

Integration Joint Board Meeting



Thursday, 24 October 2019 at 10:00

**Council Chambers
Ground Floor, Cunninghame House, Irvine, KA12 8EE**

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 and Action Note

The accuracy of the minutes of the meeting held on 26 September 2019 will be confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973 (copy enclosed).

3.1 Matters Arising

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

Quality and Performance

4 Director's Report

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

5 Alcohol and Drug Partnership Annual Report

Submit report by Paul Main, Independent Chair (ADP) on the annual report submitted to the Scottish Government as part of local reporting arrangements with the Alcohol and Drug Partnership (ADP) (copy enclosed).

- 6 Alcohol and Drug Partnership Strategy**
Submit report by Paul Main, Independent Chair (ADP) on the new Alcohol and Drug Partnership (ADP) Strategy (copy enclosed).
- 7 Preventing Drug Related Deaths: An Update from 2018**
Submit report by Paul Main, Independent Chair (ADP) on the actions taken by the North Ayrshire Drug Death Prevention Group (DDPG) (copy enclosed).

Strategy and Policy

- 8 Carers Short Breaks Statement**
Submit report by Kimberley Mroz, Project Manager on the Carers Short Breaks Statement (copy enclosed).
- 9 Community Care Occupational Therapy**
Submit report by Alistair Reid, Lead Allied Health Professional and Helen McArthur, Principal Manager on Community Care Occupational Therapy (copy enclosed).
- 10 Caring for Ayrshire: Project Initiation Document**
Submit report by Stephen Brown, Director (NAHSCP) on the Caring for Ayrshire – Project Initiation Document (copy enclosed).
- 11 Enhanced Intermediate Care and Rehabilitation Services**
Submit report by Alistair Reid, Lead Allied Health Professional Adviser on Enhanced Intermediate Care and Rehabilitation Services (copy enclosed).

Budget

- 12 Reserves Policy**
Submit report by Caroline Cameron, Chief Finance & Transformation Officer on the updated Partnership Reserves Policy (copy enclosed).
- 13 Financial Monitoring Report**
Submit report by Caroline Cameron, Chief Finance and Transformation Officer on the Health and Social Care Partnership's financial performance to August 2019 (copy enclosed).
- 14 Urgent Items**
Any other items which the Chair considers to be urgent.

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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
Jean Ford
Councillor Anthea Dickson
John Rainey
Adrian Carragher
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

Stephen Brown
Caroline Whyte
Dr. Paul Kerr
David MacRitchie
Dr. Calum Morrison
Alistair Reid
David Thomson
Dr Louise Wilson

Director North Ayrshire Health and Social Care
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
Sam Falconer
Fiona Thomson
Clive Shephard
Nigel Wanless
Val Allen
Vicki Yuill
Vacancy
Janet McKay

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



North Ayrshire Health and Social Care Partnership

Minute of Integration Joint Board meeting held on Thursday 26 September 2019 at 10 a.m.

Present

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

Stephen Brown, Director of Health and Social Care Partnership
Caroline Whyte, Chief Finance and Transformation Officer
David Donaghey, Staff Representative (NHS Ayrshire and Arran)
Louise McDaid, Staff Representative (North Ayrshire Council)
Graham Searle, Carers Representative (Depute for Marie McWaters)
Fiona Thomson, Service User Representative
Nigel Wanless, Independent Sector Representative
Val Allen, Independent Sector Representative
Vicki Yuill, Third Sector Representative

In Attendance

Thelma Bowers, Head of Mental Health
Alison Sutherland, Head of Service (Children, Families and Criminal Justice)
Janet Davies, IJB Professional Lead for Psychology
Helen McArthur, Principal Manager (Health and Community Care Services)
Karen Andrews, Team Manager (Governance)
Angela Little, Committee Services Officer

Apologies for Absence

Councillor John Sweeney, North Ayrshire Council
Dr Paul Kerr, Clinical Director
Alistair Reid, Lead Allied Health Professional Adviser
Dr. Louise Wilson, GP Representative
Dr Callum Morrison, Acute Services Representative
Jean Ford, NHS Ayrshire and Arran
David MacRitchie, Chief Social Work Officer
Marie McWaters, Carers Representative
Janet McKay, Chair, Garnock Valley HSCP Locality Forum

1. Welcome

The Chair welcomed Alison Sutherland, Head of Service (Children, Families and Criminal Justice) and Val Allen, Independent Sector Representative to the Integration Joint Board.

2. 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 there were no formal declarations of interest.

3. Minutes/Action Note

The accuracy of the Minute of the meeting held on 29 August 2019 was confirmed and the Minute signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973.

3.1 Matters Arising

The Board noted that all matters arising are on track for completion by the appropriate timescales.

4. Psychological Services: Waiting Times

Submitted report by Janet Davis, IJB Professional Lead for Psychology on the improvement plans, trajectories and progress against the Scottish Government Waiting Time Standard for Psychological Services, as detailed at Appendix 1 to the report. Appendix 2 provided a wider data set that reflected progress in activity, longest waits and the number of people waiting more than 18 weeks for access to psychological therapies.

The presentation provided information on:-

- The waiting times standard and the background to the psychological therapy waiting times standard;
- Update on progress, including compliance levels across services and benchmarking against other Health Boards;
- Highlights in respect of recruitment, pan-Ayrshire multi-disciplinary Psychological Interventions Governance and Training Group, Service developments and developments in data systems; and
- Risks which include specialist Psychological resource, full impact of additional permanently funded posts limited by vacancies, maternity leave, difficulty recruiting to fixed terms cover and sustainability of the SG/NES funding stream if the SG do not commit to permanently;
- Capacity in the wider workforce such as limitations in release of staff for training, protected time for delivery of psychological work post-training and erosion of impact of training;
- Data systems – limited provision of accessible and accurate demand capacity data to inform on waiting time queues and workforce planning for all levels of psychological work.

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

- Recognition by the Scottish Government that the data systems do not allow for the collection of the appropriate data to provide accessible and accurate demand capacity data to inform on waiting time queues and workforce planning;
- Work by the NHS and the Council to address the issues within the data systems that can be changed at a local level and the investment of additional resources to deal with waiting times;
- No issues in filling permanent posts in Ayrshire and Arran, despite difficulties in recruiting nationally and to fixed term posts;
- The similar waiting times being experienced by other Health Boards, who therefore have no capacity to assist neighbouring Health Boards;
- The development of a Waiting Time Initiative, as a short-term solution, to examine the whole Partnership resource and target the longest wait across the Partnership
- CAMHS as the first point of contact and the distress intervention model that is available in some areas;
- The Locality Partnerships that have identified mental health as one of their priorities;
- Good work that is being done by the Third and voluntary sectors; and
- That stress levels of staff are not currently being monitored.

Fiona Thomson left the meeting during this item.

The Board agreed (a) that the Director (NAHSCP) contact the Fiona Thomson to discuss her views and concerns relating to Psychological Services; and (b) to note the very informative and interesting presentation.

5. Director's Report

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

The report highlighted the following work that has been undertaken:-

- Consultation on the Independent Review of Learning Disability and Autism in the Mental Health Act;
- The Scottish Government's Programme for Government which sets out a number of commitments aimed at improving the lives of care experienced people;
- The Service User Involvement Initiative that will be launched by Community Justice Ayrshire;
- The ground-breaking ceremony that took place on 16 September 2019 for an Additional Support Needs School and Respite and Residential facility for children and young people;

- Partnership working between services who deliver group care settings for older people and the creation of an Intergenerational Working Case Study booklet that provides examples of intergenerational working across North Ayrshire;
- Digital Resource for Carers; and
- Community Eating Disorder Service.

The Board noted the ongoing developments within the North Ayrshire Health and Social Care Partnership.

6. Community Alarm/Telecare Services Transition from Analogue to Digital

Submitted report by Helen McArthur, Principal Manager on the transition from analogue to digital service internet protocol (IP). Telecommunication providers will terminate the current analogue system and replace it with a digital internet protocol (IP) from 2025. Users will require to have digital phone lines in order to access the community alarm and telecare technology that assists them to remain independent in their own homes.

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

- Future funding plans that will require to be put in place to meet the costs of replacing the analogue system with a digital internet protocol; and
- Unknown factors in terms of the total costs to users and the Council, whether the telecoms companies should contribute to the costs of replacing existing equipment and if there will be operational or financial benefits of the new system.

The Board agreed to (a) receive an update report to a future meeting; and (b) note the report.

7. Carers Respite Break Statement

The Director of the North Ayrshire Health and Social Care Partnership advised that some further work was required on the Carers Respite Break Statement and the report would be considered at the next meeting of the IJB.

Noted.

9. Budget Monitoring Report – July 2019

Submitted report by Caroline Whyte, Chief Finance and Transformation Officer on the projected year-end outturn for the financial year as at July 2019, including commitments against the available resource, explanations for the main budget variances, an update on progress in terms of savings delivery and actions required to work towards financial balance.

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 financial recovery plan to bring overall service delivery back into line with the available resource and Appendix E highlighted the movement in the overall budget position for the partnership and budget reductions requiring approval.

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

- Purchased hours for care at home that are stopped when a service user is in hospital and in-house hours that are re-directed and used elsewhere; and
- Additional hours required to cover a service handed back to the Council by a provider experiencing staff shortages.

The Board agreed to (a) note the projected year-end overspend of £1.997m; (b) approve the financial recovery plan, as detailed in Appendix D to the report; (c) approve the changes in funding as detailed in Section 2.11 and Appendix E of the report; and (d) note the potential impact of the Lead Partnerships.

11. Strategic Planning Group Minutes

Submitted the Minutes of the Strategic Planning Group meeting held on 29 May 2019.

The Board was advised of a bespoke Mental Health Programme set up by a pupil at Largs Academy, who has secured funding to create a tailored programme to provide training for school staff and parent workshops.

Noted.

12. IJB Performance and Audit Committee Minutes

Submitted the Minutes of the IJB Performance and Audit Committee meeting held on 27 June 2019, that were in draft form and would be approved at the next meeting.

The Board was advised that the Internal Audit of the Lead Partnership Arrangements had found high priority actions around consistency. The Internal Audit Plan for 2019/20 had been agreed and would include an audit of performance management arrangements within the IJB.

Noted.

The Meeting ended at 11.20 a.m.

North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 26 September 2019

No.	Agenda Item	Date of Meeting	Action	Status	Status Date	Officer
1.	Veterans First Point (V1P) Service	21/3/19	That an update report on the long-term sustainability plan be submitted to the IJB Meeting on 29 August 2019.	Ongoing – plan to report to the October meeting	October 2019	Thelma Bowers
2.	Community Care Occupational Therapy Report	21/3/19	That an update report on progress be submitted to the IJB Meeting on 24 October 2019.	Ongoing - plan to report to the October meeting	October 2019	Alistair Reid
3.	Ministerial Strategic Group Review of Progress with integration of Health and Social Care: Self-Evaluation	16/5/19	That an overall progress update be submitted to a future meeting in 2019.	Ongoing – plan to report to the December meeting	December 2019	Caroline Whyte
4.	Community Alarm/Telecare Services Transition from Analogue to Digital	26/9/19	That an update report on progress be submitted to a future meeting.	Ongoing	TBC	Helen McArthur
5.	Carers Respite Break Statement	26/9/19	A revised report to be submitted to the October meeting.	Report to October meeting	October 2019	Kimberley Mroz

Integration Joint Board
24th October 2019

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

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>
	<u>Consultations</u>
2.1	<u>Draft Carers Strategic Policy Statement Consultation</u>
	The Scottish Government has issued a consultation on the Draft Carers Strategic Policy Statement Consultation which is open from 30 th September 2019 to 13 th December 2019. The consultation can be accessed through the following link : https://www.gov.scot/publications/carers-strategic-policy-statement-draft-consultation/
	The Carers Strategic Policy Statement is intended to assist local and national strategic planning and policy development in the statutory, independent and third sector to understand the existing national policies and approaches in place to support unpaid carers in Scotland.

2.2	<u>Call for Evidence : Independent Review into the Delivery of Forensic Mental Health Services</u>
	<p>The Scottish Government have commissioned a review of forensic mental health services in Scotland to enable these to be delivered as effectively as possible. The principal aim is to review the delivery of forensic mental health services in hospitals, prisons and the community.</p> <p>Derek Barron, Chair of the Independent Review into Delivery of Forensic Mental Health Services, has invited NHS Ayrshire and Arran to provide evidence to the Review by 15th November 2019.</p>
2.3	<u>Named Person Service</u>
	<p>On 1st September John Swinney, Depute First Minister (DFM), announced that the Scottish Government would no longer pursue legislation to make the provision of a named person for every child a statutory entitlement. However, this does not mean that the named person policy has been scrapped. Children in North Ayrshire are benefitting from a key point of contact who can offer help and support to children and families when they need it.</p>
	<p>The DFM's announcement should have little impact on the functions of the current Named Person Service in North Ayrshire, or the processes that have been developed, or the support given to children and their parents. Even though the legislation was never enacted, North Ayrshire Health & Social Care Partnership and Education made the decision to take forward the role of the Named Person and the Named Person service in line with its Getting it Right for Every Child policy. North Ayrshire will continue to ensure the named person role and named person service is being delivered in line with existing laws and guidance on data protection, confidentiality, human rights and other relevant rules of law.</p>
	<p>Whilst we will need to review terminology we continue to be committed to the principles of Getting it Right for Every Child and the delivery of a high quality service supporting children, young people and families.</p>
	<p>We will review the functions, processes and governance of the Named Person Service and the documentation, processes and procedures around the named person. This review of current local processes and the assurance that they remain compliant with all existing legislation will be led through the Children's Services Strategic Partnership.</p>
2.4	<u>Health and Care Experience Survey 2019-20</u>
	<p>The Health and Care Experience survey is being issued this month. This is a key part of the Scottish Care Experience Survey Programme, a suite of national surveys which provide local and national information on the quality of health and care services from the perspective of those using them.</p>
	<p>As with previous surveys, the Health and Care Experience survey 2019-20 captures experiences of accessing and using GP practice and Out of Hours services, aspects of care and support, and caring responsibilities and related support. The survey informs a number of the core integration indicators aimed at measuring progress towards our national health and wellbeing outcomes.</p>

	<p>The survey will be sent to a sample of people who are registered with a GP practice. The last survey attracted over 130,000 responses, which enabled analysis and reporting at National, Local Authority, Partnership, GP cluster and GP practice level. A summary of the findings from the 2017-8 survey is available here.</p>
	<p>Given this is a key data source for better understanding person-centred care and the experience of using services this will be shared across the Partnership, and also through broader networks where possible.</p>
	<p><u>Ayrshire Wide Developments</u></p>
2.5	<p><u>Prevention, Early Intervention and Recovery Service (PEAR)</u></p>
	<p>North Ayrshire Alcohol and Drug Partnership is pleased to announce the launch of a newly commissioned service. PEAR (Prevention, Early Intervention and Recovery) will be available to all people living in North Ayrshire who feel they require support for themselves and / or their families, in relation to alcohol and drugs.</p>
	<p>The new service will be run by Turning Point Scotland and many staff employed will have “lived experience” of alcohol or drugs, which will enhance the delivery of the service.</p>
	<p>The aim of the new service is to support individuals who are at risk of, or active in, problematic drug or alcohol use. It will offer psycho-social support in a trauma informed way to individuals not requiring medical interventions, offering brief interventions, one to one, group work and alternative therapies.</p>
	<p>Staff are encouraged to make referrals and the attached form will enable anyone to do this. Staff are welcome to visit the service to fully experience the range of services on offer or contact the service for further information. The attached poster provides more information on PEAR and the services they will provide, as well as how to get in touch.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  <p>leaflet (poster version).docx</p> </div> <div style="text-align: center;">  <p>Turning Point Scotland Referral.doc</p> </div> </div>
2.6	<p><u>New App for Addiction Services</u></p>
	<p>NHS Ayrshire and Arran has developed an app which provides you with all the information you might need to seek help for yourself or someone you know who has a drug or alcohol addiction. If you or someone you know needs information or support about drugs or alcohol but find it hard to speak about this, this free app can help.</p> <p>At the moment the app has been populated with mainly North Ayrshire addiction related information. Stage 2 will be developed and rolled out to East and South Ayrshire over the coming months.</p> 

2.7	<u>16 Days of Action Campaign</u>
	<p>During the 16 Days of Action Campaign Community Justice Ayrshire and members of East, North and South Ayrshire Violence Against Women Partnerships are hosting a pan-Ayrshire gender based violence conference on Friday 29 November 2019 at a venue in Ayr. The conference will explore various forms of gender based violence across the life course. The conference is primarily aimed at front line practitioners and we would welcome delegates from across a variety of disciplines within statutory and third sector agencies.</p> <p>Planning for the event is well underway and we are delighted to have some eminent speakers coming along to the conference:</p> <ul style="list-style-type: none"> • Dr Marsha Scott (Scottish Women's Aid) • Fiona Drouet (#EmilyTest) • Jasvinder Sanghera (Forced Marriage and Honour Based Abuse) • Det Supt Gordon McCreadie (Police Scotland) <p>Other speakers are still to be confirmed. In addition, there will also be a variety of workshops on the day which will showcase some of the fantastic work taking place across Ayrshire to tackle different forms of gender based violence.</p>
	<u>North Ayrshire Developments</u>
2.8	<u>North Ayrshire Child Protection Committee Newsletter – 1st Issue</u>
	<p>Please see link to the first Child Protection Committee newsletter! These will be released quarterly and will provide information to workers across North Ayrshire regarding news and activity within North Ayrshire Child Protection Committee http://childprotectionnorthayrshire.info/cpc/media/2014/03/CPC-Newsletter-ISSUE-1-Sep-2019.pdf</p>
2.9	<u>Thinking Different, Doing Better Experience</u>
	<p>Over 1000 staff across the partnership have attended the HSCP Thinking Different, Doing Better experience. The next step is to open the doors to communities to offer them the opportunity to go through the experience.</p>
	<p>Three community sessions have been arranged during October and community groups and individuals will be encouraged to book a place on these sessions via the links below :-</p> <p>14th October 2pm - 4.30 pm https://www.eventbrite.co.uk/e/copy-of-thinking-different-doing-better-the-north-ayrshire-hscp-experience-tickets-73271855091</p> <p>18th October 9-11.30am https://www.eventbrite.co.uk/e/thinking-different-doing-better-the-north-ayrshire-hscp-experience-tickets-73272342549</p> <p>23rd October 2-4.30pm https://www.eventbrite.co.uk/e/thinking-different-doing-better-the-north-ayrshire-hscp-experience-tickets-73272783869</p>
3.	PROPOSALS

3.1	<u>Anticipated Outcomes</u>
	Not applicable.
3.2	<u>Measuring Impact</u>
	Not applicable
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	

4.	CONSULTATION
4.1	No specific consultation was required for this report. User and public involvement is key for the partnership and all significant proposals will be subject to an appropriate level of consultation.
5.	CONCLUSION
5.1	Members of IJB are asked to note the ongoing developments within the North Ayrshire Health and Social Care Partnership.

For more information please contact Stephen Brown, Director/Chief Officer on 01294 317723 or sbrown@north-ayrshire.gcsx.gov.uk

Integration Joint Board
24 October 2019

Subject:	Alcohol and Drug Partnership Annual Report 2018-2019
Purpose:	To brief the IJB on the annual report submitted to the Scottish Government as part of local reporting arrangements with the Alcohol and Drug Partnership (ADP).
Recommendation:	To take cognizance of the reporting and outcomes in relation to the ministerial priorities, updates, and future planning which will assist in shaping the upcoming new ADP strategy.

Glossary of Terms	
ADP	Alcohol and Drug Partnership
HSCP	Health and Social Care Partnership
NHS AA	NHS Ayrshire and Arran

1.	EXECUTIVE SUMMARY
1.1	The annual ADP Report (Appendix 1) has been submitted to the Scottish Government in line with the 30 th September 2019 deadline. A range of partners were asked to provide their service delivery input in line with the delivery Plan commitments outlined in the 2015-2018 ADP Strategy.
1.2	<p>The ADP financial commitments are outlined within the Annual Report and detail the specific areas of spend required by Scottish Government. Throughout the document the development and initiatives outlined are financed by these funds. The underspend outlined (£131,000) is in the main, due to vacancies.</p> <p>The report requires underspend proposals to be outlined and this work has begun. They will be cross referenced with the upcoming ADP strategy and in line with specific Ministerial Priorities.</p>
1.3	<p>Priority1 – DAISy Implementation.</p> <p>The Scottish Government intend to implement a service user recording system (DAISy Drug and Alcohol Information System) along with an outcomes-based recovery web reporting Tool (ROW, Recovery Outcome Web) in all services where possible. This will ensure consistency in data reporting and cleansing through NHS Information Services Division. All services require training and implementation plans to roll out.</p>
1.4	<p>Priority 2 – Tackling Alcohol and Drug Related Deaths</p> <p>A local Drug Death Prevention Group has been established and has developed an action plan to prevent drug related deaths. Key improvement areas include further enhancing the work in relation to the supply of Naloxone, working in a whole systems approach with families and communities, continued support of community recovery activities, promotion of peer support and the value of 'lived experience' and the provision of a newly tendered service for early intervention and prevention (Turning Point Scotland).</p>

1.5	<p>Priority 3 – Ensuring a proactive approach to responding to prisoners and associated throughcare who experience alcohol/drugs problems.</p> <p>The partnership has robust links to prisons, Justice services and Community Justice Ayrshire. New developments include peer led recovery groups within prisons, gap analysis of individuals returning to Ayrshire placed in outer prison facilities and links upon liberation. The North Ayrshire Drug and Alcohol Recovery Services (NADARS) have developed a partnership clinic focussing on those who are most at risk and have complex needs. This clinic will engage with those upon liberation to ensure all support needs are in place.</p>
1.6	<p>Priority – 4 Continued implementations of activity based on recommendations within the Care Inspection report and evidence of Quality Principles for Alcohol and Drug Services. The NADARS service recently employed 4 new full time permanent staff members who have lived experience of substance use who are now in recovery. All HEAT and Local Delivery Plan standards have been met included quick access to treatment and delivery of Alcohol Brief Interventions. .</p>
1.7	<p>Formal arrangements for Working with Partners</p> <p>The report outlines the strategic reporting structures of the ADP and responsibility in relation to scrutiny by the chief officer's group.</p> <p>The wider subgroups and linked groups provide an exchange of communication and actions which flow to and from the ADP.</p>
2.	BACKGROUND
2.1	<p>The Scottish Government requires all ADP's to submit annual reports to evidence progress made within the partnership and ensure public funds disbursed are used accordingly within ministerial priorities in relation to alcohol and drugs. People with experience of problem alcohol/drug use and those affected are involved in the planning, development and delivery of services.</p> <p>.</p>
3.	PROPOSALS
3.1	<p>The IJB is asked to acknowledge the report submitted and its responses to the Scottish Government and the current ADP Strategy. This report will further inform the new ADP strategy (2019 – 2024) to be delivered along with the assessment of need.</p>
3.2	<u>Anticipated Outcomes</u>
	<p>The annual report outlines the response to the Scottish Government priorities and delivers on the expectations in line with the strategy and the delivery framework set out for ADP's.</p> <p>Looking forward, our new strategy will include delivery plans, an improvement plan, a risk register and an ambition of enhanced governance and reporting arrangements with the Chief Officers Group, CPP Board and IJB.</p> <p>The new strategy also features greater collaboration on a pan Ayrshire basis through the Community Justice Ayrshire, an Ayrshire Health and Justice group and, where appropriate, co-ordination with the three Ayrshire ADP's. Additionally, there is a focus on continuous improvement through engagement with and learning from key groups and agencies including the Scottish Drugs Forum, Scottish Recovery Consortium, Scottish Families Affected by Alcohol and Drugs, the Drugs Death Task Force, Alcohol Focus Scotland and Public Health Scotland.</p>

3.3	<u>Measuring Impact</u>
	<p>The ADP strategy contains a key set of delivery commitments, informed by the ADP strategy framework priorities and outcomes. This report adheres to the improvement goals set within that.</p> <p>The ADP reports quarterly to Scottish Government and has key performance measures within the HSCP Performance and Audit Committee report also.</p>
4.	IMPLICATIONS

Financial:	The ADP is supported by Scottish Government monies. The upcoming strategy will continue to identify need locally and funding in response to that in line with the delivery framework.
Human Resources:	The Alcohol and Drugs Partnership works across agencies with a wide range of staff.
Legal:	Nil
Equality:	The ADP Strategy and Delivery Plan has been through the Equality Impact Assessment Process.
Children and Young People	<p>Senior management within the HSCP in Children and Families have been consulted and contributed to this report.</p> <p>The Rights, Respect and Recovery Strategy, the outcomes of which the ADP will be tested against, has a clear focus on Getting It Right For Children, Young People and Families.</p>
Environmental & Sustainability:	The ADP, by focussing its work on prevention and early intervention and locality-based recovery programmes contributes to this.
Key Priorities:	The ADP strategy helps support the delivery of the North Ayrshire HSCP Strategic Plan.
Risk Implications:	The ADP is focussed on preventing harm in people affected by alcohol and drugs, their families and carers.
Community Benefits:	The ADP is committed to working within a Recovery Orientated Systems of Care and Whole Systems approach model to incorporate wider benefits to the community and Community Planning Priorities.

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

5.	CONSULTATION
5.1	All ADP members and partners were consulted in relation to the production of the Annual Report.
6.	CONCLUSION
6.1	The 2018 - 2019 ADP annual report provides information in relation to finance, key priority areas and partnership working. The continued rise in drug related deaths and

our responses are ever shifting and changing. The ADP Drug Death Prevention Group have several improvement actions in place which requires multi-agency support. The continued commitment by the ADP in relation to peer support and creation of new recovery referral pathways is further enhanced by the tender for the new Turning Point, Scotland Service - Prevention, Early intervention And Recovery service (PEAR).

For more information please contact Paul Main paulmain@north-ayrshire.gov.uk or
Thelma Bowers at thelmabowers@north-ayrshire.gov.uk

APPENDIX 1

ADP ANNUAL REPORT 2018-19 (NORTH AYRSHIRE ADP)

Document Details:

ADP Reporting Requirements 2018-19

1. Financial framework
2. Ministerial priorities
3. Formal arrangements for working with local partners

Appendix 1 Feedback on this reporting template.

In submitting this completed Annual Report we are confirming that this has been signed off by both the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **30 September 2019** for the attention of Amanda Adams to: alcoholanddrugdelivery@gov.scot copied to Amanda.adams@gov.scot

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1. FINANCIAL FRAMEWORK - 2018-19

Your report should identify all sources of income (excluding Programme for Government funding) that the ADP has received, alongside the funding that you have spent to deliver the priorities set out in your local plan. It would be helpful to distinguish appropriately between your own core income and contributions from other ADP Partners. It is helpful to see the expenditure on alcohol and drug prevention, treatment & recovery support services as well as dealing with the consequences of problem alcohol and drug use in your locality. You should also highlight any underspend and proposals on future use of any such monies**.

A) Total Income from all sources

Funding Source (If a breakdown is not possible please show as a total)	preventing and reducing alcohol and drug use, harm and related deaths
Scottish Government funding via NHS Board baseline allocation to Integration Authority	£1,302,676
Additional funding from Integration Authority (excludes Programme for Government Funding)	
Funding from Local Authority	
Funding from NHS (excluding NHS Board baseline allocation from Scottish Government)	£462,922
Total Funding from other sources not detailed above	
Carry forwards	
Total (A)	£1,765,598

B) Total Expenditure from sources

	preventing and reducing alcohol and drug use, harm and related deaths
Prevention (include community focussed, early years, educational inputs/media, young people, licensing objectives, ABIs)	£513,933
Treatment & Recovery Support Services (include interventions focussed around treatment for alcohol and drug dependence)	£924,516
Dealing with consequences of problem alcohol and drug use in ADP locality	£196,149
Total (B)	£1,634,598

C) 2018-19 Total Underspend from all sources: (A-B)

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Income (A)	Expenditure (B)	Under/Overspend
£1,765,598	£1,634,598	£131,000 Under

D) 2018-19 End Year Balance from Scottish Government earmarked allocations (through NHS Board Baseline)

	* Income £	Expenditure £	End Year Balance £
2018-19 investment for preventing and reducing alcohol and drug use, harm and related deaths	£1,765,598	£1,634,598	£131,000
Carry-forward of Scottish Government investment from previous year (s)			

Note: * The income figure for Scottish Government should match the figure given in table (a), unless there is a carry forward element of Scottish Government investment from the previous year.

Note **Underspend Proposals

The ADP is currently reflecting on the overall budget position and they are in the process of identifying the allocation of non-recurring funding with partners. Early proposals include a prison Navigator Programme in collaboration with the Scottish Violence Reduction Unit, Community Justice Ayrshire to enhance pathways, support and risk management upon liberation.

Plans are being developed for a community engagement event to allow for a Participatory Budget initiative process in relation to prevention of drug deaths implementing a whole systems approach for the community. The main focus on this PB process will be to involve and be informed by individuals, families and communities with lived experience.

2. MINISTERIAL PRIORITIES

Please describe in bullet point format your local Improvement goals and measures for delivery in the following areas during 2018-19:

PRIORITY	*IMPROVEMENT GOAL 2018-19 This should include your percentage target for each priority area where applicable.	PROGRESS UPDATE Maximum of 300 words for each priority. This should include percentage of delivery against target	ADDITIONAL INFORMATION Maximum of 150 words
1. Preparing Local Systems to Comply with the new Drug & Alcohol Information System (DAISy)	<ul style="list-style-type: none"> Ensure processes are in place to prepare for the implementation for the new DAISy system 	<p>All services have reviewed their systems, processes and paperwork and are prepared to enter data into DAISy. This includes any relevant services based within the prison.</p> <p>We have reviewed our compliance with the 12 weeks follow up review data in preparation for DAISy. We have also implemented the ROW tool as a local outcome measure.</p> <p>The North Ayrshire ADP is on target for commencement of DAISy.</p>	<p>Awaiting implementation of DAISy in January 2020.</p> <p>We have identified staff to undertake the DAISy 'Train for Trainers course'. Still awaiting training dates.</p>
2. Tackling drug and alcohol related deaths (DRD & ARD)/risks in your local ADP area. Which includes - Increasing the reach and coverage of the	<ul style="list-style-type: none"> Set up a North Ayrshire specific Drug Death Prevention Group; 	<p>During 2018, The North Ayrshire Drug Death Prevention Group (DDPG) was convened as an ADP local subgroup of the larger pan-Ayrshire Drug Death Prevention Group. This inclusive group</p>	<p>The group meets bi-monthly but will convene quickly in the event of any local adverse activity</p>

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<p>national naloxone programme for people at risk of opiate overdose, including those on release from prison and continued development of a whole population approach which targets harder to reach groups and focuses on communities where deprivation is greatest.</p>	<ul style="list-style-type: none"> • Increase the availability of Naloxone across North Ayrshire • Utilise peer workers to target and engage with individuals 	<p>has met regularly and has developed an Action Plan focussing on specific priority areas:</p> <ul style="list-style-type: none"> • Caring for people in contact with services • Reaching those not in contact with services. • Reducing Risk • Working with Families and Communities <p>Across North Ayrshire there has been an increased focus in widening the use and supply of Naloxone. In the last year over 220 Naloxone kits were distributed which was an increase from previous years. It was reported that 13 lives have been saved in North Ayrshire though the administration of Naloxone. This figure will be higher but unfortunately many 'saves' go unreported. There is an opportunity to widen the availability and access to Naloxone across the H&SCP and North Ayrshire Council and we would expect as a minimum target to increase delivery of 60 kits in the next year (a proposal is currently being developed).</p>	<p>or increase risk within the community that may require or benefit from partnership response</p> <p>Further work and analysis with Police Scotland in relation to data available and drug deaths are taking place.</p> <p>The ADP are testing our processes against the SDF Staying Alive (2019) Good Practice Indicator 1</p> <p>Increased Naloxone distribution will be a key priority for the ADP during 2019/20. The ADP are testing</p>
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	<p>not known to service or not currently engaged in service;</p> <ul style="list-style-type: none"> • Ensure that the new service being procured by the ADP has outcomes relating to early intervention, assertive outreach and supporting harder to reach groups. 	<p>During 2018/19, the North Ayrshire Drug and Alcohol Recovery Service (NADARS) reviewed its staffing skill mix and, based on positive Peer Support initiatives implemented by the ADP, complemented its Addiction Service workforce by recruiting to 4 full time permanent Recovery Development Workers (previously known as Peer Recovery Workers). Through this staff group and other peer workers, there has been a pro-active targeting of individuals not known to service and those who have 'dropped' out of service. Pro-active support has been offered across 3 Community Cafes in North Ayrshire and within HMP Kilmarnock whilst peer workers have also set up recovery support groups focussing not only on alcohol and drug recovery but also Blood Borne Virus identification and treatment support.</p> <p>During 2018/19 the ADP commissioned a new service which focuses on the following priority areas: Area 1 – Identification, education and prevention Area 2 – Brief Intervention and psycho-social support Area 3 – Ongoing Recovery support for individuals, carers and families</p>	<p>our processes against the SDF Staying Alive (2019) Good Practice Indicator 8</p> <p>A pilot has been proposed to take place in HMP Kilmarnock where individuals will receive nasal naloxone (Nyxoid) for their possession, thus increasing the numbers of those liberated with access to naloxone</p> <p>The ADP has inbuilt within a new service specification that: the required skill mix is a minimum of one third of the workforce secured for individuals with lived experience of alcohol/drug use and in recovery i.e. Peer Support Workers.</p>
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			<p>The commissioning and procurement process have been completed, with a new service provider (Turning Point, Scotland) commencing in August 2019.</p>
<p>3. Ensuring a proactive and planned approach to responding to the needs of prisoners affected by problem drug and alcohol use and their associated through care arrangements, including women</p>	<ul style="list-style-type: none"> • Support the implementation plan of the Community Justice Ayrshire (CJA) Local Improvement Plan through the Health & Justice Thematic Group. • Working in partnership with the CJA further develop the service user involvement model for people involved in community justice services. • Develop peer-led support approaches for individuals involved with justice services 	<p>Attendance at the HMP Kilmarlock 'community links' drop-in sessions to engage with men prior to liberation, and then linking then into community supports as required.</p> <p>Delivery of a peer-led recovery group within HMP Kilmarlock</p> <p>Links made with HMP Greenock and HMP Polmont to identify any gaps in provision for people returning to Ayrshire post-liberation.</p> <p>Contribute to the development of the practice guide to service user</p>	<p>The work of Community Justice Ayrshire and their 9 areas of focus in their CJLOIP (which include 'gender specific approaches' and 'keeping out of the justice system') has significant crossover with the ADP. This will be developed further with the collaboration with the ADP, SVRU and CJA project at HMP Bowhouse and also through a pan</p>

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	<p>who have alcohol or drug issues, including individuals in HMP Kilmarnock.</p>	<p>involvement (SUI) in justice settings in association with the University of Strathclyde and CYCJ.</p> <p>Share the learning from the SUI project to date through contribution to pan-Ayrshire SUI events, and celebrate success achieved to date.</p> <p>NADARS have implemented a test of change partnership clinic to engage with individuals with the most complex needs. The clinic will include those being liberated from prison who are in receipt of a methadone prescription. The clinic will promote and maximise client opportunity for review with their prescriber and offer the opportunity to have a conversation with essential partner agencies who may support them in their recovery journey. By introducing this approach, it is hoped that this will promote stability and expedite recovery for each client involved. The service would aim to stabilise all clients involved with this more supportive approach and refer them back to mainstream management.</p>	<p>Ayrshire health and justice group which will develop areas for diversion of prosecution and consistency in practices with SAS / NHS.</p>
<p>4. Continued implementation of improvement activity at a local level, based on the individualised recommendations within the</p>	<ul style="list-style-type: none"> Increasing involvement and referrals by statutory drug and alcohol services to peer support services. 	<p>NADARS now employ 4 full time peer recovery workers. This development has enhanced pathways across services and strengthened links between statutory</p>	<p>In recent years the Partnership has benefitted from the experience of</p>

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<p>Care Inspectorate Report, which examined local implementation of the <i>Quality Principles</i>.</p>	<ul style="list-style-type: none"> • The ADP to develop family inclusive practice is embedded across funded services. • Embedding a systematic approach to monitor performance improvement activity of all ADP funded services. • The ADP would benefit from further evaluation of timely access to services. 	<p>services and local recovery communities.</p> <p>North Ayrshire ADP work in partnership with individuals with lived experience of addiction and service providers to deliver recovery meetings. These are co-produced.</p> <p>In the commissioning of the new tier2/3 support services, North Ayrshire ADP stipulated that a percentage of the work force required to be made up of individuals with lived experience of addiction.</p> <p>The ADP have developed links with Scottish Families Affected by Alcohol and Drugs (SFAD). NADARS staff have attended an information session regarding family and bereavement support available and routinely offer this to service to family and carers.</p> <p>NADARS have been focusing on more welcoming family inclusive practice, in particular, regarding documentation and including families and carers to attend appointments. Suggestion boxes have also been placed within clinic settings to garner the views of family members and carers.</p>	<p>individuals with lived experience, many of whom who are now role models in recovery working in the voluntary and statutory sectors. Our learning from them and their contribution to the lives of people at risk of harm is significant. The Partnership is committed to continuing to learn from people with lived experience as well as examining feedback and good practice at a local, national and international level.</p>
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		<p>The new ADP funded tier2/3 support service will offer family and carer support, this was an explicit factor in the commissioning process.</p> <p>North Ayrshire ADP have worked with NAC commissioning and procurement department to refresh the current service level agreements, incorporating ADP outcomes and ministerial priorities and implement a robust monitoring process. This process will be carried out jointly with the commissioning and procurement team, and representatives from the ADP. This process will be monitored through the ADP Finance group.</p> <p>North Ayrshire ADP funded services continue to meet and exceed the national waiting time targets.</p> <p>As part of the new strategy development a large proportion of engagement took place with stakeholders, individuals using services and members of the community.</p>	
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* SMART (*Specific, Measurable, Ambitious, Relevant, Time Bound*) measures where appropriate

3. FORMAL ARRANGEMENT FOR WORKING WITH LOCAL PARTNERS

<p>What is the formal arrangement within your ADP for working with local partners including Integrated Authorities to report on the delivery of local outcomes?</p>	<p>As well as reporting to the North Ayrshire Community Planning Board the ADP now reports to the Chief Officer Group along with related updates on Child Protection, Adult Protection, MAPPA and Violence Against Women.</p> <p>This permits the work of the ADP to be scrutinised by the COG which is chaired by the local authority Chief Executive and has members including Director of H&SC and pan Ayrshire post holders including Chief Exec of NHS Ayrshire & Arran, police Divisional Commander.</p> <p>Similar reporting progresses to the Integrated Authority which will soon include updates on performance, improvement plans and escalating risks.</p> <p>Each of the ADP sub-groups has a designated section within the Delivery Plan, in order to demonstrate a clear focus on the delivery of actions contributing to the strategic priorities of Prevention, Protection, Recovery and Communities, incorporating national and local outcomes, Ministerial priorities, Opioid Replacement Therapy recommendations and local contribution to the Single Outcome Agreement.</p> <p>The ADP Delivery Plan is reviewed by each of the subgroups on a regular basis and a quarterly update is provided to the ADP Strategic Management Team. The ADP reports within the Health & Social Care Partnership/ Integration Joint Board structure.</p> <p>The ADP has representation within several strategic structures in order to highlight work taking place and contribution to cross cutting agendas. These include-</p> <ul style="list-style-type: none"> • Strategic Planning Group (H&SCP Strategic Priorities) • Children Services Strategic Plan • Safer North Ayrshire Partnership (CPP Local Outcome Improvement Plan) • Community Engagement Network • Housing First • Prison Reference Group
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	<ul style="list-style-type: none"> • BBV Managed Care Network • Community Justice Ayrshire • M.A.D (User Involvement Council) • FASD Steering Group • Education Representative in the Health & Wellbeing Group • Chief Officers Group
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In submitting this completed Investment Plan, we are confirming that this has been signed off by both the ADP Chair and Integrated Authority Chief Officer.

Paul Main, Chair, North Ayrshire Alcohol and Drug Partnership.

Paul Main..... Date.....

Stephen Brown, North Ayrshire Integrated Authority, Chief Officer.



Stephen Brown..... Date.....26 September 2019

APPENDIX 1:

1. **Please provide any feedback you have on this reporting template.**

Nothing of note to feedback

Integration Joint Board
24 October 2019

Subject: **Alcohol and Drug Partnership Strategy**

Purpose: To allow the IJB to review the new Alcohol and Drug Partnership (ADP) Strategy prior to approval by the Community Planning Partnership Board.

Recommendation: The IJB is asked to ratify the Alcohol and Drug Partnership Strategy prior to approval by the Community Planning Partnership Board.

Glossary of Terms	
ADP	Alcohol and Drug Partnership
HSCP	Health and Social Care Partnership
NHS AA	NHS Ayrshire and Arran

1.	EXECUTIVE SUMMARY
1.1	The previous Alcohol and Drug Partnership Strategy covered the period from 2015-2018. The new Alcohol and Drug Strategy for ratification is attached at Appendix 1 with a summary version at Appendix 2 .
1.2	<p>The Scottish Government produced new policy documents over the course of the strategy:</p> <ul style="list-style-type: none"> • Rights, Respect, Recovery: alcohol and drug treatment strategy 2018 • Alcohol Framework 2018, Preventing Harm. <p>These documents set out a series of outcomes and priority actions for Scotland, supporting the delivery of the Public Health Priorities and these have been reflected in the new strategy.</p>
1.3	The Scottish Government also produced a new partnership delivery framework for Alcohol and Drug Partnerships (ADPs). ADPs will continue to lead the development and delivery of a local comprehensive and evidence-based ADP strategy to deliver local outcomes. This should be achieved through applying a whole system approach to deliver sustainable change for the health and wellbeing of local populations. The delivery framework has been reflected in the new strategy.
1.4	Due to vacancies within the ADP support team, the Strategic Planning and Change Team delivered the development of the new ADP Strategy working with a key range of partners.
2.	BACKGROUND
2.1	<p>The Scottish Government advises that its new ADP partnership delivery framework should include the following key features:</p> <ul style="list-style-type: none"> • A clear and collective understanding of the local system in particular its impact, how it is experienced by local communities, and how effectively it ensures human rights are met. • Informed by the above, a locally agreed strategic plan, which sets out the long-term measurable outcomes and priority actions for the local area,

	<p>focussing on preventing and reducing the use of and harm from alcohol and drug use and the associated health inequalities.</p> <ul style="list-style-type: none"> • People with experience of problem alcohol/drug use and those affected are involved in the planning, development and delivery of services. This will require a shared understanding of the roles of duty holders and duty bearers in the context of a human rights-based approach. • A quality improvement approach to service planning and delivery is in place. • Clear governance and oversight arrangements are in place which enable timely and effective decision making about service planning and delivery; and enable accountability to local communities. • A recognition of the role played by the third sector and arrangements which ensure their involvement in the planning, development and delivery of services alongside their public-sector partners. <p>This framework is captured on page 5 of the new strategy. The strategy also captures strategic planning, quality improvement, financial planning, governance & oversight, relationships with the Integration authority and other key partners.</p>
2.2	<p>Due to vacancies within the ADP support team, the Strategic Planning and Change Team delivered the development of the new ADP Strategy. The Strategic Planning Lead chaired a writing group made up of partners from North Ayrshire Alcohol and Drug Partnership, North Ayrshire Health and Social Care Partnership including the Drug and Alcohol Recovery Service, Finance Team and Strategic Planning & Change Team, NHS Ayrshire & Arran Prevention and Service Support Team and Arran Public Health Team and the North Ayrshire Council Commissioning Team.</p> <p>An engagement group was also developed and this co-produced an engagement approach with children and young people affected by parental alcohol and drug use.</p>
2.3	<p>The new ADP strategic priorities have been generated from the writing group reviewing and implementing:</p> <ul style="list-style-type: none"> • Successes and learning from the North Ayrshire Alcohol and Drug Partnership Strategy 2015-2018, • Engagement and feedback from people and our local communities, including young people, • Learning from people with lived experience of drugs and alcohol, their families and carers, • Undertaking a detailed needs assessment, • Reviewing national strategy developments, • Assessing current performance and • Developing an outcomes framework to meet local and national priorities.
3.	PROPOSALS
3.1	<p>The IJB is asked to ratify the Alcohol and Drug Partnership Strategy prior to approval by the Community Planning Partnership. The full strategy is attached at Appendix 1 with a summary version at Appendix 2.</p> <p>All of the supporting information is now on the ADP website at http://www.nahscp.org/north-ayrshire-alcohol-and-drug-partnership-adp/</p>

3.2	<u>Anticipated Outcomes</u>
	The ADP strategy framework includes five outcomes which are supported by five priorities. This outcomes work has been generated from a review of national and local outcome approaches.
3.3	<u>Measuring Impact</u>
	<p>The ADP strategy contains a key set of delivery commitments, informed by the ADP strategy framework priorities and outcomes.</p> <p>The ADP already reports quarterly to Scottish Government and has key performance measures within the HSCP Performance and Audit Committee report. Additional work will begin shortly to create of a performance reporting score-card arrangement.</p>
4.	IMPLICATIONS

Financial:	The ADP is supported by Scottish Government monies. The three year resource allocation is noted in the commissioning and financial section of the strategy.
Human Resources:	The Alcohol and Drugs Partnership works across agencies with a wide range of staff.
Legal:	Nil
Equality:	An Equality Impact Assessment has been completed.
Children and Young People	Children and young people in North Ayrshire were consulted as part of the strategy development process.
Environmental & Sustainability:	The ADP by focussing its work on prevention and early intervention and locality-based recovery programmes.
Key Priorities:	The ADP strategy helps support the delivery of the North Ayrshire HSCP Strategic Plan.
Risk Implications:	The ADP is focussed on preventing harm in people affected by alcohol and drugs, their families and carers.
Community Benefits:	

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

5.	CONSULTATION
5.1	<p>The Strategic Planning and Change Team undertook a wide-ranging consultation, using focus groups with young people, people affected by drugs and alcohol, their carer's and families, plus door-step interviews and an online survey. Four key questions were co-produced, with children and young people affected by parental alcohol and drug issues to help inform the strategy.</p> <p>A total of 384 people were involved and opposing views were expressed about the role people, families, communities and wider society had to play in preventing and supporting people with drugs and alcohol issues.</p>

	The consultation feedback highlighted eight key areas for improvement and this information has been mapped to the ADP strategy priorities and provided to the delivery groups to support an improvement in their delivery commitments.
6.	CONCLUSION
6.1	The new ADP strategy provides an effective framework on which to build effective prevention and early intervention approaches and support for people affected by alcohol and drugs, their families and carers. Communities will play a key role in working with the partnership to reduce harm and grow recovery approaches.

For more information please contact Paul Main on pmain@north-ayrshire.gov.uk or Thelma Bowers on tbowers@north-ayrshire.gov.uk on 01294 317763

ALCOHOL AND DRUG STRATEGY 2019-2024



NORTH AYRSHIRE
ALCOHOL & DRUG
PARTNERSHIP

PEOPLE IN NORTH AYRSHIRE HAVE THE RIGHT TO BE TREATED WITH DIGNITY AND RESPECT, ENJOYING A HEALTHY LIFE – FREE FROM THE HARMS OF ALCOHOL AND DRUGS. PEOPLE ARE FULLY SUPPORTED WITHIN THEIR COMMUNITIES TO FIND THEIR OWN TYPE OF RECOVERY.

DOCUMENTS REFERENCED

Scotland's alcohol and drug strategy, Rights, Respect, Recovery and the Alcohol Framework 2018.

Scottish Government Partnership Delivery Framework to Reduce the Use of and Harm from Alcohol and Drugs, 2019

RELATED DOCUMENTS

Staying Alive in Scotland: Scottish Drugs Forum Report (June 2016)

Let's deliver care together – HSCP strategic plan 2018-2021

Dying for a Drink – Scottish Health Action on Alcohol Problems (October 2018)

The Ayrshire Mental Health Conversation: Priorities and Outcomes 2019-2027

Responding to Drug Use with Kindness, Compassion and Hope: A report from the Dundee Drugs Commission (2019)

New public health priorities for a healthier nation (June 2018)

ACKNOWLEDGEMENTS

Strategic Planning and Transformation Team

ADP writing group members,

ADP engagement group members,

Those supporting the engagement process including children and young people affected by parental alcohol and drug use, those with lived experience, families, carers, the ADP development workers and our communities.



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FOREWORD

Since being appointed Chair of the North Ayrshire Alcohol and Drug Partnership the increasing impact of the harm caused by drugs and alcohol on the lives of individuals, families and the communities of North Ayrshire is clearly evident, as is the desire to do all that we can to reduce this harm. Every life lost is a tragedy and we commiserate with the families and friends that have lost loved ones.

What has also been clearly evident to me is the dedication, commitment and effort of families and friends, the statutory services, the third sector and volunteers whose individual and collective efforts save lives and reduce harm. On behalf of everyone involved in the Partnership can I thank every single person for the work that you have done and the contribution you have made.

In recent years the Partnership has benefitted from the experience of individuals with lived experience, many of whom are now role models in recovery working in the voluntary and statutory sectors. Our learning from them and their contribution to the lives of people at risk of harm is significant. The Partnership is committed to continuing to learn from people with lived experience as well as examining feedback and good practice at a local, national and international level.

Our recent local consultation which informs this strategy provides commentary on a range of options, solutions and improvements for the Partnership to consider. From more police enforcement of legislation, a greater focus on prevention and recovery, increased engagement and the use of lived experience and adopting a stronger partnership, public health focussed approach. The responses to our consultation have been greatly welcomed and confirm the need for a range of responses from an increasing number of agencies, groups and individuals to tackle the complexity of alcohol and drug use.

Looking beyond the experiences of people in North Ayrshire we welcome the learning and work of others. This includes the report 'Drug Use with Kindness, Compassion and Hope' published by Dundee Drugs Commission. Our engagement with and learning from key groups and agencies including the Scottish Drugs Forum, Scottish Recovery Consortium, Scottish Families Affected by Alcohol and Drugs, the Drugs Death Task Force, Alcohol Focus Scotland and Public Health Scotland has never been more important.

Collectively this learning, engagement and feedback has informed our new 5-year strategy which places a greater focus on a public health approach to solutions, consistent use of evidence bases, engagement with individuals and communities with lived experience, tackling stigma and developing trauma informed, person centred approaches. Additionally, we will increase our collaboration with groups and organisations that work across Ayrshire including the Community Justice Ayrshire and pan-Ayrshire Health and Justice groups.



Paul Main

Paul Main

Independent Chair of the Alcohol
and Drug Partnership October 2019



ALCOHOL AND DRUG PARTNERSHIP STRATEGIC PLAN

VISION

People in North Ayrshire have the right to be treated with dignity and respect, enjoying a healthy life – free from the harms of alcohol and drugs. People are fully supported within their communities to find their own type of recovery.

ADP PRINCIPLES

- Human rights approach
- Person-centred
- Kindness
- Equality, diversity and respect
- Trauma informed
- Evidence based
- Partnership 'whole system solutions'
- Public health approach
- Learning from lived experience
- Challenging stigma
- Collaborative leadership
- Innovative approaches

ADP GOVERNANCE

- Strategic plan
- Quality improvement plan
- Governance structure
- Risk register
- Performance reporting
- Workforce plan
- Financial transparency
- Equalities impact assessment
- Communication, engagement & participation
- External review

PRIORITIES

- Prevention, education and early intervention
- Whole Family Approach
- A reduction in the affordability, availability and attractiveness of alcohol
- Public health approach to justice
- A recovery oriented approach which reduces harm and prevents deaths

OUTCOMES

- Fewer people develop problem drug use
- Children and families affected by alcohol and drug use will be safe, healthy, included and supported
- Less harm is caused by alcohol
- Vulnerable people are diverted from the justice system, wherever possible, and those in the justice system are fully supported
- People access and benefit from effective, integrated person-centred support to achieve their recovery

DELIVERY COMMITMENTS

- Education programmes
- Early intervention
- Harm reduction
- Whole family support
- Access to support
- Families involved in planning, delivery and service development
- Family focussed approaches
- Reducing consumption
- Partners working to prevent harm and reduce violence
- The right support at the right time
- Prison health & wellbeing services available
- Treatment & recovery programmes
- Focussed on most at risk

OUR VISION



People in North Ayrshire have the right to be treated with dignity and respect, enjoying a healthy life – free from the harms of alcohol and drugs. People are fully supported within their communities to find their own type of recovery.

WHO ARE WE AND WHAT DO WE DO?

North Ayrshire Alcohol and Drug Partnership (the Partnership) works with people, families, local communities and partners to identify their strengths and assets, to reduce the impact of alcohol and drug use across North Ayrshire.



OUR STRATEGIC PRIORITIES AND OUTCOMES

The Partnership will focus on five strategic priorities to deliver our vision.

Working collaboratively with people, local communities and partners, the following strategic priorities have been identified:

- Prevention, education and early intervention,
- A whole family approach,
- A reduction in the affordability, availability and attractiveness of alcohol,
- A public health approach to justice and
- A recovery oriented approach which reduces harms and prevents deaths.

DEVELOPING OUR STRATEGIC PLAN

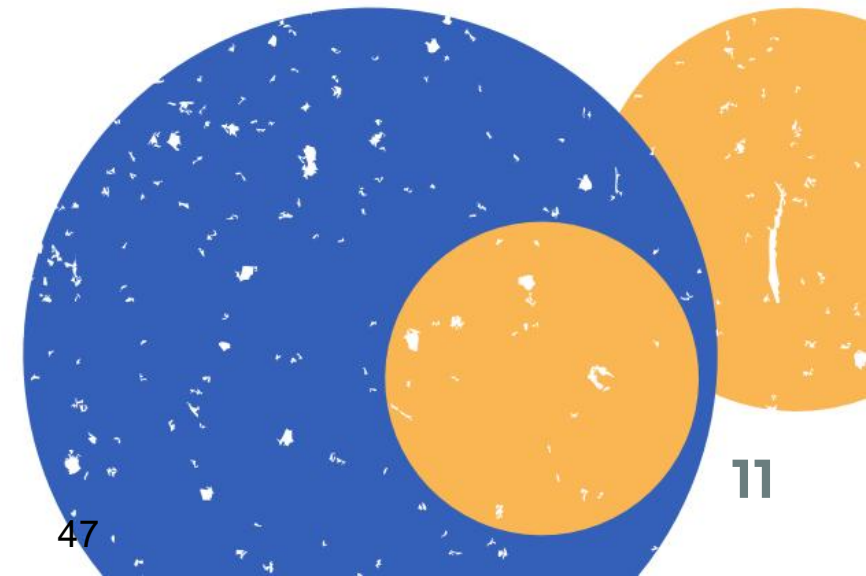
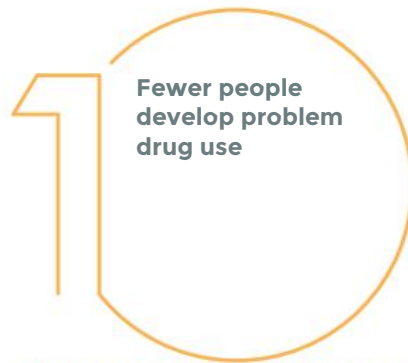
To support the development of the strategy an ADP Strategy Writing Group was created made up of partners from North Ayrshire Alcohol and Drug Partnership, North Ayrshire Health and Social Care Partnership including the Drug and Alcohol Recovery Service, Finance Team and oriented, NHS Ayrshire & Arran Prevention and Service Support Team and Arran Public Health Team and the North Ayrshire Council Commissioning Team.

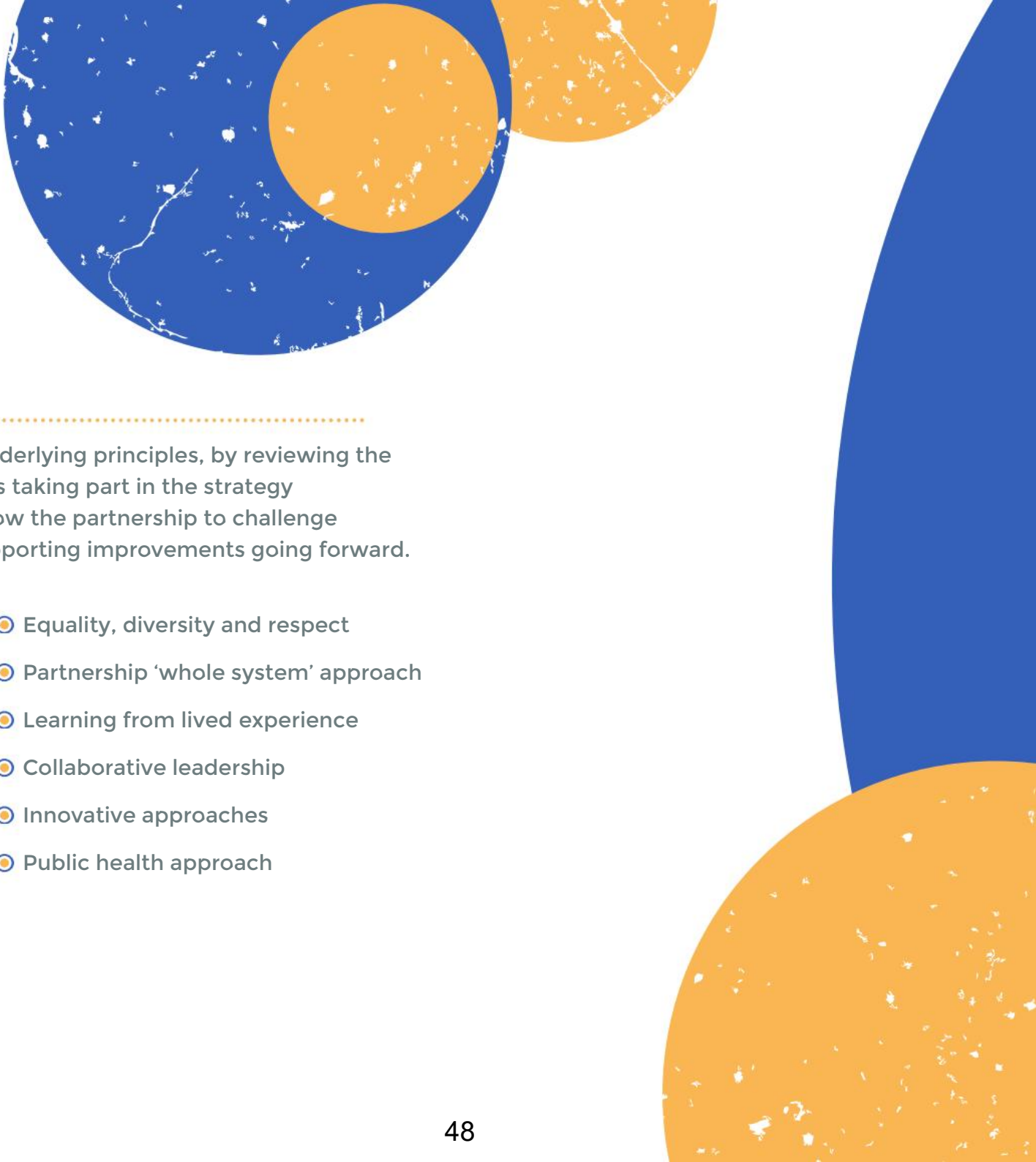
The strategic priorities have been generated from:

- Successes and learning from the North Ayrshire Alcohol and Drug Partnership Strategy 2015-2018,
- Engagement with and feedback from people, our local communities and partners, including young people,
- Learning from people with lived experience of drugs and alcohol, their families and carers,
- Undertaking a detailed needs assessment,
- Reviewing national strategy and policy developments,
- Assessing current performance and
- Developing an outcomes framework to meet local and national priorities.

ADP OUTCOMES

The five Strategic priorities enable the Partnership to deliver the following outcomes which have been identified by reviewing local and national policy drivers:





PARTNERSHIP PRINCIPLES

The Partnership has developed a set of underlying principles, by reviewing the feedback provided by people and partners taking part in the strategy engagement process. These principles allow the partnership to challenge behaviours which may be unhelpful in supporting improvements going forward.

- Human rights approach
- Person centred
- Trauma informed
- Kindness
- Evidence based
- Challenging stigma
- Equality, diversity and respect
- Partnership 'whole system' approach
- Learning from lived experience
- Collaborative leadership
- Innovative approaches
- Public health approach

NEEDS ASSESSMENT

To support the development of this new strategy, a detailed needs assessment was developed, in partnership with NHS Ayrshire and Arran public health colleagues. The needs assessment reviewed information from both national, regional and local sources. We reviewed data from 2008 to the present date, where available.

The needs assessment focussed on:

- Key demographic information – population, deprivation and economic activity
- Key health measures – addiction related hospital stays, drug prevalence and drug deaths
- Impact on young people – child protection and hospital admissions
- Alcohol and drug related crime
- Local cost of alcohol
- North Ayrshire workforce

Our needs assessment tells us where there have been improvements and areas that require the Partnership to focus its activities on.

NORTH AYRSHIRE ALCOHOL AND DRUG PARTNERSHIP NEEDS ASSESSMENT

Alcohol hospital admissions continue to fall but North Ayrshire rates are 32% higher than Scottish average.

Since 2010, North Ayrshire has continually had lower levels of drug related crime than the Scottish average

For Young people - over a four year period, we have seen a decrease in the number of drug related presentations. Yet this appears to coincide with an increase in alcohol related presentations.

Problematic drug and alcohol use disproportionately impacts deprived communities

The prevalence of problem drug use in North Ayrshire is higher than the Scottish average. Data indicates approximately 1,800 local people are affected by problem drug use.

Drug related admissions have increased, the rate of drug related hospital stays in North Ayrshire is more than double the Scottish figure.

Stigma remains a significant barrier

Increase in drug related deaths

Number of individuals admitted has fallen from 936 people 2011 to 782 people in 2017



Justice services have
a role to play

.....

Recovery is
community based

.....

Respect, equality
and diversity

.....

Services need to be
person-centred,
trauma informed and
better integrated

The whole family
needs support

.....

Improve partnership
working and positive
collaboration

.....

More needs to be done
to protect those most
at risk of harm
and death

STAKEHOLDER ENGAGEMENT



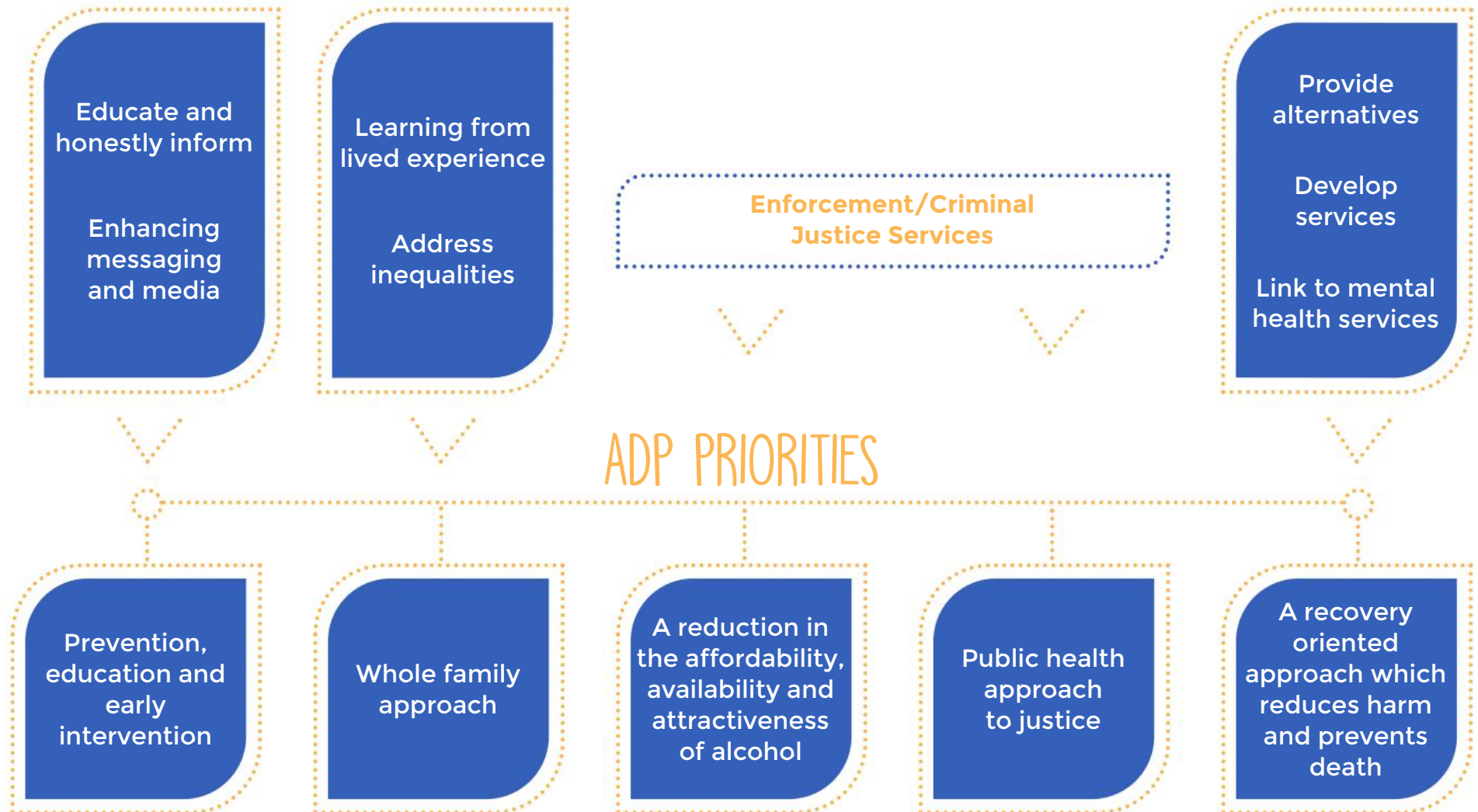
Listening to the views of people, families and carers across North Ayrshire was hugely important when developing the Alcohol and Drugs Strategy. Differing views were expressed about the role people, families, local communities, partners and wider society had to play in preventing and supporting people with drugs and alcohol issues.

A strategy engagement group finalised the key engagement questions and process.

Three hundred and eighty-four (384) people were engaged using a range of methods – from focus groups with young people, people affected by drugs and alcohol, their carers and families, plus face to face interviews

and an online survey. The feedback highlighted eight key issues for improvement, which have been linked to the ADP priorities in the diagram below.

ENGAGEMENT ISSUES FOR IMPROVEMENT – LINKING TO ADP KEY PRIORITIES



DELIVERY COMMITMENTS

To deliver our strategic priorities and agreed outcomes, the Partnership has developed a strategic reporting arrangement as noted in the diagram opposite.

As well as ensuring that the Partnership is accountable, this approach will be enhanced to create strategic delivery groups and delivery plans to deliver its commitments. This delivery group and plan approach, reporting to the Partnership Strategic Group, has worked well in the past, overcoming challenges and delivering success.

The Partnership will ensure that all services adhere to the 'Quality Principles' which detail the standard expectations of care and support in drug and alcohol services. The Partnership will also ensure that the Local Delivery Plan (LDP) standard relating to drug and alcohol treatment waiting times is met (this supports sustained performance in fast access to services) and ensure that LDP standard relating to the delivery of Alcohol Brief Interventions is met.



Each of the delivery groups will also identify a range of quality improvements which can be accessed on our website at <http://www.nahscp.org/north-ayrshire-alcohol-and-drug-partnership-adp>

OUR PARTNERS

The Partnership works with a wide range of people, local communities and partner organisations at a local, regional and national level. The partners involved come from a wide range of sectors including statutory, third, independent and charities.

The Partnership has representation within several strategic structures across North Ayrshire, to highlight work taking place and provide a contribution to cross cutting agendas.

The partners work together on the ADP delivery commitments and delivery plans to ensure delivery of the best outcomes for the people of North Ayrshire.

OUR COMMISSIONING AND FINANCIAL AMBITIONS

Commissioning Ambitions

The ADP commissioning process is a continuous cycle through three key stages; strategic planning (this strategy), procuring services and monitoring & evaluation. During 2018/19 the ADP procured a new early intervention and prevention service, recognising the need to invest additional monies in this area.

Service Monitoring

All statutory, independent and third sector services funded by the Partnership are subject to proportionate levels of service monitoring. As a minimum, funded services meet with relevant Senior Manager(s), the Lead Officer (ADP) and a Contract Management Officer on at least a bi-annual basis to undertake a Service Monitoring Review, which focusses on inputs and desired outcomes, based on national and local objectives.

The Lead Officer (ADP) and Contract Management Officer also visit each funded service on at least an annual basis to ensure that service objectives are being met and there is sufficient evidence which demonstrates this. Overall, the service monitoring approach focusses on ensuring partnership working which achieves positive outcomes for service users and carers. Where this is not the case timeous action is taken, which focusses on partnership working to resolve issues or concerns.

FINANCIAL AMBITIONS

The Partnership faced financial uncertainty for a number of years with the funding being allocated as a non-recurring allocation on an annual basis through NHS Boards. This meant that any new investment required consideration of how to adapt to any funding constraints.

For 2019-20 baseline funding to support ADP projects has been transferred to NHS Boards for onward delegation to Integration Authorities. This provides the Partnership with assurance over future funding and services can be planned on that basis. The full funding allocation should be spent on the provision of projects and services which deliver locally agreed outcomes in relation to reducing the use of, and harm from, alcohol and drugs. The funding allocation is the minimum that should be spent on these services.

The Partnership funding is now ring-fenced and the Integration Authority has the ability to hold reserves. This is an important principle and supports an approach to protecting the resource and allows flexibility over more than one year on how to prioritise and manage investment. The ADP approved a three-year budget for 2019-20 to 2021-22 in March 2019, this budget plan which is regularly reviewed, included agreeing to recurring investment where services had been funded non-recurrently year on year and uses the flexibility of the carry forward position across the three years.

THE THREE-YEAR APPROVED BUDGET ALLOCATION IS SUMMARISED BELOW:

	BUDGET 2019/20	BUDGET 2020/21	BUDGET 2022/23
Prevention (includes community focussed, early years, educational inputs/media, young people, licensing objectives, Alcohol Brief Interventions)	£522,903	£537,331	£541,106
Treatment & Recovery Support Services (includes interventions focussed around treatment for alcohol and drug dependence)	£1,136,796	£1,143,158	£1,149,370
Other	£102,618	£105,035	£107,524
Total Budgeted Expenditure	£1,762,317	£1,785,524	£1,798,000

The Partnership, in line with other public services, has an ambition to shift the balance of spend and investment towards prevention and early intervention services.

GOVERNANCE

To ensure that the Partnership delivers on its agreed outcomes; whilst working effectively with its partners, people and communities, the following governance and oversight arrangements will be developed.

Strategic plan
(this strategy)

Governance
structure

Performance
reporting

Financial
transparency

Equalities impact
assessment

Quality
improvement
plan

Risk
register

Workforce
plan

Communication,
engagement and
participation

External
review

Detailed governance and oversight arrangements are available on our website at <http://www.nahscp.org/north-ayrshire-alcohol-and-drug-partnership-adp/>

A summary copy of the full ADP strategic Plan can be accessed on our website at
<http://www.nahscp.org/north-ayrshire-alcohol-and-drug-partnership-adp>

If you have any comments or questions about this document, please feel free
to contact us using the details below:

To find out how we can help, please call 01294 310632

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North Ayrshire ADP, North Ayrshire Health and Social Care Partnership,
Cunninghame House, Irvine KA12 8EE

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ਇਹ ਦਸਤਾਵੇਜ਼ ਹੇਠ ਲਿਖੇ ਢੰਗਾਂ ਵਿੱਚ ਵੀ ਪ੍ਰਾਪਤ ਕੀਤਾ ਜਾ ਸਕਦਾ ਹੈ:

ਇਹ ਦਸਤਾਵੇਜ਼ ਹੇਠ ਲਿਖੇ ਢੰਗਾਂ ਵਿੱਚ ਵੀ ਪ੍ਰਾਪਤ ਕੀਤਾ ਜਾ ਸਕਦਾ ਹੈ:

ਇਹ ਦਸਤਾਵੇਜ਼ ਹੇਠ ਲਿਖੇ ਢੰਗਾਂ ਵਿੱਚ ਵੀ ਪ੍ਰਾਪਤ ਕੀਤਾ ਜਾ ਸਕਦਾ ਹੈ:

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



NORTH AYRSHIRE
ALCOHOL & DRUG
PARTNERSHIP

North Ayrshire ADP

North Ayrshire Health and Social Care Partnership
Cunninghame House
Irvine KA12 8EE

Alcohol and Drug Strategy Summary 2019-2024



PEOPLE IN NORTH AYRSHIRE HAVE THE RIGHT TO BE TREATED WITH DIGNITY AND RESPECT, ENJOYING A HEALTHY LIFE – FREE FROM THE HARMS OF ALCOHOL AND DRUGS. PEOPLE ARE FULLY SUPPORTED WITHIN THEIR COMMUNITIES TO FIND THEIR OWN TYPE OF RECOVERY.

1. Foreword

Since being appointed Chair of the North Ayrshire Alcohol and Drug Partnership the increasing impact of the harm caused by drugs and alcohol on the lives of individuals, families and the communities of North Ayrshire is clearly evident, as is the desire to do all that we can to reduce this harm. Every life lost is a tragedy and we commiserate with the families and friends that have lost loved ones.

What has also been clearly evident to me is the dedication, commitment and effort of families and friends, the statutory services, the third sector and volunteers whose individual and collective efforts save lives and reduce harm. On behalf of everyone involved in the Partnership can I thank every single person for the work that you have done and the contribution you have made.

In recent years the Partnership has benefitted from the experience of individuals with lived experience, many of whom who are now role models in recovery working in the voluntary and statutory sectors. Our learning from them and their contribution to the lives of people at risk of harm is significant. The Partnership is committed to continuing to learn from people with lived experience as well as examining feedback and good practice at a local, national and international level.

Our recent local consultation which informs this strategy provides commentary on a range of options, solutions and improvements for the Partnership to consider. From more police enforcement of legislation, a greater focus on prevention and recovery and increased engagement, use of lived experience and adopting a stronger partnership, public health focussed approach. The responses to our consultation have been greatly welcomed and confirm the need for a range of responses from an increasing number of agencies, groups and individuals to tackle the complexity of alcohol and drug use.

Looking beyond the experiences of people in North Ayrshire we welcome the learning and work of others. This includes the report 'Drug Use with Kindness, Compassion and Hope' published by Dundee Drugs Commission. Our engagement with and learning from key groups and agencies including the Scottish Drugs Forum, Scottish Recovery Consortium, Scottish Families Affected by Alcohol and Drugs, the Drugs Death Task Force, Alcohol Focus Scotland and Public Health Scotland has never been more important.

Collectively this learning, engagement and feedback has informed our new 5-year strategy which places a greater focus on a public health approach to solutions, consistent use of evidence bases, engagement with individuals and communities with lived experience, tackling stigma and developing and using trauma informed, person centred approaches. Additionally, we will increase our collaboration with groups and organisations that work across Ayrshire including the Community Justice Authority and pan Ayrshire Health and Justice groups.

Our focus on engagement and learning will allow us to continually test and improve the Partnerships services, practice, plans and policies against existing evidence and developing good practice so that we collectively contribute to reducing harm, saving lives and supporting people in recovery.



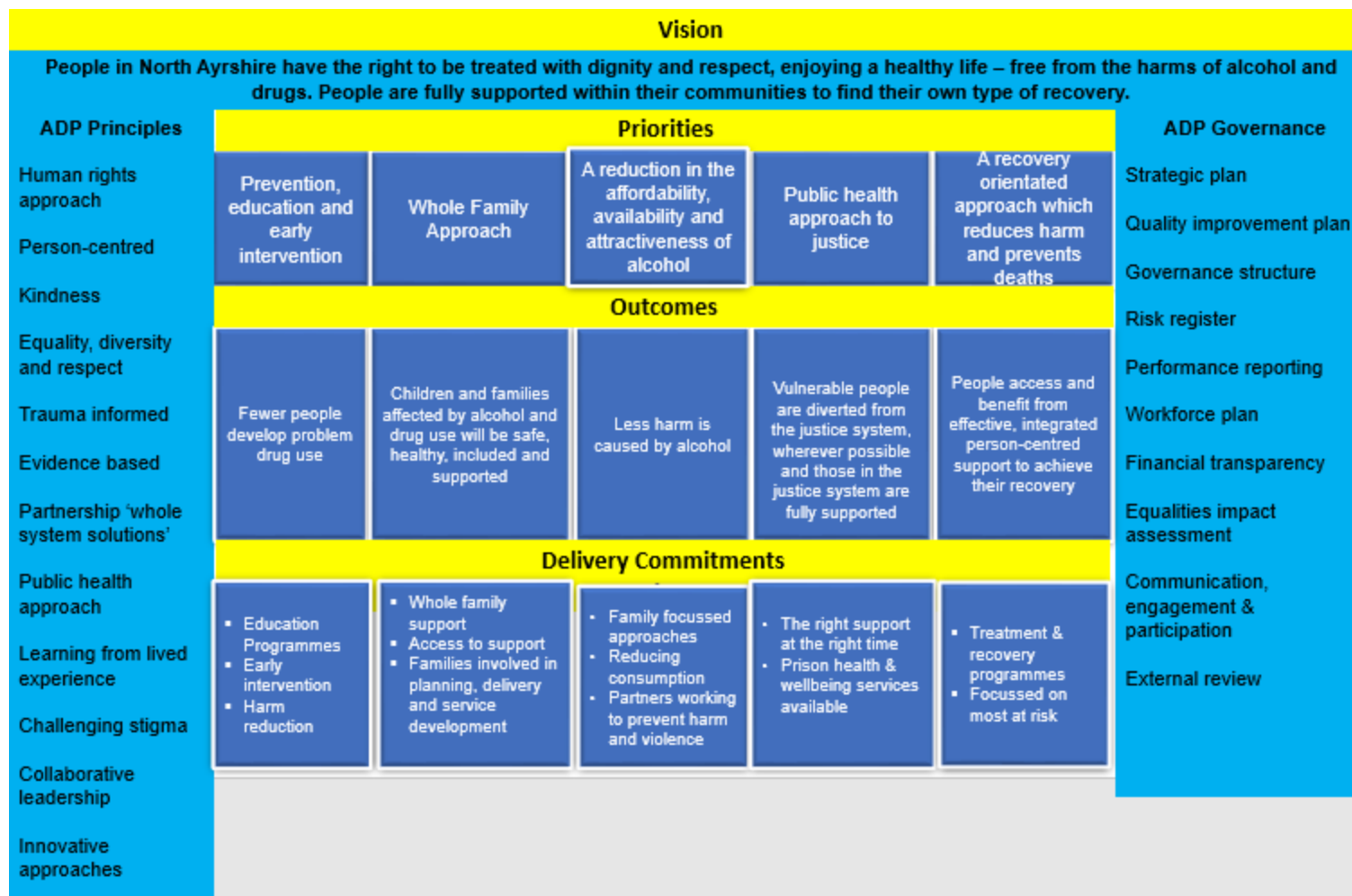
Paul Main

Independent Chair of the Alcohol and Drug Partnership

October 2019

2. ADP Strategy Framework

Working with people, local communities and partners the ADP has developed a 'plan on a page' approach showing the key areas of focus for the next five years.



3. Contact Us

A copy of the full ADP strategic Plan can be accessed on our website at <http://www.nahscp.org/north-ayrshire-alcohol-and-drug-partnership-adp/> . If you have any comments or questions about this document, please feel free to contact us using the details below:

Contact us

- To find out how we can help, please call **01294 310632**
- Follow us on Twitter @NorthAADP
- **North Ayrshire ADP**, North Ayrshire Health and Social Care Partnership, Cunninghame House, Irvine KA12 8EE

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Tha gach sgrìobhainn againn rim faotainn ann an diofar chànanan, clò nas motha, Braille (Beurla a-mhàin), teip clàistinn no riochd eile a tha sibh airson a thaghadh.

हमारे सब प्रकाशन अनेक भाषाओं, बड़े अक्षरों की छपाई, ब्रेल (केवल अंग्रेज़ी), सुनने वाली कसेट या आपकी पसंदनुसार किसी अन्य फॉर्मेट (आरएफ) में भी उपलब्ध हैं।

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آپ کی پسند کے مطابق کسی دیگر صورت (فارمیٹ) میں بھی دستیاب ہیں۔

ਸਾਡੇ ਸਾਰੇ ਪਰਚੇ ਅਤੇ ਕਿਤਾਬਚੇ ਵਗੈਰਾ ਵੱਖ ਵੱਖ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਅੱਖਰਾਂ ਅਤੇ ਬ੍ਰੇਲ (ਸਿਰਫ਼ ਅੰਗਰੇਜ਼ੀ) ਵਿਚ, ਆਡੀਓ ਟੇਪ 'ਤੇ ਜਾਂ ਤੁਹਾਡੀ ਮਰਜ਼ੀ ਅਨੁਸਾਰ ਕਿਸੇ ਹੋਰ ਰੂਪ ਵਿਚ ਵੀ ਮਿਲ ਸਕਦੇ ਹਨ।

Integration Joint Board
24 October 2019

Subject: **Preventing Drug Related Deaths: an update from 2018**

Purpose: The purpose of this report is to update the Integrated Joint Board (IJB) of the actions taken by the North Ayrshire Drug Death Prevention Group (DDPG). This paper outlines the ongoing work by the North Ayrshire Alcohol and Drug Partnership (ADP) and partner agencies to prevent drug related deaths in North Ayrshire. This report provides an update on actions taken following a previous report submitted to the IJB in 2018 (Preventing Drug Related Deaths: A Framework for Ayrshire and Arran)

Recommendation: It is recommended that the IJB:

Note the increase in confirmed drug related deaths in 2018, the projected increase in reported drug related deaths in North Ayrshire for 2019 and the actions in place to prevent future drug related deaths.

Note the creation of the North Ayrshire DDPG and actions taken to date.

Note and supports the expansion of the Naloxone programme.

Glossary of Terms

IJB	Integrated Joint Board
DDPG	Drug Death Prevention Group
ADP	Alcohol and Drug Partnership
ISD	Information Services Division Scotland
HSP	Health & Social Care Partnership
N/A DDPG	North Ayrshire Drug Death Prevention Group
DDRG	Pan Ayrshire Drug Death Review Group
NADARS	North Ayrshire Drug and Alcohol Recovery Service

1.	EXECUTIVE SUMMARY
1.1	<p>The purpose of this report is to highlight actions taken during 2018/19 to prevent drug related deaths in line with the anticipated outcomes from the IJB paper submitted in June 2018 and outlined below:</p> <ul style="list-style-type: none"> • Creation of a North Ayrshire DDPG ensuring local learning and national direction are implemented quickly as preventative actions. • Creation of drug related death prevention improvement plan whilst using the

	<p>Pan Ayrshire Drug Death Review Group (DDRG) as a coordinating link</p> <ul style="list-style-type: none"> Strengthen pan-Ayrshire working arrangements with a focus on preventive activities <p>The report highlights innovative partnership models of prevention, early intervention, treatment and care being developed and delivered across North Ayrshire.</p>
2.	BACKGROUND
2.1	<p>There were 1,187 confirmed drug related deaths in 2018 in Scotland (253 more than in 2017). This is the largest number of drug related deaths in Scotland since reporting began in 1996.</p> <ul style="list-style-type: none"> There were 82 confirmed drug related deaths in Ayrshire and Arran in 2018 (compared to 61 in 2017 and 85 in 2016) South Ayrshire had 15 confirmed drug related deaths in 2018; East Ayrshire had 29 confirmed drug related deaths in 2018; North Ayrshire had 38 confirmed drug related deaths in 2018 <p>Thus far, in 2019, there have been 34 <u>reported suspected</u> (not confirmed) drug related deaths in North Ayrshire</p>
2.2	Considering the increasing trend of drug related deaths across Scotland, this situation has now been described as an 'national emergency'.
2.3	<p>The Scottish Government have identified a national Taskforce group and invested £20 million to tackle the rising number of drug related deaths. The first Taskforce meeting took place on 17 September 2019 and examined the main causes of drug related deaths. This Taskforce will promote action to improve health outcomes for people who use drugs, and will advise what changes, in practice or in the law, could help save lives. The North Ayrshire DDPG looks forward to influencing this discussion and implementing specific findings and direction from this group. The Taskforce have since contacted every ADP across Scotland requesting the ADP send in ideas (maximum of 5 ideas) on how we can stem the rise in drug related deaths in Scotland. The ADP are actively engaging with the Task Force and liaising with other Ayrshire ADP's in this consultation.</p>
3.	PROPOSALS
3.1	<p>The North Ayrshire DDPG was convened as a subgroup of the North Ayrshire ADP whilst maintaining communication links with the wider Pan Ayrshire Drug Death Review Group. The DDRG has brought together local and national agencies to take cognisance of the recommendations within the 'National Staying Alive in Scotland' report and the Pan-Ayrshire 'Everybody Matters, Preventing Drug Related Deaths: A Framework for Ayrshire and Arran 2018-2021' report. The DDRG has identified and implemented several actions aimed at preventing drug related deaths.</p>
3.2	<p>The DDPG have produced a local Improvement Plan which identifies key priority improvement areas covering the themes of:</p> <ul style="list-style-type: none"> Caring for people in contact with services Reaching those not in contact with services. Reducing Risk Working with Families and Communities <p>This plan focuses on those high-risk individuals who are vulnerable to overdose and</p>

	involved in high risk drug taking.
3.3	<p>Examples of actions undertaken, and ongoing improvement areas identified:</p> <ul style="list-style-type: none"> • Same day contact with service for individuals released from prison (requiring NADARS support); • Quick access to treatment and care interventions including mental, physical, sexual and Blood-Borne Virus-related support; • Support staff to undertake psychological therapy training to deliver trauma informed practise; • Use of regular drug screening; • Regular key worker and prescriber reviews; • Increased availability of Harm Reduction interventions including Opiate Substitution Therapy and Injecting Equipment Provision; • Recruitment of 4 Recovery Development Workers within statutory services increasing the availability of support from individuals with lived experience who are in recovery; • Increased roll out the supply of Naloxone; • Work with Housing and Homeless Hostels to improve pathways of support and increase communication; • Commission the procurement of a new Prevention, Education and Early Intervention service (ADP have allocated approximately over £300,000 per year for the next 3 years to implement this new approach). Turning Point, Scotland have just been awarded the contract; • Planned engagement strategy to work in partnership with Police Scotland to retain challenging behaviour clients within treatment and care services • Lock boxes will be given to all clients who have child care responsibilities along with the 'Keeping methadone safe' booklet • Social Care Addiction Child and Parent Impact Report (CPIR) being developed in partnership with Children's Services to identify appropriate social care support for parents who have childcare responsibilities. • The NHS Prevention & Service Support Team will continue to provide a range of training courses many of which include valuable educational information about overdose awareness, poly drug misuse and risks of lowered tolerance • Positively promote family engagement with Scottish Families Affected by Alcohol and Drugs (SFAD) following bereavement
3.4	<p>Naloxone:</p> <p>Across North Ayrshire there has been an increased focus in widening the use and supply of Naloxone (this medication is used to block or reverse the effects of opiod drugs, particularly within the setting of drug overdoses). In the last year over 220 Naloxone kits were distributed which was an increase from previous years. It was reported that, a minimum of 13 lives have been saved in North Ayrshire though the administration of Naloxone (this figure will be higher but unfortunately many 'saves' go unreported). There is an opportunity to widen the availability and access to Naloxone across all partners, individuals, families and the wider community.</p>
3.5	<p>Injecting Equipment Provision</p> <p>There are currently a range of community-based Injecting Equipment Provision (IEP) available across North Ayrshire including pharmacy needle exchange availability and specialist clinics delivered by North Ayrshire Drug & Alcohol Recovery Service (NADARS) staff. These services are delivered in line with the Sexual Health Blood Borne Virus Framework and the Scottish Government Guidelines for IEP Provision</p>

	<p>and Lord Advocates Guidance.</p> <p>The NADARS continues to examine ways of increasing accessibility and availability of Harm Reduction interventions including additional needle exchange provision within the NADARS base whilst having to mitigate against a 16% budget reduction in the last 4 years from the NHS Public Health 'Outcomes Framework' bundle allocation.</p>
3.6	<p>Consultation:</p> <p>The ADP engaged the community in a public consultation which 384 people responded to and a significant number of responses came from those aged under 25 and individuals with lived experience of drug and alcohol use. Continued engagement activity and listening from individuals and families with lived experience will be key to the partnership's continuous improvement.</p> <p>The ADP held a conversation event on 20 September 2019 and invited a group of individuals from across the North Ayrshire community. This provided an opportunity to present the DDRG Improvement Plan and seek engagement and feedback on the identified actions. There is an opportunity to build upon this event and look at wider engagement across North Ayrshire.</p> <p>At the North Ayrshire Council meeting on 25th September the Council agreed to declare a drugs death emergency and asked that the Health and Social Care Partnership to convene a drugs death summit of Community Planning Partners to consider multi-disciplinary local drug policy, funding and service improvements.</p>
3.7	<p>Funding Opportunity:</p> <p>In addition to the improvement actions detailed within this report, the ADP have identified funding (£50,000) to encourage and attract innovative suggestions and proposals from the communities of Irvine and the 3 Towns locality initially (this targeted approach is evidenced based data on the highest risk geographical localities in North Ayrshire relating to drug related deaths) are being explored. The ADP are planning a Participatory Budgeting type approach whereby individuals, groups, services and partners can apply for funding.</p>
3.8	<p>New Ayrshire and Arran Addiction APP:</p> <p>The above has been created for download to phones to enable individuals to have access to a wide range of information available in relation to the following:</p> <ul style="list-style-type: none"> • Local services and Support • Helpful Websites • Current Alerts • Who to contact in an emergency • Events in your area including free training • Self help • What is happening in Ward 5 (Addiction facility at Woodland View) <p>The APP is available by downloading "Healthzone UK" from the apple or Android store and search for "Ayrshire and Arran Addictions", leaflets will be distributed.</p>
3.9	<p><u>Anticipated Outcomes</u></p>

	<p>The partnerships learning, engagement and feedback has informed a new 5-year strategy which places a greater focus on a public health approach to solutions, consistent use of evidence bases, engagement with individuals and communities with lived experience, tackling stigma and developing trauma informed, person centred approaches. Additionally, increased collaboration with groups and organisations that work across Ayrshire including the Community Justice Authority and pan Ayrshire Health and Justice groups will become more important.</p> <p>Our focus on engagement and learning will allow us to continually test and improve the Partnerships services, practice, plans and policies against existing evidence and developing good practice so that we collectively contribute to reducing harm, saving lives and supporting people in recovery.</p> <p>We will continue to encourage local learning and rapid partnership responses to complex high risk individuals who are vulnerable to overdose and seek to develop innovative and wider partnership multi agency participation in the DDPG agenda</p>
3.10	<u>Measuring Impact</u>
	The DDPG Improvement plan will be used to gauge and measure development and partnership working to jointly prevent drug related deaths. Yearly information is also published by ISD in relation to drug related deaths.
4.	IMPLICATIONS

Financial:	Costs included within ADP funding allocation.
Human Resources:	The ADP will be seeking support from staff across all partner agencies to support actions to prevent drug related deaths and to help support the roll out the Participatory Budgeting approach during 2019/20
Legal:	There are no obvious legal issues
Equality:	Any revision or development of new policies will be Equality Impact Assessed as they progress.
Children and Young People	Any work and actions progressed will be implemented with a view of positively impacting on children's health and care needs.
Environmental & Sustainability:	No obvious sustainability or environmental issues.
Key Priorities:	Actions and improvements link directly with Ministerial Priorities and support the delivery of local strategic and operation plans across statutory and partner services.
Risk Implications:	Actions are aimed at reversing the trend of increasing drug related deaths and preventing future deaths
Community Benefits:	Improvements will increase community confidence in partnership approaches to drug related deaths.

Direction Required to Council, Health Board or Both <i>(where Directions are required please complete Directions Template)</i>	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	ADP partners and stakeholders have been engaged with and consulted regarding the ADP strategy development and actions aimed at preventing drug related deaths
6.	CONCLUSION
6.1	<p>Drug related deaths are preventable.</p> <p>The IJB are asked to note the content of the report and where appropriate support the actions and improvements aimed at preventing drug related deaths.</p>

For more information please contact Paul Main, ADP Chair, on 01294 310632 or paulmain@north-ayrshire.gov.uk

Integration Joint Board
24th October 2019

Subject:	North Ayrshire IJB Carer's Short Breaks Statement
Purpose:	To present the North Ayrshire HSCP Carers Short Breaks Statement to the IJB for consideration and approval.
Recommendation:	The Integration Joint Board approves the Short Breaks Statement, included in Appendix 1.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership

1.	EXECUTIVE SUMMARY
1.1	The Carers (Scotland) Act 2016 came into force on 1 April 2018. It places legislative requirements on the Integration Joint Board, including the requirement to publish a statement setting out information about short breaks, including what services are available for carers.
2.	BACKGROUND
2.1	<p>The Carers (Scotland) Act 2016 which came into force on 1 April 2018 places a duty to prepare and publish a Short Breaks Services Statement. Section 35 of the Act states that:</p> <ul style="list-style-type: none"> • A Short Breaks Services Statement means a statement of information about the short breaks services available for carers and cared-for persons. • The information must be accessible to, and proportionate to the needs of, the persons to whom it is provided. • Scottish Ministers may by regulations make further provision about the preparation, publication and review of short breaks services statements. <p>The Carers Act required the statement to be published by 31 December 2018. The North Ayrshire statement has been prepared in conjunction with the North Ayrshire Carer's Advisory Group.</p>
3.	PROPOSALS
3.1	Positive outcomes for carers are supported when they receive breaks from caring and this also helps to prevent any future breakdown in the caring relationship. It is important to acknowledge that carers may also need to combine their caring role with other family activities, responsibilities or employment. This requires the approach to short breaks being tailored to individual carer need.

	<p>The purpose of the short breaks statement is to inform and advise young and adult carers, staff and the wider community of planned, short break opportunities for carers who care for someone living in North Ayrshire. The statement provides useful links and ideas of available supports, regardless of eligibility and level of support needed, and how to access a break from caring. The statement focusses on supports for planned short breaks with a focus on early intervention and support for carers to continue in their caring role.</p> <p>The IJB are asked to note the North Ayrshire Short Breaks statement and approve the publication of the statement, in line with legislative requirements of the Carers Act.</p>
3.2	<u>Anticipated Outcomes</u>
	The publication of the Short Breaks Statement fulfils a legislative requirement as part of the Carer's Act. The statement should provide greater transparency and sign posting to services available to carers in North Ayrshire.
3.3	<u>Measuring Impact</u>
	The statement will be reviewed annually by the carers team. Services provided to carers formally through Carers assessments are recorded and monitored by services.
4.	IMPLICATIONS

Financial:	Any short break services provided by the HSCP would be as a result of a carers assessment and the funding provided for the Carers Act is to fund the services identified and agreed from those assessments, in line with agreed eligibility criteria.
Human Resources:	None
Legal:	The legal implications are those duties placed on the IJB under the provisions of the Carers (Scotland) Act 2016.
Equality:	The statement supports fair access to information re short breaks to all carer groups.
Children and Young People	The statement refers to supports for Young Carers.
Environmental & Sustainability:	None
Key Priorities:	Supporting Carers to continue in their caring role is a key priority of the HSCP.
Risk Implications:	None
Community Benefits:	The statement supports fair access to information re short breaks to all carer groups, this includes signposting to services available in communities.

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	In developing this statement, consultation was carried out with carers and staff from the voluntary sector and HSCP, including the Carers Advisory Group and Unity (North Ayrshire Carers Centre)

6.	CONCLUSION
6.1	It is recommended that the Integration Joint Board approves the Short Breaks Statement, thereafter this can be published to enhance existing carers information and resources.

For more information please contact Kimberley Mroz, Policy Manager on 01294 317709 or kmroz@north-ayrshire.gov.uk



North Ayrshire Short Break Services Statement

Document Control

Prepared By	Kimberley Mroz – Self-directed Support & Unpaid Carers Policy Manager
Authorised By	Stephen Brown – Director of North Ayrshire Health & Social Care Partnership
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Acknowledgements	https://www.sharedcarescotland.org.uk/

Version Control

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Introduction

The Carers (Scotland) Act 2016 requires Local Authorities to prepare, publish and review a [Short Break Services Statement under Section 35](#).

It is NAHSCP's (North Ayrshire Health & Social Care Partnership's) responsibility to prepare this Statement along with local carers and the people they care for, the Carers Advisory Group, North Ayrshire Carers Centre, as well as staff and other third sector partners.

The purpose of the Short Break Statement is to inform and advise young and adult carers, staff and the wider community of planned, short break (often referred to as respite) opportunities for carers who care for someone living in North Ayrshire. The Statement provides useful links and ideas, what is available regardless of eligibility and level of support needed, and how to access a break from caring.

The Statement does not focus on carer situations that occur due to emergencies or crisis with the carer or cared for person. It is about supporting planned short breaks from your caring responsibilities.

Short Breaks

What is a Short Break?

The Carers (Scotland) Act 2016 does not provide a legal definition of a short break.

Shared Care Scotland; one of the seven National Carer Organisations, considers a short break to be;

‘a service which is provided to give the unpaid carer a rest from their caring responsibilities.’

In North Ayrshire we believe a short break should be personalised, it can be creative and will have different meanings for each individual carer and it is;

‘Anything that allows a person, of any age, to have some time away from their caring routines and responsibilities’

A short break is a type of planned support that allows carers to have a rest. It should help your emotional and physical health and wellbeing. It can also support the relationship with the person you care for to help you feel able to continue caring. The short break should make a difference to your life and make you feel you have had time for yourself.

The short break approach provides you with choice and flexibility. It involves a conversation with you and the person(s) you care for to determine what a break from caring means, or might look like, for you. NAHSCP have for many years provided services that have given important and required relief to many carers by providing short term care for the cared-for person(s). This care has been mostly provided in a care home or day care service and is often the only help many carers request.

In 2018/19, NAHSCP supported 210 carers and the cared for person (over 65 years of age) to receive planned traditional breaks across 32 residential care settings in North Ayrshire.

NAHSCP's Anam Cara Service provides dedicated short breaks for older adults with a diagnosis of dementia who reside in North Ayrshire. Carers who use this service shared the following;

'It was so reassuring for us to know that we were leaving him in such safe caring hands. Facilities like Anam Cara are priceless to carers.'

Walker family

'Thank you for doing what you do and for showing us a new road in our journey with dad.'

Bennett family

Even when services are delivered in the most personalised way possible, you may find traditional types of support are not suitable for you or the cared-for person. You may find you need something different/or in addition to the standard provision of carer support because you, the person(s) you care for and your circumstances are unique to you.

In 2018/19, 33 carers (all age groups) applied through Unity North Ayrshire Carers Centre to Shared Care Scotland [Short Breaks Fund](#) to receive innovative short breaks covering a range of activities and equipment, some of our carers who have utilised this fund shared the following :-

'It felt good having me time without worries and stress.'

'I got new football boots and it made me feel better as I now play for a team'

'It made a difference to myself just being out as this doesn't happen very often. To my partner it was a chance of company as he is with me 24/7. It was a good day for us both'

NAHSCP have asked young and adult carers how a break from caring makes them feel.

You told us you are more able and willing to care when you feel well and have meaningful time away from your caring responsibilities. You also stated knowing what is out there gives you more choice and control to consider what you need.

Who can have a Short Break?

This Statement is for young and adult carers, and the cared-for person. It also provides guidance for NAHSCP staff and other organisations who support carers in North Ayrshire.

Under the Act a '**carer**' is an individual who provides or intends to provide care for another individual.

An '**adult carer**' is at least 18 years old and a '**young carer**' is either under 18 years old or has turned 18 but is still at school.

Carers look after family members or friends who need help to live day to day due to illness, disability, mental health, addiction issues or simply as they grow older. You can be any age, care for more than one person and do not need to live in the same house as the cared-for person(s). Often caring is associated with physical tasks but giving emotional support is a huge part of caring, and often more stressful. As well as a carer you are a parent, partner, grandparent, brother, sister, daughter, son and/or friend. Some carers care for each other and you may have your own health and/or social care needs.

What can a short break look like?

Your caring circumstances are personal to you and not every short break requested will be the same. The type or length of short break depends on your identified eligible need and what matters to you most, as identified in your ACSP (Adult Carer Support Plan) or YCS (Young Carer Statement). An ACSP or YCS is an opportunity to discuss with the HSCP what **support** or services you need. This will look at how caring affects your life, including for example, physical, mental and emotional needs, and whether you are able to carry on caring.

A break from caring can;

- Be for a few hours a day to spend time with other family or friends, maintain friendships and take a break from your caring role/routine
- Be during the day or night with replacement support or telehealth/care, if needed
- Allow you to have a life outside and/or alongside your caring role
- Involve the person you care for having a break away from home, allowing you some time for yourself
- Involve you and the person you care for having a break together

For more examples of what a short break can look like visit Shared Care Scotland's [Short Break Stories](#).

Why take a Short Break?

The benefits from taking a break from caring are different for each carer. A break from caring can help in many ways by reducing the stress and anxiety of day to day life. It can maintain or improve physical and emotional health and wellbeing. It can support the caring relationship as well as those with other family and friends, often reducing isolation. Carers also use the opportunity of a short break to refresh and recharge helping achieve more balance in life.

North Ayrshire carers shared some further comments on their break from caring stating that it;

'Gave me time to myself as I care every day and always need to rush back, having the day off to do something I enjoy was great.'

'It was of great benefit to us both, mentally and physically and gave us a good boost.'
'It enabled me to get a break as I was very lethargic beforehand.'

'We were a family for the day!'

How can I get a Short Break?

From 1st April 2018, NAHSCP must provide support to young and adult carers based on their assessed identified needs.

The ACSP or YCS will look at your whole caring situation, the impact of caring on your quality of life and the risk to you and the person you care for if you are not able to continue caring. Through good caring conversations your ACSP or YCS will highlight these areas and help decide your level of support. This could range from receiving information, advice and signposting to relevant universal or community supports all the way through to targeted commissioned supports and services.

An ACSP is for adult carers, who request or are offered and accept the chance to complete their ACSP. The Plan is a record of agreed outcomes to achieve or maintain. You will receive a copy of your ACSP and can share with anyone you wish.

NAHSCP will help you complete your ACSP, applying [North Ayrshire Carer Eligibility Criteria](#) to determine your level of support.

If you self-identify and request your ACSP, Service Access Teams are the point of referral, based in your local health and social care office. (See *Appendix 1* for who to contact and a flow chart of steps to understand how to apply for a short break).

If you live in North Ayrshire but care for someone in another authority area, it is that other local authority who holds the duty to offer and prepare your ACSP or YCS.

The YCS is for young carers, who request or are offered and accept the chance to complete their YCS. The Statement is a record of agreed outcomes to achieve or maintain. You will receive a copy of your YCS and can share with anyone you wish.

NAHSCP and Education Services have agreed that Head Teachers and Pastoral staff will support young carers to prepare and complete their YCS and apply [North Ayrshire Young Carer Eligibility](#) up to the levels of moderate risk/impact. Where your needs are thought to be substantial or critical, Education will request assistance to identify an appropriate Lead Professional to help.

However, not all breaks from caring will meet NAHSCP's eligibility and require a separate funding for you. Many of your outcomes can be met through universal services such as Health or Education, community support or from services already received by the cared-for person. Where this is not the case and your own carer funding is agreed, Self-directed Support options will be offered to consider how best to plan, take and pay for your short break. There are four options which allow you to decide how much control and responsibility of your funding you want. These options are:

- A Direct Payment – you receive a cash payment from the HSCP and arrange, pay for and manage the short break you choose to meet your assessed need.
- An Individual Service Fund – HSCP arranges and pays for the support you choose but you manage this with the provider to meet your assessed need.
- HSCP arranged services – HSCP chooses, arranges, delivers and pays for the support they think best meets your assessed needs.
- A mixture of the above three options for different types of short breaks from caring.

NAHSCP will consider all parts of your short break to waive any cost to you but there may be some parts that you will have to pay for. Each individual short break will be considered on its own circumstances. For more information on charging for breaks from caring in North Ayrshire view the following links.

- [North Ayrshire Charging Policy 2019/20.](#)
- [North Ayrshire Guidance on Waiving Charges for Carers.](#)
- <http://www.legislation.gov.uk/ssi/2018/31/contents/made>

If your needs for support are agreed and a break for you from caring is decided, appropriate care for the person you normally care for will need to be detailed in your ACSP or YCS. In some cases, this can be provided by family, friends or other community supports, but there may be a need for formal replacement care.

Replacement care according to the Act is;

“Care provided to the cared-for person, which replaces care previously given by the carer and which is provided as a form of support to the carer so the carer can have a break from caring.”

It can be challenging to determine who will benefit from the replacement care. Refer to the previous link North Ayrshire Guidance on Waiving of Charges for Carers (Point 5) for clarification.

If you and the person you care for want to take a break together, this break would potentially meet both of your needs. The cost for any support would be included in the cared-for person's support package. Any charge or cost under this choice of break would be applied (50/50 split) between you and the cared-for person.

Short Break Options

Caring means something different for everyone. It is important to recognise when a break is needed. There are lots of different options that can be explored whether it is an hour each week, a day here and there, a week or two for a holiday or a combination of all of these.

There are many useful organisations that can help you to arrange, enjoy and pay for a break such as NAHSCP, North Ayrshire Carers Centre and other local charities or condition specific organisations. Click the link [Support for Carers](#) for a full list of resources that can help you make informed choices about your short break.

Carers Voices

NAHSCP would appreciate any feedback on this Short Break Services Statement in order that we may continue to provide clear and up to date information on breaks from caring.

Anyone can contact the North Ayrshire Carers Team at carersteam@north-ayrshire.gov.uk with specific feedback on the Statement or useful ideas and links for short break options. You can also share your stories and experiences of short breaks that made or continues to make, a difference in your life.

Please also share your suggestions for ensuring the Statement is communicated to everyone that needs it.

The North Ayrshire Short Breaks Service Statement will be reviewed annually by the Carers Team.

As a carer, if you do not think you or the person you care for are getting the service that you are entitled to, you can contact us :-

- by telephone, to the relevant department
- in person at your local HSCP Office
- in writing to: HSCP, 5th Floor West, Cunninghame House, Irvine, KA12 8EE
- Completing the online complaints form at:
www.north-ayrshire.gov.uk/complaints

Appendix 1

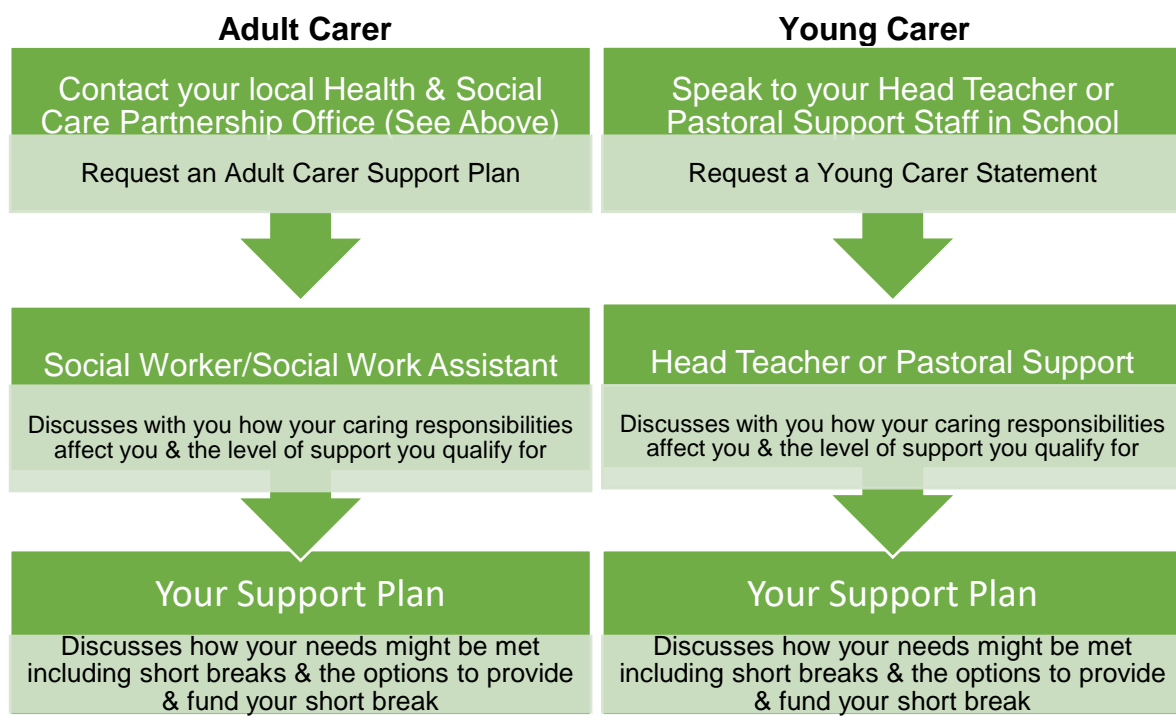
Service Access Social Work Team Contacts

1. Arran Health & Social Care Office
Shore Road
Lamlash
KA27 8JY
Tel: 01770 600742
2. Irvine Health & Social Care Office
Bridgegate House
Irvine
KA12 8BD
Tel: 01294 310000
3. Kilbirnie Health & Social Care Office
Craigton Road
Kilbirnie
KA25 6LJ
Tel: 01505 684551
4. Saltcoats Health & Social Care Office
Saltcoats Town Hall
Countess Street
Saltcoats
KA21 5HW
Tel: 01294 310005 (Option 2)
5. Brooksby Medical Resource Centre
31 Brisbane Road
LARGS
KA30 8LH
Tel : 01475 687592

Appendix 2

How to Access a Short Break in North Ayrshire

NAHSCP has a duty and responsibility to support carers identified eligible needs. In order to receive information and support, or help to access a short break you should;



Or You Can ...

Think about a break from caring with help from your network of supportive friends and family discussing this together with the cared-for person.

You may also need some outside help to consider a break from caring and can contact North Ayrshire Carers Centre to discuss what type of short break options might meet your needs. To find out more telephone: 01294 311333, visit them at 174, High Street, Irvine or click the link <https://www.unity-enterprise.com/carers-centers/>.

DIRECTION

From North Ayrshire Integration Joint Board

1.	Reference Number	26092019-	
2.	Date Direction Issued by IJB	26092019	
3.	Date Direction takes effect	26092019	
4.	Direction to	North Ayrshire Council	X
		NHS Ayrshire & Arran	
		Both	
5.	Does this direction supercede, amend or cancel a previous direction – if yes, include the reference numbers(s)	Yes	
		No	X
6.	Functions covered by the direction	Carers services as defined in the Carer's Act 2016.	
7.	Full text of direction	North Ayrshire Council are required to publish the Short Breaks statement and provide access to services as outlined therein, this will be delivered in line with agreed eligibility criteria for carers.	
8.	Budget allocated by Integration Joint Board to carry out direction	Carer's Act funding and existing social care provision and budgets in relation to respite services will be used to deliver any commitments.	
9.	Performance Monitoring Arrangements	Will be monitored by HSCP Carer's team.	
10.	Date of Review of Direction (if applicable)		

Integration Joint Board
24th October 2019

Subject: **Community Care Occupational Therapy Update**

Purpose:

The purpose of this paper is to update the Integration Joint Board on:

- The current waiting time position for occupational therapy assessment within the community care teams in North Ayrshire
- Progress made to date to reduce these waiting times
- Actions planned to further improve this position

Recommendation:

It is recommended that the Integration Joint Board:

- Note the content of this paper
- Approve the actions proposed to further improve this position

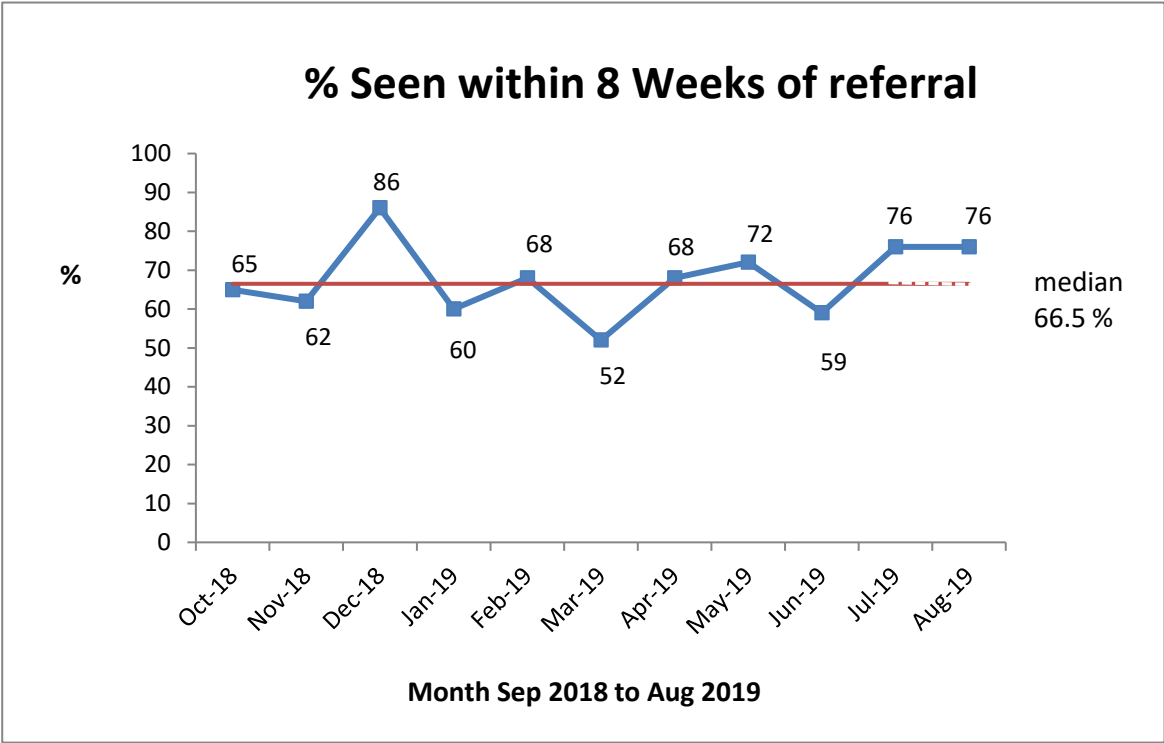
Glossary of Terms

HSCP	Health and Social Care Partnership
AHP	Allied Health Professional
IC&R	Intermediate Care and Rehabilitation
OT	Occupational Therapist
IJB	Integration Joint Board

1.	EXECUTIVE SUMMARY
1.1	<p>For some time now, there has been challenge around the capacity of the occupational therapy teams in North Ayrshire, with people waiting longer than is desirable for occupational therapy assessment in community care.</p> <p>In March 2019, a paper was brought to the Integration Joint Board to provide assurance around the steps already taken to improve the position. A stretch aim was agreed - that by the end of September 2019, 90% of referrals to community care occupational therapy will be seen within eight weeks of referral.</p> <p>This paper summarises the steps taken since February, provides update on the improving waiting time position, and proposes actions to further improve the position.</p>
2.	BACKGROUND
2.1	<p>The primary goal of occupational therapy is to enable people to participate in the activities of everyday life. Occupational therapists achieve this outcome by working with people and communities to enhance individuals' abilities to engage in the tasks or activities they want to, need to, or are expected to undertake, or by modifying the</p>

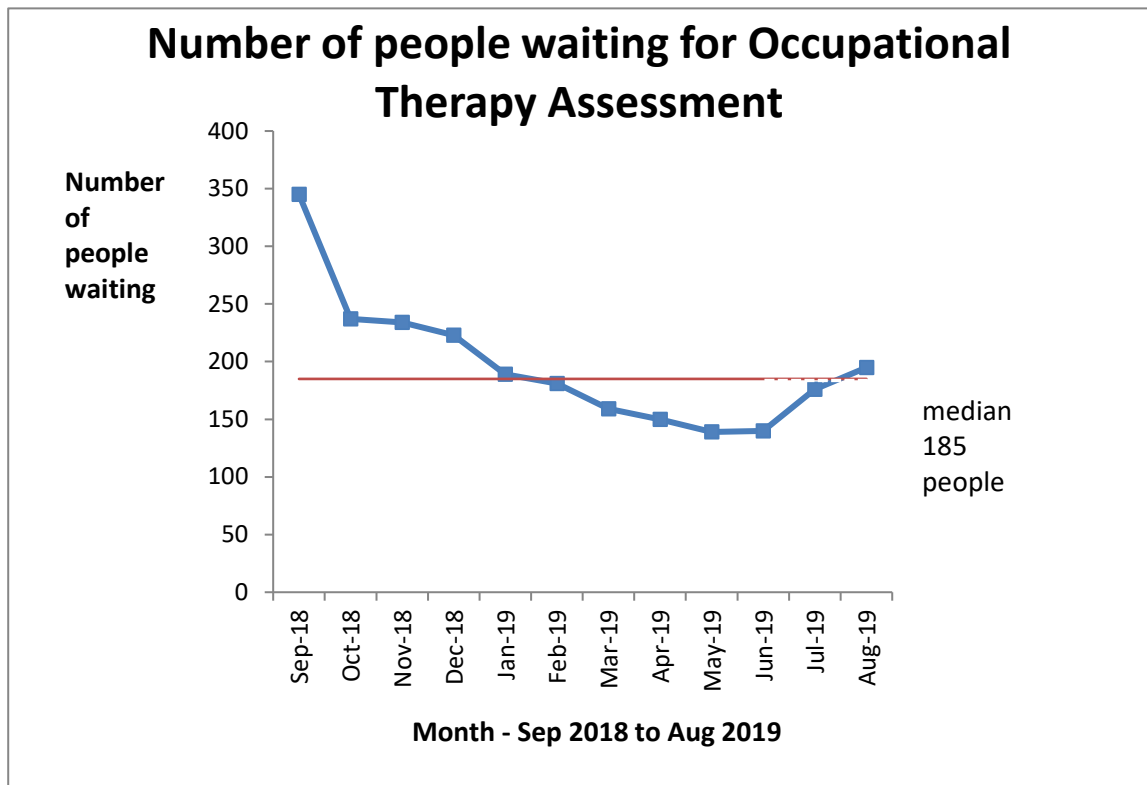
	occupation or environment to better support function.	
2.2	<p>The scope of this paper pertains to the occupational therapy input provided by those teams employed by North Ayrshire Council which have traditionally sat within the community care teams.</p> <p>These teams provide assessment and interventions which promote independence, keep people at home, and at their functional optimum. Traditionally the focus of such input has been mainly around the provision of equipment – such as, for example, toileting equipment, bath lifts or environmental adaptations – from the provision of a ramp, shower adaptation, or stair lift, through to complex major extensions to properties.</p>	
2.3	In March 2019, a paper was tabled at the Integration Joint Board (IJB) to advise on the current waiting time position for occupational therapy assessment within the community care teams in North Ayrshire, progress made to date to reduce these waiting times, and actions planned to further improve this position.	
2.4	Despite the range of improvement initiatives already progressed, the paper highlighted that as of February 2019, waiting times for occupational therapy assessment in North Ayrshire remained higher than acceptable. Although the paper highlighted some variance across teams, as of February 2019 there were 226 people waiting an average of 105 days for occupational therapy assessment.	
2.5	In March 2019, the IJB noted the contents of the paper tabled, and approved the action plan outlined in the paper. The IJB requested an update paper be brought back to update as to progress made.	
2.6	<p>This paper builds upon the March 2019 paper, and provides update on</p> <ul style="list-style-type: none"> • Current wait times for occupational therapy assessment • Actions progressed in the last six months <p>And outlines plans for continued improvement</p>	
3.	UPDATE POSITION SEPTEMBER 2019	
3.1	<p>ACTION PLAN UPDATE</p> <p>Table 1 below provides update against each of the actions approved in March 2019:</p> <p>Table 1</p>	
	Action	Update October 2019
3.1.1	<p>A Quality Improvement approach is being progressed, with a stretch aim set that :</p> <p>'90% of referrals to the occupational therapy team are seen within 8 weeks of referral, by the end of September 2019'</p>	<p>The aim was agreed and has focussed efforts in its pursuit.</p> <p>A suite of measures are being used to monitor progress and consider impact. These are presented in section 3.2 of this paper.</p> <p>In August 2019, 76% of referrals to occupational therapy in North Ayrshire community care were seen within eight weeks of referral.</p>

3.1.2	Equipment training will be rolled out across other professional groups, to improve early access to low risk, high volume equipment, and protect occupational therapy capacity and specialist skill set for more complex situations.	<p>An element of equipment training has continued, alongside joint working to promote confidence and competence amongst staff groups who would not traditionally provide such equipment, freeing up the specialist occupational therapy time and skills for complex cases..</p> <p>Further discussions are planned, with the appropriate stake holders to support roll out of this approach across wider staff groups.</p>
3.1.3	Professional triage of occupational therapy referrals through the IC& R hub will continue, with a 'rehab first' approach being promoted wherever possible.	<p>Triage of referrals by the Senior Occupational Therapists has continued, aligned to the Intermediate Care and Rehabilitation hub, with a significant proportion of requests for assistance being streamed to other community rehabilitation options, in support of a right service, right time approach.</p> <p>Further, this provides a new assurance that for those who do require to wait, they are waiting in the right place, with risk managed – urgent need being passed to Intermediate Care Team for immediate response.</p>
3.1.4	Housing options approach will continue, with plans to train local staff to become trainers in this approach; cascading a 'housing options' approach across services which enables practitioners to have early conversations with regards to long term suitability of homes	Housing options 'train the trainer' training has been completed. Officers from North Ayrshire Health and Social Care Partnership (HSCP) are currently working with the other two Ayrshire Local Authorities to provide a sustainable training programme in Ayrshire and further embed this approach across practice, ensuring early conversations with people around the long term sustainability of home accommodation.
3.1.5	Internal professional work will continue, promoting joint working, joint training and reducing unnecessary transitions between the different components of the occupational therapy profession in North Ayrshire	<p>Joint working continues to embed across occupational therapy within NAHSCP, with mentoring approaches enabling straightforward adaptation work to be progressed without onward referral.</p> <p>The Complex Case forum has reduced in frequency as a result of regular professional supervision, and associated decreased demand for such a forum.</p>
3.1.6	<p>The occupational therapy workforce will be increased, within existing available resources, to create additional capacity and further narrow the gap between referrals and allocations.</p> <p>Use Care & Repair budget of £125K , to employ additional assessment and review capacity as follows:</p> <ul style="list-style-type: none"> • North - 1WTE OT, for 11 months • South – 1WTE OT & 0.5 WTE OTA, for 11 months • Extend the 3 Senior OT grade 11 for 12 months. 	<p>The timescales associated with recruitment processes have meant that some appointees to these temporary posts have only taken up post in recent weeks with others still awaiting confirmed start dates. An appropriate level of induction will require to be completed before the value of this additional capacity can be realised.</p> <p>In addition, movements within the existing workforce, and a 10% absence rate have further limited the availability of occupational therapy over the last few months.</p> <p>As a result, despite timeous action to recruit as approved, additional capacity within occupational therapy has not yet been experienced</p>

3.2	CURRENT WAITING TIME POSITION																								
3.2.1	<p>As of the 1st September 2019, there were 195 people waiting an average of 65 days for occupational therapy assessment in North Ayrshire.</p> <p>Since the last report to IJB in March 2019, there has been little significant change to the number of people waiting for assessment.</p> <p>There has, however, been an increase in the number of referrals received, and continued challenge around the capacity of a small and fragile workforce.</p> <p>Despite this, the average waiting time has considerably decreased to 65 days, bringing achievement of the set aim closer.</p> <p>Performance is illustrated further through the following charts:</p>																								
3.2.2	<p>Chart 1 - Percentage of People Being Seen by Occupational Therapy Within Eight Weeks of Referral</p>  <table border="1"> <caption>Data for Chart 1: Percentage of People Being Seen by Occupational Therapy Within Eight Weeks of Referral</caption> <thead> <tr> <th>Month</th> <th>Percentage (%)</th> </tr> </thead> <tbody> <tr> <td>Oct-18</td> <td>65</td> </tr> <tr> <td>Nov-18</td> <td>62</td> </tr> <tr> <td>Dec-18</td> <td>86</td> </tr> <tr> <td>Jan-19</td> <td>60</td> </tr> <tr> <td>Feb-19</td> <td>68</td> </tr> <tr> <td>Mar-19</td> <td>52</td> </tr> <tr> <td>Apr-19</td> <td>68</td> </tr> <tr> <td>May-19</td> <td>72</td> </tr> <tr> <td>Jun-19</td> <td>59</td> </tr> <tr> <td>Jul-19</td> <td>76</td> </tr> <tr> <td>Aug-19</td> <td>76</td> </tr> </tbody> </table> <p>Median: 66.5 %</p> <p>Month Sep 2018 to Aug 2019</p>	Month	Percentage (%)	Oct-18	65	Nov-18	62	Dec-18	86	Jan-19	60	Feb-19	68	Mar-19	52	Apr-19	68	May-19	72	Jun-19	59	Jul-19	76	Aug-19	76
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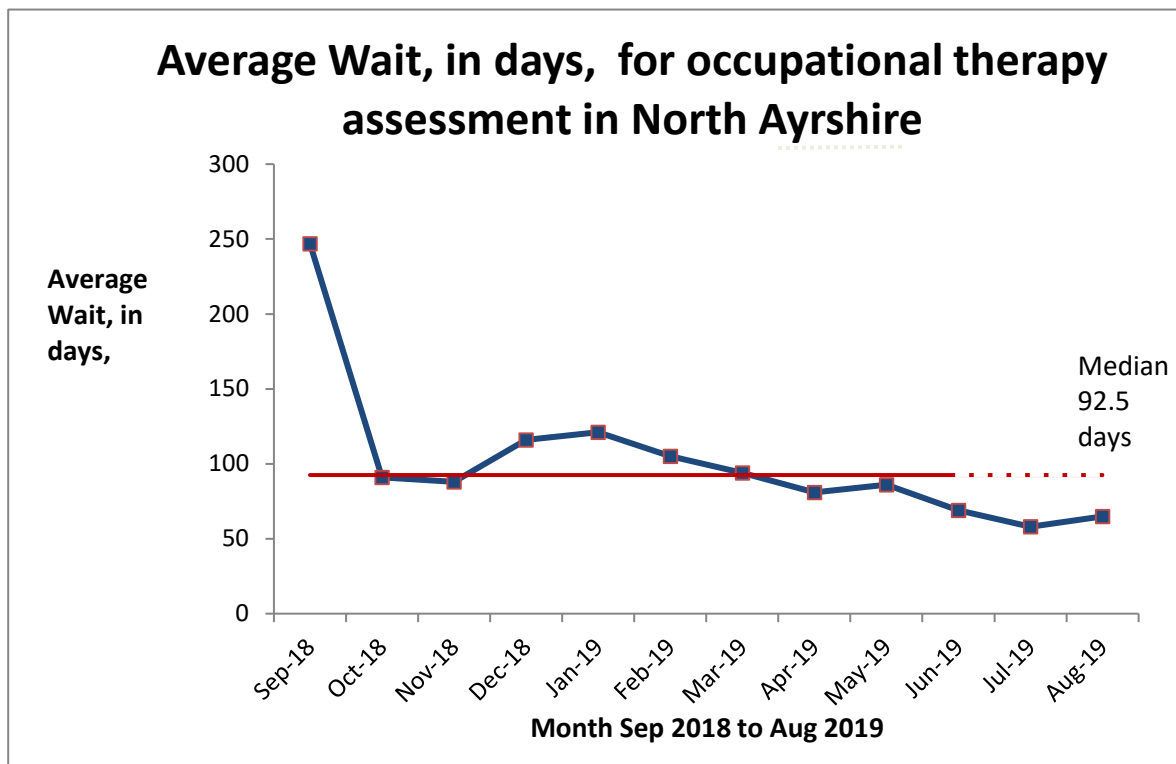
3.2.3

Chart 2 - Number of People waiting for occupational therapy assessment in North Ayrshire

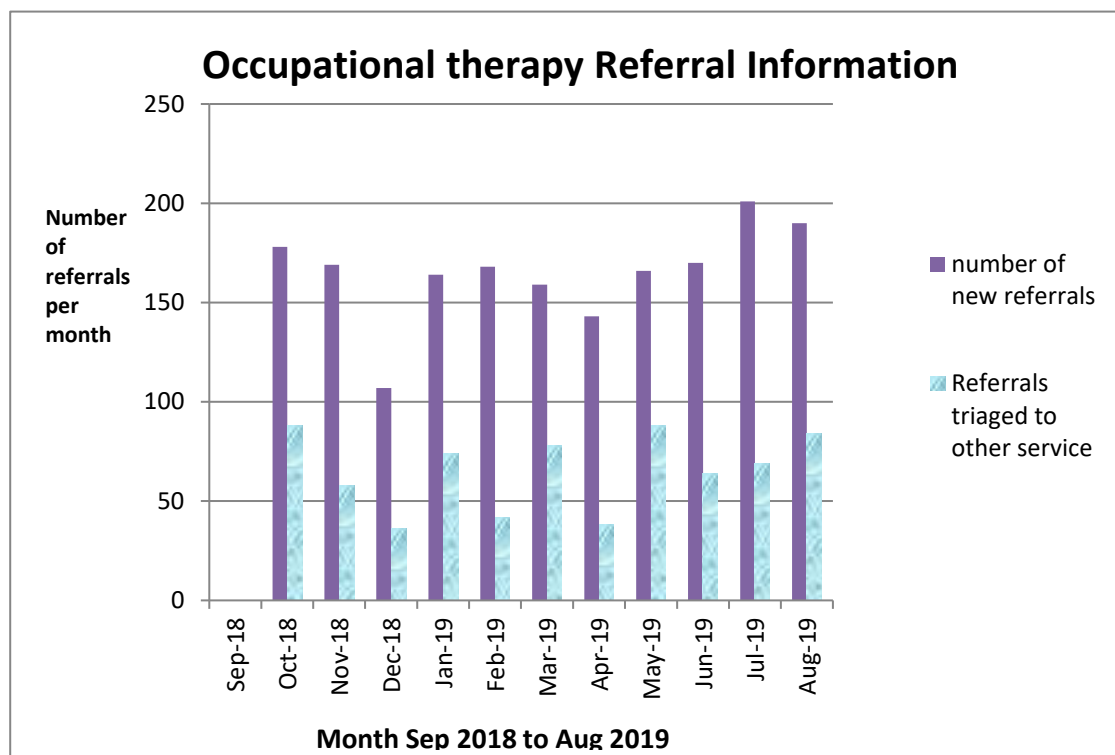


3.2.4

Chart 3 - Average Wait, in days, for occupational therapy assessment in North Ayrshire



3.2.5	Chart 4 - occupational therapy Referral Information
4.0	PROPOSALS
4.1	<p>Despite the small scale, and fragile nature of the substantive workforce, coupled with increased demand for occupational therapy, it is encouraging to see that the average days waiting for assessment has reduced considerably since the paper brought to IJB in March 2019.</p> <p>Further, there can be a level of assurance accepted that the triage approach is ensuring people are streamed quickly to the service most likely to best meet their needs, and that those who do require to wait for occupational therapy assessment are those people who require such specialist assessment, with high risk cases being addressed appropriately.</p> <p>That said, there has been little change in the number of people waiting for occupational therapy assessment, and the overall aim has not yet been achieved.</p> <p>It is, therefore, proposed that the improvement approach continue, with the following focus:</p> <ul style="list-style-type: none"> • Continue the triage approach to referrals, with a focus on process to ensure maximum efficiency • Continue the internal professional work around joint working and supervision to support effective, safe, evidence-based practice which takes a 'rehab first' approach • Continue to progress plans around equipment training; to protect specialist occupational therapy capacity for complex cases and improve experience around access to simple, low risk equipment solutions. • Continue work with electronic systems to ensure accurate data for performance monitoring and reporting • Given the timescales around recruitment, and within recurring available finance, seek to extend new recruits beyond original timescales.



4.2	<u>Anticipated Outcomes</u>
	The approach taken to date, and outlined as planned above, seeks to ensure the best outcomes for the people of North Ayrshire, and best use of the occupational therapy resource available.
4.3	<u>Measuring Impact</u>
	A suite of measures including referral numbers, service activity, and waiting times will continue to be monitored, with regular reports to the Director of North Ayrshire HSCP, and North Ayrshire Health and Care Governance group, and future update report back to IJB on progress.
5.	IMPLICATIONS

Financial:	Nil
Human Resources:	Nil
Legal:	Nil .
Equality:	Nil
Children and Young People	Nil.
Environmental & Sustainability:	Nil
Key Priorities:	The content of this paper relates to the HSCP's strategic priorities around early intervention and prevention, and bringing services together
Risk Implications:	The steps already taken, and actions proposed in this paper seek to mitigate risks associated with people waiting for community care occupational therapy assessment
Community Benefits:	Nil

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

6.	CONSULTATION
6.1	The attached report has been developed in consultation with the Senior Occupational therapists, the AHP Leadership team, and the Community Health and Care senior management team in North Ayrshire.
7.	CONCLUSION
7.1	This paper has provided update to the Integration Joint Board on :

The improving waiting time position for community care occupational therapy assessment in North Ayrshire

And

Actions planned to further improve this position

The IJB are asked to :

Note the content of this paper

Approve the actions proposed within, to further improve this position

For more information please contact

**Alistair Reid, Lead Allied Health Professional on 07825227834 or
Alistair.Reid@aapct.scot.nhs.uk ,**

Or

**Helen McArthur, Principal Manager, Health and Community Care Services on 01294
317883 or hmcarthur@north-ayrshire.gov.uk**

Integration Joint Board
24th October 2019

Subject: **Caring for Ayrshire – Project Initiation Document [PID]**

Purpose: The purpose of this report is to seek approval from North Ayrshire Health and Social Care Partnership IJB of the Caring for Ayrshire - Project Initiation Document [PID], along with the associated governance structure being put in place.

Recommendation: The North Ayrshire Health and Social Care Partnership IJB is asked to:

- Approve the Caring for Ayrshire Programme - Project Initiation Document [PID]
- Accept North Ayrshire Health and Social Care Partnership have a significant role within the programme; and
- Approve the governance structure and supporting processes contained within the PID

Glossary of Terms

NHS AA	NHS Ayrshire and Arran
PIA	Programme Initial Agreement
PID	Project Initiation Document
SCIM	Scottish Capital Investment Manual
SPOG	Strategic Planning & Operational Group

1.	EXECUTIVE SUMMARY
1.1	The purpose of this report is to seek approval from North Ayrshire Health and Social Care Partnership IJB of the Caring for Ayrshire - Project Initiation Document [PID], along with the associated governance structure being put in place.
1.2	The Caring for Ayrshire Programme - Project Initiation Document has been developed to provide all key phases and stages, delivery methodologies, key milestones in support of the project as well as how it will be governed.
1.3	The PID was reviewed, discussed and supported at the 21 August 2019 meeting of the Caring for Ayrshire Programme Board and a number of recommendations and enhancements were proposed which have now been incorporated into the updated draft PID for your endorsement. To ensure realignment of the governance route the PID was re-submitted to the Caring for Ayrshire Programme Board on 19 September 2019 and to the Integrated Governance Committee on the 18 th September 2019.

2.	BACKGROUND
2.1	<p>Caring for Ayrshire is the whole system health and care service redesign over that 10 year strategic direction and beyond as opposed to any redesign or change that would be over a shorter timescale.</p> <p>Due to a wide range of factors that are not unique to Ayrshire, it is evident that we all need to adopt and embrace new ways of delivering our health, social care and wellbeing services, for future sustainability.</p> <p>A PID was developed to inform the Caring for Ayrshire Programme Board on the programmes aims and objectives in delivering a whole system redesign approach across Ayrshire & Arran in terms of our health and care services. In addition to this, it outlined all key phases and stages, delivery methodologies, key milestones encompassing our stakeholder engagement and communication activity along with the recommended governance and management structure.</p> <p>Commitment along with successful engagement and collaboration with North Ayrshire Health and Social Care Partnership will be key to delivery and implementation of the programme, along with working with our local authority and community based stakeholders.</p>
3.	PROPOSALS
3.1	<p>In recognition of the Caring For Ayrshire Programme, the PID has been developed outlining the aims and objectives along with all key phases and stages and the delivery approach. This has been endorsed at both the Caring for Ayrshire Programme Board and Integrated Governance Committee, and we are now seeking approval from North Ayrshire Health and Social Care Partnership.</p>
3.2	<u>Anticipated Outcomes</u>
	<p>The overall outcomes of the Caring for Ayrshire Programme is to redesign and implement a whole system approach to our health, care and wellbeing services, with a view to that 10 year strategic vision and beyond in meeting our demands across Ayrshire and Arran. This can only be completed by working with our Joint Integration Boards, as we look to transform services with a more community based focus, in delivering and meeting the needs of our citizens with the right care in the right place at the right time.</p>
3.3	<u>Measuring Impact</u>
	<p>As part of the Caring For Ayrshire programme there will be benefits realisation carried out when implementing and delivering the capability of transformed health, care and wellbeing services. By collaborating with North Ayrshire Health and Social Care Partnership, we aim to jointly agree and track key performance indicators, along with outcomes and value in redesigning and transforming services. This will become more evident with further joint engagement under our scoping, planning & development phases.</p>

4.	IMPLICATIONS
Financial:	<p>NHS Ayrshire & Arran have been allocated some initial funding from Scottish Government for this current financial year 2019/20, to allow the programmes initiation phase to commence along with some early discovery. The approach will be to follow the Scottish Capital Investment Manual (SCIM) process, and in recognition of the approach Caring for Ayrshire programme, will look to develop a Programme Initial Agreement [PIA].</p> <p>At this stage there are no immediate financial implications, however through developing the PIA, and specifically the finance and economic cases on how future health, social care and wellbeing services will be redesigned and transformed, implications on finances will be reviewed.</p>
Human Resources:	<p>There are currently no direct Human Resource implications, but it needs recognising that successful delivery and close joint working with North Ayrshire Health and Social Care Partnership will be embedded within the programme.</p> <p>At this stage no specific identification of key stakeholders has been made into who will be required to support and assist with redesigning our future services</p> <p>It is however envisaged this will be on a more matrix engagement rather than dedicated full time</p>
Legal:	At this stage we do not foresee any policy or legal implications.
Equality:	As part of our Scoping phase of the programme we aim to undertake an Equality Impact Assessment, involving all partnerships as well as key internal and external stakeholders. The outputs of the assessment will be shared once available.
Children and Young People	At this stage we have not been able to quantify the impact with the Children and Young People's services, however recognise the importance of factoring in such services for the future and as part of the wider programme.
Environmental & Sustainability:	At this stage we are not able to clearly identify the implications on the environment, however through close working collaboration with North Ayrshire Health and Social Care Partnership, throughout the lifecycle of the project these will become more apparent as and when uncovered.
Key Priorities:	We envisage this programme of work being fundamental in support of North Ayrshires Health and Social Care Partnerships priorities, as well as the wider Ayrshire and Arran health, care and wellbeing services.
Risk Implications:	<p>A risk register for the programme is in development, and through joint working with our Strategic Planning & Operational Group [SPOG] membership will be producing a more detailed risk and issue log that can be made available.</p> <p>However it can be noted we have articulated some initial high level risks, issues and dependencies, which can be found within the PID [See section 8].</p>
Community Benefits:	At this stage we are not able to clearly identify all the community benefits, however through close working collaboration with North Ayrshire Health and Social Care Partnership, throughout the

	lifecycle of the project these will become more apparent under the planning and development phases.
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Direction Required to Council, Health Board or Both <i>(where Directions are required please complete Directions Template)</i>	Direction to :-	
	1. No Direction Required	
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	X

5.	CONSULTATION
5.1	By working within the existing governance and close working relationships with our Strategic Planning & Operational Group, the programme of work and related activity is being reviewed and monitored on a regular basis, providing a collaborative and joint approach in delivering a whole system approach around redesigning health, care and wellbeing services.
6.	CONCLUSION
6.1	<ul style="list-style-type: none"> • Approve the Caring for Ayrshire Programme - Project Initiation Document (PID); • Accept North Ayrshire Health and Social Care Partnership have a significant role within the programme; and • Approve the governance structure and supporting process contained within the PID.

For more information please contact Stephen Brown on **xxxx xxxxxxxx** or **SBrown@north-ayrshire.gov.uk**

Stephen Brown
 Director for Health and Social Care
 North Ayrshire Partnership
 24 September 2019

Project Initiation Document

Caring for Ayrshire



Contents

Name	Job Title or Role	Signature	Date
Authored by: Elaine McClure Russell Scott Jacqui Stevenson	Portfolio Programme Manager Senior Programme Manager Engagement Support Officer		
<i>Completion of the following signature blocks signifies the approver has read, understands, and agrees with the content of this document.</i>			
Endorsed by:	Caring for Ayrshire Programme Board		19 th Sept 2019
Endorsed by:	Integrated Governance Committee		18 th Sept 2019
Approved by:	NHS Board		
	East IJB		
	South IJB		
	North IJB		

Version: 0.4

Date Endorsed: 19/09/2019

Status: Final

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1.0 Executive Summary

Caring for Ayrshire is the whole system health and care service redesign over that 10 year strategic direction and beyond as opposed to any redesign or change that would be over a shorter timescale.

Due to a wide range of factors that are not unique to Ayrshire, it is evident that we all need to adopt and embrace new ways of delivering our health and care services. These include but are not restricted to:

- The un-precedented impact of demographic change
- Serious concerns around the sustainability of existing services in key areas such as workforce, facilities and supporting infrastructure (including digital)
- Deprivation on our population and the need to address health inequalities
- The need to adopt and embrace new ways of delivering our health and care services, for a sustainable future;

On reflection of these concerns, we set out our aims in 'Our Health 2020 vision':

- Partnership and co-production between individuals, communities and the NHS and its partners in the public, third and independent sectors.
- Deliver a strong local health and social care service, able to support people in their day to day lives to get the best from their health.
- Shift the focus on making home and communities the main hub for care, rather than hospitals and institutions incorporating new models of care.
- Where hospital care is needed, ensure that this is person centred, safe and effective.
- Promote partnership and co-production between individuals, communities and all planning partners across the public, third and independent sectors.
- Ensure that multi-agency pathways are integrated and seamless.
- Maximise the use of technology as an enabler to improve health and well-being.
- Reduce health inequalities by focusing on prevention, anticipation, supported self-management and more targeted investment in services moving forward.

2.0 Introduction

2.1 Purpose of this document

This document is the Project Initiation Document [PID] for the Caring for Ayrshire Programme (the Project). Its purpose is to define the project in order to provide a comprehensive basis for its authorisation and subsequent management with a view to ensuring its eventual overall success in sustaining future health and care services across NHS Ayrshire & Arran.

The two primary aims of this document are:

- To set out the purpose and objectives of the project and how it will be governed, conducted and evaluated, in order to provide assurance that it is viable and will provide appropriate outcomes. This will provide a sound basis on which the Programme Initial Agreement – the first key stage in the formal business case process - will be based, along with an indication of those resources required to support and ultimately deliver required outputs;
- To act as a base statement against which the Caring for Ayrshire Programme Board can plan, assess progress, monitor on-going project viability and report to the Integrated Governance Committee [IGC], throughout the project therefore negating duplication of effort by ensuring that the process followed generates the required outputs in all areas.

2.2 Overview of programme

The Caring for Ayrshire Programme will, at a strategic level deliver, a whole system redesign for NHS Ayrshire & Arran citizens in transforming and sustaining health and care services.

The programme will be delivered through the work of the

- **Clinical Programme Board** as design authority for the clinical model for whole system service delivery.
- **Infrastructure Programme Board** responsible for the strategic delivery and prioritisation of tactical and strategic infrastructure developments to enable the implementation of the clinical model.
- **Capital Programme Management Group** and **Digital Programme Management Group** responsible for the management of tactical infrastructure programmes (facilities and digital) and their delivery.
- **Stakeholder Engagement and Insights Group** who will be responsible for ensuring both internal and external stakeholder engagement throughout the lifecycle of the programme, whilst supporting the management of timely communications.
- **Project Delivery Team** encompassing a relevant subject matter expertise who will review existing service challenges and risks; scope the required processes, define the benefits associated with delivering services differently; outline the key alternative options available; and

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come together to support effective whole-system dialogue, engagement, planning and change under the auspices of the wider project. A suggested Project Delivery Team structure is included in Appendix 2.

DRAFT

3.0 Strategic Aims

The project will look to define, design and implement a whole system redesign underpinned by developing models of health and care across NHS Ayrshire & Arran. Strategic aims are to:

- Develop a coherent and cohesive strategic vision for the future provision of sustainable services within NHS Ayrshire & Arran;
- Engage with the public, patients and staff in developing this vision;
- Develop long term sustainable infrastructure, including facilities and supportive infrastructure along with technical architecture that is able to deliver this vision;
- Link national strategy, local strategies, professional guidance and identify best practice with proposals to meet identified local need;
- Develop coherent models for health and care service provision that, when implemented, will ensure the delivery of efficient and effective services that are appropriate to the needs of the local population;
- Recommend models for service delivery that encapsulate the total patient journey, paying particular attention to the primary/secondary care interface;
- Develop recommendations that are specific, realistic, time-bound and costed in order to ensure transition from project development to implementation phases;
- Ensure that all resources assigned to the project are utilised in an effective and efficient manner in order to secure the delivery of the project aims;
- Align and incorporate all project outputs into the relevant national business case process, as identified in the Scottish Capital Investment Manual (SCIM), in order to ensure that any funding required is fully understood; appropriately presented; and secured timeously.

4.0 Local change drivers

In addition to the national requirement to review health and care services, there are a number of pressures and other change drivers impacting on the provision of services locally. These drivers can be considered under the two key headings clinical issues and management issues. These are detailed below:

Our population is getting older – More people are living into old age, and whilst this is good news, it does bring with it some challenges. Demand for health and care services is ever-increasing as people live longer but people are often now living with multiple long-term conditions, reduced independence, and increasingly complex need for health, care and social support. We need to make sure that people lead not just longer lives, but longer, healthier lives.

Poor health – We are fortunate in Ayrshire and Arran to live in a beautiful part of Scotland with a mix of urban and rural areas and scenic coastline and Islands. However, we do face challenges due to the need to better support those people living in our poorer and more rural communities who face increasing levels of poverty, social isolation and loneliness. Often as a result of the complex interaction between health and social needs, there is a higher instance of illness and poor health in some parts of Ayrshire and Arran than other areas of Scotland. Examples include higher than average deaths and hospitalisation rates due to chronic heart disease, cancer, stroke, COPD and asthma; higher than average child obesity rates; and increasing rates of dementia, Alzheimer's disease, depression and drug-related deaths.

Our staff - To provide high quality health and care services we need the right number and the right mix of well-trained staff. The NHS across Scotland is experiencing challenges with the way we are able to organise our staff. Some specialist staff don't see enough patients to maintain and build their expertise and sometimes, due to a lack of specialist staff in some areas, people are not able to see a specialist as quickly as we would like. We also face difficulties in recruiting to some staff disciplines such as GPs and social care workers. As a result, we have too many staff vacancies, which often means we need to employ temporary staff to keep services running which is very expensive and impacts on the quality of care for patients.

Budget – As a publicly funded service we need to make sure we control the amount of money we spend. One of the biggest challenges we face is that the costs of providing health and care are rising more rapidly than the budget we have available.

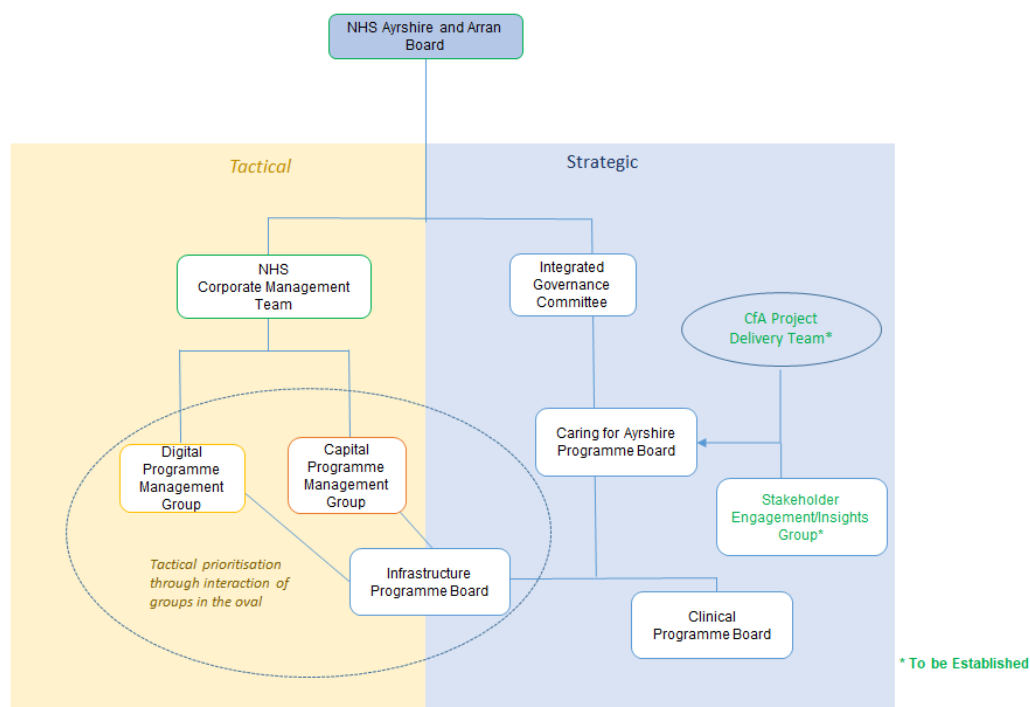
Buildings are no longer fit-for-purpose – Some of our key healthcare facilities were built many years ago and are now deteriorating and no longer offer the best environment for providing modern, high quality health and care. Advances in surgery, anaesthetics and technology means people no longer need to spend weeks in hospital and can return home or to a homely setting sooner. However, despite the developments we do not have the buildings, facilities and infrastructure needed in our communities to make best use of the advantages that medical and technological advances can bring.

Access to health and care services – Within Ayrshire and Arran we already offer a wide range of health and care services in our communities so that people have access to the healthcare they need as close to their home as possible. However, many people are still unaware of the wide range of health and care professionals they can seek help and support from. As a result, the demand on GP time and the number of people attending at Emergency Departments continues to increase, often resulting in waiting times that are longer than we would like. We need to look at how we can better support people to access the health and care services they need at the right time and in the right place.

Hospital is not always the best place to provide care – Evidence shows that the best place for people to recover is at home or within a homely setting. Long stays in hospital negatively impact on a person's ability to return to normal activity, particularly for older people. We need to look at different ways to deliver care so that long stays in hospital are the exception and not the norm.

5.0 Draft Project Governance Structure

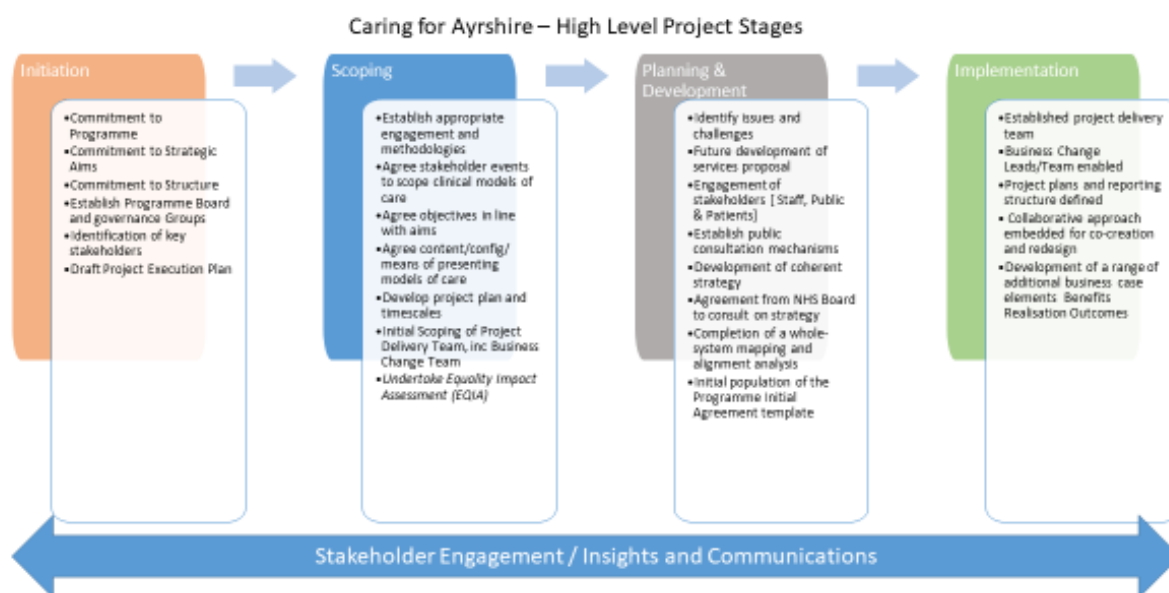
DRAFT Caring for Ayrshire Governance Arrangements v 0.08



For further details on the governance boards and groups in terms of purpose and membership, please see Appendix 4.

6.0 Stages of the Project

There are four key stages to the development and delivery of the project. Each of these stages are considered in turn below.



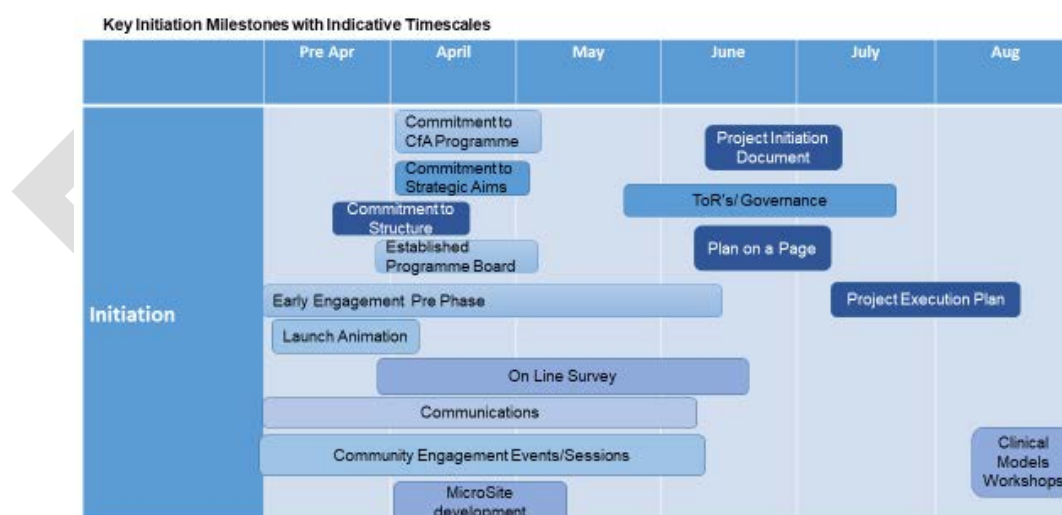
6.1 Initiation

This document is itself the first step towards the initiation of the Caring for Ayrshire programme. The purpose of this stage is to set out in the broadest terms possible the need for, as well as the purpose and key phases of the project.

During the initiation stage, commitment will be sought from all key stakeholders and agencies to participate in the programme and to implement its findings. Also at this stage, the Caring for Ayrshire Programme Board will be asked to endorse and commit to the strategic aims of the programme, as well as the structure and process to take it forward.

Desired Outputs:

- *Commitment to undertaking the programme;*
- *Commitment to the strategic aims and objectives;*
- *Commitment to project structure, process and high level timelines;*
- *Programme Plan in support of delivery;*
- *Establishment of Caring for Ayrshire Programme Board; and*
- *Identification of key stakeholders*
- *Agree Terms of Reference and Governance*



6.2 Scoping

On completion of the initiation phase, the Programme Board will lead the formal scoping of the project and this will clearly set out the boundaries of the programme through identifying the whole system redesign approach and implementation for NHS Ayrshire & Arran. This will be done through informing, engaging and consultation with NHS Ayrshire & Arran staff, Integrated Joint Board staff, Clinical Groups and the public and patients that our health and care services serve.

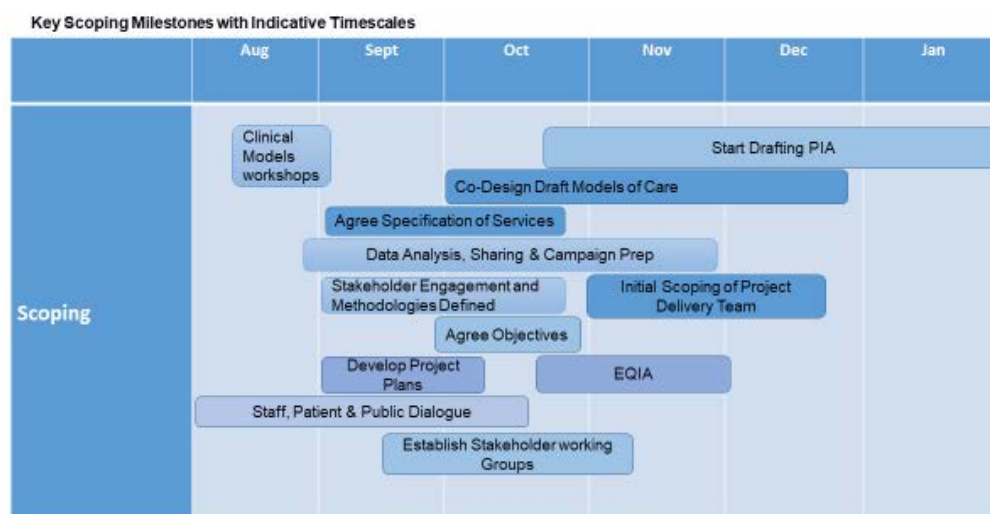
It is proposed that a co-design and collaborative approach will also involve members of the public which will be established to provide a public perspective to this initial scoping stage. In parallel to this, there will be engagement with staff through various forums and social media to identify a staff-side perspective on the priorities for review within this project. The main focus with staff-side will be to scope the models of care and pathways required to support a whole system redesign across health and care services in Ayrshire & Arran. Business and Infrastructure [both physical and technical] will also be scoped in close working relationship with Infrastructure Programme Board.

Any issues arising through the scoping phase that are of such importance that they must be dealt with immediately or are of such a nature that they can be addressed out with the confines of the Caring for Ayrshire programme, should be acted on as they are identified.

Appendix 1 contains more detail on the proposals for Stakeholder Engagement, Participation and Communications Plans.

Desired Outputs:

- *Establishment of appropriate engagement and methodologies;*
- *Initial scoping of Project Delivery Team, incorporating Business Change Team with any appropriate working groups defined;*
- *Arrange stakeholder events to scope clinical models of care;*
- *Agreed content/configuration/means of presenting Clinical Models of care;*
- *Agreed objectives in line with the strategic aims;*
- *Data analysis of themes from staff and the public to ensure conscientious consideration to inform next stage*
- *Undertake Equality Impact Assessment (EQIA)*
- *Development of robust project plan, including timeline with specific objectives; and*
- *Take account of lessons learned and recommendations from other NHS Boards.*



6.3 Planning and Development

The planning and development phase of the programme will constitute the main piece of work with regards to the whole system redesign. Through this piece of work, the working groups established to examine the models of care identified within the scoping element of the project will review the existing provision of these services. This will lead to the identification of any key issues and the development of potential solutions to these issues. This will result in the development of realistic, robust and costed action plans detailing how a whole system redesign will be implemented and provided in the future.

In undertaking this work, the working groups will link closely with the project delivery team who will provide expert advice on the proposals. The proposals will be submitted to the Caring for Ayrshire Programme Board at key stages of their development for additional 'strategic checks' to ensure the coherence of the work across the working groups.

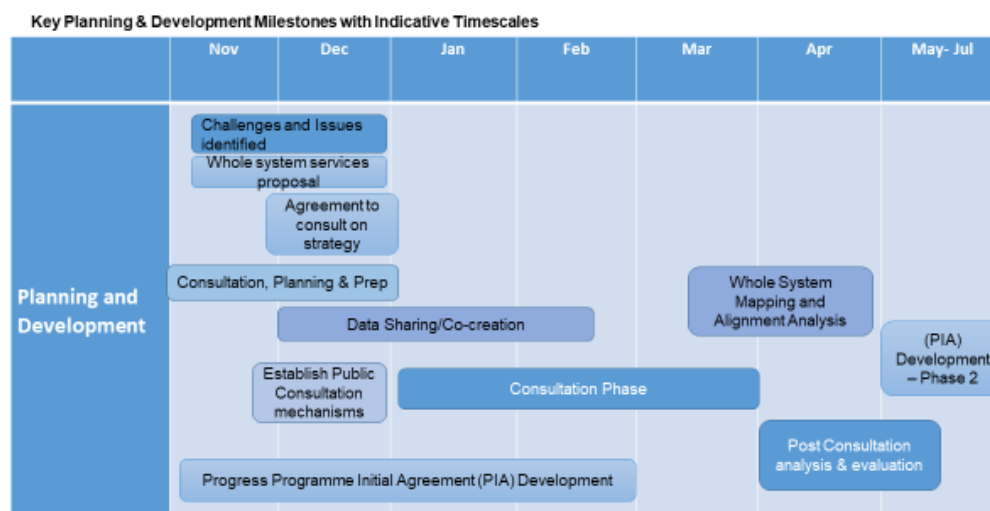
In examining the proposals put forward, the Programme Board will draw on the diverse range of skills and experience that its members possess but it will also pull in the resources of the Stakeholder Engagement and Insights Group to ensure a public perspective on the proposals on the key stages of development.

On completion of the planning and development phase, a robust coherent strategy will be developed by the Project Team and proposed to the Caring for Ayrshire Programme Board for submission to IGC, NHS Board and IJBs. Once approval has been provided by IGC, NHS Ayrshire & Arran Board and IJBs, the draft strategy will be subject to wide-ranging public consultation and will be used in informing the development of the Programme Initial Agreement [PIA] required to be submitted to Scottish Government.

Any issues arising through the planning and development phase that are of such importance that they must be dealt with immediately or are of such a nature that they can be addressed out with the confines of the Caring for Ayrshire Programme Board, should be acted on as they are identified.

Desired outputs:

- *Identified issues within existing service provision;*
- *Involvement of all stakeholders including staff, the public and patients;*
- *Completion of a whole-system mapping and alignment analysis;*
- *Subsequent development of a coherent strategy;*
- *Agreement from NHS Board and IJBs to consult on the Strategy;*
- *Initial population of the Programme Initial Agreement template; and*
- *Established public consultation mechanisms.*



6.4 Implementation

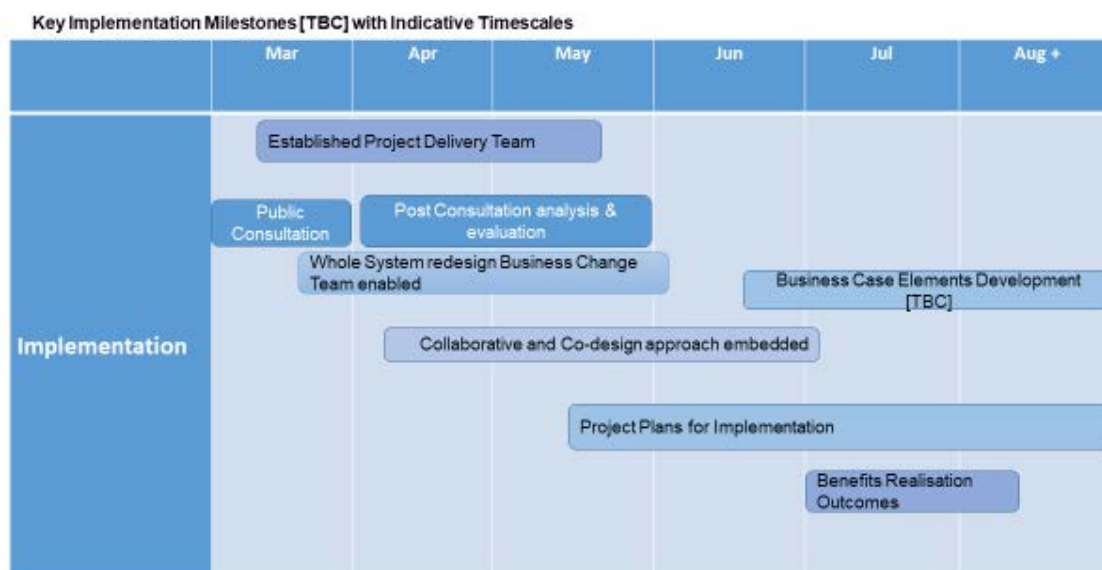
Following finalisation of the draft strategy, it's recommended that a Project Delivery Team¹ will be required to oversee the delivery and implementation of the project, supported by specific and subject matter expertise resources. These resources will form part of the Project Delivery Team encompassing a business change team that will include a combination of staff and public representation, with the necessary skills and experience and will be responsible for supporting the successful implementation of the strategic recommendations. See Appendix 2 for proposed high level structure.

The current view would be to develop a more detailed approach, which will look to draw out the core roles and responsibilities in more detail in support of a Project Delivery Team, in support of the implementation phase. The approach will also look to outline the key deliverables, aims and objectives of the team and how it will be governed for the project implementation activity.

Any issues arising through the Implementation phase that are of such importance that they must be dealt with immediately or are of such a nature that they can be addressed out with the confines of the Caring for Ayrshire Programme Board, should be acted on as they are identified.

Desired outputs:

- *Established Caring for Ayrshire project delivery team, with whole system redesign business change team embedded supporting by relevant working groups as defined;*
- *Collaborative approach embedded for co-design and user centred approach;*
- *Agreed project plans and reporting structures in place;*
- *Development of a range of additional business case elements as required by the preferred options agreed in discussion with Scottish Government. This may include Outline Business Cases, Full Businesses Cases; Standard Business Cases; locally funded elements; and requests for alternative funding, e.g. Section 75 agreements.*
- *Benefits Realisation outcomes;*



6.5 Existing Project Activity

It is important to recognise that this strategic process will be required to incorporate a number of valid projects and related activities that are already underway. This will include:

- The development of an Initial Agreement related to the delivery of sustainable services on Arran, a long-standing area of concern;
- Early discussion on potential changes to the service delivery model for Cumbrae, restricted to the collection and collation of data and information required to inform any future model of care for the island in reflection of its unique circumstance;
- Option appraisal activity to support the consolidation of in-patient mental health services at Woodland View in line with previously agreed strategy;
- Option Appraisal on East Ayrshire Community Hospital [EACH] whose PFI contract expires in 5 years with a mandatory 4 year notice period.

In parallel to the Caring for Ayrshire Programme, we need to be very cognisant and recognise existing activity as noted above, along with synergies with our major transformational programmes of work already in progress within NHS Ayrshire & Arran and Health and Social Care Partnerships. One programme in particular is that of the Primary Care Improvement Programme for a Pan Ayrshire approach, which in collaboration with the Health and Social Care Partnerships and Integration Joint Boards are delivering on the commitments set out in the new General Medical Services (GMS) contract.

6.5.1 Primary Care Improvement Programme [PCIP]

Integration Authorities, the Scottish GP Committee (SGPC) of the British Medical Association (BMA), NHS Boards and the Scottish Government have agreed priorities for transformative service redesign in Primary Care in Scotland over a three year planned transition period. These priorities include vaccination services, pharmacotherapy services, community treatment and care services, urgent care services and additional professional services including acute musculoskeletal physiotherapy services, community mental health services and community link worker services. This is to support and underpin the national aim to enable GPs to use other skills and expertise to do the job they train to do, with the view of refocusing the GP role with the notion of health care services being delivered and supported via a wider primary care multi-disciplinary team – where it is safe, appropriate, and improves patient care.

Within NHS Ayrshire & Arran, a dedicated Primary Care Programme have been working on delivering a number of key objectives in meeting the aims and objectives, along with looking at a more Multi-Disciplinary Team [MDT] adoption across Ayrshire and Arran. A number of commitments have been agreed in collaboration with each of the HSCPs and have outlined their targets and deliverables up to 2022.

Having sight on these within the Caring for Ayrshire Programme along with being informed of progress throughout the programme will be important to ensure

strategic alignment to the delivery of a whole system redesign approach, therefore close working relationships should be embedded between both programmes.

See Appendix 4 - Primary Care Programme Improvement Agreed Plans for 2019/20

6.5.2 Primary Care Improvement Programme Engagement and Communication

The Primary Care Improvement Programme have recognised the need for an ongoing commitment to redesign Primary Care services, engaging fully with GP colleagues, the public, along with all other stakeholders and partners. Since the development of the PCIP there have been a series of engagement events with GP Practices, Clusters and discussions at HSCP GP Locality Forums, where there has been opportunity to involve GP Practices in plans and decision making. HSCPs have included primary care as part of the engagement with the public for their strategic plans. In undertaking the review, the Implementation Support Team have noted a need to strengthen regular updated communication to all stakeholders and this will be in the form of a snap shot newsletter each month from the team.

The pan Ayrshire Engagement and Communication Group, chaired by the Head of Primary Care and Out of Hours Community Responses, have produced a Communication Plan for the duration of the PCIP. The communication objectives of the plan are to ensure:

Pathways to Access Care:

- Engaging and informing the public and professionals of new pathways of care within Primary Care to ensure people access the right service at the right time
- Contributing to pan Ayrshire work to inform self-care, self-management and supportive and connected communities.
- Linking with pan Ayrshire health and social care work communicating new pathways of care

Engagement:

- Continuous engagement, including mapping all our stakeholders
- Regular stakeholder engagement events with specific services as well as overall informative sessions

Communications

- Internal and external communications
- An online and social media presence
- Opportunities to share best practice, news and invite feedback

The communication plan will also link to each of the HSCP communication plans as well as the NHS Ayrshire & Arran communication plan.

6.6 The Business Case Process

NHS Scotland's business case process, which represents the defined investment route for the programme, is laid out in the Scottish Capital Investment Manual (SCIM). This defines three main stages or phases requiring local, regional and national review and approval:

- Phase 1: The Initial Agreement (IA) relating to initial scoping;
- Phase 2: The Outline Business Case (OBC) relating to pre-procurement planning and;
- Phase 3: The Full Business Case (FBC) relating to selection of a solution/procurement following competition.

The Caring for Ayrshire programme will be working within the boundaries of the NHS Scotland Business Case process, and to ensure appropriate elements are covered and supported, key senior management within NHS Ayrshire & Arran will be having close and regular communications with Scottish Government to clarify the requirements and needs throughout.

<http://www.scim.scot.nhs.uk/>



6.7 The Programme Initial Agreement

The global investment strategy proposed for the overall Caring for Ayrshire programme requires a different but not totally unique first stage of the business case process to be presented to Scottish Government. This must recognise how all key partners have reviewed, prioritised and scheduled proposed future developments in an appropriate strategic context, thereby ensuring that the right investment decisions are being taken at the right time for the right reasons as components of an overarching integrated strategy.

This strategy, which is being discussed extensively with the Scottish Government, sees a single “programme” business case as the primary output of the first stage of this business case process that documents the strategic planning undertaken; defines the key projects required to deliver the necessary changes; and presents an indicative “preferred way forward” on a themed/domains basis that can be explored further through the detail presented in future individual business cases identified within it. Effectively, this “programme” document is intended to act as the “Initial Agreement” (IA) stage for the whole process, in the understanding that individual investment elements identified will still require subsequent individual business case stages to be progressed albeit without the need for separate IA’s.

In recognition of the approach being adopted under the SCIM process, in support of the Caring for Ayrshire programme, it is proposed to develop a Programme Initial Agreement [PIA] using a phased development methodology, thus working on proposals in parallel with the new models of care service redesign activity. This could conceivably be split into two distinct phases, with the notion of having a more comprehensive worked through PIA following the post consultation activity and analysis that will need to be completed. By adopting this method it would ensure engagement from the outset, openness and transparency throughout with key stakeholders, look to reduce on timescales for any formal submission, remain aligned with Scottish Government and Scottish Health Councils procedures and potentially avoid duplication of effort whilst mitigating any major risks and concerns.

6.7.1 Phase 1

The proposal would be to start drafting an initial PIA, covering the Executive Summary, outlining the Strategic Case, provide early Economic Case, indicative Financial Case and Commercial Case, with a high level Management Case in support of the Caring for Ayrshire Programme aims and ambitions, of new models of care within NHS Ayrshire & Arran.

This will look to provide the context of what this programme is about, existing challenges and current need for changes, proposed outcomes and benefits in new models of patient care.

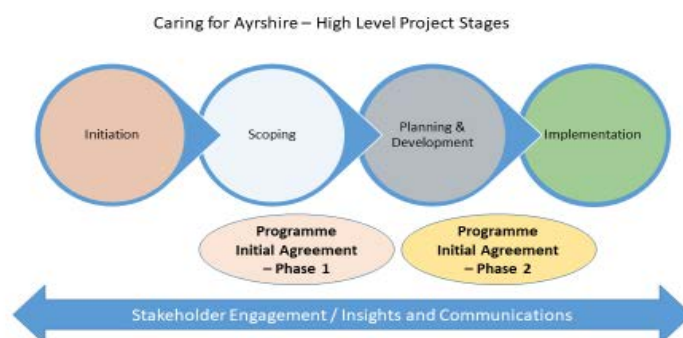
This should also summarise a high level indicative Rough Order of Magnitude [ROM] cost for investment requirements associated with changes in the model of service care delivery and identify the strategic / service possible options around new models of care to be taken forward to OBC stage.

It is expected that any service planning necessary to support such changes has already been carried out, as identified within the Strategic Assessment and that NHS Ayrshire & Arran have sought and followed the advice from the Scottish Health Council on the level of public and stakeholder engagement expected both prior to and beyond this stage.

A description of the existing services / activity provision including information, where relevant for NHS Ayrshire & Arran and the Health and Social Care Partnerships will be summarised in covering current models of care, acute services, primary care, outpatient services, community services etc. Phase 1 will also look to conduct baseline assessment in capturing the analysis on all locations of these services and who is delivering such services.

We will also look to indicate and highlight the need for change to current services, describe new models of care drawing from the outputs from the discovery and defining stages of the service redesign and co-creation activities, with high level indicative costs in support of transforming services and being able to sustain a quality health and care service to citizens across NHS Ayrshire & Arran.

See Appendix 3 for further details on initial PIA construct in support of Phase 1.



6.7.2 Phase 2

It is recommended to ensure our formal post - consultation activity has been completed, prior to completing phase 2 development of the PIA. This would allow the programme in taking account the feedback along with ensuring NHS Ayrshire & Arran, HSCPs and IJB's have been consulted on the analysis and outcomes of the consultation process and outcomes on any new proposed models of care.

The suggestion would be to look at updating the PIA, with additional information, or indeed making any amendments to the phase 1 submission based on the proposals in support of whole system redesign models of care, and agreement from the respective governance boards prior to the formal implementation phase.

6.8 Ensuring Convergent Planning

Based on the experience gained from previous programmes, advice from other stakeholders and learning from other NHS boards it is recognised that a key challenge associated with any complex strategic planning process is to ensure convergence in services planning. This is especially important when different groups are responsible for initial discussion relating to different highly specialised areas within the overall strategy as is the case here.

Within the Caring for Ayrshire Programme, this issue could be addressed through:

- Establishing the proposed governance structure that demonstrates appropriate levels of management and control.
- Agreeing clear terms of reference and remits for any “control groups” and all sub-groups generating outputs at the outset.
- Clearly stating any questions/issues that should be responded to along with the format any response is expected in. Not just to ensure due process is followed – but also to ensure that essential business case requirements are met. (Failure to do this will result in duplication of effort and cost).
- Building in opportunities for the sharing of ideas and “cross-referencing” on developing thinking and challenges between sub-groups as the process moves forward.
- Formally planning for the process/event that will seek to bring potentially disparate thinking together into an appropriately considered overarching position moving forward.

It is therefore recommended that the programme undertakes some form of ‘**whole-system mapping and alignment analysis workshop**’, whereby representatives of the various planning groups are asked to take part and respond to proposals, challenges, how things maybe different along with any working assumptions. This will help support the overall programme, confirms any gaps, overlaps or divergence in thinking. It also confirms clarity on global proposals moving forward and is essential to effective progression including supporting the business case development process.

7.0 Stakeholder Engagement and Insights

In support of delivering the Caring for Ayrshire Programme there will be the need to continue the stakeholder engagement and insights along with communications, throughout. In support of a 'whole system' co-creation and redesign approach around models of care as outlined, there will be open and transparent engagement both with internal and external stakeholders, as well as public engagement throughout, to aid informing and shaping the project as well as supporting the future implementation. Identifying, developing and maintaining inclusive relationships with a portfolio of key stakeholders, networks and partnerships across multiple sectors, including the people of Ayrshire & Arran, the public sector, independent and the third sector, will be paramount in facilitating user insights and opportunities for actively engaging with and working in collaboration with NHS Ayrshire & Arran and Health and Social Care Partnerships.

The Stakeholder Engagement and Insights Group [still to be formally formed and established] will provide management oversight and governance, drawing upon the Scottish Approach to Service Design principals [see link to webpage below], ensuring a 'user centred, researched based' methodology, incorporating Co design, iterative and collaborative approach to delivering the project. By adopting a structured Service Design framework and approach, the Stakeholder Engagement and Insights Group will be able to support and assure the delivery of a whole system redesign, aligned to the projects high level stages.

<https://www.gov.scot/publications/the-scottish-approach-to-service-design/>

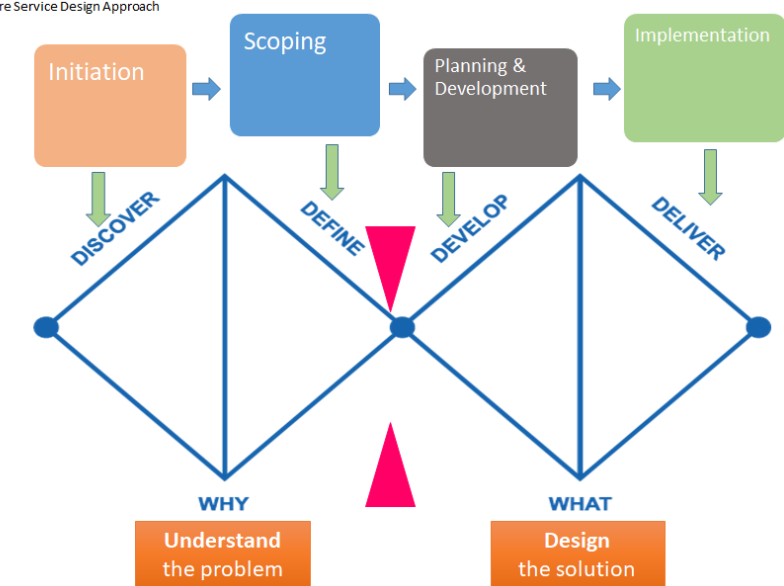
Appendix 1 - Caring for Ayrshire Stakeholder Engagement, Participation and Communications Plan, provides a breakdown on the approach, activities, outputs and resources being proposed in support of the programmes aims and objectives.

The Scottish Approach to Service Design

This approach to service design means that people who work or access the services will have time to understand the problem they're faced with from a range of perspectives, before they create a solution. The Design Council's Double Diamond model is a visual diagram showing these design stages.

The Double Diamond shows the importance of taking time to understand the problem before designing solutions. Each diamond shape illustrates the process of creating or exploring many possible ideas before refining these to the best idea. The first diamond does this to confirm the problem, and the second to design the solution.

Caring for Ayrshire Service Design Approach



The seven principles to service design are described below.

The 7 principles of the Scottish Approach to Service Design

- 1 We explore and define the problem before we design the solution.
- 2 We design service journeys around people and not around how the public sector is organised.
- 3 We seek participation in our projects from day one.
- 4 We use inclusive and accessible research and design methods so people can participate fully and meaningfully.
- 5 We use the core set of tools and methods of the Scottish Approach to Service Design.
- 6 We share and reuse user research insights, service patterns, and components wherever possible.
- 7 We contribute to continually building the Scottish Approach to Service Design methods, tools, and community.

7.1 Stakeholder Engagement and Communications Progress

A significant amount of stakeholder engagement and communication activity has been undertaken already as part of the Early Pre Engagement Phase. This has enabled us to gain some early insights, views, and concerns from both internal and external stakeholders as well as having the opportunity to set the scene around the programme ambitions.

The following outlines the activity to date:

Internal Staff Engagement – May 2018 to July 2019

- *CEO-led staff briefing sessions*
 - *3 X Senior manager briefings (for onward cascading to teams) [May – June 2018]*
 - *7 x Staff discussion Sessions [June – July 2018]*
 - *6 x Leading reform sessions across UHA and UHC [Feb – Mar 2019]*
 - *9 x Participating and contributing to reform sessions across various locations [June – July 2019]*
 - *6 x Delivery plan sessions with Acute, Medical Services/Specialties and Obstetrics and Gynaecology [Feb – Apr 2019]*
- *Employee Director-led staff focus groups (Jul 18 to Dec 18) – report available.*

Key Agency/Partner Engagement – June 2018 - June 2019

- *16 x CEO-led briefing sessions with MPs and MSPs, Elected Members across North, East and South Ayrshire, IJB Charis, North, East and South Executive Officers Community Planning Partners, Public Involvement Groups, East Ayrshire Children's Cabinet, Scottish Government and Ayrshire College health and social care students*
- *Engagement Support Officer - Key Partner Engagement*
 - *Public Engagement Group (Nov 2018 to Apr 2019) - membership of the pan-Ayrshire Public Engagement Group has been reviewed with additional input secured from operational engagement staff within Health and Social Care Partnerships, third sector, independent care sector, Public Health and Primary Care Improvement Programme, in addition to existing NHS/HSCPs Communications and Engagement leads and Scottish Health Council – group continues to meet bi-monthly.*
 - *NHS and Local Authority Communications Leads (Jan 19) - co-ordination of internal communications processes agreed to be able to more easily share information with staff across NHS and the three Health and Social Care Partnerships (HSCPs).*

- *Formal presentations and/or input into various planning forums including North Ayrshire Community Engagement Network, Scottish Health Council, Ayrshire Equalities Partnership, Clinical Programme Board Stakeholder Event, East Ayrshire H&SCP Stakeholder Forum and Strategic Planning Group and Strategic Service Change Programme Managers – [Dec 2018–June 2019]*
- *Early discussions exploring potential for joint-working/future strategic partnerships with key organisations support target stakeholder groups including Ayrshire College, Children 1st, Centrestage Catalyst Project and East Ayrshire What Matters 2 U Project- [June 2019]*

Communication Methods

- *Information Materials*
 - *Development and promotion of [leaflet](#) and postcard.*
 - *Engagement briefing pack issued to all Public Engagement Group members to enable them to deliver Caring for Ayrshire Conversations across Locality Planning/Community Settings (**200 hard copies** since distributed by South Ayrshire Community Engagement Officers and **100 copies** distributed by Scottish Health Council Local Officers).*
 - *Stop Press; Daily Digest; News Flash; Dialogue regularly promoting and encouraging staff participation in Caring for Ayrshire Programme.*
 - *Articles within newsletters e.g. Public Involvement Network.*
- *Online Communications*
 - *Updated web presence through launch and regular updating of the Caring for Ayrshire 'micro-site' (www.nhsaaa.net/caringforayrshire).*
 - *The launch of the Caring for Ayrshire animation with almost 700 views online since publication on 17 January 2019 (<https://vimeo.com/311926569>).*
 - *Social media campaign (Facebook and Twitter).*

Discovery Insights

- *Caring for Ayrshire Conversations (**467** anonymous comments themed as a result of face-to-face Caring for Ayrshire Conversations with **over 170** individuals)*
 - *Two multi-stakeholder Caring for Ayrshire Conversation events (April 2019). A copy of the presentation delivered at each event is available at <https://www.nhsaaa.net/media/7017/caring-for-ayrshire-conversation-powerpoint-presentation.pdf>). The events were attended by **63 individuals** representing health and care sector staff (including third and independent sectors); education sector; locality planning groups; community councils; and interested members of the public.*

Furthermore, 42 of those individuals have since expressed interest in taking up a Public Partner role to support delivery of the Caring for Ayrshire Transformation Programme.

- *5 x focused group and individual discussions with a range of individuals attending community groups or events (resulting in an additional **108 individuals** participating in face-to-face Caring for Ayrshire Conversations), including North Ayrshire All Together Now, Ayrshire Self-Management Network, Branching Out Community Initiative and East Ayrshire Carers Centre – [May –July 2019]*
- *7 x Information stalls at various community events across Ayrshire to raise awareness of the Caring for Ayrshire Transformation Programme and the need for health and care services to change reaching almost 1200 individuals. This included Public Involvement Network Group Development Day, East Ayrshire Getting Together Event Planning Day, East Ayrshire Getting Together Event, East Ayrshire Strategic Planning Group, East Ayrshire Getting Together Event, North Ayrshire Fairer Food Participatory Budgeting and COPD Event – [Feb – June 2019]*
- *Feedback Survey (Online/Hard Copy)*
 - *Survey feedback tool May 2019 – 31 August 2019 (available for completion online at <https://www.smartsurvey.co.uk/s/caringforayrshire/> and available as a [downloadable copy](#)) – **c.211 completed surveys received to date.***

Assuring Best Practice

- *Training and Development*
 - *Best practice engagement and consultation briefing (Jan 19) for all Strategic Service Change Programmes Programme Managers and Public Engagement Group members – with presentation input from The Consultation Institute and Scottish Health Council.*
 - *PMO staff achieved The Consultation Institute Certificate of Professional Development (December 2018) and Engagement Support Officer achieved The Consultation Institute Advanced Practitioner Certificate (May 2019).*
- *Assuring Consistency of Approach*
 - *Liaison with Strategic Service Change Programmes – Programme Managers to support their programmes to have robust plans in place for informing, engaging and consulting activity, with greater assurance that plans have been informed by Equality Impact Assessment and pre-consultation risk assessment wherever appropriate.*

- *What Matters To You Day 2019*
 - *Pan-Ayrshire activity to deliver the 'What Matters To You Day' campaign on and/or around 6 June 2019.*

An outline high level targeted timeline in supporting continued Stakeholder Engagement and Insights activity, to help shape and inform the Caring for Ayrshire programme redesign can be found below. It's proposed to allow sufficient time to ensure widespread engagement and insights, including co-design methodologies to develop the draft models of care; followed by a period of sense-checking utilising a deliberative process such as Citizen's Jury for example, and then formal public consultation prior to any agreed strategy and final Programme Initial Agreement being signed off for implementation.

Dedicated communications support will be required throughout the project to ensure consistent and clear communications, and to ensure wider public awareness, dealing and managing any associated media and press releases.

Key milestones and indicative dates for engagement and consultation

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Discovery	Staff, patient & public dialogue methods										
Define			Data analysis/sharing & campaign prep								
Development				Co-design draft model of care		Sense-checking e.g. Citizen's Jury					
Formal Consultation				Consultation planning & prep			12 week public consultation		Post consultation analysis & evaluation		

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Desired outputs:

- Stakeholder Engagement and Insights outputs from Discovery Phase;
- Defined models of care and care pathways;
- User persona mapping analysis as part of Re-Design process;
- Resourcing profile for Stakeholder Management and Communication workplans
- Data sharing / co-creation to inform model of care;
- Alternative models of care by domain/locality, e.g. Acute services, primary care, etc.;
- Agreement on alternative options requiring further consideration;
- Senior Stakeholder and Scottish Health Council agreement to proceed;
- Updated Joint Communications and Stakeholder Engagement Plan; and
- 12 week consultation exercise plus Post Consultation & Evaluation.

8.0 Constraints (i.e. Risks / Issues / Dependencies)

Constraint	Brief description	Level [H,M,L]
Timescales	There is a risk of insufficient timescales to enable full discovery, definition and developing options, incorporating robust, widespread stakeholder and public engagement with consultation legalities prior the deadline of submitting a formal Programme Initial Agreement.	H
Resources	Currently there are no dedicated resources for a project delivery team to support and delivery of this project. There may be a requirement also to commission/procure certain specialised expertise externally.	H
Clinical Models of Care	There is no formal agreed and defined models of care and pathways in support of whole system re-design. Two workshops will take place in August 2019 to commence development of models of care.	H
Lack of possible solutions	We may find there is a lack of possible solutions both technically and physically other than what already exists throughout NHS Ayrshire & Arran.	L
Funding	There is a risk to the programme due to limited budget and agreed funding, in being able to implement a Pan Ayrshire whole system redesign.	M
Alignment of Service Reform Programmes	There is a dependency to ensure alignment and collaboration with all IJB's and HSCPs with other programmes of work around Service Reform.	M
Reputational damage	The risk that the regional service reform agenda creates confusion and therefore impacts negatively on public perception of the Caring for Ayrshire aims and ambitions.	H
Social Media Exposure	There is a risk of negative and inaccurate publicity of the programme of work, using channels such as social media which will need careful consideration.	M
Contractual Arrangements	Due to existing contractual agreements in place both locally and at regional level, this may affect any proposals due to legal challenges.	M
Workforce	There is a risk that any new models of care may result in recruitment challenges, and impact on retention of current workforce.	M

9.0 Proposed Indicative Timeline

ID	Milestone	Project Phase	Indicative Dates	Comments
1	High Level PID discussion Paper	Initiation	19 th July 2019	Issue draft PID
2	Caring for Ayrshire Programme Board		19 th July 2019	Seek endorsement and commitment
3	Terms of Reference/ Governance	Initiation	19 th Aug	Issued
4	Project Execution Plan Drafted	Initiation	19 th Aug	May take other format
5	Transformation Leadership Group		15 th August 2019	No longer Required. Now replaced by IGC
6	CfAP Clinical Models and Pathways Insights Events	Scoping	21 st and 28 th August 2019	Event/ workshop to scope Clinical Models of care
7	Final PID and Project Execution Paper [C4AP] Board	Initiation/ Scoping	21 st August 2019 19 September 2019	
8	Integrated Governance Committee		18 th September 2019	
9	Caring for Ayrshire Programme Board		19 th September 2019	
10	NHS Board		7 th October 2019	
11	South Ayrshire IJB		9 th October 2019	
12	East Ayrshire IJB		9 th October 2019	
13	North Ayrshire IJB		24 th October 2019	
14	CfAP Launch Event		TBC	
15	Caring for Ayrshire Programme Board [C4AP]		28 th Oct, 20 th Nov and 18 th Dec	
16	Options of Models of care Agreed	Scoping	Oct- Nov 2019	
17	CfAP Discovery Phase : -Stakeholder Engagement Methods defined -Data Analysis -Data Sharing/ Co-creation -Stakeholder Working Groups -Agree Specification of Services -Agree Objectives -Develop Project Plans	Scoping	July – Sep 2019	
18	CfAP Define Phase: -Whole System services proposal -Challenges and Issues identified -Strategy Developed -Engagement of Staff, Public & Patients	Planning & Dev	Oct – Dec 2019	
19	Programme Initial Agreement [PIA]– Phase 1 – Drafting commences	Scoping / Planning and Dev	Oct – Mar 2020	As per section 6.5 proposal adopt 2 phased development approach for PIA

ID	Milestone	Project Phase	Indicative Dates	Comments
20	CfAP Design Phase: -Data Sharing & Co-Design -Options Appraisal -Agreement to consult on Strategy -Consultation Planning	Planning & Dev	Oct – Dec 2020	
21	Models of Care ‘Sense Check’ Consultation via eg Citizens Jury	Planning & Dev	Dec 2019	To confirm most appropriate mechanism. Seek clarity from SG and Scottish Council
22	Formal Consultation Phase Commences	Planning & Dev	Jan 2020	Approx. 12 weeks
23	Programme Initial Agreement - Phase 1 Submission	Planning & Dev	March 2020	Proposed date awaiting confirmation from Scottish Government on proposals for Programme Initial Agreement
24	Post Consultation & Evaluation	Planning & Dev	Apr - May 2020	
25	Programme Initial Agreement – Phase 2 –Drafting commences [If Required]	Planning & Dev	May-June 2020	Anticipated timeline, dependent on Scottish Government discussions
26	Establish Project Delivery Team with embedded Business Change Team	Implementation	Mar - May 2020	
27	Whole System Redesign Groups enabled	Implementation	Mar – May 2020	
28	Participation & Co-Design Embedded	Implementation	Ongoing	
29	Project Plans for Implementation	Implementation	May- June 2020	
30	Programme Initial Agreement - Phase 2 Submission	Implementation	June – July 2020	
31	Development of a range of additional business case elements as required	Implementation	Commence July 2020	

Appendix 1 – Caring for Ayrshire Stakeholder Engagement and Participation Plan

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Caring for Ayrshire Stakeholder Engagement and Participation Plan

July 2019 to May 2020

1.0 Background

- 1.1 The Delivery, Recovery and Transformation Plan – Communication and Engagement Plan was approved for implementation by Ayrshire & Arran NHS Board on 8 October 2018. This was the first plan to outline how the NHS Board and East, North and South Ayrshire Health and Social Care Partnerships would work collaboratively to initiate communication and engagement efforts with public stakeholders to raise public awareness and acceptance for the need for health and care services to change. The plan set out the engagement objectives; guiding principles; key communication messages; and outlined a range of initial actions to be undertaken between September 2018 and December 2018.
- 1.2 An update to the original Communication and Engagement Plan, entitled the 'Caring for Ayrshire Informing and Engaging Action Plan' was endorsed by the Transformation Leadership Group (TLG) on 18 January 2019. The updated action plan proposed the additional actions required from December 2018 until 31 March 2019 to continue to raise stakeholder awareness and seek acceptance of the need for change. This updated action plan provided greater clarity on the desired outcomes; provided additional stakeholder analysis; and outlined the actions required to deliver on the agreed outcomes.
- 1.3 It was agreed by TLG on 11th April 2019 that timescales for pre-phase engagement could extend until 30 June 2019 to ensure adequate time and resource was dedicated to enable continued scene-setting regarding the need for change prior to moving to the next phase of engagement in summer 2019.
- 1.4 Key achievements to date include:
 - The launch of the Caring for Ayrshire animation with over 700 views online since publication on 17 January 2019 (<https://vimeo.com/311926569>);
 - Updated web presence through launch and regular updating of the Caring for Ayrshire 'micro-site' (www.nhsaaa.net/caringforayrshire) and ongoing social media campaign (Facebook and Twitter);
 - Development and promotion of information materials ([leaflet](#); postcard);
 - Co-ordination of internal communications processes to be able to more easily share information with staff across NHS and the three Health and Social Care Partnerships (HSCPs);
 - Two multi-stakeholder Caring for Ayrshire Conversation events held 24 April and 30 April. A copy of the presentation delivered at each event is available at <https://www.nhsaaa.net/media/7017/caring-for-ayrshire-conversation-powerpoint-presentation.pdf>). The events were attended by 63 individuals representing health and care sector staff (including third and independent

sectors); education sector; locality planning groups; community councils; and interested members of the public. Furthermore, 42 of those individuals have since expressed interest in taking up a Public Partner role to support delivery of the Caring for Ayrshire Transformation Programme.

- Information stalls or input at various community events and meetings across Ayrshire to raise awareness of the Caring for Ayrshire Transformation Programme and the need for health and care services to change;
- Early discussions exploring potential for joint-working/future strategic partnerships with key organisations e.g. Ayrshire College;
- Membership of the pan-Ayrshire Public Engagement Group has been reviewed with additional input secured from operational engagement staff within Health and Social Care Partnerships, third sector, independent care sector, Public Health and Primary Care Improvement Programme, in addition to existing NHS/HSCPs Communications and Engagement leads and Scottish Health Council – group continues to meet bi-monthly;
- Best practice engagement and consultation briefing held 31 January 2019 for all Strategic Service Change Programmes Programme Managers – with input from The Consultation Institute and Scottish Health Council;
- Engagement briefing pack (online and hard copy) issued to all Public Engagement Group members to enable them to deliver Caring for Ayrshire Conversations across Locality Planning/Community Settings;
- Survey feedback tool launched early May 2019 (available for completion online at <https://www.smartsurvey.co.uk/s/caringforayrshire/> and available as a [downloadable copy](#)) with over 200 completed surveys received;
- Ensuring that all transformational change workstreams continue to have robust plans in place for informing, engaging and consulting activity, with greater assurance that plans have been informed by Equality Impact Assessment and pre-consultation risk assessment wherever appropriate;
- Pan-Ayrshire activity to deliver the 'What Matters To You Day' campaign on and/or around 6 June 2019.

2.0 Planning for Next Stage of Engagement: July 2019 to May 2020

- 2.1 Late summer/early Autumn 2019 will see a shift from 'discovery' phase engagement into a more focused period of active participation with the key aim of ascertaining and clearly articulating a joint stakeholder vision for the future of health and care services across all stakeholder groups ('define phase'), supported by active stakeholder participation in the co-design and sense-checking of a new model of care ('development phase').
- 2.2 Following completion of the development phase, a 12 week period of formal public consultation will be required prior to a final decision on the future model of care. To meet proposed deadlines for submission of the Programme Initial Agreement, it is essential that the consultation concludes before 31 March 2020.
- 2.3 **Risk** - the national and regional service reform agenda could conflict with the proposed Caring for Ayrshire engagement efforts and subsequently result in public confusion, increased cynicism and poor public relations. As such, it is important that all external communications and messaging over the next 12 months across NHS and between the three Health and Social Care Partnerships (H&SCPs) sensitively dovetail and complement Caring for Ayrshire communications, including all

communications relating to any regionally/nationally driven reform agendas being proposed across NHS Ayrshire & Arran Acute Services, as well as any redesign of community-based services managed by H&SCPs. As such, there will be a need for extensive and robust Public Relations and communication management, robust media relations and ongoing monitoring, for which there is limited available communication capacity within existing resources. It proposed that consideration be given to commissioning high-level Public Relations consultancy support to manage the complex communications environment.

3.0 Proposed Stakeholder Engagement, Participation and Communications Plan

- 3.1 The actions described throughout the remainder of this document relate solely to delivery of the communications, engagement and participation activities necessary to deliver the desired outcomes of the Caring for Ayrshire programme (as described in the Project Initiation Document) and do not take into account the additional work required around communicating the wider service reform agenda.
- 3.2 As alluded to above, successful delivery is therefore dependent on robust project management of communications and engagement activity; securing adequate staff and budget resources to deliver (discussed in more detail at section 5.0); and the need to continue to factor in the potential public relations impact of communications and engagement activity around other strands of acute services and H&SCP service reform agendas as discussed above at 2.3 (the impact of which is yet to be fully scoped and understood).
- 3.3 A summary of key milestones for delivery within proposed timescales is detailed at Figure 1 with a more detailed summary of key actions at Figure 3. A descriptive overview of the key actions and outputs required at each stage, including potential options/proposals for delivery, is discussed below at section 4.0.

Figure 1

Key milestones and indicative dates for engagement and consultation

	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Discovery	Staff, patient & public dialogue methods										
Define			Data analysis/sharing & campaign prep								
Development				Co-design draft model of care	Sense-checking e.g. Citizen's Jury						
Formal Consultation				Consultation planning & prep		12 week public consultation			Post consultation analysis & evaluation		

4.0 Proposed Actions with Indicative Target Dates

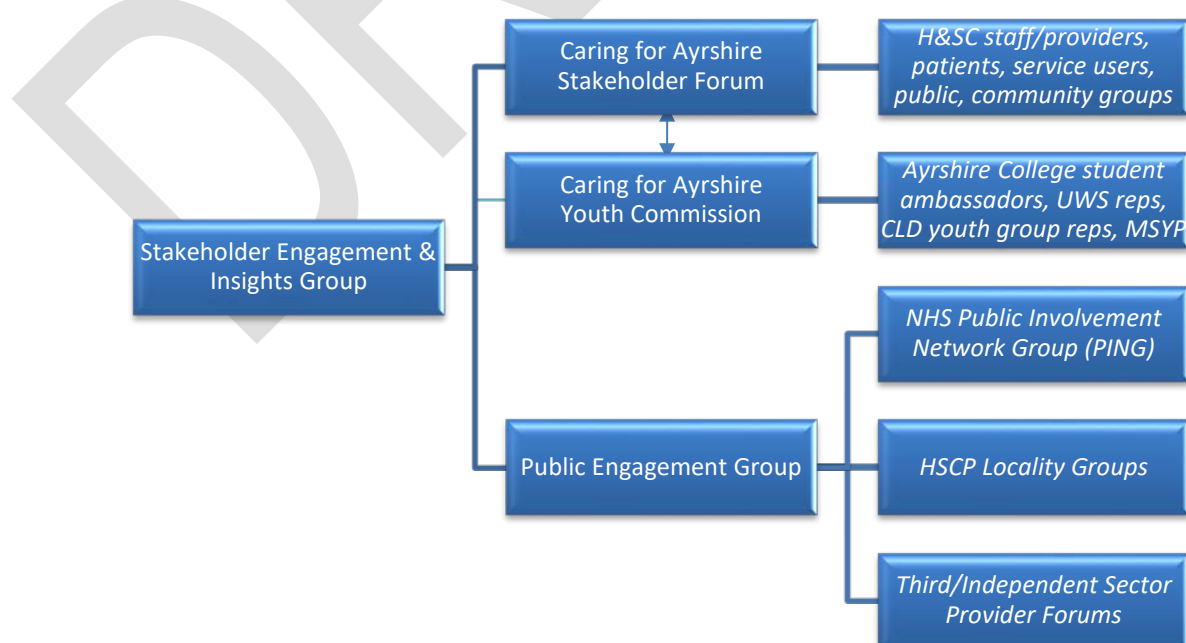
4.1 Completion of Discovery Phase

The discovery engagement phase has been ongoing since early 2019. In order to formally close off this phase, several actions are now required to build on the work to date so as to offer assurance that adequate discovery insights have been collated from across a wide range of key stakeholder groups (multi-sector health and care staff, partners and the wider public) and that those insights have been conscientiously considered to inform the next stage of programme development.

4.1.1 Ensure robust governance, planning and engagement processes are in place to facilitate ease of involvement of staff, patient and public stakeholders:

- Feedback mechanisms are in place to enable stakeholder insights to be captured and collated for conscientious consideration, specifically ongoing maintenance/updating of web microsite; SmartSurvey online tool and assuring hard copies of all materials with closing date for discovery data collation to cease proposed as **31 August 2019**;
- Engagement Support Officer to establish and administer a Stakeholder Engagement and Insights Group (**first meeting w/b 14 October 2019**) (reporting directly to Caring for Ayrshire Programme Board) to have oversight of all informing, engaging and consultation activity, supported and informed by a new Caring for Ayrshire Stakeholder Forum and Youth Commission, as well as more formalised links to existing formal public involvement structures through the existing Ayrshire-wide Public Engagement Group i.e.

Figure 2 – Proposed Stakeholder Governance and Associated Groups



- Agree and implement consistent policy and process for engagement and consultation **risk assessment** and **Equality Impact Assessment** – requires support of Equalities Adviser (to be invited as member of Stakeholder Engagement and Insights Group to lead and advise on EQIA process);

4.1.2 Ongoing discovery of key stakeholder insights to inform the work to develop a draft model of care:

- Initiating staff discussions through internal events involving key clinicians and key health and care staff to gain insights to inform the initial drafting of early proposals for a new model of care – two initial events in August 2019 followed by a programme of wider staff engagement and communications with potential support of OD and Employee Director and team **throughout September and October 2019**.

4.2 Define Phase

4.2.1 Assure clarity of purpose and readiness to co-design a new model of care with the involvement of key stakeholders:

- Secure specialist design and user-experience expertise to lead and support delivery of co-design activity throughout the design phase – resource dependent and required to be in place **by 30 September 2019**;
- Thematic analysis of all data collated during the discovery phase – option to commission external social research organisation to analyse for neutrality (resource dependent) or internal analysis (staff capacity to be scoped) – **complete discovery data analysis by 30 September 2019**;
- Data-sharing to feedback findings, including key themes, to stakeholders and decision-makers i.e. publication of report and data sharing to widely share feedback to date **during October 2019**.

4.2.2 Design a suite of communications and campaign materials to help inform and support stakeholder engagement:

- Further develop the use of social media and other online and/or technology-enabled engagement methods to embed a process for online and technology-enabled dialogue with the wider public – capacity to deliver dependent on securing additional communications capacity (potentially tendering/commissioning external social media consultancy) **by 30 November 2019**;
- Design and develop user-experience based 'personas' (i.e. a fictional family case study), supported by an extensive communications campaign, to provide and widely share a tangible and accessible example of how future proposals might impact on individuals and families across Ayrshire and Arran for use during consultation – will require dedicated communications and graphic design capacity (possible outsourcing required due to limited internal resources) – **by 30 November 2019**.

4.3 Development (Design) Phase

4.3.1 A draft model of care is co-designed with the involvement of key stakeholders:

- 'Scottish Approach to Service Design' co-design methodology is utilised to assure the involvement of stakeholders in the design of the new clinical model of care – identify/commission a co-design facilitator and propose a minimum of five design workshops with multi-stakeholder involvement (including public) (1 x each H&SCP area plus x 2 acute hospital sites) **by 31 October 2019.**

4.3.2 Key stakeholders have opportunity to reflect and comment on early draft proposals for the new model of care through active involvement in sense-checking prior to public consultation:

- Innovative and inclusive public involvement methodology (i.e. citizen's jury or citizen's assembly) to assure representative stakeholder involvement in the sense-checking of the draft model of care – deliver a robust deliberative process to sense-check draft model of care **by 31 December 2019.**
- Focused group discussions(s) to explore in detail and better understand the potential impact (positive and negative) of draft model(s) of care to inform EQIA – propose this be a key remit of Stakeholder Forum and Youth Commission to help inform initial EQIA development **by 31 December 2019.**

4.3.3 Robust consultation planning and delivery of best practice public consultation to inform decision-making on the future model of care:

- Commission ongoing advice and support from The Consultation Institute to provide neutral assurance that best practice engagement and consultation is being observed **by 30 September 2019;**
- Develop and submit a detailed consultation plan for approval by the Stakeholder Engagement and Insights Group (**w/b 4 November 2019**) and Caring for Ayrshire Programme Board on **20 November 2019.**
- Develop and submit formal consultation materials i.e. detailed consultation document; easy-read consultation document; feedback questionnaire; and relevant supporting technical documents for approval by the Stakeholder Engagement and Insights Group (**w/b 2 December 2019**) and Caring for Ayrshire Programme Board on **18 December 2019.**
- Undertake formal 12 week period of public consultation **January to March 2020** on draft proposals for the future model of care.
- Analysis of consultation feedback followed by a period of conscientious consideration by all decision-making bodies across NHS Board and the three IJBs – detailed analysis of consultation feedback will require to be fully reported and considered prior to formal decision on agreed model of care – **feedback analysis completed by 30 April 2020 followed by IJB x 3 and NHS Board consideration > May 2020.**

5.0 Resources Required

5.1 Existing Resources

- 5.1.1 To date, there has been no dedicated staff resource specifically for the Caring for Ayrshire Programme. To date, the Programme Management Office within the Directorate for Transformation and Sustainability has been providing programme management, project management and engagement officer support, with additional ad-hoc input from the NHS Ayrshire & Arran Communications Manager and team where capacity allows.
- 5.1.2 More recently, a temporary Senior Programme Manager has been appointed to enable robust project initiation and project execution planning to support the Caring for Ayrshire Programme Board, supported by the temporary Engagement Support Officer. A permanent Senior Programme Manager is currently being recruited and some of that role will be dedicated to supporting the Caring for Ayrshire programme.

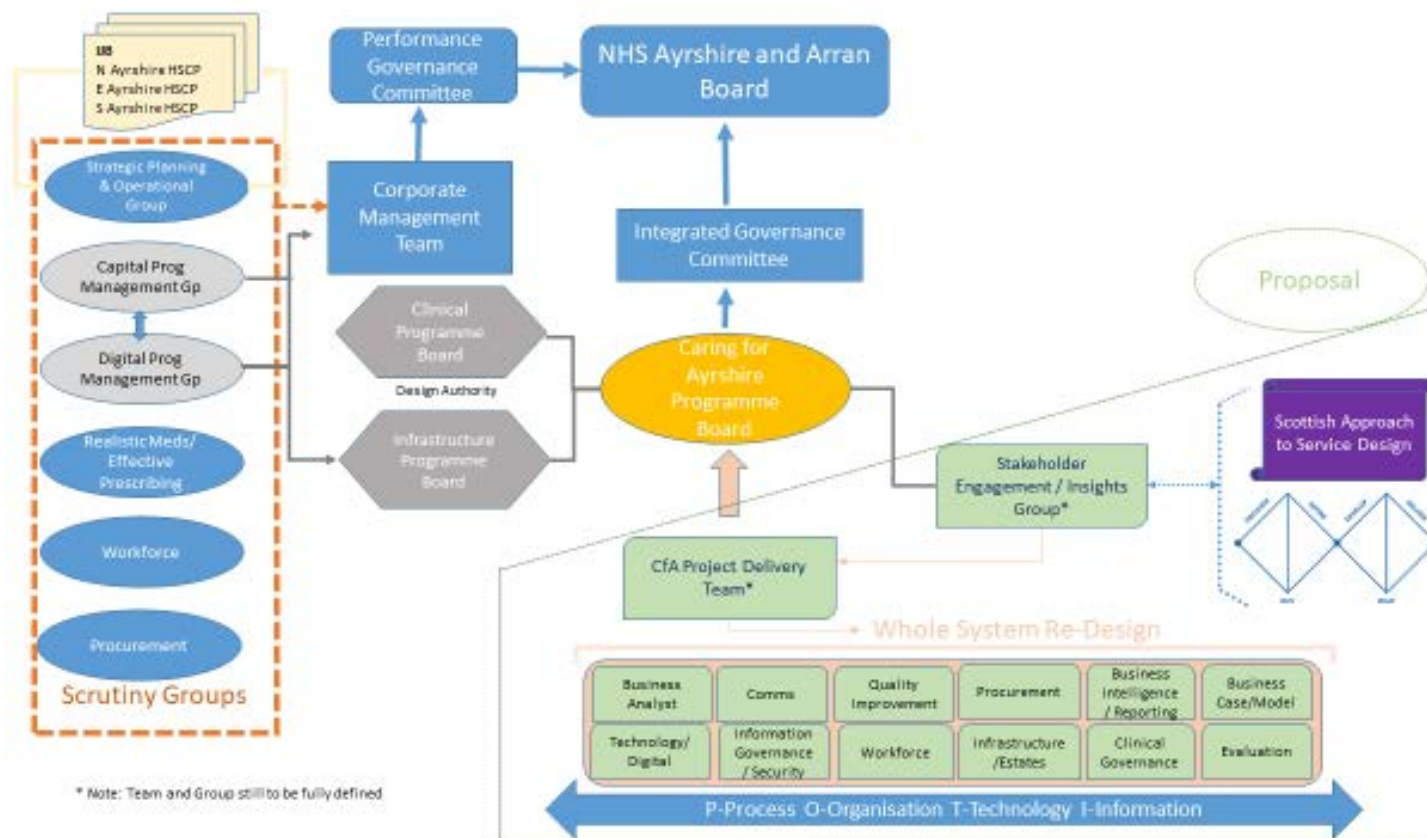
5.2 Proposed Resources

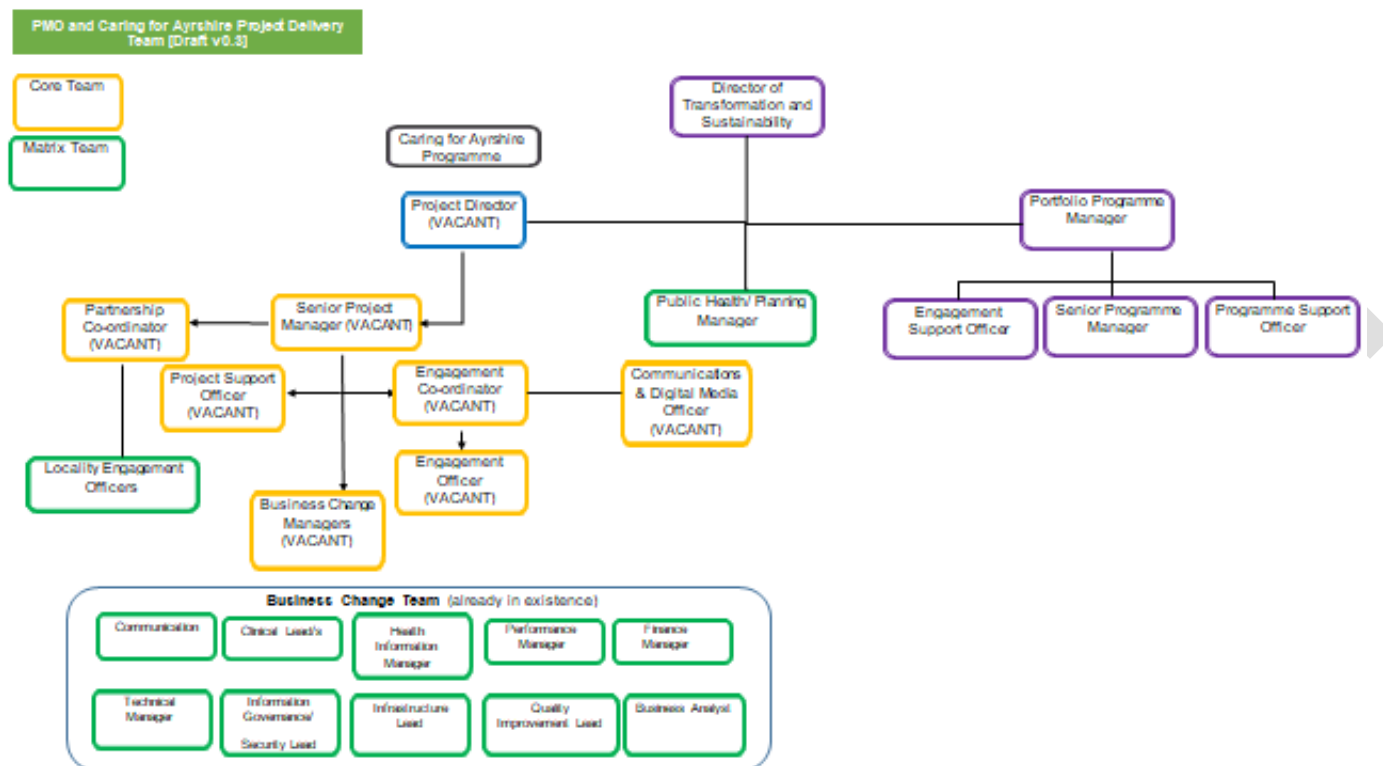
- 5.2.1 To assure sufficient capacity to deliver the actions proposed within this plan it is recommended that additional engagement and communications staff resources fully dedicated to delivery of the Caring for Ayrshire Programme be considered i.e.:
- 1.0 WTE Engagement Support Officer Band 6;
 - 1.0 WTE Communications and Digital Media Officer (c. Band 6) – new post or secondment;
 - 1.0 WTE Engagement Support Assistant – Events/Admin Support (c. Band 3/4) – new post or secondment.
- 5.2.2 Proposals within this plan also require approval to tender/commission for external specialist expertise, i.e.:
- Specialist User-Experience (UX)/Design expertise
 - Social research/data analysis
 - Social media consultancy
 - Public Relations expertise/consultancy
 - Graphic design/campaign development (if no capacity internally)
 - Deliberative engagement expertise e.g. Citizen's Jury facilitation and associated need for randomised sampling from electoral role
 - The Consultation Institute (advisory role/quality assurance)

Figure 3 – Stakeholder Engagement and Participation Plan: Summary of Key Actions with Indicative Timescales

Action	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20
Commission The Consultation Institute (advisory/quality assurance)										
Close feedback survey/discovery data collection.										
Two initial stakeholder events (clinicians)										
Ongoing staff engagement and communications										
Complete EQIA (on engagement process)										
Establish Stakeholder Engagement and Insights Group										
Complete analysis of discovery data										
Secure specialist design/UX expertise										
Complete engagement/consultation risk assessment										
Discovery data sharing										
Deliver a minimum of five multi-stakeholder design workshops										
Secure additional capacity to deliver online/social media engagement										
Develop 'user persona' communications campaign and resources										
Develop and approve a detailed consultation plan										
Establish Stakeholder Forum/Youth Commission										
Develop formal consultation materials										
Deliver deliberative process (e.g. Citizen's Jury) to sense-check model of care										
Complete EQIA (on draft proposals) with involvement of stakeholders										
Formal 12 week consultation period										
Consultation feedback analysis										
Conscientious consideration of consultation feedback by IJBs/NHS Board										>May19

Appendix 2 – Proposed Caring for Ayrshire Management Structure





Appendix 3 – Programme Initial Agreement Phase 1

Development of PIA	Indicative TimeLine	Requirement under SCIM	Relationship with CfAP – Stakeholder Engagement & Insights and Consultation of Models of Care Redesign Activity
Executive Summary	Oct 2019	To provide a summary of the overall CfA programme, existing challenges and current need for changes, proposed outcomes and benefits in patient care. By drawing upon the Caring for Ayrshire Programme Strategic Assessment, Project Initiation Document and other associated pre early engagement materials.	<u>Early Engagement Phase</u> - Use outputs, documentation and learning from early Pre engagement activity, using and drawing upon the need for transformational changes in support of sustaining future health and care services, with whole system redesign approach.
Strategic Case	Nov/Dec 2019	A description of the existing health and care services / activity provision throughout NHS Ayrshire & Arran, covering areas such as: <ul style="list-style-type: none"> • List of Acute Services • Our Primary Care Services • Inpatient Beds • Community Services • Support Services • Outpatient services Analysis conducted on locations of services will be carried out, including the condition and performance (as identified in the Board's PAMS) of existing assets affected by the programmes aims and objectives. The need for change will be outlined and why new models of care are required in support of a sustainable future health and care service. Identification of challenges, risks, issues, dependencies and constraints will also be captured Using the outputs from the insights, stakeholder engagement activity so far and from the 'Discovery' and 'Define' phases of the CfA Service Redesign approach.	<u>Discovery Phase</u> – From the consolidation of the activity and work undertaken to date in fulfilling the discovery phase of the programme, can look to populate draft strategic case.

Economic Case	Jan/Feb 2020	<p>As this is only Phase 1, the PIA will have to be explained in a way that describes the new Models of Care outcomes and identifies a list of known individual projects that will be required to achieve this. It must also include a Do Nothing or a Do Minimum option that will be used as a benchmark for determining the relative value of the other proposed solutions under consideration.</p> <p>A summary would be required with the potential high level outlined options that will support and facilitate the implementation the new Models of Care and must include:</p> <ul style="list-style-type: none"> -Acute Services proposals -Creation of Health and Well Being Centres/ Hubs -Services that will be delivered in different facilities by shifting the balance of care to community and at home -The use of technology in support of remote and virtual services <p>We can at a high level at this stage provide a description of the proposed service / activity provision including information, where relevant, on:</p> <ul style="list-style-type: none"> -The services or activities to be delivered by these new models of care. <p>However we will not be at this stage looking to identify any proposed locations of the services / activities.</p>	<p><u>Discovery and Define Phase</u> – Using outputs and creations from the analysis from the discovery phase will help shape early thoughts on the economic case. Acknowledging early indications from initial Define activity such as Stakeholder Engagement and Insights Group will aid populating the case.</p>
Commercial Case	Feb/ Mar 2020	<p>Some early outline details around of how prepared/resourced/organised NHS Ayrshire & Arran and the Health and Social Care Partnerships are, can be drafted following the outputs of the 'Define' stage and early 'Planning & Development' phase. The notion would be to further refine this under phase 2 of the PIA development.</p> <p>Initial thoughts around the Procurement Strategy could be prepared, evidencing that consideration has been given to all procurement options in line with legislation and that a preferred way forward would be identified as part of phase 2.</p> <p>The Governance section can be completed comprehensively,</p>	<p><u>Define and Develop Phase</u> – Having worked through the models of care and user personas in how health and care services could be transformed and delivered in the future will support the commercial viability of the programmes aims and ambitions.</p>

		taking into account the proposals within the PID and project execution document in identifying the governance arrangements for the project. This should include the various Boards or Committees who will provide oversight, constrictive challenge, guidance and decision making and overall approval. This can also cover the Project/Programme Management structures of the teams along with the identified roles and responsibilities	
Finance Case	Mar 2020	<p>Providing a comprehensive financial case at this stage would be difficult, however we would look to provide an indicative range of costs across the new models of care, with the caveat these would be refined under phase 2.</p> <p>An organisational financial situation statement could be included that explores the options for the funding streams and what expectations exist around provision of funds – both capital and revenue going forward.</p> <p>The resources proposed for the project can be identified and include an assessment of their suitability and availability currently and projected throughout the length of the programme in support of delivery and implementation.</p> <p>We would look to identify any known constraints on revenue or capital funding, which would include along with any known or anticipated contributions from planning partners or external sources.</p>	<u>Define and Develop Phase</u> – Only high level indicative financial aspects will be available at this time, and recommended that phase 2 focuses on the finance case.
Management Case	Mar 2020	<p>We would be well placed in providing the organisational management case that demonstrates the governance for the Programme and associated projects. This would cover a summary of the key individuals, organisations, Boards and Committees represented and how they have been involved in the development of the overall Programme.</p> <p>Provide an overview of the capability of those tasked with delivering the project both internally and externally along with an assessment by the organisation of its readiness to take the Programme/Projects forward including any specific workforce arrangements required to support the proposed resourcing.</p>	<u>Discovery, Define and Develop Phase</u> – Working through the programme activity from the outset will help develop the management case, drawing upon all the outputs, analysis and options on new models of care will provide bases on the management aspects.

Appendix 4 – Governance – Boards/Groups purpose and memberships

Board/ Group	Purpose	Membership
NHS Corporate Management Team	<ul style="list-style-type: none"> To provide assurance to the Board that robust systems are in place for the monitoring, management and improvement of services in terms of quality, safety, people and financial performance. To discuss any business pertaining to the operation of the organisation, ensuring that CMT maintain an overview and that a strategic, coordinated and agreed approach is established in respect of current programmes of work and any required actions. To take decisions that require corporate endorsement and support from the Chief Executive and other directors. 	<ul style="list-style-type: none"> Chief Executive (Chair) Director of Acute Services Director of Corporate Support Services Director of Finance Director of HSCP – East Director of HSCP – North Director of HSCP – South Director of Human Resources Director of Public Health Employee Director Director of Transformation and Sustainability Medical Director Nurse Director
Integrated Governance Committee	<ul style="list-style-type: none"> To provide assurance to the NHS Board that issues identified in specific governance Committees are discussed across the Board thereby ensuring joined up corporate governance 	<ul style="list-style-type: none"> The lead Director for each of the five other standing Board Governance Committees will be in attendance. The Chief Executive and Corporate Business Manager will attend to provide information and advice. The Non -Executive Director in position as Chair/Vice Chair of each Integrated Joint Board will attend to provide representation for each Health and Social Care Partnership. The Committee may co-opt additional advisors as required.
Caring for Ayrshire Programme Board	<ul style="list-style-type: none"> To discharge the function of a Programme Board for the Caring for Ayrshire Programme. To provide oversight and direction to the work of the, Clinical Programme Board, Infrastructure Programme Board, Capital Programme Management Group and Digital Programme Management Group and Stakeholder Engagement and Insights Group in relation to the Caring for Ayrshire Programme. 	<ul style="list-style-type: none"> Chief Executive (Chair) Director for Transformation and Sustainability Chair of Infrastructure Programme Board Chair of Capital Programme Management Group Co-chair of Clinical Programme Board Chair of Stakeholder Engagement and Insights Group Public Representatives from Stakeholder Engagement/ Insights Group
Clinical Programme Board	<ul style="list-style-type: none"> Forum for providing strategic oversight around all clinical aspects within NHS Ayrshire & Arran, linking service delivery with integrated use of digital and TEC - eHealth leads and as well as Andy Grayer to attend to support this function 	<ul style="list-style-type: none"> Joint Medical Director (Co Chair) Director of Nursing (Co Chair) Associate Medical Director University Hospital Crosshouse Associate Medical Director University Hospital Ayr Associate Medical Director Primary and Community Care Associate Medical Director Mental Health

Board/ Group	Purpose	Membership
	<ul style="list-style-type: none"> Through the CPB this board will be a design authority for the clinical service models and pathways of care. This will cover short, medium and longer term service change in line with the overarching strategic intent. 	<ul style="list-style-type: none"> Associate Medical Director Women, Children and Diagnostics Associate Medical Director Acute Services Associate Nurse Director Acute Services Associate Nurse Director/Head of Midwifery Women & Children Associate Nurse Director East Ayrshire Health & Social Care Partnership Associate Nurse Director North Ayrshire Health & Social Care Partnership Associate Nurse Director South Ayrshire Health & Social Care Partnership Assistant Director Quality Improvement Associate AHP Director Healthcare Sciences – <i>to agree with these disciplines who would be best to contribute on their behalf</i> Chair, Area Clinical Forum Director of Pharmacy Director of Public Health Clinical Director, East Ayrshire Health & Social Care Partnership Clinical Director, North Ayrshire Health & Social Care Partnership Clinical Director, South Ayrshire Health & Social Care Partnership
Infrastructure Programme Board	<ul style="list-style-type: none"> This group will give leadership and strategic direction to the work to develop the capital and digital plans to deliver the clinical model in the short, medium and long term within NHS Ayrshire & Arran. 	<ul style="list-style-type: none"> Director of Health and Social Care, East Partnership (Chair) / (SRO) Director of Health and Social Care, North Partnership Director of Health and Social Care, South Partnership Director of Acute Services Director for Transformation and Sustainability Director for Corporate Support Services Head of Property Services, Strategy and Partnerships Assistant Director of Digital Services Workforce representatives (as required) Finance representatives (as required)
Capital Programme Management Group	<ul style="list-style-type: none"> The Capital Programme Management Group (CPMG) will be responsible for driving the Capital programme forward and delivering project outcomes. 	<ul style="list-style-type: none"> Director of Corporate Support Services (Chair) Programme SROs Project Directors Assistant Director of Estates and Clinical Support Services

Board/ Group	Purpose	Membership
	<ul style="list-style-type: none"> CPMG will be accountable and responsible to the Corporate Management Team (CMT) for the delivery of individual projects / programmes within agreed timescales and costs. 	<ul style="list-style-type: none"> Assistant Director (Programmes) Head of Capital Planning Services Senior representatives from corporate functions (Finance, Health & Safety etc) Operational Manager(s) (Representatives from other Operational departments who will act as bridge between Programme and Service) Staff side representatives(s)
Digital Programme Management Group	<ul style="list-style-type: none"> The Digital Programme Management Group (DPMG) will be responsible for driving digital services forward and delivering project outcomes. DPMG will be accountable and responsible to the Corporate Management Team (CMT) for the development and delivery of projects included in the Board's Digital Services Development Plans (Strategic and Tactical). In conjunction with service users, the Group is responsible for overseeing the delivery of digital transformation and the realisation of associated benefits. 	<ul style="list-style-type: none"> Director of Corporate Support Services (Chair) Assistant Director of Digital Services Head of Digital Systems Programmes and Development Digital Services Clinical Director Digital Services Clinical Lead Digital Services Nurse Consultant Director of Pharmacy or representative Medical Director or representative Nurse Director or representative Director of Transformation and Sustainability or representative Directors of Health and Social Care Partnerships or representatives Clinical Directors of Health and Social Care Partnerships or representatives Director of Finance or representative Director of Acute Services or representative Director of HR or representative Chair of the Primary care and Community Digital Services Group.
Stakeholder Engagement/ Insights Group	<ul style="list-style-type: none"> The Stakeholder Engagement / Insights Group will provide oversight management and co-ordination for the responsibility in ensuring both internal and external stakeholder engagement throughout the lifecycle of the programme, whilst supporting the management of timely communications. Additionally the remit of this group will be to facilitate and gain stakeholder, public, third sector and independent sector insights around informing and shaping the whole system redesign in a co-creation approach. 	<ul style="list-style-type: none"> Director of Transformation and Sustainability Engagement Support Officer Employee Director Equality and Diversity Adviser Five Public Representatives – 3 x HSCP, third sector and independent sector (5No)

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Appendix 5 – Primary Care Programme Improvement Plans 2019/20

Area	Commitment	Target for 2019/20	Status [RAG]
Pharmacotherapy	Recruit a total of 29 new wte staff members to roll out service	Recruit to remaining skill mix of staff to complete pharmacotherapy model in all GP Practices. Monitor performance and qualitative measures being established to demonstrate and ensure task transfer and correct skill mix	Green
	Establish a training academy model	Continue to develop approach to training linking with national groups and workforce planning	Green
	Serial prescribing - establish a systemic and standard approach for phased implementation and roll out plan.	Continue to roll out as per timelines in plan and monitor impact on workload.	Green

Area	Commitment	Target for 2019/20	
Primary Care Nurse Service	Recruit to 9 nurse graduate roles to develop Primary Care Nurse role	Commitment achieved. 9 nurses in post Jan 19 (3 in each HSCP)	Green
	Design proposed workforce model for delivering community treatment and care (CTAC) for consultation with services and stakeholders.	A vision for CTAC linked to wider community nursing to be agreed between stakeholders at design event June 2019 A focussed project group taking forward under the Community Treatment and Care Project (CTAC) Group. Model due to be presented for consultation August 2019.	Green

Area	Commitment	Target for 2019/20	
Vaccination Transformation Programme	Preschool Programme – scope and cost pan Ayrshire model	Model to be agreed by August 2019 with service being implemented end of 2019 – rolled out until 2021.	Green
	Travel vaccinations – await national guidance for safe delivery requirements	Agree timelines and approach between 2019 and 2021 to progress preschool, travel, influenza, and other at risk groups	Green
	Influenza Programme – scope the use of nurse bank	Will be progressed through CTAC model design.	Green
	At risk group – focus on pregnant ladies. Vaccines to be delivered at 20 week scan or by community midwife	Commitment achieved. Service transferred 1 October 2018	Green

Area	Commitment	Target for 2019/20	
Urgent Care	Maintain and maximise Pharmacy First and Eyecare Ayrshire	Establish Standardised Pathways for Advanced Practitioners linked to MDT	Green
	Provide infrastructure /pathways for consistent signposting and navigation to alternative service	Support Implementation of NHS 24 Practice Websites	Green
	Undertake social media/communication campaign for right care, right person	Commitment achieved. Communication plan and public campaign messages being taken forward through the Communications Group for launch by end of April 2019.	Green
	Seek to become test of change site for Advanced Paramedics	Test commenced late 2018 in GP Practice- Ongoing monitoring	Green
	Create local collaborative with clusters to undertake quality improvement activity	Work will continue with HIS and local programme team to develop national initiatives and projects being carried out	Green
	Scope home visit activity and share best practice/protocols	Will be progressed with Clusters and GP Practices to inform an advanced practice model by August 2019	Green

Area	Commitment	Target for 2019/20	
Multi-disciplinary Team (MDT) in General Practice	MSK Physio - Recruit to an additional 7 MSK Advanced Physio roles	Commitment achieved. All recruited by December 2018 Work with core service to review and refine model, identifying where further resource can be added.	Green
	Primary Care Mental Health Services - Continue to invest in Community Mental Health and scope pathways/models	Continue to develop pan Ayrshire model and seek further additional investment from Action 15	Green
	Community Link Workers - sub Group established to scope roles and try ensure consistency of approach	Evaluate the models across the HSCP and support a consistency of service the Community Link Workers provide across Ayrshire and Arran	Green
	<ul style="list-style-type: none"> ANP Academy: Cohort 1 – 14 from Sept 2017 to complete in 2019 Cohort 2 – 10 commenced September 2018 	11 due to complete in 2019 Cohort 3 to commence September 2019	Green

Future Plans for Primary Care Improvement programme 2020-2022

The Primary Care Improvement Programme are proposing that further plans are developed through an iterative process, involving all clusters and localities to understand the different priority needs within each HSCP. Work has already begun around this, with the following high level time line and activities being listed below:

- **June – August 2019**

A series of workshops with a stakeholders to learn from current changes and determine future service models as outlined in the new contract

- Stakeholder workshop to design Community Treatment and Care service
- All GP Practices to attend workshop to inform effective practice based MDT working and influence the whole system clinical model
- Stakeholder workshop to design a preferred model for advanced practice assisting with on the day demand in General Practice.

- **August – October 2019**

- HSCPs are provided with information on their expected allocated funding, along with the range priorities agreed through the workshop sessions.
- Clusters consider where they think gaps are and what would assist them to deliver the new contract
- Clusters have a joint discussion with their HSCP to form a Partnership wide view aligned to the HSCP strategic priorities
- Pull together into a pan Ayrshire proposal which then goes through the relevant Implementation Groups for detailed design and project planning

- **October 2019**

- Present proposals and outcomes of discussions for further consideration or further information required with HSCPs and Clusters.

- **November/December 2019**

Final PCIP 2020-2022 prepared and presented to IJBs, LMC and NHS Board:

7 October – NHS Board

27 November – East Ayrshire IJB

2 December – Ayrshire & Arran NHS Board

11 December – South Ayrshire IJB

17 December – GP Sub Committee/ Local Medical Committee

19 December – North Ayrshire IJB

Integration Joint Board
24 October 2019

Subject:	Enhanced Intermediate Care and Rehabilitation Services
Purpose:	This paper provides update to the Integration Joint board on the progress made in North Ayrshire, in Implementing the enhanced model for Intermediate Care and Rehabilitation. It seeks support for continued funding and development of the model, in support of North Ayrshire Health and Social Care Partnership's strategic ambitions.
Recommendation:	<p>The Integration Joint Board is asked to :</p> <ul style="list-style-type: none"> * Note the progress made in implementing the enhanced model for Intermediate Care and Rehabilitation in North Ayrshire; * Note the financial implications of funding the service for the remainder of 2019-2020; and * Consider the funding required to sustain the model on a longer term basis as part of the budget planning for next year.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
ICT	Intermediate Care Team
SPOG	Strategic Planning Operations Group

1.	EXECUTIVE SUMMARY
1.1	The Enhanced Intermediate Care and Rehabilitation Services went live on 19 November 2018 following approval of a business case by NHS Ayrshire and Arran and the three Ayrshire IJBs. The impact of the service has been monitored regularly through the Strategic Planning Operations Group (SPOG) to ensure it delivers in line with the business case. The outputs of the Pan-Ayrshire Enhanced Intermediate Care and Rehabilitation model demonstrates the impact the service is making in terms of avoiding hospital admission, and providing a positive experience for the people of North Ayrshire.
1.2	The investment was not fully funded with part-year funding of £316k allocated during 2018-19, the additional cost to continue investment for the full year during 2019-20 is £260k, this would require to be incorporated into the IJB financial position for this year. The funding required to sustain the model on a longer-term basis from 2020-21 will be included as part of the budget planning for next year.

2.	BACKGROUND
2.1	PAN AYRSHIRE ENHANCED INTERMEDIATE CARE AND REHABILITATION
2.1.1	A paper was brought to the Integration Joint Board (IJB) in North Ayrshire in September 2018, to provide an overview of the work being undertaken to meet the Pan –Ayrshire Enhanced model for intermediate care and rehabilitation as part of the New models of care for older people and people with complex care needs.
2.1.2	The Pan-Ayrshire Enhanced Intermediate Care and Rehabilitation model was developed around Enhanced Intermediate Care and Rehabilitation Hubs which provide a single point of access, with screening and clinical triage, ensuring the person is seen by the right service, first time and includes 7 day working. The model supports people at different stages of their recovery journey and links up and builds on existing intermediate care and rehabilitation services reducing duplication and fragmentation of services across Ayrshire and Arran and offering better outcomes for people.
2.1.3	The Enhanced Intermediate Care and Rehabilitation Services went live on 19 November 2018 after approval of the business case by NHS Ayrshire and Arran and the three Ayrshire IJBs. This has been monitored regularly through the Strategic Planning Operations Group (SPOG) to ensure it delivers in line with the business case.
2.1.4	<p>The impacts described within the original business case reflected the cumulative impact of all aspects of the model working together to ensure the reduction in occupied bed days, drawing on sound local and national evidence. The business case proposed a 30% increase to 2335 referrals (1295 from Partnership plus 1040 from ACE Practitioners) to Enhanced Intermediate Care and Rehabilitation, which would result in cost avoidance of £4,052,014 for a required investment of £2,516,175 to employ an additional 51.4 WTE staff across Ayrshire and Arran.</p> <p>This equates to 24,860 Bed days avoided, which is the equivalent of the closure of 28 beds in University Hospital Ayr and 39 beds in University Hospital Crosshouse. In order to avoid any double counting, only the Enhanced Intermediate Care Teams (EICT) referrals were used in the business case.</p>
2.2	FINANCE
2.2.1	The business case was predicated on acute hospital savings offsetting the investment and during 2018-19 the investment was funded by the Health Board on a part-year basis. However, with the approach taken in the 2019-20 budget to pass through the funding uplift to the partnership there is an expectation that the IJBs will fund the full year impact of the investment. The 2019-20 approved IJB budget did not include provision to fund the full year impact of the service and it was noted as an unfunded pressure. The intention was to review the impact of the investment during 2019-20 to determine future funding alongside the work to progress the formal commissioning of acute services.
2.2.2	Part year funding of £982,370 was provided by NHS Ayrshire and Arran in 2018-19 to fund the model, this has now been incorporated into the overall financial allocation to the IJBs. If all posts identified through the business case are filled, this leaves a Pan Ayrshire shortfall of £1,533,805 to sustain the model.

	<p>The North element of this is:</p> <ul style="list-style-type: none"> • Full Year Budget £807,534 • Part Year Funding £316,000 • Recurring Shortfall (assuming all posts are appointed to) £491,534 <p>Note the projected shortfall in 2019-20 is only £260,000 due to vacant posts.</p>
2.2.3	<p>The ongoing pan-Ayrshire work to progress Directions and the acute set aside has not progressed to the stage of having confidence that an approach to accessing acute resources to fund the investment will be possible in the short to medium term. The service has been established with a permanent staff group in place, the unfunded element of the cost of the service for 2019-20 is £260k. The IJB are asked to note that the continuation of the service will add an unfunded pressure of £260k to the overall projected outturn for the IJB.</p> <p>The funding required to sustain the model on a longer term basis from 2020-21 will be included as part of the budget planning for next year. This includes the ongoing Pan Ayrshire work on the set aside budget and directions.</p>
2.3	ENHANCED INTERMEDIATE CARE AND REHABILITATION IN NORTH AYRSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP
2.3.1	<p>The investment of £807k in North Ayrshire was to provide an additional 16 WTE staff across a range of disciplines including:</p> <ul style="list-style-type: none"> • Allied Health Professions • Pharmacy • Nursing • Business support • General Practitioner sessions <p>All posts, with the exception of the GP sessions were recruited to as part of a wide ranging successful recruitment campaign.</p> <p>Further, the investment provided funding required to deliver service across 7 days per week.</p>
2.3.2	<p>As described in the original business case, and earlier paper brought to the Integration Joint Board, investment into intermediate care and rehabilitation in North Ayrshire was across three main components:</p> <ul style="list-style-type: none"> • Hub – To support right service, right time approach by increasing business support capacity, to allow effective referral management, and reduce the duplication experienced associated with multiple referrals • Enhanced intermediate care and rehabilitation – to increase the capacity within the team, to progress the skill mix of the team, and to allow appropriate level of workforce availability so as to provide service across seven days per week • Community rehabilitation – to increase capacity within the less urgent, more goal orientated community rehabilitation options, which protect enhanced intermediate care and rehabilitation for the fast response, admission avoidance work.
3.	IMPACT
3.1	Referrals for the full range of intermediate care and rehabilitation options in North

	Ayrshire now all stream through the Intermediate Care and Rehabilitation hub taking around 1,000 referrals per month.
3.2	<p>Intermediate Care and Rehabilitation Service is now provided seven days per week, with a focus on activity which provides alternatives to acute hospital admission. Relationships with key referral stakeholders continue to develop, with regular referrals, to avoid admissions, received from:</p> <ul style="list-style-type: none"> • Primary care • Ayrshire Unscheduled Care Service • Scottish Ambulance Service • Emergency department at University Hospital Crosshouse
3.3	At any one time, the enhanced Intermediate Care Team (ICT) are supporting around 130 individuals at home in North Ayrshire, as an alternative to acute hospital care.
3.4	<p><u>Referrals</u></p> <p>In order to ascertain if progress is being made against the outputs of the business case, the target for North Ayrshire investment of £807,534, for an extra 16 staff was for an additional 407 referrals, giving an annual target of 1672 referrals</p>
3.4.1	North Ayrshire Enhanced ICT saw a decrease of referrals to 1,207 in 2018-19 when compared to the previous year. This represents a 20% decrease on 2017-18 referrals. However, the 2018-19 figure still represents an 8% increase on the baseline year used in the business case. For North the performance from the 12-month business case target is 1,762. Based on current performance the trajectory would be 1,609. This is a projected shortfall of 153 .
3.4.2	The reduction in referrals to the enhanced intermediate care team in North Ayrshire is likely due to the more mature triaging being undertaken in the North Ayrshire Hub ensuring right person to the right place, first time - with less urgent referrals now being streamed to community rehabilitation options, for example the Health and Therapy Team, or domiciliary physiotherapy teams.
3.5	<p><u>Hospital Bed Days Saved</u></p> <p>The business case attributed 10 bed days to an avoided admission, in addition, it attributed 3 days for supported discharge by EICT staff.</p>
3.6	<p>Using the above metrics, for the 9-month period from 19 November 2018 to July 2019 (254 days), the North Ayrshire Enhanced Intermediate Care and Rehabilitation Teams avoided the following bed days:</p> <ul style="list-style-type: none"> • North - 7,116 <p>This equates to an additional 28 people, not requiring acute hospital care every day.</p>
3.7	<p><u>Benefits for Service Users</u></p> <p>The independent evaluation of impacts for service users by the Scottish Health Council produced some helpful feedback as well as areas for further improvement. In order to give an indication of how well/able individuals were before and after receiving support from the services, to give a sense of distance travelled, the following scores out of ten were given.</p> <ul style="list-style-type: none"> • North - 3.7 and 6.7.

3.8	<p>In addition, individuals were asked to score the overall services out of five, with the following results observed:</p> <ul style="list-style-type: none"> • North - 4.9. <p>Whilst individuals provided some key areas for improvement around the quality/speed of assessments and the resource available, feedback received was overwhelmingly complimentary and evidenced real benefits for individuals.</p>		
4.	PROPOSALS		
4.1	The Enhanced Intermediate Care and Rehabilitation model in North Ayrshire is demonstrating positive early outcomes, supporting a significant number of people to remain at home and independent, and providing a seven day alternative to hospital admission.		
4.2	As the model develops further, and the workforce matures, there will be opportunity to consider how the various components of intermediate care and rehabilitation in North Ayrshire – Intermediate Care team, Health and Therapy Team, Community rehabilitation Allied Health professional Services – align further with the developing model around locality based multi disciplinary teams.		
4.3	<p>The current financial arrangements create an uncertainty around the future of the enhanced model, with a number of associated risks.</p> <p>It is proposed that funding is factored into the IJB financial position for 2019-20, and consideration be given around funding on a longer term basis from 2020-21 as part of the budget planning for next year.</p> <p>This will create a welcomed stability for the model which will in turn support ongoing development and strategic alignment with the other partnership priorities.</p>		
4.4	<u>Anticipated Outcomes</u>		
	The model ensured a reconfiguration of existing services to improve service user experience, increase the capacity of intermediate care and rehabilitation, and improve interface with acute care in Ayrshire. The model supports the strategic ambitions around promoting independence, self management, and supporting people to live at home or in a homely setting.		
4.5	<u>Measuring Impact</u>		
	The impact of the enhanced intermediate care and rehabilitation model continues to be monitored as described, with regular updates provided to the Strategic Planning Operations Group (SPOG) and NHS Ayrshire and Arran Corporate Management Team.		
5.	IMPLICATIONS		
<table border="1"> <tr> <td>Financial:</td><td> <p>Part of the funding (£982,370) has been provided by NHS Ayrshire and Arran on a Pan Ayrshire basis.</p> <p>This recurring shortfall for North is £491,534 for North Ayrshire on a full year basis.</p> </td></tr> </table>		Financial:	<p>Part of the funding (£982,370) has been provided by NHS Ayrshire and Arran on a Pan Ayrshire basis.</p> <p>This recurring shortfall for North is £491,534 for North Ayrshire on a full year basis.</p>
Financial:	<p>Part of the funding (£982,370) has been provided by NHS Ayrshire and Arran on a Pan Ayrshire basis.</p> <p>This recurring shortfall for North is £491,534 for North Ayrshire on a full year basis.</p>		

	The 2019-20 impact is a shortfall of £260,000 as not all posts were appointed, and some have subsequently become vacant.
Human Resources:	The new Model required an additional 51.4WTE staff across Ayrshire, 16 in North Ayrshire, on permanent contracts. This strengthened existing ICT and Community Rehab services. In addition, Organisational Development work was undertaken across Ayrshire to move from 5-7 day working for ICT teams.
Legal:	No issues
Equality:	No issues
Children and Young People	No issues
Environmental & Sustainability:	No Issues
Key Priorities:	The model ensured a reconfiguration of existing services and structures to increase access to Intermediate Care and Rehabilitation services, reduce system wide inefficiency, develop the interface with Acute Hospital Services, improve service user experience which helps to meet the increased demand for health and social care in Ayrshire and Arran. This is in line with our priorities for Prevention and Early Intervention and Bringing Services Together.
Risk Implications:	There are a number of risks associated with lack of clarity around the financial sustainability of this model : Reputational Service planning Ability to further develop/ progress future improvements Workforce stability
Community Benefits:	This model aspires to keep people independent, safe, and at home or in a homely setting and provide alternative to acute hospital admission

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

6.	CONSULTATION
6.1	<p>There has been on-going consultation through the Models of Care work, and the Intermediate Care and Rehabilitation Network, as well as updates to Strategic Planning and Operations Group, Transformational Leadership Group, and NHS Ayrshire and Arran's Corporate Management Team.</p> <p>This paper has been developed in consultation with the Senior Leadership team in Community Health and Care, the AHP Leadership team, and the North Ayrshire HSCP Finance Leads</p>

7.	CONCLUSION
7.1	<p>While still in early stages, the model is showing good evidence that it is making a difference for the people of North Ayrshire in terms of avoiding unnecessary acute hospital admission and is largely on target to meet the outputs outlined in the business case.</p> <p>However, uncertainty around future funding is causing understandable insecurity within the staff teams and making ongoing planning and alignment with wider partnership programmes of work challenging.</p> <p>It is recommended that the funding required to sustain the model is considered on a longer term basis from 2020-21 as part of the budget planning for next year.</p>

For more information please contact Alistair Reid, Lead Allied Health Professional on 07825227834or Alistair.Reid@aapct.scot.nhs.uk

DIRECTION

From North Ayrshire Integration Joint Board

1.	Reference Number	24102019-Agenda No.	
2.	Date Direction Issued by IJB	24102019	
3.	Date Direction takes effect	24102019	
4.	Direction to	North Ayrshire Council	
		NHS Ayrshire & Arran	X
		Both	
5.	Does this direction supercede, amend or cancel a previous direction – if yes, include the reference numbers(s)	Yes	
		No	X
6.	Functions covered by the direction	Enhanced Intermediate Care and Rehabilitation Services	
7.	Full text of direction	NHS Ayrshire and Arran are to continue to deliver the investment in the Enhanced Intermediate Care and Rehabilitation Model for the remainder of 2019-20. The continued service delivery is based on the current recruited workforce.	
8.	Budget allocated by Integration Joint Board to carry out direction	The estimated cost of the service for 2019-20 is £576k, of which £316k is funded as part of the IJB baseline budget and the remaining £260k will be met from within the overall HSCP budget. The sustainability of the investment in the service will be included as part of the budget planning for 2020-21.	
9.	Performance Monitoring Arrangements	The impact of the service is monitored through SPOG (Strategic Planning Operations Group).	
10.	Date of Review of Direction (if applicable)	March 2020	

Integration Joint Board
24 October 2019
Agenda Item No.

Subject: **IJB Reserves Policy**

Purpose: To seek approval for the updated IJB Reserves Policy

Recommendation: The Integration Joint Board are asked to:

a) Approve the updated IJB Reserves Policy detailed in Appendix 1.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
NAC	North Ayrshire Council
NAHSCP	North Ayrshire Health and Social Care Partnership
IJB	Integration Joint Board
PAC	Performance and Audit Committee

1.	EXECUTIVE SUMMARY
1.1	The Reserves Policy outlines the statutory and regulatory framework for reserves and the operation of reserves. The policy is one of the key financial governance documents and is one of a number of key IJB policies that are due for review.
2.	BACKGROUND
2.1	The first reserves policy was approved in 2016 and is due for review, the policy is one of several which were agreed as part of preparations for Integration and before there was a clear understanding of how arrangements would operate in practice.
2.2	The purpose of a reserves policy is to: <ul style="list-style-type: none"> • outline the legislative and regulatory framework underpinning the creation, use or assessment of the adequacy of reserves; • identify the principles to be employed by the IJB in assessing the adequacy of the IJB's reserves; • indicate how frequently the adequacy of the IJB's balances and reserves will be reviewed; and • set out arrangements relating to the creation, amendment and use of reserves and balances.

3.	PROPOSALS
3.1	<p>The IJB Reserves Policy has been reviewed, the fundamental operation of reserves has not changed. The main update to the Policy is to incorporate the policy in relation to holding a negative reserve balance and to be clearer in relation to responsibilities for planning for adequate reserves as part of the IJB budget planning.</p> <p>The updated reserves policy has been reviewed and approved by the IJB Performance and Audit Committee and is now remitted to the IJB for formal approval.</p>
3.2	<u>Anticipated Outcomes</u>
	Improved governance and clarity around the operation of reserves.
3.3	<u>Measuring Impact</u>
	The level of reserves will be considered as part of the budget setting process each year and be formally approved by the IJB.
4.	IMPLICATIONS
Financial:	None
Human Resources:	None
Legal:	None
Equality:	None
Environmental & Sustainability:	None
Key Priorities:	None
Risk Implications:	None
Community Benefits:	None
5.	CONSULTATION
5.1	The updated reserves policy has been reviewed by the IJB Performance and Audit Committee and has been shared with the Directors of Finance for NAC and NHS AA.
6.	CONCLUSION
6.1	<p>The Integration Joint Board are asked to:</p> <ul style="list-style-type: none"> Approve the updated IJB Reserves Policy detailed in Appendix 1.

For more information please contact:

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North Ayrshire Integration Joint Board

Reserves Policy

Date Effective: October 2019
Review Date: September 2022

1. Background

- 1.1 To assist local authorities (and similar bodies) in developing a framework for reserves, CIPFA have issued guidance in the form of the Local Authority Accounting Panel (LAAP) Bulletin 55 – Guidance Note on Local Authority Reserves and Balances. This guidance outlines the framework for reserves, the purpose of reserves and some key issues to be considered when determining the appropriate level of reserves. As the North Ayrshire IJB has the same legal status as a local authority, i.e. a section 106 body under the Local Government (Scotland) Act 1973 Act, and is classified as a local government body for accounts purposes by the Office of National Statistics (ONS), it is able to hold reserves which should be accounted for in the financial accounts and records of the IJB.
- 1.2 The purpose of a reserve policy is to:
- outline the legislative and regulatory framework underpinning the creation, use or assessment of the adequacy of reserves;
 - identify the principles to be employed by the IJB in assessing the adequacy of the IJB's reserves;
 - indicate how frequently the adequacy of the IJB's balances and reserves will be reviewed; and
 - set out arrangements relating to the creation, amendment and use of reserves and balances.
- 1.3 In common with local authorities, the IJB can have reserves within a usable category.

2. Statutory/Regulatory Framework for Reserves

Usable Reserves

- 2.1 Local Government bodies - which includes the IJB for these purposes - may only hold usable reserves for which there is a statutory or regulatory power to do so. In Scotland, the legislative framework includes:

<i>Usable Reserve</i>	<i>Powers</i>
General Fund	Local Government Scotland Act 1973

- 2.2 For each reserve there should be a clear protocol setting out:
- the reason / purpose of the reserve;
 - how and when the reserve can be used;
 - procedures for the reserves management and control; and
 - the review timescale to ensure continuing relevance and adequacy.

3. Operation of Reserves

3.1 Reserves are generally held to do three things:

- create a working balance to help cushion the impact of uneven cash flows – this forms part of general reserves;
- create a contingency to cushion the impact of unexpected events or emergencies – this also forms part of general reserves; and
- as a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities.

3.2 The balance of the reserves normally comprises of three elements:

- funds that are earmarked or set aside for specific purposes. In Scotland, under Local Government rules, the IJB cannot have a separate Earmarked Reserve within the Balance Sheet, but can highlight elements of the General Reserve balance required for specific purposes. The identification of such funds can be highlighted from a number of sources:
 - future use of funds for a specific purpose, as agreed by the IJB; or
 - commitments made under delegated authority by Chief Officer, which cannot be accrued at specific times (e.g. year end) due to not being in receipt of the service or goods;
- funds which are not earmarked for specific purposes, but are set aside to deal with unexpected events or emergencies; and
- funds held in excess of the target level of reserves and the identified earmarked sums. Reserves of this nature can be spent or earmarked at the discretion of the IJB.

3.3 The Integration Scheme outlines that where there is an underspend in the operational budget that this can either fund additional capacity in-year or be carried forward to fund capacity in future years. Any final underspend in the operational budget in-year will be credited to IJB General Fund reserve.

4. Role of the Chief Finance Officer

4.1 The Chief Finance Officer is responsible for advising on the targeted optimum levels of reserves the IJB would aim to hold (the prudential target). The IJB, based on this advice, should then approve the appropriate reserves strategy as part of the budget process.

5. Adequacy of Reserves

5.1 There is no guidance on the minimum level of reserves that should be held. In determining the prudential target, the Chief Finance Officer must take account of the strategic, operational and financial risks facing the IJB over the medium term and the IJB's overall approach to risk management.

- 5.2 In determining the prudential target, the Chief Finance Officer should consider the IJB's Strategic Plan, the medium term financial outlook and the overall financial environment. Guidance also recommends that the Chief Finance Officer reviews any earmarked reserves as part of the annual budget process and development of the Strategic Plan.
- 5.3 In light of the size and scale of the IJB's responsibilities, over the medium term it is proposed to hold a prudent level of general reserves. This value of reserves must be reviewed annually as part of the IJB Budget and Strategic Plan; and in light of the financial environment at that time. Where it is assessed that the financial environment at the time of setting the budget does not support a prudent level of reserves to be held this should be reported to the IJB together with an aspirational reserves position. The level of other earmarked funds will be established as part of the annual financial accounting process.
- 5.4 The Integration Scheme states that where there is an overspend in the operational budget the Parties will consider making interim funds available to the IJB. Where funds are not provided and the IJB has insufficient General Fund reserves the IJB may report a negative reserves position on the Balance Sheet. This position must be addressed with a plan agreed between the IJB and the Parties in relation to future plans to address the negative reserves position.

6. Reporting Framework

- 6.1 The Chief Finance Officer has a fiduciary duty to ensure proper stewardship of public funds.
- 6.2 The level and utilisation of reserves will be formally approved by the IJB based on the advice of the Chief Finance Officer. To enable the IJB to reach a decision, the Chief Finance Officer should clearly state the factors that influenced this advice.
- 6.3 As part of the budget report the Chief Finance Officer should state:
- the current value of general reserves, the movement proposed during the year and the estimated year-end balance and the extent that balances are being used to fund recurrent expenditure;
 - the adequacy of general reserves in light of the IJB's Strategic Plan, the medium term financial outlook and the overall financial environment;
 - an assessment of earmarked reserves and advice on appropriate levels and movements during the year and over the medium term; and
 - if the reserves held are under the prudential target, that the IJB should be considering actions to meet the target through their budget process.

7. Accounting and Disclosure

- 7.1 Expenditure should not be charged directly to any reserve. Any movement within Revenue Reserves is accounted for as an appropriation and is transparent. Entries within a reserve are specifically restricted to 'contributions to and from the revenue account' with expenditure charged to the service revenue account.

Draft

Integration Joint Board
24 October 2019

Subject:	Budget Monitoring – Month 5 (August 2019)
Purpose:	To provide an update on financial performance to August 2019, including the projected outturn for the 2019-20 financial year.
Recommendation:	It is recommended that the IJB: <ul style="list-style-type: none"> a) Note the projected year-end overspend of £2.308m; b) Approve the changes in funding as detailed in section 2.11 and Appendix E; and c) Note the potential impact of the Lead Partnerships.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
MH	Mental Health
CAMHS	Child & Adolescent Mental Health Services
BRAG	Blue, Red, Amber, Green
UNPACS	UNPACS, (UNPlanned Activities) – Extra Contractual Referrals
CRES	Cash Releasing Efficiency Savings
NES	NHS Education Scotland – education and training body
NRAC	NHS Resource Allocation 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 July 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 is a year-end overspend of £2.308m for 2019-20 which is an adverse movement of £0.311m from the previous reporting period. 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 at July was a projected overspend of £1.997m and a financial recovery plan was approved by the IJB to work towards delivering financial balance. Progress against the plan will be closely monitored as the IJB may be required to approve additional actions later in the financial year if the planned impact is not realised.
1.3	There has been as adverse movement in the position which mainly relates to the inclusion of the full year funding impact of the Intermediate Care and Rehab model of care. The main areas of pressure continue to be learning disability care packages,

	care homes, care at home, looked after children, and adult in-patients within the lead partnership. Alongside the specific actions outlined in the financial recovery plan services will continue to deploy tight financial management controls to support bringing expenditure back into line with budget.
1.4	It is essential that the IJB operates within the delegated budget and commissions services from the Council and Health Board on this basis as financial balance needs to be achieved. The service transformation programme and the delivery of those service changes will be at the forefront as this will have the greatest impact on the delivery of financial balance and the ongoing sustainability and safety of services.
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 action required to work towards financial balance.
	FINANCIAL PERFORMANCE
2.2	<p>Against the full-year budget of £242.359m there is a projected overspend of £2.308m (0.95%). An integrated view of the financial position should be taken; however, it is useful to note that this overall position consists of a projected overspend of £2.345m in social care services offset by a projected underspend of £0.037m in health services.</p> <p>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.</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>
2.3	Community Care and Health Services
	<p>Against the full-year budget of £67.775m there is a projected overspend of £1.488m (2.2%) which is an adverse movement of £0.384m. The main reasons for the projected overspend are:</p> <ul style="list-style-type: none"> a) Care home placements including respite placements – projected to overspend by £0.167m (£0.010m adverse movement). This is mainly due to funding a number of emergency respite placements on a permanent basis which brings the care home respite budget online but increases the overspend on permanent placements to £0.367m. This was agreed as it was likely that the emergency placements would not be discharged, and it allows the permanent placements to be financially assessed with the individual contributing appropriately to their care. Permanent placements will continue to be managed to bring the budget back into line. The projection can vary due to factors other than the number of placements e.g. the impact of interim funded places and outstanding requests for funding, this will require to be monitored closely. These overspends are partially offset by a projected over-recovery of Charging Order income of £0.200m which is based on income received to date and improved processes to track the charging orders. b) Independent Living Services are projected to overspend by £0.268 (favourable movement of £0.048m) which is due to an overspend on physical disability care

packages within the community and residential packages. There will be further work undertaken with the implementation of the Adult Community Support framework which will present additional opportunities for reviews and payment only for the actual hours of care delivered.

- c) Packages of care are projected to underspend by £0.097m which is an adverse movement of £0.006m. This is due to delays in new packages offsetting the use of supplementary staffing for existing packages, this has improved from the 2018-19 position.
- d) Care at home (purchased and in house) projected to overspend by £0.595m which is an adverse movement of £0.097m. The overspend is due to an increase in provided hours and the budget being reduced to reflect the 2019-20 approved saving. The overspend on in-house services relates to providing additional hours to cover a service that a provider handed back and the in-house service had to increase capacity to ensure the safety of vulnerable service users within the community of the North Coast locality and also the need to facilitate patient discharges from Crosshouse Hospital. The projection assumes that the number of hours currently being invoiced will reduce following an internal review of the hours provided. The service currently has, between hospitals and community individuals waiting on a care at home package and individuals waiting on an increase in their care packages.
- e) Long Term Conditions (Ward 1), projected overspend of £0.270m (adverse movement of £0.006m) which is mainly due to an overspend in employee costs to ensure staffing levels are at a safe level. This is a recurring pressure for which funding requires to be identified. This will be reviewed during 2019-20 along with other wards. Ward 2 is projected to be £0.026m underspent (favourable movement of £0.026m) but this is subject to continuing to receive £0.504m of funding from East HSCP for their patients, East have indicated their intention to reduce the number of commissioned beds.
- f) Community Care employee costs are projected to overspend by £0.308m (adverse movement of £0.020m) due to supernumerary / unfunded posts. These posts will be allocated to the appropriate service to manage the costs within the delegated budget.
- g) Locality services employee costs are projected to overspend by £0.176m (adverse movement of £0.031m) due to a projected shortfall in payroll turnover targets.
- h) Carers Act Funding is projected to underspend based on the currently committed spend. This could fluctuate depending on the volume of carers' support plans undertaken and the level of demand/services identified from these plans. This underspend will be used in the first instance to fund the projected overspend on care home respite placements.
- i) Intermediate Care (excluding Models of Care) is projected underspend by £0.089m due to vacancies.
- j) Intermediate Care and Rehab Models of Care is projected to overspend by £0.260m which represents the full year funding impact of the model. This is subject to a separate report on the agenda, and whilst the IJB has not formally agreed to fund this investment on a permanent basis the posts are filled on a permanent basis and the additional cost is unavoidable. The projected

	<p>overspend is based on the posts which are currently filled, with an assumption that any vacancies would be held until a longer term decision on funding investment is taken.</p> <p>k) Aids and adaptations – are projected to underspend by £0.200m per the approved recovery plan.</p>
2.4	<p>Mental Health Services</p> <p>Against the full-year budget of £75.483m there is a projected overspend of £1.275m (1.7%). The main reasons for the projected overspend are:</p> <ul style="list-style-type: none"> • Learning Disabilities – projected overspend of £1.364m, of which £1.157m is in relation to community care packages and £0.361m for residential placements. The projection assumes that the level of invoice variations will be higher than previously assumed and some slippage with planned new packages. These overspends are partially offset by vacant posts. • Community Mental Health – is projected to underspend by £0.031m (adverse movement of £0.022m) mainly due to vacancy savings (after allocating £0.090m of payroll turnover) and an underspend in care packages. • Addictions – is projected to be underspent by £0.095m (favourable movement of £0.005m) due to vacant posts. • Lead Partnership for Mental Health – overall projected overspend of £0.037m (favourable movement of £0.053m) which consists of: <p><i>Overspends:</i></p> <ul style="list-style-type: none"> • Adult inpatients £0.580m (favourable movement of £0.009m) - mainly due to the delay in closing the Lochranza ward on the Ailsa site. The ability to close Lochranza will be dependent on discharging at least two patients. The projection also assumes that a fifth bed will be sold by October 2019. • Psychiatry £0.025m (favourable movement of £0.020m) – overspend primarily due to agency costs. Agency staff are used in the absence of being able to recruit permanent posts. • UNPACS £0.242m (no movement) – based on current placements and an increased charge from the state hospital for the period April to August 2019. <p><i>Underspends:</i></p> <ul style="list-style-type: none"> • CAMHS £0.270m (favourable movement of £0.015m) – due to vacancies and delays with recruitment. This is after applying £0.150m of payroll turnover. • Psychology £0.160m (no movement) – due to vacancies. This is after applying £0.150m of payroll turnover.

	<ul style="list-style-type: none"> • Adult Community Mental Health £0.069m (no movement) - due to vacancies. • MH Pharmacy £0.154m (no movement) – due to continued lower substitute prescribing costs. • MH Admin £0.125m (favourable movement of £0.009m) - due to vacancies. <p>Note that elderly inpatients are reporting an adverse position at month 5 due to holding vacancies in relation to reconfiguring the wards. This resulted in using supplementary staff in the interim, but it is assumed to be online following implementation of the elderly mental health review.</p>
2.5	Children & Justice Services
	<p>Against the full-year budget of £35.745m there is a projected overspend of £1.069m (3%) which is an adverse movement of £0.150m. The main reasons for the projected overspend are:</p> <ul style="list-style-type: none"> a) Residential Schools and Community Placements – projected overspend of £1.262m (favourable movement of £0.109m). The projection is based on the current number of placements and estimated discharge dates for each placement. There are currently 22 placements and 2 secure placements. The reported projection assumes 3 discharges in December with the remaining 19 assumed to be still in a placement at the year end. There is no provision for any increase in placements. The favourable movement relates to two children transferring to the children with a disabilities care package budget. Whilst there has been some progress in reducing the overall number of external placements the financial benefit of this has been offset by unplanned secure placements. b) Looked After Children Placements – projected underspend of £0.118m (adverse movement of £0.018m) due to the current demand for fostering, adoption and kinship placements. c) Early Years – projected to underspend by £0.018m (adverse movement of £0.026m) mainly due to the level of vacancies in health visiting. This is after allocating £0.200m of payroll turnover and accounting for £0.175m of potential additional costs for the regrading of the HV posts. d) Children with Disabilities Residential Placements – projected underspend of £0.177m (adverse movement of £0.188m) due to two children transferring from Residential Placements.
2.6	Management and Support Costs
	<p>Against the full-year budget of £9.319m there is a projected underspend of £1.496m (16%) which is a favourable movement of £0.255m. This underspend relates to the potential delay in commitment for pressure funding set aside in the 2019-20 budget, the requirement for this funding will need to be closely monitored and may require to be delegated to services as and when required.</p>
2.7	Primary Care and Prescribing
	<p>Prescribing is the responsibility for the Health Board to fund and under the terms of the Integration Scheme the Health Board continues to underwrite the prescribing position across the three Ayrshire IJBs. At month 5 prescribing is projected to be</p>

£1.107m overspent. This is not included in the projected outturn due to the NHS underwriting the overspend.

2.8 Savings Progress

a) The approved 2019-20 budget included £6.134m of savings.

RAG Status	Position at Budget Approval £m	Position at Period 5 £m
Red	-	0.393
Amber	2.980	2.529
Green	3.154	3.212
TOTAL	6.134	6.134

b) The projected year-end outturn position assumes:

- i) £0.215m of the Red savings in relation to reducing LD sleepovers may not be delivered as planned and this is reflected in the overall projected outturn position; and
- ii) The £0.328m risk of savings relating to Trindlemoss is partially reflected (£0.178m) in the projected overspend position as there is ongoing work to establish the deliverability of the saving given that the savings were based on the service being operational from September.

If progress is made to deliver the savings this would improve the overall outturn position (LD sleepovers) or prevent the overspend increasing further (Trindlemoss).

The projected financial position assumes that all remaining savings on the plan will be delivered. Progress with savings delivery requires to be closely monitored to ensure the impact on the financial position can be assessed and corrective action taken where necessary. Appendix C provides an overview of the savings plan, this highlights that at this stage a total of £2.319m of savings have been delivered successfully.

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.

2.9 Financial Recovery Plan

The Integration Scheme requires the implementation of a recovery plan if an overspend position is being projected, to take action to bring overall service delivery back into line with the available resource. The previously approved financial recovery plan is included in Appendix D.

This includes specific targeted actions with a focus on addressing the pressure areas, the actions will not only improve the projected overspend this year but will also address recurring overspends in service areas moving into future years. The plan requires the IJB support and approval, while many of the plans are operational management actions there may be some resistance from service users and communities to any changes to care packages and services.

	<p>The plan will be monitored closely and is underpinned by more detailed plans with clear actions for high risk service areas. One of the most significant risk areas is Learning Disabilities, a more detailed plan with all actions including tracking progress with reviews is co-ordinated between the service and finance and transformation team. Weekly cross-service progress meetings are being held to track progress and ensure are implemented at pace.</p> <p>The overall recovery plan will be an iterative document to remain under review. Progress with the plan will be monitored against to ensure it has the required impact and this will feature in future reporting to the IJB. The plan was agreed in September therefore at this stage it is difficult to quantify the impact, further detail in relation to progress and financial impact will be included in future financial monitoring reports.</p> <p>There is a risk that if the planned impact is not achieved that further actions will require to be added to the plan and these may include actions that would impact on the quality and performance of front-line services. The plan also highlights areas where a future policy decision may be required by the IJB to support delivery, where required this will be brought back to the IJB.</p>
2.10	<p>Financial Risks</p>
	<p>The 2019-20 budget setting paper noted unfunded pressures which could present a risk to the projected outturn position. This included:</p> <ul style="list-style-type: none"> a) Paid as if at work is a pressure relating to health employed staff and the payment of a holiday pay element for regular additional payments, e.g. overtime. The cost across the Health Board is estimated to be £1.4m but is unclear at this stage what the cost will be for each service, for North Ayrshire this is estimated to be around £0.2m. When the cost pressure value is known the partnership will look to services to fund from within existing resources where possible. b) There is a potential pressure in relation to GP practices in difficulty. This is a dynamic pressure which we will look to manage in-year. If this cannot be achieved, then the default position would be to fund the North fair share of this (circa £0.2m) from any underspend in the Primary Care Improvement Fund (PCIF). <p>In addition to these pressures there is a potential reduction to the funding available for Ward 2 in Woodland View as East HSCP are reviewing the number of beds they want to commission from the ward.</p> <p>The IJB may be asked to take further decisions during 2019-20 in relation to managing the above pressures.</p>
2.11	<p>Budget Changes</p>
	<p>The Integration Scheme states that <i>“either party may increase it’s in year payment to the Integration Joint Board. Neither party may reduce the payment in-year to the Integration Joint Board nor Services managed on a Lead Partnership basis....without the express consent of the Integration Joint Board”</i>.</p> <p>Appendix E highlights the movement in the overall budget position for the partnership following the initial approved budget.</p> <p>Reduction Requiring Approval:</p>

	<p>The specific reductions that the IJB are required to approve are:</p> <ul style="list-style-type: none"> Prescribing £0.550m – relates to a reduction an allocation for tariff reduction to global sum, this reduction is a flow through of a reduction in Scottish Government funding to the Health Board. As the Health Board underwrite prescribing budgets there is no risk to the IJB of this reduction. <p>It is recommended that the IJB approve the budget reductions outlined above.</p> <p>Future Planned Changes:</p> <p>Further areas which are outstanding and will be included in future reports include:</p> <ol style="list-style-type: none"> 1) Transfer of hub funding to the Communities Directorate (approx. £57k) 2) The transfer of 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 & Arran that the financial responsibility will not transfer until balance is found. In the meantime, we are managing services and working to reduce the projected overspend prior to any transfer.
2.12	Lead Partnerships
	<p>North Ayrshire HSCP</p> <p>Services managed under Lead Partnership arrangements by North Ayrshire Health and Social Care Partnership are projected to be £0.051m (£0.037m MH and £0.014m Children) overspent. Full detail on the underspend is given in section 2.4 above.</p>
	<p>South Ayrshire HSCP</p> <p>Services hosted and/or led by the South Partnership are forecast to be online. The Community Equipment Store was funded with an additional £0.280m as part of the budget for this year, however it continues to be a source of pressure. It should be noted that expenditure is volatile depending on the timing of purchases.</p>
	<p>East Ayrshire HSCP</p> <p>Services managed under Lead Partnership arrangements by East Ayrshire Health and Social Care Partnership are projected to marginally overspend by £0.288m in total. The overall Primary Care Lead Partnership projected overspend is £0.266m and this projected variance mainly relates to additional payments within Primary Medical Services to GP practices currently experiencing difficulty (mainly practices that the NHS Board is administering due to previous GPs handing back contracts). The GP practices in difficulty issue is extremely fluid however negotiations are progressing with practices with a view to them returning to independent contractor status. Additional Ayrshire Urgent Care Services costs resulting from increased rates being paid to attract GPs over certain periods can prove challenging to fill without financial incentives. These additional costs are partially offset by savings in Dental services. This reflects the month 4 position for East as their next update is month 6.</p>
	<p>Further work is being taken forward to develop a framework to report the financial position and impact of risk sharing arrangements across the 3 partnerships in relation to hosted or lead service arrangements. This is to ensure the IJB are fully sighted on</p>

	<p>the impact for the North Ayrshire partnership. The IJB will be kept informed of progress with this work which is being progressed by the Ayrshire Partnership Finance Leads.</p> <p>At month 5 the impact of the Lead Partnerships has been calculated based on the average NRAC share which is the method that was used in previous years and has been agreed by the Ayrshire Finance Leads.</p> <p>The NRAC shares are: North 36.6%, South 30.5% and East 32.9%</p>
2.14	<p>Set Aside</p> <p>The Integration Scheme makes provision for the Set Aside Budget to be managed in-year by the Health Board with any recurring over or under spend being considered as part of the annual budget setting process. The 2019-20 set aside budget for North HSCP is £30.094m, based on expenditure in 2018-19. The acute directorate, which includes the areas covered by the set aside budget, is overspent by £5.5m after 5 months.</p> <p>58 additional and unfunded beds were open at the 31st March 2019. Crosshouse and Ayr hospitals have experienced a high level of demand and delayed discharges, resulting in increased operational pressures and additional expenditure.</p> <p>During 2018-19 the North Partnerships use of the set aside resources was £30.094m against the NRAC 'fair share' of £28.697m which is £1.127m above the 'fair share'. There is an expectation that the North Partnership will move towards its 'fair share'. The Models of Care programmes including the Intermediate Care and Rehab investment and the Palliative End of Life proposals being developed represent agreed or potential investment in community services with a view to reducing acute beds. This is in effect a mechanism to reduce the set aside resources.</p>
3.	PROPOSALS
3.1	<u>Anticipated Outcomes</u>
	<p>Continuing to implement and monitor the financial recovery plan will allow the IJB to take the action where required to ensure the partnership can deliver services in 2019-20 from within the available resource, thereby limiting the financial risk the funding partners, i.e. NAC and NHS AA.</p> <p>The transformational change programme will have the greatest impact on the financial sustainability of the partnership, the IJB require to have a clear understanding of progress with plans and any actions that can be taken to bring the change programme into line.</p>
3.2	<u>Measuring Impact</u>
	Updates to the financial position will be reported to the IJB throughout 2019-20.

4.	IMPLICATIONS
Financial:	<p>The financial implications are as outlined in the report.</p> <p>Against the full-year budget of £242.359m there is a projected overspend of £2.308m (0.95%). The report outlines the action being taken and proposed action to reduce the projected overspend.</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>The financial recovery plan details planned actions to reduce the projected overspend, this plan will require to be closely monitored and reviewed to determine if further actions may be required to bridge the gap.</p> <p>The main areas of financial risk which may impact on this position are highlighted in the report.</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 which need to be addressed. If the financial recovery plan does not deliver the required improvements to the financial position, there is a risk that further actions will require to be identified and service quality and performance may be compromised to achieve financial balance.
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
4.1	<p>This report has been produced in consultation with relevant budget holders and the Partnership Senior Management Team.</p> <p>The report is shared with the Director of Finance for NHS Ayrshire and Arran and the Executive Director Finance and Corporate Support for North Ayrshire Council.</p>

5.	CONCLUSION
	<p>It is recommended that the IJB:</p> <ul style="list-style-type: none"> a) Note the projected year-end overspend of £2.308m; b) Approve the changes in funding as detailed in section 2.11 and Appendix E; and c) Note the potential impact of the Lead Partnerships.

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2019-20 Budget Monitoring Report–Objective Summary as at 31 August 2019
Appendix A

Partnership Budget - Objective Summary	2019/20 Budget									Over/ (Under) Spend Variance at Period 4 £'000	Movement in projected budget variance £'000
	Council			Health			TOTAL				
	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	54,814	56,038	1,224	12,961	13,225	264	67,775	69,263	1,488	1,104	384
: Locality Services	24,919	25,726	807	4,486	4,400	(86)	29,405	30,126	721	608	113
: Community Care Service Delivery	26,035	27,204	1,169	0	0	0	26,035	27,204	1,169	991	178
: Rehabilitation and Reablement	1,765	1,568	(197)	1,912	2,055	143	3,677	3,623	(54)	(100)	46
: Long Term Conditions	1,736	1,205	(531)	4,574	4,787	213	6,310	5,992	(318)	(395)	77
: Integrated Island Services	359	335	(24)	1,989	1,983	(6)	2,348	2,318	(30)	0	(30)
MENTAL HEALTH SERVICES	23,654	25,148	1,494	51,829	51,610	(219)	75,483	76,758	1,275	1,276	(1)
: Learning Disabilities	17,830	19,302	1,472	511	403	(108)	18,341	19,705	1,364	1,329	35
: Community Mental Health	4,459	4,481	22	1,611	1,558	(53)	6,070	6,039	(31)	(53)	22
: Addictions	1,365	1,365	0	1,345	1,250	(95)	2,710	2,615	(95)	(90)	(5)
: Lead Partnership Mental Health NHS Area Wide	0	0	0	48,362	48,399	37	48,362	48,399	37	90	(53)
CHILDREN & JUSTICE SERVICES	32,135	33,144	1,009	3,610	3,670	60	35,745	36,814	1,069	919	150
: Intervention Services	3,859	3,950	91	325	371	46	4,184	4,321	137	157	(20)
: Looked After & Accomodated Children	16,325	17,341	1,016	0	0	0	16,325	17,341	1,016	1,059	(43)
: Fieldwork	4,713	4,765	52	0	0	0	4,713	4,765	52	6	46
: CCSF	311	266	(45)	0	0	0	311	266	(45)	(21)	(24)
: Criminal Justice	2,627	2,627	0	0	0	0	2,627	2,627	0	0	0
: Early Years	394	376	(18)	2,868	2,868	0	3,262	3,244	(18)	(44)	26
: Policy & Practice	3,906	3,819	(87)	0	0	0	3,906	3,819	(87)	(252)	165
: Lead Partnership NHS Children's Services Area Wide	0	0	0	417	431	14	417	431	14	14	0
PRIMARY CARE	0	0	0	47,169	47,169	0	47,169	47,169	0	0	0
ALLIED HEALTH PROFESSIONALS				5,131	5,081	(50)	5,131	5,081	(50)	(50)	0
MANAGEMENT AND SUPPORT COSTS	7,412	6,080	(1,332)	1,907	1,743	(164)	9,319	7,823	(1,496)	(1,241)	(255)
CHANGE PROGRAMME	655	655	(50)	1,082	1,082	0	1,737	1,737	(50)	(50)	0
TOTAL	118,670	121,065	2,345	123,689	123,580	(109)	242,359	244,645	2,236	1,958	278
Return Hosted Over/Underspends East	0	0	0		0	(17)			(17)	(34)	17
Return Hosted Over/Underspends South	0	0	0		0	(16)			(16)	(32)	16
Receive Hosted Over/Underspends East	0	0	0		0	105			105	105	0
REVISED PROJECTED OUTTURN	118,670	121,065	2,345	123,689	123,580	(37)	242,359	244,645	2,308	1,997	311

2019-20 Budget Monitoring Report – Detailed Variance Analysis per service
Appendix B

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
COMMUNITY CARE AND HEALTH	67,775	69,263	1,488	
Locality Services	29,405	30,126	721	<p>Older People permanent care homes - projected overspend of £0.367m based on 816 placements. Respite care is projected to be online.</p> <p>Income from Charging Orders - projected over recovery of £0.200m'</p> <p>Independent Living Services :</p> <ul style="list-style-type: none"> * Direct Payment packages- projected underspend of £0.089m on 62 packages and a net decrease of 1 packages expected during the year.. * Residential Packages - projected overspend of £0.020m based on 35 packages. * Community Packages (physical disability) - projected overspend of £0.159m based on 49 packages <p>NHS Packages of Care - projected underspend of £0.097m due to use of supplementary staffing offset by slippage in other packages.</p>
Community Care Service Delivery	26,035	27,204	1,169	<p>Care at home</p> <ul style="list-style-type: none"> - in house service - projected overspend of £0.139m based on the current level of contracted costs remaining until the year end. Care at home staff have been incurring additional hours as there are moratoria on four of the purchased care providers. - Purchased Care at home - projected overspend of £0.456m. This is after reducing the budget by £0.500m to reflect the agreed 19-20 saving. There are four moratoria in place but the hours purchased from other providers has increased. <p>Direct Payments - projected underspend of £0.106m based on 28 packages continuing until the year end.</p> <p>Transport costs - projected overspend of £0.055m due to increase in staff mileage within care at home.</p> <p>Admin costs - projected overspend of £0.80m mainly due to mobile phone equipment.</p> <p>Supplies and Services - projected overspend of £0.125m in relation to uniforms and other supplies.</p> <p>Voluntary Organisations - projected overspend £0.088m mainly in relation to the Alzheimer service.</p> <p>Income - projected over recovery £0.043m mainly in relation to CM2000 non compliance charges.</p>

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
Rehabilitation and Reablement	3,677	3,623	(54)	<p>Employee costs - projected underspend £0.190m due to vacancies.</p> <p>Intermediate Care and Rehab Models of Care - projected to overspend by £0.260m which is the full year funding impact.</p> <p>Aids and Adaptations - projected underspend of £0.200m per the approved recovery plan</p>
Long Term Conditions	6,310	5,992	(318)	<p>Ward 1 - projected overspend of £0.270m due to the use of supplementary staffing.</p> <p>Ward 2 - projected underspend of £0.026m assuming £0.504m of funding transfers from East HSCP in relation to Kirklandside patients.</p> <p>Elderly CMHT - underspend of £0.044m due to vacancies.</p> <p>Carers Act Funding - projected underspend of £0.561m based on the committed spend. This could fluctuate depending on the volume of carers' assessments undertaken and the level of demand/services identified from these assessments. This underspend will be used in the first instance to cover the projected overspend on care home respite placements.</p>
Integrated Island Services	2,348	2,318	(30)	Outwith the threshold for reporting
MENTAL HEALTH SERVICES	75,483	76,758	1,275	
Learning Disabilities	18,341	19,705	1,364	<p>Residential Packages - projected overspend of £0.361m based on 41 current packages.</p> <p>Community Packages (inc direct payments) - projected overspend of £1.157m based on 291 current packages less 5% invoice variances. The projection assumes savings of £0.490m will be achieved and that any new packages or increases to current packages will be cost neutral. The direct payments projection is based on 40 current packages with a net increase of 3 to the year end less £0.102m recovery of unspent balances.</p> <p>Employee costs - projected underspend £0.073m mainly due to vacant posts</p>
Community Mental Health	6,070	6,039	(31)	Outwith the threshold for reporting
Addictions	2,710	2,615	(95)	<p>Employee costs - projected underspend £0.095m due to vacant posts</p> <p>ADP - projected online position.</p>

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
Lead Partnership (MHS)	48,362	48,399	37	<p>Adult Community - projected underspend of £0.069m due to vacancies.</p> <p>Adult Inpatients- projected overspend of £0.580m due to a delay in closing the Lochranza wards. Assumes a 5th bed is sold from October.</p> <p>UNPACs - projected overspend of £0.242m which includes the charges from the state hospital (April - August 2019).</p> <p>LDS - assumed online pending completion of the relocation of services to Woodland View.</p> <p>Elderly Inpatients - assumed online pending the finalisation of the elderly mental health bed redesign.</p> <p>Addictions - projected underspend of £0.030m due to vacancies.</p> <p>CAMHS - projected underspend of £0.270m due to vacancies.</p> <p>MH Admin - projected underspend of £0.125 due to vacancies..</p> <p>Psychiatry - projected overspend of £0.025m due to agency costs.</p> <p>MH Pharmacy - projected underspend of £0.154m mainly within substitute prescribing.</p> <p>Psychology- projected underspend of £0.160m due to vacancies.</p> <p>Action 15 - assumed online position</p>
CHIDREN'S AND JUSTICE SERVICES	35,745	36,814	1,069	
Intervention Services	4,184	4,321	137	<p>Employee costs - projected overspend of £0.013m mainly due to incremental drift.</p> <p>Supported Carers Scheme - projected overspend of £0.031m based on 6 carers supporting 6 children.</p> <p>Transport Costs - projected overspend of £0.043m in relation to mileage costs.</p> <p>Third Party payments - projected overspend of £80k (combination , Children's 1st Advocacy and Action for Children (Functional Family Therapy)</p>

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
Looked After & Accom Children	16,325	17,341	1,016	<p><u>Looked After Children placements - projected underspend of £0.118m based on the following:-</u> Kinship - projected overspend of £0.050m. Budget for 339 placements, currently 334 placement but projecting 345 placements by the year end. Adoption - projected overspend of £0.003m. Budget for 74 placements, currently 74 placements. Fostering - projected underspend of £0.039m. Budget for 120 placements, currently 122 placements but projecting 114 placements by the year end. Fostering Xtra - projected underspend of £0.137m. Budget for 32 placements, currently 25 placements but projecting 24 placements by the year end. Private fostering - projected underspend of £0.081m. Budget for 11 placements, currently 10 placements. IMPACCT carers - projected underspend of £0.016m. Budget for 4 placements, currently 2 placements.</p> <p>Residential School placements including community packages - projected overspend of £1.262m. The projection is based on the current number of placements and estimated discharge dates for each placement based on the support from the mainstreamed Challenge Fund project. There are currently 22 placements. The projection assumes 3 discharges in December with the remaining 19 assumed to be still in a placement at the year end. There is no provision for any increase in placements.</p>
Fieldwork	4,713	4,765	52	Various minor overspends on transport and the out of hours service.
CCSF	311	266	(45)	Outwith the threshold for reporting
Criminal Justice	2,627	2,627	0	Outwith the threshold for reporting
Early Years	3,262	3,244	(18)	Outwith the threshold for reporting
Policy & Practice	3,906	3,819	(87)	<p>Employee costs - projected overspend of £0.084m due to non achieved payroll turnover.</p> <p>Residential Placements - projected underspend of £0.177m. This underspend has reduced as two children transferred from residential provision.</p>
Lead Partnership (CS)	417	431	14	Outwith the threshold for reporting

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
PRIMARY CARE	47,169	47,169	0	Outwith the threshold for reporting
ALLIED HEALTH PROFESSIONALS	5,131	5,081	(50)	Outwith the threshold for reporting
MANAGEMENT AND SUPPORT	9,319	7,823	(1,496)	Projected underspend - this underspend relates to pressure funding awarded as part of the 2019-20 and the pressures have not yet arisen. This funding will be closely monitored and delegated to services as and when required.
CHANGE PROGRAMME & CHALLENGE FUND	1,737	1,737	(50)	Outwith the threshold for reporting
TOTAL	242,359	244,645	2,236	

Threshold for reporting is + or - £50,000

Savings reference number	Description	Responsible Senior Management Lead	Deliverability Status at budget setting	Approved Saving 2019/20 £	Deliverability Status Month 5	Net Saving Achieved at Period 5 £000's
	Health and Community Care					
SP-HSCP-19-02	Roll out of multidisciplinary teams - Community Care and Health	Helen McArthur	Amber	55,000	Amber	0
SP-HSCP-19-04	Day Centres - Older People	Helen McArthur	Green	38,232	Green	38,232
SP-HSCP-19-05	Deliver the Strategic Plan objectives for Older People's Residential Services	Helen McArthur	Green	130,350	Amber	0
SP-HSCP-19-09	Care at Home - Reablement Investment	Helen McArthur	Amber	500,000	Amber	0
SP-HSCP-19-12	Assessment and Self Directed Support	Isabel Marr	Green	150,000	Amber	0
NHS - HSCP-9	Packages of Care	Isabel Marr	Amber	150,000	Green	150,000
	Mental Health and Learning Disabilities					
SP-HSCP-19-01	Integration of the Learning Disability team	Jan Thomson	Amber	56,000	Green	56,000
SP-HSCP-19-07	Mental Health - Tarryholme / Trindlemoss (Council element)	Jan Thomson	Amber	328,000	Red / Amber	0
NHS - HSCP-1	Trindlemoss (full year impact is £0.370m)* NHS element	Jan Thomson	Amber	250,000	Green	0
SP-HSCP-19-10	LD - Reduction to Sleepover Provision	Jan Thomson	Amber	215,000	Red	25,000
SP-HSCP-19-11	Reprovide Fergushill/Hazeldene at Trindlemoss & redesign commissioned services	Jan Thomson	Green	111,000	Amber	0
SP-HSCP-19-06	Adult Community Support - Commissioning of Services	Jan Thomson/Julie	Green	388,000	Amber	1,500
NHS - HSCP-4	UnPACs - 7% reduction*	John Taylor	Green	200,000	Amber	0
NHS - HSCP-5	Substitute Prescribing - 5% reduction*	John Taylor	Green	135,000	Green	135,000
NHS - HSCP-3	Review of Elderly Mental Health Inpatients*	William Lauder	Green	727,000	Green	0
NHS - HSCP-6	See a 5th bed at Woodland View - MH inpatients*	William Lauder	Amber	90,000	Amber	0

	Children, Families and Justice Services					
SP-HSCP-19-03	Fostering - reduce external placements.	Mae Henderson	Green	127,408	Green	127,408
SP-HSCP-19-08	Children's residential placements (CF)	Mae Henderson	Amber	355,000	Amber	0
	Partnership Wide					
SP-HSCP-19-13	Charging Policy	Lisa Duncan	Green	200,000	Green	200,000
NHS - HSCP-10	Reduce business admin services	Julie Davis	Green	50,000	Green	50,000
NHS - HSCP-11	ICF Project - Partnership Enablers	Michelle Sutherland	Amber	27,000	Green	27,000
NHS - HSCP-12	ICF Project - Buckreddan care home	Michelle Sutherland	Amber	16,000	Green	16,000
NHS - HSCP-13	Uncommitted ICF Funding	Michelle Sutherland	Green	80,000	Green	80,000
SP-HSCP-19-20	Living Wage	n/a	Green	187,000	Green	187,000
NHS - HSCP-7	Resource Transfer to South Lanarkshire	n/a	Green	40,000	Green	40,000
SP-HSCP-19-14	19/20 impact of 18/19 part year savings	Stephen Brown	Green	113,000	Green	113,000
SP-HSCP-19-15	Respite	n/a	Green	200,000	Green	200,000
SP-HSCP-19-16	Payroll Turnover Target	Stephen Brown	Amber	500,000	Amber	208,333
SP-HSCP-19-17	Lean Efficiency Programme	Stephen Brown	Green	50,000	Amber	0
NHS - HSCP-2	Payroll Turnover Target - Mental Health *	Thelma Bowers	Amber	300,000	Green	300,000
NHS - HSCP-8	Payroll Turnover Target - Other Services	Thelma Bowers	Amber	365,000	Green	365,000
				6,133,990		2,319,473

Ref	Service Area	Action	Service Impact	IJB Support	Included in P4 Position £000's	Planned Impact £ 000's	Responsible Officer
Health and Community Care:							
1	Care at Home	Reduction in Care at Home Provision: <ul style="list-style-type: none"> - reduce weekly hours of purchased provision by between 50 and 100 hours per week, by closing cases for clients admitted to hospital - review care packages with any reduction in hours closed to offset the overspend - continue to review the actions of Independent Providers in the use of CM2000 for maximum efficiency - further roll out and embed the reablement approach in CAH service to allow packages to be reduced 	May lead to delays in care at home packages being delivered and may impact on hospital discharges and increase delayed discharges. May have impact on Waiting list. Risk of this will be mitigated by ensuring resources are used efficiently, with a risk based approach to allocating resources.			200	Helen McArthur
2	Care Homes - Respite Placements	Health and Community Care Service to enforce a policy and criteria in relation to emergency respite in commissioned care home settings: <ul style="list-style-type: none"> - significant increase in emergency respite where in many cases residents are placed in long term care, action taken to fund long term placements in September - change of practice for social workers in relation to use of respite - provide clarity to commissioned care home providers that respite beds will be used for short term care to ensure expectations of service, care home and service user are aligned 	Action has been taken to address current placements to ensure the service delivered is equitable, that the HSCP are appropriately financially assessing residents and that the commissioned care homes are funded for long term care placements. The appropriate use of emergency respite placements will be reinforced to the social work team. The longer term commissioning and use of respite provision for older people is being considered as part of the Care Home Strategy.	√	√	-	Helen McArthur
3	Equipment & Adaptations	Temporary reduction (2019-20 only) in the equipment and adaptations budget. <ul style="list-style-type: none"> - mirrors the reduction made in 2018/19 to assist with overall financial position, would not be sustainable on a recurring basis as provision of equipment fundamental to keeping people safe at home - priority for equipment provision will be: <ol style="list-style-type: none"> 1. support for end of life care 2. complete adaptations started or committed to in writing prior to tightened control of expenditure 3. maintain equipment and adaptations in situ and on which service users depend 4. provide essential equipment to support avoidance of hospital admission 	Potential delays to equipment and adaptations for service users, this will be kept under review together with any waiting lists and impact on delivery of community based services, including monitoring the costs of any delays in supporting individuals to be supported in the community.			200	Helen McArthur

Ref	Service Area	Action	Service Impact	IJB Support	Included in P4 Position £000's	Planned Impact £ 000's	Responsible Officer
Mental Health and Learning Disabilities:							
4	Learning Disabilities	Prioritised Review of Adult Community Packages: <ul style="list-style-type: none"> - targeted reviews to be carried out immediately, reviews co-ordinated on a prioritised list with a focus on individuals moving service provider following the outcome of the tender exercise and with high cost packages being prioritised - will be supported with significant additional LD social work capacity with additional professional lead, additional social workers and the employment of agency staff to accelerate planned reviews - reviews will ensure the split of personal and non-personal care is appropriate and equitable (to ensure equity of provision and charging) - direct payments to be reviewed to progress claw-back of underspends - incorporates looking at clients where the service provided has been less than than commissioned to formalise re-alignment of care packages based on need 	Service users will be reviewed by a dedicated review team, the outcome should ensure that all reviews are up to date and appropriate and equitable levels of care are being provided. This process may cause some anxiety for service users as there is an expectation that significant reductions can be made to care packages. No reduction will be made to care packages unless deemed to be safe and appropriate by the service, however there may be some resistance to change from service users, their families and advocates.	√		750	Thelma Bowers
5	Learning Disabilities	Trindlemoss development finalise the financial impact of the new service (LD day service, complex care unit and supported accommodation): <ul style="list-style-type: none"> - for 2019/20 require to plan to mitigate delay in savings being achieved - opportunities to further reduce cost of amalgamating day services - identifying supports required for service users in supported accommodation - policy in relation to eligibility and prioritisation for supported accommodation, model of care blueprint for other supported accommodation coming online 	The opening of the new service at Trindlemoss (originally planned August 2019) has been delayed due to delays in the building works, this has impacted on the timescales for service users and patients transferring. The service will require to be configured around the affordability of the care and support, taking into account the positive environment and the opportunities the shared accommodation space offers in terms of reducing existing high cost care packages.	√		tbc	Thelma Bowers
6	Learning Disabilities	Sleepovers - develop policy in relation to 24 hour care for Adults in the Community: <ul style="list-style-type: none"> - policy decision to not provide one to one 24 hour sleepover service where there are: <ul style="list-style-type: none"> * supported accommodation alternatives available; * opportunities for service users to share a service (will be identified by geographically mapping services); or * where technology supports can be provided supported by a responder service. - Recovery plan action and financial impact is based on a plan to deliver a responder service from the Trindlemoss supported accommodation to support removal of sleepovers in the area 	This will result in the removal of one to one 24 hour support from service users, an enhanced overnight service will be provided from Trindlemoss to support capacity for response. Individual service user safety will be a priority and the one to one support will only be removed where safe to do so.	√		128	Thelma Bowers
7	Learning Disabilities	Transition Cases (Adults aged 65+): <ul style="list-style-type: none"> - reviews undertaken jointly with LD and Older People's service which will deliver some savings, some work outstanding in relation to these reviews where changes to care packages have been identified - further action to scrutinise outcome of reviews and equity of service provision across client groups, particularly for high cost care packages which are not equitable with community care provided in Older People's services - requires a clear policy decision in relation to transitions of care and funding for community based supports 	Service users are being reviewed with a view to reducing the cost of packages as the clients transition to the Older People's service. Some reviews for high cost community packages have identified individuals suitable for the criteria of long term care but resistance from service users to change from current care and support. If care packages cannot be reduced the IJB will be asked to agree a policy decision on the level of care provided in such cases.	√		134	Thelma Bowers/Helen McArthur

Ref	Service Area	Action	Service Impact	IJB Support	Included in P4 Position £000's	Planned Impact £ 000's	Responsible Officer
8	Adult Community Packages	Adult Resource Group no overall increase in care package provision: <ul style="list-style-type: none"> - ARG in place for Mental Health and Learning Disability care packages for approval, ARG will no longer be permitted to approve any increase to existing or new care packages unless there has been a reduction in service elsewhere - will require social workers to proactively review caseload and use finite resource available to support whole client group - arrangements will remain in place until the service brings the overall expenditure on community care packages back into line 	Service users assessed as requiring a service will have to wait until resource has been identified to fund the care package, this is equitable with waiting lists for other services where resources are limited. This may result in delays in supports being provided but will also ensure that the service is managing, directing and prioritising resources effectively.	√	√		Thelma Bowers
9	All	Self Directed Support: <ul style="list-style-type: none"> - exploring how to embed this alongside the asset based approach promoted through the HSCP <i>Thinking Different, Doing Better</i> experience into services to change how we deliver services and balance service user and community expectations - undertaking self-evaluation for North Ayrshire against good practice, this will include stakeholder engagement to develop future approach 	Positive impact to embed Self Directed Support, with a view to being realistic in managing expectations of services and service users. Address a perceived inequity in how services are delivered and how embedded SDS is across social care services.	√		-	Stephen Brown
Children and Families:							
10	Looked After and Accomodated Children	Children's External Residential Placements bring forward planned discharge dates: <ul style="list-style-type: none"> - overspend due to delays in bringing children back from expensive external residential placements due to timescales slipping, recovery action based on pulling forward all estimated timescales by one month and moving to planned level of 14 placements by March 2020 - scrutiny of detailed plans for individual children, to be reviewed alongside the internal children's houses to free up capacity to bring children back to NA sooner - close working with Education services as shared ambition and requirements to provide educational supports within NA - formalise and reinforce governance arrangements for approval of new external children's placements 	Transformation plan to support more looked after children in North Ayrshire is focussed on delivering more positive outcomes for Children. Accelerating plans to move children to different care settings is challenging for the service as these are sensitive complex cases.			200	Alison Sutherland

Ref	Service Area	Action	Service Impact	IJB Support	Included in P4 Position £000's	Planned Impact £ 000's	Responsible Officer
Other:							
11	All	Recruitment freeze non-front line posts: - hold recruitment to all vacant non-front line care posts, eg support services, admin support - partnership vacancy scrutiny group remains in place and will ensure posts are not approved for recruitment until the new financial year	Minimal impact on front line services but depending on where vacancies arise during the rest of the year could have an impact on the capcity of support services, in particular to respond to service requests. The HSCP vacancy scrutiny group will ensure consideration is given to the impact on services when recruitment is delayed for individual posts.			200	Caroline Whyte
12	All	Moratorium non-essential expenditure: - communication issued to all budget holders (social care and health) with an instruction to delay or cease any areas of discretionary spend (areas including supplies and services, training, third party payments etc) - finance teams will liaise with budget holders as part of regular engagement and budgets will be removed non-recurringly to allow target reduction to be met	Minimal impact on front line services but is a short term one-off approach to reducing expenditure.			185	Caroline Whyte
13	All	Systems improvements re care packages: - Extension of CM2000 to adult services which will enable payment to care providers based on actual service delivered, being rolled out to some providers in advance of new tender - finance working with services to review areas where service delivered differs from that commissioned to improve systems and basis of financial projections, this work also supports ongoing reviews - action plan in relation to improving projections and actions identified from recent internal audit report re Community Based Care, including streamlining systems and processes to remove duplication, scope for error and reliability of information	Significant work required to review systems across social care services where different approaches are used for different service areas, some areas involve duplication of information and systems. Work will result in more assurance re the information reported, including financial projections and will also ensure the partnership has assurance that we only pay for the direct care delivered.		√	-	Thelma Bowers/Helen McArthur/Caroline Whyte
TOTAL						1,997	

2019-20 Budget Reconciliation

Appendix E

COUNCIL	Period	Permanent or Temporary	£
Initial Approved Budget			95,067
Resource Transfer	3	P	22,993
ICF Procurement Posts - Transfer to Procurement	3	T	(85)
FPC under 65's Scottish Government Funding	3	P	702
Transfer to IT WAN circuit Kilwinning Academy	4	P	(3)
Waste Collection Budget	4	P	27
CLD Officer from ADP Budget to E & C	4	T	(31)
Period 5 reported budget			118,670

HEALTH	Period	Permanent or Temporary	£
Initial Approved Budget (based on month 9 of 2018-19)			145,425
Adjustments to reflect month 10 -12 of 2018-19 including non-recurring amounts			(1,845)
Opening baseline budget for 19-20			143,580
Resource Transfer	3	P	(22,993)
Superannuation Uplift	3	P	2,994
Voluntary Redundancy Scheme	3	P	271
Post from acute - PA to Clinical Nurse Manager, Long Term conditions	3	P	15
Post from acute - Clinical Nurse Manager, Long Term Conditions	3	P	34
Functional Electrical Stimulation (Physio Equip) Equipment from acute			10
Pharmacy Fees	3	P	19
HPV Boys Implementation	3	P	18
Action 15 (anticipated increase)	3	P	930
Post from Acute -Specialist Pharmacist in Substance Misuse	3	T	12
Old age liaison psychiatrist from acute	3	P	108
Patient Transport Service	3	P	49
Infant feeding nurse	3	T	41
Associate Medical Director responsibility payment to Medical Director	3	T	(24)
Associate Medical Director sessions to the Medical Director	3	T	(71)
Contribution to the Technology Enabled Care (TEC) project	3	T	(50)
Superannuation Uplift Overclaimed	4	P	(270)
Action 15 overclaimed	4	T	(485)
Prescribing Reduction	5	P	(550)
Medical Training Grade Increase	5	P	51
Period 5 reported budget			123,689

GRAND TOTAL	242,359
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DIRECTION

From North Ayrshire Integration Joint Board

1.	Reference Number	24102019-XX	
2.	Date Direction Issued by IJB	24102019	
3.	Date Direction takes effect	24102019	
4.	Direction to	North Ayrshire Council	
		NHS Ayrshire & Arran	
		Both	X
5.	Does this direction supercede, amend or cancel a previous direction – if yes, include the reference numbers(s)	Yes	X – 26092019-08
		No	
6.	Functions covered by the direction	All NAHSCP delegated functions	
7.	Full text of direction	NHS Ayrshire and Arran & North Ayrshire Council are required to: <ul style="list-style-type: none"> • Action the budget changes outlined in para 2.11 and Appendix E; and • Deliver the Financial Recovery Plan detailed in Appendix D. 	
8.	Budget allocated by Integration Joint Board to carry out direction	North Ayrshire Council £118.670m NHS Ayrshire & Arran £123.689m TOTAL £242.359m	
9.	Performance Monitoring Arrangements	Regular financial updates will be reported to the IJB during 2019-20, the financial recovery plan will be monitored to ensure this aligns with delivering financial balance.	
10.	Date of Review of Direction (if applicable)	n/a	