

**Special
Integration Joint Board
Meeting**



Thursday, 16 July 2020 at 10:30

Virtual Meeting

Arrangements in Terms of COVID-19

In light of the current COVID-19 pandemic, this meeting will be held remotely in accordance with the provisions of the Local Government (Scotland) Act 2003. A recording of the meeting will be available to view at <https://north-ayrshire.public-i.tv/core/portal/home>

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 19 March 2020 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.

4 Appointment to the North Ayrshire Integration Joint Board

Submit report by Stephen Brown, Director (NAHSCP) on the change of independent sector representative on the IJB (copy enclosed).

5 Director's Report - COVID-19 Response

Submit report by Stephen Brown, Director (NAHSCP) providing an overview of activity in response to the COVID-19 pandemic by the Health and Social Care Partnership (copy enclosed).

- 6 2019-20 Year-end Financial Performance**
Submit report by Caroline Cameron, Chief Finance and Transformation Officer on the IJB's financial performance for the year 2019-20 (copy enclosed).
- 7 COVID-19 - Finance Mobilisation Plan Impact**
Submit report by Caroline Cameron. Chief Finance and Transformation Officer (copy to follow).
- 8 Allied Health Professions Highlight Report 2019**
Submit report by Alistair Reid, Allied Health Professional on the Allied Health Professional Highlight Report for 2019 (copy enclosed).
- 9 Urgent Items**
Any other items which the Chair considers to be urgent.

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 Cameron
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
Clive Shephard
Vacancy
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 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 19 March 2020 at 10.00 a.m.

Present

Councillor Robert Foster, North Ayrshire Council (Chair)
Councillor Christina Larsen, North Ayrshire Council (Depute for Councillor Dickson)

Stephen Brown, Director of Health and Social Care Partnership
Caroline Cameron, Chief Finance and Transformation Officer
Graham Searle, Carers Representative (Depute for Marie McWaters)

Present via teleconferencing

Bob Martin, NHS Ayrshire and Arran (Vice-Chair) via teleconferencing
Councillor Timothy Billings, North Ayrshire Council via teleconferencing
John Rainey, NHS Ayrshire and Arran via teleconferencing
Councillor John Sweeney, North Ayrshire Council via teleconferencing

In Attendance

Angela Little, Committee Services Officer

Apologies for Absence

Councillor Anthea Dickson, North Ayrshire Council
Adrian Carragher, NHS Ayrshire and Arran
Jean Ford, NHS Ayrshire and Arran
David MacRitchie, Chief Social Work Officer (North Ayrshire)
Dr Paul Kerr, Clinical Director
David Thomson, Associate Nurse Director/IJB Lead Nurse
Dr. Louise Wilson, GP Representative
Marie McWaters, Carers Representative
Michelle Sutherland, Partnership Facilitator
Vicki Yuill, Third Sector Representative
Alistair Reid, Lead Allied Health Professional Adviser
David Donaghey, Staff Representative (NHS Ayrshire and Arran)
Louise McDaid, Staff Representative (North Ayrshire Council)

1. Chair's Remarks

The Board was advised that the meeting would consider two items and all other business would be dealt with under delegated powers or continued to a future meeting of the Board.

2. Declarations of Interest

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

3. 2020/21 IJB Budget

Submitted report by Caroline Cameron, Chief Finance and Transformation Officer on the financial position for the partnership for 2020/21, including the proposed delegated funding, service budget pressures and plans developed to set a balanced budget. A summary of the 2020/21 budget and net budget increase was detailed within Appendix A to the report. Appendix B provided information on the budget pressures and Appendix C detailed the savings to address the budget gap. The uplift calculation and the reconciliation of this from a managed HSCP basis to IJB delegated based was outlined at Appendix D. Appendix E provided details of the funding letters from the Scottish Government issued to NHS Boards and Council. A refreshed 3-year Medium Term Financial Plan will be presented to the IJB by June 2020.

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

- Work that is being done to separate costs that are attributed to Covid19;
- Efforts to free up beds in hospitals;
- The preparation of a Mobilisation Plan for the Scottish Government;
- The draft set aside budget that represents the IJB's usage, further work being undertaken by the Ayrshire Finance Leads to establish the baseline resources for each partnership and how this compares to the Fair Share of resources and the postponement of a planned meeting at the end of March in light of the current health crisis;
- That the Health Board have not yet formally set their budget and the IJB may be asked to revisit plans if the Health Board delegated funding changes;
- Work that is being done by the Criminal Justice Team in conjunction with the Prison Service in respect of newly released prisoners; and
- Regular financial updates that will be provided to IJB Members.

Councillor Billings referred to a range of questions he had submitted by email. The Director advised that a response to each of these questions would be provided to the Board as soon as possible.

The Board was advised that Jean Ford, NHS Ayrshire and Arran had relayed her support for the recommendations of the report.

The Board agreed to approve the budget for 2020/21 for North Ayrshire HSCP, inclusive of all related budget virements, pressures and savings, noting that the funding position is subject to confirmation by NHS Ayrshire and Arran.

4. Urgent Items

The Chair agreed that the following items be considered as a matter of urgency to allow a matter to be actioned without delay and for an update to be provided to Members.

4.1 Delegated Authority for the Chief Officer and the Section 95 Officer

Submitted report by Stephen Brown, Director (NAHSCP) on the proposed action to allow the Chief Officer and Section 95 Officer to take decisions in respect of matters, that would have normally required IJB approval, subject to consultation with the IJB Chair and Vice Chair.

The Head of Democratic Services advised of the following further action that required to be delegated to the Chief Officer:-

- With the agreement of the Chair and Vice-Chair of the IJB and Chief Executives of the Health Board and Council, and if required to enable effective decision making or otherwise in relation to the COVID-19 outbreak, to amend the Governance documents of the IJB, including the Standing Orders for Meetings, the Scheme of Delegation to Officers, the Standing Orders for Contracts or the Financial Regulations as is required to meet the circumstance arising, this delegation to be reviewed at the next Ordinary meeting of the IJB.

The report outlined the range of delegated authorities for the Chief Officer, Section 95 Officer and other officers in the HSCP which currently form part of the Integration Scheme and Scheme of Delegation for North Ayrshire IJB. With the exception of a limited number of powers which are reserved by statute to the IJB itself, such as amendment of the Integration Scheme or appointment of the statutory officers, other matters normally determined by the IJB can be decided by the Chief Officer using delegated powers. Currently in a case of urgency the Chief Officer may, after consultation with the relevant Chairperson of the Board, exercise delegated powers, subject to, a report being submitted to the next appropriate meeting for noting.

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

- Scheduled meetings of the IJB that will be cancelled till the end of July 2020;
- Information that will be provided to IJB Members if delegated powers require to be used to change governance documents;
- Consultation with IJB Members that will take place, if required, prior to the use of delegated powers;
- Regular teleconferencing that will be arranged to keep IJB Members updated on the work of the partnership.

The Board agreed to (a) note the powers currently delegated to the Chief Officer, Section 95 Finance Officer and other Chief Officers of the IJB; (b) cancel scheduled meetings of the IJB and its Performance Committee until 31 July 2020, and (c) delegation of the following power to the Chief Officer, with the agreement of the Chair and Vice-Chair of the IJB and Chief Executives of the Health Board and Council, and if required to enable effective decision making or otherwise in relation to the COVID-19 outbreak, to amend the Governance documents of the IJB, including the Standing Orders for Meetings, the Scheme of Delegation to Officers, the Standing Orders for Contracts or the Financial Regulations as is required to meet the circumstance arising, this delegation to be reviewed at the next Ordinary meeting of the IJB.

4.2 Covid 19

The Board was provided with the following update:-

- 100 Care at Home staff are unavailable as a result of underlying health issues;
- 30% of Crosshouse hospital staff are not available to work and efforts are eing made to have these staff tested to allow them back to work;
- Work that is ongoing to resolve issues with the supply of PPE (Personal Protection Equipment) for staff;
- The Transformation Programme that will be put on hold at this time;
- Work that is being done by Connected Communities in local areas within North Ayrshire, including identification of lone households who require assistance in obtaining groceries; and
- Further clarity that will be received from the Scottish Government on forthcoming exams, vulnerable children and child care for key workers.

The Board thanked all Council and NHS staff for the work that is being done during this difficult time.

The meeting ended at 10.45 a.m.

North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 19 March 2020

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	Community Alarm/Telecare Services Transition from Analogue to Digital	26/9/19	That an update report on progress be submitted to a future meeting.	Submit to September 2020 meeting	Helen McArthur
2.	UK Care Home Industry	19/12/19 13/2/20	<p>Receive a further report examining the issues raised in the Plugging the Leaks in the UK Care Home Industry report from a North Ayrshire context, including the lessons learned from care home closures and in consultation with both staff, independent and third sectors.</p> <p>Agreed that the Care Home Providers be consulted at an early stage in the work to examine the issues raised in the Plugging the Leaks in the UK Care Home Industry report from a North Ayrshire context.</p>	Submit to meeting in April/May 2020	Stephen Brown
3.	Director's Report	13/2/20	The Board agreed (a) that the Head of Mental Health provide an update to a future meeting on the outcome from the Drugs Death Summit; and (b) to otherwise note the report.	Thelma to advise when report will be available	Thelma Bowers

4	Financial Monitoring Report: Period 9	13/2/20	The Board agreed (a);(b);(c); and (d) that the Chief Finance and Transformation Officer (i) provide Members with details of the vacancies within the Addictions Service; and (ii) advise the Third Sector representative of the commissioning arrangements with the lead partnership.	Caroline to advise when information has been provided	Caroline Cameron
5.	Naming of ASN Residential and Respite House	13/2/20	The Board agreed that the Head of Service (Children, Families and Criminal Justice) report to the April meeting on the outcome of the consultation with the Three Town Locality Partnership.	Report to the March 2020 meeting	Alison Sutherland
6.	Mental Welfare Commission Visit to Woodland View, Irvine	13/2/20	The Board agreed (a) that the Associate Nurse Director/IJB Lead Nurse provide an overview report the May/June meeting; and (b) to otherwise note the report.	David to advise when report will be available	David Thomson
7.	Delegated Authority for the Chief Officer and the Section 95 Officer	19/3/20	The Board agreed to (a) note the powers currently delegated to the Chief Officer, Section 95 Finance Officer and other Chief Officers of the IJB; (b) cancel scheduled meetings of the IJB and its Performance Committee until 31 July 2020, and (c) delegation of the following power to the Chief Officer, with the agreement of the Chair and Vice-Chair of the IJB and Chief Executives of the Health Board and Council, and if required to enable effective decision making or otherwise in relation to the COVID-19 outbreak, to amend the Governance documents of the IJB, including the Standing Orders for Meetings, the Scheme of Delegation to Officers, the Standing Orders for Contracts or the Financial Regulations as is required to meet the circumstance arising, this delegation to be reviewed at the next Ordinary meeting of the IJB.		Stephen Brown

Integration Joint Board
16th July 2020

Subject: **Appointment to North Ayrshire Integration Joint Board**

Purpose: To advise the Integration Joint Board of the change of Independent Sector representative on the IJB.

Recommendation: IJB are asked to approve the Scottish Care nomination of Jackie Weston as Independent Sector representative on the NAIJB.

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

1.	EXECUTIVE SUMMARY
1.1	In January 2020, Nigel Wanless resigned from his position as Independent Sector representative on the North Ayrshire IJB.
1.2	Scottish Care have nominated Jackie Weston, Regional Manager with the Care Concern Group to take on this role. Val Allen, Scottish Care will continue to act as Depute.
2.	BACKGROUND
2.1	After five years as Independent Sector representative on the IJB, Nigel Wanless resigned from this position in January 2020.
2.2	Scottish Care confirmed on 2 nd March 2020, their nomination of Jackie Weston, Regional Manager with the Care Concern Group as Nigel's replacement on the IJB. Val Allen will also continue as a Depute.
3.	PROPOSALS
3.1	IJB members are asked to approve Scottish Care's nomination of Jackie Weston as Independent Sector representative on the IJB.
3.2	<u>Anticipated Outcomes</u>
	N/A
3.3	<u>Measuring Impact</u>
	N/A

4.	IMPLICATIONS	
Financial:	None	
Human Resources:	None	
Legal:	None	
Equality:	None	
Children and Young People	None	
Environmental & Sustainability:	None	
Key Priorities:	None	
Risk Implications:	None	
Community Benefits:	None	
Direction Required to Council, Health Board or Both	Direction to :-	
	1. No Direction Required	x
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	
5.	CONCLUSION	
5.1	IJB are asked to approve the nomination put forward by Scottish Care for the Independent Sector representative on the NAIJB.	

For more information please contact [Stephen Brown, Chief Officer] on [(01294) 317723] or [sbrown@north-ayrshire.gov.uk]

Integration Joint Board
16th July 2020

Subject: **Director's Report - COVID-19 Response**

Purpose: To provide IJB members with an overview of activity in response to the COVID-19 pandemic by NAHSCP

Recommendation: IJB members are asked to note and comment on the HSCP response and activity during the COVID 19 pandemic.

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

1.	EXECUTIVE SUMMARY
1.1	This report provides an overview of the Health and Social Care Partnership (HSCP) response to the COVID-19 pandemic through the emergency governance measures and delegated powers agreed by the Integration Joint Board (IJB) 19 th March 2020.
1.2	The report details the arrangements established across all services areas and highlights the challenges faced by the partnership in responding to the pandemic.
2.	BACKGROUND
2.1	The UK and Scottish Governments have introduced legislation to allow the partnership to adapt and prioritise services in response to COVID and ensure the continued delivery of services during this period. The changes made within NAHSCP have been in line with this legislation.
3.	PROPOSALS
3.1	<p>IJB are asked to note the updates contained within the report in relation to :-</p> <ul style="list-style-type: none"> • Mobilisation Plan • Service Areas <ul style="list-style-type: none"> ▪ Mental Health & Learning Disability; ▪ Health & Community Care; ▪ Primary Care; ▪ Children and Justice Services; ▪ Finance & Commissioning; • COVID Legislation; • PPE; • Community Support; • Governance

3.2	<u>Anticipated Outcomes</u>
	N/A
3.3	<u>Measuring Impact</u>
	N/A
4.	IMPLICATIONS

Financial:	Financial implications are reported to the Scottish Government through financial reporting and the mobilisation plan.
Human Resources:	HR implications, if any, are included in the updates within the report.
Legal:	The legislative arrangements for COVID 19 are included within the body of this report.
Equality:	The report has not direct equality implications. The legislative requirements in terms of Public Sector Equality duties are detailed within the report.
Children and Young People	Implications for children and young people are detailed within the report.
Environmental & Sustainability:	None.
Key Priorities:	None
Risk Implications:	None
Community Benefits:	N/A

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.	CONCLUSION
5.1	IJB members are asked to note and comment on HSCP response and activity during COVID-19 Pandemic.

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

INTRODUCTION

This briefing provides a broad overview of activity to date in response to the COVID-19 pandemic by the North Ayrshire Health and Social Care Partnership and provides an update for IJB members and other stakeholders.

From the outset of the pandemic the partnership acted very swiftly to respond by reprioritising resources to protect and adapt core services to support the safety of our staff and communities. The Council, Health Board and HSCP recognised the need for robust and continuous planning to respond to the changing situation and daily meetings with senior officers across all organisations were very quickly put in place with the HSCP officers supporting these flexible governance structures. The partnership's Chief Officer and senior management are operating within delegated powers and are working to keep the IJB, Council, Health Board, Trade Union colleagues, staff and other stakeholders up to date with key developments for services.

Whilst responding to the specific needs of North Ayrshire communities we are informing our approach from the extensive and continually evolving range of national guidance which has been produced at pace by the Scottish Government and other agencies. It has been a real challenge for us all operating in this unprecedented environment to keep up with the ever-changing position and the associated changes to guidance and demands on services.

MOBILISATION PLAN

The Partnership has developed a mobilisation plan detailing additional activities to support our response to COVID-19 alongside the estimated financial impact. The plan provides a focal point for the partnership's response to the pandemic and this set out clearly from the start how we would adapt and mobilise services to either expand or retract, re-priorities activities and resources and also highlights the areas of greatest risk.

Key areas of the mobilisation plan submitted to the Scottish Government include:

- Reducing the level of delayed discharges for patients in acute, Mental Health inpatients and community hospitals
- Island resilience with planning supported by a Multi Disciplinary Team approach including local GPs
- Our community hospital response to managing potentially high bed occupancy levels, alongside staff availability and the flow from acute
- Maintain as far as possible mental health services, with community provision limiting face to face contact and flexibility of resources for in-patient services to ensure no cessation of services
- Resilience and sustainability of current levels of care at home provision, alongside increasing capacity to facilitate hospital discharge and support shielded individuals
- Step Up/Step Down residential provision, establish provision of temporary residential or nursing care provision to both facilitate quicker hospital discharge and also to avoid further hospital admissions from the community, including planning for contingency surge capacity
- Supporting adults with complex needs by ensuring alternative community supports on closure of respite and day services alongside social distancing requirements
- Maintaining existing levels of care in our children's services to protect vulnerable children and adopting new ways of keeping in touch with vulnerable children

- Established “enhanced” locality-based Community Hubs to support vulnerable individuals, including those shielding
- Sourcing and establishing reliable supply chains of Personal Protective Equipment (PPE)

The mobilisation plan is monitored regularly and updates on the costs associated with the NSHSCP response are submitted to the Scottish Government. The costs are outlined later in the finance sections.

The developments and key highlights from service areas are highlighted below.

MENTAL HEALTH & LEARNING DISABILITY SERVICES

Mental Health Services, including Learning Disabilities and Addiction Services for North Ayrshire and for lead partnership services across NHS Ayrshire and Arran have continued to provide health and social care interventions based on contingency planning and appropriate service adaptations.

During the lock down period some aspects of care requiring or requested to be put on hold include day care, respite, support packages and group work. Alternative support arrangements were put in place to safeguard the individuals affected and where appropriate services have worked with commissioned care providers to provide outreach and virtual contact with service users.

We continue to determine the current risk or vulnerability to an individual based upon the most recent contact. A significant number of service users fall into the shielded category and a number of those have taken the decision to self-isolate and cease their usual service provision during this time. Shielded individuals continue to be prioritised for a weekly contact/check-in by the HSCP and care providers. The impact of the cessation of building based respite and day services is having an impact on unpaid carers and there is a risk of carer breakdown the longer these services remain closed.

Joint transitions planning continues between children’s and adult services to ensure that the delivery of alternative service options are developed in alignment with identified need – this includes the planning for alternative provision to day service and respite provision where these have been reduced or suspended. This is critical to ensure there is no gap in appropriate support, especially with the closure of Education provision.

Mental Health inpatient services have continued to be delivered throughout the COVID-19 outbreak albeit with an increased threshold for admission for only those most at risk and some realignment of services to afford specific isolated assessment provision and specific areas to support those confirmed positive for COVID-19.

Addiction services have continued to provide safe, essential alcohol and drug related support. Each client’s situation has been risk assessed to determine their level of support and contact. The service has continued to accept all new referrals with initial screening taking place via telephone. Individual face to face contacts are by appointment and are offered based on risk assessment and identified need. ‘Priority’ groups for face to face contact include the most vulnerable and most in need of protection which includes, but not be limited to - prison release clients, clients requiring IEP intervention, mental health interventions and statutory interventions (child and adult protection).

Ward 5 in Woodland View has refocused service provision to all essential hospital-based detoxification support. Addiction services continue to provide a range of intervention and response to those affected and alcohol liaison have noted an initial reduction in those attending emergency

departments but no real increase in those attending in withdrawal and referred through detox pathways.

The COVID-19 situation has placed pressures on community pharmacies, leading to problems in caring for patients who normally attend pharmacies regularly. Using national guidance and local discussions/agreements the prescribing, dispensing and supervision of Opiate Replacement Therapy medications has been changed to reduce daily prescribing and supervision to reduce the burden on pharmacies and clients. The monitoring of drug deaths continues with weekly reports being submitted, to date unconfirmed drug deaths are reduced from this time last year. These are of course unconfirmed as yet and we need to be mindful of delays in toxicology reports.

Ongoing Developments:

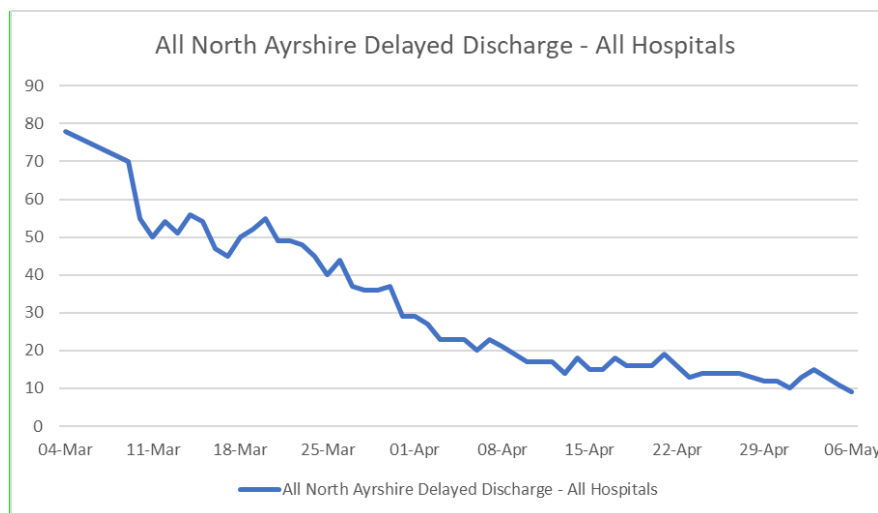
- In response to the anticipated increase in demand for mental health support related to Covid, a Distress Brief Intervention (DBI) programme has been planned to develop, test and incrementally upscale a direct referral pathway from NHS Emergency Departments, Primary Care, Police Scotland and Scottish Ambulance Service to DBI level 2 support. It is proposed to commission a third sector provider to deliver this level 2 support across Ayrshire.
- Developing plans to bring residential respite services back online quickly to target those service users and carers with a critical need for the service, this will be on a phased basis with reduced capacity to ensure social distancing and infection control measures.
- Risk assessments underway with service and health and safety to commence planning to recommence day services, when this is permitted. This will undoubtedly be on a reduced basis given challenges with transport, social distancing and vulnerability of client groups.
- Modelling requirement for rise in demand for Mental Health services, which is anticipated against previous years, in liaison and with input from Public Health and Health Improvement Scotland. Linking in with key programmes of Pan Ayrshire multi-agency work already established including; suicide prevention, distressed young person's pathway development, health and homelessness and drug death prevention forums linked to ADP's.
- Further investment will be required and was expected for CAMHS. There are dependencies linked to proposed and anticipated investment pre Covid that will need to be re-visited in alignment with expected/anticipated future demand, these plans are dependent on existing funding such as Perinatal MH, Action 15 etc.
- Working with building services to get the Complex Care Unit at Trindlemoss opened for 8th June, the opening was delayed due to outstanding adaptations and the restrictions on movement, this will allow us to move all remaining North Ayrshire patients from the Arrol Park site and discussions are underway to transfer the ongoing responsibility for the Ailsa site to the South Ayrshire HSCP.
- Historic issues with remuneration for pharmacy IEP (Injecting Equipment Provision) in NHS Ayrshire and Arran had previously led to the closure of IEP services by community pharmacy with the ongoing risk of further closures. The re-prioritisation of services in response to Covid has allowed significant progress on a progressing Pan Ayrshire service development to increase the availability of IEP services. An agreement had been reached with community pharmacy across Ayrshire and Arran to increase provision to provide more local IEP outlets to respond to lock down measures and also as a measure to reduce the risk of drug related deaths. This service will remain in place following the Covid pandemic.

HEALTH AND COMMUNITY CARE

Delayed Discharges

An early focus was placed on reducing delayed discharge at a national level by the Cabinet Secretary and locally within the partnership in order to minimise pressure on the health and social care system in preparation for increased admissions to acute settings. Due to the COVID 19 pandemic the Scottish Government issued to each Health and Social Care Partnership a directive to reach zero delayed discharges and then to maintain this performance going forward. North Ayrshire Health and Social Care Partnership are continuing to focus on delayed discharges and reaching the target of zero delays.

The graph below demonstrates the continued progress with delayed discharge performance within North Ayrshire Health and Social Care Partnership from 4th March until 6th May. At 4th March North Ayrshire had 78 individuals within hospital sites who were recorded as Delayed Discharges, as at 6th May 2020 the number of individuals delayed was 9.



This reduction has been achieved by:

- deployment of additional staff to focus solely on delayed discharges on a temporary basis;
- removing the financial restrictions and barriers usually in place when managing overall number of placements;
- extra capacity created within care at home, partly through enhancing with staff from ceased services including day care and also through ongoing recruitment;
- cessation of dementia respite service at Anam Cara and utilising the service as a temporary step down facility whilst individual community care packages are put in place for individuals, whilst ensuring efficient flow of patients (14 beds available and only had to utilise a maximum of 8 at any one time);
- Increased daily scrutiny and monitoring of performance.

At the start of the pandemic the HSCP commenced planning to bring on-line surge capacity sites to respond to demands for more beds in the community if required, based on early projections on levels of activity for hospitals. We prioritised the order that we would potentially bring facilities into use by planning to use existing buildings where services had ceased in the first place (eg respite) before looking to bring any additional facilities into use.

The surge capacity plans for North Ayrshire included:

- Additional hospital bed capacity in Arran War Memorial Hospital (up to 19 additional beds) and in Montrose House (10 beds) to be prioritised for island residents for step-up/step-down and also as an overflow from the hospital;
- Facilities within buildings with ceased planned and emergency respite residential provision (14 beds in Anam Cara, 8 beds Tigha Mor);
- Extremis contingency plan for the Sports Scotland National Centre located in Largs, capacity for 60 beds to be brought on line on a staggered basis to maximise the flexibility of the site based on demand and need.

The only facility that has required to be used so far is Anam Cara and this has primarily been used as a step-down facility to expediate hospital discharge. The rest of the surge capacity plans are currently on hold, plans remain developed and in place if sites are required to be revisited in the future.

Care at Home

Investment in Care at Home capacity has been key to ensuring we can support individuals in their own home, avoid hospital admissions and also facilitate quick discharge from hospital. We have continued to grow our workforce during the pandemic and had two recruitment events, with a total of 143 individuals attending. We are currently working through the process of filling these vacancies including facilitating induction training for new staff. The recruitment events and process has been carried out in line with safe social distancing measures in place. We have had high staff absence levels, particularly at the start of the pandemic, in our Care at Home service due to the nature of the work (i.e. delivering personal care) and the vulnerable individuals being supported. Our commissioned providers have faced similar challenges and during the pandemic have handed back some work to the partnership in-house team to deliver. Contingency plans for Care at Home include staff working additional overtime, employing returning staff and changing shift patterns to increase hours and capacity.

In reality the increased capacity, alongside a number of services users taking the decision to put services on hold at this time, due to self-isolating or receiving support from other support networks, there has been limited requirement to deploy the contingency plans for Care at Home. These options remain as we move forward into the next phase of the response.

Care Homes

Beginning in March 2020, there have been several outbreaks of Covid-19 in community settings across Scotland, including in North Ayrshire. The most commonly affected setting has been that of Care Homes for elderly people.

In North Ayrshire our care home services are delivered primarily by independent providers, either charitable, third sector or private businesses. We have long established contract management arrangements in place for care homes and these have been enhanced and ramped up in North Ayrshire in response to the evolving position in care homes. All care homes have a dedicated contract officer in the Commissioning team who are responsible for ensuring prompt responses to any concerns or queries from care homes.

Since the outset of the pandemic all providers, including care homes, have been issued with daily updates signposting to the most recent guidance and other important information from the Scottish Government, Health Protection Scotland, NHS and the Care Inspectorate. The guidance and approach to supporting care homes has continually evolved and changed throughout the pandemic. The National Care Home Contract uplift was swiftly agreed to ensure care homes could meet Fair Working commitments and to alleviate immediate financial pressures.

Care homes took early decisions to collectively stop visiting and access within the buildings is being managed to prevent infection/contraction of Covid-19.

The NHS Ayrshire and Arran Health Protection Team (HPT) within Public Health liaise directly with a care home whenever a symptomatic resident or a staff member is identified, and they support individual care homes with application of the guidance. When an outbreak is confirmed, the HPT support the care home staff at least daily, ensuring that they understand infection control precautions required, that care home staff have adequate PPE and to arrange testing for residents and staff.

Care home settings across Scotland have been significantly impacted by Covid-19 with outbreaks and sadly a number of deaths reported in individual care home settings. Adults living in care homes often have multiple health and care needs and many are frail with varying levels of dependence. Many are inevitably at greater risk of poorer outcomes if they were to contract COVID-19 due to conditions such as frailty, multiple co-morbidity, pre-existing cardio-respiratory conditions or neurological conditions.

In North Ayrshire across the period we have had 5 care homes which have experienced an outbreak at any one time and a number of Covid related deaths. There currently remain 2 homes with outbreaks being actively managed and 3 care homes have come to the end of an outbreak and have been given the all clear by Public Health. We have had a total of 55 Covid related deaths so far in care homes located in North Ayrshire.

Care homes have proven to be environments that are particularly susceptible to Coronavirus and this has regrettably and sadly led to too many deaths. As such the Scottish Government has directed that local areas urgently take action to put in place additional whole system support to protect residents and staff. The additional support is to come from the Scottish Government, Local Authorities, Health Boards, the HSCP and the regulatory and improvement bodies.

The Scottish Government expect NHS Boards and Local Authorities to ensure appropriate clinical and care professionals across Scotland and to take direct responsibility for the professional support required for each care home in their areas; recognising that care homes may require more clinical input to manage residents' needs at this time. NHS Boards and Health and Social Care Partnerships must work closely together to ensure those needs are met.

From 18th May the Scottish Government required NHS Boards and Local Authorities to establish enhanced professional clinical and care oversight arrangements for care homes. In addition NHS Board Nurse Directors have received a further directive to be accountable for the provision of nursing leadership, support and guidance within the care home and care at home sector.

Each Health and Social Care Partnership (HSCP) has been instructed to establish a Care Home Oversight Group (CHOG) with delegated membership from the Nurse Director, Medical Director, HSPC Director, Director of Public Health and Chief Social Work Officer.

The North Ayrshire CHOG arrangements are in place, with appropriate membership, to ensure we:

- meet daily to discuss safety huddle information from the care homes in the area and identify any support required;
- have an overview of information provided by care homes and submission of weekly RAG status of each care home to the Scottish Government;
- prioritise and co-ordinate nursing and social work professional support visits to every care home in the area and consider the outputs from these support visits;
- get assurance with regard to progress of the planned COVID testing programme underway;
- co-ordinate and facilitate any staffing requirements that the care homes are not able to meet from their own workforce;
- escalate any immediate issues of concern and provide frequent updates to the NHS and Local Authority detailing support activity undertaken and any resulting actions;
- highlight any care home which persistently refuses to allow a professional supportive visit to take place and escalate to the Care Inspectorate as the sector regulator.

The intention is to have a supportive approach from the HSCP to ensure we can work together with care home providers to ultimately protect the residents and staff. Care home visits started last week to provide assurance that the appropriate measures are in place and to identify any areas where support is required. The Care Home Oversight Group will consider any action or support required following these visits.

We recognise the operationally and financially care homes may require some support at this time to remain sustainable, there has been a significant reduction in occupancy levels in affected homes and many are facing increased costs for staff and equipment and also face challenges in safely staffing services. We are following national guidance in relation to financial support, in line with an agreed approach to provider sustainability payments, including compensating for reduced occupancy levels. We are also making contingency plans in the HSCP to ensure that where we may be required to step in with staffing that we are prepared, for example with NHS bank nursing staff and we have identified staff from our in-house care at home team ready to be deployed into care homes if required.

Staff Wellbeing Hubs

We have opened staff community wellbeing hubs in Library premises in Saltcoats, Kilbirnie, Irvine, Largs and on the Ayrshire Central site. The Saltcoats and Kilbirnie hubs opened on 5th May, Ayrshire Central Hospital opened on 11th May followed by Irvine and Largs this week on Wednesday 27th May.

The Library based community hubs were initially open to our own Care at Home staff, with a plan to extend this out to Care Homes and Care at Home Private providers following the initial trial to gauge demand and also to ensure appropriate social distancing. These hubs will be opened up to our providers staff on Monday 8th June.

The Ayrshire Central site is open to all Health and Social Care Partnership staff, however thus far there has been little attendance from staff outwith the Ayrshire Central site. Staff have been made aware that the wellbeing hubs are there and are actively being encouraged to drop in. To date across the 4 community hubs we have had 312 visits.

PRIMARY CARE

Primary Care across Ayrshire has responded flexibly to the challenges presented by the Covid-19 pandemic and the linked lockdown. The HSCP have had ongoing engagement with GPs throughout the period with weekly engagement between the Chief Officer, Clinical Director and North GP Cluster leads.

GP Practices have largely remained open and active albeit with less direct face to face patient contact. GPs are increasingly using telephone consultations and also using Attend Anywhere/Near Me video consultations. Almost all Ayrshire Practices are using these mechanisms to positive effect.

Community Pharmacies have been a very significant point of contact for most of the population throughout the period. Whilst some Community Pharmacies have had staffing challenges because of staff either self-isolating or sick, they have largely remained open with new arrangements for physical access, new opening hours and good arrangements with GP Practices to allow timeous access to medicines. Pharmacies are also providing home delivery and this has been supported with capacity from Council and VASA staff/volunteers.

Both GP Practices/Community Pharmacies have also extended their normal access over public holiday periods. They have also been involved in the support response for the Shielding patients and GP Practices have contacted the patient lists offering clinical advice, directing them to practical local supports.

In relation to Optometrists, routine eye care and face to face eye exams have been suspended within the community. Most practices are still taking telephone calls to triage/treat by remote prescription and refer emergency sight threatening cases directly to the Emergency Treatment Centre within UHA. There are also defined arrangements for the provision of spectacle repairs/replacements where these are emergency. Community dentists are closed at present although emergency dental treatment is available.

The HSCP together with GPs, property services and health and safety are developing plans re how to undertake facility risk assessments to facilitate wider re-opening of GP premises including health centres.

CHILDRENS SERVICES

At the beginning of lockdown the Chief Social Work Officer issued interim guidance to staff for Child and Adult Protection procedures to ensure that key processes could be carried out virtually. The South West Scotland MAPPA Coordinator did the same for the multi-agency management of sex offenders. It was decided that the Child and Adult Protection Committees should meet every two weeks and the Child and Public Protection Chief Officers Group on a four weekly basis. The MAPPA Strategic Oversight Group agreed to meet monthly.

All partners in child and adult protection and MAPPA are in agreement that the interim procedures are working well and that protection services are robust. Staffing levels have remained good, and there was a sharp reduction in child and adult concern referrals at the beginning of lockdown.

It is anticipated that in the months after lockdown, and when measures have been relaxed and children return to school, that there will be a significant increase of public protection referrals. For example, we are aware of huge increases to mental health and domestic abuse helplines. Much of

the harm during lockdown has been hidden and will only become apparent when communities return to some kind of normal.

Courts have been closed during lockdown so there is a significant backlog of court work that will impact on Justice Services. Children's Hearings have been held virtually during lockdown and only a fraction of Hearings have taken place. The Children's Reporter has advised that we should expect an unprecedented demand for reports and attendance at Hearings following lockdown.

Current Child Protection Practice:

The COVID-19 pandemic has had a significant impact on the operation of all agencies involved in child protection strategic and operational practice within North Ayrshire.

HSCP:

- Child Protection Conferences are continuing to take place either on a virtual or a physical basis and on a smaller scale (Senior Officer, Social Worker and Social Work Team Manager present).
- There is still a requirement to visit children on the Child Protection Register on at least a weekly basis and currently 98% of children with a child protection plan have been visited in the last 2 weeks within North Ayrshire.
- After an initial decrease in child protection activity, there has been a noted increase within North Ayrshire in all localities in the past 2 weeks.
- Virtual Child Protection training is ongoing within the partnership.

Education:

- HSCP and Education staff have an agreed protocol for supporting our vulnerable children and young people. This has involved establishing a multi-agency forum which meets weekly to allocate support to children and young people (CYP) & families at risk. The multi-agency meetings consider applications submitted in advance using a robust resilience matrix and assessment process based on the National Practice model. Several forums have taken place with 94 vulnerable young people discussed and support measures implemented via the mainstream hubs. There are 8 hubs across North Ayrshire Council.
- Outreach support and respite is being offered for a very small number of families where children have severe and complex needs. This is discussed on a case by case basis.
- Education support is also ongoing in our outreach facilities for young people who would not benefit from attending a hub.
- 157 Pre-5 children have now also been allocated a place in day-care or with a childminder.
- Children & Families staff have been developing packs of resources, distributing craft sets, colouring books, letters to all care experienced CYP and gift packs to support our most vulnerable families. This has been well received.

Acute Health Services:

- Health have noted an increase in Initial Referral Discussion (IRD) activity. Child protection concerns are varied and include parental mental health concerns, domestic abuse, drug and alcohol issues, assault of child, unexplained injuries, indecent images, neglect and poor home conditions.

Police:

- Police Scotland response to child protection has not changed. If there is any risk to a child then the Police will adopt their current procedures and take steps to safeguard the child in

question. Inter-Agency Referral Discussions are a crucial part in multi-agency decision making, ensuring that any investigations or actions are undertaken in a child centric manner and decisions made are recorded in an auditable and transparent fashion.

Other areas of Children's Services:

Scottish Children's Reporter Administration (SCRA):

- The children's hearings system and Scottish Children's Reporter Administration (SCRA) is significantly affected by the Coronavirus pandemic. Some discretion applies to the timing of other hearings by virtue of the emergency legislation. Given the limited amount of participation that can be accommodated, the reporter applies discretion, using criteria to decide whether to proceed with hearings or to postpone. The reporter makes every effort to consult with the allocated social worker as part of making the decision on whether to arrange any of these hearings.

Child Health Services:

- Childhood immunisations have continued to be delivered throughout the COVID-19 pandemic in North Ayrshire. The family is contacted prior to the appointment to ensure there is no one with the home with COVID symptoms, to advise that only one adult should attend the appointment with the baby/child and to be reassured that the nurse will be wearing PPE. The nurses have reported that the attendance and immunisation uptake rates have been good. There have been a few occasions where a home visit has been supported to immunise the baby due to shielding requirements.
- The School Immunisation programme has been stalled as a result of the schools not operating. The missed immunisations will be caught up in 2020/21 session. However this, along with the implications for the staggered school attendance, will have significant implications to how we staff this service in the coming year to ensure we maintain this public health requirement. Planning in underway to consider the implications for the school flu programme for 2020.
- North Ayrshire Universal Early Years (UEY) service has continued to support children and families throughout COVID-19. Initially Primary Visits (baby aged 11 – 14 days) and the 6-week check, as was any supports needed to families identified as having additional requirements, e.g. child protection, complex parenting issues, were the only home visits performed. Health Protection Guidance and NHS Ayrshire and Arran's Infection Control Guidance has always been adhered to by staff attending home visits. The other HV National Timeline visits were performed over telephone supports, however in the last 5 weeks we have piloted "Near Me" technology which allows the UEY teams to send an appointment for the parents to attend a virtual consultation. The plan is to roll Near Me out to all UEY staff as we move forward in the "new normal" especially to support our core families. Weekly reports have been requested by Scottish Government on the number of Pathway visits performed.
- In addition to the Pathway visits, UEY staff have continued to support vulnerable families, weekly contacts for the Shielding families and provided named person reports. There has been excellent joint work between UEY and education to identify places for children within Early Years establishments and day care.
- During COVID-19 breastfeeding supports have continued via Universal Early Years and for the most complex feeding issues Mums have been supported through a variety of routes: home visits, telephone consultations and near me appointments.

Children's Houses:

- Throughout the lockdown period our children and young people in our children's houses and in foster care, kinship care and external placements have managed exceptionally well. We have experienced a very small number of young people absconding from the children's houses, and in these cases, professionals meetings have taken place to support the young people involved. To this end, four young people have been taken into respite accommodation during the lockdown period.
- We have successfully moved one young person to his own tenancy from one of our children's houses and a further two housing applications have been submitted for two other young people. We await tenancies.
- Two young people are returning from external placements next week. Furthermore, another young person will be moving home from an external placement by the end of the week.
- Two children have successfully moved from external residential care to external family members and another two young people have moved to kinship care from external placements.

Child Protection / Vulnerable Children & Young People Statistics:

- Children and Families have created a weekly data dashboard for all children and young people who are vulnerable, require immediate support and who are being supported through the education hubs or the Rosemount Project.
- The updated weekly dataset provides information 'at a glance' in relation to child protection and vulnerable young people statistics during the COVID-19 pandemic. This is analysed and discussed on a weekly basis. We are now required to send this data to Scottish Government on a weekly basis as part of a National dataset.
- Key Messages from this data include:
 - Increased CP activity in recent weeks in all localities.
 - Increase in numbers of CYP being moved to other family members because of safeguarding issues.
 - One breakdown in foster placement and 3 young people externally accommodated.
 - Professionals meetings taking place to support CYP who are having difficulty during lockdown period and as a result of absconding.
- A key difference with child protection concern referrals is the source of these referrals. At this time last year the highest referrer of concerns was Education Services who made approximately 21% of referrals. Currently, the police are the highest referrers and have made approximately 40% of all referrals with Education only making 6% of referrals.

Child Protection Public Engagement:

- Messages via social media and our updated website are being produced and are accessible to young people and members of the community within North Ayrshire. We have also co-ordinated the publication and delivery of child protection resources to all of the community hubs to promote child protection messages to all members of communities within North Ayrshire.

Children with a Disability:

- Building work on the Residential and Respite facility has been delayed and there has been limited progress other than continuing to review and amend plans. Children with a disability have been supported virtually. For cases where there is risk of family breakdown, we have offered respite support, this has been offered on a case by case basis. These services returning to normal will very much be determined in line with the Scottish Government's Covid 19 Routemap.

Suicide Prevention in Young People:

- The Young People's Strategic Suicide Prevention Group (YPSSPG) and Young People's Suicide Taskforce are in the process of being reconvened for June 2020. Young people who overdose in the current situation are being monitored and further support from the Taskforce is being requested as necessary.

Early Release of Prisoners:

As part of the Emergency Covid Legislation, a regulation was laid before parliament on the 4th May to allow for the early release of lower risk prisoners who were in the last three months of their sentence. This was a measure to mitigate against the effects of Covid 19 on prison inmates and officers.

In North Ayrshire we were scheduled to have 14 prisoners released early. The prisoners were to be released in three tranches from the 4th May until the 1st June. We established a multi-agency group that met regularly to plan for the release of these prisoners. Some prisoners had fairly substantial needs, whereas others were able to return to their homes and families without requiring much support. The Justice Services Social Work Team collected "food and well-being" parcels from the Hubs and delivered them to every prisoner who was released. The parcels contained essential food items and toiletries as well as key information on a range of matters, for example, on how to maintain good mental health.

We were expecting six prisoners being released in the third tranche, but the prison governor has vetoed the release of four of these prisoners.

In general, the management of the early release of prisoners has gone well in North Ayrshire, with good multi-agency liaison and co-operation. Only one prisoner has had to be reported to the police for further offending.

FINANCE AND COMMISSIONING

Financial Position Update:

The financial year-end position for 2019-20 has recently been finalised and a summary of the overall outturn position is summarised below:

	£m
Social Care Overspend	2.736
Health Underspend	(1.095)
Net Position	1.641
Debt Repayment Budget	(1.486)
Adjusted Position	0.155

The last reported position to the IJB in February 2020 was a projected overspend of £0.055m (after the re-allocation of the debt repayment budget), therefore the final outturn position is not significantly different from where we expected to be and demonstrates we successfully managed the financial position towards the year-end. However, it remains disappointing that the IJB will end the year with an increase to the debt owed to North Ayrshire Council. The S95 Officer has requested confirmation from the Council re whether additional funding will be provided, the Council have confirmed that the overspend will not be funded and will add to the debt owed to the Council (bringing the total to £5.3m).

The financial impact on the 2019-20 position directly related to the Covid-19 response was minimal and those costs have been adjusted for as it is anticipated funding received in 2020-21 will offset. There were a number of variations in projections across services and a fuller year end budget monitoring report outlining the overall position will be issued to the IJB.

Finance Mobilisation Plans:

The HSCP have made submissions to the Scottish Government on an ongoing basis since the start of April highlighting the anticipated financial impact on the North Ayrshire partnership as a result of Covid-19. The process for submission for IJB mobilisation plans is through the NHS Boards with separate templates for individual IJBs submitted as part of those, the submission has now moved to a monthly update on the basis that plans are not changing as rapidly as they previously were. Councils are making separate submissions re non-social care costs and those are routed through COSLA.

The most recent submission from North Ayrshire HSCP outlines an estimated cost of £6.4m to the IJB for the duration of 2020-21. Clearly there is a recognition that many of these costs are estimates as the situation is continually evolving, hence there have been numerous iterations of the financial plan. It is important to highlight that despite these costs being routed through to Scottish Government via Health Boards that the majority of the additional costs for North Ayrshire relate to social care.

A summary of the main areas on the most recent submission together with a summary of the area is outlined below:

Service Area	£m	
Personal Protective Equipment (PPE)	1.5	Social care supply of PPE for in-house services, to this point sourcing circa 90% of supplies with rest of supply coming from NSS.
Care at Home Capacity	1.4	Experienced high absence levels, costs not increased fully in line with this as reduced cost by prioritising care packages and using re-deployed staff to increase capacity.
Savings Delays	1.8	Impact on delivering savings approved in 2020-21 budget, particularly those depending on moving individuals to different care environments.
Staff Cover	0.7	Significant cost of bank staff for inpatients, mainly acute Mental Health services.
Payments to Providers	0.6	Provision for additional costs to commissioned providers in line with sustainability payments guidance and requirement to uplift rates by 3.3%
Care Home Beds – Delayed Discharges	0.4	Funding to facilitate hospital discharge, short term funding request with HSCP funding places in longer term
Loss of Income	0.4	Ceased day services and respite, suspended all other charges for community supports in anticipation of rapid changes to care
Other costs	0.1	
Offsetting cost reductions	(0.5)	Pressure monies included in budget to fund new services and developments, reflects a delay in progressing.
TOTAL	6.4	

The Cabinet Secretary issued a letter on 12th May to thank partnerships for the continued engagement in the development of HSCP mobilisation plans and supporting due diligence. Whilst it is recognised that further work is required across HSCPs to fully understand the financial implications of responding to Covid-19, an initial funding allocation of £50m nationally was made, particularly to support the immediate challenges in the social care sector. This funding was allocated based on the NRAC/GAE funding formula and not taking into consideration individual mobilisation plan submissions, the North Ayrshire share is £1.3m. This funding allocation falls far short of what is required to fund the estimated cost of our Covid response.

There is an expectation that the Scottish Government will provide additional funding to health and social care partnerships to support additional costs aligned to mobilisation plans. For the North Ayrshire Partnership we have estimated that we may have potential additional costs of £6.4m for 2020-21. Our full funding allocation has not yet been confirmed by the Scottish Government, and whilst we have received an interim allocation address immediate social care pressures, this is not sufficient to fund all of our highlighted pressures, including those experienced by our commissioned care providers.

There are concerns that across Scotland there is currently a total of £680m available for the health and social care response and that the latest mobilisation plans across NHS Boards and IJBs total around £1.4bn. It is not clear at this stage how this gap will be filled, be it through an expectation that cost estimates will decrease, further funding will be allocated, or resources will be re-prioritised from elsewhere (by Scottish Government or local areas).

Currently there is a significant risk of insufficient funding being allocated to fund the resultant costs from Covid. A number of benchmarking groups have been set up to understand and explain the significant variation in the across areas and costs included in local mobilisation plans to give the Scottish Government confidence and assurance over cost estimates before further funding will be released. North Ayrshire are supporting this work and are represented on the national HSCP benchmarking group.

The IJB will require to re-visit the budget for 2020-21 that was set in March 2020 just prior to lock down as the plans and timescales in that balanced budget are clearly no longer realistic nor deliverable.

The Scottish Government has taken a number of social care policy decisions which have had a financial consequence. On 10th April the Scottish Government and COSLA re-affirmed their joint commitment to ensure that all people providing direct adult social care support are paid the Scottish Living Wage. To ensure no delays in the workforce receiving the uplifted Scottish Living Wage rate from April a national agreement was made to apply a national uplift of 3.3% to provider rates, the national agreement was made on the basis that additional costs will be met by the Scottish Government. The additional costs would only be met where the national uplift of 3.3% is greater than the uplift that was already agreed by local areas. Providers were asked to transfer this uplift directly towards wages in their workforce to meet Living Wage commitments and to increase wages across their organisations.

The IJB previously agreed the rate uplifts in March 2020 alongside setting the budget, the impact of the decision on a national 3.3% uplift on hourly rates is noted below:

	2019-20	Previously Approved 2020-21	Revised 3.3% Uplift 2020-21
Housing and Community Support	£16.81	£17.22	£17.36
Sleepovers	£11.09	£11.46	£11.46
PA Day Time Hourly Rate (SDS Option 1)	£12.26	£12.66	£12.66
PA Sleepover Hourly Rate (SDS Option 1)	£11.36	£11.73	£11.73

The additional cost for North Ayrshire IJB in 2020-21 is £180k and this cost is included in the mobilisation plan. There have been concerns raised nationally that this is a recurring cost pressure for which, as yet, there has been no recurring funding agreed.

Commissioning Support

The social care Commissioning team were due to transfer from North Ayrshire Council to the HSCP on 1st April. At the onset of the pandemic those plans were brought forward, this has been very helpful, particularly in joining up our response to supporting commissioned service providers by closer working with other HSCP services and finance.

We are continuing to work very much in partnership with our independent and third sector commissioned service providers to support with operational and financial pressures. COSLA agreed national guidance for commissioners during Covid-19 and recently supplemented this with additional national principles for sustainability payments to social care providers. This guidance, which has informed our own guidance for North Ayrshire is geared towards ensuring the social care sector remains sustainable during the emergency response but also so that resources are allocated to the areas of greatest need without any duplication from other supports available. The principles of supporting provider sustainability are in place until the end of June at which point they will be reviewed.

Across services there are a number of contracted or commissioned services which have ceased or changed during the period. The situation for each provider is different in terms of for example contractual arrangements and the ability to flex costs, therefore consideration is being given on a case by case basis of the ongoing level of payment and any support with additional costs. Any additional payments to providers require to be aligned to our mobilisation plans and as highlighted previously we do not yet have confirmation that all of these costs will be funded. It is imperative that we have appropriate due diligence in place to provide assurance that any additional financial support is essential.

We have a range of supports in place for providers including:

- Commitment to support sustainability for the social care sector until the end of June when a further review will be undertaken.
- Electronic measures have been introduced allow invoices to be submitted and the Council standard payment terms have been reduced to support cash flow challenges.
- Payments for services are not being withheld in relation to invoice disputes and debts are not currently being pursued.
- Every effort is being made to ensure a collaborative approach across Health and Social Care Partnerships to prevent duplication for providers.

- All care homes have dedicated contact officers in both the Finance and the Commissioning Teams who are responsible for ensuring prompt responses to any concerns or queries.
- Daily updates are provided via email which provide access to the most recent guidance and other important materials from the Scottish Government, Health Protection Scotland, NHS and the Care Inspectorate. Relevant information is also shared amongst partners about local services and how they can be accessed during the pandemic.
- Routine contract management has been suspended unless the issue is urgent.
- Existing procurement exercises have been suspended and contracts which are due to expire are automatically being extended where possible.
- Delayed the implementation of CM2000 for adult social care providers.
- Economic Growth Business Development Team are available to provide support and guidance, which includes how services might be able to access additional funds.

COVID LEGISLATION

The Coronavirus (Scotland) Act 2020 was passed and has subsequently been updated to add in further provisions. This has empowered areas to adapt services at pace and prioritise efforts on the response to Covid. The changes the North Ayrshire HSCP have made to services in response to the pandemic have been in line with this legislation. There are areas in the provisions which have not yet required to be enacted due to the capacity of services to continue to provide services as planned and the ability of local areas to respond to pressures.

Sections 16 and 17 of the Coronavirus Act 2020 allows local authorities to dispense with particular social work assessment duties which cover social care for adults, children and support for carers where: 'it would either not be practical to comply, or where to do so would cause unnecessary delay in providing services, support, advice, guidance and assistance'. The easements outlined in the Act are intended to allow local authorities to provide urgent care without delay. In North Ayrshire we have not had to rely on these provisions yet.

The guidance accompanying the Act highlights that we should keep a record of decision making during this period, including decisions to dispense with the duty to assess, decisions to conduct full or partial assessments and decisions about the provision of support. The Scottish Government require us to report on our use of the powers under the Act every two months. This will assist in decisions taken by Scottish Ministers to rescind the powers, which should only be in place for as long as necessary to achieve the objective of enabling local authorities to provide urgent care without delay.

There are specific exemptions in the legislation for a wide range of statutory reports to be published while the Covid-19 crisis persists, including for example the IJBs Annual Performance Report which is ordinarily required to be published by 31 July. We are awaiting a national agreement on what the most appropriate, deliverable and acceptable timescales for some of these publications will keep the IJB updated on any developments.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

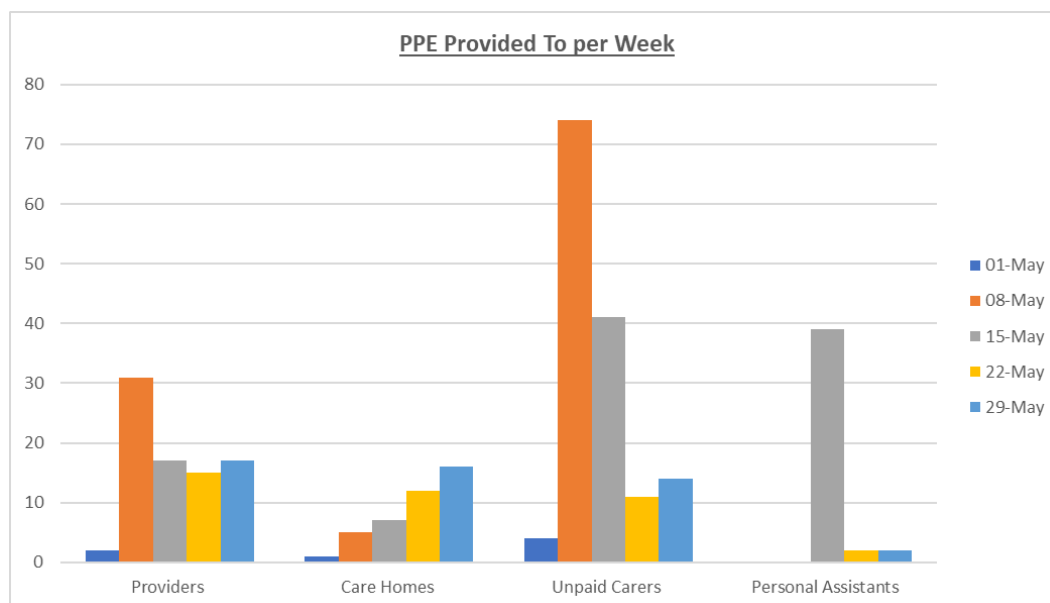
The Covid-19 pandemic has resulted in an unprecedented increase in demand for PPE, there have been huge challenges both with the supply and rising costs of equipment. The guidance on the use of PPE has continually evolved since the outset of the pandemic which has led to an increase in the requirement for supplies. The current minimum PPE required to be worn in Social Care settings when caring for someone within a two metre distance is disposable gloves, apron and a surgical face mask.

There are different arrangements in place for the sourcing, purchase and delivery of PPE equipment for the North Ayrshire HSCP. For our NHS delivered services the stock is supplied directly from the NHS NSS National Distribution Centre free of charge and is stored at the Woodland View site. For our social care services we were required to set up a separate PPE Hub to be the central point for receiving and distributing PPE, this is being operated from our community equipment store. The PPE hubs are required to open as a minimum Monday to Friday 9am to 5pm, in North Ayrshire our PPE Hub has been operating on a 7 day model.

From 27th April the NSS started providing regular weekly top-up deliveries to the PPE Hub and at that time a Memorandum of Understanding (MoU) outlining a partnership between Scottish Government, COSLA, NHS NSS, HSCP's and provider organisations was agreed in relation to the operation of the PPE Hubs. This agreement is in place for six months initially and outlines that:

- Business as usual is that care providers source their own stock of PPE (including the HSCP);
- Where this fails, the PPE Hubs will provide PPE to the whole social care sector, including personal assistants and unpaid carers;
- Hubs provide PPE stock to all elements of social care within our HSCP geographical boundary;
- Stock provided to Hubs from NSS is for social care use only (including Personal Assistants and unpaid carers);
- PPE Hubs will receive top up deliveries on a weekly basis directly from the NSS National Distribution Centre, informed by regular stock returns to NSS;
- The NSS triage calls for urgent PPE requests, those which are routine are directed to the North Ayrshire PPE Hub and emergency requests are directly actioned by the NSS Support Centre.

To the end of May 336,921 items of PPE were provided from the North Ayrshire Hub to independent care providers, care homes, unpaid carers and personal assistants. The chart below summarises the number of each supported over that period:



As noted above the PPE stock supplied by NSS is only a top-up supply and the default position remains that services source and purchase their own PPE. We have never been able to fully rely on the stock coming from the NSS supply and at times have had to support providers from our own supplies. The HSCP have undertaken a significant amount of work to source good supplies of PPE to ensure that we have never been in the position of having to ask staff to undertake their caring roles without the necessary protection.

The demand for PPE in line with the current guidance leaves the HSCP, for our own internal services alone, with a monthly requirement for 171,000 face masks and 310,000 aprons and pairs of gloves, this is an exponential increase compared to pre-Covid PPE requirements. The additional costs of PPE have been included in the mobilisation plan and additional funding has been requested. The estimated additional costs is £1.4m with £0.8m of that relating to orders already placed, which will maintain most stocks until the end of July.

The national HSCP mobilisation plan benchmarking group are looking at PPE costs in more detail across Scotland as there is significant variation in demand and costs in different partnerships. This work will hopefully progress the agreement for funding to flow through to HSCPs for PPE, as we have been advised that funding for mobilisation plans will be released as and when elements of plans are signed off.

COMMUNITY SUPPORT

Community Hubs are jointly operated by the HSCP, North Ayrshire Council and community volunteers. These hubs opened on 24th March and have operated as a local point of contact for community need, including responding with advice, signposting, referral and co-ordinating community volunteers. The hubs have been providing a range of support from providing shopping essentials, food, medication deliveries and wellbeing support. The HSCP Community Link Workers and Service Access have been aligned to the community hubs to support mental health and wellbeing and the growing mental health concerns of residents.

Shielding:

Shielding is a range of measures that were introduced to protect extremely vulnerable people from coming into contact with coronavirus. This includes those with medical conditions such as solid organ transplant recipients, people with specific cancers, severe respiratory conditions, specific rare diseases and other specific listed conditions. In addition, GPs have been adding individuals to the shielding list on an ongoing basis following an individual clinical assessment.

People received a letter from the Chief Medical Officer for Scotland advising them to isolate themselves (“shielding”) for a period of at least 12 weeks. This letter included a text message facility to request nationally distributed food parcels. Current shielding arrangements are due to come to an end on 18th of June, we await updated government guidance as there is a commitment to review the arrangements for shielded individual. There are currently 5,560 shielded individuals across North Ayrshire, of these around 25% are service users or patients with regular contact with the HSCP.

In North Ayrshire we followed up the Scottish Government letter with a ‘door drop’ leaflet offering support with access to food and prescriptions, signposting individuals to the Council’s contact centre or community hub. The Scottish Government advised Local Authorities that there was a requirement to contact all of the shielded list individuals and on the 10th of May, the NAC contact centre began making the first outbound calls.

Where individuals have not been able to be contacted a team of individuals from the community hubs, led by the HSCP, have undertaken door-step welfare visits. By 28th May a total of 211 of these visits were undertaken. There remain some individuals to be visited over the next week and there will be an ongoing requirement to support further visits as further additions are made to the shielded list.

A significant level of support is being provided from the community hubs and Council food hubs, this has helped to support people in need during the period of lock down. This has placed significant demand on resources, both financial and from staff to support, the support at this level is not sustainable and potentially not required in the longer term. The HSCP are scoping out, alongside the North Ayrshire Council Communities team, the future delivery model for this service to provide ongoing support, in particular for shielded individuals or those required to isolate as part of the Test and Protect public health approach.

The staff currently supporting the community hubs have been redeployed from other service areas which not been prioritised during the lock down period, these services will all start to come back on line as part of the route map out of Covid and staff will require to return to their day jobs. We will need to plan alongside the communities team to ensure that the withdrawal of staff is coordinated.

GOVERNANCE

Equalities and Mainstreaming Report:

The IJB has a responsibility as a public body to meet the Public Sector Equality Duty obligation and to publish mainstreaming equality reports within established timescales. The Equality and Human Rights Commission (EHRC) have recently sent a letter to all Integration Joint Board (IJB) Chief Officers advising of expected timescales for Equality Outcome and Mainstreaming reports. The letter suggests that IJBs publish a review of those outcomes and equality mainstreaming report this year.

The IJB Standards Officer has advised that:

- The North Ayrshire IJB published a set of outcomes in April 2016, meeting its original PSED obligation;
- In April 2017, the IJB published a final progress report against the 2016 outcomes. At the same time it published the new shared outcomes. This means the original set of outcomes were reviewed with the 4-year timescale and brought the IJB into reporting alignment with the Equality Outcome Partners;
- In April 2019, IJB published its 2-year mainstreaming and outcomes progress report. Meeting the PSED.

Therefore, the Public Sector Equality Duty has been met by publishing the report in April 2019 and work is progressing to review the current outcomes with a view to publishing a four-year report in 2021.

Governance Meetings:

A range of delegated authorities for the Chief Officer, Section 95 Officer and other officers in the HSCP currently form part of the Integration Scheme and Scheme of Delegation for North Ayrshire IJB. There are powers which are reserved to the Board and these are outlined in the Scheme of Delegation, on 19th March the IJB agreed emergency governance measures to ensure that any such matters could be progressed by consultation with the Chair and Vice Chair.

Currently all formal governance meetings (including IJB, PAC and SPG) have been suspended until the end of July, however consideration is currently being given to how meetings can recommence, likely on a virtual basis initially. The Performance and Audit Committee will meet on 25th June to consider the Unaudited Annual Accounts and the most up to date performance report.

The IJB will be kept up to date on the plans to re-start formal meetings.

Stephen Brown
Director – North Ayrshire HSCP

Integration Joint Board
16 July 2020

Subject:	2019-20 Year-end Financial Performance
Purpose:	To provide an overview of the IJB's financial performance for the year 2019-20 and the implications for the IJB's overall financial position.
Recommendation:	<p>It is recommended that the IJB:</p> <ul style="list-style-type: none"> (a) notes the overall integrated financial performance report for the financial year 2019-20 and the overall reported year-end overspend of £0.154m (after new earmarking); (b) notes that this position is after the allocation of £1.486m debt repayment budget from North Ayrshire Council, prior to this the position was an overspend of £1.640m; (c) approve the budget changes outlined at section 2.11; and (d) approve the required earmarking of £0.207m of reserves to reinstate specific ring-fenced Scottish Government funding.

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

1.	EXECUTIVE SUMMARY
1.1	This report provides an overview of the financial position for the partnership and outlines the unaudited year-end outturn position for 2019-20. The outturn is an overall year-end overspend of £0.154m after new earmarking. This position includes the £1.486m budget being held on behalf of the IJB by the Council for debt repayment, as this required to be transferred back to the IJB at the financial year-end. Prior to this transfer overall the IJB would have been £1.640m overspent.
1.2	The overall cash position is an underspend of £0.053m, from this £0.207m is required to be earmarked for future use, these funds will be held in IJB reserves. This results in a remaining deficit balance of £0.154m which will increase the debt owed to North Ayrshire Council.
1.3	The last reported position to the IJB in February 2020 highlighted a projected overspend of £0.055m (after re-allocation of the debt repayment budget), therefore the final outturn position is not significantly different.

	<p>The IJB financial position was challenging during 2019-20 with a projected overspend from early in the year, this led to a Financial Recovery Plan being approved by the IJB during the year to help work towards financial balance. The recovery plan was targeted at actions to reduce the overspend for the current year but also focused on actions which would address underlying recurring deficits in services to allow the IJB to move into the new financial year in a financially sustainable position.</p> <p>The financial position at month 10 recognised that it wasn't possible to bring the budget online as there would be a significant impact of short-term decisions and actions that would require to be taken to do this. Those actions would inevitably have had longer term consequences, both financially and for individual people's outcomes and would not necessarily address the areas where we continue to have financial and operational pressures.</p> <p>Instead the focus was on ensuring the final outturn position was limited to £1.5m, to ensure that there is no increase to the overall debt position at the year-end. Whilst the debt will increase by a relatively small amount at the year-end, the final position demonstrates that we successfully managed to maintain the financial position towards the year-end to limit the increase in the debt owed to the Council.</p> <p>However, it remains disappointing that the IJB will end the year with an increased debt owed to North Ayrshire Council. Confirmation was provided by the Council that the overspend will not be funded by North Ayrshire Council, therefore the debt will increase by £0.154m to a closing balance of £5.293m.</p>
1.4	<p>Overall the main pressure areas continue to be care at home, looked after children, learning disability care packages and elderly and adult inpatients within the lead partnership. Further work has been undertaken to establish, for the main areas where there has been a significant variation and movement during the year, the impact on the opening financial position for those services next financial year. A number of budget re-alignments were approved by the IJB in March as part of the approval of the 2020-21 budget to ensure services start the new financial year with a deliverable position and also to make the reporting of any variation from plans clearer.</p> <p>There were a number of unfunded areas in the budget for 2019-20 which were to be managed in-year within the overall financial position. These included Ward 1 at Woodland View, paid as if at work, the health visitor re-grade and the intermediate care and rehab model of care. All of these recurring pressure areas have been provided for on a recurring basis as part of the 2020-21 budget approved in March 2020.</p>
1.5	<p>The final unaudited IJB outturn position is adjusted to reflect the impact of Lead Partnership services. During 2019-20 agreement was reached that the outturn for all Lead Partnership services would be shared across the 3 partnerships on an NRAC basis. Prior to any reallocation across the Lead Partnerships, on a managed basis the North Ayrshire HSCP delivered an overall underspend of £0.186m for the services the HSCP are operationally responsible for delivering. The underspend in relation to North Lead Partnership services is not be fully attributed to the North HSCP as a share has been allocated to East and South HSCPs, similarly the impact of the outturn on East and South led services has been shared with North.</p>
1.6	<p>Financial balance has not been delivered in previous years, significant progress has been made during 2019-20 to ensure the ongoing financial sustainability of the IJB and this was reflected in the balanced budget for 2020-21 approved by the IJB in</p>

	<p>March. This work will continue and be built upon moving into the new financial year. This will need to be considered alongside the impact of COVID 19 and the need to redesign services taking full cognisance of the financial risks and opportunities which this presents.</p> <p>Key successes for 2019-20 include:</p> <ul style="list-style-type: none"> • Continue to demonstrate the IJB position being accounted for in a truly integrated way with resource shifting from the NHS budget to offset Social Care pressures; • Implemented the financial recovery plan and the actions therein contributed to a steady reduction to the forecast overspend through the year, despite new demands for services partly offsetting the financial impact of the plan; • Savings totalling £4.5m were delivered in-year, against an approved plan of £6.1m, with savings delivered in excess of those being assessed as low risk for delivery at the start of the financial year; • Progress with reducing the financial overspends specifically for care home and children's residential placements which will have a significant impact on the financial plans and sustainability for future years; • Further work has been undertaken to establish where there are areas where there has been a significant variation and movement during the year which has resulted in a re-alignment of the opening budget moving into 2020-21.
2.	2019-20 UNAUDITED BUDGET OUTTURN POSITION
2.1	<p>The report provides an overview of the financial position for the partnership and outlines the unaudited year-end outturn position for 2019-20.</p> <p>The report includes the following:</p> <ul style="list-style-type: none"> • Explanations of main areas of variance; • Movement in projected outturn position and plans to improve projections; • Update on progress with savings delivery; • Budget changes requiring IJB approval; • Impact of the outturn on IJB reserves position; • Lead partnerships and the impact of risk sharing; and • Updated information on the usage of set-aside resource.
	FINANCIAL OUTTURN
2.2	<p>Against the full-year budget of £253.792m there is a reported overspend of £0.154m, consisting of a year-end overspend of £1.250m in social care services and an underspend of £1.096m in Health delivered services. The position for social care services includes the £1.486m for debt repayment, as this required to be transferred back to the IJB at the financial year-end. Prior to this transfer overall the IJB would have been overspent, specifically social care services would have been £2.736m overspent and the partnership overall by £1.640m. This reported position is after the earmarking of funds for use in future years.</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, with funding losing its identity once delegated to the partnership. The 2019-20 financial year-end is the second where the IJB have been in a position to treat the budget in a truly integrated</p>

	<p>way with a demonstrable shift of resources from the NHS budget to offset Social Care costs.</p> <p>Appendix A provides the financial overview of the partnership position, this details the outturn on an HSCP managed basis, on an IJB delegated basis (following Lead Partnership recharge adjustments) and the final uncommitted surplus balance after accounting for new earmarked reserve balances.</p> <p>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	<p>Health and Community Care Services – Overspend £0.530m</p>
	<p>Against the full-year budget of £71.521m there is an overspend of £0.530 (0.7%). The main variances are:</p> <ul style="list-style-type: none"> a) Care home placements including respite placements – underspent by £0.089m. This position significantly improved during 2019-20 and the recurring reduction in the number of places will have a significant impact on the ongoing financial commitment for 2020-21. The care home budget has moved into a sustainable position and the opening position for the budget for 2020-21 will be an underspend. Charging order income over-recovered by £0.627m following a focus on improving the process to track the charging orders. b) Independent Living Services are overspent by £0.153m which is due to an overspend on physical disability care packages within the community and direct payments. There will be further work undertaken with the implementation of the Adult Community Support framework which will present additional opportunities for reviews and will ensure payment only for the actual hours of care delivered. The roll out of the CM2000 system for Adult services was postponed towards the year-end due to the Covid response. c) Packages of care are underspent by £0.088m which is due to delays in new packages offsetting the use of supplementary staffing for existing packages, this has significantly improved from the 2018-19 position. d) Care at home is overspent by £0.486m, significant progress was made during the year through the planned reviews which reduced the forecast overspend from nearly £1m to less than £0.5m at the year-end. An assumed number of hours potentially to be refunded following an internal review of the hours provided and an ongoing contractual issue with a commissioned provider is included in the outturn. The overspend for 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 planned action around reviews to reduce purchased care and maximise the capacity of the in-house service has reduced the ongoing overspend in care at home. There will be an opening overspend moving into 2020-21, this was considered and addressed as part of the budget approved for next year. e) Long Term Conditions (Ward 1), overspend of £0.303m which is mainly due to an overspend in employee costs to ensure staffing levels are at a safe level. This is a recurring pressure and funding is provided in the 2020-21 budget. Ward 2 was £0.013m overspent which was after receiving £0.504m of funding from East HSCP

	<p>for their patients. East have indicated their intention to reduce the number of commissioned beds, this is not anticipated to be implemented until the latter half of 2020-21 as the work to determine a mutually agreeable commissioning agreement.</p> <p>f) Community Care employee costs overspent by £0.136m due to supernumerary / unfunded posts, overtime and the non-achievement of payroll turnover. The 2020-21 budget has been realigned to ensure these posts are funded on a recurring basis.</p> <p>g) Locality services employee costs overspend by £0.342m due to a projected shortfall in payroll turnover targets. The payroll turnover target will be centralised for future years as some areas have historic targets which cannot be achieved whilst others overachieve, and it will be more transparent re the overall achievement of payroll turnover if managed centrally.</p> <p>h) Carers Act Funding underspent by £0.258m based on the planned spend. An allocation had previously been allocated to offset demand for care home respite placements.</p> <p>i) Intermediate Care (excluding Models of Care) underspent by £0.092m due to vacancies.</p> <p>j) Intermediate Care and Rehab Models of Care overspent by £0.246m which represents the full year funding impact of the model. The permanent funding of this service is addressed as part of the 2020-21 budget setting.</p> <p>k) Aids and adaptations underspent by £0.323m of which £0.200m was in line with the approved recovery plan and the balance due to a reduction in the number of occupational therapy assessments due to recruitment / staffing levels.</p> <p>l) Community Care income under recovered by £0.305m. This is mainly due to :</p> <ul style="list-style-type: none"> a. Community Alarm income under recovered by £0.201m, this represents a reduction in income. The income budget was increased in 2019-20 to reflect the new charge and removal of means testing, the budget will be reviewed alongside other income budgets and realigned as part of the 2020-21 budget coding. b. Care at Home and Day Care income under recovered by £0.132m. This is under review to establish if it will be a recurring under recovery or if is linked to changes in the delivery of care packages. <p>m) District Nursing is underspent by £0.109m due to vacancies.</p> <p>n) Integrated Island Services are underspent by £0.095m due to vacancies.</p>
2.4	<p>Mental Health Services – Overspend of £0.755m</p>
	<p>Against the full-year budget of £77.490m there is an overspend of £0.755m (1%). The main reasons for the overspend are:</p> <ul style="list-style-type: none"> • Learning Disabilities (exc Trindlemoss) – overspend of £1.618m of which £0.523m is in relation to community care packages, £0.346m for direct payments and £0.643m for residential placements. These overspends are partly offset by vacant posts. Community Learning Disability Care packages are proving to be one of the most challenging areas to address overspends, as the care packages are aligned to meet an individual's

assessed needs. The recovery plan included the prioritised review of all packages. Progress with reducing the financial commitment through reviews has been slower than planned due to the implementation of the Adult Community Support Contract and also a number of packages that were reviewed, particularly the higher cost packages, have concluded that no change is possible at this time. The 2020-21 budget for all adult care packages (LD, PD and MH) will be realigned with any projected underspends in other areas being used to reduce the LD projected overspend. 2020-21 savings relating to the implementation of the Adult Community Support Contract will be delayed as the full implementation of the CM2000 system has been postponed as providers and the service focus on the response to COVID-19.

- Trindlemoss – overspend of £0.286m which is due to the double running costs (Trindlemoss staffing and running costs and existing care packages) and also the delay in moving some residents into the facility. This will continue to be a pressure until all service users are able to move into Trindlemoss.
- Community Mental Health – underspend of £0.362m mainly due to vacancy savings and an underspend in care packages. The 2020-21 budget for all adult care packages (LD, PD and MH) will be realigned with any projected underspends being used to reduce the LD projected overspend.
- Addictions – is underspent by £0.118m due to vacant posts.
- Lead Partnership for Mental Health – overall underspend of £0.669m which consists of:

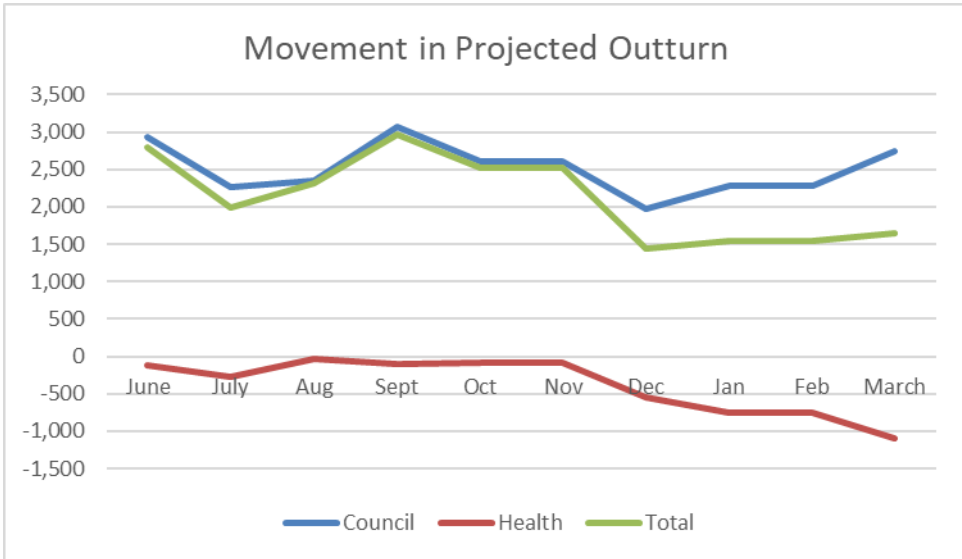
Overspends:

- Adult inpatients £0.549m - mainly due to the delay in closing the Lochranza ward on the Ailsa site. The ability to close Lochranza is dependent on discharging at least two patients from South Ayrshire. South HSCP have been advised that the Lochranza ward will close and are currently working on plans for the remaining patients, any projected ongoing costs will need to take into consideration staff redeployment costs.
- UNPACS £0.295m based on current placements. There are increased costs for the General Psychiatry service level agreement due to increased activity.
- Elderly inpatients £0.433m due to holding vacancies in relation to reconfiguring the wards. This resulted in using supplementary staff in the interim.

Underspends:

- Underspends in relation to vacancies and recruitment include CAMHS £0.190m, Psychology £0.369m, Adult Community Mental Health £0.145m, Psychiatry £0.304m and Mental Health Admin £0.187m. These are after substantial staff turnover targets and the settlement of the Medical Pay Award (£0.160m) which was not funded.

	<ul style="list-style-type: none"> • MH Pharmacy £0.130m underspend due to continued lower substitute prescribing costs. • Action 15 £0.274 underspend of which £0.211m is reallocated to East and South HSCP to carry forward in their reserves.
2.5	Children Services & Criminal Justice - Overspend £1.273m
	<p>Against the full-year budget of £35.392m there is an overspend of £1.273m (3.6%). The main reasons for the overspend are:</p> <ul style="list-style-type: none"> a) Residential Schools and Community Placements – overspend of £1.480m. At the end of the year there were 20 external residential placements and no secure placements. The service continues to work with housing colleagues to develop alternatives for older children in care to free up local care capacity to support the reduction in external residential placements. This work ties in with future plans to further reduce the requirement for residential placements to ensure the budget will be back into a sustainable position and on track to deliver further savings moving into 2020-21. Significant progress has been made to reduce the number of placements and this work has continued beyond the end of 2019-20. The significant overspend was reflective of the higher number of placements earlier in the financial year and the scale of this was not recoverable in-year. b) Looked After Children Placements – overspend of £0.149m due to the current demand for fostering, adoption and kinship placements. External placements were made during the year as there were no internal foster carers available. A recruitment campaign was undertaken early in the new year to attract more in-house foster carers to limit the ongoing requirement for external foster placements, however, the training and induction of new carers has been delayed due to COVID 19. There were 33 enquiries from January to the end of May 2020 and from that, to date, there are 12 who are proceeding to the next stage of the ‘virtual home initial visit’. c) Children with Disabilities – employee costs overspend £0.073m as the turnover target has not been achieved. d) Children with Disabilities Residential Placements – underspend of £0.197m due to a reduction in placements. This funding is required to be set aside on an ongoing basis to fund the ASN residential and respite service when it commences. e) Children with Disabilities care packages – overspent by £0.103m. This was highlighted as a risk during the year and progress is being made to record the care packages on Carefirst to improve the 2020-21 recording, projection and commitment information. f) Care Leavers – underspent by £0.081m based on the number of care leavers. g) Intervention Services – employee costs underspent by £0.144m due to vacant posts and some posts being funded via justice services.
2.6	Management and Support Services
	<p>Management and Support Services underspent by £2.342m which mainly relates to the re-allocation of the £1.486m for the debt repayment and budget pressure funding</p>

	where spend commitments were delayed and therefore funding was not transferred to services in-year. This will require to be transferred into services for 2020-21.
2.7	<p>Projected Outturn Movement</p> <p>The projected outturn position has moved significantly through the year, the monthly movement is illustrated in the chart below:</p>  <p>This excludes the year-end transfer of the £1.486m set aside for debt repayment, to illustrate the changes in projections and the actual outturn throughout the year. Clearly the position has fluctuated over the year, partly due to the demand driven nature and high cost of some services. There was a steady stepped reduction in the overspend position from September then November onwards reflecting the implementation of the financial recovery plan and the actions therein having an impact on the ongoing commitment for the rest of the year. Thereafter there was a growth in social care costs and a steady reduction in health commitments, mainly due to increased demand and delays in savings delivery for social care offset by additional vacancy savings in health services.</p> <p>The accuracy of financial projections overall has improved from the previous year nad during the year. However, there are still a number of areas where further improvements can be made. The finance teams are aware of these areas and have plans moving into next year to improve projections by learning from each other and developing specific action plans for each service area where improvements can be made.</p>
2.8	<p>Primary Care and Prescribing</p> <p>Underspend of £0.147m relating to general medical services. It is the responsibility for the Health Board to fund prescribing as under the terms of the Integration Scheme the Health Board underwrites the prescribing risk across all three Ayrshire IJBs. The prescribing overspend was £1.281m and the budget was increased to cover this. Prescribing is a volatile budget and the current agreed approach is to minimise the risk exposure to variation and fluctuation across years with the Health Board retaining responsibility for any under or over spends.</p>
2.9	<p>Savings Progress</p>

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

RAG Status	Position at Budget Approval £m	Position at Period 12 £m
Red	-	0.256
Amber / Red	-	1.234
Amber	2.980	0.555
Green	3.154	4.089
TOTAL	6.134	6.134

- b) The main areas to note are:

- i) Red savings of £0.256m relating to reducing LD sleepovers (£0.190m), the LEAN efficiency programme and Buckreddan ICF Project were not delivered as planned and this is reflected in the overall outturn position; and
- ii) Some of the Amber / red areas are addressed in the 2020-21 budget e.g. the care at home budget realignment.
- iii) Whilst savings remain on the plan to be delivered during 2020-21 there may be further delays with implementation, for example the Adult Community Support Framework as the introduction of the CM2000 system is on hold as providers are focussing on COVID related service and staffing issues.

Appendix C provides an overview of the savings plan, this highlights that during 2019-20 a total of £4.465m of savings were 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. Whilst some of our plans were put on hold at the end of the year due to Covid, the transformation plans will be re-mobilised at pace to ensure we taken any opportunities to join up the re-design services as they come back on line.

2.10 Budget Changes

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

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

Reductions Requiring Approval:

The specific reductions the IJB are required to approve are:

- Insurance and property excess charges - £0.009m
- Medical discretionary points - £0.012m
- GP Inflation transferred to East - £0.024m*
- Joint store funding to South - £0.102m*

	<ul style="list-style-type: none"> • Iona/Lewis resource transfer for patients to South – £0.024m • Lochranza resource transfer for patients to East - £0.086m <p>* These transfers were previously agreed contributions to pressures included as part of the 2019-20 budget and represent the North contribution to pan Ayrshire services.</p> <p>It is recommended that the IJB approve the budget reductions outlined above.</p> <p>Future Planned Changes:</p> <p>An area due to be transferred in the future are the Douglas Grant and Redburn rehab wards from acute services to the North HSCP. The operational management of these wards has already transferred to the partnership, but the due diligence undertaken on the budget has highlighted a funding shortfall. The budget for these areas is included in the month 12 position to reflect the services devliered by North Ayrshire HSCP, the year-end shortfall has been resolved by the NHS temporariliy increasing the budget to match actual spend. It has been agreed with NHS Ayrshire and Arran that the financial responsibility will not transfer until balance is found. In the meantime, we are managing services and working to reduce the projected overspend prior to any transfer.</p>
2.11	<p>Reserves</p> <p>The IJB is established as a Local Government body therefore has the ability to hold reserve balances. Reserve balances can be held for the below purposes:</p> <ul style="list-style-type: none"> a) As a working balance to help cushion the impact of uneven cash flows; b) As a contingency to manage the impact of unexpected events or emergencies; and c) As a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities. <p>The position in North IJB is unique in that we hold a negative reserve balance which has been accumulated from previous year overspends, the negative reserve balance is offset by a creditor on the IJB balance sheet reflecting the debt owed to North Ayrshire Council.</p> <p>There is £1.486m of resource set aside out with the IJB delegated budget to repay the debt to the Council, at the financial year-end this budget was transferred back to the IJB but was used to offset the overspend rather than contribute towards debt repayment.</p> <p>There were funds specifically provided by the Scottish Government for priority areas for investment and there is a requirement to ring-fence these funds to be used for the purpose allocated, regardless of the timing of expenditure. A total of £0.207m requires to be earmarked within IJB reserves for the following:</p> <ul style="list-style-type: none"> • Mental Health Action 15 - £0.063m • Primary Care Improvement Fund - £0.144m <p>These funds require to be earmarked for future use. For the Lead Partnership services the IJBs have been allocated the appropriate share of unspent funds at the year-end to carry forward in respective IJB reserves.</p> <p>The overall impact on reserves is summarised in the table below:</p>

Opening Balance 1 April 2019 £m	Reserve Balance	Transfers Out £m	Transfer s In £m	Closing Balance 31 March 2019 £m
0.277	Earmarked	(0.277)	0.207	0.207
(5.139)	Unallocated General Fund	-	(0.154)	(5.293)
(4.862)	TOTAL	(0.277)	0.053	(5.086)

Confirmation was provided by the Council that the overspend will not be funded by North Ayrshire Council, therefore the debt will increase by £0.154m to a closing balance of £5.293m at 31 March 2020.

The £1.486m will continue to be set aside in future years to support the repayment of the debt.

2.13 **Lead Partnerships**

The final unaudited IJB outturn position is adjusted to reflect the impact of Lead Partnership services. During 2019-20 agreement was reached with the other two Ayrshire partnerships that in the absence of any service activity information and alternative agreed risk sharing arrangements that the outturn for all Lead Partnership services would be shared across the 3 partnerships on an NRAC basis. The underspend in relation to North Lead Partnership services is not fully attributed to the North IJB as a share has been allocated to East and South partnerships, similarly the impact of the outturn on East and South led services has been shared with North.

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 the impact for the North Ayrshire partnership. Progress with this work has been delayed by the requirement to focus efforts on the Covid response.

North Ayrshire HSCP

Services managed under Lead Partnership arrangements by North Ayrshire Health and Social Care Partnership are £0.669m underspent at the year-end. Full detail on the underspend is given in section 2.4 above. This position is shared across the 3 partnerships on an NRAC allocation basis and is reflected in Appendix A.

South Ayrshire HSCP

Services led by the South Partnership overspent by £0.136m. The Community Equipment Store was funded with an additional £0.280m as part of the budget for this year, however it continued to be a source of pressure and represents the majority of the overspend.

East Ayrshire HSCP

East HSCP acts as the lead partner for Primary Care and Out of Hours Community Response Services. The overall Primary Care Lead Partnership underspend of £0.490m is after taking account of additional costs totalling £0.439m within Primary Medical Services related to GP Practices in Difficulty which have handed back contracts.

Ayrshire Urgent Care Services (AUCS) underspent by £0.299m as a result of vacancies across the support teams.

Dental services continue to deliver services within their financial envelope and are underspent by £0.193m for 2019-20, mainly due to clinical and administration vacancies.

The Prison and Police Healthcare underspend £0.142m is largely due to staffing savings within the service.

2.14 **Set Aside**

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 budget delegated by NHS Ayrshire and Arran includes the acute set aside resource of £31.807m, this is based on Information Services Division Scotland (ISD) data. The set aside allocation below highlights that North Ayrshire's use of the resource is £2.081m above the NRAC 'fair share'. There is an expectation that in the future the North Partnership will move towards its 'fair share'.

IJB	Set Aside 2019-20 £m	NRAC %	NRAC Budget Share 2019-20 £m	Over / (Under) NRAC Fair Share £m
East Ayrshire	26.161	32.4%	24.024	(2.137)
North Ayrshire	29.726	36.8%	31.807	2.081
South Ayrshire	24.828	30.8%	24.884	0.056
Total	80.715	100%	80.715	-

The acute directorate, which includes the areas covered by the set aside budget overspent by £11.5m.

A significant number of additional and unfunded beds were open throughout April to February 2020. Crosshouse and Ayr hospitals experienced a high level of demand and delayed discharges, which resulted in increased operational pressure and additional expenditure. These additional beds were largely closed by the 31st March as the Covid-19 mobilisation plan sought to minimise delayed discharges.

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

	<p>implement the delegated hospital budget and set aside budget requirements of the legislation, in line with the statutory guidance published.</p> <p>The full implementation of the set aside arrangements is key to delivering this commitment to planning across the whole unplanned care pathway and partnerships must ensure that set aside arrangements are fit for purpose and enable this approach</p> <p>This has not been achieved in Ayrshire and Arran during 2019-20. Preparatory work is well underway with the support of the Scottish Government, NHS AA and the other Ayrshire partnerships to progress and develop the set aside arrangements to fully implement the legislative requirement. This includes arrangements in relation to the use of Directions, Commissioning Plans and overall progression towards Fair Share allocations of resources.</p> <p>It was anticipated that 2020-21 would be used as a shadow year for these arrangements, however this work was put on hold due to the Covid response and the timescales for progressing this have not yet been agreed. This work will also be significantly impacted and need to be informed by the recovery phase of the Covid response and future plans for acute services and unscheduled care activity.</p>
2.15	<p>National Position</p> <p>Across Scotland Integration Joint Boards are facing similar financial challenges, whilst there are different individual local circumstances there are similarities with the factors contributing to financial pressures.</p> <p>At the time of collating the national position, due to the impact of Covid 19, some areas provided a provisional position however the final position is not expected to be significantly different. The total budget delegated for Health and Social Care services to IJBs across Scotland by the end of 2019-20 was £9.8bn.</p> <p>The interim year-end position for 2019-20 reports total pressures of £72.9m partly offset by underspends of £61.2m leading to a net overspend position of £11.7m. Increases in costs are partly offset by underspends as a result of staff vacancies and slippage in the implementation of new funding, these options provide only non-recurring financial relief and recurring financially sustainable strategies need to be identified across all IAs</p> <p>The outturns across the 31 Integration Authorities vary as follows:</p> <ul style="list-style-type: none"> • 5 IAs are reporting a break-even position; • 14 IAs are reporting net overspends totalling £46.1m ranging from £0.2m to £11.7m; • 12 IAs are projecting net underspends totalling £34.4m ranging from £0.02m to £14.4m. <p>Key highlights include:</p> <ul style="list-style-type: none"> • The challenge to deliver savings, in particular planned reductions in services not materialising due to increased demand being experienced • Increased activity of acute services

	<ul style="list-style-type: none"> • Additional demand for services and the increasing complexity of health and social care needs across older people, adult and children's services • The timeline to implement new models of service delivery taking longer than originally anticipated • Ongoing challenges associated with identifying further cost reduction and savings opportunities • Prescribing cost pressures; and • Staffing costs including the cost of locums. <p>With the exception of prescribing costs which in North Ayrshire are underwritten by the Health Board, these are all pressures recognised for the North Ayrshire IJB.</p> <p>The projected overspend at Q3 for all IAs was £54.3m this has reduced to £11.7m due to a number of actions including additional funding from NHS Boards and Local Authorities and agreed financial recovery plans. Additional funding has been required from partner bodies for those IAs with no contingency reserves or for areas where the contingency reserves have been fully utilised. 4 IAs remain in repayment arrangements with partners to repay a total of £17.4m, North Ayrshire is one of those IAs.</p> <p>Reserves are a key component for longer term financial stability. General practice advises that contingency reserves should be held at 2% of funding available, in the absence of reserves reliance will continue to be placed on each IA's Integration Scheme and additional contributions from partners to address unfunded cost pressures. The net movement on IA reserves is a decrease of £19m during 2019-20, from £158m to £139m (earmarked £107.2m, contingency £31.8m) this is due to a decrease of £23.8m in earmarked reserves. The contingency reserve represents only 0.3% of the total funding for IAs. 5 IAs do not have any reserves, 15 IAs do not have a contingency reserve and 1 IA has a negative reserve (North Ayrshire). 2 IAs have been able to reach the 2% contingency target, while others range from 0.1% to 1.59% of their available funding.</p>
3.	PROPOSALS
3.1	<u>Anticipated Outcomes</u>
	<p>The final outturn position for 2019-20 and the work services have undertaken to ensure financial recovery during the year are the building blocks for financial sustainability moving into 2020-21. The impact of this is built into the approved balanced budget for 2020-21.</p> <p>The focus during the year was to ensure the final outturn position was limited to £1.5m, to not increase the overall debt position at the year-end. Whilst the debt will increase by a relatively small amount at the year-end (£0.154m), the final position demonstrates that we successfully managed to maintain the financial position towards the year-end to limit the increase in the debt owed to the Council.</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, including the impact of the Covid response financially and on the delivery of the change programme.</p>
3.2	<u>Measuring Impact</u>

	The position reported is the unaudited year-end outturn position for 2019-20, further information will also be contained within the unaudited IJB annual accounts. Ongoing updates to the financial position will be reported to the IJB throughout 2020-21.
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4.	IMPLICATIONS
Financial:	The outturn is a year-end overspend of £0.154m after earmarking £0.207m of funds for future use, this is also after the transfer of the £1.486m debt repayment budget back to the IJB. The main areas of overspends and underspends are highlighted in the report.
Human Resources:	None
Legal:	None
Equality:	None
Children and Young People	None
Environmental & Sustainability:	None
Key Priorities:	None
Risk Implications:	<p>Within the outturn there are various over and underspends including the non-achievement of savings which have been taken into consideration in financial planning for 2020-21.</p> <p>The 2020-21 budget was set prior to the COVID-19 pandemic and this will inevitably impact on the plans outlined in the budget, including the achievement of savings.</p>
Community Benefits:	None

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

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 IJB financial monitoring report is shared with the NHS Ayrshire and Arran and North Ayrshire Council Directors of Finance after the report has been finalised for the IJB.</p>
5.	CONCLUSION
5.1	<p>It is recommended that IJB:</p> <p>(a) notes the overall integrated financial performance report for the financial year 2019-20 and the overall reported year-end overspend of £0.154m (after new earmarking);</p> <p>(b) notes that this position is after the allocation of £1.486m debt repayment budget from North Ayrshire Council, prior to this the position was an overspend of £1.640m;</p> <p>(c) approve the budget changes outlined at section 2.11; and</p> <p>(d) approve the required earmarking of £0.207m of reserves to reinstate specific</p>

ring-fenced Scottish Government funding.
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2019-20 Budget Monitoring Report–Objective Summary as at 31 March 2020

Appendix A

Partnership Budget - Objective Summary	2019/20 Budget									Over/ (Under) Spend Variance at Period 10	Movement in projected variance from Period 10
	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	54,856	55,323	467	16,665	16,728	63	71,521	72,051	530	546	(16)
: Locality Services	25,376	24,985	(391)	4,858	4,678	(180)	30,234	29,663	(571)	(367)	(204)
: Community Care Service Delivery	25,940	27,421	1,481	0	0	0	25,940	27,421	1,481	1,315	166
: Rehabilitation and Reablement	1,736	1,376	(360)	5,202	5,284	82	6,938	6,660	(278)	(335)	57
: Long Term Conditions	1,443	1,242	(201)	4,595	4,789	194	6,038	6,031	(7)	(1)	(6)
: Integrated Island Services	361	299	(62)	2,010	1,977	(33)	2,371	2,276	(95)	(66)	(29)
MENTAL HEALTH SERVICES	25,198	26,931	1,733	52,292	51,314	(978)	77,490	78,245	755	752	3
: Learning Disabilities	19,089	21,069	1,980	511	435	(76)	19,600	21,504	1,904	1,429	475
: Community Mental Health	4,748	4,491	(257)	1,611	1,506	(105)	6,359	5,997	(362)	(263)	(99)
: Addictions	1,361	1,371	10	1,357	1,229	(128)	2,718	2,600	(118)	(101)	(17)
: Lead Partnership Mental Health NHS Area Wide	0	0	0	48,813	48,144	(669)	48,813	48,144	(669)	(313)	(356)
CHILDREN & JUSTICE SERVICES	32,051	33,326	1,275	3,341	3,339	(2)	35,392	36,665	1,273	987	286
: Intervention Services	3,838	3,623	(215)	386	354	(32)	4,224	3,977	(247)	(21)	(226)
: Looked After & Accommodated Children	16,317	17,754	1,437	0	0	0	16,317	17,754	1,437	1,059	378
: Fieldwork	4,807	4,897	90	0	0	0	4,807	4,897	90	84	6
: CCSF	266	259	(7)	0	0	0	266	259	(7)	(19)	12
: Criminal Justice	2,636	2,636	0	0	0	0	2,636	2,636	0	0	0
: Early Years	338	302	(36)	2,955	2,985	30	3,293	3,287	(6)	(13)	7
: Policy & Practice	3,849	3,855	6	0	0	0	3,849	3,855	6	(103)	109
: Lead Partnership NHS Children's Services	0	0	0	0	0	0	0	0	0	0	0
PRIMARY CARE	0	0	0	53,154	53,007	(147)	53,154	53,007	(147)	0	(147)
ALLIED HEALTH PROFESSIONALS			0	5,200	5,089	(111)	5,200	5,089	(111)	(131)	20
MANAGEMENT AND SUPPORT COSTS	8,076	5,949	(2,127)	1,380	1,165	(215)	9,456	7,114	(2,342)	(865)	(1,477)
CHANGE PROGRAMME	565	467	(98)	1,014	968	(46)	1,579	1,435	(144)	(34)	(110)
OUTTURN ON A MANAGED BASIS	120,746	121,996	1,250	133,046	131,610	(1,436)	253,792	253,606	(186)	1,255	(1,441)
Return Hosted Over/Underspends East	0	0	0	0	129	129	0	129	129	103	26
Return Hosted Over/Underspends North	0	0	0	0	0	0	0	0	0	0	0
Return Hosted Over/Underspends South	0	0	0	0	121	121	0	121	121	95	26
Receive Hosted Over/Underspends South	0	0	0	0	50	50	0	50	50	105	(55)
Receive Hosted Over/Underspends East	0	0	0	0	(234)	(234)	0	(234)	(234)	(124)	(110)
Allocation of PCIF from East	0	0	0		(144)	(144)		(144)	(144)	0	(144)
Allocate the Action 15 underspend to East and South	0	0	0		211	211		211	211	0	211
OUTTURN ON AN IJB BASIS	120,746	121,996	1,250	133,046	131,743	(1,303)	253,792	253,739	(53)	1,434	(1,487)
Less Earmarking	0	0	0						0		
PCIF	0	0	0		144	144		144	144		
Action 15	0	0	0		63	63		63	63		
FINAL OUTTURN POSITION	120,746	121,996	1,250	133,046	131,950	(1,096)	253,792	253,946	154		

2019-20 Budget Monitoring Report – Detailed Variance Analysis

Appendix B

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
COMMUNITY CARE AND HEALTH	71,521	72,051	530	
Locality Services	30,234	29,663	(571)	<p>Older People care homes inc respite - underspend of £0.089m based on 768 placements. Income from Charging Orders - over recovery of £0.627m'</p> <p>Independent Living Services :</p> <ul style="list-style-type: none"> * Direct Payment packages- overspend of £0.121m on 65 packages. * Residential Packages - underspend of £0.008m based on 30 packages. * Community Packages (physical disability) - overspend of £0.040m based on 48 packages <p>NHS Packages of Care - underspend of £0.088m due to use of supplementary staffing offset by slippage in other packages. District Nursing - underspend of £0.109m due to vacancies.</p>
Community Care Service Delivery	25,940	27,421	1,481	<p>Care at home</p> <ul style="list-style-type: none"> - in house service - overspend of £0.393m. - Purchased Care at home - overspend of £0.161m. This is after reducing the budget by £0.500m to reflect the agreed 19-20 saving. The expected refund from a provider in relation to an ongoing query on their costs was £0.088m compared to the £0.150m assumed. <p>Direct Payments - underspend of £0.126m based on 27 packages continuing until the year end. Transport costs - overspend of £0.150m due to increase in staff mileage within care at home. Admin costs - overspend of £0.114m mainly due to mobile phone equipment. Supplies and Services - overspend of £0.211m in relation to uniforms, other supplies and CM2000 costs. Voluntary Organisations - overspend £0.081m mainly in relation to the Alzheimer service.</p>

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
Rehabilitation and Reablement	6,938	6,660	(278)	Employee costs - underspend £0.151m due to vacancies. Intermediate Care and Rehab Models of Care - overspend of £0.246m which is the full year funding impact. Aids and Adaptations - underspend of £0.323m of which £0.200m is per the approved recovery plan and the balance is related to the reduced number of OT assessments taking place.
Long Term Conditions	6,038	6,031	(7)	Ward 1 - overspend of £0.303m due to the use of supplementary staffing. Ward 2 - underspend of £0.013m (£0.504m of funding transfers from East HSCP in relation to Kirklandside patients). Elderly CMHT - underspend of £0.121m due to vacancies. Carers Act Funding - underspend of £0.258m based on the spend incurred.
Integrated Island Services	2,371	2,276	(95)	Employee costs - underspend £0.095m due to vacancies.
MENTAL HEALTH SERVICES	77,490	78,245	755	
Learning Disabilities	19,600	21,504	1,904	Residential Packages- overspend of £0.643m based on 40 current packages. Community Packages (inc direct payments) - overspend of £0.869m based on 307 current packages. The direct payments projection is based on 41 current packages. Employee costs - underspend £0.076m mainly due to vacant posts Trindlemoss - overspend of £0.286m due to double running costs until all of the service users move to the new facility.
Community Mental Health	6,359	5,997	(362)	Employee costs - underspend £0.104m mainly due to vacant posts Community and Residential Packages - underspend of £0.347m based on 105 community packages and 28 residential placements.
Addictions	2,718	2,600	(118)	Employee costs - underspend £0.118m due to vacant posts ADP - online position following a draw on the reserves in relation to the 2018-19 underspend carried forward.

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
Lead Partnership (MHS)	48,813	48,144	(669)	<p>Adult Community - underspend of £0.145m due to vacancies.</p> <p>Adult Inpatients- overspend of £0.549m due to a delay in closing the Lochranza wards.</p> <p>UNPACs - overspend of £0.295m which includes increased costs for the General Psychiatry service level agreement.</p> <p>LDS - underspend of £0.033m due to vacancies.</p> <p>Elderly Inpatients - overspend of £0.433m due to use of supplementary staffing after ward closures.</p> <p>CAMHS - underspend of £0.190m due to vacancies.</p> <p>MH Admin - underspend of £0.187m due to vacancies..</p> <p>Psychiatry - underspend of £0.304m due to vacancies and after accounting for the medical pay award and agency costs.</p> <p>MH Pharmacy - underspend of £0.130m mainly within substitute prescribing.</p> <p>Psychology- underspend of £0.395m due to vacancies.</p> <p>Action 15 - £0.274 underspend of which £0.211m is reallocated to East and South HSCP</p>
CHIDREN'S AND JUSTICE SERVICES	35,392	36,665	1,273	
Intervention Services	4,224	3,977	(247)	<p>Care Leavers - underspend of £0.081 based on 5 leavers</p> <p>Employee costs - underspend of £0.144m due to vacancies.</p>
Looked After & Accom Children	16,317	17,754	1,437	<p>Looked After Children placements - overspend of £0.149m based on the following:-</p> <p>Kinship - overspend of £0.070m based on 339 placements.</p> <p>Adoption - overspend of £0.017m based on 74 placements.</p> <p>Fostering - overspend of £0.188m for 138 placements.</p> <p>Fostering Xtra - underspend of £0.057m based on 31 placements.</p> <p>Private fostering - underspend of £0.028m based on 12 placements.</p> <p>IMPACCT carers - underspend of £0.016m for 2 placements.</p> <p>Residential School placements including community packages - overspend of £1.480m. There are currently 20 external residential placements and no secure placements.</p>
Fieldwork	4,807	4,897	90	<p>Third Party Payments - overspend of £0.088m mainly in relation to respite payments and the out of hours service.</p>

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
CCSF	266	259	(7)	Outwith the threshold for reporting
Criminal Justice	2,636	2,636	0	Outwith the threshold for reporting
Early Years	3,293	3,287	(6)	Outwith the threshold for reporting
Policy & Practice	3,849	3,855	6	Outwith the threshold for reporting
Lead Partnership (CS)	0	0	0	Outwith the threshold for reporting
PRIMARY CARE	53,154	53,007	(147)	General Medical Services (GMS) - underspend of £0.147m
ALLIED HEALTH PROFESSIONALS	5,200	5,089	(111)	Employee costs - underspend £0.111m due to vacancies.
MANAGEMENT AND SUPPORT	9,456	7,114	(2,342)	Debt Repayment Funding - £1.486m underspend as the funding is being used to offset the general overspend. The balance relates to pressure funding awarded as part of the 2019-20 which were not fully used in 2019-20.
CHANGE PROGRAMME & CHALLENGE FUND	1,579	1,435	(144)	Slippage and employee costs underspend.
TOTAL	253,792	253,606	(186)	

Threshold for reporting is + or - £50,000

Savings reference number	Description	Deliverability Status at budget setting	Deliverability Status Period 12	Approved Saving 2019/20 £	Net Saving Achieved at Period 12 £	Shortfall
	Health and Community Care					
SP-HSCP-19-02	Roll out of multidisciplinary teams - Community Care and Health	Amber	Green	55,000	55,000	0
SP-HSCP-19-04	Day Centres - Older People	Green	Green	38,232	38,232	0
SP-HSCP-19-05	Deliver the Strategic Plan objectives for Older People's Residential Services	Green	Green	130,350	130,350	0
SP-HSCP-19-09	Care at Home - Reablement Investment	Amber	Amber / Red	500,000	74,000	426,000
SP-HSCP-19-12	Assessment and Self Directed Support	Green	Amber / Red	150,000	0	150,000
NHS - HSCP-9	Packages of Care	Amber	Green	150,000	150,000	0
	Mental Health and Learning Disabilities					
SP-HSCP-19-01	Integration of the Learning Disability team	Amber	Green	56,000	56,000	0
SP-HSCP-19-07	Mental Health - Tarryholme / Trindlemoss (Council element)	Amber	Amber	328,000	150,000	178,000
NHS - HSCP-1	Trindlemoss (full year impact is £0.370m)* NHS element	Amber	Amber	250,000	250,000	0
SP-HSCP-19-10	LD - Reduction to Sleepover Provision	Amber	Red	215,000	25,000	190,000
SP-HSCP-19-11	Reprovide Fergushill/Hazeldene at Trindlemoss & redesign commissioned services	Green	Green	111,000	111,000	0
SP-HSCP-19-06	Adult Community Support - Commissioning of Services	Green	Amber / Red	388,000	1,500	386,500
NHS - HSCP-4	UnPACs - 7% reduction*	Green	Amber / Red	200,000	0	200,000
NHS - HSCP-5	Substitute Prescribing - 5% reduction*	Green	Green	135,000	135,000	0
NHS - HSCP-3	Review of Elderly Mental Health Inpatients*	Green	Green	727,000	727,000	0
NHS - HSCP-6	See a 5th bed at Woodland View - MH inpatients*	Amber	Amber / Red	90,000	18,000	72,000

Savings reference number	Description	Deliverability Status at budget setting	Deliverability Status Period 12	Approved Saving 2019/20 £	Net Saving Achieved at Period 12 £	Shortfall
	Children, Families and Justice Services					
SP-HSCP-19-03	Fostering - reduce external placements.	Green	Amber	127,408	127,408	0
SP-HSCP-19-08	Children's residential placements (CF)	Amber	Green	355,000	355,000	0
	Partnership Wide					
SP-HSCP-19-13	Charging Policy	Green	Green	200,000	200,000	0
NHS - HSCP-10	Reduce business admin services	Green	Green	50,000	50,000	0
NHS - HSCP-11	ICF Project - Partnership Enablers	Amber	Green	27,000	27,000	0
NHS - HSCP-12	ICF Project - Buckreddan care home	Amber	Red	16,000	0	16,000
NHS - HSCP-13	Uncommitted ICF Funding	Green	Green	80,000	80,000	0
SP-HSCP-19-20	Living Wage	Green	Green	187,000	187,000	0
NHS - HSCP-7	Resource Transfer to South Lanarkshire	Green	Green	40,000	40,000	0
SP-HSCP-19-14	19/20 impact of 18/19 part year savings	Green	Green	113,000	113,000	0
SP-HSCP-19-15	Respite	Green	Green	200,000	200,000	0
SP-HSCP-19-16	Payroll Turnover Target	Amber	Green	500,000	500,000	0
SP-HSCP-19-17	Lean Efficiency Programme	Green	Red	50,000	0	50,000
NHS - HSCP-2	Payroll Turnover Target - Mental Health *	Amber	Green	300,000	300,000	0
NHS - HSCP-8	Payroll Turnover Target - Other Services	Amber	Green	365,000	365,000	0
				6,133,990	4,465,490	1,668,500

2019-20 Budget Reconciliation

Appendix D

COUNCIL	Period	Permanent or Temporary	£
Initial Approved Budget			95,067
Resource Transfer			22,772
SG FPC Funding	3	T	702
Transfer ICF Funds to Procurement Team	2	T	(85)
Transfer to IT WAN circuit Kilwinning Academy	4	P	(3)
Waste Collection Budget	4	T	28
CLD Officer from ADP Budget to E & C	4	T	(32)
Transfer £10k to Communities for Youth PB	6	T	(10)
Challenge Fund Drawdown from Earmarked Funds	6	T	691
CLASP CO-ORDINATOR	8	P	(59)
Child Abuse Enquiry Costs	12	T	47
Dartington Contract	12	T	23
Flood/Storm Damage	12	T	(1)
Increased Bad Debt Provision	12	T	36
Insurances	12	T	60
Liability Excess	12	T	(4)
Property Excess	12	T	(4)
STACA Adjustments	12	T	32
Funding set aside for debt repayment	12	T	1,486
Period 12 reported budget			120,746

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			(22,772)
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	3	P	34
Functional Electrical Stimulation Equipment from acute	3	P	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
Assoc 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)
ADP Reduction for 18/19 carry forward	5	T	(131)
Medical Training Grade Increase	5	P	51
Winter Pressure Funding 19/20	7	T	100
Admin Transfer from South HSCP	6	P	19
NMAHP Clinical Lead	6	T	16
Woodland View – Hairdressing transfer from South	8	P	12
SLA Superannuation uplift	8	P	79
Medical Training Grade Increase	9	P	15
Arrol Park Enhanced GP service	9	P	(8)
Prescribing-Freestyle Libra Funding	9	P	97
Prescribing-Top slice 2019/20	9	P	(90)
GP ABI Contribution	9	T	(14)
Action 15 – Underclaimed	9	P	66
Distinction Award Funding for retired consultant	10	P	(17)
East HSCP Daldorch contribution	10	P	33
Medical Training Grade Increase	11	P	2
HPV Boys Implementation Carry Forward	11	T	(18)
Prescribing Increase	11	P	15
School Nursing Allocation	11	T	35
Douglas Grant	12	T	1,267
Redburn	12	T	1,873
Prescribing	12	P	3,184
Medical Discretionary Points	12	P	(12)
Lochranza Patients to East HSCP	12	P	(86)
Daldorch Contribution from South HSCP	12	P	33
GP Inflation to east HSCP	12	P	(24)
Joint Store Funding to South HSCP	12	P	(102)
Iona/Lewis Patients to South HSCP	12	T	(24)
Covid-19 Funding	12	T	5
GMS Funding	12	P	2,811
Period 12 reported budget			133,046
GRAND TOTAL			253,792

**Integration Joint Board
16th July 2020**

Subject:	Allied Health Professions Highlight Report 2019
Purpose:	The purpose of this paper is to introduce the attached Allied Health Professions Highlight report for 2019
Recommendation:	IJB are asked to (i) note the content of the attached AHP Highlight report and (ii) endorse the AHP Service objectives for 2020 outlined within the attached report.

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

1.	EXECUTIVE SUMMARY
1.1	The attached report provides detail on the activity of Allied Health Professions (AHPs) in North Ayrshire Health and Social Care Partnership (HSCP) during the calendar year of 2019.
1.2	<p>The 2019 AHP Highlight report further sets out collective objectives for AHP services in North Ayrshire for 2020 as follows :</p> <ul style="list-style-type: none"> • Continue to maximise the AHP contribution to Multi-Disciplinary working; • Progress a Quality Improvement and Risk Management approach to waiting times; • Implement access to quality supervision for all AHPs; • Continue to prioritise the wellbeing of AHP staff; • Progress the collation of simple, consistent, and robust service performance data, to ensure planning decisions are informed; • Continue to embrace any opportunities presented by advancement in digital technology.
2.	BACKGROUND
2.1	In North Ayrshire, AHPs encompass several different professional groups – Dietetics Occupational Therapy, Physiotherapy, Podiatry, and Speech and Language Therapy - working as part of multi disciplinary teams across health and social care, hospital and community settings, and across all stages of the life curve.
2.2	The 2018 AHP Highlight report was brought to the Integration Joint Board in March 2019. It introduced the role of the various AHP disciplines, and outlined the contribution of AHPs, in supporting North Ayrshire HSCP to meet its strategic ambitions.

2.3	<p>The 2018 AHP Highlight report set out the following priority areas for AHPs in 2019 :</p> <ul style="list-style-type: none"> • Maximise the AHP contribution to multi disciplinary working; • Continue workforce planning, to maximise the AHP workforce available within North Ayrshire, within the resources available; • Continue work that promotes early access to AHPs and preventative approaches; • Continue to prioritise the wellbeing of AHP staff; • Continue to build on progress around digital agendas; • Ensure progress that supports consistent and robust performance data.
2.4	<p>The attached 2019 Highlight Report provides update against each of these priority areas. It underlines the strong contribution that AHPs make for the people of North Ayrshire, the improvement culture that has been embraced among team members, and the ways in which AHPs work alongside a wide range of partners; to support recovery, wellbeing, self management and promote independence.</p>
2.5	<p>The 2019 AHP Highlight report further sets out collective objectives for AHP services in North Ayrshire for 2020 as follows :</p> <ul style="list-style-type: none"> • Continue to maximise the AHP contribution to Multi-Disciplinary working; • Progress a Quality Improvement and Risk Management approach to waiting times; • Implement access to quality supervision for all AHPs; • Continue to prioritise the wellbeing of AHP staff; • Progress the collation of simple, consistent, and robust service performance data, to ensure planning decisions are informed; • Continue to embrace any opportunities presented by advancement in digital technology.
2.6	<p>Members are advised of significant progress made around the agreed priority areas, in the first half of 2020, in part, as a result of response to the COVID-19 pandemic. This progress, and the AHP contribution to rehabilitation and recovery under such circumstance will be described in fuller detail in the future 2020 Highlight report.</p>
3.	PROPOSALS
3.1	<u>Anticipated Outcomes</u>
	<p>The attached Highlight report seeks to assist the IJB in understanding the contribution that AHPs make for the people of North Ayrshire, as part of multi disciplinary teams</p>
3.2	<u>Measuring Impact</u>
	<p>Systems to record AHP performance and impact will continue to be refined, with regular reports to the Director of North Ayrshire HSCP, and the North Ayrshire Health and Care Governance group.</p>

4.	IMPLICATIONS	
Financial:	Nil	
Human Resources:	Nil	
Legal:	Nil .	
Equality:	Nil	
Children and Young People	The attached report highlights the contribution of AHPs for the people North Ayrshire, including children and young people.	
Environmental & Sustainability:	Nil	
Key Priorities:	The attached report outlines the contribution of AHPs in North Ayrshire to the priorities articulated in the HSCP's Strategic Plan .	
Risk Implications:	Nil	
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	

5.	CONSULTATION
5.1	The attached report has been developed in consultation with the AHP Leadership team in North Ayrshire. The HSCP senior management team, and North Ayrshire HSCP Health and Care Governance Group have been consulted in the collation of the attached report.
6.	CONCLUSION
6.1	<p>The attached AHP Highlight Report :-</p> <ul style="list-style-type: none"> Provides highlight of the contribution of AHP services for the people of North Ayrshire in 2019 Provides a summary of the challenges faced in 2019 Outlines the objectives for North Ayrshire AHP services for 2020 <p>The IJB are asked to :</p> <ul style="list-style-type: none"> Note the content of the attached 2019 AHP Highlight report Endorse the AHP Service objectives for 2020 as outlined within the attached report

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

ALLIED HEALTH PROFESSIONS

HIGHLIGHT REPORT 2019



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Submitted for IJB approval 10 July 2020

Introduction

In North Ayrshire, the Allied Health Professions (AHPs) encompass several different professional groups – Dietetics, Physiotherapy, Podiatry, Occupational Therapy and Speech and Language Therapy – working as part of multi-disciplinary teams across health and social care; hospital and community settings, and across all stages of the life curve.

AHPs provide services across the North Ayrshire mainland, Arran and Cumbrae; within the Ayrshire Central Hospital Campus – including inpatient and outpatient services at Douglas Grant Rehab Centre and Woodland View – and within communities – including day centres, care homes, people’s own homes, social service premises, primary care, education premises and community facilities.

Last year, the first annual report on the activity of Allied Health Professions (AHPs) in North Ayrshire Health and Social Care Partnership was brought to the Integration Joint Board. The report provided an introduction to each of the professional groups led under the umbrella term of AHP and highlighted the contribution and achievements of these professional groups in 2018, as well as some of the key challenges and service aims moving forwards.

The priority areas set out for focus in 2019 were agreed as:

- **To maximise the AHP contribution to multi-disciplinary working.**
- **To continue workforce planning to maximise AHP workforce available in North Ayrshire, within resources available.**
- **To continue work that promotes early access to AHPs and preventative approaches.**
- **To continue to prioritise the well-being of AHP staff.**
- **To continue to build on progress around digital agendas.**
- **To ensure progress supports consistent and robust performance data.**

This year, the 2019 AHP Highlight Report provides an update against those priority areas. It highlights progress and successes over the last year, and summarises the key challenges faced in 2019.

Finally, the 2019 AHP Highlight Report sets out plans and priority areas for focus in 2020.

1. AHPs in North Ayrshire will maximise the AHP contribution to multi-disciplinary working

There has been significant activity in 2019 in support of maximising the AHP contribution to multi-disciplinary working in North Ayrshire.

Some examples of this are as follows:

There has been strong AHP input to the leadership, operational sub-groups and multi-disciplinary approach to the transformation around Learning Disability services – Trindlemoss and the Assessment and Treatment Unit, and the Additional Support Needs campus project – developing multi-disciplinary relationships and helping to shape the future model of service.

There has been progress around the 'Weigh to go' weight management approach in Learning Disability Services and multi-disciplinary work between occupational therapy and dietetics on healthy eating/cooking community groups.



Trindlemoss

Dietetics and Physiotherapy have worked together, delivering tailored activity and weight management advice, improving and targeting activity and exercise in Woodland view, including introduction of the morning mile.

The Physiotherapy Learning Disability department organised and ran a postural management course in October 2019 with internal and external delegates.

The Mental Health Innovation Fund provided opportunity to scope the contribution of speech and language therapy, dietetics and physiotherapy in the Community Mental Health Teams for adults.

Multi-disciplinary approaches have continued within the Beehive and Honeycomb at Woodland View, with a view to providing a range of therapeutic activities for people in the inpatient mental health wards.

There has been much progress related to the AHP contribution, as part of multi-disciplinary teams, for people living with dementia and their carers.

The local AHP Dementia Forum has continued strong connections with national AHP work around 'Connecting People, Connecting Support', and has supported several local pieces of work:

- **The Dietetic Mental Health Team developed an interactive session around eating and dementia, and presented at the West of Scotland Dementia Carers Academy.**
- **Home Based Memory Rehabilitation – with local AHP staff participating in a national pilot which has informed the roll-out of this work.**
- **Joint training and project work across Occupational Therapy, supporting assessments for stairlifts for those with cognitive impairment.**

In 2019, the Physiotherapy Service restructure within Douglas Grant Rehabilitation Centre, and Community Rehabilitation teams was progressed, reducing duplication, maximising capacity within the resource available, and aligning caseloads around localities as far as possible, in support of locality based working. Similarly Brooksby Health and Therapy Team are now covering Garnock Valley area in addition to North Coast, with the Occupational Therapy teams between Beechview and Brooksby Health and Therapy Teams working together to provide a service to this area.

North Ayrshire's multi-disciplinary Reablement Service provides input complimentary to other HSCP teams such as the Intermediate Care Team and Health And Therapy Team, working alongside these teams to ensure service users receive an appropriate service with minimal duplication. The aim of the Reablement Service is to help service users achieve the highest level of independence following illness/accident/injury and in turn reduce need for ongoing Care at Home provision, thus releasing capacity within Care at Home to provide service to those who need it most.

In 2019, the Reablement Service was actively engaged in the Care Inspectorate's 'Care... About Physical Activity (CAPA)' improvement programme. The skills and role of Occupational Therapy within the Reablement Service were ideally suited to have targeted conversations to increase the activity levels of Reablement Service users. The CAPA programme provided new ideas and resources for

promoting increased movement with service users, and was easily incorporated into the existing format for delivering Reablement Occupational Therapy intervention.

Following the launch of the new model for Intermediate Care and Rehabilitation in November 2018, there was significant focus in 2019 around implementing the new model, developing this locally to make best use of resources available, supporting multi-disciplinary working, and ensuring delivery of the performance objectives set out in the business case. In its first year of operation, the enhanced Intermediate Care and Rehab Service received 1,576 referrals and avoided 9,807 acute hospital bed days. An independent review of service user experience, led by the Scottish Health Council, highlighted positive experience for those who had used the service.

Equipment training has continued within AHP services, enabling AHPs and AHP support workers to provide non-complex equipment solutions without onward referral, duplicate assessment or delay.

A common approach was established to enable professional triage for the range of community rehabilitation services available in North Ayrshire – Intermediate Care Team, the Health and Therapy Team, domiciliary AHP services, Community Rehabilitation and North Ayrshire Council Occupational Therapy. This has reduced unnecessary waits and inefficiencies.

Local pilot work and training with regards to housing options was initiated in 2019. This is now being progressed into joint work between Housing and Community Occupational Therapy in support of rehousing options, recognising the value of early housing conversations in supporting people's long term quality of life.

Work has continued with the wider multi-disciplinary team, across traditional boundaries for the benefit of the people of North Ayrshire. For example, work progressed around the prevention of falls linking with KA leisure and the Community Link Workers in Primary Care.

Currently in North Ayrshire, HARP is working in partnership with Ardrossan Rugby Club, CDF Fellowship and KA Leisure to trial walking rugby with people affected by long term conditions. This is thought to be a first in Scotland.

A joint approach has been progressed to support development of admin work with GP Dietetic clinics – creating a seamless system for patient admin between partnership and health.

The Dietetic Service participated in a national pilot for Control It (the latest iteration of Conversation Maps) for diabetic patients as part of dietetic contribution to multi-disciplinary working within primary care.

The Senior Occupational Therapist within the Reablement Service participated in an exercise to

integrate goal-setting and case recording into the new Written Agreement for Care at Home service. This involved the provision of user-friendly information about the service and the ongoing process of goal-setting, review and outcome recording in the service user's own Personal Record of Care, which is held within their home. Following development and successful testing, this approach will be introduced as standard practice in 2020.

In partnership with the AHP teams, Ayrshire College offered bespoke classes within the Beehive area of Woodland View hospital on a weekly basis over 12 weeks for each module/cohort. There were five patients from the Forensic Mental Health Service who achieved SVQ modules from the SCQF Level 3 award in Health and Well-being, SCQF Level 4 award in Health and Well-being, and SCQF Level 4 Volunteering Skills award module. In total 14 patients from inpatient and community services completed these modules. One student has now embarked on a full time course at the college campus studying Professional Cookery. Others returned to the hospital for completion of the classes as they had been discharged home and were committed to completing their studies.



Community Forensic Mental Health occupational therapy staff, in collaboration with Speech and Language Therapy and CPN colleagues, have undertaken training in 'Talking Mats' and are currently developing mats to support understanding of the Mental Health Act and understanding of restrictions. This work is being done with consent and collaboration of the company that develop 'Talking Mats' and forms part of improvement work locally being supported by the Scottish Patient Safety Programme lead.

Occupational Therapists in Community Mental Health services clinically support the Individual Placement Support worker and the development of this role. Additionally, Occupational Therapy staff support the development of the Recovery College, North Ayrshire.

In support of the integrated approach across health and social care Occupational Therapy in North Ayrshire, there has continued to be close joint working for the benefit of patients, with social care Occupational Therapy colleagues completing joint visits with health colleagues when required to provide adaptations – allowing access to appropriate services at the right time and reducing duplication, and ensuring a 'rehabilitation first' approach is progressed before agreeing adaptations.

Constraint induced movement therapy is now part of the upper limb management for eligible patients

in stroke. Good outcomes were realised for 16 people in the last year. The next step is wider training planned for AHP staff.

Within in-patient stroke services there has been increased group work activity, often delivered in a multi-disciplinary manner with inpatient nursing colleagues, to increase the number of patients participating in therapeutic activity each day, with groups focusing on falls, lunch and craft groups.

There was multi-disciplinary participation in the Scottish Government stroke standards visit to Redburn Ward, with a focus on standards around rehabilitation.

AHP input was provided to the review of service provision on Isle of Cumbrae.

Shared training was delivered across Child Health, Learning Disability and CAMHS services in SCERTS (Social, Communication, Emotional Regulation and Transactional Support) and Wellness Recovery Action Plan.

In children and young people's services, there was a continued focus on building relationships with, and expertise amongst, our health visiting colleagues in support of a multi-disciplinary approach:

- **Ongoing health visitor training – All Health Visiting staff in North Ayrshire are trained around physiotherapy pathways. This has led to decreased referrals for children who do not need specialised services and increased discussion and learning for universal and targeted messages for the Health Visitors.**
- **Involvement in Universal Early Years Protected Learning Time event on 26 November 2019 to continue to build relationships between universal early years and specialist AHPs.**
- **SLT based within Universal Early Years Service continues to support Health Visitors to have robust initial conversations, preventing unnecessary requests for specialist intervention.**
- **Ongoing delivery of training both in-house and accredited training from Speech and Language Therapy practitioners engaging early years staff/teachers and SEN support staff across educational environments.**

In October 2019, two Speech and Language Therapists from the early years SPIN team attended the Royal College of Speech and Language Therapist's conference in Nottingham. The theme for the conference was 'Improving Quality in Speech and Language Therapy – Everyone's Business'. The team's poster was displayed at the conference, the title of it being 'SPINning the Wheel – Helping parents and carers understand what works best to help their wee ones communicate'. The poster illustrated the importance of sharing consistent messages about how to boost children's communication with all the people who have contact with families and young people.

2. AHPs in North Ayrshire will continue workforce planning to maximise the AHP workforce available in North Ayrshire, within resources available

A positive, proactive approach to vacancy management has supported recruitment to a number of key AHP posts in 2019, attracting candidates from external agencies to North Ayrshire, as well as providing opportunity for movement and career progress for internal staff.

Historical savings, applied during the period of time in South Ayrshire Lead partnership arrangements, have now all been accommodated. There were no additional savings applied to AHP services in 2019.

Several workforce related risks were identified, escalated and progressed through partnership governance and management processes during 2019:

- **AHP workforce capacity for new Learning Disability Assessment and Treatment Unit.**
- **Children and Young People Speech and Language Therapy capacity.**
- **AHP Capacity within Douglas Grant Rehabilitation Ward.**

The additional workforce associated with implementation of the new model for intermediate care and rehabilitation in North Ayrshire led to an increase in the number of AHP posts within the partnership, bringing additional posts across the range of community rehabilitation services, and supporting the provision of enhanced Intermediate Care, as an alternative to acute hospital

admission seven days per week.

Several positive opportunities presented in 2019 to scope AHP contribution in areas not previously served, through short term monies – for example the Mental Health Innovation Fund, Action 15 monies:

- **Role of speech and language therapy in forensic services.**
- **Role of dietetics, speech and language therapy and physiotherapy in adult community mental health. teams**
- **Role of occupational therapy in primary care.**

Opportunities also presented during 2019 to review the skill mix within teams, ensuring best use of resources available and enabling a 'right person for the right task' approach. An example of this was a test of change involving the use of slippage in existing budgets to trial a Band 4 support worker within the North Community Physiotherapy Team. This led to increased assessment capacity for the Band 6 and 7 physiotherapists and a reduction in waiting times within the service.

The position for speech and language therapy adult services improved significantly during 2019 after a prolonged period of change and challenge. Several vacancies were recruited to, bringing stability to the team. The speech and language therapy adult service reconfigured some vacancies to develop and facilitate skill mix, and explore a new role by recruiting a Band 3 SLT Healthcare support worker.

Previous concerns around recruitment of podiatry staff following a number of retirements proved to be unfounded, with all vacancies filled and podiatry candidates expressing a strong desire to work for NHS Ayrshire & Arran.

The speech and language therapy service initiated the early stages of implementing job planning, in support of best use of workforce available, and the staff well-being agenda.

Band 5 staff across AHP services have been successfully supported through 'Flying Start', the national programme for newly qualified practitioners. Band 5 rotational opportunities continue across the three Ayrshire Health and Social Care Partnerships in both physiotherapy and occupational therapy, supporting a wide range of experience and service sustainability.

The Practice Education of AHPs on pre-registration programmes continued in 2019, supporting the

pipeline of future AHPs, with increased students placements offered across the professions as part of Undergraduate and Masters programmes undertaken with Strathclyde, Glasgow Caledonian, Queen Margaret, Edinburgh Napier and Robert Gordon Universities.

The ambition within 2016 'Ready to Act' national AHP strategy highlights the critical place of prevention and enablement, and promotes the least intrusive interventions through a tiered model of service design and delivery including universal, targeted and specialist levels of provision, directly linked to well-being outcomes. With this in mind, an emergent role peer placement was offered for two speech and language therapy students from Queen Margaret University in summer 2019. This idea was developed alongside one of our local voluntary agencies, Centrestage.

In addition, there has been significant opportunity for learning and workforce development in 2019:

Two members of the speech and language therapy team undertook and successfully completed dysphagia training, creating flexibility and supporting sustainability around this important part of the service.

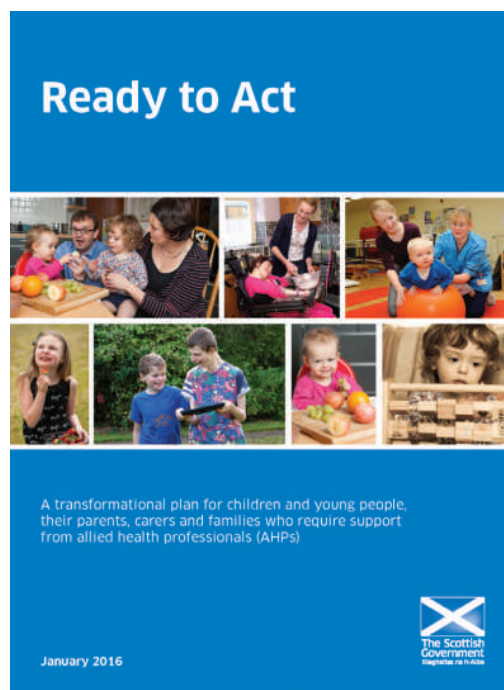
Five staff members in speech and language therapy accessed training for the Hanen 'More than Words' parent programme, which has allowed the team to increase the offer of this programme and have flexibility around the timing of the programme to allow easier access for families. One staff member attended NAPLIC conference on Developmental Language Disorder and shared learning to the team.

Staff across all three podiatry pathways of care have demonstrated and applied increased knowledge in a wide range of health related topics as well as increasing clinical skills, with some staff currently working on Masters modules, doctorate.

A sports science student placement has been created within HARP in North Ayrshire in partnership with Ayrshire College Kilwinning Campus.

Dementia training has been ongoing to ensure all AHPs are equipped to support people living with dementia and their carers – internal and external, including university based modules.

Several AHP team members have completed further training in quality improvement and progressed improvement projects. There were five North Ayrshire AHP posters displayed at the 2019 NHS Scotland conference, illustrating the range of quality improvement work undertaken, mainly in an inter-disciplinary manner. Collaborative work between nursing and occupational therapy around Improving



Observation Practice in Ward 10, Woodland View, saw the team involved win a local improvement award, with further national recognition and award at the NHS Scotland conference.

There is an identified need to have a trauma informed workforce with appropriate levels of awareness and skill. In April 2019, an event was organised to highlight the increasing information regarding Adverse Childhood Events. Speakers included representation from National AHP children and young people's strategy, Youth Justice, Police, Clinical Psychology and education.

A Developing Practice course was delivered by psychology colleagues focussed on assessment techniques for patients with low level anxiety and distress. This training was undertaken by a number of AHP delegates. Outcomes included having productive conversations and identifying which patients warrant escalation to psychology for management. Staff have found the knowledge and skills gained to be useful in treating a range of patients.

3. AHPs in North Ayrshire will continue work that promotes early access to AHPs and preventative approaches

Despite continued high demand for core service across AHP services, a focus has continued on developing approaches that promote early access to AHP expertise, and preventative interventions.

Successful tests of change have led to provision of outpatient stroke rehab services for people at Brooksby where appropriate, allowing services to be brought closer to home and preventing people travelling to Ayrshire Central Hospital for specialist input.



Following successful implementation of the new model for enhanced intermediate care and rehabilitation in North Ayrshire, the multi-disciplinary enhanced intermediate care team is now available seven days per week, providing a viable alternative to acute hospital admission, and providing rehabilitation seven days a week where required.

Further, the joined-up professional triage approach has simplified the process for referrers and ensured people are streamed to the most appropriate branch of rehabilitation first time, reducing duplication and ensuring high risk cases are supported timeously.

In support of referral activity, positive links have been developed with GPs, Ayrshire Unscheduled Care Service, Emergency Department at University Hospital Crosshouse, Scottish Ambulance Service, and North Ayrshire Council Care at Home services.

The Healthy and Active Rehab Programme – a pan-Ayrshire rehabilitation programme – successfully gained pilot funding for a trial of prehab for people affected by upper GI cancer. This is to use an MDT and AHP approach to provide additional support to people pre-operatively in order to gain fitness, strength and nutrition, therefore preparing them for chemotherapy and surgery. Research has shown that similar interventions reduce bed days and complication rates in this group of people. Greater strength means functional capacity improves and people report less symptoms from chemotherapy.



Outpatient waiting times for adult speech and language therapy have improved due to the stabilised staffing situation, enabling quicker access to the service.

Podiatry Domiciliary re-design/re-assessment of all caseloads – including podiatry assistant caseloads – has now been fully completed, ensuring best use of resources available and supporting capacity for urgent requests to be seen timeously. Arran was the final location for this piece of work that was completed in October 2019, with the patients who have retained within the service now seen by the right care pathway specialist at the right time, in the right place. A summary report by North Podiatry Team Manager is currently being pulled together.

There are now five Advanced Practice Physiotherapists (4WTE) working across the four mainland North Ayrshire clusters in primary care. Fifty eight per cent of practices in North Ayrshire now have a first point of contact Physiotherapy resource, providing early access to physiotherapy and reducing GP workload in line with the GP contract. Work is currently ongoing to map a timeline for resource implementation to the remaining North Ayrshire practices. A 'hosted' service delivery model is being tested within the Irvine, Kilwinning and Dundonald cluster. Plans to support the islands in North Ayrshire are also being progressed. Advanced Practice Physiotherapy service in primary care is lead through the East Ayrshire Health and Social Care Partnership.



Work was progressed in 2019 with the aim of reducing the length of wait for community occupational

therapy assessment in North Ayrshire. While the number of people waiting has remained relatively static, the number of people being assessed within eight weeks of referral improved as a result of the approach taken. Work continues to further improve this position.

Mental Health Innovation monies have allowed a test of change providing occupational therapy in primary care. The pilot site in North Ayrshire was Largs Medical Practice, where early outcomes have proved encouraging, with positive feedback from service users and GP colleagues, and case studies illustrating the personal impact of this approach.

In response to need and waiting times, occupational therapy staff in community mental health services have initiated assessment clinics. The evidence regarding this is being gathered and supported by the Scottish Patient Safety Programme lead.

Following on from Scottish Government Legislation (2018) and a consequent IJB decision in 2019, North Ayrshire Health and Social Care Partnership provided recurring funding for Augmentative & Alternative Communication equipment, ensuring the timely provision of voice output communication technology for adults and children with communication difficulties.

Podiatry Foot and Ankle project – In 2018, the Scottish Government approved a bid for 12-month funding for an advanced Podiatrist. In 2019, the Scottish Government approved permanent funding following an in-depth report having achieved all aims and objectives. In support of national and local strategies, such as the Modern Outpatient Agenda, Realistic Medicine and Caring for Ayrshire, this post has demonstrated the following:



- Transformational change of existing services, setting strong foundations to support continued development of the service across Ayrshire and Arran.
- Shifting the balance of care to appropriate clinicians.
- Transferring care and interventions from acute setting to community outpatient environment.
- Reduction of review appointments.

Report Summary:

- *32 week reduction in surgical wait at University Hospital Crosshouse.*
- *Sixty nine per cent improvement in patients meeting Treatment Time Guarantee (TTG).*

- 20-week reduction in wait for new patient at University Hospital Crosshouse.
- Projected saving approximately £30,000 – removed the need for weekend theatre lists.
- Projected saving £49,408 – Transfer of some minor procedures to community clinics.
- Reduction of review appointments within University Hospital Crosshouse.
- Reduced need for foot and ankle surgery at Golden Jubilee Hospital.
- Established pathways for escalation to surgeons.
- Updated and improved clinical governance documents.

In children and young people services, a focus around universal and targeted approaches has continued, empowering those most proximal to the child in the strategies most likely to be of benefit, and supporting early access to AHP advice:

- **Speech and Language Therapy Helpline for anyone concerned with regards to a child's communication.**
- **Delivery of ICAN Make Language Fun parent workshops in a range of early years establishments.**
- **Training delivered to Lead Practitioners from a range of early years establishments – e.g. Learning Language and Loving it.**
- **Continue to work with Communication Champions across early years establishments to build capacity.**
- **SLT contributed to the development of the Communication Clinic Pathway at Rainbow House .**
- **Development of specific drop-in sessions by Speech and Language Therapy service, which supports early access and reduces anxiety at point of discharge.**

Makaton Beginners and Follow-up sessions continues to be delivered on an area-wide basis – families and a range of partners in North Ayrshire have accessed these sessions. Makaton sign and sing classes have been introduced with success. SLT service held first Ayrshire Makaton Family Day, with craft activities, sign practice, and sing and sign, utilizing a themed approach, with positive feedback gained.

Collaborations with the third sector in North Ayrshire have progressed during 2019. A specific

example being collaborative work co-created between North Ayrshire AHPs and Centrestage to deliver universal and targeted health messages to the people of North Ayrshire, as well as providing early access to AHP advice. As a follow-on to this work, a training programme was then delivered to Centrestage colleagues to facilitate their skills and confidence in promoting healthy lifestyles and behaviours when the AHP team were not present. This work was presented at the 2019 health and social care gathering in Stirling.

4. AHPs in North Ayrshire will continue to prioritise the health and well-being of AHP staff

The well-being of AHP staff in North Ayrshire remains a priority area. Several examples of activity progressed to support AHP well-being are highlighted below :

Significant progress has been made around the local implementation of supervision for AHPs, in line with the 2018 National Position Statement on Supervision for Allied Health Professions. A quality improvement approach has tested tools and approaches with a number of AHP teams, with the development of a Quality Assessment Tool and site on the intranet to host learning, tips and tools. Positive feedback has been received from the teams involved, with benefits seen in terms of well-being and practice issues. Work continues with the ambition that all AHPs in Ayrshire have access to quality supervision, consistent to that outlined in the National Position Statement.

The Pan-Ayrshire AHP Well-being group has continued to provide information and training in support of staff well-being, including the delivery of Wellness Recovery Action Plan (WRAP) training for staff, and team sessions around resilience.

An opportunity arose for the full Physiotherapy service to participate in the Health and Safety Executive survey around organisational stress. This resulted in an action plan being developed and progressed by the physiotherapy teams.

The North AHP Teams participated in the annual i-matter survey in 2019, providing opportunity for team conversations and action plans focussed on what those teams celebrate about being a team, and areas for further consideration or improvement. The average Employee Engagement Index score for the North AHP teams who received an individual team report was 80 (out of 100).

Team and individual stress risk assessments were conducted as part of health and safety audits.

Lone Working – Dietetics have trialled a new device for North Ayrshire which evaluated well. Await

next steps and long term plan around lone working organisationally.

A group has been set up in Occupational Therapy child health team looking at staff well-being overall.

To compliment the new Practice supervision model for AHPs, additional sessions of Action learning sets were undertaken as part of a PGcert qualification. These sets focussed on AHP team lead staff who have a dual role, both clinical and management, for peer support on the leadership and management aspects of their roles. The ambition is to continue these alongside the review of supervision.

Leadership visits were undertaken by AHP senior manager and new Associate Director for AHPs in a number of teams, with invitation open to teams for AHP senior manager to attend team meetings.

All AHP staff in North Ayrshire have had the opportunity to attend the HSCP Thinking Different, Doing Better sessions, to feedback on life as an AHP in the partnership and help shape the future. 110 AHPs attended these sessions during 2019, with the remainder scheduled to attend in early 2020.



Team leads and service managers have participated in the Daring to Succeed programme led by NHS Ayrshire and Arran's Chief Executive, with consequent team based conversations.

Informal AHP information sessions took place for AHP staff working in Learning Disability services in November 2019. 31 AHP staff attended from across the AHP professions. These sessions were supported by the AHP Leadership team, the LD Leadership team, with HR support, and Partnership representation. These sessions outlined the plans around changes within LD services, shared current thinking around AHP input within existing resource and proposed plans to manage demand in the short and long term. Further, the sessions provided opportunity for those in attendance to share their experiences of working as an AHP within LD services in Ayrshire, and to share thoughts around the proposed moves and model.

Extended AHP leadership meetings take place six times per year, providing regular opportunity for shared leadership, peer support, and ensuring the wider AHP leadership team are engaged and able to influence the direction of AHP services in North Ayrshire.

In response to Ayrshire and Arran's WOW strategy, applications were submitted by a number of North AHP teams. The North Ayrshire SLT team selected an afternoon at Braehead Cook School which will take place in 2020. The North Community Physiotherapy Team similarly have a team cohesion event on Arran planned for 2020.

A Journal Club has been re-instated in speech and language therapy with initial focus on approaches for speech sound disorders.

5. AHPs in North Ayrshire will continue to build on progress around digital agendas

Advancements in digital present multiple opportunities for AHPs. Some example of progress made around digital agendas in 2019 are highlighted as follows :

Community of practice for Occupational Therapy Service in North Ayrshire has now been established – majority of areas have populated the site with service information, which will be regularly updated to keep it 'live'.



In support of agile working, the roll-out of provision of digital devices has continued across AHP services in North Ayrshire. The vast majority of staff working in AHP services are now enabled to work digitally, with the associated efficiency benefits. Provision of devices for those outstanding – predominantly the mental health community teams – will remain a priority area for action in 2020.

Additionally, the majority of AHP services across hospital and community settings are now using an electronic system for patient records – EMIS, Care First, or Care Partner. Further work is pending to roll-out to other staff including Douglas Grant Rehabilitation Centre. Work continues to enable read-only access across systems in support of joined up care. The service areas not using an electronic system are in process of being moved onto one in 2020.

'Attend Anywhere' has been found to be a viable appointment option for patients requiring occupational therapy and speech and language therapy. Speech and Language Therapy has successfully piloted the use of Attend Anywhere on Arran and the use of Attend Anywhere is now being implemented on Arran and the mainland.

The Speech and Language Therapy service have a plan moving forward to build staff capacity around Attend Anywhere, progressing to increased offering for range of client groups.

North Community Physiotherapy team are using Attend Anywhere to enable virtual staff meetings across Arran and mainland staff.

In support of wide access to universal information that promotes health and well-being, and in meeting demand, many AHP teams have utilised social media:

- **Physiotherapy Paediatrics Team Facebook and Twitter pages and we site developed and posts updated. The team is considering Instagram to target the under 40s.**
- **MSK Physiotherapy team Facebook page.**
- **Makaton Facebook page.**
- **SPIN Facebook page.**
- **Occupational Therapy Facebook page (A&A OT Community) shares relevant information between practitioners.**



The North Ayrshire extended AHP Leadership team held a Twitter session in December 2019, sharing best practice from HCPC and the AHP professional bodies, and providing advice on setting up and using social media for professional purposes.

The speech and language therapy team developed a Learn Pro Module for Health Visitors, offering universal messages to support communication development.

One staff member in speech and language therapy has accessed training on film-making at the Royal Conservatoire. This has allowed the team to develop video materials for sharing on social media regarding speech, language and communication needs, as well as developing an online Therapy Information session to improve access for families.

Speech and language therapy, with the support of local and national procurement services, are working with the Scottish Government's Assisted Communications Team to pilot the use of amended fields when ordering via PECOS. This will support the gathering of information on ordering patterns and spending on AAC equipment.

Occupational Therapy staff have started a project around the potential use of digital photography for home environment assessments as part of discharge planning from the rehabilitation wards at Douglas Grant Rehabilitation Centre.

6. AHPs in North Ayrshire will ensure progress supports consistent and robust performance data

Work has continued to record, collate and present AHP activity data in a consistent manner across service areas.

IoRN 2 (Indicator of Relative Need) data has been used across intermediate care and rehabilitation – demonstrating the impact of service on people's levels of independence.

With more services now utilising electronic systems, automated detail around activity will become more efficient and reliable. The intermediate care and rehabilitation hub as an example is already able to provide detail around referrals and activity for the range of community services associated.

The devolution of AHP administrative support to the North Ayrshire HSCP will further progress collection and use of consistent performance data.

In podiatry, as a result of working jointly with Business Intelligence, the service is able to report accurate data monthly from all pathways of care and significantly Podiatry Enablement performance/ data for each HSCP.

Speech and language therapy for children and young people are beginning to build an up to date balanced systems report for submission to the Scottish Government in 2020.

Small change/Big Impact campaign from the Royal College of Occupational Therapists, as part of national Occupational Therapy Week, gave opportunity to highlight the impact of occupational therapy locally – this involved several local initiatives/stands as well as two staff events over two afternoons to share good practice. Feedback from staff was very positive.

In addition, as part of the Occupational Therapy Week celebrations, Ruth Maguire MSP met with senior health and care occupational therapy staff regarding different practitioner roles in neurological rehabilitation services. This was publicised in Occupational Therapy Week and A&A bulletin.

Care Opinion is increasingly being used as a source of data, with patients and their families using this as a mechanism of providing feedback on services.

7. Key challenges experienced in 2019

- The AHP workforce comprises mainly of small teams, which are sensitive to unplanned leave, with limited capacity to cover planned leave at times.
- Continuous high demand for AHP services, with waiting times in some areas.
- Unmet need in certain areas – which is not always simple to quantify.
- Collection of service performance data in a simple, time efficient manner.
- Limited administrative capacity.
- The duration of recruitment processes, and recognition that some posts have proved difficult to recruit to.

8. Plans and priorities for 2020

In 2020, AHPs in North Ayrshire will:

- **Continue to maximise the AHP contribution to multi-disciplinary working.**
- **Progress a Quality Improvement and Risk Management approach to waiting times.**
- **Implement access to quality supervision for all AHPs.**
- **Continue to prioritise the well-being of AHP staff.**
- **Progress the collation of simple, consistent and robust service performance data, to ensure planning decisions are informed.**
- **Continue to embrace any opportunities presented by advancement in digital technology.**