our communities through innovation.

Public Health Scotland Strategic Plan (2020-23)

The recently formed Public Health Scotland has launched its first strategic plan, '*A Scotland where everybody thrives*'. The strategy for Scotland recognises many of the same challenges to health and wellbeing as we do in North Ayrshire, including; inequalities, poor life expectancy and COVID-19.



To help address these challenges, it recognises the need for a different approach to lay a solid foundation to support long lasting health and wellbeing, especially for the most disadvantaged in our communities.

Through its strategy, Public Health Scotland will focus on four key areas:

- COVID-19
- Mental Wellbeing
- Poverty and Children
- Community and Places

Action in these areas will help make progress against the 6 public health priorities for Scotland:

- Place and communities
- Alcohol, tobacco and drugs
- Early years
- Mental wellbeing
- Inclusive economy
- Health weight physical activity

To achieve these goals, Public Health Scotland will work collaboratively and the national, local and community level, adopt and outcomes focussed approach and make better use of data, intelligence and evidence to inform health and wellbeing improvement.

7. Partnership achievements (Teams and Partners continue to refine)

Over the last three years The Partnership has delivered positive achievements, which improve the health and wellbeing of local people. More information can be found in our Annual Performance and Chief Social Work Officer Reports which can be found here [\[link to HSCP website\]](#). All of those working in the Partnership and our partners have learned a huge amount about effective partnership working over the last three years. The strength of our relationships and connections with the North Ayrshire community supported us to respond effectively during the pandemic. A few examples of our achievements are highlighted below.

<p>Tackling Inequalities</p> <ul style="list-style-type: none"> • The North Ayrshire Alcohol and Drug Partnership (ADP) developed their new strategy and held a 'Drugs Death Summit' and made monies available to local community groups for prevention and early intervention. • Our Money Matters service supports local people to increase their income through benefit support. In the 2018/19 year the service generated £9.5 million for local people, and in 2019/20 the service generated a massive £15.3m million. • Contributed to the Local Child Poverty Action Plan 2019/20 working with partners to address the inequalities which result as a direct result of poverty. This area remains a challenge. [Insert link] • We finalised our Independent Advocacy Strategic Plan 'Empowering Inclusion'. We are committed to ensuring people have their voice heard, can express their needs, make informed decisions and have their rights and interests protected. [Insert link] • Implemented the post of ASD Coordinator within our Learning Disability Service to provide focussed support to those with a diagnosis of Autistic Spectrum Disorder. 	<p>Engaging Communities</p> <ul style="list-style-type: none"> • The Partnership has engaged with over 3,450 people using a range of methods from community Chit-chats, engaging Parent Councils, Tenants Groups, 'What Matters to You?', Carers voices, Kindness Conference, Storytelling and Mental health & wellbeing conversations. • 388 members of the public and health & social care students and over 2,000 members of staff took part in our 'Thinking Different, Doing Better' experience, designed in partnership with local community groups, businesses, volunteers, our Third and Independent Sector partners and staff working across the Partnership. • We reviewed our Locality Planning Forums (LPF) in 2018, to ensure they were equipped to be the 'voice and ears' of Partnership staff and local communities. [Insert link to terms of reference] • Young People's Citizenship and Participation Strategy - A refreshed and award-winning approach has been created, ensuring our young people continue to have a voice in local and national decisions that affect them.
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<p>Prevention and Early Intervention</p> <ul style="list-style-type: none"> • The Community Link Worker Service was implemented across all GP practices in North Ayrshire to support people in relation to concerns over mental health and wellbeing, financial issues, or social issues (such as social isolation). From April 2019 to March 2020 the service received an increase in referrals of 58% from the previous year, totalling 3,327 people. [Insert link] • The Health & Well-being Service delivered by KA Leisure undertook 2,695 classes and received 773 new referrals, with a total of 42,132 attendances at supported physical activity sessions in 2019/20. The Mind and Be Active Service delivered by KA Leisure received 276 new referrals, undertook 490 supported classes and had 11,041 attendances at specific Mind and Be Active supported physical activity sessions in 2019-20. Across the year there were 885 follow-up consultations completed at 6/12 months and 114 referrals made to health care providers or external agencies. [Insert H&WB link] • Our Intermediate Care Team (ICT) supports people to regain their independence by helping them when they are either discharged from hospital, or in their own homes to prevent admission to hospital. This early intervention and prevention approach, providing a Single Point of contact for GP Practices, provided 10,537 days of ICT service (during 2019-20) as an alternative to hospitalisation, a continued improvement from 2018-19. • The restructured Children and Families Services, including School-based Social Workers, ensures there is greater integration between education and health and social care. We are in the process of creating three multi-disciplinary Locality Teams based in local secondary schools. A framework for locality working is also being co-produced across a number of directorates. <p>Bringing Services Together</p> <ul style="list-style-type: none"> • We worked with the North Ayrshire Children's Services Strategic Partnership (CSSP) to develop the North Ayrshire Children's 	<p>Improving Mental Health and Wellbeing</p> <ul style="list-style-type: none"> • We developed a local Mental Health Strategy, following the Ayrshire Mental Health Conversation, across Ayrshire to which 777 people responded. In response National Action 15 monies funding has been targeted to employ eight mental health practitioners (MHP) in GP practices, enhancing the prison healthcare team and expanding of the role of The Crisis Resolution Team by introducing the Police Pathway 24/7 which gives Police Scotland direct access to CRT. This prevents them taking an individual they feel has a mental health problem to The Emergency Department when there is no physical cause. • in November 2020 mental health Unscheduled Care services were a key partner in the redesign of urgent care service, developing an Ayrshire flow navigation hub; providing a 24 hour a day, 7 day a week mental health pathway. • Our Community Link Worker Service was involved in the creation of a mental health and well-being group called 'Opening the Shutters'. The group is made up of health and social care and Third sector supports including CEIS, the Living Room and the Recovery College, and two Cognitive Behavioural Therapy (CBT) college students also performed a 6-week anxiety awareness course. • Within Children's Services, a key piece of work taken forward by the Young People's Suicide Taskforce has been the 13 Ways campaign. Education, Children & Adolescent Mental Health Services and Parent Councils have worked together to develop the Wellbeing model in Kilwinning and the North Coast. As result of this work a Positive Mental Health and Wellbeing pocket guide was implemented across North Ayrshire. [Insert image of pocket guide] • We implemented an adult low secure forensic unit and will now develop a new National Secure Adolescent Inpatient Service (NSAIS), build is expected to start in July/August 2020. This will be a 12-bedded unit for children aged 12 to 17 years who have complex difficulties and need a high level of care. It will provide
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<p>Services Plan 2020-23 which sets out our aims and priorities to safeguard, support and promote the well-being of children and to make North Ayrshire the best place in Scotland to grow up.</p> <p>[Insert link]</p> <ul style="list-style-type: none"> • Summer & Education Hubs - HSCP & Education staff have an agreed protocol for supporting our vulnerable children and young people. There are 8 hubs across North Ayrshire. • We integrated our Universal Early Years team which brought together social workers, health visitors, speech and language therapists, welfare rights advisors, mental health nurses and employability workers. • Integrated Island Services on Arran developed their initial business case for Scottish Government, to develop a new site for hospital services, primary care, social care and community health services to be delivered. • Supported the roll out of the Primary Care Implementation Plan - Primary Care continues to move its model to a multidisciplinary approach based in GP practices with the provision of practice-based pharmacists, MSK physiotherapists and mental health practitioners. • Explored the wider multidisciplinary team model with primary care, working with in the Garnock valley working with the Scottish Futures Trust, as commissioned by Scottish Government. • Integrated the Police Scotland community team at Brooksby Health centre in Largs, meeting the ambitions of integrated public sector. • The partnership Carers Team and Learning & Development Team supported two North Ayrshire unpaid adult carers to successfully complete their Level 2 SVQ in Social Services and Healthcare based on their caring role and expanded training options available to unpaid carers. Carers remain equal partners in care and experienced in the care they provide to their family, friends or neighbours. • Adult Community Mental Health Service and the Social Work Mental Health Team have now integrated together after a robust 	<p>the first secure adolescent inpatient service for young people in Scotland.</p> <ul style="list-style-type: none"> • We have developed more community based supported accommodation opportunities within Trindlemoss Court, as well as a new facility for extended assessment and support within Trindlemoss House. • The construction phase of the new Additional Support Needs (ASN) Respite House and the new ASN School Campus has seen us work together and our state-of-the-art facilities due to open in summer 2021.
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<p>period of staff and stakeholder engagement and testing of the pathways to support the new model.</p> <ul style="list-style-type: none"> • This model of integration is also taking place between the Community Learning Disability Service and Social Work Learning Disability Team. 	
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8. An effective organisation

The Partnership strives to implement effective approaches to meet both the needs of its population and those of individuals, whilst ensuring delivery of personalised responses which support people to live independently in their communities.

The Partnership also seeks to be an effective and efficient organisation, delivering high quality, safe effective care and best value.

The Scottish Government Ministerial Steering Group (MSG) undertook a review, to both enable and improve the effectiveness and pace of integration. In May 2019, the Partnership submitted a self-assessment, highlighting areas of both good practice and improvement across the following key areas:

- Collaborative leadership and relationship building
- Integrated finance and financial planning
- Effective strategic planning for improvement Governance and accountability
- Ability and willingness to share information
- Meaningful and sustained engagement

Collaborative leadership and Relationship Building

The Partnership contributes to the Community Planning Partnership which includes a wide range of partners including Police Scotland, Fire & Rescue, Department of Work & Pensions, Community Justice Ayrshire, below are a few examples of successful joint work:

Third Sector

The Partnership has continued to work with the Third Sector Interface (TSI) to link effectively with community groups with an interest in growing community capacity to support health and social care. The third sector also hosted a room at the 'Thinking Different, Doing Better' experience to highlight their strengths and local assets. The TSI has been supporting growth of mental health capacity by delivering the 'Mental Health Improvement: A Practical Approach' to many community groups, including: Ailn, Café Solace, CEIS Ayrshire, Coastwatch, Dalry Community Development Hub, Garnock Valley Men's Shed, KA Leisure, Key, Organic Growers of Fairlie, TACT, Tass Thistle F.C. and Unity Enterprise.

"This is a great idea to get the word out that it is okay not to be ok. It gives you better awareness of the feelings of others and the tools and services to help should it be required."

The TSI has also been supporting local befriending projects and below is feedback from a service user:

'I enjoy our chats on the phone, it's a comfort to know she will call each week. Her companionship has made a huge difference to my life and I appreciate all she does. I call her my angel. '

The TSI in partnership with the HSCP hosted a researcher to explore the Arran Alcohol and Drug Study on the Isle of Arran and the recommendations are being considered in 2021 by the Alcohol and Drugs Partnership. The third sector interface has been working with Connecting Scotland to ensure digital devices were provided to community groups to ensure digital access.

Independent Sector

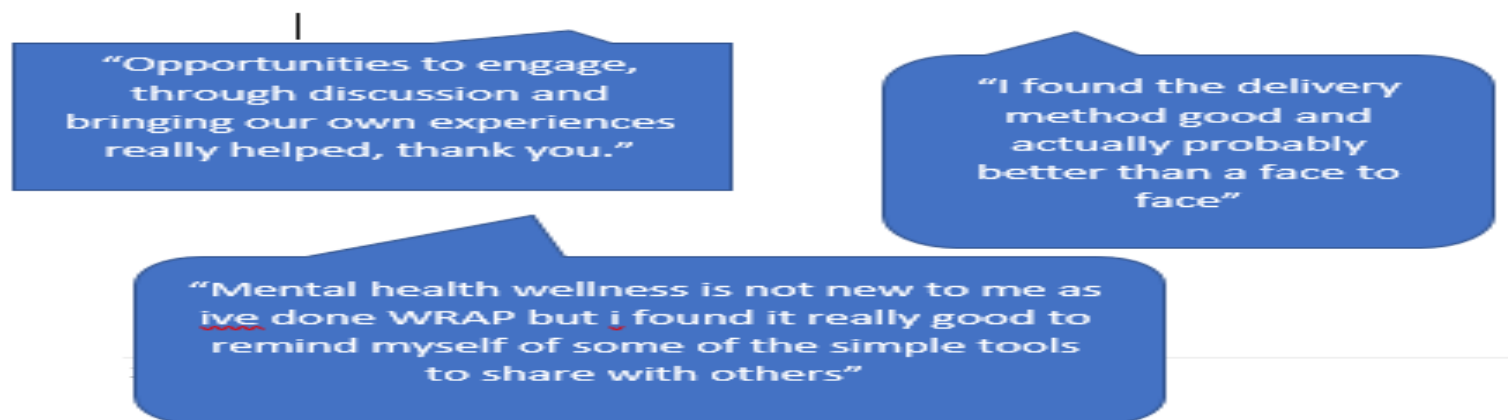
The Partnership continued to work closely with independent care home and care at home providers, delivering shared training to support health & safety and falls prevention. In care homes the Independent Sector Lead promoted the delivery of the 'Care About Physical Activity' (CAPA) programme to improve the quality of life, mobility and increased independence for many older people care home residents. The Independent sector also created part of the 'Thinking Different, Doing Better' experience. The Partnership working with the Independent sector lead and Care Home representatives had begun to explore a new Care Home Commissioning strategy, to improve the breadth of models of care available, including dementia and challenging behaviour support, respite support for carers, palliative/end of life beds, however, this work was paused due to the pandemic.

Participatory Budgeting

The Partnership worked with North Ayrshire Council Communities Team to deliver Participatory Budgeting, which enables local people to make decisions about what is important to them in their local area. The Partnership has over the last three years a contribution of £236,000 to empower communities to build locality health and wellbeing capacity, enhance mental health and wellbeing, fairer food, island issues, Alcohol and Drug Partnership prevention capacity and young people activities. To find out more here <http://northayrshire.community/get-involved/participatory-budgeting-in-north-ayrshire/>

Mental Health Improvement – A Practical Approach

The Partnership and Third Sector Interface now delivers this cascade training awareness session, which provides attendees with useful tools and techniques to help them look after their mental wellbeing. The session is delivered online using MS Teams and Zoom. The sessions have been offered to CPP Partners and Locality coordinators, staff groups, local community groups and services. The sessions have been attended by nearly 100 people and feedback has been very positive and this builds our communities ability to respond to people's needs quickly and effectively.



Fairer Food Strategy

The issue of poverty has been further heightened during the recent pandemic. To assist individuals and families access food more easily, over the last three years the Partnership and North Ayrshire Council Communities Team have jointly funded a

food bank coordinator post. The Partnership Service Access teams provide vulnerable individuals and families with support to access food bank support.

Co-Creating Libraries for Wellbeing

The Partnership has been working with the North Ayrshire Libraries Team, Alliance Scotland and the Scottish Library and Information Council (SLIC) to develop wellbeing sites within local libraries to support young people's mental health and reduce the social isolation older people. After a Fun Day for the Transitions Group of P7/S1 on 13th August 2019 students from Kilwinning Academy, who have all completed Mental Health first aid training volunteered to be part of the organising group. Their ideas were used to develop the pathways from the community to HSCP services and the wellbeing space and support resources in Kilwinning library. Due to this joint work and the relationships developed with libraries staff, allowed a shared response to the pandemic with libraries offering community hub and HSCP staff wellbeing support.

Housing

The Partnership has worked closely with North Ayrshire Council Housing Services and local Registered Social Landlords to enhance the options available to people with a learning disability or complex health & social care need to remain in a suitable housing solution within their locality. The Partnership will continue to work with Housing colleagues on their Social Housing Investment plans and we are delighted with the supported accommodation at Trindlemoss, Irvine and Watt Court, Dalry which have now opened and looking forward to Flatt Road, Largs, St Michael's Wynd, Kilwinning and Caley Court, Stevenston opening by the end of 2021.

In the context of "Home First", the Partnership is working with CPP Partners to deliver the Rapid Rehousing Plan reduce levels of homelessness by putting in place a multidisciplinary team. **[Insert Home First image]**

Transformation programme and Financial sustainability

The Partnership has worked hard over the last three years to support the shift in the balance of care, towards more locality solutions, which also ensure the financial sustainability of the partnership. In the last three years the partnership has also implemented a range of approaches to manage demand, investing in primary care and mental health services.

Quality - Care Inspectorate

The National care Inspectorate has continued to inspect all our registered services to ensure that we offer safe and effective support. Our Care at Home Services achieved a grade of 'Excellent' following independent inspection. Grades were awarded to Three Towns, North Coast and Arran Care at Home services and Irvine, Garnock Valley and Community Alarm for leadership.

Partnership Awards



As the partnership culture and relationships have developed, it was acknowledged that having an annual staff awards, should grow to represent the breadth and vitality of all the people who enable local health and social care. Previously the recognition process had awarded staff and volunteers from NAC, NHS, Third Sector and Independent Sector. Now the Partnership Awards process involves members of the public and community champions. The Partnership awards event - 'Breakfast for Champions' is the highlight of

the year for many and 'everyone is a winner'. It is an opportunity to see all of examples of the great work taking place and in 2019 a higher number of winners came for volunteers, community groups and individual members of the public, not only Partnership services. This recognises the continuing shift towards approaches support the whole person and community approaches.

Our Team

The Partnership has always recognised that those who work for the partnership are our greatest strength. The partnership had a clear ambition to support those that worked for us to achieve their ambitions and had early sight on the need to move staff to locality working, to close gaps in some specialist services and develop the workforce to better meet our strategic priorities, particularly around mental health support. In the last three years we have seen a growth in both staff working for the partnership with 179 NHS staff and 124 more NAC staff.

The main development areas have been:

- Intermediate care and reablement,
- Mental health services,

- Integrating services in the following areas; Occupational Therapy; Universal Early Years; Mental Health; Learning Disabilities; and Children's Locality Teams working in schools.

The Partnership working with East Ayrshire, has also seen a significant increase in the Primary Care workforce delivering pharmacy, Physiotherapy and Mental Health practitioners in GP Practices.

We have also worked hard to support our people and our sickness absence working days lost have improved from 15.38 days in 2017/18 to just 12.93 days (for the 12-month period to September 2020) for NAC staff and over the same period from 6.19% to 4.08% for NHS staff.

New Leader Programme

The Partnership developed and delivered a bespoke leadership programme to support the development of shared approaches, vision and culture, for new leaders - building on an asset-based approach. The Partnership has also developed a **Succession planning** approach, which will be reviewed again during 2021.

Staff Engagement

Teams in the partnership normally take part in the iMatter team-based engagement process each year. Teams look at how to enhance staff engagement and agree action plans with the aim of improving outcomes for clients, service users and patients. In 2020 the iMatter process was paused nationally due to the pandemic. However, a national pulse survey replaced the team-based process. The Partnership had a high response rate to the pulse survey. Whilst the pandemic had clearly impacted on some staff (such as concern for patients/service users, working remotely and Covid safety) overall staff felt positive about working in the Partnership and noted the support they received from managers, their immediate team and other colleagues.

9. Our Pandemic experience

The Partnership offers its deepest condolences to the families of those affected directly by Covid19 and we recognise that managing the pandemic will continue in to 2021.

The Pandemic – Our experience

The Partnership – and our partner organisations – faced and continue to face considerable challenges due to the Covid-19 pandemic. Near the start of the Pandemic, the Partnership leadership team asked the core question: *‘How do we keep our service users, carers, staff and communities safe during this pandemic?’* This question was also asked by all our partners, communities and individuals. We are thankful for the kindness, collaboration, flexibility and speed of the response of our staff, partners and communities, which ensures that support continues to the most vulnerable in our communities.

Responding to the needs of our Communities - The Partnership, working North Ayrshire Council Communities team, redeployed Service Access Social Care and Community Link Worker staff to support the new Community Hubs which provided food and prescriptions to people self-isolating. As the restrictions continued those teams also provided signposting to financial, housing, social isolation, wellbeing and mental health support, including a direct pathway to Crisis Services. The Partnership is in awe of the community response – volunteers, community group, local businesses all played a vital role in supporting people, neighbours and friends – we continue to salute you!

Responding to the needs of People Shielding – During the first lockdown 5,695 people were asked to shield as a result of underlying health conditions. Working with North Ayrshire Council and its contact centre, the Partnership developed information response sheets for callers to be signposted to Community Hubs, financial, housing, social isolation, wellbeing and mental health support. Locality Social Work Teams and Allied Health professionals supported shielding people with weekly welfare calls and calls to those most at risk continue to this day. To ensure that the 624 shielded people, who had not contacted the NAC contact centre for support, were followed up - the Partnership Service Access Social Care and Community Link Worker staff made telephone checks and then a ‘door knocking’ team made up of redeployed partnership and NAC Communities team staff made 244 home checks. Where contact could not be made an escalation, process was put in place with Police Scotland colleagues. Support, as required, continues.

Mobilising our services – The partnership updated its pandemic response plan, business continuity plans and developed detailed mobilisation plans which highlighted the governance, decision making and escalation points to respond effectively to demand pressures. For example, in the 72 hours leading up to the 30 November, 98 staff in the partnership (56 NHSA&A and 42 NAC) were

absent from work due to the pandemic. Our new approaches enable flexible remote working, reduce the need for some buildings, enhance information sharing across partner organisations, and support people in managing their own conditions safely at home. Mobilisation plan information to end March 2022 are detailed in the actions section of this plan and will be subject to constant change and review to ensure an effective response.

Health and Community Care – Delivery of home visiting services (e.g. Care at home and District Nursing Services) and Community hospital services on the mainland and to our islands have continued during the pandemic. All services have supported people with higher levels of clinical needs safely at home and there was a considerable spike in demand e.g. increase of 1,694 referrals for care at home resulting in a 20% increase in the planned hours. Staff have been very flexible to ensure that support continued to be delivered to those most in need e.g. working in other service areas and delaying leave. Locality social work team continued visits in people's homes and responded to Adult Support and Protection work effectively. Hospital social work teams worked with acute hospital colleagues to support safe hospital discharges. To ensure the safety of staff, service users, care home providers, carers and unpaid carers a Personal Protective Equipment (PPE) hub was developed. In December a total of 2.4million pieces of PPE for care at home and care providers were supplied (add NHS supplies, NAC supplies). The teams also made contact on a weekly basis with individuals receiving partnership support and where Day Services were closed outreach was put in place, for example with Alzheimer Scotland for people affected by dementia. [\[Insert YouTube link to PPE hub\]](#) On the Isle of Arran a test and protect hub was developed. GP practices redesigned their services to ensure safe access for patients and greater access for patients through technology. The practices continue to be supported by Mental Health Practitioners and Community link workers. Working with Connecting Scotland ensured our digital devices provide support to older people in our supported accommodation.

Mental Health Services – Inpatient services at Woodland View continued. People identified as being at highest risk receive care in their homes or at day centres. Risk stratification helps teams make contact on a weekly basis with individuals receiving partnership support. Where Day Services for Learning Disability are closed, outreach has used redeployed HSCP staff and digital technology to continue supporting service users. We have worked with Connecting Scotland to ensure digital devices provide support to people with learning disabilities and addiction issues.

Children, Families and Justice Services – initially made contact on a weekly basis with those families receiving partnership support. We maintained the delivery of family contact visits, put in place remote play and family visits to ensure child development supported, continued to provide visits to deliver Child Protection, supported those children living in HSCP houses to stay well and worked with Education colleagues to support the creation of Child Care Hubs for vulnerable children and those of key workers. We worked with Connecting Scotland to ensure digital devices were provided for ongoing support of vulnerable children and those who are looked after. A range of work was also undertaken by Justice Social Work and Community Justice Ayrshire to support offenders and their families.

Acute Service – the partnership supports acute teams with safe hospital discharges and their Covid response by the redeployment of nursing and allied health professionals to acute services. The HSCP also facilitates supported hospital discharges and has been supporting unscheduled care responses to reduce attendance at A&E and hospital admissions.

Commissioning Support

The Partnership works on a daily basis with care homes, care at home and other support providers during the pandemic:

- Working closely with key partners, particularly Public health colleagues to ensure appropriate support, guidance, advice and governance,
- Providing Personal Protective Equipment,
- Support through Quality Assurance visits,
- Helping with staffing where needed,
- Holding daily meetings to support the Care Home Oversight group,
- Providing sustainability payments to providers to support the payment of sick pay for staff self isolating and unused places in care homes.

Wellbeing of staff, carer providers and carers

A key component during the pandemic was to ensure the continued health and wellbeing of staff, care providers and carers. Staff wellbeing hubs were established at the Woodland View hospital site and four community sites, using library buildings. Our thanks to NAC library and Allied health professionals for their support. The psychology service also provided support to the Listening Service which continues to provide support to staff across all sectors and carers. The Partnership created and maintains a website with information on and links to mental health and wellbeing resources for staff, unpaid carers and volunteers. It can be viewed [here](#). Visitors to the site can leave suggestions for the PSMT on how to support mental health and wellbeing of individuals and teams in the Partnership.

Organisational learning from the pandemic

A summary of our achievements during this period include:

- We recognised, developed and utilised the strengths of local communities,
- We collaborated with our local partners, establishing strong mutual support,
- We recognised that the HSCPs strategic priorities remained relevant during the crisis,

- Our staff, partners, volunteers and members of the public demonstrated their flexibility to working in the 'new normal',
- Partners exhibited enabling and flexible leadership and
- We have managed the financial impact of the pandemic well

Throughout the period, the issue of poor mental health was underpinned as a key and growing priority for the HSCP and local partners. From feedback received, it is expected this need for Mental Health support will grow. Further information on our system wide learning during the pandemic period can be found here [\[Link to pandemic reflections report\]](#)

10. Sharing our Learning

The Partnership welcomed the opportunity to hear about and be involved in sharing learning. There have been a range of issues where the Partnership has raised awareness of new models, approaches and solutions.

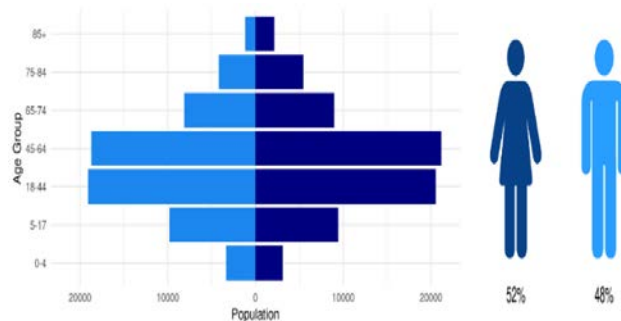
- **Best Value** – providing examples of best practice in partnership with North Ayrshire Council <https://www.audit-scotland.gov.uk/report/best-value-assurance-report-north-ayrshire-council>
- Health & Social Care Scotland Conferences ‘**Creativity, Culture and Courage**’ 2018 and ‘**Collaboration, Compassion and Ambition**’ 2019 contributing to Scotland Voices – telling the stories of health & social care and delivering workshops on ‘Islands of innovation: embracing new ways and new roles (Arran)’ and our ‘Wellbeing & Recovery College’ supporting people with mental health issues. <https://hscscotland.scot/events/>
- **Locality Planning Forums** approach – sharing our learning with The Alliance Scotland the with the Scottish Commissioning and Improvement network,
- **Adult Support and Protection** approaches – the partnership has shared our learning extensively with Agencies across North Ayrshire and with key colleagues in East and South Ayrshires. As we have also Chaired the Social Work Scotland National ASP Leads Practice Network since 2018, we have used this opportunity to share learning across Scotland.
- **Mental Health Improvement – A Practical Approach** – we continue to deliver this preventative community-based programme to Community Planning Partners to improve mental health capacity at locality level,
- **Directions** – working with NHS Ayrshire & Arran, East Ayrshire HSCP, South Ayrshire HSCP and the Scottish Government a review of the Directions approach to support service commissioning was shared with the Scottish Chief Finance Officers,
- **Thinking Different, Doing Better** – experience shared with national partners, local and national groups and Scottish Government representatives.
- **Strategic Planning Group** – working with Inverclyde HSCP to review existing arrangements in each area to support improvements.
- **Trindlemoss Day Opportunities** have been involved with a learning collaborative along with 7 other service across Scotland, organised by Healthcare Improvement Scotland and aimed at sharing experiences and planning for developing learning disability day services.

11. North Ayrshire – Needs Assessment

The following is an info-graphical presentation of the key needs in North Ayrshire. More information can be found in our full strategic needs' assessment [\[link xxx\]](#)

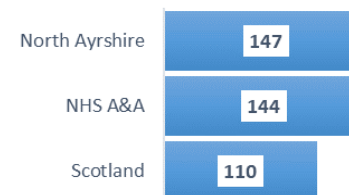
Designer will ensure images meet accessibility.

POPULATION: 135,280



Life expectancy by gender			
79.9	Partnership	76.3	
80.4	Health Board	76.6	
81.1	Scotland	77.1	

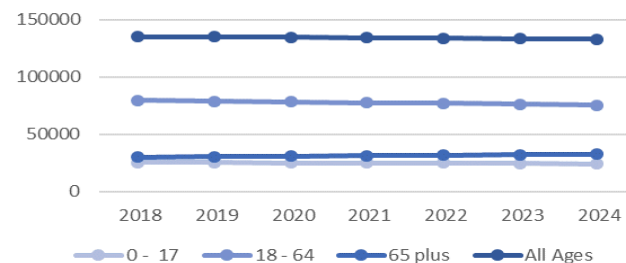
Early mortality rate (per 100,000)



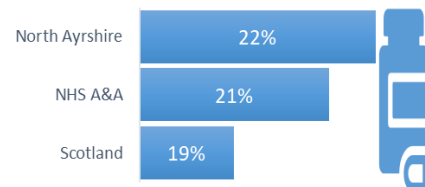
Population with a Long-term condition



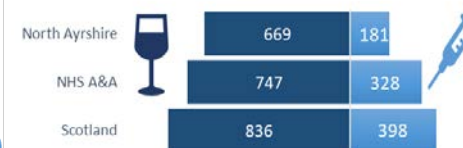
Population Projections



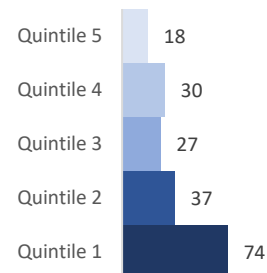
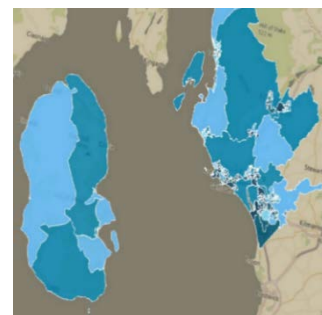
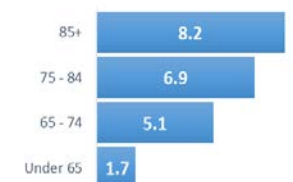
% MH Prescriptions



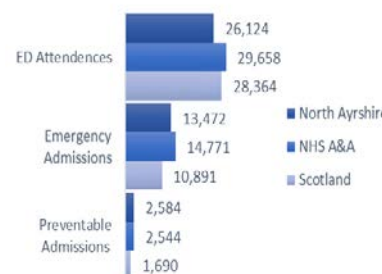
Substance related Hospital Admissions (per 100,000)



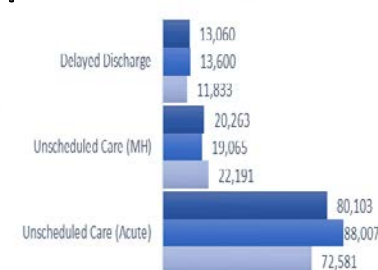
Number of people (in 10) with an LTC (by age)



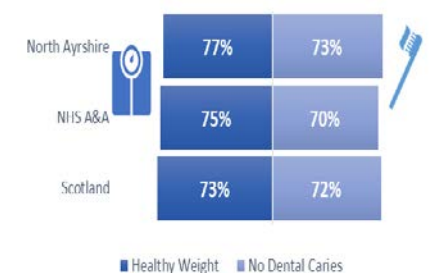
Hospital Care (per 100,000)



Hospital bed Days (per 100,000)

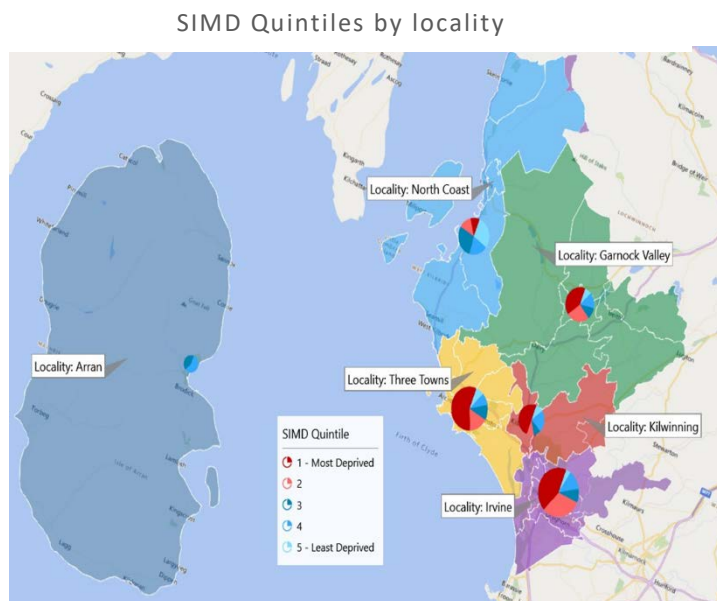
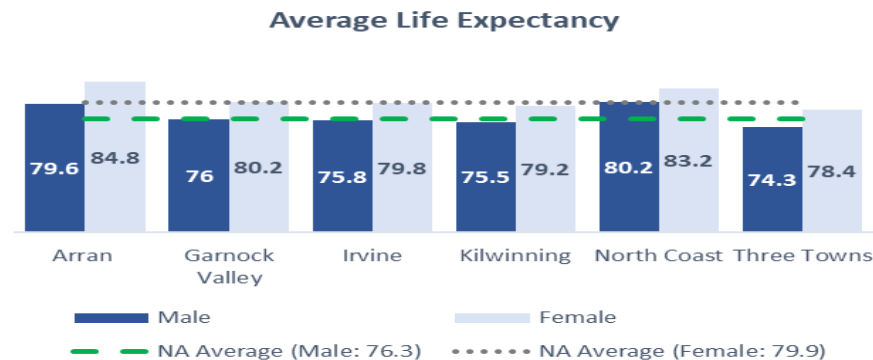
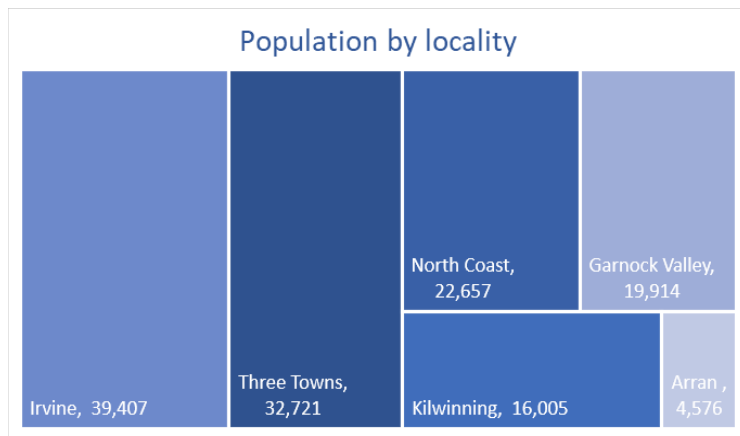


Children's Health (at P1)



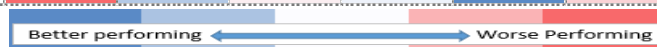
Locality view

Through our needs assessment, we know that in North Ayrshire different communities have different needs. The information below shows some of the key information, as set out above, at the locality level. Again, more information can be found in our locality profiles ([link xxx](#))



Key measures by locality

Indicator	Data Type	Arran	Garnock Valley	Irvine	Kilwinning	North Coast	Three Towns	North Ayrshire
Early mortality	Rate per 100k	130	140	130	205	86	179	147
Population with long-term condition	Percent	27	25	27	26	27	27	27%
MH Prescriptions	Percent	16	21	24	22	18	23	22%
Drug related hospital admissions	Rate per 100k	104	383	476	313	160	517	398
Alcohol related hospital admissions	Rate per 100k	444	766	924	832	450	1104	836
Emergency admissions	Rate per 100k	12238	13870	17431	18319	11890	15592	15463
Unscheduled acute bed days	Rate per 100k	100677	95621	94943	97513	108205	96488	98136
A&E attendances	Rate per 100k	4524	27202	34984	33283	23375	32404	30038
Delayed Discharge bed days	Rate per 100k	14501	16361	15474	14359	26453	16770	17676
Potentially preventable admissions	Rate per 100k	1595	2054	3205	3299	1593	2634	2584
Emergency admissions	Rate per 100k	153	171	233	269	190	272	228
Unscheduled bed days	Rate per 100k	10271	11941	44221	12821	15593	15544	22875
Mothers exclusively breastfeeding	Percent	45	23	12	16	31	15	18%
P1 Children with no dental caries	Percent	68	73	74	71	84	68	73%
P1 Children of a healthy weight	Percent	67	75	72	73	78	71	73%



What our needs assessment tells us (Link to actions on how we will respond)

1. Population projections continue to suggest two population changes which will have an impact on health and social care in the future:
 - a) The North Ayrshire population continues to decrease and is expected to shrink by 2% between 2018 and 2025.
 - b) Within this falling population, we will continue to see a growing older people population, with those 65+ accounting for over 25% of the population by 2025. This also implies a shrinking younger (0-15) and working age (16-64) population.

Of perhaps greater concern is the growth in those over 75 years. Between 2018 and 2025, those between 65 and 74 will increase by 0.7% to account for 13.3% of the population. However, those 75 plus will increase by 2.3% over the same period and will account for 11.9% of the population in 2025 (or 15,757 people).
2. North Ayrshire continues to be an area of high deprivation resulting in both social and health inequalities across the population. The most recently published Scottish Index of Multiple Deprivation figures suggest as much as 42% of North Ayrshire's population live with areas that are considered among the most deprived areas in Scotland. Information published by the charity EndPovertyNow, suggests that 28.3% of children in North Ayrshire live in poverty, greater than 1 in 4 children.
3. 27% of local people are living with a long-term condition (LTC) (which could include; Arthritis, Asthma, Diabetes, COPD). Long-term conditions are more common in older age groups, with the proportion of people living with one or more LTC increasing with age. When compared, only 1.7 people in 10 under 65 have a long-term condition, unlike those 85+ where 9.2 people in every 10 live with a LTC. Those living with more than one long-term condition (multi-morbidity) increases with age, with approximately 15% of over 65s with multi-morbidities, compared to less than 5% of under 65s.
4. Across most acute hospital measures (including, Emergency Admissions, Unscheduled Bed days, Delayed Discharges and preventable admissions), we see higher proportions of people from older age groups, and as highlighted before, those proportions increase with age. As such, those aged 75 or over account for the greatest volume of emergency admissions, unscheduled bed days, delayed discharges. When taking this in context with the population projections (as outlined at point 1 above), a growing population of those 75+ is likely to place additional demands on local health and care services.

However, those 75+ also account for the greatest volume of potentially preventable admissions, which suggests more community-based services could help reduce demand on acute hospitals.

5. Mental Health concerns continue to rise, with the percentage of the local population receiving medication for some form of mental health condition increasing each year. In 2018, 21.7% of local people were receiving some form of Mental Health medication. North Ayrshire is continually higher than the overall percentage for the health board area and Scotland. This suggests a greater demand for local Mental Health support.

When looking at hospital admissions, North Ayrshire's rates are below that of Scotland as a whole, and mostly in line with the NHS Ayrshire and Arran health board area. However, unlike general acute admissions, the highest proportion of Mental Health admissions are among adults aged 18-44, suggesting a demand within this age group for mental health services.

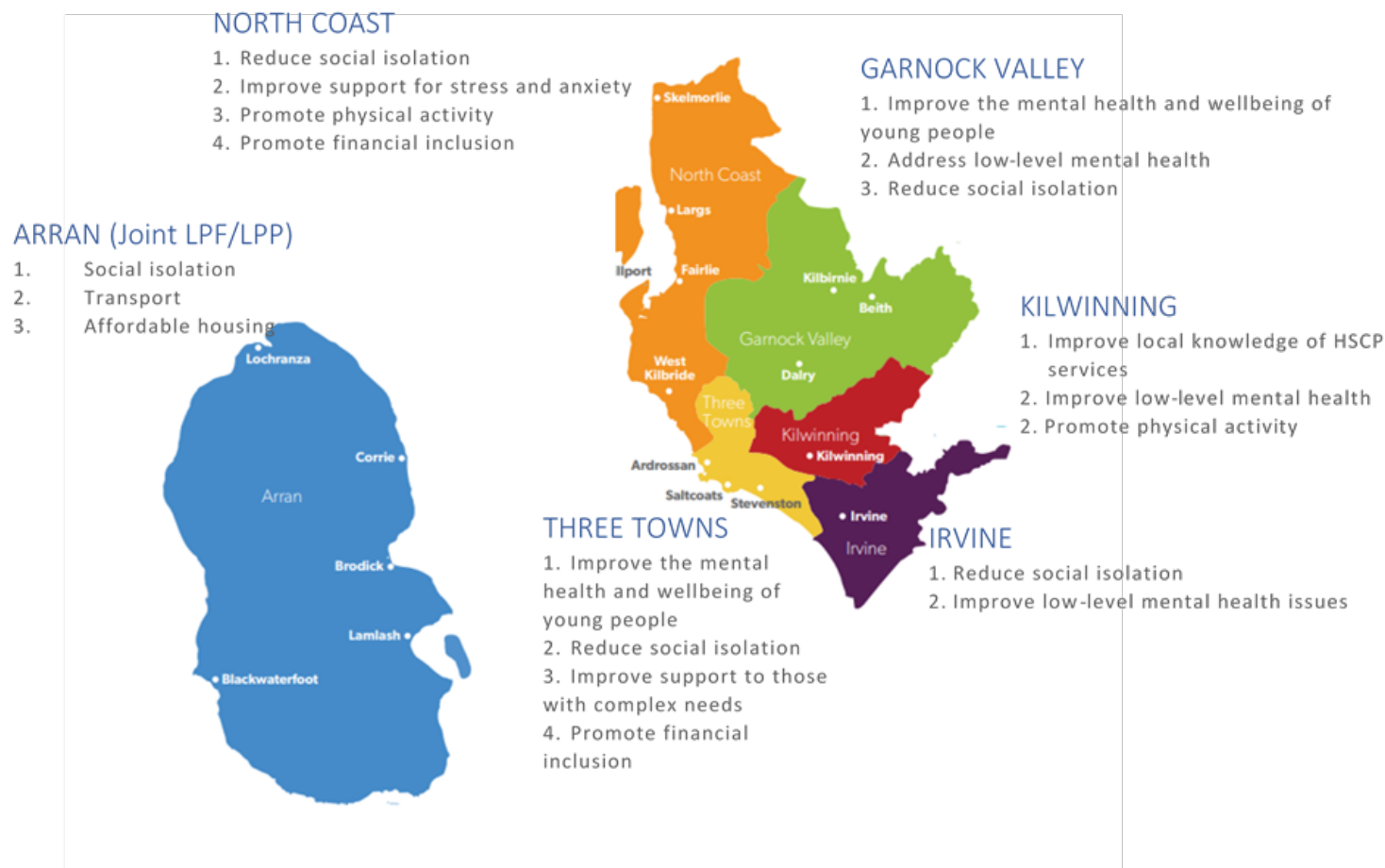
6. In 2018, 73% of primary 1 children in North Ayrshire were reported as being of a healthy weight and as having no dental caries. While this is a positive figure, it suggests that 27% of local children are not of a healthy weight and have concerns over their dental health. For healthy weight, North Ayrshire compares unfavourably with the health board area (75%) and with Scotland as a whole (77%). For dental caries, North Ayrshire compared favourably with the health board area (70%) and with Scotland as a whole (72%).
7. A further priority for action is in relation to substance misuse. While alcohol related admissions to hospital appear to decrease year on year (2016-2018), North Ayrshire reports higher volume of admissions compared to NHS A&A and Scotland as a whole. In addition, alcohol related deaths were reported as increasing (at the latest reported data) with North Ayrshire experiencing a higher proportion of deaths when compared to the health board area and Scotland as a whole.

Like alcohol related hospital admissions, admissions related to drugs are also continually higher in North Ayrshire when compared to the health board and Scotland. Drug related admissions are increasing year on year in North Ayrshire, the health board and across Scotland. Drug related deaths across Scotland have steadily increased year on year. In both North Ayrshire and the health board area, the proportion of drugs deaths has fluctuated each year. However, despite fluctuations, in most years North Ayrshire has reported a higher number of drug related deaths against both comparators.

Our needs assessment information has been shared with our Community Planning Partners.

Our Locality Priorities

Our Locality Planning forums will be revisiting their priorities in 2021 to ensure that they still reflect the views of people living and working in that locality and the local health and wellbeing data. Their current priorities are:



The updated priorities will inform the partnerships local actions and will be shared with our Community Planning Partners for their locality priority setting in June 2021.

12. Enabling our Strategic Ambitions

To help achieve our Strategic Ambitions, we will have the following enablers in place:

Transformation, Service Improvement and Financial Sustainability

The Partnership will develop a detailed Transformation Plan to 2025 which will support both service improvement and financial sustainability by shifting care and support, to early local intervention and preventative locality-based models. To enable this, a Medium-term financial plan, strategic and operational risk management plan and the use of Directions with NHS Ayrshire & Arran and North Ayrshire Council will be developed.

Commissioning

The Partnership will also become an anchor organisation for Community Wealth Building and develop a three-year commissioning cycle to 2025 that maximises mental health and wellbeing benefit and local economic growth of the Third Sector, co-operative and social enterprises.

Effective Partnership

To enable the effectiveness of the partnership the following will be developed by 31 March 2022:

- Undertake a full Brexit impact assessment and put in place mitigation approaches to ensure services are not negatively affected,
- Implement the findings of the Scottish Government Review of Adult Social Care, which reports on the 31st January 2021,
- Build on the digital solutions adopted during Covid and enhance digital access for people in our communities who do not have easy access to technology e.g. smart phones, laptops or computers and internet access working with Connecting Scotland,
- Develop a new Older Peoples Strategy, building on the momentum to keep people as safe as possible in their own home or a homely setting using the 'Home First' model,
- Update the Carers Strategy in partnership with the Carers Advisory Group, ensuring effective personalised approaches are enabled by the growth of our Self-Directed Support approach,
- Update our Integrated workforce Strategy, highlighting the workforce developmental priorities across health & social care, including the third and independent sectors to the end of March 2025,

- Updated Organisational Development Plan, highlighting the required shifts in leadership approaches and positive behaviours to the end of March 2025,
- Refine the partnership Communication and Engagement Strategy, to ensure ongoing transparency, building on the existing strong relationships with partners and our contribution to the Consultation Centre of Excellence.

Covid-19 Pandemic Impact

Although the Partnership has in place pandemic mobilisation, testing and vaccination plans to 31 March 2022, which support the management of the response to Covid19, the pandemic will continue to have an impact in the year ahead and as a result this plan will continually change. The longer-term impact on both individuals and services remains unclear. The full strategic commissioning plan will explore these issues in more detail, and our analysts are currently undertaking projections of the effect of Covid19 on people with longer-term health conditions who may have received their care in a different way during the pandemic.

13. Key Actions 2021/22

We asked our partnership teams to identify what their key strategic aims are in the short, medium and longer term and a range of actions. The full report with ambition descriptions, full responses and summary can be found here [\[insert link\]](#). [PSMT to review local service actions and this to be designed.](#)

The key remobilisation actions to support our pandemic response in the coming year are:

Mental Health Services

In order to support the remobilisation of Mental Health, Learning Disability and Addiction Services, the following priorities have been identified.

- * Prioritisation of children and young people receiving support from Child and Adolescent Mental Health Services;
- * Community mental health services supporting people within their communities;
- * North Ayrshire Drug and Alcohol Recovery service to support people with complex addiction issues;
- * Pan Ayrshire Crisis services which respond to people with mental health distress in their communities and the provision of a community based Brief Intervention Service;
- * Lead Partnership Allied Health Professionals providing rehabilitation support;
- * Psychological support for staff wellbeing across our whole system including third and independent sectors and carers;
- * Work closely with colleagues in Acute Services and Police Scotland to address the levels of unscheduled care in mental health;
- * Expanding access to the increased range of supported digital options for Mental Health as part of a tiered model for service delivery.

Children & Families

In order to support the remobilisation of Children, Families and Justice Services, the following priorities have been identified.

- * Protect and invest in Early Intervention and Prevention work (e.g. scoping extended families/family group conferencing and signs of safety approaches & wrap-around interventions at an earlier stage);
- * The Promise - continue plans to reduce external placements & support young people back to North Ayrshire;
- * Grow fostering and kinship placements;

- * Build on partnership working with a wide range of services to support young people and families;
- * Transitions of care to be planned and improved;
- * Refocus the role of school nursing to ensure timely, effective and joined up responses to support young people.

Health and Community Care

In order to support the remobilisation of Health and Community Care services, the following priorities have been identified.

- * Unscheduled Care – Investment & Improve Delays;
- * Re-design of Older Peoples Services – ‘Home First’ Approach:
 - * Care at Home Capacity;
 - * Care Home Commissioning Strategy;
 - * Day Services Model & Support for Carers;
 - * Step up and step-down beds;
 - * Integrated Island services, including unscheduled care;
 - * Rehabilitation;
 - * Sustainability of Services (including providers) and Workforce;
- * Caring for Ayrshire – including Primary Care Improvement Plan;
- * Locality Multidisciplinary Teams

In January 2021 the Independent Review Adult Social Care will report its recommendations to Scottish Government and this may also have an impact on remobilisation plans.

Transformation Focus for 2021-22

Continue to progress our integration ambitions, including shifting the balance of care, alongside meeting increased demand and need in our communities. During remobilisation period 2021/22 the key Transformation and Service Improvement actions, which support our response to our needs assessment, have been prioritised for action:

- Older people services: including review of care homes, step up beds, day services and locality MDT teams to undertake prevention,
- Digital solutions to enhance independent living, reducing invasive in-home supports and enhances the delivery of extra care housing sites,
- Closer integration of social work and NHS partners within Community Learning Disability Team, and similarly within Community Mental Health Team.
- Carers and self-directed supports – implementing locality and needs led solutions to support people at home, reducing the need for residential support,
- Administration review to improve efficiency and build on digital approaches,
- Implement strategic plan feedback from engagement process – enhancing KA Leisure walking groups and service outreach models to people's homes.

We have also begun to explore the key improvement actions across services and with partners. To date, sixty actions have been identified for delivery during the 2021 service year, however we recognise that as we respond to the pandemic some may not be taken forward. These actions have been mapped to both our five strategic priorities and the three Pandemic Recovery priorities and can be found here [\[insert link\]](#).

14. Getting Involved

To support the development of our strategic plan the North Ayrshire Wellbeing Conversation was launched on the Friday 23rd October 2020. To date the Partnership has heard from 368 people. The Partnership will continue to target specific groups and individuals who are often marginalised and ensure their voices are listened to and acted upon. There will be further conversations and different ways to get involved, once the current social distancing measures are relaxed and the Wellbeing Conversation will run until 31 March 2022. As a result, we expect the content of this bridging plan to continue to be updated.

At the moment, 75% say that the most important things they do to keep well are 'spending time with friends and family' and 69% have said 'walking'. Just 6% (one of the lowest responses) have said 'see a health and social care professional'.

When asking if people would like to be more involved in shaping health and social care services, 37% said 'yes', 26% said 'maybe in the future' and 36% said 'no'. Those who have answered 'yes' (152 people at the time of writing) will be invited to join our Care Improvement Network, which is a virtual network of people who are keen to help us shape and design the future of health and social care in North Ayrshire. The Partnership has shared this bridging plan with them for comment.

If you would like to get involved, please direct all enquiries to enquiries to Calum Webster, on 07790557321 or email: whatmatterstoyou@north-ayrshire.gov.uk

[Equalities Impact Assessment completed on bridging plan and Plan designed to ensure accessibility]

You can get this pack in other formats such as Braille,
audio tape or large type, and in community languages if you ask us.

本文件也可應要求・製作成其他語文或特大字體版本・也可製作成錄音帶。

ਇਹ ਦਸਤਾਵੇਜ਼ ਹੋਰ ਰਾਸ਼ਟਰੀ ਟਿੱਪਣੀ, ਵੱਡੇ ਅੱਖਰਾਂ ਵਿਚ ਅਤੇ ਆਡੀਓ ਟੇਪ 'ਤੇ ਰਿਕਾਰਡ ਹੋਇਆ ਟੀ ਮੰਗ ਕੇ ਲਿਆ ਜਾ ਸਕਦਾ ਹੈ।

درخواست پر یہ دستاویز دیگر زبانوں میں، بڑے حروف کی چھپائی اور سننے والے ذرائع پر بھی میسر ہے۔

Na życzenie klienta, informacje te mogą być udostępnione w innych językach oraz formatach.

North Ayrshire Health and Social Care Partnership



Strategic Plan Summary – Working Draft

Bridging Strategic Commissioning Plan
2020-2021

In partnership with



1. Foreword

To be added by new Chief Officer and Chair of the Integration Joint Board on completion of consultation.

2. Who are we and what do we do?

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

Our services areas include:

- Children, Families and Justice Services
- Adult Health and Community Care services
- Mental Health, Addictions and Learning Disability Services

We want to ensure people in North Ayrshire can access community support in their locality and, as required, contact the right health and social care professional, at the right time. We all work together to provide high quality, safe and sustainable care, as seamlessly as possible for the person needing support. Full details are available in the full strategic bridging plan ([link](#))

Our achievements

Over the 3 years of our last plan, the Partnership made many achievements in improving health and social care services for local people. A selection of our achievements are highlighted in the full strategic bridging plan. For further information, you can also review our annual performance reports available on our website, [here](#).

3. Our bridging strategic plan

As a result of the worldwide Covid19 pandemic, the Partnership has developed a one-year bridging plan. This extends our strategic plan, [Let's deliver care together](#), found on our website at [NAHSCP Strategic Plan 2018-21](#).

Our response to the pandemic and what we learned from it to date, are detailed in the full strategic bridging plan ([link](#)).

This bridging plan approach was agreed by Scottish Government, to meet our legislative requirements and aligns our strategic planning timetable, with the other 30 Health & Social Care Partnerships across Scotland. Our new Strategic Commissioning plan, which will be our third, will be produced on the 1st April 2022.

Our Direction 2020/21

Our bridging plan will retain the Vision and five strategic priorities set out in our previous Strategic Plan, 'Lets Deliver Care Together' 2018-21.

Our vision is that all people who live in North Ayrshire are able to have a safe, healthy and active lifestyle.

Our five key strategic priorities to help us reach our vision are:

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

The Partnership will consult on, review and update our vision and Strategic Priorities for our next full strategic plan by April 2022.

In addition to the policy drivers identified in [Let's deliver care together](#), found at www.nahscp.org, new strategic policy developments will influence our new Strategic Commissioning Plan from 1st April 2022. Full details of new policy drivers can be found in the full strategic bridging plan ([link](#))

4. North Ayrshire – Needs Assessment

To inform the strategic plan, we developed a full Strategic Needs Assessment which helped us highlight the key health and care demands in North Ayrshire. The full needs assessment can be found here ([link](#)). The key issues are:

- Population changes and their future impact on health and social care,
- high deprivation resulting in both social and health inequalities,
- Impact of people living with long-term conditions,
- Growth in acute hospital use particularly from people from older age groups,
- Mental Health concerns and hospital admissions among adults aged 18-44 continue to rise,
- 27% of local children are not of a healthy weight and have concerns over their dental health,
- Impact of alcohol and substance misuse North Ayrshire experiencing a higher proportion of drug related deaths when compared to the Scotland as a whole.

5. Strategic Ambitions: 2030

We engaged with a number of key stakeholders to identify the Partnership's Strategic Ambitions up to 2030. Several responses were provided and will be enhanced and refined to identify our formal strategic ambitions over the long term. Yet, it is clear in the coming years we will seek to focus our services on the following priority areas.

Tackling inequalities

The pandemic has further highlighted the negative impact of deprivation and poverty on our communities and we will work collaboratively with partners to deliver shared solutions.

Prevention and early intervention

We understand the need for people to access the right support at the right time. Our services will continue to work with the most vulnerable in our communities, working to reduce the need for crisis interventions and unplanned hospital admissions.

Improving Mental Health and Wellbeing

We will continue to work collaboratively with local communities to improve both physical health and mental wellbeing. We will do this by strengthening communities and supporting them to identify the resources they need locally to make improvements.

Mobilising Communities

In responding to the pandemic, our local communities mobilised as individuals, neighbours, friends, volunteers, community groups and local businesses. This shows us that rebalancing our relationship with our local people can be achieved. Given the right tools and support, our communities can design and implement their own local solutions to improve health and wellbeing, without our long-term involvement.

To support the Strategic Ambitions, we will ensure we have a wide range of strategic enablers in place. Full details of these can be found in the full strategic bridging plan ([link](#)):

6. Pandemic Response

The key actions and priorities to support our pandemic response in the coming year are:

Mental Health Services

In order to support the remobilisation of Mental Health, Learning Disability and Addiction Services, the following priorities have been identified.

- ✓ Prioritisation of children and young people receiving support from Child and Adolescent Mental Health Services;
- ✓ North Ayrshire Drug and Alcohol Recovery service to support people with complex addiction issues;
- ✓ Lead Partnership Allied Health Professionals providing rehabilitation support;
- ✓ Work closely with colleagues in Acute Services and Police Scotland to address the levels of unscheduled care in mental health;
- ✓ Community mental health services supporting people within their communities
- ✓ Pan Ayrshire Crisis services which respond to people with mental health distress in their communities and the provision of a community based Brief Intervention Service;
- ✓ Psychological support for staff wellbeing across our whole system including third and independent sectors and carers;
- ✓ Expanding access to the increased range of supported digital options for Mental Health as part of a tiered model for service delivery.

Children & Families

In order to support the remobilisation of Children, Families and Justice Services, the following priorities have been identified.

- ✓ Protect and invest in Early Intervention and Prevention work
- ✓ Grow fostering and kinship placements;
- ✓ Transitions of care to be planned and improved;
- ✓ The Promise - continue plans to reduce external placements & support young people back to North Ayrshire;
- ✓ Build on partnership working with a wide range of services to support young people and families;
- ✓ Refocus the role of school nursing to ensure timely, effective and joined up responses to support young people.

Health and Community Care

In order to support the remobilisation of Health and Community Care services, the following priorities have been identified.

- ✓ Unscheduled Care – Investment & Improve Delays;
- ✓ Locality Multidisciplinary Teams
- ✓ Caring for Ayrshire – including Primary Care Improvement Plan;

- ✓ Re-design of Older Peoples Services – ‘Home First’ Approach, including:
 - *Care at Home Capacity;* *Rehabilitation;*
 - *Care Home Commissioning Strategy;* *Sustainability of Services (including providers) and Workforce;*
 - *Day Services Model & Support for Carers;* *Care at Home Capacity;*
 - *Step up and step-down beds;* *Care Home Commissioning Strategy;*
 - *Integrated Island services, including unscheduled care;* *Enhanced digital solutions*

In January 2021 the Independent Review of Adult Social Care will report its recommendations to Scottish Government and this may also have an impact on remobilisation plans.

Transformation Focus for 2021-22

Continue to progress our integration ambitions, including shifting the balance of care, alongside meeting increased demand and need in our communities. During remobilisation period 2021/22 the key Transformation and Service Improvement actions, which support our response to our needs assessment, have been prioritised for action:

- ✓ Older people services: including review of care homes, step up beds, day services and locality MDT teams to undertake prevention,
- ✓ Digital solutions to enhance independent living, reducing invasive in-home supports and enhances the delivery of extra care housing sites,
- ✓ Administration review to improve efficiency and build on digital approaches,
- ✓ Older people services: including review of care homes, step up beds, day services and locality MDT teams to undertake prevention,
- ✓ Integrated Mental health & Learning disability Team with greater locality solutions and supports,
- ✓ Implement strategic plan feedback from engagement process – enhancing KA Leisure walking groups and service outreach models to people’s homes.

7. Getting Involved

To support the development of our strategic plan the North Ayrshire Wellbeing Conversation was launched on the Friday 23rd October 2020. To date the Partnership has heard from 368 people. The Partnership will continue to target specific groups and individuals who are often marginalised and ensure their voices are listened to and acted upon. There will be further conversations and different ways to get involved, once the current social distancing measures are relaxed and the Wellbeing Conversation will run until 31 March 2022. As a result, we expect the content of this bridging plan to continue to be updated.

At the moment, 75% say that the most important things they do to keep well are 'spending time with friends and family' and 69% have said 'walking'. Just 6% (one of the lowest responses) have said 'see a health and social care professional'.

When asking if people would like to be more involved in shaping health and social care services, 37% said 'yes', 26% said 'maybe in the future' and 36% said 'no'. Those who have answered 'yes' (152 people at the time of writing with another 82 people saying they may be interested in the future) will be invited to join our Care Improvement Network, which is a virtual network of people who are keen to help us shape and design the future of health and social care in North Ayrshire. The Partnership has shared this bridging plan with them for comment.

If you would like to get involved, please direct all enquiries to Calum Webster, on 07790557321 or email: whatmatterstoyou@north-ayrshire.gov.uk

[Equalities Impact Assessment completed on bridging plan and Plan designed to ensure accessibility]

You can get this pack in other formats such as Braille,
audio tape or large type, and in community languages if you ask us.

本文件也可應要求・製作成其他語文或特大字體版本・也可製作成錄音帶。

ਇਹ ਦਸਤਾਵੇਜ਼ ਹੋਰ ਰਾਸ਼ਟਰੀ ਟਿੱਪਣੀ, ਵੱਡੇ ਅੱਖਰਾਂ ਵਿੱਚ ਅਤੇ ਆਡੀਓ ਟੇਪ 'ਤੇ ਰਿਕਾਰਡ ਹੋਇਆ ਵੀ ਮੰਗ ਕੇ ਲਿਆ ਜਾ ਸਕਦਾ ਹੈ।

درخواست پر یہ دستاویز دیگر زبانوں میں، بڑے حروف کی چھپائی اور سننے والے ذرائع پر بھی میسر ہے۔

Na życzenie klienta, informacje te mogą być udostępnione w innych językach oraz formatach.

Integration Joint Board
11 February 2021

Subject: **Red Rose House Change of Service**

Purpose: This paper outlines a recommendation by the ASN Residential & Respite Steering Group to change the proposed service provision within Red Rose House.

Recommendation: The IJB to approve the proposal to change the intended use of Red Rose House in Stevenson for the provision of Adult Learning Disability respite services.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
ASNRR	ASN Residential and Respite Steering Group
C&YP	Children and Young People

1.	EXECUTIVE SUMMARY
1.1	In June 2019 the IJB approved the recommendation from the ASN Residential & Respite Steering Group (ASNRR) to deliver a HSCP led, in-house model, within the 8 bedded Residential House and for a commissioned provider model within the Respite House by extending our contract with The Mungo Foundation.
1.2	<p>Throughout the development of the project it has become clear demand assumptions underpinning the business case for an 8 bedded ASN Residential unit will not materialise. At present, and after extensive analysis, there are no Children & Young People (C&YP) seeking immediate residential care. Furthermore, there is no data to suggest there will be a material increase in demand in the future.</p> <p>The project is at a critical point in the planning process (build handover is expected in May 2021) and a decision is now required to embrace an opportunity to utilise the building to maximise benefit in the future, in line with the IJBs future strategic ambitions.</p> <p>It is proposed use Red Rose House for the purpose of relocating respite for Adults with Learning Disabilities from its current location at Taigh Mor (Beith).</p>
2.	BACKGROUND
2.1	The original business case was developed to create a specialist service for children and young people with complex care needs requiring residential care. The operational budget for the R&R facilities was to be created by moving the C&YP in existing external residential placements back to the new residential facility.

	<p>It has proven difficult to identify any C&YP who would potentially require full time residential care within Red Rose House, and it is not deemed appropriate for a variety of reasons to transfer any children currently already within specialist placements out with North Ayrshire.</p> <p>This lack of demand for residential placements has arisen as a result of the following:</p> <ul style="list-style-type: none"> • Locality based integrated teams working with education and other partners to implement early intervention approaches which sustain vulnerable children at home. • Updated national policy direction with the implementation of 'The Promise' to develop strategic plans locally to keep Children & Young People at home and out of full-time residential care where possible. • Extended outreach and respite models can provide wrap-around support to family carers, including the new respite service which will double the current capacity from 4 to 8 beds. <p>Even if there was future demand for the service, the strategic direction and our unequivocal vision is to keep children out of full-time residential care, thus strengthening the need to look at an alternative use of the building. There would also be a cost implication as currently the funding available to operate any new service is £0.457m and estimated costs would be in excess of £2m, due to the ongoing commitment to fund the existing external placements.</p>
3.	PROPOSALS
3.1	<p>The steering group have assessed several different service options to determine if any of them could be delivered within Red Rose House, including looking at commissioned services.</p> <p>Several options were not deemed appropriate due to lead-in time and a number of options which would not have retained use of the building for the benefit of North Ayrshire residents.</p> <p>The preferred option, therefore, is to relocate the adult respite service delivered by Hansel from Taigh Mor in Beith to the new building in Stevenston. This option would free up the existing building to either develop a new service within Taigh Mor or to provide NAC with an opportunity to utilise the building in a different way. This option would also be financially sustainable as the current adult respite service is fully funded.</p> <p>Taigh Mor is an existing respite facility based in Beith which can accommodate 8 individuals (3 spaces are intended as being used by individuals with high needs, and 5 for individuals with medium needs). Of the 111 North Ayrshire clients currently receiving respite, 86 are allocated space at Taigh Mor, of whom:</p> <p>20 have been assessed as having a moderate need for respite 50 have been assessed as having a substantial need for respite 16 have been assessed as having a critical need for respite</p> <p>However, as a respite facility in South Ayrshire is understandably prioritising access currently for clients living in that locality, now is an opportune time to look to make better use of those facilities available in North Ayrshire. Potentially, this could mean</p>

	<p>moving to Taigh Mor some or all of those 25 individuals not currently supported by the service.</p> <p>As evidenced within past evaluation work regarding respite use, individuals attending Taigh Mor can present with significant support needs requiring substantial additional support and the use of specialist equipment. Information gathered in 2016 regarding North Ayrshire users of learning disability respite found that 35% required the use of specialist equipment or support (including wheelchairs, hoists, and peg feeds). In addition, 75% presented with one or more health conditions, most frequently sensory issues; musculo-skeletal conditions; skin conditions; or epilepsy.</p> <p>Young people transitioning to adult services also require access to respite, where appropriate. Currently the North Ayrshire Transition Pathway group is aware of 12 individuals who will be transitioning in the near future, who would require respite. Anecdotal feedback from the group also indicates an increasing number of young people coming through with complex needs. Past Needs Assessment work undertaken by NHS Scotland has highlighted that while significant inequalities remain with regard to the health and wellbeing of people with learning disabilities, their life expectancy is increasing, with a consequent increase in the population overall. While responding to this positive change requires far more than the provision of greater amounts of existing service responses, there is no doubt that continuing provision of high quality building based respite will continue to be an essential and in demand component of a varied respite offer for the foreseeable future.</p> <p>Moving adult respite services to Red Rose House would create an opportunity for more collaborative working in terms of transitions since children and adult respite services would be on the same site (in separate buildings). In addition, it would also assist in ensuring a smoother transition for children when they move to adult services, due to them being on the same site.</p> <p>Moving to the new site would be greatly facilitated by it having equipment already in situ: it is anticipated that little of the equipment currently held at Taigh Mor would require to be moved. Currently, Taigh Mor is closed every Tuesday night for deep cleaning. This, combined with an ongoing flexible approach to respite bookings, means that it should be possible to close for a limited period to facilitate a move, with minimal impact on individuals and families.</p>
3.2	<p><u>Anticipated Outcomes</u></p>
	<p>The option to re-locate adult respite provision to Red Rose House would support the national drivers for continuing to support children and adults to remain within their family homes rather than being accommodated in a residential care setting. It also minimises the potential unfunded financial pressure to operate a residential accommodation which is estimated to cost between £1m to £2m (model dependant).</p> <p>This would present opportunities to support options to re-allocate funds to continue to support children and young people staying within their own homes with the provision of extended outreach and respite. This would also present greater financial stability and value for money in the long term for both Children and Adult Services, as the demand for adult respite services is already being demonstrated through the service being delivered at Taigh Mor.</p> <p>Taigh Mor as a site has operated for a number of years, and while it remains a valued resource for individuals and families, the site is showing significant signs of wear, and requires regular repairs to maintain safety and standards. Currently, the sensory room</p>

	<p>and one bathroom are unusable as a result of broken equipment. The current location in Beith also poses challenges with transport links, in addition to which the building is at the top of a hill, which presents challenges for wheelchair users. The new site would provide individuals (and staff) with a modern, well resourced facility, close to good transport links, and with good access to a broad range of amenities and outside spaces. As well as potentially providing better outcomes for individuals and families, from a service perspective the new location will create opportunities for better partnership working around transition planning and other issues, as well as scope for collaboration with a greater variety of community partners. The building itself is also larger than Taigh Mor, as a result of which it will be easier to maintain compliance with Covid related guidance around social distancing, as well as providing more general benefits with regard to comfortable accommodation of a range of individuals.</p> <p>It is noted that the tender for a provider to deliver the respite service is due for review. Along with the move to a new site, this would create an ideal opportunity to reinvigorate respite provision for adults with a learning disability, ensuring that it is linked into and benefits from the broader change programme already underway within Learning Disability Services, and any practice innovation emerging from responses to Covid.</p>								
3.3	<p><u>Measuring Impact</u></p> <p>Since the original business case was written in 2017, The Promise has been introduced with a focus on reducing and preventing C&YP from going into residential care. There is a much greater emphasis being focused on what other services are available to minimise the potential for residential care such as Outreach services or increased respite. The original business case is being updated in line with the proposed change of use.</p> <p>It is expected the existing measurement tools will be used to determine the impact on service-users and to also measure the expenditure of each of the houses.</p> <p>Note: There is a due diligence exercise taking place with PMI to confirm that Red Rose House is suitable for adult respite and any potential adjustments required. This is due to be completed by the 8th of February and verbal update on the outcome will be provided to the IJB.</p>								
4.	<p>IMPLICATIONS</p> <table border="1"> <tr> <td>Financial:</td><td>It is predicted this option can be delivered within the existing financial resources.</td></tr> <tr> <td>Human Resources:</td><td>As this is provided by a commissioned provider, there are no workforce implications for current NAHSCP staff.</td></tr> <tr> <td>Legal:</td><td>There are no Legal implications associated with this option.</td></tr> <tr> <td>Equality:</td><td>It is expected that both houses will provide an efficient, cost-effective service, taking full account of the health and well-being needs of individual service-users, regardless of the type or tenure, therefore ensuring equity of provision.</td></tr> </table>	Financial:	It is predicted this option can be delivered within the existing financial resources.	Human Resources:	As this is provided by a commissioned provider, there are no workforce implications for current NAHSCP staff.	Legal:	There are no Legal implications associated with this option.	Equality:	It is expected that both houses will provide an efficient, cost-effective service, taking full account of the health and well-being needs of individual service-users, regardless of the type or tenure, therefore ensuring equity of provision.
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Children and Young People	It is expected the increased respite provision being delivered within Roslin House will greatly improve the lives of the children & young people who will use the service.
Environmental & Sustainability:	Both houses are being constructed taking both the Environment & Sustainability into account. They have been built with an EPC rating of B+ before renewables, a biomass boiler & solar panels have been incorporated within the overall design for the Campus.
Key Priorities:	It is anticipated that making a change to relocate adult respite to Red Rose House there will be an improvement to the outcomes of the service-users who will utilise the service being provided within the new building.
Risk Implications:	As this is a change from the original business case, and the paper signed off by IJB, there could be potential reputational damage, which will be mitigated by the communication and engagement approach.
Community Benefits:	It is expected the community will benefit from the new services that will be delivered within the new R&R facilities.

Direction Required to Council, Health Board or Both <i>(where Directions are required please complete Directions Template)</i>	Direction to: -	
	1. No Direction Required	X
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

5.	CONSULTATION
5.1	Throughout the project there has been ongoing consultation with the Non-Construction, Workforce and Finance workgroups. In addition to this the R&R Steering group have been kept up to date, along with representatives from Procurement. With regard to adult learning disability services, this proposition represents a rapid development to timeframes which have not allowed for consultation with individuals, families, and the provider. Some initial conversations have taken place with the current provider, who has indicated that they would be supportive of the move. Were the move to be supported as a possible course of action, then engagement with stakeholders would be prioritised in whatever way would be possible under prevailing Covid restrictions. This would be with the intention of informing stakeholders about the move, and working with them to whatever extent was possible to co-produce a successful transition.
6.	CONCLUSION
6.1	<p>The Steering Group recommends that the IJB agrees:</p> <ul style="list-style-type: none"> To approve the proposal to change the intended use of Red Rose House in Stevenson for the provision of Adult Learning Disability respite services..

For more information please contact Kevin McGinn on 01294 324502 or kevinmcginn@north-ayrshire.gov.uk

