NORTH AYRSHIRE
Health and Social Care Partnership

Integration Joint Board Thursday

22 June 2017 at 10.00 a.m.

Council Chambers, Cunninghame House Irvine

1. Apologies
Invite intimation of apologies for absence

2. Welcome

3. Declaration of Interest

4. Minutes/Action Note (Page 5)
The accuracy of the Minutes of the meeting held on 9 March 2017 will be confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973 (copy enclosed).

4.1 Matters Arising
Consider any matters arising from the minutes of the previous meeting.

5. Directors Report (Page 17)
Submit report by Stephen Brown, Director (NAHSCP) on developments within the North Ayrshire Health and Social Care Partnership (copy enclosed).

Finance

6. Accounting Policies 2016/17 (Page 23)
Submit report by Margaret Hogg, Chief Financial Officer for the NAHSCP, on the accounting policies which will be adopted in the preparation of the IJB's annual accounts for the year to 31 March 2017 (copy enclosed).

7. Annual Governance Statement 2016/17 (Page 29)
Submit report by Margaret Hogg, Chief Financial Officer for the NAHSCP, on the HSCP Annual Governance Statement for 2016/17 which will be included within the Annual Accounts (copy enclosed).

8. Unaudited Accounts 2016/17 (Page 37)
Submit report by Eleanor Currie, Principal Manager – Finance, on the IJB's unaudited Annual Accounts for the year to 31 March 2017; financial performance for the year; and overall financial position (copy enclosed).

9. Fair Working Practices (Page 79)
Submit report by Betty Saunders on the negotiations with care at home and housing support providers about their ability to pay the living wage to care workers who provide direct care and support (copy enclosed).

Strategy and Policy

10. Corporate Parenting Plan 2017-2020 (Page 85)
Submit report by Donna McKee, Interim Head of Children, Families and Criminal Justice, on the Corporate Parenting plan 2017-2020 (copy enclosed).

11. Transformational Change Improvement Plan 2017-20/Local Delivery Plan (Page 123)
Submit report by Stephen Brown, Director (NAHSCP) on the Transformational Change Improvement Plan 2017-2020 noting the inclusion of Acute Services and Unscheduled Care Planning and the associated one year Delivery Plan (copy enclosed).

12. Technology Enabled Care (TEC) and Innovation: Pan Ayrshire Delivery Plan 2016-2018 (Page 261)
Submit report by Kathleen McGuire on the proposed priorities and deliverables of the current NHS Ayrshire and Arran TEC and Innovation Strategy (copy enclosed).

Other

13. Integration Joint Board (IJB) Appointments (Page 283)
Submit report by Stephen Brown, Interim Director NAHSCP, on the appointment of members to various vacant positions on the Performance and Audit Committee, Strategic Planning Group and Locality Forums (copy enclosed).

Integration Joint Board

Sederunt

Voting Members

Stephen McKenzie (Chair)	NHS Ayrshire & Arran
Councillor Robert Foster (Vice Chair)	North Ayrshire Council
Councillor Timothy Billings	North Ayrshire Council
Alistair McKie	NHS Ayrshire and Arran
Councillor Christina Larsen	North Ayrshire Council
Bob Martin	NHS Ayrshire and Arran
Dr. Janet McKay	NHS Ayrshire and Arran
Councillor John Sweeney	North Ayrshire Council

Professional Advisors

Stephen Brown	Interim Director North Ayrshire Health and Social Care
Margaret Hogg	Section 95 Officer/Head of Finance
Dr. Paul Kerr	Clinical Director
Dr. Kes Khaliq	GP Representative
David MacRitchie	Chief Social Work Officer – North Ayrshire
Dr. Mark McGregor	Acute Services Representative
Alistair Reid	Lead Allied Health Professional Adviser
David Thomson	Lead Nurse/Mental Health Advisor

Stakeholder Representatives

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

North Ayrshire Health and Social Care Partnership
Minute of Integration Joint Board meeting held on
Thursday 9 March 2017
at 2.00 pm, Council Chambers, Cunninghame House, Irvine

Present
Councillor Peter McNamara, (Chair)
Stephen McKenzie, NHS Ayrshire & Arran (Vice Chair)

Dr Carol Davidson, NHS Ayrshire & Arran
Bob Martin, NHS Ayrshire & Arran
Dr Janet McKay, NHS Ayrshire & Arran
Councillor Robert Steel, North Ayrshire Council
Councillor John Easdale, North Ayrshire Council

Iona Colvin, Director North Ayrshire Health and Social Care (NAHSCP)
David Thomson, Lead Nurse/Mental Health Advisor
Stephen Brown, Chief Social Work Officer – North Ayrshire
Margaret Hogg, Section 95 Officer/Head of Finance
Alistair Reid, Lead Allied Health Professional Adviser
Dr Paul Kerr, Clinical Director
Kez Khaliq, GP Representative
Nigel Wanless, Independent Sector Representative
Fiona Thomson, Service User Representative
Marie McWaters, Carers Representative
Sally Powell, Carers Representative
Jim Nichols, Third Sector Representative
David Donaghey, Staff Representative – NHS Ayrshire and Arran
Louise McDaid, Staff Representative – North Ayrshire Council

In Attendance
Eleanor Currie, Principal Manager (Finance)
Thelma Bowers, Head of Services (Mental Health)
Jo Gibson, Principal Manager (Planning and Performance)
Helen McArthur, Senior Manager (Community Care Services)
Nicola Fraser, Project Manager (Mental Health)
Scott Byron, Team Manager (Planning)
Angela Little, Committee Services Officer

Apologies for Absence
Councillor Anthea Dickson, North Ayrshire Council
Dr Mark McGregor, Acute Services Representative

1.	**Chair's Remarks** The Chair advised the Board that Iona Colvin, Director of NAHSCP would be leaving to take up the post of Chief Social Work Adviser to the Scottish Government. On behalf of the Board, the Chair thanked Iona for her dedication and hard work as the Director of NAHSCP and wished her every success in her new role. Iona Colvin thanked the Chair and the Board for their kind words. The Chair also thanked Bob Martin for his work as the Chair of the IJB's Performance and Audit Committee.	
2.	**Declarations of Interest** In terms of Standing Order 7.2 and Section 5.14 of the Code of Conduct for Members of Devolved Public Bodies, Nigel Wanless, Independent Sector Representative declared and interest in Agenda Item 6 – Medium Term Financial Plan 2017-18 and 2019-20 in respect of the Integrated Care Fund and Item 7 – Care at Home Outsourced Service Provision and took no part in the discussion on those items of business.	
3.	**Minutes/Action Note – 15 December 2016** The accuracy of the Minutes of the meeting held on 15 December 2016 were confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973.	
4.	**Matters Arising from the Action Note** **North Ayrshire Social Enterprise Strategy –** should be available for the next meeting. **Volunteering Strategy -** should be available in May 2017. **Official opening of Woodland View** – awaiting confirmation from the Scottish Government on who will open Woodland View. **IJB Directions** – this is an ongoing process and will be overseen by the Team Manager (Governance) – remove from the Action Note.	

	Public Partnership Forum – consultation will take place over the next few months about the future of PPFs. In the meantime the existing groups should continue to meet and support for the groups will be reinstated. **ICF: Funding Extensions** – now completed, can be removed from the Action Note.	A. Little to update the Action Note
5.	**Director's Report** Submitted report by Iona Colvin, Director NAHSCP on developments within the North Ayrshire Health and Social Care Partnership. The report highlighted works underway in the following areas:- • Veteran's 1st Project; • The Kids Aren't Alright Film Premiere; • Self Directed Support Practitioners Forum; • Ethical Care Charter; and • Change Programme Update. Noted.	
6.	**Financial Performance Report as at 30 November 2016** Submitted report by Eleanor Currie, Principal Manager (Finance) on an overview of the 2016/17 financial position of the North Ayrshire Health and Social Care Partnership at 30 November 2016. Appendix A to the report provided details of the Period 10 Objective Summary. The Period 10 Subjective Summary was provided at Appendix B to the report. Appendix C outlined the Change Programme Financial Summary. The mitigating actions required to bring the budget on-line was provided at Appendix D. Appendix E detailed the 2016/17 Savings Tracker. Movements since the approved budget were provided at Appendix F. Members asked questions and were provided with further information in relation to:- • Care at home that is delivered within a few days of the request and the wait for care home places; and • Challenges in managing vacant posts and the wait times for the provision of Psychiatry services.	

	The Board agreed to note (a) the content of the report and the projected overspend of £3.945m for 2016/17; (b) the update on the mitigating action including the Mental Health Lead Partnership as outlined in Appendix D to the report; and (c) discussion underway with partner bodies.	
6.	**Medium Term Financial Plan 2017/18 to 2019/20** Submitted report by Margaret Hogg, Section 95 Officer on the Medium Term Financial Plan for 2017/18 to 2019/20, including the proposed budget for 2017/18, which was attached at Appendix 1 to the report. Appendix 2 provided information on the proposed use of ICF Funding for 2017/18. The proposed use of the Delayed Discharge allocation for 2017/18 was detailed at Appendix 3. The Board was advised of the typographical error within the Recommendation paragraph on Page 1 of the report, which should read:- (h) approves the final ICF project funding for ~~2016/17~~ **2017/18**; and (i) approves the proposals for the delayed discharge funding for ~~2016/17~~ **2017/18.** Members asked questions and were provided with further information in relation to:- • The Change Steering Group that will monitor and review the Challenge Fund; and • Funding for primary care to assist in establishing new models and changing the services we deliver. The Board agreed to (a) note the medium term financial plan 2017-18 to 2019-20; (b) approve the proposed budget for 2017-18 including all savings and pressures to deliver a balanced budget for the IJB. (c) note that savings of £1.2m remain to be identified and will be the subject of a separate report to the IJB; (d) note the indicative funding gap identified for 2018-19 and 2019-20; (e) note the proposed increase to the hourly rate paid to registered providers of care at home and housing support services from £15.51 to £15.86 to reflect the increase to living wage; (f) approve the proposed challenge fund projects for submission to North Ayrshire Council for approval, as outlined in Appendix 2 of the Medium Term Financial Plan; (g) the equality impact of any proposed service changes; (h) approve the final ICF project funding for 2017/18; and (i) approve the proposals for the delayed discharge funding for 2017/18.	

7.	**Care at Home Outsourced Service Provision** Submitted report by David Rowland, Head of Service (Health and Community Care) on the current at home in-house and outsourced service provision. The report provided details of:- • a range of issues experienced with providers that resulted in a number of staff being TUPE'd over to the Council; • one service provider's contract being terminated due to unacceptable performance; • The care at home budgets for 2016/17; • The Council's in-house cost for Care at Home Assistants, the current approved hourly rate for care at home outsourced service and a possible increase in the currently hourly rate for care at home; • A proposed two year multi-lot Framework Agreement with the option to extend the Framework Agreement by two 12 month periods; and • Options available regarding the service provision split between in-house and outsourcing Members asked questions and were provided with further information in relation to:- • The affordability of the proposed maximum 70% in-house provision; • The proposed split of in-house provision of 70% (maximum), 17.5% outsourced and 2.5% self-directed support; • Work and support that is available to assist providers who are experiencing difficulties in delivering services; and • Support that is provided for those who opt for self-directed support and the identification of a professional lead to take this forward. The Board agreed to (a) authorise the future split of care at home delivery between in-house and outsourced service provision; and (b) approve a tender exercise to appoint suitable service providers to deliver flexible care and support services to individuals who require care at home services.	
8.	**Strategic Risk Register** Submitted report by Eleanor Currie, Principal Manager (Finance) on the Strategic Risk Register developed following approval of the Risk Strategy. Appendix A to the report outlined the risks identified and the actions required to manage and control the risks.	

	Members asked questions and were provided with further information in relation to an alternative heading that will be used to replace "Treat/Tolerate" within the Strategic Risk Register. The Board agreed to approve the Partnership Strategic Risk Register.	
9.	**Mental Health and Learning Disability Service – Change Programme** Submitted report by Thelma Bowers, Head of Service (Mental Health) on the progress of the Mental Health and Learning Disability Service Change Programme which included information in relation to:- • Woodland View; • North Ayrshire Drug and Alcohol Recovery Service; • Opiate Replacement Therapy (ORT); • Partner Agency Prescribing Clinics/Digital Transformation; • Review of Psychological Services; • Review of Community Teams; • Distress – Phase 1 complete; • Child and Adolescent Mental Health; • Intensive Support Team (IST) – Mental Health Innovation Funds: • Review of Learning Disability Services; • East Ayrshire S/W and NHS Learning Disability Services; • Veterans First Point Service Development; • Primary Care Transformation Fund; and • Primary Care Mental Health Team. Members were provided with information in relation to a typographical error in section 4 of the report at Financial Implications, that should read ~~32%~~ **"3.2% budget savings"**. The Board agreed to note the progress and support the continued development of Mental Health and Learning Disability Service Change Programme.	

10.	**Mental Health and Well-Being Link Worker Pilot** Submitted report by Dale Meller, Senior Manager Community Mental Health which provided information on funding allocated to NHS Ayrshire and Arran to enhance the interface between the third sector, the community and GP practices around mental health and well-being over a period of two years in North Ayrshire. It is proposed to employ link workers who will be placed in GP practices that do not currently have access to a Community Connector The Board agreed to approve the tender exercise to appoint a service provider to deliver the Mental Health and Well-Being Link Worker Pilot.	
	Councillor Steel left the meeting at this point.	
11.	**Alignment of Advice Services in North Ayrshire** The Board was advised that additional funding had been identified for advice services. Further work would be undertaken and the report presented to a future meeting.	D. Rowland
12.	**Adaptations Process** Submitted report by David Rowland, Head of Service (Health and Community Care) which provided an update of the handover adaptations process The new processes brings together all adaptations processes under one management system and structure which will help to resolve many of the previous issues in terms of complexity and duplication in the system and were outlined in appendices 1 – 3 of the report. Adaptations Procedures and Adaptations Criteria have been developed to provide clear guidance and processes for staff. The Board agreed to support the handover of the adaptations process to the partnership	
13.	**Joint Community Equipment and Minor Adaptations Service** Submitted report by Billy McClean, Associate Director for AHP on the outcome of a feasibility study cost report and start-up costs in order to progress with implementation of a Joint Community Equipment and Minor Adaptations Service for Ayrshire and Arran.	

	A potentially suitable building has been identified at Prestwick International Airport to house the Joint Community Equipment Store. It was proposed that additional £240k start-up costs would be split between the four partners at a cost of £60,000 each. Members asked questions and were provided with further information in relation to: • Work that will require to be done in respect of the Arran Equipment store; • Savings that should be achieved as a result of the efficiencies The Board agreed to approve the additional funding of £60,000 as North Ayrshire's contribution towards the additional start-up costs.	
14.	**Clinical and Care Governance Arrangements** Submitted report by Andrew Moore, Assistant Nurse Director on the proposed Clinical and Care Governance Framework for the Integrated Health and Social Care Partnerships. Appendix 1 to the report outlined the framework for Clinical and Care Governance. Managing Customer Feedback: Service Requests, Comments, Concerns and Complaints Policy was detailed at Appendix 2. Appendix 3 outlined the Risk Management Strategy for the management of risk. Appendix 4 detailed the process which should be adopted and the criteria for Significant Adverse Events Review Group. Clinical and Care Governance Group and Health and Care Governance are referred to through the Framework documents and requested that a consistent term be used to reference this group. The Board agreed to (a) approve the Clinical and Care Governance Framework for Integrated Health and Social Care Partnerships; (b) support the proposed arrangements for Complaints and Feedback, Risk, Public Protection, Staff Governance, Workforce Planning and Internal Audit; and (c) noted that a consistent term will be used throughout the Framework document for the Clinical and Care Governance Group.	
15.	**Pan Ayrshire Shared Equality Outcomes** Submitted report by Scott Bryan, Team Manger (Planning) on the developed of Shared Equality Outcomes between public sector organisations across Ayrshire.	

	The report provided details of the establishment of a pan Ayrshire working group to develop the Shared Equality Outcomes and supporting draft Action Plan (Appendix 1) and public consultation events that took place in 2016. The Working Group proposed four Shared Equality Outcomes, as outlined at 3.2.1 of the report, which will be reviewed within four years of the initial publication. The Board agreed to (a) approve the Shared Equality Outcomes; and (b) endorse the development of the supporting Action Plan for implementation.	
16.	**Integration Joint Board Performance and Audit Committee Minutes** Submitted for information the Minutes of the Integration Joint Board Performance and Audit Committee of 9 March 2017. Noted.	
17.	**Valedictory** The Director advised that Councillor McNamara would not be standing for re-election at the Local Government elections in May 2017. Jim Nicols would also not be returning as a member of the Board. On behalf of the Board she expressed thanks and appreciation for the work undertaken by both Members of the Board.	
	The meeting ended at 3.40 p.m.	

North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 9 March 2017

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	Development and Implementation of a North Ayrshire Social Enterprise Strategy	4/6/15	Draft Social Enterprise Strategy to be submitted to the IJB, NACMT and NAC Cabinet Meeting. Economic Development	Meeting held with Economy and Communities – proposals will be brought to IJB asap	John Godwin
2.	Volunteering Strategy	11/2/16	Agenda – prior to end 2016	National report awaited	J. Nicols
3.	Official opening of Woodland View	11/2/16	Details of official opening to be provided to IJB Members	As soon as available	T. Bowers
4.	Public Partnership Forum	15/12/16	Director to liaise with Service User Representative to investigate matter	Discussions have taken place with East Ayrshire – update will be provided as soon as possible	I. Colvin

Integration Joint Board
22nd June 2017
Agenda Item No. 5

Subject:	**Director's Report**
Purpose:	To advise members of the North Ayrshire Integration Joint Board (IJB) of developments within the North Ayrshire Health and Social Care Partnership (NAHSCP).
Recommendation:	That members of the IJB note progress made to date.

Glossary of Terms	
IJB	Integration Joint Board
NAHSCP	North Ayrshire Health and Social Care Partnership
PSMT	Partnership Senior Management Team
ADP	Alcohol and Drug Partnership
CAMHS	Child and Adolescent Mental Health Service

1. EXECUTIVE SUMMARY

1.1 This report informs members of the Integration Joint Board (IJB) of the work undertaken within the North Ayrshire Health and Social Care Partnership (NAHSCP) both locally and Ayrshire wide.

2. CURRENT POSITION

National Developments

Health and Sport Committee

2.1 Jo Gibson, Principal Manager (Planning & Performance) attended the Health and Sport Committee on 25th April 2017 to contribute to a roundtable discussion on Integration Authorities' approach to engagement with stakeholders as well as IJB budgets. The discussion was attended by four other IJBs and representatives from The Alliance, Scottish Care, Alzheimers Scotland and the Royal College of Physicians of Edinburgh. The session's debate focussed on IJB and partnership engagement with third and independent sectors, service users, carers and public.

North Ayrshire Developments

2.2 New Appointments

Over the past few months, a number of staffing changes have taken place within the partnership. Following Iona Colvin's appointment to the Scottish Government, I was appointed as Interim Director. Donna McKee has been appointed as Interim Head of Children, Families and Criminal Justice and Nicola Murphy has been appointed into Donna's substantive post as Senior Manager (Early Years). David MacRitchie, Senior Manager (Criminal Justice) has been appointed as the Chief Social Work Officer. Following a year of interim management arrangements in Business Support, shared between Julie Davis and Jessie Mitchell, Julie Davis has now been appointed as Principal Manager Business Support.

Within Community Care, Ruth Betley has been appointed as Senior Manager (Island Services) and Jan Thomson has been appointed as Interim Senior Manager (Learning Disability).

Kes Khaliq, our GP representative on the IJB has been appointed as the Clinical Director for South Ayrshire HSCP. Kes took up his appointment on 1st May 2017.

2.3 Local Government Elections

The Local Government Elections took place on 4th May 2017. The first North Ayrshire Council meeting of the new Administration took place on 17th May 2017 and the following key appointments were made :-

Leader – Councillor Joe Cullinane
Depute Leader – Councillor John Bell
Provost – Councillor Ian Clarkson
Deputy Provost – Councillor Robert Barr

The Council also appointed the following Elected Members to the Integration Joint Board :-

- Councillor Robert Foster (Vice Chair, IJB)
- Councillor Christina Larsen
- Councillor Timothy Billings
- Councillor John Sweeney

Councillor Robert Foster has been appointed Vice Chair of the Integration Joint Board and, as portfolio holder for the NAHSCP.

The Council also appointed five Elected Members to act as champions. These are :-
Carers Champion – Councillor Christina Larsen
Young People's Champion – Councillor Shaun Macaulay
Veteran's Champion – Provost Ian Clarkson
Mental Health Champion - Councillor John Sweeney
Older People's Champion – Councillor Jimmy Miller

2.4 Peer Mentors/Involvement

The Partnership is helping to build community and personal resilience among people who use our services by adopting a peer-working approach. North Ayrshire Alcohol and Drug Partnership (ADP) has had hugely successful results that empower and build confidence and self-belief in people in recovery from additions through :-

- Café Solace – this has been a huge success with a Café in Ardrossan, Irvine and now the Garnock Valley.
- Funky Films - Funky Films is a North Ayrshire film-making group made up of people in recovery. They are funded by North Ayrshire Alcohol and Drug Partnership and now make community based films, raising awareness on a number of issues. They recently won the North Ayrshire Provost Civic Pride Award 2017 and they attended the Scottish Parliament to showcase some of their work. They showed "The Journey" which is the first film they made as a group about recovery from addiction, and they also screened "Up To You", a film raising awareness of alcohol, drugs and weapons to young people. The video can be viewed via the following link :- https://www.youtube.com/channel/UCcVOJLuIz90i-_twR9oQhbw

Peer involvement is being extended within the Partnership. Thirteen volunteers with lived experience and recovery from mental health issues have been recruited. They will take part in a block of training that includes social research methods and consultation. The volunteers will then be supported to engage with people within mental health services to co-produce a vision for adult community mental health services in North Ayrshire.

2.5 North Ayrshire Carers Appreciation Card

The North Ayrshire Carers Appreciation Card has been attracting more interest. Marie McWaters (our carer representative on the IJB and Carers Advisory Group member) attended a Carers Scotland session recently and promoted our card. Carers Scotland loved it – they want to feature North Ayrshire Carers Appreciation Card as an example of good practice during Carers Week (12-18 June).

Change Programme Update

2.6 Teams Around Children

This workstream is establishing teams of professionals in each of the six localities in North Ayrshire who work together and, as far as is possible, are located in the one. This approach is now being supported by the Tapestry Partnership. Named individuals for the team have now been identified and plans for how the team will operate in a new, collaborative way are being developed. Various other models are being tested in various locations including the Garnock Valley and Irvine.

2.7 Delivery of Mental Health Strategy

This work is progressing as follows :-

Woodland View – additional funding has been sought from Scottish Government to recruit staff to develop Capital Business Plan for the Forensic Child and Adolescent Mental Health Service (CAMHS) facility. Recruitment for additional staff for Woodland View underway. Admissions for Ward 6, Low Secure Forensic Service are being progressed and NHS Greater Glasgow and Clyde has already commissioned one of the beds there. This model of allowing other Boards to commission beds with us is vital to the financial sustainability of the staffing model.**Mental Health Link Workers** – mental health providers have been asked to submit contract bids for the provision of three Link Worker posts in the Irvine Locality. Contract application closed on 24th May 2017.

Tarryholme, Irvine - Tarryholme Business Case was signed off by the NHS Scrutiny Panel on 14th March 2017. The Panel approved the design, service modelling and development stage. A visioning and engagement event is being planned for 7th July 2017.

Opiate Replacement Therapy – Phase 2 of this model has been funded for 2017/18. This service is performing well with positive outcomes.

2.8 Learning Disabilities Strategy

The Draft Strategy and Charter will be formally launched on 28th June 2017 for consultation.

2.9 Designing and Delivering Services to Meet the Needs of Each Locality
The Cumbrae Review is gaining momentum with the Steering Group having reviewed local needs on the island while exploring how best to engage with local people over the summer to better understand this and consider the future options for service delivery.

2.10 Ensuring Community Care Services Respond to Local Needs
Recruitment to the long-standing vacancies within our Care at Home Team is well underway with many positions filled. This has enabled us to reduce our waiting list over the last month or so, ensuring more local people are receiving the care and support they need.

2.11 Improving Resilience and Responsiveness of Services on Arran
Following the appointment of a new Senior Manager for Arran in April 2017, work is now well underway to develop a new, fully integrated management structure across social care and health services, including the local GP Practice.

2.12 What Matters to You?
This year, on the 6th of June, North Ayrshire Health and Social Care Partnership embraced the national What Matters to You? Campaign. This meant that we asked all staff, in every contact they had with a service user or patient that day, to ask the question 'What Matters to You?'. In addition, we were on the streets of North Ayrshire asking members of the public the same thing in order to better understand what matters most to people about their health and care services. We produced postcards for people to provide us with their thoughts. Once we have gathered these in, we will analyse the findings and use the information to help shape our next strategic plan.

Our patients and service users, and the communities within which they live, are the most important people in all of our jobs and their views are therefore fundamental to shaping what we do. Initial indications following the day suggests that we spoke with thousands of people on the day and a detailed report will be brought back to a future IJB.

2.13 Investors in People : Platinum Award
I am delighted to advise IJB members that Dirrans Centre, Kilwinning has been successful in achieving the Investors in People Platinum Standard.

The Investors in People report highlighted the strong culture within the Dirrans that is focused on supporting service users highlighted that the Unit Manager, Nanette Masterton demonstrates inspirational leadership which never stays still and encourages ideas from a wide range of people including service users, students, modern apprentices, volunteers and staff.

3. IMPLICATIONS

Financial :	None
Human Resources :	None
Legal :	None
Equality :	None
Environmental & Sustainability :	None
Key Priorities :	N/A
Risk :	N/A
Community Benefits :	N/A

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

4. CONSULTATION

4.1 No specific consultation was required for this post. User and public involvement is key for the partnership and all significant proposals will be subject to an appropriate level of consultation.

5. CONCLUSION

5.1 Members of the IJB are asked to note the ongoing developments within the partnership.

For more information please contact Stephen Brown, Interim Director NAHSCP on [01294 317723] or [icolvin@north-ayrshire.gcsx.gov.uk]

NORTH AYRSHIRE
Health and Social Care Partnership

Integration Joint Board
22nd June 2017
Agenda Item No. 6

Subject:	**Accounting Policies 2016/17**
Purpose:	To seek Integration Joint Board (IJB) approval of the accounting policies which will be adopted in the preparation of the IJB's annual accounts for the year to 31 March 2017.
Recommendation:	That the IJB approves the accounting policies as detailed in Appendix 1.

Glossary of Terms	
IJB	Integration Joint Board
CIPFA	Chartered Institute of Public Finance & Accountancy
IFRS	International Financial Reporting Standards
LASAAC	Local Authority (Scotland) Accounts Advisory Committee
NHS	National Health Service
PSMT	Partnership Senior Management Team

1. INTRODUCTION

1.1 The annual accounts for the 2016/17 financial year summarise the Partnership's transactions during the year and its position at the year-end of 31 March 2017. Under the Local Authority Accounts (Scotland) Regulations 2014, the IJB is required to prepare an annual Statement of Accounts and Section 12 of the Local Government in Scotland Act 2003 requires that these accounts are prepared in accordance with proper accounting practices.

1.2 These practices primarily comprise the Code of Practice on Local Authority Accounting in the United Kingdom 2016/17 ("the Code"), supported by International Financial Reporting Standards (IFRS). These are issued jointly by the Chartered Institute of Public Finance and Accountancy (CIPFA) and the Local Authority (Scotland) Accounts Advisory Committee (LASAAC) and are designed to give a "true and fair view" of the financial performance of the Council.

2. BACKGROUND

2.1 Accounting policies are defined in paragraph 3.3.2.1 of the Code as *'the specific principles, bases, conventions, rules and practices applied by an authority in preparing and presenting financial statements'*.

2.2 Partnerships are required to select accounting policies, and account for changes in accounting policies in accordance with International Accounting Standard 8 - Accounting Policies.

2.3 The Partnership is required to adopt the accounting policies most appropriate to its particular circumstances for the purpose of giving a true and fair view. The accounting policies adopted should be reviewed regularly to ensure that they remain appropriate, and be changed when a new policy becomes more appropriate to the Partnership's particular circumstances. Sufficient information should be disclosed in the financial statements to enable users to understand the accounting policies adopted and how they have been implemented.

3. CURRENT POSITION

3.1 For the first year of operation IJBs created their own policies by reviewing the Accounting Policies of both the NHS and North Ayrshire Council and the relevant policies for the IJB accounts were extracted and merged to form a set of accounting policies.

3.2 For 2016/17 a national template for annual accounts was issued by the Chartered Institute of Public Financial Accountants (CIPFA). This was developed with and agreed by the Chief Finance Officers of the Partnerships and the relevant accounting policies have been adopted by the North partnership.

3.3 Changes in accounting policies would normally be highlighted from year to year but as the policies have been wholly replaced by the national template this is not provided.

3.4 In future years the accounting policies will be reviewed on an annual basis by the Chief Financial Officer in line with the CIPFA Code and submitted to the Performance and Audit Committee for review in advance of the financial statements being prepared.

4. PROPOSALS

4.1 The unaudited financial statements are due to be completed by 30 June 2017. It is proposed to apply the accounting policies detailed in Appendix 1 in the preparation of the statements.

4. IMPLICATIONS

4.1 **Financial Implications**
None.

4.2 **Human Resource Implications**
None.

4.3 **Legal Implications**
The Local Government (Scotland) Act 2003 requires accounts to be prepared in accordance with proper practices.

4.4 **Equality Implications**
None.

4.5 **Environmental Implications**
None.

4.6 **Implications for Key Priorities**
None.

4.7 **Risk Implications**
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	

5. CONCLUSION

5.1 That the IJB approves the accounting policies as detailed in Appendix 1.

For more information please contact Margaret Hogg, Chief Financial Officer for the NAHSCP on Tel. No 01294-324560 or email to margarethogg@north-ayrshire.gcsx.gov.uk

Significant Accounting Policies

A. General principles

The Financial Statements summarises the authority's transactions for the 2016/17 financial year and its position at the year-end of 31 March 2017.

The North Ayrshire IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2016/17, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the Integrated Joint Board (IJB) will continue in operational existence for the foreseeable future. The 2016/17 annual accounts reflect a deficit position for the IJB. A medium term financial plan has been developed for the IJB. Plans are in place to recover this deficit in medium term.

The historical cost convention has been adopted.

B. Accruals of expenditure and income

Activity is accounted for in the year that it takes place, not simply when cash payments are made or received. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the IJB.
- Income is recognised when the IJB has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down

C. Funding

The IJB is primarily funded through funding contributions from the statutory funding partners, North Ayrshire Council and NHS Ayrshire & Arran. Expenditure is incurred as the IJB commissions specified health and social care services from the funding partners for the benefit of service recipients in North Ayrshire.

D. Cash and Cash Equivalents

The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partners. Consequently the IJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the IJB's Balance Sheet.

E. Employee Benefits

The IJB does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a Pensions Liability on its Balance Sheet.

The IJB has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs.

Charges from funding partners for other staff are treated as administration costs.

F. Provisions, Contingent Liabilities and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the IJB's Balance Sheet, but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the IJB's Balance Sheet, but is disclosed in a note only if it is probable to arise and can be reliably measured.

G. Reserves

The IJB's reserves are Usable and there are no Unusable Reserves.

The IJB's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the IJB can either use or owe in later years to support service provision.

H. Indemnity Insurance

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Ayrshire & Arran and North Ayrshire Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the IJB does not have any 'shared risk' exposure from participation in CNORIS. The IJB participation in the CNORIS scheme is therefore akin to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration, is provided for in the IJB's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

NORTH AYRSHIRE
Health and Social Care Partnership

Integration Joint Board
22nd June 2017
Agenda Item No. 7

Subject:	**Annual Governance Statement 2016/17**
Purpose:	To seek Integration Joint Board (IJB) approval of the Health and Social Care Partnership (HSCP) Annual Governance Statement for 2016/17 which will be included within the Annual Accounts.
Recommendation:	That the Committee approves the Annual Governance Statement which is attached at Appendix 1 to this report.

Glossary of Terms	
IJB	Integration Joint Board
HSCP	Health and Social Care Partnership
PSMT	Partnership Senior Management Team
CIPFA	Chartered Institute of Public Finance & Accountancy
SOLACE	Society of Local Authority Chief Executives

1. INTRODUCTION

1.1 The Partnership's Annual Governance Statement outlines the governance framework which is in place.

1.2 Approval of the Statement by the Integration Joint Board will ensure that the Partnership complies with the requirements of the Local Authority Accounts (Scotland) Regulations 2014.

2. CURRENT POSITION

2.1 North Ayrshire Health and Social Care Partnership is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for and used economically, efficiently and effectively.

2.2 The Partnership is also responsible for putting in place proper arrangements for the governance of its affairs and facilitating the effective exercise of its functions, which includes arrangements for the management of risk.

2.3 The Partnership has approved and adopted a Code of Corporate Governance, which is consistent with the principles of the CIPFA/SOLACE Framework 'Delivering Good Governance in Local Government'.

2.4 The Local Authority Accounts (Scotland) Regulations 2014, which came into force on 10th October 2014, require preparation of an Annual Governance Statement, in accordance with proper practices in relation to internal control, and that this Annual Governance Statement should be approved by the appropriate committee of the body.

2.5 Following approval of the Annual Governance Statement by the Integration Joint Board, it requires to be signed by the Chief Officer and the IJB Chair prior to its inclusion within the Partnership's draft annual accounts.

2.6 The Annual Governance Statement, which is attached in full at Appendix 1 to this report, explains how the Partnership complies with the Code of Corporate Governance. It identifies the main components of the Corporate Governance framework which is in place, including the system of internal control. The Annual Governance Statement complies with the requirements of recent guidance published by the Scottish Government in relation to the Annual Accounts for 2016/17.

2.7 The Statement also identifies a number of actions which the Partnership intends to implement during 2017-18 to further strengthen the governance framework and concludes with an assurance statement by the Chief Officer and the IJB Chair.

3. PROPOSALS

3.1 It is proposed that the Integration Joint Board approves the Annual Governance Statement for 2017/18 which is attached in full at Appendix 1 to this report.

4. IMPLICATIONS

Financial :	None
Human Resources :	None
Legal :	None
Equality :	None
Environmental & Sustainability :	None
Key Priorities :	Good governance arrangements help to underpin the delivery of the Partnership's key priorities.
Risk Implications :	Failure to comply with governance requirements could lead to a breach of specific regulations resulting in enforcement action from governing bodies, adverse public reaction and/or prosecution.

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

5. CONSULTATIONS

5.1 None

6. CONCLUSION

6.1 Approval of the Statement by the Integration Joint Board will ensure that the Partnership complies with the requirements of the Local Authority Accounts (Scotland) Regulations 2014.

For more information please contact Margaret Hogg, Chief Finance Officer on:-
Tel: 324560 or Margaret.hogg@north-ayrshire.gov.uk

Annual Governance Statement

The Annual Governance Statement explains how North Ayrshire IJB complies with the Code of Corporate Governance and meets the requirements of the CIPFA / SOLACE Framework 'Delivering Good Governance in Local Government 2016' and the 'Code of Practice for Local Authority Accounting in the UK: A Statement of Recommended Practice', in relation to the Statement on the System of Internal Financial Control.

Scope of Responsibility

North Ayrshire IJB is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for and used economically, efficiently and effectively.

The IJB is also responsible for putting in place proper arrangements for the governance of its affairs and facilitating the effective exercise of its functions, which includes arrangements for the management of risk.

In discharging this responsibility, the Chief Officer has put in place arrangements for governance which includes the system of internal control. Reliance is placed on these controls which are designed to manage risk to a reasonable level, but cannot eliminate the risk of failure to achieve policies, aims and objectives. It can therefore only provide reasonable but not absolute assurance of effectiveness.

The Purpose of the Governance Framework

The governance framework comprises the systems and processes, and culture and values by which the IJB is directed and controlled and the activities through which it accounts to, engages with and leads the community. It enables the IJB to monitor the achievement of its strategic priorities and to consider whether those priorities have led to the delivery of appropriate, cost-effective services.

The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of North Ayrshire IJB's policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The Governance Framework

The main features of the governance framework that was in place during 2016/17 are summarised below:

- The IJB, comprising all IJB Board members, was the key decision making body. The Performance and Audit Committee considered all matters in relation to Internal and External Audit, Risk Management and Performance;
- Strategic decision-making is governed by the IJB's key constitutional documents including the Integration Scheme, standing orders, scheme of administration, scheme of delegation to officers and financial regulations.
- The Integration Scheme sets out financial contributions by partners to Integration Joint Boards. This includes the Health Board and Council each considering funding their pay cost pressures and contracted inflation with shared responsibility for demographic cost pressures. In 2016/17, the Scottish Government funded £250 million of social care cost pressures through Health Boards;

- The IJB's purpose and vision are outlined in the IJB Strategic Plan which links closely to the vision of the North Ayrshire Community Planning Partnership and the Single Outcome Agreement and is underpinned by an annual action plan and performance indicators. Regular progress reports on the delivery of the Strategic Plan were provided to the Performance and Audit Committee and the IJB;
- The Performance Management Strategy focuses very firmly on embedding a performance management culture throughout the IJB. Regular reporting to Board Members takes place;
- The IJB has adopted a 'Code of Conduct' for all of its Board Members and employees, a register of interests is in place for all Board members and senior officers;
- The IJB has in place a development programme for all Board Members. Development programmes are also in place for the Senior Management Team and senior managers across the Partnership. Performance and Personal Development (PPD) schemes are in place for all staff, the aim of which is to focus all staff on their performance and development that contributes towards achieving service objectives;
- The IJB has established six locality planning forums, reflecting the previously agreed local planning areas. These provide Board Members with the opportunity to be involved in considering the priorities for each area and outline the role for each Community Planning Partner in meeting these priorities in conjunction with the local communities.
- A Change Programme Board, chaired by the Chief Officer and with senior representation from all IJB services as well as third and independent sector partners, has oversight of all the IJB's significant transformation projects.

The governance framework was in place during the year ended 31 March 2017.

The System of Internal Financial Control

The system of internal financial control is based on a framework of regular management information, financial regulations, administrative procedures (including segregation of duties), management supervision, and a system of delegation and accountability. Development and maintenance of these systems is undertaken by NHS Ayrshire & Arran and North Ayrshire Council as part of the operational delivery of the Health and Social Care Partnership. In particular, these systems include:

- Financial regulations and codes of financial practice;
- Comprehensive budgeting systems;
- Regular reviews of periodic and annual financial reports that indicate financial performance against the forecasts;
- Setting targets to measure financial and other performance;
- Formal project management disciplines.

The IJB's financial management arrangements conform to the governance requirements of the CIPFA statement: 'The Role of the Chief Financial Officer in Local Government (2010)'.

Review of Effectiveness

North Ayrshire IJB has responsibility for conducting, at least annually, a review

of the effectiveness of its governance framework including the system of internal control. The review of the effectiveness of the framework is informed by the work of the Senior Management Team who have responsibility for development and maintenance of the governance environment, the annual report by the Chief Internal Auditor and reports from Audit Scotland and other review agencies.

The Chief Internal Auditor reports directly to the IJB Performance and Audit Committee on all audit matters, with the right of access to the Chief Officer, Chief Financial Officer and Chair of the Performance and Audit Committee on any matter. In accordance with the principles of the code of corporate governance, regular reports were made to the IJB's Performance and Audit Committee during 2016/17.

The internal audit function has independent responsibility for examining, evaluating and reporting on the adequacy of internal control. During 2016/17, the service operated in accordance with relevant professional audit standards and the Public Sector Internal Audit Standards.

The Chief Internal Auditor is responsible for forming an annual opinion on the adequacy and effectiveness of the systems of internal control.

It is the opinion of the Chief Internal Auditor that the systems of internal control relied upon by the IJB continue to provide reasonable assurance against loss.

Governance Developments during 2016/17

The IJB Strategic Plan 2015-2018 was reviewed and refreshed at its mid-point. The updated plan was approved in August 2016, renewing the IJB's commitment to its 5 Strategic Priorities, recognising the importance and opportunity offered by the Locality Forums and focusing on the 4 main change programme themes.

Locality Forums continued to be developed and fully embedded in each of the 6 identified locality areas. These provide a mechanism for communities to influence service planning and feed into the strategic plan.

On 6th September 2016 the IJB agreed the process for making "directions" to North Ayrshire Council and NHS Ayrshire & Arran. The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Joint Boards to agree a process to make directions. A direction is an instruction to one or both partners to deliver delegated functions. These are recorded and reviewed within the Governance Team of the Health and Social Care Partnership (HSCP).

The IJB approved a Risk Management Strategy in December 2016 and a Strategic Risk Register in March 2017.

A Health and Care Governance Framework was agreed by the IJB on 9th March 2017. This also covers governance arrangements in relation to complaints and customer feedback, risk management, health and safety, Internal Audit, workforce planning and public protection,

A Change programme is in place, covering four main themes of building teams around children, developing a wider range of primary care services, supporting older people and people with complex care needs and creating mental health and learning disability services to better support people to stay well.

A Medium term financial plan for the period 2017 to 2020 was presented to the IJB in March 2017. This included approval of the 2017-18 budget and an overview of the position for 2018 to 2020.

The IJB approved the Community Planning Partnership's Inequalities Strategy – "Fair for All".
The Head of Democratic Services at North Ayrshire Council was appointed as the IJB's Standards Officer.
The IJB endorsed its first Annual Performance Report at the meeting in August 2016. This report, covering the first year of the IJB's operations in 2015/16, outlined the good performance of the Health and Social Care Partnership during its first year of operation and how it delivered against the strategic priorities and the national outcomes.

Further Actions
The IJB has identified the following actions for 2017/18 that will assist with the further strengthening of corporate governance arrangements:

- The Public Records (Scotland) Act 2011 came into force in 2013 and states that named authorities are required to prepare a Records Management Plan (RMP) for the management of the authority's records, and to submit the plan to the Keeper of the Records of Scotland for agreement. North Ayrshire Integration Joint Board is a named authority under the Act so will be required to prepare and implement a records management plan during 2018.

- Risk workshops will be held with each service to improve risk management.

- The 2016/17 overspend will require to be recovered by the IJB and this will be reflected in the updated Medium Term Financial Plan which will be published during 2017/18.

- Future refinement of financial management arrangements to assist the partnership monitor its financial performance and support service delivery within the budgets available.

Assurance
Subject to the above, and on the basis of the assurances provided, we consider the governance and internal control environment operating during 2016/17 to provide reasonable and objective assurance that any significant risks impacting on the achievement of our actions will be identified and actions taken to avoid or mitigate their impact.
Systems are in place to continually review and improve the governance and internal control environment and action plans are in place to address identified areas for improvement

NORTH AYRSHIRE
Health and Social Care Partnership

Integration Joint Board
22 June 2017
Agenda Item No. 8

Subject: **Unaudited Accounts 2016/17**

Purpose: To :-

(i) provide an overview of the IJB's unaudited Annual Accounts for the year to 31 March 2017;
(ii) provide an overview of the IJB's financial performance for the year; and
(iii) outline how the 2016/17 out-turn impacts on the IJB's overall financial position.

Recommendation: It is recommended that the IJB:

(a) approves, subject to audit, the IJB's Annual Accounts for 2016/17;
(b) notes that Deloitte plan to complete their audit of the Accounts by early September 2017 and will present their annual audit report to the IJB on 14 September 2017;
(c) notes the unaudited position of £3.245m overspent.
(d) notes that the deficit of £3.245m will be carried forward and is required to be recovered by the IJB.

Glossary of Terms	
IJB	Integration Joint Board
ICF	Integrated Care Fund
IFRS	International Financial Reporting Standards
NHS	National Health Service
PSMT	Partnership Senior Management Team
CIES	Comprehensive Income And Expenditure Statement

1. EXECUTIVE SUMMARY

1.1 The IJB prepares its Accounts on an annual basis to 31 March and is required, by the Local Authority Accounts (Scotland) Regulations 2014, to submit these Accounts to the appointed auditor by 30 June of each year. Deloitte plan to complete their audit of the Accounts by early September 2017 and will present their annual audit report to the IJB on 14 September.

1.2 The Financial Statements are prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2016/17, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

1.3 The Annual Accounts provide an overview of the financial performance of the IJB. The Management Commentary provides a summary of the financial performance of the IJB and the financial outlook moving forward. At 31st March 2017 the IJB closed with a £3.245m overspend which is a favourable movement of £0.700m from period 10. This deficit will be carried forward and requires to be recovered in future years.

2. BACKGROUND

2.1 The financial position of the IJB is outlined in the annual accounts (Appendix A) and presented in the following statements:

- Comprehensive Income and Expenditure Statements for the IJB (page 20);
- Movement in Reserves Statement (page 20);
- Balance Sheets for the IJB (page 21).

2.2 The Local Authority Accounts (Scotland) Regulations 2014 require various disclosures about the remuneration and pension benefits of voting board members and senior employees. The remuneration report can be found on page 16 of the annual accounts.

2.3 The IJB is legally required to make its draft accounts available for public inspection for a 3-week period during the audit. A notice has been published on the Council website and an advert was placed in the local papers week commencing the 5th June, advising that the accounts will be available for inspection at Cunninghame House, Irvine between 3 and 21 July 2017. The notice is also placed in NHS premises.

3. FINANCIAL PERFORMANCE 2016/17

3.1 Against the full-year budget of £217.022m there is an overspend of £3.245m (1.5%). The overspend has reduced by £0.700m since period 10 mainly due to:

- tighter absence management arrangements
- wait listing for services
- applying eligibility criteria: and
- securing additional funding from partners

The following sections (section 4 – 10) outline the significant variances in service expenditure compared to the approved budgets. Appendix B and C provide the detailed period 12 financial position.

4. COMMUNITY CARE AND HEALTH SERVICES

4.1 Against the full-year budget of £59.664m there was an overspend of £1.318m (2.2%). The overspend has reduced by £0.454m since period 10. The main reasons for the final overspend are:

- **Locality Services** – year end overspend of £0.599m (favourable movement of £0.198m). This consists of:

  a) Care Home placements including respite overspent by £0.636m as the number of permanent placements was higher than budgeted and demand for respite placements increased.
  b) Charges to users were over recovered by £0.118m due to a receipt of income from charging orders at the year end.

- **Community Care Service Delivery** – year end overspend of £0.668m (adverse movement of £0.009m). This consists of:

  a) Care at Home (in house and purchased) – overspend of £0.378m due to increased demand for services. This level of demand has been exceptional, care package provision has been reviewed and care is only to be provided to people with substantial or critical need. To minimise the overspend requests for service were waitlisted and only released when capacity became available.
  b) Community Alarm staffing – overspend of £0.127m as the number of service users and call volumes has increased.
  c) Montrose House - £0.142m overspend due to a staffing issue which is now resolved.
  d) Business Unit – overspend of £0.120m due to cover for social work placements and maternity cover and unachieved payroll turnover.
  e) Income – has over recovered by £0.268m due to increased income from charges to service users and additional NHS income re delayed discharge funding.

5. MENTAL HEALTH SERVICES

5.1 Against the full-year budget of £69.752m there was an overspend of £0.792m (1.1%). The overspend has reduced by £0.925m since period 10. The main reasons for the final overspend are:

- **Learning Disabilities**- overspent by £0.859m. This is due to increases to community and residential packages in the past few months.

- **Lead Partnership Mental Health–** is on-line. This was achieved due to:

  - £0.552m being awarded following the submission of a revised business case to NHS Ayrshire and Arran which will align staffing budgets to the outcome of the workforce tool on a recurring basis.

  - £0.406m of the remaining favourable movement relates to the NHS element of the budget being realigned allowing underspends in other partnership service areas to be used to offset the overspend in the Lead Partnership.

  - £0.480m is due to mitigating action that has taken place.

6. CHILDREN'S SERVICES AND CRIMINAL JUSTICE SERVICES

6.1 Against the full-year budget of £31.027m there is an overspend of £1.262m (4.1%). This is an adverse movement of £0.045m. The main reasons for the final overspend are:

- **Looked After and Accommodated Children –** overspent by £1.197m mainly due to residential school placements. These placements were made after every other option for care provision was exhausted.

- **Fieldwork** – overspent by £0.367m due to unachieved turnover, agency staff costs and care costs for community and residential packages.

- **Intervention Services -** is £0.221m underspent due to savings from vacant posts and an underspend in payments for Care Leavers.

7. PRIMARY CARE

7.1 Against a full year budget of £48.095m primary care underspend by £0.166m (0.3%) which is an adverse movement of £0.032m. This is due to a non-recurring underspend on the Quality Outcome Framework (QOF).

8. MANAGEMENT AND SUPPORT COSTS

8.1 Against the full-year budget of £4.825m there was an overspend of £0.213m. This is mainly due to unfunded posts and work is continuing to fund these posts by reconfiguring existing vacant posts.

9. CHANGE PROGRAMME

9.1

- **Integrated Care fund (ICF)** – the ICF has a full year budget of £2.890m and has underspent by £0.174m mainly due to delays in recruitment.

- **Delayed Discharge -** delayed discharge has a full year budget of £0.867m. There was slippage of £0.200m due to the timing around programme start dates which was assumed as a non-recurring saving.

10. LEAD PARTNERSHIP SERVICES

10.1 Due to additional investment by the NHS (£0.979m) and mitigating action the Lead Partnership services are on-line at the year end.

10.2 Recurring budget issues exist in 2017/18. As the Lead Partner for Mental Health and Children's Services (Health Visiting) the North Ayrshire Health and Social Care Partnership has responsibility for developing a recovery plan for these areas. An update on the Mental Health recovery plan was agreed as part of the 2017/18 budget setting process.

10.3 <u>South and East Ayrshire Health and Social Care Partnerships</u>

Both South and East Ayrshire reported a balanced position on their lead/ hosted service. This position was achieved by a range of actions including vacancy management, additional funding from NHS Ayrshire & Arran, application of non-recurring funding and consideration of how cost reduction targets would be met. The specific approach in each partnership was agreed by the relevant IJB.

With East Ayrshire the Primary Care and Out of Hours Community Response Services is in a balanced position for 2016/17. This takes account of non-recurring slippage on Primary Care development funding which is to be reinstated to the budget in 2018/19 to complete the two year test of change programme. These funds will be unavailable in 2017/18 and work is being undertaken through East Ayrshire's Strategic Commissioning for Sustainable Outcomes Board to deliver transformational change and achieve financial balance going forward.

11. SET ASIDE BUDGET

11.1 The Integration Scheme, also 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. Across the three partnerships there was a £6.57m overspend on the Set Aside budget for 2016/17 as there are a high number of unfunded beds open at the present time to meet demands. This was managed in year by the NHS and the budget implications for future years, which are not linked to base line budget issues, will be discussed across the three partnerships.

12. RECONCILIATION OF MANAGEMENT ACCOUNTS AND COMPREHEMSIVE INCOME AND EXPENDITURE STATEMENT (CIES)

12.1 Appendix B and C reflects the budget managed by the IJB during the year, and excludes the Large Hospital Set Aside Budget of £23.406m which was allocated at the end of the year to the IJB. It also excludes the net impact of Lead Partnership services of £0.611m. This is the difference between what NAHSCP charges to South and East for the Lead Partnership services it provides on their behalf and what South and East charge us for the Lead Partership services they provide on our behalf. These are both reflected within the Annual Accounts on Page 20.

	£000's
Spend per appendix A and B of the management accounts	220,266
Add Large Hospital Set Aside Budget	23,406
Less Net Impact of Lead Partnership Services	(611)
Spend per the CIES	243,061

13. SAVINGS UPDATE

13.1 The 2016/17 budget included £6.871m of savings.

13.2

	£ 000's
2016/17 Approved Saving	(6,871)
2016/17 Actual Saving	4,756
2016/17 Unachieved Saving	(2,115)

As highlighted in the previous budget update report some savings were at risk from delivery and this is reflected in the update provided within Appendix D which shows a £2.115m shortfall in agreed savings achieved. The Health and Social Care Partnership will consider alternative savings for implementation in 2017/18 to mitigate this shortfall.

14. BUDGET MOVEMENTS

14.1 The total approved budget for 2016/17 is £213.486m. This has been increased to £217.022m at period 12. In total the budget has increased by £3.536m.

15. Implications

15.1 Financial

The final outturn is £3.245m overspent for 2016/17. This will require to be recovered in future years.

North Ayrshire Council, working with the Partnership, has established a Challenge Fund which will be accessed by the Partnership to undertake transformation projects. This fund will deliver £4m of investment targeted at transforming the way in which services are delivered. It will be used to pilot new models for delivery which will seek to deliver innovative services for the local community, within a community setting, whilst also delivering a service which is financially sustainable moving forward. It is expected that any savings that arise from these projects during 2017/18 will be used to offset part of the overspend carried forward from 2016/17.

The medium term financial plan will be refreshed during 2017/18 and will outlines plans for full recovery of the deficit position by 2020/21 at the latest.

15.2 Human Resources
There are no human resource implications.

15.3 Legal
There are no legal implications.

15.4 Equality
There are no equality implications.

15.5 Environmental & sustainability
There are no environmental & sustainability implications.

15.6 Risk
The Impact of Budgetary Pressures on Service Users and associated control measures are recognised in the Strategic Risk Register.

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	√

16. CONSULTATIONS

16.1 This report has been produced in consultation with relevant budget holders, the Partnership Senior Management Team and the Director of Finance for NHS Ayrshire and Arran and the Executive Director Finance and Corporate Support for North Ayrshire Council.

17. CONCLUSION

17.1 It is recommended that the Board:
(a) approves, subject to audit, the IJB's Annual Accounts for 2016/17;
(b) notes that Deloitte plan to complete their audit of the Accounts by early September 2017 and will present their annual audit report to the IJB on 14 September 2017;
(c) notes the unaudited position of £3.245m overspent.
(d) notes that the deficit of £3.245m will be carried forward and is required to be recovered by the IJB.

For more information please contact Eleanor Currie, Principal Manager – Finance on 01294-317814 or Margaret Hogg, Chief Finance Officer on 01294 314560.

NORTH AYRSHIRE INTEGRATION JOINT BOARD

(North Ayrshire Health and Social Care Partnership)

Delivering care together

Annual Accounts 2016/17

CONTENTS

MANAGEMENT COMMENTARY

Introduction

This publication contains the financial statements for the second year of North Ayrshire Integration Joint Board (IJB) for the year ended 31 March 2017.

The Management Commentary outlines the key messages in relation to the IJB's financial planning and performance for the year 2016/17 and how this has supported delivery of the IJB's strategic priorities. This commentary also looks forward, outlining the future financial plans for the IJB and the challenges and risks that we will face as we strive to meet the needs of the people of North Ayrshire.

North Ayrshire IJB

Each of the three Ayrshire health and social care partnerships established their Integration Joint Boards on 1 April 2015. The IJB's purpose is to improve the health and wellbeing of local people, create support within our communities and deliver joined-up care pathways for people who use health and social care services, particularly those who have complex care needs.

North Ayrshire is home to 136,000 people and covers an area of 340 square miles and includes the islands of Arran, Great Cumbrae and Little Cumbrae. The area provides a number of opportunities for those who live and work here. However we also face a number of significant challenges as North Ayrshire is one of the most deprived areas of Scotland. We have high levels of unemployment, significant number of people on low income and almost a third of our children live in poverty.

We know that the population of North Ayrshire is expected to fall over the next 10 years, and we expect that there will be fewer people aged 65 and under, reducing the number of working age adults. We also expect that the number of people aged 65+ will increase by 20%, with the highest increase (38%) in those aged 75 or over.

North Ayrshire Health and Social Care Partnership is facing significant challenges.

In 2016 the Partnership launched a refreshed Strategic Plan which outlines our ambitions for 2016 – 2018. The Strategic Plan sets the key strategic priorities which will ensure that we deliver our vision. It seeks to address the increasing health inequalities in North Ayrshire and focuses on improving the efficiency and quality of the services being provided, putting individuals, families and communities at the heart of the plan.

The vision of the North Ayrshire Health and Social Care Partnership (NAHSCP) is:

'All people who live in North Ayrshire are able to have a safe, healthy and active life'

This vision is supported by five strategic priorities. The Partnership has worked hard during 2016/17 to deliver these priorities-.

Exhibit 1: Priorities

North Ayrshire Council and NHS Ayrshire & Arran delegate responsibility for the planning of Services to the IJB. The IJB commissions services from North Ayrshire Council and NHS Ayrshire & Arran and is responsible for the operational oversight of Integrated Services. The Chief Officer is responsible for the operational management of Integrated Services.

The Chief Officer is supported by the Heads of Service for each service area and the senior management team.

Exhibit 2: Structure

The IJB Strategic Plan is supported by a variety of service strategies, investment and management plans that aid day to day service delivery. These plans and strategies identify what the IJB wants to achieve, how it will deliver it and the resources required to secure the desired outcome. The Strategic Plan also works to support the North Ayrshire Community Planning Partnership's Single Outcome Agreement, the NHS Ayrshire & Arran Local Delivery Plan and delivery of the nine National Health and Wellbeing Outcomes set by the Scottish Government. This is vital to ensure that our limited resources are targeted in a way that makes a significant contribution to our priorities.

The Financial Plan

Strong financial planning and management underpins everything that we do to ensure that our limited resources are targeted to maximise the contribution to our objectives. The ability to plan based on the totality of resources across the health and care system to meet the needs of local people is one of the hallmarks of integrated care. Medium term financial planning is key to supporting this process and identifying the transformation which is required to provide sustainable services to the local community over the medium term.

In 2016/17 the IJB developed a Medium Term Financial Plan (MTFP) which is key to supporting the delivery of the strategic plan. It sets out our plans to start to deliver a shift in care from a hospital setting to a community setting within the resources available.

Organisational Performance

Why make changes if you cannot see the difference made? Changes to services have to make a difference to people's lives and in North Ayrshire Health and Social Care Partnership we continually monitor our services and report and review them in various ways.

It is important that we report the right level of performance information at the right level of the organisation. In all of our performance monitoring and reporting, we show trend over time, where we are against target and how we compare with other geographical areas, where available. We monitor against all the agreed national indicators, including Local Government Benchmark Framework (LGBF), the NHS' Local Delivery Plan HEAT targets, HSCP national indicators, as well as a range of local defined measures. All reports comprise of a series of key performance indicators and key actions, which link directly back to our strategic plan. Where an indicator or action are off-track, a commentary is provided on steps being taken to improve performance.

Performance is reported at a number of levels within the organisation including reports to the

Partnership's Performance and Audit Committee, the IJB and ASPIRE (All Service Performance, Information, Review and Evaluation) reviews within each service area. We will produce our second Annual Performance Report in August 2017, and this will capture the main achievements on 2016/17 and our performance against national outcomes.

The Annual Accounts 2016/17

The Annual Accounts report the financial performance of the IJB. The main purpose is to demonstrate the stewardship of the public funds that have been entrusted to the IJB for the delivery of its vision and strategic priorities. The requirements governing the format and content of IJBs' annual accounts are contained in The Code of Practice on Local Authority Accounting in the United Kingdom (the Code). The Annual Accounts 2016/17 have been prepared in accordance with this Code.

Financial Performance

Financial information is part of this performance management framework with regular reporting of financial performance to the IJB. This section summarises the main elements of our financial performance for 2016/17.

Partnership Revenue Expenditure 2016/17

During 2016/17 the partnership was forecasting a projected overspend of £5.351m, across a range of services reflecting high levels of demand for services, the impact of absence on service delivery and the non delivery of savings.

The IJB approved a recovery plan which resulted in a reduction in this overspend to £3.245m at 31 March 2017. The mitigation put in place to reduce this overspend included:

- tighter absence management arrangements
- wait listing for services
- applying eligibility criteria: and
- securing additional funding from partners.

Partnership services experienced continued demand growth, particularly in Community Care for Older People and Children and Families which led to in year overspends on commissioned services against the original approved 2016/17 funding. Unachieved savings also contributed to the overspend particularly within Learning Disability services.

Exhibit 3 details performance by IJB service for 2016/17.

Exhibit 3: Financial Performance 2016/17

2015/16 Budget £000	2015/16 Actual £000	Variance (Fav) / Adv £000		2016/17 Budget £000	2016/17 Actual £000	Variance (Fav) / Adv £000
57,797	57,633	(164)	Community Care & Health	59,664	60,982	1,318
67,714	67,864	150	Mental Health	69,752	70,544	792
29,348	31,079	1,731	Children's Services & Criminal Justice	31,027	32,289	1,262
47,393	47,862	469	Primary Care	48,095	47,929	(166)
5,003	5,031	28	Management & Support Costs	4,825	5,038	213
3,168	3,133	(35)	Change Programme	3,458	3,284	(174)
435	365	(70)	Lead Partnership & Set Aside	200	200	0
210,858	**212,967**	**2,109**	**TOTAL EXPENDITURE**	**217,021**	**220,266**	**3,245**
(210,858)	**(212,967)**	**(2,109)**	**TOTAL INCOME**	**(217,021)**	**(217,021)**	**0**
0	**0**	**0**	**NET EXPENDITURE**	**0**	**3,245**	**3,245**

A number of services experienced significant in year budget pressures during 2016/17:

Community Care and Health – Overspend of £1.318m - The overspend mainly relates to demand in Care Homes, Respite and Care at Home. Care at home experienced a 30% increase in demand and service users had to be waitlisted.

Mental Health Services – Overspend of £0.792m This overspend is within Community Packages and Direct Payments within Learning Disability and reflects current packages commissioned. Part of the overspend (£0.251m) is linked to the non-delivery of savings in 2016/17.

Children Services and Criminal Justice – Overspend of £1.262m - This overspend is mainly within Children's Services and reflects an increased requirement to place children within Residential Schools.

Lead Partnership
Each of the three IJBs reported a balanced position on their lead/ hosted service. This position was achieved by a range of actions including vacancy management; additional funding from NHS Ayrshire & Arran Health Board, application of non-recurring funding and consideration of how cost reduction targets would be met. The specific approach in each partnership was agreed by the relevant IJB.

Set Aside Budget
Exhibit 3 on page 4 reflects the budget managed by the IJB during the year, and excludes the Large Hospital Set Aside Budget of £23.406m which was allocated at the end of the year to the IJB. It also excludes the net impact of Lead Partnership services of £0.611m. This is the difference between what NAHSCP charges to South and East for the Lead Partnership services it provides on their behalf and what South and East charge us for the Lead Partership services they provide on our behalf. These are both reflected within the Accounts on Page 20.

The deficit of £3.245m relates primarily to social care and will be carried forward and is required to be recovered by the IJB.

The Integration Scheme outlines the roles and responsibilities of the partners and the IJB in respect of overspends. In the case of a forecast overspend a recovery plan should be developed and if it is not successful the Partners can consider making interim funds available with potential repayment in future years.

Although all of the overspend was on social care, application of the Integration Scheme to the £3.245m deficit would share the overspend as £2.607m for North Ayrshire Council and £0.638m for NHS Ayrshire & Arran. Both partners have confirmed that no further funding will be made available in respect of 2016/17.

Strong financial leadership will be required to ensure that future spend is contained within the budget resources available. A number of areas have been implemented or are programmed including:

- Refresh of the Medium Term Financial Plan (MTFP) in 2017/18.
- Robust financial management arrangements.
- Review of thresholds to manage demand within budget available.
- The budget approved for 2017/18 reflects additional investment to ensure resources are targeted at areas of greatest need including £1.5m in community care and health and residential schools.
- Learning disability services are targeted for a fundamental review in 2017/18 to bring spend back within the budget set.
- A recovery plan for Mental Health was approved by the IJB on 16 March 2017 as part of the 2017/18 budget setting.
- Residential School Placements are also being targeted in 2017/18 via Challenge Fund investment to increase early intervention work within specific schools to reduce and prevent further placements.

Financial Outlook, Risks and Plans for the Future

In December 2016, the Scottish Government published the Health and Social Care Delivery

Plan which sets out the programme for further enhancing health and social care services. Critical to this is shifting the balance of where care and support is delivered from hospital to community care settings, and to individual homes when that is the best thing to do. This provides a clear impetus to the wider goal of 50% of the health budget being spent in the community by 2021.

In March 2017 the IJB approved a Medium Tern Financial Plan which sets out the financial challenges facing the partnership.

The Medium Term Financial Plan:-

- provides the financial context for the Partnership;
- informs current and future decisions including where we start to shift the balance of care and
- outlines a high level plan to start to bridge the financial gaps which have been identified moving forward.

North Ayrshire Council, working with the Partnership, has established a Challenge Fund which will be accessed by the Partnership to undertake transformation projects. This fund will deliver £4m of investment targeted at transforming the way in which services are delivered. It will be used to pilot new models for delivery which will seek to deliver innovative services for the local community, within a community setting, whilst also delivering a service which is financially sustainable moving forward.

The 2016/17 overspend will require to be recovered by the IJB and this will be reflected in the updated Medium Term Financial Plan which will be published during 2017/18. Plans are already in place to commence recovery in 2017/18. The partnership will continue to face high levels of demand for services, however, it is fundamental that services are commissioned within the resources made available and this will be the highest priority during 2017/18.

Although the UK economy has continued to demonstrate positive growth levels over the first part of 2017, this has been at a lower rate than previously anticipated. Consumer spending has slowed as a result of increasing inflation which has seen the Consumer Price Index exceed the Bank of England's Monetary Policy Committee's target of 2% in both February and March 2017, significantly eroding the purchasing power of the IJB's budgets. In addition to this, pressure continues on public sector expenditure at a UK and Scottish level with significant reductions in government funding experienced for 2017/18 and further reductions anticipated for 2018/19 and 2019/20. In addition to economic performance, other factors which will influence the availability of funding for IJBs include financial powers arising from the Scotland Act 2012, the impact of welfare reforms and UK and Scottish Governments' policies and the demographic challenges that North Ayrshire is facing.

Significant challenges remain moving forward. The most significant risks faced by the IJB over the medium to longer term can be summarised as follows:

- Impact of Budgetary Pressures on Service Users – pressures on funding could lead to service user assessed needs being unmet, resulting in NAHSCP being unable to fulfil its Statutory Duty.

- Infrastructure – delays in the implementation of an ICT Strategy leading to non-robust and inefficient information recording and sharing resulting in inefficient business models and duplication of effort.

- Culture and Practice - failure to embed the appropriate culture, standards and positive behaviours of staff across the partnership leading to failure in transforming the way we work resulting in not achieving the required transformational changes to move services forward.

- Delivery of the Change Programme - failure to join services together efficiently will result in an inefficient use of resources, lack of sustainability, delivery of poor quality services for users/patient and a failure to have teams meet our Partnership values.

- Governance - failure to comply with governance requirements such as Freedom of Information, Complaints and

other regulations laid down within the Public Bodies (Scotland) Act. This could lead to a breach of specific regulations resulting in enforcement action from governing bodies, adverse public reaction and/or prosecution.

- Procurement - failure to adequately plan for the procurement of services leading to a breakdown in the procurement process resulting in non-adherence to partner organisation Standing Orders, potential legal challenge, negative service user experience and uncertainty about achieving value for money.

- Demography and Inequality Pressures - failure to adequately plan for and respond to changes in our population profile and in the levels of poverty in North Ayrshire will result in more people experiencing higher levels of physical and mental ill health, resulting in increasing demand on services, and an inability of services to provide adequate care.

These risks mean that money is tighter than ever before. It is therefore crucial that we focus on early intervention, prevention and recovery if we are to work within the total annual partnership budget of just over £200m.

Moving into 2017/18, we are working to proactively address the funding challenges presented while, at the same time, providing services for the residents of North Ayrshire.

We have well established plans for the future, and the IJB Strategic Plan was updated during 2016/17. A new 3 year plan will be available in April 2018. The plan sets out our ambitions and priorities and how we will work with our local communities and partners to achieve them.

The Strategic Plan links closely to the vision of the North Ayrshire Community Planning Partnership and the Single Outcome Agreement and is underpinned by an annual action plan and performance indicators. Regular progress reports on the delivery of the Strategic Plan are provided to the Performance and Audit Committee and the IJB.

Conclusion

The second year as an integrated Health and Social Care Partnership has been both challenging and rewarding.

We have begun to see some of the benefits of integrated system working for example in supporting older people to remain at home or get home from hospital as soon as possible.

Our significant change programme continues with highlights including:

- The purchase of Red Cross House to enable the development of Learning Disability and Mental Health Services.
- A Rapid Response Pilot with the Scottish Ambulance Service to reduce the number of hospital admissions for older people.
- The expansion of Café Solace into Irvine.
- Mental Health professional staff based in Ayrshire College, Kilwinning campus.
- TCAT project – Transforming Care After Treatment in partnership with Macmillan Cancer Support
- The publication of Getting it Right for You – North Ayrshire Children's Services Plan
- Launch of redesigned service - Brooksby Health and Therapy Team.
- Beechview Health and Therapy Team – launch of redesign service
- Care at Home – awarded 5 stars by Care Inspectorate
- Progression of the New Models of Care for Older People and those with Complex Needs
- The introduction of the North Ayrshire Carers Appreciation Card.
- The Untitled 'Bad Entertainment' Exhibition with National Galleries Scotland opened in Harbour Arts Centre, Irvine
- Family Nurse Partnership – first cohort graduation
- Funky Films launched
- Partnership Staff Awards

- Mental Health Participatory Budgeting
- Local Connections, Better Outcomes – six locality staff events

Our financial position presents us with a number of challenges, however we are clear that the deficit will need to be recovered over the medium term to deliver financial sustainability for the Partnership and plans for this are currently being developed.

It has been a busy but fruitful year, the pace of change is challenging so, while the potential for improvement over the next few months is significant, we will need to ensure plans are staged to ensure sustainability.

Where to find more information

If you would like more information on IJB strategies, plans and policies and our performance and spending, please refer to the following websites.

www.north-ayrshire.gov.uk/council/strategies-plans-and-policies

www.north-ayrshire.gov.uk/council/performance-and-spending

Stephen Brown

Interim Chief Officer

Stephen McKenzie

IJB Chair

Margaret Hogg

Chief Financial Officer

22 June 2017

STATEMENT OF RESPONSIBILITIES

Responsibilities of the IJB

The IJB is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (section 95 of the Local Government (Scotland) Act 1973). In this authority, that officer is the chief financial officer.

- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets.

- Ensure the Annual Accounts are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland act 2003).

- Approve the Annual Accounts.

I confirm that the unaudited Annual Accounts were approved for signature at a meeting of the IJB on 22 June 2017.

Stephen McKenzie

IJB Chair

Responsibilities of the Chief Financial Officer

The chief financial officer is responsible for the preparation of the IJB's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

In preparing the Annual Accounts, the chief financial officer has:

- selected suitable accounting policies and then applied them consistently
- made judgements and estimates that were reasonable and prudent
- complied with legislation
- complied with the local authority Code (in so far as it is compatible with legislation)

The chief financial officer has also:

- kept proper accounting records which were up to date
- taken reasonable steps for the prevention and detection of fraud and other irregularities

I certify that the financial statements give a true and fair view of the financial position of the North Ayrshire IJB as at 31 March 2017 and the transactions for the year then ended.

Margaret Hogg

Chief Financial Officer

22 June 2017

Annual Governance Statement

The Annual Governance Statement explains how North Ayrshire IJB complies with the Code of Corporate Governance and meets the requirements of the CIPFA / SOLACE Framework 'Delivering Good Governance in Local Government 2016' and the 'Code of Practice for Local Authority Accounting in the UK: A Statement of Recommended Practice', in relation to the Statement on the System of Internal Financial Control.

Scope of Responsibility

North Ayrshire IJB is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for and used economically, efficiently and effectively.

The IJB is also responsible for putting in place proper arrangements for the governance of its affairs and facilitating the effective exercise of its functions, which includes arrangements for the management of risk.

In discharging this responsibility, the Chief Officer has put in place arrangements for governance which includes the system of internal control. Reliance is placed on these controls which are designed to manage risk to a reasonable level, but cannot eliminate the risk of failure to achieve policies, aims and objectives. It can therefore only provide reasonable but not absolute assurance of effectiveness.

The Purpose of the Governance Framework

The governance framework comprises the systems and processes, and culture and values by which the IJB is directed and controlled and the activities through which it accounts to, engages with and leads the community. It enables the IJB to monitor the achievement of its strategic priorities and to consider whether those priorities have led to the delivery of appropriate, cost-effective services.

The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of North Ayrshire IJB's policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The Governance Framework

The main features of the governance framework that was in place during 2016/17 are summarised below:

- The IJB, comprising all IJB Board members, was the key decision making body. The Performance and Audit Committee considered all matters in relation to Internal and External Audit, Risk Management and Performance;
- Strategic decision-making is governed by the IJB's key constitutional documents including the Integration Scheme, standing orders, scheme of administration, scheme of delegation to officers and financial regulations.
- The Integration Scheme sets out financial contributions by partners to Integration Joint Boards. This includes the Health Board and Council each considering funding their pay cost pressures and contracted inflation with shared responsibility for demographic cost pressures. In 2016/17, the Scottish Government funded £250 million of social care cost pressures through Health Boards;
- The IJB's purpose and vision are outlined in the IJB Strategic Plan which links closely to the vision of the North Ayrshire Community Planning Partnership and the Single Outcome Agreement and is underpinned by an annual

action plan and performance indicators. Regular progress reports on the delivery of the Strategic Plan were provided to the Performance and Audit Committee and the IJB;

- The Performance Management Strategy focuses very firmly on embedding a performance management culture throughout the IJB. Regular reporting to Board Members takes place;
- The IJB has adopted a 'Code of Conduct' for all of its Board Members and employees, a register of interests is in place for all Board members and senior officers;
- The IJB has in place a development programme for all Board Members. Development programmes are also in place for the Senior Management Team and senior managers across the Partnership. Performance and Personal Development (PPD) schemes are in place for all staff, the aim of which is to focus all staff on their performance and development that contributes towards achieving service objectives;
- The IJB has established six locality planning forums, reflecting the previously agreed local planning areas. These provide Board Members with the opportunity to be involved in considering the priorities for each area and outline the role for each Community Planning Partner in meeting these priorities in conjunction with the local communities.
- A Change Programme Board, chaired by the Chief Officer and with senior representation from all IJB services as well as third and independent sector partners, has oversight of all the IJB's significant transformation projects.

The governance framework was in place during the year ended 31 March 2017.

The System of Internal Financial Control

The system of internal financial control is based on a framework of regular management information, financial regulations, administrative procedures (including segregation of duties), management supervision, and a system of delegation and accountability. Development and maintenance of these systems is undertaken by NHS Ayrshire & Arran and North Ayrshire Council as part of the operational delivery of the Health and Social Care Partnership. In particular, these systems include:

- Financial regulations and codes of financial practice;
- Comprehensive budgeting systems;
- Regular reviews of periodic and annual financial reports that indicate financial performance against the forecasts;
- Setting targets to measure financial and other performance;
- Formal project management disciplines.

The IJB's financial management arrangements conform to the governance requirements of the CIPFA statement: 'The Role of the Chief Financial Officer in Local Government (2010)'.

Review of Effectiveness

North Ayrshire IJB has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review of the effectiveness of the framework is informed by the work of the Senior Management Team who have responsibility for development and maintenance of the governance environment, the annual report by the Chief Internal Auditor and reports from Audit Scotland and other review agencies.

The Chief Internal Auditor reports directly to the IJB Performance and Audit Committee on all audit matters, with the right of access to the Chief Officer, Chief Financial Officer and Chair of the Performance and Audit Committee on any matter. In accordance with the principles of the code of corporate governance, regular reports were made to the IJB's Performance and Audit Committee during 2016/17.

The internal audit function has independent responsibility for examining, evaluating and reporting on the adequacy of internal control. During 2016/17, the service operated in accordance with relevant professional audit standards and the Public Sector Internal Audit Standards.

The Chief Internal Auditor is responsible for forming an annual opinion on the adequacy and effectiveness of the systems of internal control.

It is the opinion of the Chief Internal Auditor that the systems of internal control relied upon by the IJB continue to provide reasonable assurance against loss.

Governance Developments during 2016/17

The IJB Strategic Plan 2015-2018 was reviewed and refreshed at its mid-point. The updated plan was approved in August 2016, renewing the IJB's commitment to its 5 Strategic Priorities, recognising the importance and opportunity offered by the Locality Forums and focusing on the 4 main change programme themes.

Locality Forums continued to be developed and fully embedded in each of the 6 identified locality areas. These provide a mechanism for communities to influence service planning and feed into the strategic plan.

On 6th September 2016 the IJB agreed the process for making "directions" to North Ayrshire Council and NHS Ayrshire & Arran. The Public Bodies (Joint Working) (Scotland) Act 2014 requires Integration Joint Boards to agree a process to make directions. A direction is an instruction to one or both partners to deliver delegated functions. These are recorded and reviewed within the Governance Team of the Health and Social Care Partnership (HSCP).

The IJB approved a Risk Management Strategy in December 2016 and a Strategic Risk Register in March 2017.

A Health and Care Governance Framework was agreed by the IJB on 9th March 2017. This also covers governance arrangements in relation to complaints and customer feedback, risk management, health and safety, Internal Audit, workforce planning and public protection,

A Change programme is in place, covering four main themes of building teams around children, developing a wider range of primary care services, supporting older people and people with complex care needs and creating mental health and learning disability services to better support people to stay well.

A Medium term financial plan for the period 2017 to 2020 was presented to the IJB in March 2017. This included approval of the 2017-18 budget and an overview of the position for 2018 to 2020.

The IJB approved the Community Planning Partnership's Inequalities Strategy – "Fair for All".

The Head of Democratic Services at North Ayrshire Council was appointed as the IJB's Standards Officer.

The IJB endorsed its first Annual Performance Report at the meeting in August 2016. This report, covering the first year of the IJB's operations in 2015/16, outlined the good performance of the Health and Social Care Partnership during its first year of operation and how it delivered against the strategic priorities and the national outcomes.

Further Actions

The IJB has identified the following actions for 2017/18 that will assist with the further strengthening of corporate governance arrangements:

- The Public Records (Scotland) Act 2011 came into force in 2013 and states that named authorities are required to prepare a Records Management Plan (RMP) for the management of the authority's records, and to submit the plan to the Keeper of the Records of Scotland for agreement. North Ayrshire Integration Joint Board is a named authority under the Act so will be required to prepare and implement a records management plan during 2018.

- Risk workshops will be held with each service to improve risk management.

- The 2016/17 overspend will require to be recovered by the IJB and this will be reflected in the updated Medium Term Financial Plan which will be published during 2017/18.

- Future refinement of financial management arrangements to assist the partnership monitor its financial performance and

support service delivery within the budgets available.

Assurance

Subject to the above, and on the basis of the assurances provided, we consider the governance and internal control environment operating during 2016/17 to provide reasonable and objective assurance that any significant risks impacting on the achievement of our actions will be identified and actions taken to avoid or mitigate their impact.

Systems are in place to continually review and improve the governance and internal control environment and action plans are in place to address identified areas for improvement.

Stephen Brown	Stephen McKenzie
Interim Chief Officer	IJB Chair

REMUNERATION REPORT

Introduction

This Remuneration Report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified IJB members and staff.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditors to ensure it is consistent with the financial statements.

Remuneration: IJB Chair and Vice Chair

The voting members of the IJB are appointed through nomination by North Ayrshire Council and NHS Ayrshire & Arran. Nomination of the IJB Chair and Vice Chair post holders alternates between a Councillor and a Health Board representative.

The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. The details of the Chair and Vice Chair appointments and any taxable expenses paid by the IJB are shown below.

Taxable Expenses 2015/16 £	Name	Post(s) Held	Nominated by	Taxable Expenses 2016/17 £
0	Councillor Anthea Dickson	Chair 1 April 2016 to 30 August 2016	North Ayrshire Council	0
0	Councillor Peter McNamara	Chair 1 September to 31 March 2017	North Ayrshire Council	0
0	Stephen McKenzie	Vice Chair 1 April 2016 to 31 March 2017	NHS Ayrshire & Arran	0
0	**Total**			**0**

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore no pension rights disclosures are provided for the Chair or Vice Chair.

Remuneration: Officers of the IJB

The IJB does not directly employ any staff in its own right, however specific post-holding officers are non-voting members of the Board.

Chief Officer

Under section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 a Chief Officer for the IJB has to be appointed and the employing partner has to formally second the officer to the IJB. The employment contract for the Chief Officer adheres to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer's employment are approved by the IJB.

Other Officers

No other staff are appointed by the IJB under a similar legal regime. Other non-voting board members who meet the criteria for disclosure are included in the disclosures below.

Total Remuneration 2015/16	Name and Post Title	Salary, fees and Allowances	Taxable Expenses	Total Remuneration 2016/17
£		£	£	£
104,800	**Iona Colvin, Chief Officer**	105,848	0	105,848
0	**Margaret Hogg, Chief Finance Officer**	4,863	0	4,863
4,863	**Lesley Aird, Chief Finance Officer**	0	0	0

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the IJB balance sheet for the Chief Officer or any other officers.

The IJB however has responsibility for funding the employer contributions for the current year in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The following table shows the IJB's funding during the year to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

	In Year Pension Contributions		Accrued Pension Benefits		
	For Year to 31/3/16 £	For Year to 31/3/17 £		Difference from 31/3/16	As at 31/317
Iona Colvin, Chief Officer from April 2016 to March 2017	20,226	20,429	Pension	2,641	48,655
			Lump Sum	1,002	101,190
Margaret Hogg, Chief Finance Officer from April 2016 to March 2017	10,605	16,405	Pension	11,580	30,242
			Lump Sum	20,226	56,366

Disclosure by Pay Bands

As required by the regulations, the following table shows the number of persons whose remuneration for the year was £50,000 or above, in bands of £5,000.

Number of Employees in Band 2015/16	Remuneration Band	Number of Employees in Band 2016/17
1	**£100,000-£104,999**	0
0	**£105,000-£109,999**	1

Exit Packages

There were no exit packages during 2016/17.

Stephen Brown
Interim Chief Officer

Stephen McKenzie
IJB Chair

Independent Auditor's report

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The Financial Statements

The Comprehensive Income and Expenditure Statement - this statement shows the cost of providing services for the year according to accepted accounting practices.

2015/16				2016/17		
Gross Expenditure £000	Gross Income £000	Net Expenditure £000		Gross Expenditure £000	Gross Income £000	Net Expenditure £000
57,633	0	57,633	Community Care & Health	60,960	0	60,960
23,022	0	23,022	Mental Health	25,070	0	25,070
29,728	0	29,728	Children's Services & Criminal Justice	30,213	0	30,213
47,862	0	47,862	Primary Care	47,929	0	47,929
5,031	0	5,031	Management & Support Costs	5,040	0	5,040
3,132	0	3,132	Change Programme	3,284	0	3,284
67,343	0	67,343	Lead Partnership & Set Aside	70,565	0	70,565
233,751	**0**	**233,751**	**TOTAL NET EXPENDITURE**	**243,061**	**0**	**243,061**
0	(86,783)	(86,783)	North Ayrshire Council Funding	0	(82,382)	(82,382)
0	(146,968)	(146,968)	NHS Ayrshire & Arran Funding	0	(157,434)	(157,434)
0	**(233,751)**	**(233,751)**	**TOTAL INCOME**	**0**	**(239,816)**	**(239,816)**
233,751	**(233,751)**	**0**	**SURPLUS/(DEFICIT)**	**243,061**	**(239,816)**	**(3,245)**

There are no statutory or presentation adjustments which affect the IJB's application of the funding received from partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently an Expenditure and Funding Analysis is not provided in these annual accounts

The Movement in Reserves Statement shows the movement in the year on the reserves held by the IJB. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices.

Movement in Reserves During 2016/17	General Fund Balance	Unusable Reserves	Total Reserves
Opening Balance at 31 March 2016	0	0	0
Total Comprehensive Income and Expenditure Adjustments between accounting basis and funding basis under regulations	0	0	0
Increase or decrease in 2016/17	(3,245)	0	(3,245)
Closing Balance as 31 March 2017	**(3,245)**	**0**	**(3,245)**

The Balance Sheet shows the value of the IJB's assets and liabilities as at the balance sheet date. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB

31 March 2016 £000		Notes	31 March 2017 £000
	Current Assets		
0	**Short term debtors**		0
	Current Liabilities		
0	**Short term creditors – due to North Ayrshire Council**		(3,245)
	Long Term Liabilities		
0	**Provisions**		0
0	Net Assets		**(3,245)**
	Reserves		
0	- **IJB General Fund**		(3,245)
0	Total Reserves		**(3,245)**

The Statement of Accounts present a true and fair view of the financial position of the Integration Joint Board as at 31 March 2017 and its income and expenditure for the year then ended.

The unaudited financial statements were authorised for issue on 22 June 2017 and the audited financial statements will be authorised for issue on 14 September 2017.

Chief Financial Officer

22 June 2017

Notes to the Financial Statements

Note 1 - Accounting Policies

Note 1 – Significant Accounting Policies

- **General principles**

The Financial Statements summarise the authority's transactions for the 2016/17 financial year and its position at the year-end of 31 March 2017.

The North Ayrshire IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2016/17, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on a going concern basis, which assumes that the IJB will continue in operational existence for the foreseeable future. The 2016/17 annual accounts reflect a deficit position for the IJB. A medium term financial plan has been developed for the IJB. Plans are in place to recover this deficit in medium term.

The historical cost convention has been adopted.

- **Accruals of expenditure and income**

Activity is accounted for in the year that it takes place, not simply when cash payments are made or received. In particular:

- Expenditure is recognised when goods or services are received and their benefits are used by the IJB.
- Income is recognised when the IJB has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down

- **Funding**

The IJB is primarily funded through funding contributions from the statutory funding partners, North Ayrshire Council and NHS Ayrshire & Arran. Expenditure is incurred as the IJB

commissions specified health and social care services from the funding partners for the benefit of service recipients in North Ayrshire.

- **Cash and Cash Equivalents**

The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partners. Consequently the IJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the IJB's Balance Sheet.

- **Employee Benefits**

The IJB does not directly employ staff. Staff are formally employed by the funding partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a Pensions Liability on its Balance Sheet.

The IJB has a legal responsibility to appoint a Chief Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs.

- **Provisions, Contingent Liabilities and Contingent Assets**

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the IJB's Balance Sheet, but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the IJB's Balance Sheet, but is disclosed in a note only if it is probable to arise and can be reliably measured.

- **Reserves**

The IJB's reserves are Usable and there are no Unusable Reserves.

The IJB's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the IJB can either use or owe in later years to support service provision.

- **Indemnity Insurance**

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Ayrshire & Arran and North Ayrshire Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Boards, the IJB does not have any 'shared risk' exposure from participation in CNORIS. The IJB participation in the CNORIS scheme is therefore equivalent to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration, is provided for in the IJB's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

Note 2 - Critical Judgements and Estimation Uncertainty

The critical judgements made in the Financial Statements relating to complex transactions are:

- The IJB has considered its exposure to possible losses and made adequate provision where it is probable that an outflow of resources will be required and the amount of the obligation can be measured reliably. Where it has not been possible to measure the obligation, or it is not probable in the IJB's opinion that a transfer of economic benefits will be required, material contingent liabilities would have been disclosed in a note, however, there are no material contingent liabilities.

Note 3 - Events after the Reporting Period

The audited Annual Accounts will be authorised for issue by the Chief Financial Officer on 14 September 2017. Events taking place after this date are not reflected in the financial statements or notes. Where events taking place before this date provided information about conditions existing at 31 March 2017, the figures in the financial statements and notes have been adjusted in all material respects to reflect the impact of this information.

Note 4 - Expenditure and Income Analysis by Nature

2015/16 £000's		2016/17 £000's
99,048	Services commissioned from North Ayrshire Council	105,033
134,686	Services commissioned from NHS Ayrshire & Arran	138,001
17	Auditor Fee: External Audit Work	27
(233,751)	Partners Funding Contributions and Non-Specific Grant Income	(239,816)
0	**Surplus or (Deficit) on the Provision of Services**	**(3,245)**

Note 5 - Taxation and Non-Specific Grant Income

2015/16 £000's		2016/17 £000's
86,783	Funding Contribution from North Ayrshire Council	82,382
146,968	Funding Contribution from NHS Ayrshire & Arran	157,434
233,751	**Taxation and Non-specific Grant Income**	**239,816**

The funding contribution from the NHS Board shown above includes £23.406m (2015/16 £20.825m) in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by the NHS which retains responsibility for managing the costs of providing the services. The IJB however has responsibility for the consumption of, and level of demand placed on, these resources.

There were no other non-ring-fenced grants or contributions.

The funding contributions from the partners shown above exclude any funding which is ring-fenced for the provision of specific services. Such ring-fenced funding is presented as income in the Cost of Services in the Comprehensive Income and Expenditure Statement.

Note 6 - Creditors

31 March 2016 £000's		31 March 2017 £000's
0	Funding: due to North Ayrshire Council	(3,245)
0	**Creditors**	**(3,245)**

Note 7 - Usable Reserve: General Fund

The IJB holds a balance on the General Fund for two main purposes:

- To earmark, or build up, funds which are to be used for specific purposes in the future, such as known or predicted future expenditure needs. This supports strategic financial management.

- To provide a contingency fund to cushion the impact of unexpected events or emergencies. This is regarded as a key part of the IJB's risk management framework.

The table below shows the movements on the General Fund balance which results in a deficit position.

2015/16		2016/17		
Balance at 31 March 2016		Transfers Out 2016/17	Transfers In 2016/17	Balance at 31 March 2017
0	General Fund	(3,245)	0	(3,245)

Note 8 - Agency Income and Expenditure

On behalf of all IJBs within the NHS Ayrshire & Arran area, the IJB acts as the lead manager for Mental Health Services and Children's Services. It commissions services on behalf of the other IJBs and reclaims the costs involved. The payments that are made on behalf of the other IJBs, and the consequential reimbursement, are not included in the Comprehensive Income and Expenditure Statement (CIES) since the IJB is not acting as principal in these transactions.

The amount of expenditure and income relating to the agency arrangement is shown below.

2015/16 £000		2016/17 £000
29,770	Expenditure on Agency Service	30,574
(29,770)	Reimbursement for Agency Services	(30,574)
0	**Net Agency Expenditure Excluded from the CIES**	**0**

Note 9 - Related Party Transactions

The IJB has related party relationships with NHS Ayrshire & Arran and North Ayrshire Council. In particular the nature of the partnership means that the IJB may influence, and be influenced by, its partners. The following transactions and balances included in the IJB's accounts are presented to provide additional information on the relationships.

2015/16 £000	Transactions with NHS Ayrshire & Arran	2016/17 £000
(146,968)	Funding Contributions received from NHS Board	(157,434)
0	Service Income received from the NHS Board	0
134,642	Expenditure on Services Provided by the NHS Board	137,961
53	Key Management Personnel: Non Voting Board Members	53
0	Support Services	0
(12,273)	**Net Transactions with the NHS Board**	**(19,420)**

31 March 2016 £000	Balances with NHS Ayrshire & Arran	31 March 2017 £000
0	Debtor Balances: Amounts due from the NHS Board	0
0	Creditor Balances: Amounts due to the NHS Board	0
0	**Net Balances with the NHS Board**	**0**

2015/16 £000	Transactions with North Ayrshire Council	2016/17 £000
(86,783)	Funding Contributions received from the Council	(82,382)
0	Service Income received from the Council	0
99,004	Expenditure on Services Provided by the Council	104,994
52	Key Management Personnel: Non Voting Board Members	53
0	Support Services	0
12,273	**Net Transactions with the Council**	**22,665**

31 March 2016 £000	Balances with North Ayrshire Council	31 March 2017 £000
0	Debtor Balances: Amounts due from the Council	0
0	Creditor Balances: Amounts due to the Council	(3,245)
0	**Net Balances with the Council**	**(3,245)**

Key Management Personnel: The non-voting Board members employed by the Council and recharged to the IJB include the Chief Officer; representatives of primary care, nursing and

non-primary services; and a staff representative. Details of the remuneration for some specific post-holders is provided in the Remuneration Report.

Support services were not delegated to the Integration Joint Board through the Integration Scheme and are instead provided by NHS Ayrshire & Arran and Council free of charge as a 'service in kind'. The support services provided is mainly comprised of: provision of the Chief Financial Officer, financial management, human resources, legal, committee services, ICT, payroll, internal audit and the provision of the Chief Internal Auditor.

Note 10 - VAT

VAT payable is included as an expense only to the extent that it is not recoverable from Her Majesty's Revenue and Customs. VAT receivable is excluded from income.

The VAT treatment of expenditure in the IJB's accounts depends on which of the partner agencies is providing the service as these agencies are treated differently for VAT purposes.

Where the Council is the provider, income and expenditure excludes any amounts related to VAT, as all VAT collected is payable to H.M. Revenue & Customs and all VAT paid is recoverable from it. The Council is not entitled to fully recover VAT paid on a very limited number of items of expenditure and for these items the cost of VAT paid is included within service expenditure to the extent that it is irrecoverable from H.M. Revenue and Customs.

Where the NHS is the provider, expenditure incurred will include irrecoverable VAT as generally the NHS cannot recover VAT paid as input tax and will seek to recover its full cost as Income from the Commissioning IJB.

Note 11 – Accounting Standards Issued Not Adopted

The Code requires the disclosure of information about accounting changes that will be required by new accounting standards that are not yet due to be adopted. There are none which are relevant to the IJB accounts.

2016/17 Budget Monitoring Report – Period 12 Objective Summary

Appendix B

Partnership Budget - Objective Summary	2016/17 Budget									2016/17	
	Council			Health			TOTAL				
	Budget	Actual Outturn	Over/ (Under) Spend Variance	Budget	Actual Outturn	Over/ (Under) Spend Variance	Budget	Actual Outturn	Over/ (Under) Spend Variance	Over/ (Under) Spend Variance at P10	Movement in budget variance from P10
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
COMMUNITY CARE AND HEALTH	**49,000**	**50,219**	**1,219**	**10,664**	**10,763**	**99**	**59,664**	**60,982**	**1,318**	**1,772**	**(454)**
: Locality Services	21,470	21,931	461	3,466	3,604	138	24,936	25,535	599	797	(198)
: Community Care Service Delivery	25,552	26,220	668	0	0	0	25,552	26,220	668	659	9
: Rehabilitation and Reablement	700	783	83	1,992	1,992	0	2,692	2,775	83	374	(291)
: Long Term Conditions	887	921	34	2,941	2,874	(67)	3,828	3,795	(33)	(48)	15
: Integrated Island Services	391	364	(27)	2,265	2,293	28	2,656	2,657	1	(10)	11
MENTAL HEALTH SERVICES	**20,963**	**21,754**	**791**	**48,789**	**48,789**	**0**	**69,752**	**70,543**	**791**	**1,717**	**(926)**
: Learning Disabilities	16,017	16,876	859	482	482	0	16,499	17,358	859	427	432
: Commmunity Mental Health	3,676	3,699	23	1,792	1,792	0	5,468	5,491	23	(72)	95
: Addictions	1,270	1,179	(91)	1,041	1,041	0	2,311	2,220	(91)	(84)	(7)
: Lead Partnership Mental Health NHS Area Wide	0	0	0	45,474	45,474	0	45,474	45,474	0	1,446	-1,446
CHIDREN'S SERVICES AND CRIMINAL JUSTICE	**26,846**	**28,106**	**1,260**	**4,181**	**4,183**	**2**	**31,027**	**32,289**	**1,262**	**1,217**	**45**
: Intervention Services	3,811	3,570	(241)	292	312	20	4,103	3,882	(221)	(207)	(14)
: Looked After & Accomodated Children	15,104	16,301	1,197	0	0	0	15,104	16,301	1,197	1,052	145
: Fieldwork	6,260	6,627	367	0	0	0	6,260	6,627	367	191	176
: CCSF	469	470	1	0	0	0	469	470	1	(26)	27
: Criminal Justice	11	63	52	0	0	0	11	63	52	0	52
: Early Years	333	274	(59)	1,815	1,797	(18)	2,148	2,071	(77)	(87)	10
: Policy & Practice	858	801	(57)	0	0	0	858	801	(57)	(28)	(29)
: Lead Partnership NHS Children's Services Area Wide	0	0	0	2,074	2,074	0	2,074	2,074	0	322	(322)
PRIMARY CARE	0	0	0	48,095	47,929	(166)	48,095	47,929	(166)	(198)	32
MANAGEMENT AND SUPPORT COSTS	3,789	3,938	149	1,036	1,101	65	4,825	5,039	214	126	88
CHANGE PROGRAMME	1,204	1,030	(174)	2,254	2,254	0	3,458	3,284	(174)	(689)	515
LEAD PARTNERSHIP AND SET ASIDE	0	0	0	200	200	0	200	200	0	0	0
TOTAL	**101,802**	**105,047**	**3,245**	**115,219**	**115,219**	**0**	**217,021**	**220,266**	**3,245**	**3,945**	**(700)**

2016/17 Budget Monitoring Report **Appendix C**

Period 12 Subjective Summary

Partnership Budget Subjective Summary	2016/17 Budget								
	Council			Health			TOTAL		
	Budget	Actual Outturn	Over/ (Under) Spend Variance	Budget	Actual Outturn	Over/ (Under) Spend Variance	Budget	Actual Outturn	Over/ (Under) Spend Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Employee Costs	51,693	53,279	1,586	53,394	53,836	442	105,087	107,115	2,028
Property Costs	436	360	(76)	16	36	20	452	396	(56)
Supplies and Services	2,026	2,378	352	6,065	6,004	(61)	8,091	8,382	291
Prescribing Costs	0	0	0	30,785	30,785	0	30,785	30,785	0
Primary Medical Services	0	0	0	17,310	17,143	(167)	17,310	17,143	(167)
Transport and Plant	546	680	134	0	0	0	546	680	134
Admin Costs	1,061	1,303	242	1,940	1,758	(182)	3,001	3,061	60
Other Agencies & Bodies	68,847	72,177	3,330	6,674	6,599	(75)	75,521	78,776	3,255
Transfer Payments	2,452	2,399	(53)	0	0	0	2,452	2,399	(53)
Other Expenditure	166	213	47	0	0	0	166	213	47
Capital Expenditure	0	0	0	0	0	0	0	0	0
Income	(25,425)	(27,742)	(2,317)	(965)	(942)	23	(26,390)	(28,684)	(2,294)
TOTAL	**101,802**	**105,047**	**3,245**	**115,219**	**115,219**	**0**	**217,021**	**220,266**	**3,245**

2016/17 Savings |Tracker

Appendix D

a) Council Element of Savings

Summary Narrative	B/R/A/G Status	2016/17 Approved Saving	2016/17 Actual Saving	2016/17 Saving Shortfall	Action being taken to address shortfall
Review of Partnership business support functions	Blue / Red	150,000	111,000	39,000	5.3 FTE identified £111k saving. Balance to identified in 2017/18.
Reduction in alternative family placement numbers, reducing the number of children requiring to be accommodated in this way by twenty over the next three years.	Blue	166,400	166,400	-	
Rationalisation of the Family Support services across North Ayrshire	Blue	150,000	150,000	-	
Children with Disabilities - improved procurement for provision of community support services.	Blue	25,000	25,000	-	
Transfer of 8 external foster care placements to in-house carer provision	Blue	183,040	183,040	-	
Care home placements	Blue / Red	500,000	210,000	290,000	£210k achieved. Balance to be achieved in 2017/18.
Older People -The support offered to individuals through their admission to Hospital and in the planning of their discharge back to community settings will be reviewed to improve the quality of support and ensure greater continuity.	Blue / Red	50,000	22,000	28,000	Team Manager post vacated in Oct 16. Full Year savings achievable next year
Review and redesign day care for older people with a view to securing a more flexible, person centred approach that is aligned with other services to deliver greater efficiency in service provision.	Red	50,000	-	50,000	An alternative saving needs to be found during 2017/18.
Increase in Income Budget. Revision of base budget to reflect inflation increases and improvements to the charging process to ensure charges are implemented according to the policy.	Blue	455,000	455,000	-	
Streamlining management through the integration of services within the HSCP	Red	90,000	-	90,000	Post to be identified in 2017/18.
NACAS/Money Matters - proposed reduction in the Welfare Reform Payment plus an additional 10% funding from Money Matters	Blue	264,294	264,294	-	
Review of complex packages of care for individuals with a Learning Disability.	Red	100,000		100,000	These savings will not be made in 2016/17 but plans are progressing to achieve them in 2017/18.

Summary Narrative	B/R/A/G Status	2016/17 Approved Saving	2016/17 Actual Saving	2016/17 Saving Shortfall	Action being taken to address shortfall
Mental Health Care Packages baseline budget adjustment based on historic underspends	Blue	30,000	30,000	-	
Further rationalisation of the Family Support services across North Ayrshire	Blue	150,000	150,000	-	
Children & Families Adoption - remove additional investment	Blue	60,000	60,000	-	
Children & Families - Fostering additional savings to be delivered through revised rates, shift from external to internal carers and renegotiation of external carer rates	Blue	50,000	50,000	-	
Charging review across all services to ensure that current charging policies are being applied appropriately	Blue	50,000	50,000	-	
Children & Families - remove additional investment	Blue	141,000	141,000	-	
Transport Initiative - Reduce level of taxi usage across the partnership and savings through increased use of Pool Cars	Red	33,000	-	33,000	Savings were to be achieved through reduction in staff mileage. A review of transport is underway and will be concluded in 2017/18.
Workforce review - maintaining core staffing levels to reduce enhanced overtime costs.	Red	183,500		183,500	Unexpected overtime incurred within Children residential units, Montrose House and Anam Cara, due to high levels of sickness.
Discretionary spend savings and minor budget realignments.	Blue / Red	372,444	250,000	122,444	£250k savings achieved. Pursue the balance in 2017/18.
Introduce a Pan Ayrshire shared Carefirst Support Service	Blue	30,000	20,000	10,000	Part year saving
Dementia Respite care - sell additional places to other Authorities to generate additional income.	Red	38,610	-	38,610	Savings will not be achieved, beds fully utilised by NAC service users, no opportunities to sell to other LA's. This will be subject to review in the final quarter of 2016/17 and revised proposals brought forward for 2017/18
Learning Disability Services - development of Self Directed Support Services across the service to provide choice and	Blue / Red	243,935	162,000	81,935	Savings to date from reduction in cost of specific packages
Children's Services - development of Self Directed Support Services across the service to provide choice and flexibility for service users	Red	63,000		63,000	Savings not achieved. New packages for review were to be reduced, this should be reflected in next year's costs
Review of sleepover provision including alternative models of service delivery e.g. telecare	Red	34,777		34,777	Saving will be made in 17/18
Contract savings within mental health and children's services	Blue	91,000	72,500	18,500	£7.5k Sacro contract - Full year £26k in 17/18 and £65k SAMH contract
Workforce Restructure - review of business support	Red	20,000		20,000	Service Design Team saving still be identified
Payroll Turnover - active management of the recruitment process to create additional payroll savings. This is in addition to the current target of £0.812m.	Blue	225,000	225,000	-	savings achieved through holding of vacancies
		4,000,000	**2,797,234**	**1,202,766**	

b) Health Element of Savings

Summary Narrative	B/R/A/G Status	2016/17 Approved Saving	2016/17 Actual Saving	2016/17 Saving Shortfall	Action being taken to address shortfall
Day Activity Team, Ailsa	Blue	100,000	100,000	-	
Coffee Shop	Red	5,000	-	5,000	Staff still to be redeployed
Addiction Supplies	Blue	10,000	10,000	-	
CAMHS supplies	Blue	20,000	20,000	-	
CAMHS Reserve Fund	Blue	90,000	90,000	-	
Arrol Park - Payroll Turnover	Red	250,000	205,000	45,000	High sickness absence levels
Advocacy Post	Blue	20,000	20,000	-	
LD Vacant Post	Blue	35,000	35,000	-	
MH Nurse Training	Blue	30,000	30,000	-	
MH Project Management Post	Blue	40,000	40,000	-	
Community Addictions - vacant posts	Blue	50,000	50,000	-	
Arrol Park - Long Stay Discharge	Blue	110,000	110,000	-	Not achieved at Arrol Park, alternative non-rec saving achieved to offset in CAMHs
Psychology Supplies	Blue	70,000	70,000	-	
Whole Systems Review	Red	300,000	-	300,000	The initial scoping has been completed but will be implemented in 2017/18
Community MH Vacancies	Blue	50,000	50,000	-	

Summary Narrative	B/R/A/G Status	2016/17 Approved Saving	2016/17 Actual Saving	2016/17 Saving Shortfall	Action being taken to address shortfall
External NHS Service Level Agreements	Blue	25,000	25,000	-	
Unpacs	Blue	25,000	25,000	-	
Medical Posts - Targeted Reduction	Red	300,000		300,000	This was a non recurring saving and a reduced recurring target has been set for 2017/18 and alternative savings will need to be identified.
Slippage from Lead Nurse Vacant Post	Blue	6,000	6,000	-	
Prescribing - Cost Reduction	Blue	50,000	50,000	-	
Prescribing and Medication Saving Across Community Teams	Red	30,000		30,000	No reduction in spend
Payroll Turnover, Reduction in Staff Absence and Review of Skills Mix	Blue	421,000	421,000	-	Further in year vacancies have realised full saving
Delayed Discharge Slippage	Blue	200,000	200,000	-	
Arran War Memorial	Red	15,000	-	15,000	No reduction in staffing in March
Cumbrae Lodge	Blue	44,326	44,326	-	
Payroll Turnover and Reduction in Staff Absence	Red	214,775	82,775	132,000	Despite holding vacancies this target will not be achieved. This will be reviewed in 2017/18.
Packages of Care	Red	70,000	-	70,000	High sickness levels and service pressures have resulted in no decrease in spend.
Huntington's Budget	Blue	10,000	10,000	-	
Health Visitor Supplies	Red	20,000	5,000	15,000	High spend in Month 12 that was not projected
Payroll Turnover and Reduction in Staff Absence	Blue	109,899	109,899	-	
Review of Administration	Blue	150,000	150,000	-	
		2,871,000	**1,959,000**	**912,000**	

NORTH AYRSHIRE
Health and Social Care Partnership

Integration Joint Board
22 June 2017
Agenda Item No. 9

Subject:	**Fair Working Practices, including payment of living wage**
Purpose:	The purpose of this report is to: 1) Inform the Integration Joint Board (IJB) of outcomes from negotiations with care at home and housing support providers about their ability to pay the living wage to care workers who provide direct care and support. 2) Outline the range of options open to the IJB, particularly in relation to those providers who have indicated they are not in a position to pay care workers the living wage.
Recommendation:	The IJB is asked to note the update provided in section 3.1.

Glossary of Terms	
IJB	Integration Joint Board
COSLA	Convention of Scottish Local Authorities
NCHC	National Care Home Contract
SD&PT	Service Design & Procurement Team
FWP	Fair Working Practices
PSMT	Partnership Senior Management Team

1. EXECUTIVE SUMMARY

1.1 On 9 March 2017 as part of the overall budget setting process for 2017-18 the IJB approved a proposed rate increase for registered providers of care at home and housing support from £15.51 to £15.86 per hour from 1 May 2017. This rate reflects the total cost of service delivery including management costs and overheads. Rate increases, which to date have had additional government funding to support delivery, aim to support providers to pay care workers who provide direct care and support the Living Wage of £8.45 per hour.

1.2 In response to the above the Service Design + Procurement Team (SD+PT) have been in discussion with a number of care at home and housing support providers to establish their ability to pay this group of care workers the living wage from the date rate increases are applied.

1.3 In order to ensure a fair, open and transparent approach to fee negotiations it is recommended that where Providers have agreed to pay staff the living wage rates are increased to £15.86 and where they have indicated that they are currently not in a position to do so, rates remain at the current level of £15.51 per hour. In addition to this Contract Management Officers will undertake Fair Working Practice Assessments in partnership with Providers.

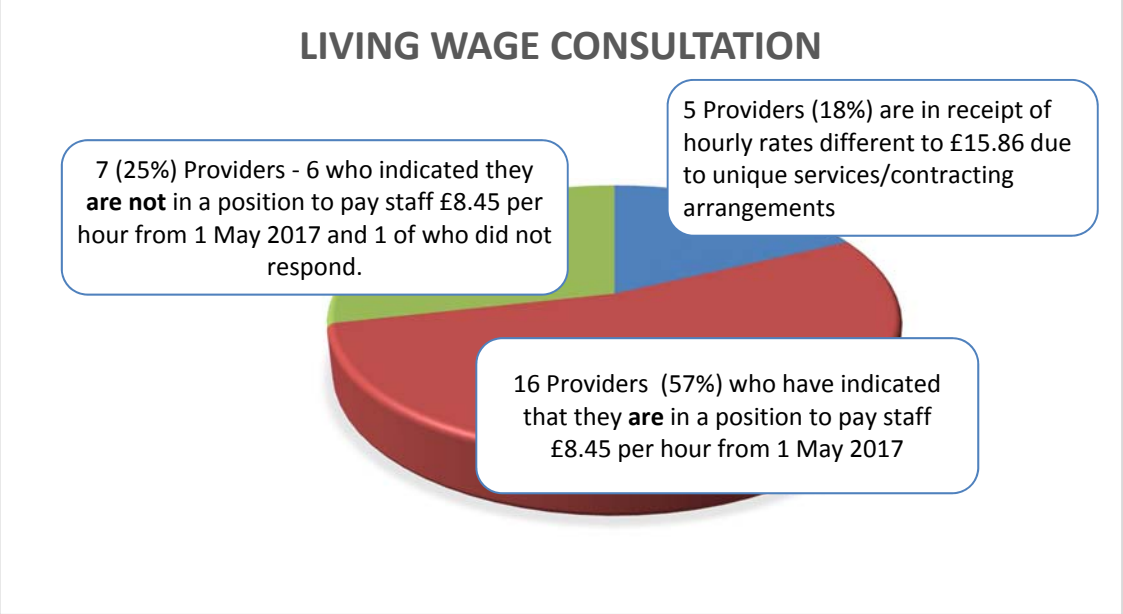
2. BACKGROUND

2.1 The Living Wage commitment which has to date been funded and supported by the Scottish Government currently aims to ensure that £8.45 per hour is paid to care workers providing direct care and support to adults in care homes, care at home, and housing support. This covers all purchased services, including specialist support services such as those for people with physical disabilities, learning disabilities, mental health difficulties and substance misuse issues.

2.2 Whilst Councils are not accountable for ensuring Living Wage is paid to Personal Assistants employed via Self-Directed Support North Ayrshire Health and Social Care Partnership (HSCP) have included this group of staff when considering payment of the Living Wage in terms of ensuring equal treatment.

2.3 When considering how rates might increase there is no single approach or answer that suits all types of care service. A range of approaches have been adopted which reflect local circumstance, risk, employment market and market dynamics. When procuring care and support services, greater emphasis is placed on quality rather than cost as far as practicable, however, when considering rate increases regard is also given to affordability and market continuity. The HSCP have applied a percentage increase across the board; where all contracts of the same nature have been varied by a uniform amount with a preference that providers volunteer to pay the living wage. The Partnership have contributed to national negotiations in terms of the NCHC and have during local negotiations attempted to ensure that processes are fair, transparent and collaborative.

2.4 Over recent months the SD+PT have undertaken an exercise to establish whether care at home and housing support providers are in a position to pay staff £8.45 per hour from 1 May 2017. Outcomes are as follows:



2.5 Due to the protracted and sensitive nature of the NCHC negotiations over recent months, consultation regarding the living wage have not taken place. However, all providers are now in receipt of a Minutes of Variation for the period 2017-18, part of which inform providers that the Council will require them to demonstrate that the minimum level of remuneration of £8.45 per hour is being paid to care workers involved in provision of direct care.

2.6 **Procurement and fair work, including the Living Wage**

North Ayrshire Council is an Accredited Living Wage Provider (October 2016). Fair Working Practices (FWP) (referencing the living wage) are included as a mandatory minimum requirement as part of current evaluation criteria in all care and support service contracts with a value of £50k and above. At the point of evaluation Providers are scored in terms of FWP, however, Councils cannot direct or stipulate that the Living Wage is paid as part of a procurement process and any agreement to do so would need to be voluntary and agreed in partnership with providers.

2.7 Whilst the Council is an Accredited Living Wage Provider, it can commission services from Providers who do not pay their staff the Living Wage if it is satisfied that the Provider:

1. complies with FWP in terms of ensuring their workforce is well rewarded, motivated, well-led, has access to appropriate opportunities for training and skills development, are diverse and is engaged in decision making
2. has a fair and equal pay policy that includes a commitment to supporting the Living Wage, including, for example being a Living Wage Accredited Employer.

2.8 FWP assessments are planned to be undertaken on all providers during 2017-18. Where appropriate Improvement Plans will be developed in partnership with providers and relevant senior colleagues from the Partnership. Update reports will be provided to the Partnerships Senior Management Team detailing outcomes from FWP assessments.

2.9 Should FWP assessments for care homes contracted via the National Care Home Contract demonstrate that care workers have not been paid £8.45 per hour from 10 April this could result in weekly fees being reduced to 2016-17 rates. An invoice will also be issued for repayment of the increase in fee which was applied from 10 April 2017 as this fee was negotiated partly in order to allow for payment of the living wage.

3. PROPOSALS

3.1 The IJB is asked to note the following:

1. Update on the status of Providers in relation to implementing living wage of £8.45 from 1 May 2017.
2. For the 5 Providers currently in receipt of an hourly rate different to £15.86 per hour continue to honour existing arrangements in line with the Partnership's previously agreed position as the packages of care are unique or set by the public bodies through their Charging Policies.
3. For the 7 Providers who have indicated they are not in a position to pay care workers £8.45 per hour from 1 May 2017, the increased rate will not be applied. Should providers positons alter and they wish to backdate staff salaries to 1 May 2017 the Partnership would consider back dating the rate increase to this date.

3.2 **Anticipated Outcomes**

The recommended approach seeks to:

1. Improve the quality of care by investing in the workforce
2. Supports the recruitment and retention of the right people to support and promote stability and continuity of care and support for service users
3. Prioritises choice and control for people supported by care
4. Supports the terms of the Local Government settlement, whereby Councils are required by the Scottish Government to deliver on a package of commitments, including the Living Wage commitment
5. Supports the Accredited Living Wage requirements

3.3 **Measuring Impact**

Research has shown that where the living wage is paid:

1. The workforce is likely to feel more positive about their employer and therefore are more likely to be more productive, stay with their employer and less likely to take sick leave. This leads to better employee retention and continuity of care/customer satisfaction.
2. Where staff leaving rates fall this reduces management and overhead costs.
3. Benefits providers reputation, attract new employees and allow providers to compete with other markets offering similar or lower payment terms.
4. Ability for staff to spend more therefore contributing to the local economy.

4. IMPLICATIONS

Financial :	The estimated cost of contractual uplifts for care at home, housing support and the national care home contract have previously been considered and agreed by IJB as per the 17/18 budget.
Human Resources :	No implications for NAHSCP staff.
Legal :	Negotiations could result in decisions to exit from contract.
Equality :	Rate increases are being negotiated in an attempt to ensure the living wage is paid to all care workers.
Environmental & Sustainability :	At risk of providers indicating they are not sustainable should we not agree rate increases.
Key Priorities :	**Tackling inequalities**: ensuring members of our communities are safe and protected and receive the support they need. **Bringing services together**: working together to ensure those at risk of harm receive the shared response they need to keep them safe and investing in staff across the third and independent sectors to improve service delivery, joint working and choice for service users. **Prevention & early intervention**: Working together to ensure the right level of support is available and avoid emergency admissions to hospital
Risk Implications :	Risk that negotiations may result in exit from contract.
Community Benefits :	N/A.

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

5. CONSULTATION

5.1 Care at home and housing support providers have been consulted via the Providers Forum in February 2017 and also via one to one communications over recent weeks.

PSMT were consulted on 27 April 2017.

6. CONCLUSION

6.1 Implementing the commitment to pay the living wage presents a number of challenges, however, attempts have been made to ensure a fair, open and transparent approach in order to minimise any risks which may be present. There is no single answer which will work for all care arrangements, however, the approach outlined above presents an option which is consistent and supports providers to pay staff the living wage.

6.2 It is recognised that this approach does not cover all types of service provision. For those services which fall out with the scope care homes, care at home and housing support services, a Fee Negotiation process is currently in operation and rate increases are considered on a case by case basis.

6.3 Ultimately, it is hoped that by adopting the selected approach this will ultimately improve the quality of care by investing in the workforce, support recruitment and retention and support efforts to ensure the availability of a choice for service users.

For more information please contact Betty Saunders, on 01294 317799 or bsaunders@north-ayrshire.gcsx.gov.uk

NORTH AYRSHIRE
Health and Social Care Partnership

Integration Joint Board
22nd June 2017
Agenda Item No. 10

Subject:	**Corporate Parenting Plan 2017-2020**
Purpose:	To approve the Corporate Parenting Plan 2017-2020
Recommendation:	The IJB is asked to review and approve the final draft of the Corporate Parenting Plan 2017-2020 for the Health and Social Care Partnership.

Glossary of Terms	
IJB	Integration Joint Board
CSSP	Children Services Strategic Partnership

1. EXECUTIVE SUMMARY

1.1 The Scottish Government has requested that each Community Planning Partnership develop and publish a Corporate Parenting Plan that focuses on six new duties and collaboration arrangements as outlined in Part 9 of the Chlildren and Young People (Scotland) Act 2014 and its associated Statutory Guidance.

1.2 Corporate Parenting refers to "An organisation's performance of actions necessary to uphold the rights and safeguard the wellbeing of a **looked after child or care leaver**, and through which physical, emotional, spiritual, social and educational development is promoted."

1.3 Although the Health and Social Care Partnership is not explicitly referenced as a Corporate Parent, a Local Authority and a Health Board are defined as Corporate Parents and as such are accountable for ensuring the duties and functions within the Act are adhered too.

1.4 This paper outlines proposals for Corporate Parents to take forward their responsabilities for those children and young people who are Looked After in North Ayrshire.

1.5 The Scottish Government requires that Corporate Parents report to them every three years outlining progress against the Corporate Parenting Plan. An Annual Report will be provided for Corporate Parents in North Ayrshire.

1.6 It is proposed that each partner adopts the Corporate Parenting Plan 2017-20. The core elements being that:

- The rights and views of Looked After Children and Young People will be taken into account when designing services and interventions.
- Partnership working and collaboration takes place between Corporate Parents.
- Measurable promises are made to Looked After children and young people.
- Actions are progressed in line with the six duties within the Children and Young People (Scotland) Act 2014 and assosciated Statutory Guidance.

2. BACKGROUND

2.1 Part 9 of the Children and Young People (Scotland) Act 2014 introduces legislation focusing on the duties and responsibilities of Corporate Parents. The Statutory Guidance that was published after the implementation of Part 9, in April 2016 outlines the requirements that Corporate Parents are to adhere to.

2.2 In 2010 a North Ayrshire Corporate Parenting evaluation and strategy framework was launched following the themes from 'We can and must do better' (2007) a key policy document setting out standards for services for looked after children. Annual reports were provided to the Integrated Children Services Partnership and the Corporate Parenting Steering Group and actions regularly reviewed and updated.

2.3 The focus of this activity was centred on four areas, 'Feeling safe and nurtured in a home setting', 'Developing into successful and responsible adults', Becoming effective lifelong learners' and 'Being emotionally, mentally and physically healthy'. The wellbeing indicators introduced by the Getting it Right for Every Child policy gave an additional focus on activities to assist looked after children and young people to achieve their potential.

2.4 Over many years each Local Authority reported their statistics annually to the Scottish Government and it became clear that Looked After children and young people's outcomes were not keeping pace with the general population of children. This prompted the Scottish Government to develop policies 'We can and must do better (2007)' and 'These are our Bairns (2008)' to improve outcomes. However, outcomes still continued to be poor in relation to the Looked After population and legislation (2014) was developed outlining Corporate Parenting Duties and Responsibilities.

2.5 Part 9 of the Children and Young People (Scotland) Act 2014 has listed Corporate Parents (Appendix 1) along with their responsibilities, highlighting the collaboration and partnership requirements that need to be put in place to meet the needs of this vulnerable group. The Scottish Government requires a Corporate Parenting Plan to be in place, in collaboration with other Corporate Parents and from individual national agencies on how they will fulfil their duties.

2.6 The North Ayrshire Children Services Strategic Partnership requested that the North Ayrshire Corporate Parenting Steering Group take forward the development of this plan.

2.7 All Looked After children and young people in North Ayrshire have had promises made to them through the Children Services Plan – *Getting it Right for You* and as such the Corporate Parenting Plan focuses on the additional promises that are particular to this group of children and young people. The Corporate Parenting Plan is designed to complement the Children Services Plan and has been written in the same life course approach and style for a child and young person audience.

2.8 During the writing of the Corporate Parenting Plan a number of other policies have been introduced by the Scottish Government in relation to Looked After Children. The two principal documents are 'Getting it Right for Looked After Children and Young People Strategy (2015)' and 'The Scottish Care Leavers Covenant (2016)'. Both these policies have been taken into account in the Corporate Parenting Plan.

3. PROPOSALS

3.1 Corporate Parenting Plan

That the final draft Corporate Parenting Plan is put before the IJB for consideration and any agreed amendment(s) are incorporated into the final plan.

It is proposed that the final draft Corporate Parenting Plan is agreed by the required committees, thereafter the Plan will be published June 2017, with the Health and Social Care Partnership accepting responsibility for those activities that are relevant within the Plan.

The final Corporate Plan will be supported by an Action Plan which will describe each of the promises and duties within the Children and Young People (Scotland) Act 2014 and how these will be accomplished within agreed timescales.

3.2 Governance

The Community Planning Partnership has overall responsibility for the Corporate Parenting Plan and will receive updates as required from the Children Services Strategic Partnership (CSSP).

The Corporate Parenting Steering Group reports directly to the CSSP and will regularly review the actions from the Corporate Parenting Plan as well as progressing other activities associated with the Looked After Strategy (2015) and Care Leavers Covenant (2016).

The Corporate Parenting Steering Group will be supported by the North Ayrshire Corporate Parenting Manager who is responsible for ensuring progress on actions and evaluation of the Corporate Parenting Plan using the Scottish Government Quality Assurance Framework ' How good is our Corporate Parenting?'.

3.3 Reporting Arrangements

The Corporate Parenting Manager will prepare an annual report and a report to the Scottish Government every three years.

Update on all the actions within the Corporate Parenting Plan will be reviewed each quarter by the Corporate Parenting Steering Group and amended if required.

3.4 **Anticipated Outcomes**

Compliance with Part 9 of the Children and Young People (Scotland) Act 2014 and improved outcomes for Looked After Children and Young People in North Ayrshire.

3.5 **Measuring Impact**

Ongoing assessment of impact will be monitored by the Corporate Parenting Steering Group.

4. IMPLICATIONS

Financial :	None
Human Resources :	None
Legal :	None
Equality :	An Equality Impact Assessment has been carried out in relation to this plan.
Environmental & Sustainability :	None
Key Priorities :	To meet the requirements of Part 9 of the Children and Young People (Scotland) Act 2014.
Risk Implications :	None
Community Benefits :	N/A

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

5. CONSULTATION

5.1 A consultation with key Stakeholders and relevant Corporate Parents took place in December 2016. Thirty Five Looked After Children and Young People also contributed to the development of the plan, expressing their views also on the promises and formulation of actions. It is acknowledged that this is a comparatively low number of the Looked After population (6%). However, as this is a particularly vulnerable group living in a range of different placement types spread across North Ayrshire and beyond, coupled with the fact that many (especially those looked after at home) do not consider themselves Looked After, the number of children and young people who contributed is sufficient to be able to develop actions and interventions.

5.2 Children and young people will also contribute to the design of the document and it is of critical importance that their involvement, experience and advice is taken throughout the lifespan of the plan and beyond.

6. CONCLUSION

6.1 The IJB is asked to consider and approve the final draft Corporate Parenting Plan.

For further information please contact Donna McKee, Interim Head of Children, Families and Criminal Justice on (01294) 317804 or Donnamckee@north-ayrshire.gcsx.gov.uk

CORPORATE PARENTS

1. The Scottish Ministers
2. A local authority
3. The National Convener of Children's Hearings Scotland
4. Children's Hearings Scotland
5. The Principal Reporter
6. The Scottish Children's Reporter Administration
7. A health board
8. A board constituted under section 2(1)(b) of the National Health Service (Scotland) Act 1978
9. Healthcare Improvement Scotland
10. The Scottish Qualifications Authority
11. Skills Development Scotland Co. Ltd (registered number SC 202659)
12. Social Care and Social Work Improvement Scotland
13. The Scottish Social Services Council
14. The Scottish Sports Council
15. The chief constable of the Police Service of Scotland
16. The Scottish Police Authority
17. The Scottish Fire and Rescue Service
18. The Scottish Legal Aid Board
19. The Commissioner for Children and Young People in Scotland
20. The Mental Welfare Commission for Scotland
21. The Scottish Housing Regulator
22. Bòrd na Gàidhlig
23. Creative Scotland
24. A body which is a "post-16 education body" for the purposes of the Further and Higher Education (Scotland) Act 2005

Final Draft Version 0.1

North Ayrshire Corporate Parenting Plan 2017–2020

Graphics And Final Grammar Check To Be Completed

Contents

Foreword

We have written this Corporate Parenting Plan for you – all the children and young people who are looked after in North Ayrshire – because we want to make sure that you continue to be at the centre of everything we do.

In 2016 we wrote the *Children Services Plan – Getting it right for you* that set out some promises. We recognise that you may need some extra support due to the circumstances that you find yourself living in. So, as well as all the promises in *Getting it right for you*, we've made more promises in this plan. These will help you get the right help, at the right time, so that you can:

- get the right support in place;
- have your interests promoted;
- be provided with opportunities to take part in activities designed to promote your wellbeing;
- get help to access opportunities to improve your wellbeing; and
- get help to make use of the services and support available to you.

As Corporate Parents, we want you to have the best start in life and to continue to be Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible and Included.

We promise to work with you, to overcome challenges that you might face and to provide opportunities for you be treated the same while following your ambitions and interests.

This Plan explains how we'll do this through the promises we make to you and how, with your help, we'll take these forward.

1. Introduction

This Corporate Parenting Plan describes how we will work together to help you to have better and more fair lives and to reduce the inequalities you experience.

We are:

• North Ayrshire Council

• NHS Ayrshire & Arran

• North Ayrshire Health and Social Care Partnership

• Police Scotland

• Scottish Children's Reporters Administration

• Children's Panel Area Support Team

• Voluntary Sector

We are your Corporate Parents and we're responsible for looking out for you in the same way as other parents do, helping you to grow up to be happy, healthy and to achieve what you want in life. (A full list of your Corporate Parents is at the end of this plan, in Appendix 1.)

Corporate parenting involves us making sure your rights are protected and that we care for you. This includes caring about how you grow up physically, spiritually and socially, and about your education.

We've looked at the evidence about the differences between children and young people who're looked after and other children and young people. We've listened to what you say about your lives and the support we've given you. And we've looked back at some cases to see what more we could do to help you in the future.

From our review of this information, we've identified our priorities which are to improve how we support your:

- emotional and mental wellbeing
- health
- attainment and achievement
- employment and independence.

Information about Looked After Children in North Ayrshire can be found in Appendix 2 at the end of this plan.

We want to treat each one of you as an individual, no matter what your culture, religion, additional needs, disabilities or other challenges you may face. And we'll take your individuality into account when we work together to establish your needs and how we all respond to these.

This Plan tells you how we'll do this as you grow up in the following stages:

It also explains the promises we're making to you, and gives you some facts about growing up in the 'Did You Know?' boxes**.**

Why have we put this Plan together?

The Scottish Government has given us guidance on how we should respond to the law that looks after your rights – the Children and Young People (Scotland) Act 2014 on Corporate Parenting – in order to help you. This guidance tells us to:

- **Be alert to things that are harming, or may harm, your wellbeing**
- **Assess your needs for services and support**
- **Promote your interests**
- **Seek to provide you with opportunities to take part in activities designed to promote your wellbeing**
- **Take action to help you:**
    - **access opportunities to improve your wellbeing**
    - **help you make use of services, and access that support**
- **Take any other action to improve the way we work together and help you.**

Each of these duties will be dealt with through this Corporate Parenting Plan and are noted in the connected Action Plan.

If you are living in an area outside our Local Authority boundaries, you can still access support. And, if we know where you are, we'll provide any support, advice, and help that you need through your Social Worker. Or, if you've left our care, you can contact our Throughcare team.

We're working together as Corporate Parents to fulfil these duties and, with your help, we can make things better for you.

The Scottish Government's *Getting it right for looked after children and young people* strategy tells us that, to do this, we need to focus on:

- Early engagement (helping you as early as possible)
- Early permanence (getting you a stable, secure and caring home as early as possible)
- Improving the quality of care (giving you what you need, when you need it)

PROMISE

We promise to positively encourage you to exercise your right to remain in care and take up aftercare or continuing care support, and we will change our policies to make this possible.

The Community Planning Partnership and the Scottish Government want **to make sure that your health and wellbeing are improved by breaking the cycle of poverty, inequality and poor results**.

Our *Children's Services Plan 2016–20* shows how we'll do this. Here is its vision for you:

The Plan has promises about how we will do our very best to improve the services we provide to you. In the Action Plan we tell you exactly what we'll do to deliver these promises.

Care Leavers Covenant

The Care Leavers Covenant is a promise to improve the life chances of the people that are leaving care in Scotland. And we've signed up to it.

It has six main areas that should be considered in supporting you to reach your potential and live in your communities as a valued citizen.

The six areas are:

- health and wellbeing
- education and training
- housing and accommodation
- employment
- youth and criminal justice
- rights and participation.

And to support you in these areas, we'll make sure that:

- you can take more time, if you need it, as you leave care
- you can stay in the place you've been living with access to care
- our relationship with you will be as positive as possible.

The promises in the North Ayrshire Corporate Parenting Plan are linked very closely to the six main areas covered in Care Leavers Covenant.

Elected members as Corporate Parents

Our elected members (Local Councillors), in North Ayrshire are also Corporate Parents and take a great deal of interest in the lives of Looked After Children in North Ayrshire. We will make sure that they are aware of the issues Looked After Children and young people face, and that they consider these while making plans that affect you.

Who makes sure the Plan works?

A group of people committed to ensuring that corporate parenting works for you, called a Corporate Parenting Steering Group, has put this Plan together with the help of looked after children and young people and a wide range of services. The Steering Group reports to the Children's Services Strategic Partnership which must report back to the Community Planning Partnership Board.

We will continue to use *How good is our corporate parenting? How good can we be?* (Inspection agency document outlining how we will know what we are doing works) as a guide to self-assessment and improvement. Each quarter (that's every three months) we will report on how we're doing with all our actions.

Working with you

We asked 35 of you if the promises in this Plan make sense to you and if there are other matters which we should focus on. We have included some of your comments under some of the promises in the document and, at the end of this Plan, we have given more detail about what you said to us. (See Appendix 3.)

You have been clear that the promises we make to you must be kept and that we need to genuinely listen to you. The following picture shows you how we go about including your comments or thoughts.

Your Corporate Parents will continue to find out what you think, and – where appropriate – what your family and carers think, in order to shape the way we do things and support you. We asked you for your views no matter where you live and we'll continue to do so. This will help all of us to develop a better understanding of what works for you, and enable us to give you what you need.

2. Early years: 0–5 year olds

1. Your baby brain

When you're a baby, you depend completely on the people around you. These first few years of life are very important because how we look after you affects how your brain grows. If your brain grows healthily when you're a baby, you're more likely to be happy and successful when you get older. At this age, you're particularly affected by being treated badly or neglected.

Did you know? From ages 3–8, our brain uses twice as much energy as an adult brain. At age 5, half of the energy produced by food goes to growing and nourishing our developing brain.

We know that if you're being looked after at this early age you're already likely to have had more difficult things to deal with and less care before you were born or during your first experiences of life.

Any form of abuse or neglect can badly affect your development. To prevent further damage, you need to have people around you who'll look after you, give you what you need when you need it and make you feel safe. It's best if these are your parents or close carers but this might not always be possible.

Because at this stage in life you're completely dependent on adults for all your needs, it's really important that we're alert to things that are having, or may have, a negative effect on your wellbeing when these needs are not being provided by your parents.

PROMISE

We promise to reduce the number of moves between different carers that you will experience before you're 5 years old.

2. Your healthy growth

Becoming a parent is exciting, but some parents can be very worried about some of the challenges involved. This may be about paying bills, housing issues, or relationship difficulties, as well as many other things. When you're looked after but still living at home, we'll do what we can to make sure there's advice and support to help.

We aim to make sure that our services for your parents are high quality, and accessible during your mum's pregnancy and in your early years. Midwifery and Health Visiting services work with your family offering advice and support to your parents as they try to meet your needs. They will be properly trained so that they have all the skills and knowledge they need to provide this support.

At times, however, things can become difficult. When this happens, we'll provide extra health and parenting support to meet your needs and to help you and your parents to access opportunities to improve your wellbeing.

Where these needs are identified, our Midwifery and Health Visiting services will help you and your parents to make use of services and access that support**.** We'll provide help through a range of support and parenting programmes, such as Mellow Parenting, which can give your parents the confidence and ability to meet your needs.

This can help keep everyone working together as a family which nurtures you.

PROMISE

We promise to help your mum and dad learn what's important in order to be a supportive and confident parent when you're looked after at home.

If your parents are under 19 years old, they'll be offered the Family Nurse Partnership Programme. The same Family Nurse will visit your parents regularly from before you are born until you are two years old. Your parents will learn all about having a healthy pregnancy, your growth and development, and planning for the future.

We also plan to offer this help to parents aged up to 24 years if they have been looked after themselves.

3. Your wellbeing is our priority

Your wellbeing will always remain our priority. Plans will consider the wider family's circumstances, but your needs will always be most important and at the heart of all decisions. We will assess your needs for services and support you may need.

Did you know? A 6-year-old should be able to focus on a task for at least 15 minutes. By age 9, we should be able to focus our attention for about an hour – essential for our learning.

Where services need to work together to develop plans to look after you, we'll make sure that your welfare, emotional growth and health remains the priority above the other challenges there are within our systems and processes.

Where your parents are being supported with a plan, we'll make sure that you'll be regularly assessed, and your health and mental wellbeing and overall development kept a close eye on, by named, skilled, knowledgeable Social Workers supported by Health Visitors.

PROMISE

We promise to use a tried and tested assessment framework before you're born and afterwards to make sure that you're being cared for.

4. Being looked after away from home

At times, it may be necessary for you to be cared for away from your family home. These decisions are made when your care needs are not being met or that harm is being caused to you. You will always be at the centre of our planning, and the team around you will always promote your interests and wellbeing.

Our plans will show possible outcomes for you to live in a calm, safe environment. We will ensure that, when you're looked after away from home, you have the minimum number of placements possible before achieving a long-term home.

PROMISE

We will always look for ways to secure a permanent place for you to live, by either returning you home or securing a kinship care order, permanence order or adoption.

3. School age: 5–18 year olds

1. Your mental health

What you told us – There should be more awareness and support in schools about mental health issues, and young people who've had experience of mental health issues should be available to support us. There should also be trained staff on hand ready to listen, talk to and support young people.

We know, from what you've told us, that if you're looked after in North Ayrshire you are more at risk of being anxious or depressed.

We'll spend time getting to know you so that, together, we can work out what you need. We'll let you know who your Lead Professional is and how they can help you. And you'll have regular time with members of your care team to talk about things that come up.

Did you know? Things that can help keep us mentally well include being in good physical health; eating a balanced diet and getting regular exercise; having time and the freedom to play, indoors and outdoors; going to a school that looks after the wellbeing of all its pupils; and taking part in local activities.

We'll give you information which will explain why you're in care. Your Lead Professional will make sure that your views are listened to, taken seriously and you'll be given a chance to record your views. This will make sure you're included in all the decisions that affect you.

We'll ensure that members of your care team have the necessary skills to support your wellbeing.

If you need them, you'll have access to a range of supports to help you with your emotional wellbeing. This includes Crisis Counselling, Place2Be counselling service, School Counsellors, Child and Adolescent Mental Health Services (CAMHS), Educational Psychological Services, children's workers within family placements, the nurture base at your school, and access to a safe space in school.

PROMISE

We promise to ensure that your mental health and wellbeing are a priority.

2. Your physical health

What you told us – Support should be available to help young people make healthy meals and plan healthy menus that they can afford. More support and opportunities are needed to get young people into fitness and gyms, such as information, sign posting and financial support.

We know that, as a looked after child, circumstances can make it harder for you to make healthy choices. Your Lead Professional will work with you to encourage you to keep active and to make positive choices in the way that you live.

You'll be offered a health check when you first become Looked After. Your lead professional will ensure that all health services are available for you to access, and your health needs will be looked at regularly as we review your plan.

PROMISE

We promise to support you to be as healthy as you can be.

3. Your achievement and attainment

What you told us – You want better access to a range of opportunities to support you to achieve and attain, for example, the Duke of Edinburgh Award, Prince's Trust, voluntary work, etc. You said you wanted more access to literacy support at school and colleges, and peer/mentoring support from young people with similar experiences.

We recognise that, as a looked after child, you may need more support in school to achieve your full potential because of the difficulties you may have experienced.

We'll help you make the most of your time at school, so that you'll be better prepared for the future. Your Lead Professional will work with you to make the best use of the skills you already have, help you to take up new challenges and opportunities, inside and outside of school, and promote your strengths.

Did you know? Your ability to learn can increase or decrease by 25% or more depending on whether you grow up in a motivating environment.

We'll celebrate with you when your abilities and skills are recognised, encouraging you towards more success and achievement. Along with help with your schoolwork, you'll get the opportunity to explore hobbies and activities.

PROMISE

We promise to support you to achieve your potential.

4. Moving on

What you told us – You'd like support to learn to drive. You'd also like to have peer mentoring support and programmes and opportunities for you to become a peer mentor. You'd like access to opportunities such as more work experience, volunteering and job shadowing.

Your care team will ensure that there's a plan in place for you to move on into independent living when the time is right for you, and that you have the skills you need to do this successfully.

We know that we need to do much more to support you into the world of work.

Your care team will work with you to make the best use of the skills you already have, and help you to take on new challenges and opportunities of work and further study.

If you're still looked after at 16, you'll have access to Throughcare support which can support you until your 26th birthday.

If you need support to go on to higher or further education, training or work, we will allocate someone to help you.

PROMISE

We promise to help you to develop skills for life, learning and work.

Did you know? North Ayrshire has an agreement to access suitable housing for young people who were formally looked after and accommodated.

4. Young adults: 18–25 year olds

1. Becoming an adult

What you told us – You'd like support to help you get on your feet, like the offer of good housing and support with furniture. You'd like support with the loneliness and isolation that becoming an adult can bring, and peer support from young people with similar or the same experiences.

As a young person with care experience, you should be able to get the help you need as you move into adulthood.

We sometimes don't know that you have been looked after. We'd like you to tell us, so that we can support you as your Corporate Parents and give you any help you may need.

We'll support you so that you can make informed decisions that are safe, healthy and improve your quality of life. Issues such as drugs and alcohol, sex, sexuality, relationships and cyber bullying are often a pressure for you and they can also affect your mental health. We want to ensure we have the right people there for you to help guide you when you need them.

We understand that entering adulthood can be an exciting and yet challenging time. Many young people, from all walks of life and family types, need advice and support to help them find their way through some of these challenges.

Being a unique individual means that you have different strengths and needs, requiring different levels of support and guidance at different times.

As Corporate Parents for children and young people who've been looked after, up to the age of 25, we aim to ensure that you have the right support and advice to enable you to become a successful adult and active citizen.

We'll provide you with good quality relationships with the right professionals. These relationships will be based upon understanding, respect and someone being there no matter what the issues are. We'll also support you to keep positive relationships going with previous carers and professionals that you've had throughout your care experience.

You are important contributors to your communities and, in North Ayrshire, young people`s views are taken seriously and used to shape how services provide support just now and in the future. There are many opportunities for you to influence our direction through youth forums, pupil councils, youth council peer education opportunities to name but a few.

PROMISE

We promise to listen to you and try to understand the issues which affect your mental health, giving you the right support when you need it.

As a Young Person who has been looked after, you are able to access a range of supports and services which help you into adulthood. We would encourage you to tell us that you are a young person with Care Experience, so that we can support you as your Corporate Parents and provide you with access to the supports and services you need.

Did you know? North Ayrshire has a full Youth Citizenship and Participation Strategy 2015–2019 called *Step up, Speak out*. You can access this through the following link:

http://www.north-ayrshire.gov.uk/resident/leisure-parks-and-events/children-and-young-peoples-activities.aspx

2. Celebrating success

What you told us – All young people's achievements should be acknowledged, with award ceremonies and certificates to celebrate achievements. You'd like access to young people of similar ages who're in college, training or work so that you can see what's possible and achievable.

As your Corporate Parents, we don't only want to support you through life's challenges, but also to celebrate with you when your abilities and skills are recognised, encouraging you towards ever increasing success and achievement.

PROMISE

We promise to provide you with access to opportunities that value you as an individual and your aspirations.

3. Skills for life

What you told us – You'd like more varied education programmes such as practical skills and apprenticeships. You'd like support with transport and clothing so that you feel confident and able to attend interviews, training, college and you don't feel like you stick out. You'd like more college taster sessions to help you to choose the course that's right for you.

You may want to go into employment or college or university. If you don't feel confident or ready for this kind of move, there are other programmes and opportunities which can help prepare you. There are Activity Agreements, John Muir Awards, Modern Apprenticeships and other opportunities which can help you towards employment and further education.

A range of professionals will also be able to offer you support when you're leaving school if you need it. Teachers, careers advisors (known as job coaches), health and social care staff, and others will be able to provide advice and guidance to help you to make choices based on your talents and what you want to do in life.

PROMISE

We promise to support you to gain skills for life and to access meaningful opportunities for further education, training and work.

4. Your independence

What you told us – You'd like ongoing support rather than being cut off because you're seen as an 'adult'. You'd like information on local community resources/groups and support to attend these groups.

We aim to have a good relationship with you based on understanding, respect and 'stickability'. We can provide you with advice and guidance and will support you to achieve your full potential as you grow older.

PROMISE

We promise to help as you become more independent and have a home of your own.

Did you know? Up to your 26th birthday you can receive guidance, support and advice from your Local Authority.

While crime is at a 40-year low, and North Ayrshire has seen a big reduction in offending behaviour by young people in the past six years, we understand that things can still go wrong. Whether it's gone wrong for you, a friend, a carer or family member, we have support and services to help you.

We also want to work together, with you and other Corporate Parents to reduce the likelihood of future anti-social or criminal behaviour.

5. Monitoring progress

This plan will be reviewed at every Corporate Parenting Steering Group, with regular updates from all partners on a regular basis. We'll report on this plan to the Scottish Government every three years, and to our own Community Planning Partnership once a year.

6. Action Plan

There are lots of things we need to do to keep our promises to you and get things right for you. We have written an Action Plan highlighting the activities that we'll do to try and make sure that we help you to achieve your potential. These Action ensure that all the Corporate Parenting Duties in the Children and Young People (Scotland) Act 2014 are being progressed.

Appendix 1

Who are your Corporate Parents?

1 The Scottish Ministers
2 A local authority
3 The National Convener of Children's Hearings Scotland
4 Children's Hearings Scotland
5 The Principal Reporter
6 The Scottish Children's Reporter Administration
7 A health board
8 A board constituted under section 2(1)(b) of the National Health Service (Scotland) Act 1978
9 Healthcare Improvement Scotland
10 The Scottish Qualifications Authority
11 Skills Development Scotland Co. Ltd (registered number SC 202659)
12 Social Care and Social Work Improvement Scotland
13 The Scottish Social Services Council
14 The Scottish Sports Council
15 The chief constable of the Police Service of Scotland
16 The Scottish Police Authority
17 The Scottish Fire and Rescue Service
18 The Scottish Legal Aid Board
19 The Commissioner for Children and Young People in Scotland
20 The Mental Welfare Commission for Scotland
21 The Scottish Housing Regulator
22 Bòrd na Gàidhlig
23 Creative Scotland
24 A body which is a 'post-16 education body' for the purposes of the Further and Higher Education (Scotland) Act 2

Appendix 2

What do we know about looked after children?

The number of looked after children and young people In North Ayrshire had been **increasing** during the four years between 2011/12 and 2014/15, from 582 to 640. However, in 2015/16 there was a significant reduction to 603.

Dartington Social Research Unit (SRU) has completed a study which shows that 17% of looked-after young people in North Ayrshire aged 11–17 years in 2014–2015 would be helped by a programme which has worked well in other parts of Scotland called Functional Family Therapy (FFT). This helps to reduce the number of young people who become looked after by working closely with them and their families.

In 2014/2015 we had a very high proportion of looked after children and young people (2.5 in every 1000) in North Ayrshire, with figures close to Glasgow (3.1 in 1000) which had the highest proportion in 2014/15. The Scottish average figure was 1.5 per 1000.

The total number of 603 looked-after children includes:

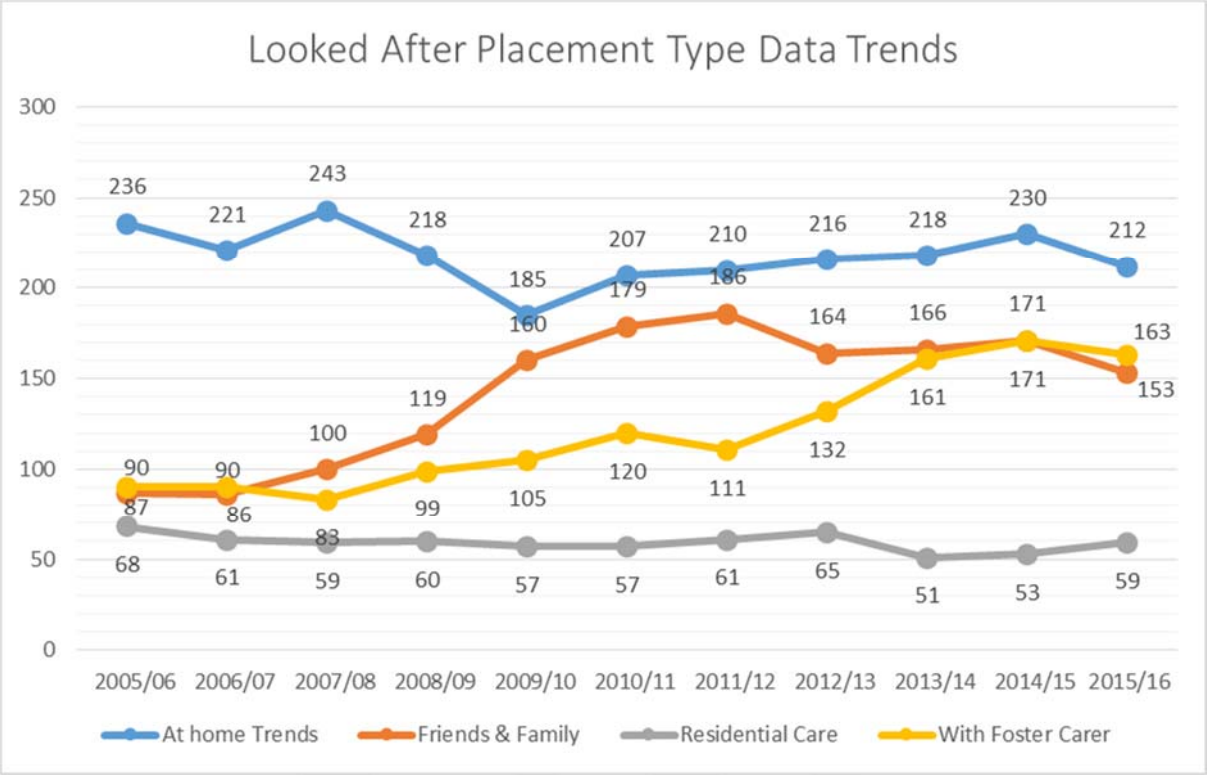
- children looked after at home
- children looked after in a Kinship Care arrangement with family or friends
- children in foster care
- children in residential care.

Children looked after at home are a priority for the Scottish Government because you tend to have the worst outcomes, with the lowest school attendance, lowest educational qualifications and lowest numbers in training or employment nine months after leaving school.

In North Ayrshire, the number of children looked after at home was 230 in 2014/15 and has fallen by 7.8% in 2016. The five years before this had shown a slight upward trend, but 2016 figures show that the number of children looked after at home has decreased for the first time in that period.

Table 1

North Ayrshire looked after placement type trends: 2005/06–2015/16



The number of children and young people in foster care has increased to almost double over the last ten years.

We are working hard to recruit as wide a range of foster carers as we can so that we can offer you the best placement to meet your needs and circumstances.

We'll look for carers who're able to look after sibling groups to keep you and your brothers and/or sisters together. We'll also try to find foster carers for older young people so that there may be an alternative to residential care if you want it.

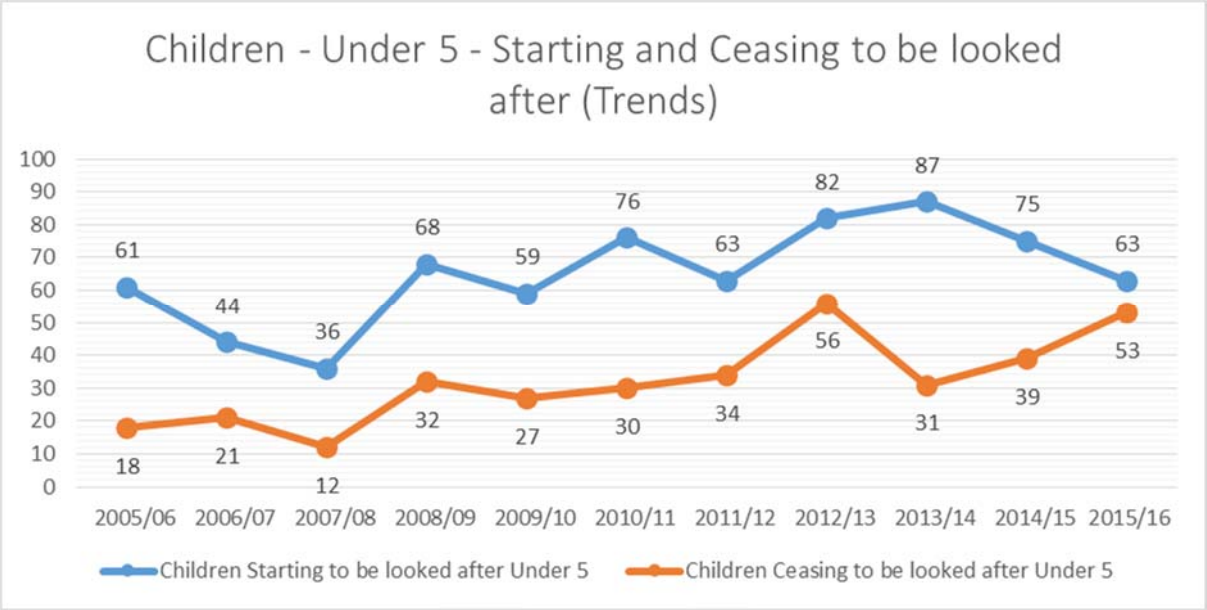
The number of children and young people in **residential care has remained more of less the same,** with a slight increase over the last three years.

In North Ayrshire, the number of **children looked after in a Kinship Care arrangement by friends and family had almost doubled** between 2006 and 2015, peaking in 2011/12 at 186. However, this decreased by 10% in 2014/15.

Nationally, children are becoming looked after (and leaving care) at a younger age. There were 40% of looked-after children aged under 5 in Scotland in 2014, an increase of 26% from 2001. In North Ayrshire, the number of looked-after under 5s increased from 61 in 2005/06 to 63 in 2015/16. However, this number has decreased over the last two years.

Table 2

Number of children under 5: starting and stopping being looked after: 2005/06–2015/16



We know that a safe, stable, nurturing home helps you to be happy, do well and achieve all that you can. Being able to form strong, trusting relationships with those who care for you is an important when growing up. Children who experience neglect and abuse have more of a risk of social and behavioural difficulties as they grow older.

Your family is supported to provide you with a home wherever possible. Where this isn't possible, we've promised in our Children's Services Plan that **we will make sure that you're looked after as quickly as possible in a new caring home, to keep your moves to a minimum and to tell you about the reasons for these decisions**.

The number of children adopted in North Ayrshire has almost doubled over the last ten years from six in 2005/06 to 11 in 2015/16, with a peak of 18 in 2011/12. In 2015/16, when looking at this by age (up to four, and five years and over), you can see that more of the children who're being adopted are in the younger age group.

Table 3

Number of children adopted: 2005/06–2015/16

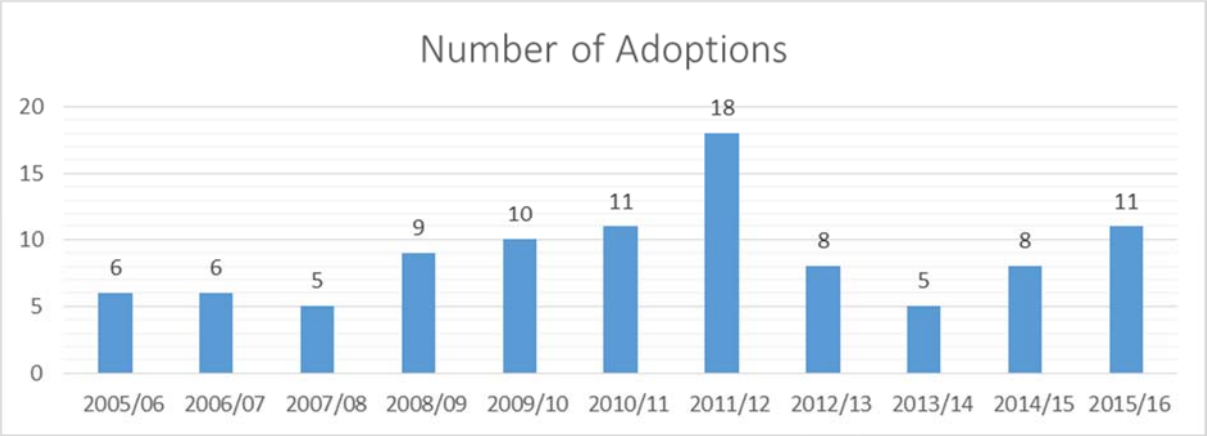
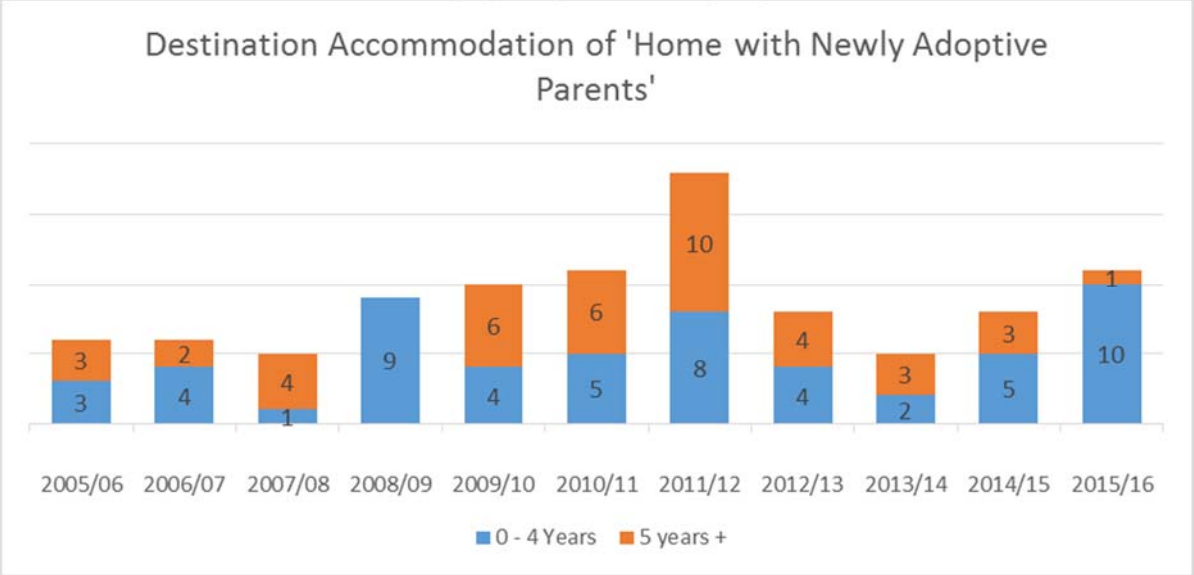


Table 4

Number of children adopted by age 0–4 and over 5 years: 2005/06–2015/16



Educational attainment

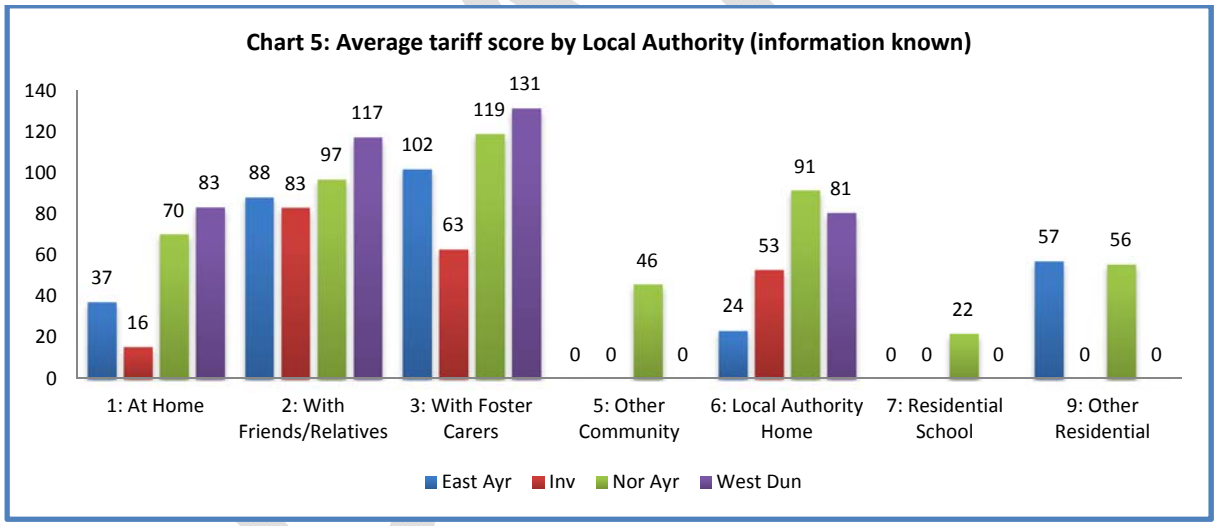
Research published each year by the Scottish Government shows us that, although there are signs of improvement, looked-after children still tend not to do as well as other children in educational achievement.

In 2014 we compared the three-year cumulative average tariff score (a way of measuring attainment of school leavers) between Inverclyde, West Dunbartonshire, East and North Ayrshire Councils. This showed us that North Ayrshire had the best results for looked-after school leavers.

West Dunbartonshire performed best overall in relation to children looked after in community placements; North Ayrshire for children in local authority children's units, other community settings and residential schools; and East Ayrshire for children in other residential units.

Table 5

Average tariff scores by local authority: 2013



Nationally, in 2014/15, children in foster care performed better that children and young people in other placement types, with 90% achieving one or more qualification at SCQF Level 4 or better.

In North Ayrshire, 80% of all looked-after school leavers achieved one or more qualification at SCQF Level 4 or better in 2014/15. Of the 21 local authorities to report their findings, North Ayrshire was the sixth highest.

The average tariff score of school leavers in disadvantaged areas in Scotland had also increased each year since 2007/08. However, there's still a gap between what leavers from the most deprived areas are achieving and those from the least deprived areas.

Each local authority shares similar strengths and weaknesses. For example, young people in foster placements are the highest performing in all but Inverclyde (where they rank second).

The Scottish Government report *Educational outcomes for Scotland's looked-after children: 2011/12* gave information on the educational outcomes of young people who were looked after continuously for at least one year and who had left school during the reported academic year.

The report highlighted:

- The fewer placement moves experienced by a looked-after child, the better they'll do in their education.
- The average tariff scores were higher among those looked after in foster placements and lowest for those looked after at home.
- There was an overall increase in educational achievement over the three-year period for both looked-after and non-looked-after children. However, there was a big difference between the two groups where non-looked-after children's average score was higher than that of those looked after.

Positive destinations

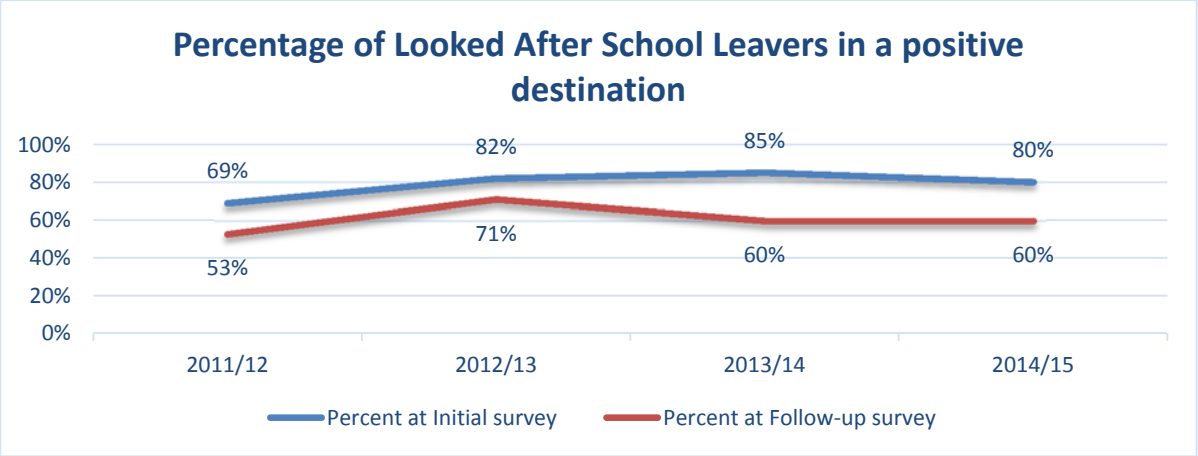
Across Scotland, the percentage of young people leaving school to go into education, training or work (known as a 'positive destination') was **93%** for all school leavers in 2014–15. This compared to **77%** for looked-after pupils. While both groups of young people have shown improvement, the gap between mainstream school leavers and looked-after school leavers remains almost the same.

A follow-up survey done a few months later, showed the gap even larger. In 2014–15, 92% of mainstream school leavers were still in a positive destination, with the number of looked-after school leavers dropping to 69%.

In North Ayrshire, in 2014/15, there were 80% of looked-after young people in a positive destination when initially surveyed and 60% in the follow-up survey in October and March.

Table 6

Percentage of looked-after school leavers in a positive destination.



Children Count Dartington Survey

In 2014 we carried out a survey with the Dartington Social Research Unit to find out more about how to give children and young people the best start in life. We needed to understand what was affecting you in a negative way so that we can focus on improving in these areas.

The survey was completed by 7951 children and young people aged between nine and 16 years and had a 93% completion rate.

The key developmental outcomes were identified. From this the Children Services Strategic Partnership have set priorities. These are: - poor engagement with school, early introduction of substance use, anxiety and depression and offending behaviour, as these are all at higher levels than in the general population of children and young people.

Other risk factors show a similar pattern, with the notable exceptions of not enough exercise and use of alcohol where levels are much the same.

This information highlighted the gap between you, who are looked after and those who are not.

Appendix 3

What you said to us

Children and young people in kinship care

You told us that you agree that the priorities we have set are important, and that you generally get help when you need it. If you need to talk to someone, you know who to go to – 'I'm ok and know who I can talk to if I need to, if things get on top of me'.

You also said that you get opportunities to be healthy and your schools are generally meeting your needs. 'Everything's fine at school. I understand the school have meetings about my attendance, but I know that's because they need to, for my good and to do well at school'.

Children and young people in foster care

You told us that you have good support, especially from your carers, Social Worker and your school, and there were no barriers if you needed further support. Generally, your interests were facilitated and you were involved in a number of activities, basketball, horse riding, etc.

You said that you 'were treated the same as all the other children and young people in school', and that you 'were given enough praise'. Generally, you get the right advice to help you prepare for the future and 'the right advice and support to plan for your chosen career'.

Children and young people looked after at home

You told us that there should be more awareness and support in schools about mental health issues, and that young people who've had experience of mental health issues should be available to support you. There should also be trained staff on hand ready to listen to, talk to and support young people.

Support should be available to help you make healthy meals and plan healthy menus you can afford. More support and opportunities are needed to get you into fitness and gyms, such as information, sign posting and financial support. You want better access to a range of opportunities to support you achieve and attain, for example, the Duke of Edinburgh's Award, Prince's Trust, voluntary work, etc.

You said you wanted more access to literacy support at school and colleges, and peer/mentoring support from young people with similar experiences. You'd like support to learn to drive and opportunities to become peer mentors. And you'd like access to opportunities such as more work experience, volunteering and shadowing opportunities.

Young people receiving aftercare services

You had a lot to say, generally, about being listened to, for us not to make promises that we can't keep and to work together on your behalf.

You also wanted someone to be there for you when you needed them and for support and advice when attending college, and advice on other issues including housing, benefits.

You wanted someone to talk to that's not in your family and who understands, as well as someone that believes in you and encourages you to do whatever you want. You also wanted those supporting you to be proactive and ask you what you want support in. Support in attending difficult meetings would also help.

You also highlighted some of the positives and said that having a supportive worker really helps you in completing application forms etc.

You'd like support to help you get on your feet by offering good housing and support with furniture. Support with the loneliness and isolation that becoming an adult can bring, and peer support from young people with similar or identical experiences.

You also said that all young people's achievements should be acknowledged with things like award ceremonies and certificates to celebrate achievements. You'd like access to young people of similar ages who're in college, training or work so that you can see what is possible and achievable.

You'd like access to more varied education programmes such as practical skills and apprenticeships. You'd like support with transport and clothing so that you feel confident and able to attend interviews, training, and college without feeling like you stick out. And you want more college taster sessions to support you to choose the course that is right for you as well as access to better counselling services.

Children and young people in residential care

You said that staff in your unit generally help you to access activities and make sure that you're healthy and happy. They also help you to stay healthy and eat the right foods.

You said that they need to help you to go to the doctors and help you with anger issues. You felt that you should be encouraged to go to school and that the staff were supportive in encouraging with homework etc.

You also felt that you were given the self-care skills to enable you to move on. You wanted to be provided with a safe place to live, encouraged to have good self-care skills and for age-related independence to be promoted.

You wanted help to try new activities with your friends and you need to know that there's someone there to look out for you and get the things you need in life. You also wanted help to be independent, but acknowledged that when you've needed something, you've spoken to staff and, where appropriate, this has been organised.

Appendix 4

Further reading

Catch 22 (2015). *Corporate Parenting for young people in care – Making the difference?*

Centre for Excellence for Looked-after children in Scotland (2016). *Looked after children statistics: Analysis of Scottish Government social work statistics 2014–15*

North Ayrshire CLAS returns 2011/12 to 2014/15

North Ayrshire CPP (2014). *'With the benefit of hindsight': Early intervention case studies report*

North Ayrshire Planning & Performance Team (2014). *Educational attainment for looked-after children: A benchmarking exercise*

Planning and Performance Team. *Educational outcomes for looked after children (2014/15): Performance and benchmarking report*

Scottish Government *Educational outcomes for Scotland's looked-after children: (2011/12)*

Scottish Government (2015). *Getting it right for looked after children and young people*

How good is our corporate parenting? How good can we be?

Common core skills, knowledge and understanding and values for the children's workforce in Scotland.

NORTH AYRSHIRE
Health and Social Care Partnership

Integration Joint Board
22nd June 2017 Agenda
Item No. 11

Subject:	**Transformational Change Improvement Plan 2017-20/Local Delivery Plan**
Purpose:	To present the Transformational Change Improvement Plan (TCIP) 2017-2020 noting the inclusion of Acute Services and Unscheduled Care Planning and the associated one year Delivery Plan (DP).
Recommendation:	1. The Integration Joint Board are asked to review the Transformational Change Improvement Plan (TCIP) 2017-2020 and endorse it for approval by the NHS Board. 2. Endorse the one year Delivery Plan for 2017-18, for NHS Board for approval.

Glossary of Terms	
TCIP	Transformational Change Improvement Plan
DP	Delivery Plan
NHS A&A	NHS Ayrshire and Arran
IJB	Integration Joint Board

1. EXECUTIVE SUMMARY

1.1 The NHSAA Board on 27th March 2017, reviewed and agreed the process for approval of the Transformational Change Improvement Plan (TCIP) and associated one year Delivery Plan (DP) which together form the Local Delivery Plan for 2017-18 and the timeline for submission of these documents to the Scottish Government. The Local Delivery Plan is the contract between the Scottish Government and NHS Board.

1.2 The Scottish Government provided feedback on the draft documents and this has been incorporated into the final versions.

1.3 The TCIP has been co-produced with the three Health and Social Care Partnerships and officers of the Integration Joint Boards, and encompasses all health service planning including that for integrated services. This means that the TCIP also fulfils the planning requirements for Acute Services between the IJBs and Acute Directorate. The Delivery Plan is the associated one year implementation plan.

2. BACKGROUND

2.1 The NHS Board received a report on the context for the development of the Transformational Change Improvement Plan 2017-20 and associated one year Delivery Plan 2017-18 at its meeting on 27 March 2017. At that meeting the Board reviewed the process for development of these plans; recognised the TCIP as the sovereign plan for NHS Ayrshire and Arran; recognised and endorsed using these plans as NHS Ayrshire and Arran's Local Delivery Plan; and approved the proposed timeline for submission.

2.2 The Transformational Change Improvement Plan (TCIP) describes the planned transformational change that will deliver health and social care designed to meet the needs of the local population. It reflects the portfolio of transformational change programmes and sets out the NHS Board's intention for this period of transformation from 2017 to 2020.The TCIP is supplemented by an annual Delivery Plan which describes the level of transformational change necessary for the period 2017-18.

2.3 The draft Transformational Change Improvement Plan (TCIP) and Draft Delivery Plan were submitted to Scottish Government on 31 March 2107, fulfilling the function of the Local Delivery Plan which is the contract between the Scottish Government and NHS Board. Prior to submission the documents had been reviewed by the Directors of Health and Social Care in their role as Chief Officers of the Integration Joint Boards.

2.4 The feedback received has been included in the draft TCIP and draft Delivery Plan provided at Appendix 1 and 2 respectively.

3. PROPOSALS

3.1 Given the interdependency between these documents and their multi functionality, elements require to be agreed and endorsed by the IJBs and NHS Board respectively.

3.2 Each Integration Joint Board at its June meeting will be invited to:

- Review the TCIP and endorse it for approval by the NHS Board acknowledging that it also fulfils the requirement for Acute Services/ Unscheduled Care and Lead Partnership planning; and

- Endorse the one year Delivery Plan 2017-18 for NHS Board approval

3.3 Taken together, this will endorse the Local Delivery Plan for 2017-18 for NHS Board approval.

4. IMPLICATIONS

Financial :	None
Human Resources :	None
Legal :	None
Equality :	None
Environmental & Sustainability :	None
Key Priorities :	None
Risk Implications :	Failure to meet the performance measures set out within the Local Delivery Plan will be addressed by Scottish Government at mid-year and Annual Reviews.
Community Benefits :	N/A

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

5. CONSULTATION

5.1 There has been consultation with NHS Board, IJB Chief Officers, NHS Performance Governance Committee and NHS Corporate Management Team in the compilation of the Local Delivery Plan.

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

Transformational Change Improvement Plan 2017-20

Transformation is a deliberate planned process that sets out a high aspiration to make a dramatic improvement and irreversible change to how care is delivered, what staff do (and how they behave) and the role of patients that results in sustainable, measureable improvement in outcomes, patient and staff experience and financial sustainability.

Health Foundation

1. **Introduction**

NHS Ayrshire and Arran is committed to the principles of the triple aim as it moves through this process of transformational change; improving the patient experience of care (including quality and satisfaction); improving the health of populations; and reducing the per capita cost of health care. Our intent is to make use of the national policy and strategy framework that has been defined and enhanced since the launch of the Quality Strategy in 2010, recognising the influence and direction that the latest drivers provide:

- National Clinical Strategy;
- Health and Social Care Integration;
- Public Health Reform; and
- Getting it Right for Every Child.

Set against that framework, we have defined a set of guiding principles to support us in planning for the future. Our approach makes best use of data to understand our population, to allow us make decisions and to plan services that will be sustainable at a local, regional and national level.

This Transformational Change Improvement Plan (TCIP) describes our programmes of transformational change and sets out our intention for this period of transformation 2017 to 2020.

2. Transformational Change

In 2010, the Scottish Government outlined in the "Quality Strategy" its vision to deliver sustainable quality in the delivery of health care services. That healthcare should achieve the three quality ambitions, providing person centred, safe and effective care. In 2011, the Scottish Government described the strategic vision for the delivery of health care services in Scotland in the "2020 Vision". This provided the context for implementing the Quality Strategy, recognising the need to be transformative in approach to build an NHS in Scotland fit for the future.

Our Vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting.

- *We will have a healthcare system where we have integrated health and social care, a focus on prevention, anticipation and supported self management.*
- *When hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm.*
- *Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions.*
- *There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission.*

NHS Ayrshire and Arran's local health and wellbeing framework, Our Health 2020, was approved by the Board in February 2014. The framework provided a strategic overview with a locally relevant interpretation, describing how NHS Ayrshire and Arran would work towards the 2020 Vision, linking the various strategies and programmes into an overarching strategic framework.

Since 2014, within NHS Ayrshire and Arran there has been significant progress in a number of areas where work has focussed on setting our culture, embedding improvement, developing our people strategy and strengthening our governance. We have also progressed important changes such as the establishment of the Health and Social Care Partnerships and delivered key capital developments, talking forward Building for Better Care and Woodland View.

In the early part of 2016/17 we focussed on understanding the ongoing challenges we face in the system and the paper, "Managing a Balanced Health and Care System", recognised those challenges and outlined proposals to begin the necessary process of transformational change. The paper acknowledged the context described in the National Clinical Strategy that sought to build upon the aims set out in the Quality Strategy and the strategic direction of the 2020 Vision.

In June 2016, the Chief Executive shared the paper, "Delivering a Balanced Health and Care System" with the NHS Board. This paper was an extension and culmination of the work to date to set the context for the need for change in Ayrshire and Arran. It described the

challenges of providing health and social care to the population of Ayrshire and Arran and summarised the programmes of transformational change that had been established at that time. This paper recognised the wider changing landscape in which health and social care services would be provided in the future, noting the impact of the following national drivers:

- National Clinical Strategy;
- Health and Social Care Integration;
- Public Health Reform; and
- Getting it Right for Every Child.

NHS Ayrshire & Arran has acknowledged this framework, which has more recently been expressed in the Health and Social Care Delivery Plan and has planned transformational change that will deliver health and social care designed to meet the needs of the local population.

3. Our Vision, Purpose, Values & Objectives

Against this national context for transformational change, a new vision and new corporate objectives have been developed to reflect our organisational intent in this period of change.

Our Vision has been defined as:

"Meeting the health and social care needs of our population by transforming what we do."

Our Objectives are:

Working together to ...

deliver transformational change in the provision of health and social care through dramatic improvement and use of innovative approaches.

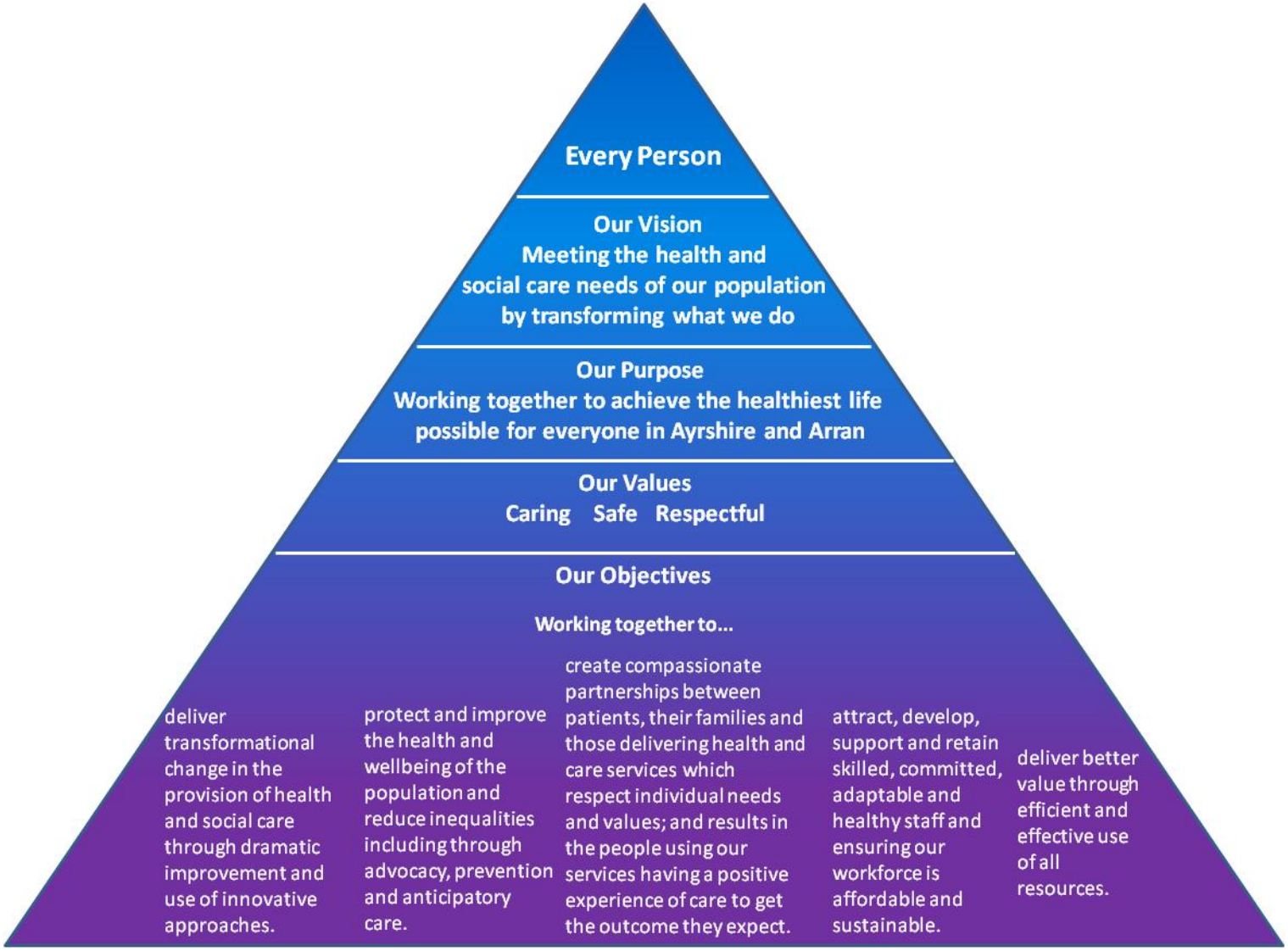
protect and improve the health and wellbeing of the population and reduce inequalities, including through advocacy, prevention and anticipatory care.

create compassionate partnerships between patients, their families and those delivering health and care services which respect individual needs and values; and result in the people using our services having a positive experience of care to get the outcome they expect.

attract, develop, support and retain skilled, committed, adaptable and healthy staff and ensure our workforce is affordable and sustainable.

deliver better value through efficient and effective use of all resources.

The diagram below shows how these relate to our existing purpose and values.


Every Person
Our Vision
Meeting the health and social care needs of our population by transforming what we do
Our Purpose
Working together to achieve the healthiest life possible for everyone in Ayrshire and Arran
Our Values
Caring Safe Respectful
Our Objectives
Working together to...
deliver transformational change in the provision of health and social care through dramatic improvement and use of innovative approaches.
protect and improve the health and wellbeing of the population and reduce inequalities including through advocacy, prevention and anticipatory care.
create compassionate partnerships between patients, their families and those delivering health and care services which respect individual needs and values; and results in the people using our services having a positive experience of care to get the outcome they expect.
attract, develop, support and retain skilled, committed, adaptable and healthy staff and ensuring our workforce is affordable and sustainable.
deliver better value through efficient and effective use of all resources.

4. Our Guiding Principles

The NHS is undergoing significant transformation as we work towards the 2020 vision, and integrate health and social care. Services in NHS Ayrshire and Arran will need to change substantially over the next two decades: in the way that we work, where our services are provided and by whom. This section outlines our guiding principles to underpin the planning of services.

Safe, effective, person-centred
The NHS Quality Strategy identified three key elements that define a high quality service: effectiveness, patient safety and person-centredness. These remain priorities against which service changes should be assessed. Quality incorporates timeliness as part of effectiveness.

Anticipation & prevention, care at home, reducing inequality
The integration of health and social care provides the opportunity to refocus care from reaction to anticipation, from treatment to prevention and from acute services to community services. It also highlights the need to address inequality of outcomes across Scotland.

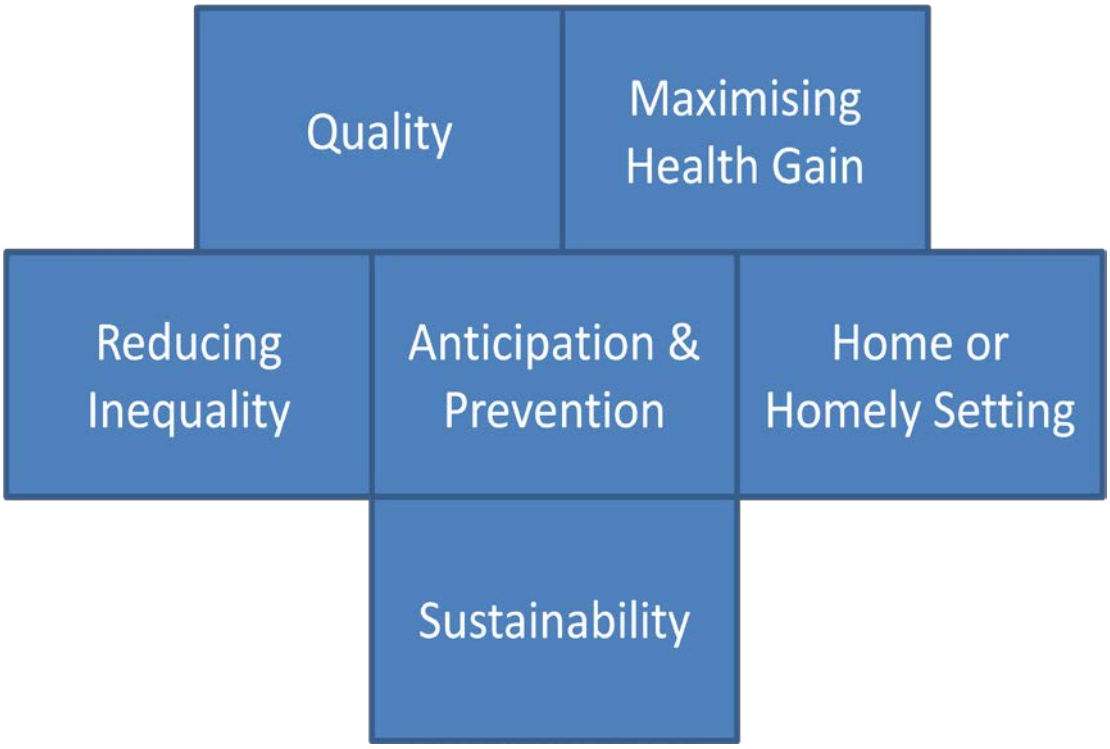
Maximising health gain, sustainability
Demand for health and social care will always exceed available resources, even in the absence of austerity. Resources spent on health and social care are unavailable for education and infrastructure development, which will in the longer term improve the health of the population through economic growth, more than any healthcare intervention can. We therefore have the moral responsibility to use the available resources in the most cost-effective way, to maximise the health of our population.

4.1. Which Principles Are Most Important?

The principles outlined above are not controversial, but will sometimes conflict with each other. Which takes precedence? We believe quality has to be the first priority for public services. Inextricably linked with quality, is maximising health gain within available resource, as that reflects the total value of healthcare provided to our population. Given a choice between two treatments, we should invest in the one that gives the most improvement in population health per pound invested. We also consider that to be a first order principle.

The second rank principles include the reduction of inequality, anticipatory care, prevention and moving from acute services to community services. These are important goals for the health and social care sector, but would not be delivered at the expense of quality or maximising health gain. For example, one way to reduce inequality is to reduce the quality of service provided to the least deprived – but this would not be acceptable. Similarly, almost all healthcare could be delivered at home or nearby, but would be so costly, as to compromise the health gain for the whole population. Investment in prevention only makes sense if it is cost-effective – we cannot treat tomorrow's patients at the expense of today's.

Sustainability is considered a third rank principle, as it is more about how a service is provided, rather than whether it should be provided. As part of sustainability, and recognising the Government's strategic objectives and likely demographic pressures, we will aim to employ fewer, more highly trained and highly paid staff, where it is cost-effective to do so. Employing lower paid staff to perform a role may seem less costly when simply considering pay scales, but may be a false economy, when assessing the true cost-effectiveness of the service.



4.2. Assessing a Service – Sequential Challenge

When planning services for the next two decades, teams will naturally focus on improving quality within the available resources. We support that approach, and expect our teams to take a patient-centred approach to designing their services to maximise effectiveness and safety. We expect them to identify where they spend the majority of their resources, and to match that to the burden of need within their specialty. We expect an outcomes-focussed approach, driven by data, especially patient reported outcome measures. But how do we challenge our services to embrace the new paradigm of care described in the 2020 vision, and to accelerate change within available resources?

1. **Population health**
   We will think in terms of population health, not just in terms of the patients who attend our clinics or wards. For example, how can we assess the overall eye health, or urological health within our population? Where are the biggest needs, and which of them are amenable to healthcare? What impact are demographic trends expected to have on demand?

2. **Prevention**
   Long-term prevention of disease has the potential to substantially improve the healthy life years of our population. Prevention is a key component of our system wide approach to health care, and whilst prevention may not be directly provided by our hospital teams, we expect them to provide a leadership role in defining what is possible within their area of expertise. Redesign of our models of care in partnership with patients, to enhance anticipatory care is also an important part of short term prevention. For example, a clinic might move to a demand-led service rather than providing routine six monthly appointments.

3. **Promoting community and home treatment**
   What care that is currently provided in the hospital setting could be provided at home, or in the community cost-effectively? Would this improve quality, reduce cost, or both? Who should provide such care – the hospital team working in the community, or community-based staff? What are the requirements for provision of such care? Would it require additional staff, additional training, additional equipment or buildings?

4. **Low volume, high risk activities**
   Some activities, especially surgical procedures, are provided in low volume, and some have significant risks. Such services may not be sustainable, particularly if dependent on individual surgeons, and there may be better outcomes in higher volume centres. For low risk procedures, it may be acceptable to continue. However, for higher risk procedures, teams should consider whether we have the expertise to offer such a service as a regional or national service (e.g. the cochlear implant service), or whether we should be negotiating with other boards to provide the service. The impact on the sustainability of interdependent services needs to be considered.

5. **Low value treatment**
   Some therapies that we provide are of relatively low value to patients, and some treatments are provided to a larger group of patients than the evidence supports (e.g. proton pump inhibitors). Better decision aids will let patients have a more realistic understanding of the trade-off between risks and benefits, and in some cases they may choose not to have treatment. Are the team aware of examples within their own specialty (some of these may be provided in primary care)? What action is required to stop providing low value services or therapies?

6. **Horizon scanning**
   Are the team aware of any major new developments that are likely to occur in their field over the next decade, and what implications would those have for the service?

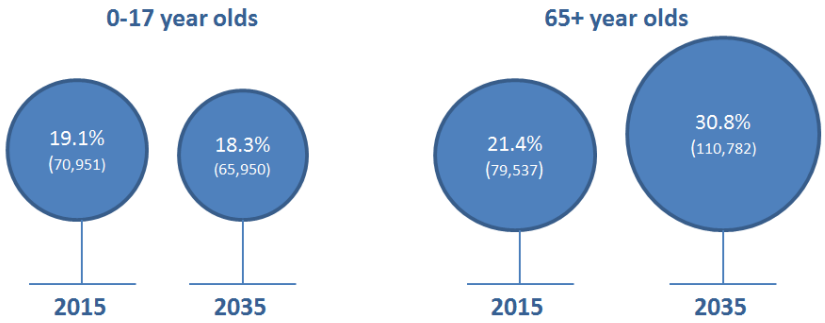
7. **Hospital care**
   Having been through the steps above, it should be clear what residual activity has to be provided within an acute hospital setting, and what the likely shifts in demand will be over the coming two decades. There should be a presumption that unscheduled care services will be provided across seven days per week.

Expected bed numbers and theatre requirements can be estimated from the predicted activity. This may prompt reconsideration of the model of care, if the current model seems unsustainable. For example, if the rise in demand is likely to lead to a substantial increase in the need for beds, we may need to consider more radical solutions if evidence allows.

Likely staff requirements can also be estimated from the predicted activity. This may prompt reconsideration of the model of care, if the current model seems unsustainable. For example, rotas of consultant staff with fewer than five members are unlikely to be sustainable if they involve any significant out of hours component. Rotas of fewer than ten resident junior doctors are also likely to be unsustainable.

5. What does our data tell us?

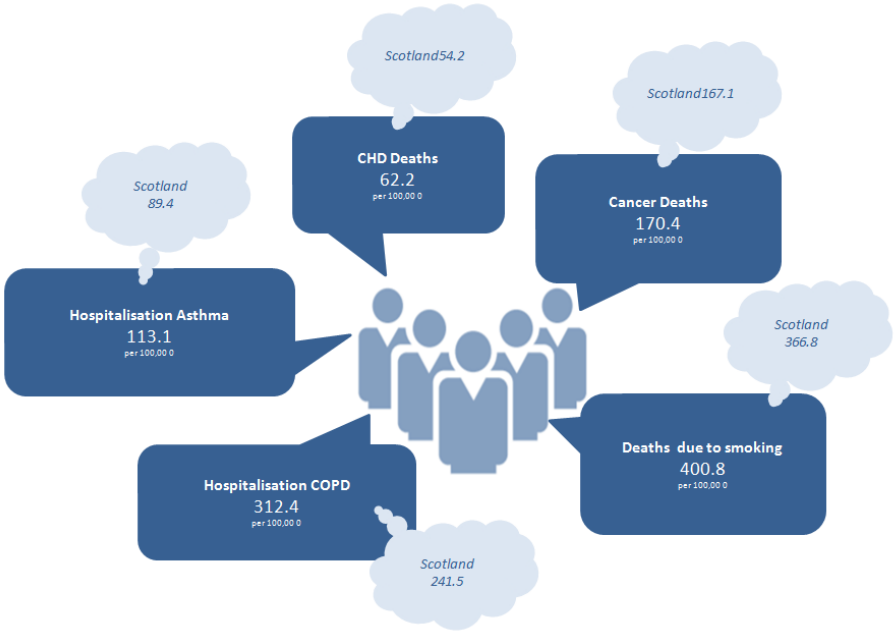
People in Ayrshire and Arran are living longer but fewer children are being born. Population projections suggest this pattern will continue at an even more accelerated rate over the next 10 years. The implications for health and social care services demand are significant, especially as the working age population declines.



Health and Social Care services within Ayrshire and Arran treat and care for huge numbers of people every year. However, Ayrshire and Arran has the 3rd highest number of years in poor health of the 14 NHS Boards for both men and women. In terms of health behaviours, there are clear indications that the Ayrshire and Arran population has higher levels of smoking and a greater prevalence of diabetes than other health board, which evidence shows places increased demand for health services at an earlier age than might normally be the case. Chronic illnesses and long term conditions are also increasing, particularly in the ageing population, and data on deprivation would suggest that this is felt most acutely in our more deprived communities.

We have seen a rise in the survival rates of people born with serious congenital conditions or surviving illness and accidents within Ayrshire and Arran. Whilst this highlights the commitment of health and care professionals to prolonging and protecting life, the ongoing demands for health and social care provision are often considerable. The national prevalence in some of the neurological conditions such as Multiple Sclerosis is also significantly underestimated for the West of Scotland, and Ayrshire and Arran in particular, placing further demands on health and social care provision which, with tightened resources, may not be fully available to those who need it.

From most recent census data, the proportion of the population reporting one or more long term health condition in NHS Ayrshire and Arran is higher than the national figure. This is supported by data from GP practices, which reports on the prevalence of specific long term health conditions in their practice area. This data suggests that the prevalence rates for all reported conditions in NHS Ayrshire and Arran are higher than or equal to the national rate. This is most prominent when considering deaths due to Chronic Heart Disease (CHD), Cancer and Smoking as well as when considering the much higher rates in Ayrshire for hospitalisation due to Chronic Obstructive Pulmonary Disease (COPD) and Asthma.



In addition, the Scottish Public Health Observatory (ScotPHO) profiles data on Child and Maternal Health show that within Ayrshire and Arran there are potentially significant challenges in terms of demand for health services as a result of maternal health behaviours. The ScotPHO profiles show that across all Health and Social Care Partnerships (HSCPs) in Ayrshire and Arran breastfeeding rates at first visit and at the 6-8 review stage are significantly lower than the Scottish average. This is further exacerbated by pregnant women in Ayrshire and Arran being more likely to smoke and consume alcohol during pregnancy. This is significantly worse across all Ayrshire HSCPs with the exception of South Ayrshire where the proportion of women smoking during pregnancy is lower than the Scottish average, although not significantly so. The percentage of Primary 1 children at risk of overweight or obesity is also significantly higher for all children living in Ayrshire than the Scottish average. These significant health behaviours both of pregnant women and in how the early years are affected by obesity suggest that in the longer term demands will increase for health and care services as a result.

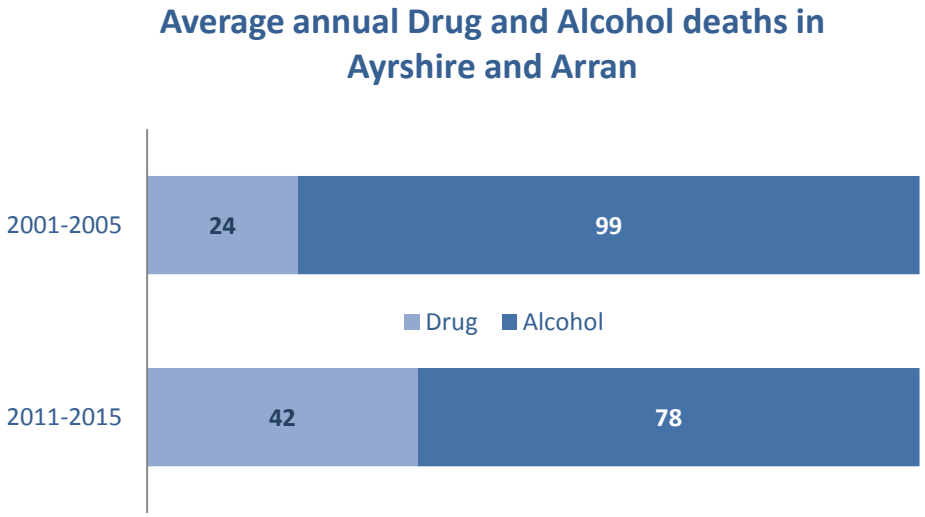
Furthermore ScotPHO profiles on Mental Health reveal that over the last half decade, local rates of episodes of acute care with a primary mental health diagnosis increased substantially. The largest part of this increase was undoubtedly the contribution from patients of retirement age. This is almost certainly reflecting an increase in cases of dementia and Alzheimer's disease within that older population. This matches the primary care data findings where dementia levels were noted as having risen over the last decade in Scotland. This shows that growing episodes of mental illness – and physical illness for that matter – arising from an increasingly ageing population are significantly impacting local healthcare services across the primary and acute healthcare settings.

While the older population has placed increased demands on services, the working age population within Ayrshire and Arran also place demands on Mental Health Services. One explanation for this trend may be a more rapid increase in depression and serious forms of mental illness. Primary care data trends showed increases in the crude rates of those

illnesses across Ayrshire and Arran as a whole, but with marginally higher rates generally observed in North.

Deprivation is also a contributing factor with the two most deprived Scottish Index of Multiple Deprivation (SIMD) quintiles contributing about two-thirds of the total increase in acute care mental health related episodes. If the trends continue, the greater burden of mental illness on the acute healthcare system in future will therefore arise from the poorer sections of the local population, showing that inequalities in mental (and physical) health within our local communities are still far from being resolved.

Moreover, over the last decade, the most striking trends in alcohol and drug related harm across Scotland - and in Ayrshire and Arran in particular - are a clear decline in alcohol related deaths counterbalanced by a clear rise in drug related deaths. A strong cultural shift appears to have occurred, and may still be occurring, with problem drug use and associated harm coming to the forefront, a phenomenon likely to be arising through younger sections of the population.



Rising numbers of older people, frailty, people living with one or more long-term conditions, and people experiencing mental health issues, all increase demand for urgent care and can give rise to increased presentation at emergency departments and also admission. 'Multi-morbidity' is now more common in the population than living with a single condition leading to an identifiable need for active long term conditions management including timely access to specialist support.

In terms of mortality, the three major causes in Scotland, namely cancer, heart disease and stroke accounted for more than half of all deaths in Ayrshire and Arran with slightly higher rates of premature mortality (deaths under the age of 75) than the Scotland wide average. East and North Ayrshire in particular have significant health challenges, with high levels of smoking attributable deaths and hospitalisation rates for COPD patients. Drug related mortality also appears to be on the rise right across Ayrshire and Arran.

When benchmarked against Board peers such as NHS Lanarkshire the differences and uniqueness of our challenges become even clearer. Whilst the deprivation mix in

Lanarkshire is similar to that in Ayrshire, a smaller proportion of the population within Ayrshire and Arran reside in the middle quintile, suggesting more polarisation of deprivation and affluence in this area compared to Lanarkshire. Furthermore, a higher proportion of GP referrals to hospital emergency departments result in an inpatient stay in Ayrshire, with longer lengths of stay and notably higher rates of readmission of patients compared with Lanarkshire.

With all this knowledge to hand it is apparent that our population's health is unique, and that the subsequent demands placed on our health and social care services within Ayrshire and Arran are significant. The following section demonstrates the extent to which the particular health needs impact on demand for services within Ayrshire and Arran.

NHS Ayrshire and Arran Emergency Departments continue to experience ever increasing numbers of attendances. As numbers of attendances have increased, the proportional spread of categories of seriousness of the attendances has remained unchanged. This suggests that increased attendance is not just attributable to a cultural phenomenon of more people turning to emergency health services when they feel unwell but also suggests evidence that there is rising acuity or complexity in people attending emergency departments. In fact, data shows an increase in the proportion of people being conveyed to emergency departments by ambulance. There is also evidence to suggest that increased unscheduled pressure can result in even higher levels of admission. Given NHS Ayrshire and Arran experiences the highest conversion rate of all NHS Boards in Scotland this is a crucial area of concern.

2015/16

119,282 ED Attendances

51,725 Emergency Admissions

The number of emergency admissions is projected to continue to increase over the next 20 years, particularly for the 70+ population. The pattern is similar in each of the Health and Social Care Partnerships within NHS Ayrshire and Arran with the greatest overall increase projected in South Ayrshire and the greatest 70+ age group increase projected in East Ayrshire. Should current practice continue, early modelling work has suggested that NHS Ayrshire and Arran would need an additional 398 beds by 2035 to meet this demand.

Whilst the creation of the combined assessment unit has the potential to positively impact on unscheduled care performance at University Hospital Crosshouse, it is important to note that average lengths of stay for admissions are also likely to be impacted and will increase as the more challenging and complex cases remain in the system. It is anticipated that the patient experience will however be much improved with shorter waiting times in the emergency department already beginning to be seen as a result of the combined

assessment unit opening in April 2016. A new combined assessment unit will open at University Hospital Ayr in May 2017.

Increased demand for emergency care can have a negative impact on elective care particularly during periods of high demand for emergency care. This has been particularly challenging for NHS Ayrshire and Arran over the course of this year where the expected decline in demand for emergency services following the winter period has not been seen and surge capacity (60 unscheduled care beds) has had to be maintained through the year to ensure that demand is met and that impacts on elective care have been minimised.

Data for elective care also suggest that whilst demand is also increasing, that it is in the specialties particularly prevalent in older people, or those living in our more deprived communities which are increasing at the fastest rate. This includes Orthopaedic and Vascular surgery, as well as Pain Service, Respiratory, Diabetes and Ophthalmology Services. Demand for outpatient appointments is also up for a number of specialties resulting in capacity shortfalls. Recruitment problems remain a major issue, with expensive short term arrangements in place while permanent recruitment continues or alternative models for service delivery are explored. Diagnostic waiting times are also under pressure and this leads to increased referral to treatment waits for patients.

There is also a continuing rise in demand for primary care and mental health services across all areas of the service spectrum, in line with increases in demand for Unscheduled Care Services. This pressure on primary and community services exacerbates the challenges faced by all Health and Social Care services across Ayrshire and Arran.

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6. Integrated Health & Care System in Ayrshire and Arran

Improving the health of the population is a challenging process, especially in an economic environment that mitigates against the determinants of good health. Of fundamental importance is the recognition that health and health inequalities are the result of a complex and wide-ranging network of factors. People who experience material disadvantage such as poor housing, insecure employment, low income, lower educational attainment, poor access to services or are living in fear are among those more likely to suffer poorer health outcomes and an earlier death compared with the rest of the population. Addressing these underlying determinants is essential if we are to sustain an improvement in health status and a reduction in health inequalities in the longer term.

Supporting people to choose a healthy lifestyle can have an impact on their health and wellbeing. For example, smoking remains the single most preventable cause of ill health and addressing alcohol issues is important for individuals, families, communities, local services and society in general. Recognising that it is easier for some sections of society to make healthy lifestyle choices than it is for others, the NHS has an important role to play in improving health, preventing ill-health and supporting optimum health for those with long-term conditions.

People living in Ayrshire will live at home supported by their families and communities. Health and social care partners, including those from third sector organisations and the independent sector, will work together with communities to strengthen resilience and ensure local services that maximise people's independence and support families. We will achieve this joined-up approach to community health and social care by building the services that people need around health and social care hubs.

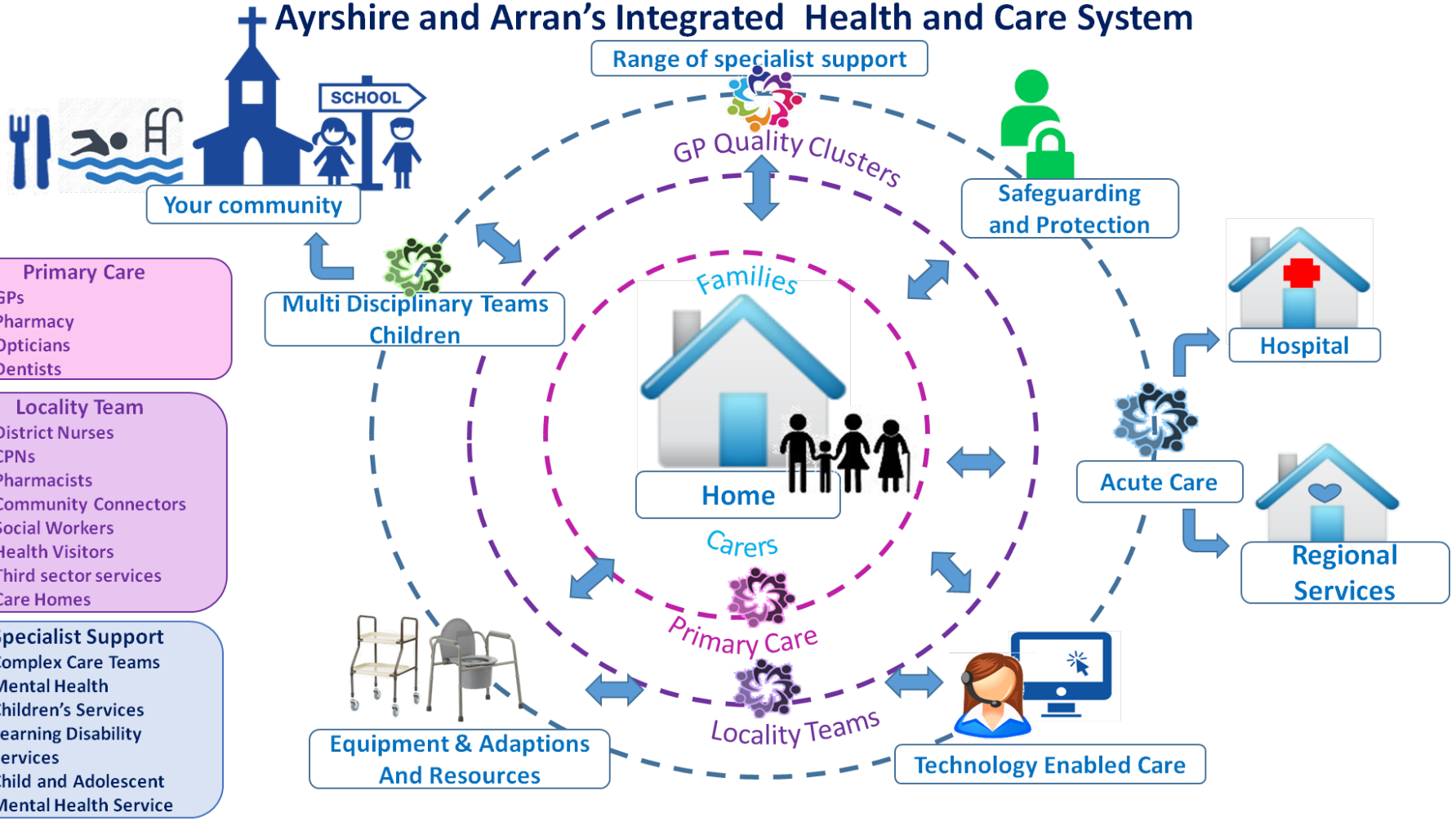
Our aim is that everyone should live a healthy life and where necessary will access the high quality care they require to live a safe, active and healthy life – either at home or in a homely setting. We will draw on support from neighbourhood organisations and local communities – groups and networks. This extensive network of health and social care services will operate on a shared care and inclusive basis.

Where planned interventions are required, diagnosis and treatment will be delivered from an accessible diagnostic and ambulatory centre. To complement this, regional specialist centres will be developed where people can access experienced specialist professionals and skilled care. Following diagnosis and treatment, people will return for rehab and intermediate care at a local centre as close to home as possible.

In cases of emergency, trauma and unplanned care will be provided from a District General Hospital. Patients will be assessed and treated in an assessment unit and only those critically ill patients will be admitted to the hospital for ongoing diagnosis and treatment.

Communication and engagement with stakeholders will be a key component of this work and to enable this vision for health and social care, extensive use of technology enabled care will be employed.

Ayrshire and Arran's Integrated Health and Care System



7. How Are We Going to Deliver Transformation?

7.1. Strategic Service Change Programmes

Mental Health
This programme aims to create seamless journeys for people requiring access to timely, safe, high quality and effective mental health care and to join services together more effectively so stakeholders have a single point of contact which enables their decision making.

The current, local, Mental Health aims, objective and outcomes will be influenced by the new National Mental Health Strategy issued in March 2017 by Scottish Government**.** At this time the local objectives are to focus on early intervention and prevention approaches for people experiencing low level mental health issues; place those experiencing metal health issues at the heart of decision-making about their assessment, treatment, care, rehabilitation and support, with a focus on maximising independence; create a fully integrated, community-based mental health and social care team within each Partnership; create a Crisis Resolution service which supports acute, community and partner need responding effectively to people in distress; and establish models of care for specialist mental health in-patient hospital services.

In respect of Learning Disabilities the local approach is in the process of development and the outcome of this may influence the current objectives of offering consistency and continuity of care for individuals at home; developing appropriate supported living models in community; creating a fully integrated, community-based learning disability and social care team within each Partnership; making use of technological advances to support those with complex care needs; supporting the individual receiving care and their family in planning, securing and delivering the highest quality of person-centred care; and connecting people with learning disabilities to a local community based support network.

The planned outcomes are to:

- Reduce social isolation;
- Reduce hospital admission;
- Reduce length of stay;
- Meet waiting times;
- Increase number of people supported in home/homely environment;
- Reduce hospital re-admission rates;
- Reduce need for enhanced observations;
- Reduced need for restraint;
- Reduce levels of UNPACS; and
- Increase levels of independence.

Unscheduled Care including Older People and People with Complex Care Needs and Acute Services - IHO (Institute of Healthcare Optimization) Whole System Patient Flow Programme

Unscheduled Care

The aims of the Unscheduled Care Programme are to reduce unscheduled acute care demand in Ayrshire and Arran and work on a whole systems basis to consider interventions and improvement work that will help sustain and improve public sector performance in relation to the 4 hour A & E standard and the achievement of the 72 hour delayed discharge target. This is being undertaken in the context of the national programme, "6 Essential Actions".

There are many strands to this comprehensive programme of work with the main objectives of the programme are set out as follows:

- Consider interventions and improvement work that will help sustain patient experience with the 4 hour A & E standard as an indicator;
- To eliminate the delay in peoples' discharge and the achievement of the 72 hour discharge target;
- Improve outcomes for the population of Ayrshire and Arran and ensure that people receive the right help, at the right time, in the right place, every time;
- Reduce unscheduled attendance and admissions at University Hospitals Ayr and Crosshouse by engaging with localities and services within community, primary care, commissioned and acute environments;
- Where possible monitor and develop clinical pathways on an Ayrshire and Arran basis;
- Achieve the 4 hour A & E standard by ensuring whole system capacity and flows are aligned;
- Support MCNs to review pathways for Respiratory, Cardiac, Falls and Diabetes;
- Benchmark current arrangements including costings, workforce and future pathways;
- Work with partners to set improvement targets to help reduce unscheduled care demands; and
- Consider the current performance management framework and reporting requirements and further development of performance information and indicators that support improvement and experiences of people who require care and support.

The expected outcomes for the programme are:

- Pro-active discharge planning from admission and monitor estimated date of discharge;
- Early referrals process established in social work practice across all acute and community hospitals;
- Mental health capacity assessments undertaken in a timely manner within community and acute settings;
- Awareness of system capacity or capability issues shared for wider learning in relation to the whole system of care and work in partnership to support the development of escalation plans;

- Resource implications associated with the unscheduled care or pro-active discharge process identified and used to inform redesign, development and commissioning opportunities;
- Introduction of pathways that meet local needs;
- Ensure unscheduled care processes support patient safety and person centred care;
- Partnership working with Primary Care, NHS24, Scottish Ambulance Service, ADOC, Third Sector, Independent Sector and out of hours services to develop robust responses; and
- Identification of information and technology requirements that will support the reduction of unscheduled care.

Older People and People with Complex Care Needs

This programme aims to support Older People and those with complex care needs to proactively access and direct the high quality care and services they require to live a long, safe, active and healthy life at home or in a homely setting, drawing on support from informal networks and services available in their local community and developing self-management skills.

There are a number of key objectives for the programme:

- Place the older person and those with complex care needs at the heart of decision-making about their assessment, treatment, care and support, with a focus on maximising independence;
- Create a fully integrated, community-based physical health, mental health and social care team within each Partnership;
- Focus on preventative care and early intervention to support the effective management of long-term conditions;
- Establish home or homely setting as the norm for the delivery of specialist health and social care service delivery;
- Offer consistency and continuity of care for individuals at home, in a homely setting and in hospital;
- Make use of technological advances to support the older person and those with complex care needs in managing their long-term condition(s) with rapid support when required from the integrated team;
- Support the individual receiving care and their family in planning, securing and delivering the highest quality of person-centred end of life care; and
- Connect people to a local community based support network.

The planned outcomes are to reduce hospital admission; reduce length of stay; increase number of people supported in home/homely environment; reduce hospital re-admission rates; reduce numbers of delayed discharge; and reduce social isolation.

Acute Services - IHO (Institute of Healthcare Optimization) Whole System Patient Flow Programme

The objectives of this programme are to implement Admission, Discharge and Transfer (ADT) Criteria for discrete levels of care across all medical inpatient wards on the Ayr and Crosshouse acute sites. This will provide a framework to assist discharge planning (including criteria led discharges) and will increase objectivity in the day to day planning of hospital

capacity. It will also establish the means to gather a comprehensive data set to indicate demand for specialty care by objective clinical need, as opposed the proxy measures currently used (e.g. consultant, ward, discharge diagnosis). This data set will be used to conduct discrete event simulation which will indicate the specialist medial capacity required to best match the clinical needs of our patients.

This work is intended to provide earlier access for patients to senior specialist review; reduction in length of stay; reduction in median time of discharge (i.e. earlier in the day); reduction in acute Occupied Bed Days (OBDs); reduction in patients 'boarded' outwith specialty; and, reconfigured medical ward footprint to better match capacity to demand based on clinical need.

Primary Care – Ambitious for Ayrshire

The vision for primary care services across Ayrshire and Arran is to achieve:

A strong local primary care service, supporting people in their day-to-day lives to get the best from their health, with the right care available in the right place when they need it. The overall theme is of partnership between individuals, communities, the health and social care and with partners

This vision is congruent with that set out in the national strategies of *National Clinical Strategy, 2015, Realistic Medicine, 2015* and *Pulling Together – transforming urgent care for the people of Scotland,* 2015 as well as the *Health and Social Care Delivery Plan*, 2016 and the Scottish Government's Outcomes for Primary Care of:

- We are more informed and empowered when using primary care;
- Our primary care services better contribute to improving population health;
- Our experience as patients in primary care is enhanced;
- Our primary care workforce is expanded, more integrated and better co-ordinated with community and secondary care; and
- Primary care better addresses health inequalities.

To respond to these pressures, a service model is being developed with GPs at the core of a hub or network of health, social and third sector provision, with the GP focusing on the care of individuals with more complex and undifferentiated conditions. Within this model each health and social care professional will need to work collaboratively and to the top of his or her competency level. This sits alongside the implementation of the new PMS contract.

This work is being progressed through eight key workstreams to set out how the vision for Primary Care in Ayrshire and Arran will be achieved, these are:

1. Development of services around GP clusters / localities;
2. Enabling effective service user pathways, support for self-care and shared care;
3. Investigating and addressing health inequalities (communities, priority groups, stages of life);

4. Enabling leadership for safety and continuous quality improvement for multi-disciplinary teams in practices, clusters and localities;
5. Increasing the capacity of services in the community, maximising expertise provided by contractors, achieving collaborative provision and shared care;
6. Ensuring workforce sustainability and development of new skills and roles;
7. Improving primary care infrastructure – premises and information technology and shared access to records; and
8. Integrating and enabling sustainable Out of Hours Services supporting unscheduled care.

The key outcomes are to ensure that primary care services are sustainable; practices are improving the quality of care by working in clusters of practices and undertaking peer review and continuous quality improvement; pathways are informed and supported to provide for safe, effective, efficient and patient centred care; collaborative leadership across clinical contractors is supporting primary care contribution to cluster and locality working; there is a shared understanding of the primary care response to deprivation and need; an integrated Out of Hours service, which is providing safe, effective and person-centred care which supports service providers to deliver; and, enhanced opportunities for GP recruitment and retention in Ayrshire and Arran.

NHS 24

NHS Ayrshire and Arran is the sole NHS Board working with NHS24 to develop strong partnership working and establish a NHS Model Office as a test and learn environment for NHS24's new system and processes to achieve joint benefits, and improved care and outcomes for the population of Ayrshire and Arran. This work will also inform the wider roll out across Scotland of NHS24's new system and processes.

This work will also support the transformation of Ayrshire and Arran's urgent out of hours care through joint working with NHS24. This is in response to the fragility of primary care out of hours services which requires immediate and innovative changes and the opportunities offered by integration. It will also test new ways of working for NHS24 and Ayrshire and Arran in line with national review of urgent out of hours services, *Pulling together: transforming urgent care for the people of Scotland, 2015*.

NHS24 will create a Model Office environment populated by a 'Test & Learn Team' which will test the new NHS24 software with Ayrshire and Arran. This Team will operate in a protected environment which will allow them to work with us and test out new processes, functions and systems as well as learning from and adapting the model during the phased implementation of the NHS24 new technology platform.

This test will also look to enable NHS24 and Ayrshire and Arran to provide the right our of hours support to the public at the right time, by testing new ways of triaging calls in order to support integrated, out of hours services to achieve safe, efficient and effective care (right care at the right time by the right professional), thereby enhancing the patient experience.

Being a partner with NHS24 will provide Ayrshire and Arran with opportunities for future tests of change such as the joint development of Advanced Nurse Practitioners, as both

within the Board's urgent care services and NHS24, the role of Advance Nurse Practitioners (ANPs) is being expanded.

Planned Care: Improving Access – The Modern Out Patient (including DCAQ)
The Modern Out Patient, formerly known as Delivering Outpatient Integration Together, or DOIT, is a national programme which supports NHS Boards and Health and Social Care Partnerships to deliver more integrated and accessible outpatient services and better outcomes for people who need to use these services.

The programme aims to ensure that all patients are seen at the right time, by the right person, and that the right information is available.

The objective is to use outpatient resources appropriately and improve patient experience. This will be done by reviewing and streamlining administrative procedures so that they support the patient pathway and make effective use of resources; establishing a patient reminder service; implementing advice only referrals; developing and implementing e-Internal referrals; reviewing outpatient clinic template configuration to maximise new patient capacity; undertaking Demand, Activity, Capacity and Queue analysis; and , in lieu of paper casenotes, implement Clinical Portal technology coupled with paperlite working. The clinical portal and paperlite will provide ease of access to clinical information to manage out-patient consultations and clinical administration across the continuum of care. The major benefit to using clinical portal will be that it can be accessed by any clinician who has appropriate role based access from any premises across the Board and also by clinicians from regional services in other Boards. This model will therefore help to progress the Health & Social Care agenda.

Work will also be undertaken on Pathway Management. This will involve considering use of alternatives to face to face consultations, e.g. advice only referrals, telephone consultations and letters to patients; examining alternatives to a follow up appointment with a consultant; the direction of patients to the most appropriate healthcare professional at point of referral and throughout their pathway; and, the discharge procedures including patient initiated review.

Children's Services
Building on the pan Ayrshire work in support of the implementation of the Children and Young People (Scotland) Act 2014, named person arrangements, and the integrated Children's Service Planning in East, North and South Ayrshire, a further proposal is being developed to identify areas for further examination in support of transformational change. This is at an early stage with ongoing discussion across the partners.

Technology Enabled Care (TEC)
The aim of the TEC Programme is to promote independence, choice and quality of life for people and to support a higher number of people to live independently in their own homes by developing a framework or whole systems approach with which to deliver integrated, mainstream equitable services across NHS Ayrshire and Arran and its three Health and Social Care Partnerships.

The TEC Strategy underpins this aim and its objective over the next three years is further utilise TEC across North, South and East Health and Social Care Partnership and Acute Services. TEC is an enabler of transformational change and offers alternative approaches to deliver health and social care services. Alongside pathways which are designed around the person and providing services by the right person, at the right time in the right place, TEC will contribute to maximising efficiencies across a system while achieving person centred outcomes. A national Outcomes Model has been developed which underpins the scalability and mainstreaming of TEC. Locally these are identified as:

- Increased number of people using HMHM (PODS and Florence) to monitor Long Term Conditions.
- Increased use of Technology to support Diabetes Services.
- Improved Compliance/Medicine usage.
- Reduction in admissions for Acute Diabetic complications.
- Reduction in inappropriate referrals.
- Reduce length of stay through Tele- Rehabilitation.
- Improved access to equipment.
- Increase access to KIS within Acute.
- Improved quality of information contained within ACP.
- Less spend on Overnight Services.
- Ability to increase Day Services.
- Increase access to Telecare universally.
- Increased use of appropriate Telecare according to risk.
- Increase in number of people using Telecare.
- Numbers of new people using Telecare.
- Reduction in avoidable Hospital admission by 10% over the next 5 years.
- Reduction in readmission rates of 10% each year.
- Provide early intervention and appropriate support for patients with Diabetes and Respiratory Conditions.
- Reduction in A&E attendances.

Acute Services - FastForward

>>Fast Forward is an approach, based on the Institute for Healthcare Improvement 90 day concept approach, which has been devised in-house to support rapid cycle development of service level action plans. Successful organisations set clear long-term goals, and regularly review their transition towards those long term goals. The process seeks to:

- Establish an improved understanding of the service;
- Challenge the existing model of service delivery and its ongoing sustainability;
- Agree priorities for changes to future service delivery in the short, medium and longer term; and
- Develop a clear approach and timeline for priority development to produce an Annual Service Plan.

Building on the work undertaken during 2016/17 supporting reviews for the specialties of Trauma & Orthopaedics; Cardiology; General Surgery; and Respiratory, the outcomes and impact of this work are now being seen in some areas, and will influence spend in 2017/18

onwards. A further draft schedule of reviews due to be undertaken within 2017/18 is in the course of development.

Acute Services - Performance Intelligence Support to Acute Service Planning
The provision of performance intelligence and benchmarking data is intended to provide insights for service planning to enable a fact-based understanding of problems, informed decision making based on a best value approach, and to track areas for performance improvement and service development. This approach is increasingly being used across services, with the current focus on supporting speciality level site based planning and the >>FastForward service review processes.

Acute Services – Modelling Unscheduled Care
Capita has been engaged to undertake Unscheduled Care modelling using the HORIZON Modelling tool. The objectives of this work are to be further refined following discussion with Capita. At this time they are aimed at achieving maximum impact from the CAU; modelling the alternatives to acute bed stays for those who no longer require acute care; considering the impact of the core modelling work undertaken for the Older People and those with Complex Care Needs Model of Care; and, assessing the benefits from the Institute of Healthcare Optimization work.

7.2. Best Value Programmes

Directorate Restructuring - Corporate and Clinical Support Services
The purpose of undertaking the Corporate and Support Services directorate review was to demonstrate best value in everything that we do; to make the most efficient use of existing resources in order to meet the increasing demand these services; and ensure that customers' requirements are met in the most cost effective manner. The review is now complete and implementation has commenced.

Directorate Restructuring - Human Resources
This programme will review all services provided by the HR/OD Directorate, looking to the future to identify the optimal way to deliver the Directorate's range of people related services to meet customer needs and deliver on the Board's purpose and objectives, within available resources, whilst meeting our efficiency requirements. Processes will be streamlined to remove duplication; non value added activity stopped; and ways of working reviewed and modernised to make the most effective use of technology. The aim is to transform the functioning of the Directorate to the benefit of the Board; patients; internal customers; those who use HR/OD services; and, staff within the Directorate.

This will also place the Directorate in a position to participate in, and deliver on, the national work being undertaken on the full implementation of the eEmployee Support System (eESS) and the recently re-launched and reinvigorated national Shared Services programme. This requires HR communities to be agents of change and spread good practice/excellence, working together more effectively with a once for Scotland approach. To achieve this, standard systems are needed for transactional processes to allow more time to be focussed on supporting or leading transformational change.

Locally, the four key drivers are to:

1. Contribute to the Board's Cash Releasing Efficiency Savings (CRES) requirements in a planned, long term and sustainable way;
2. Deliver a quality, streamlined, and modern operation by working through a programme of review and redesign;
3. Respond to staff feedback from the staff survey and iMatter on the growing demand being placed on the HR/OD service to ensure that by reviewing and refocusing the work of the Directorate, a quality, sustainable service is delivered by staff who feel valued and fulfilled; and
4. Contribute to and support the implementation of the national HR shared services work to develop strategic options for the delivery of HR/OD services to support NHSScotland into the future, underpinned by the full implementation of eESS.

Shared Services - NHS Scotland Procurement Review
Preparation of an Outline Business Case has ceased and been replaced with a strategy document which was submitted to the Chief Executives' meeting mid February 2017and agreed. Any actions arising will be incorporated into our local plans

National Shared Services Initiatives
There are number of programmes within the National Shared Services initiatives in which we are fully engaged; Logistics and Fleet; Capital Planning, PFI contracts; Estates, Professional Fees. Actions arising from national work will be implemented locally, as appropriate.

We are scoping opportunities with Lanarkshire, Dumfries and Galloway and Greater Glasgow and Clyde across all activity areas covered by the national shared service initiative to determine whether regional collaborative working could release additional efficiencies and at an earlier time. In addition we are working with the three HSCPs and Local Authorities on Joint IT and Information Governance.

Realistic Medicine - Effective Prescribing
This programme is linked to the national programme for Effective Prescribing and aims to improve the cost effective use of medicines in NHS Ayrshire and Arran through a programme of established and transformational change initiatives.

The objectives are to:

- Develop and deliver the effective prescribing plan for medicines in primary and secondary care using the established approach;
- Undertake 1300 polypharmacy reviews across primary and secondary care;
- Develop further secondary care whole system transformational change plans including:
    - Accelerated whole system approach to biologics and biosimilars and achievement of the national biosimilars uptake target
    - Increase engagement of secondary care clinicians in review of utilisation of high cost medicines linked to patient outcomes
    - Undertake review of OP prescribing in key specialties
    - Review medicines supply arrangements in secondary care

- Develop and test a whole system transformational approach to respiratory, analgesics and antidepressant prescribing.

NHS Ayrshire and Arran has a well established and effective approach to improving the effective prescribing of medicines in primary care. This work has resulted in the cost per prescribed item in primary being below the national average. This is underpinned by a proactive approach to formulary management with good compliance with the current range of medicines within the formulary. However further work on narrowing formulary choice will be included in the whole system transformational prescribing plans.

Significant assessment work has been undertaken through the Medicines Resource Group (MRG) with effective prescribing plans and savings agreed for 17/18. These plans include an increased focus on polypharmacy reviews to improve the quality of prescribing for patients on multiple medicines and to review the higher volume of items prescribed for patients across a range of medicine categories.

Due to the increasing costs of medicines in secondary and specialist services, an increased focus on the effective use of medicines in secondary care is required. This will require increased clinical leadership and engagement from medical, pharmacy and nursing staff. A number of areas of work have been identified to progress and project plans will be developed by the end of March 2017. The transformational change impact will be identified as part of the project planning with any financial savings prioritised where appropriate within the project plans.

NHS Ayrshire and Arran has a high volume of items prescribed per patient and this has a significant impact on the overall cost per patient for prescribed medicines in primary care. A transformational approach to effective prescribing is required to tackle the volume of medicines prescribed. This approach will be initially tested in the area of respiratory, analgesics and antidepressant prescribing. These programmes will be developed through engagement with key clinical leaders and stakeholders and will aim to develop and implement new services to improve outcomes for patients by re-investing savings from prescribing. A proportion of savings will be required to support the organisational CRES target.

Realistic Medicine – Better Quality Better Value
The Better Quality Better Value (BQBV) programme which is part of National Services Scotland NSS shared with us some data, outlining potential savings if NHS Ayrshire and Arran reduced the volume of certain procedures of “low clinical value” to the Scottish mean. It is noted that 81% of potential savings are concentrated in three procedure groups:

- Cataract Surgery
- Knee Replacements
- Minor Skin Lesions

These procedures are more accurately referred to as procedures providing “better quality better value” as they may have a significant positive impact on clinical symptoms and

quality of life for the patient. We will be looking at access criteria to ensure that only patients likely to benefit from these procedures may access them.

Workforce including Medical Workforce, Nursing Workforce
The collective aim for this programme is for the Board to have the right workforce, with the right skills and competencies, at the right time to provide high quality, sustainable and affordable services, and for this workforce to be utilised in the most efficient and cost effective way, where all staff work to the maximum of their capability.

The important role that workforce has in successfully implementing change programmes, both in terms of workforce planning and human factors, is recognised, together with an understanding of current and future workforce challenges in terms of demography, supply, changing skills and roles. This is required to predict future need and develop robust action planning. The NHS Board's 2016/17 Workforce Plan identifies key workforce actions.

Workforce planning and evaluation is a key element of all of the programmes of transformational change and service redesign. It is appropriate to pull these together into an overarching Workforce Change Programme overseen by a Workforce Planning Programme Board, which identifies the key current and anticipated future workforce challenges for the Board, and the actions being taken to address these.

The three main objectives sitting within this programme are to:

- Improve attendance; skill mix; management costs; vacancy management; and time to recruit;
- Ensure the workforce implications and improvements arising from the work of the programmes within the Portfolio for Transformational Change are captured and the overarching impact and interconnections identified; and
- Address Staff group specific actions or improvements relating to the Medical and Nursing workforce.

Estates Master Plan
A key component of our plan for future delivery of services is focussed on the necessary infrastructure at all points of service delivery, whether in the community or secondary care setting. The Estates Master Plan will review our existing infrastructure in conjunction with future model of service delivery, seeking to optimise and rationalise existing infrastructure alongside a plan for new capital developments. It will identify surplus property and obsolete buildings for disposal across the estate. This will ensure the most effective and efficient use of existing property. In addition, projects which may include new buildings, refurbishment or extensions of existing buildings will improve the sustainability and performance of the estate, supporting clinical services for the foreseeable future.

Enhanced Performance Framework
The Health Foundation (2015)[1] highlights seven key success factors for transformational change in the NHS. In respect of performance management these include:

[1] Transformational change in NHS Providers, Health Foundation, 2015

- clear accountability for performance and effective management structures to implement change;
- insights from data analysis that enable a fact-based understanding of problems, inform decision making and track performance; and
- Capabilities to identify the root causes of problems, plan and prioritise how to solve them and manage implementation in a structured way.

The enhanced approach to Performance Scrutiny within NHS Ayrshire and Arran has therefore been designed to support transformation change in these ways. Over the next three to five years this approach will develop to support performance scrutiny and improvement discussion for core areas of business and to support transformational change programmes. This continuing approach to monitoring, challenge and review underpins our approach across the system.

Best Value Initiatives
In respect of efficiency and productivity, we are progressing a number of areas where there is opportunity for increased best value, although not all of these will result in financial savings. Initiatives are being undertaken in respect of elective Theatre productivity/activity and Catering, Cleaning, Estates and Laundry services with feedback from involvement in national work being incorporated locally. Other activities are reported within their respective programmes.

7.3. Collaborative Working

National Services Scotland (NSS)
A range of support is being provided from NSS. This includes an aligned single point of contact with NSS, data analyses to support informed decision making; and project support across a range of topic areas.

Healthcare Improvement Scotland - Effective Care Programme (ECaP)
This programme utilises a similar approach to that of >>FastForward. There are ongoing discussions to scope the application of the process to complement existing local work. Actions arising from this will be incorporated into the Delivery Plan as appropriate,

Healthcare Improvement Scotland - Health Improvement Alliance Europe
Scottish Government Health and Social Care Directorate has selected a small number of NHS Boards (NHS Ayrshire & Arran, Scottish Ambulance Service, NHS Lothian, Healthcare Improvement Scotland (HIS), NHS Highland) to participate in developing the above Alliance in partnership with Institute for Healthcare Improvement (IHI).

IHI has previously established a successful Alliance of 40 healthcare providers in the USA with the aim of collaborating to maximise opportunity for improvement.

Previously the alliance members had agreed to three key workstreams and these were the focus for a recent event:
- Population health;
- Joy at work; and
- Quality Improvement (QI) in a financially constrained environment.

Population health is focused on what is meant by this term and what it should encompass. There is recognition that there are similarities and differences across the countries involved and that 'Europe' is not actually represented by those present. Whilst as yet there has been no discussion on what we might do to improve population health or learn from others who are making inroads, it is anticipated that this will be addressed.

Joy at work is acknowledged as being crucial but that the terminology might need some translation. It was also agreed that it should consider the whole person not just 'at work'. Learning from each other will be shared and iMatter, a staff engagement process, puts NHSScotland Boards in good place already with this work.

Focusing on QI in a financially constrained environment is recognised as being important but the difficulties of maintaining this as finances tighten are acknowledged.

In addition, the opportunity is being taken to revise and rationalise nursing documentation which is an integral part of delivering the Excellence in Care Programme. This will include exploring opportunities for multidisciplinary unified approaches and electronic solution to release nursing capacity and improve efficiency.

Locally, we are exploring taking forward possible opportunities further with colleagues; taking forward actions together with HIS, including staying virtually connected for any potential resources; agreeing to test 'Joy at Work' activity; and establishing a documentation review group under the leadership of an Associate Nurse Director

Acute Services: Patient Flow - Scottish Ambulance Service
The aim is to work collaboratively with the Scottish Ambulance Service in delivering an improved and sustained service for the patients of Ayrshire and Arran. We will do this by reviewing and streamlining current processes to support the patient pathway and make effective use of resources. The areas to be targeted are:

- Improved ambulance turnaround times within the Emergency Department/Clinical Assessment Unit (ED/CAU) by improving handover processes within those areas;
- Reduced reliance upon ambulances to discharge patients by improving the discharge planning process;
- Improved scheduling of ambulances required to facilitate patient discharge; and
- Reduction in cancelled Outpatient Appointments as a result of ambulance cancellations.

There is a close association between the work of this programme and that for Transport.

NHS Dumfries and Galloway
Discussions have commenced with NHS Dumfries and Galloway to develop structures and timelines to progress a collaborative approach. The range of issues being focussed on initially include Vascular, Urology, Head and Neck, Laboratories and the clinical model for the South West population (Girvan to Stranraer). Other areas include, medical workforce and an agreement that where opportunity arises to consider other functional services.

Transport

The West of Scotland Integrated Transport Hub is a collaborative partnership with key stakeholders, including Strathclyde Passenger Transport (SPT), Councils, NHS Boards, Scottish Ambulance Service and Community Transport. The Hub will look to co-ordinate relevant partners' resources (vehicles and drivers) in conjunction with the Scottish Ambulance Service resources to develop improved transport solutions, avoid unnecessary or duplicate journeys and achieve economies of scale. The development of the Hub will be based on some core principles to improve quality, efficiency and co-ordination.

The overall aim of the Hub is to: *"Develop an integrated single booking and scheduling point of contact for Health and Social Care transport services in the West of Scotland through SPT's Contact Centre".*

This will improve the transport experience for the users of these services; improve the co-ordination and efficiency of health and social care transport provision in the West of Scotland; provide transport based upon need; reduce inappropriate journeys; assist with meeting the increasing demand; and, achieve budget efficiencies.

8. Delivery Plan

This Transformational Change Improvement Plan describes our programmes of transformational change and sets out our intention for this period of transformation from 2017 to 2020. Our plan is intentionally aspirational, seeking to make deliberate, sustainable improvement in the way that we deliver health and care services in Ayrshire that will achieve better outcomes for the people who use these services.

Accompanying this document is the annual Delivery Plan which describes in more detail how we intend to meet both the requirements of the Local Delivery Plan and the identified actions from each programme of transformational change necessary in that year to achieve the improvement required. This Transformational Change Improvement Plan should be read in conjunction with the relevant year's Delivery Plan.

NHS Ayrshire and Arran

Delivery Plan
2017-18

1. Introduction

This Delivery Plan for 2017/18 outlines how we intend to meet the requirements of the Local Delivery Plan (LDP) guidance and describes the level of transformational change necessary for this period 2017/18. The plan is presented in two parts.

The first identifies the key actions being undertaken in support of our Transformational Change Improvement Plan. It reflects the national policy drivers and is responsive to the requirements of the Health and Social Care Delivery Plan. It sets out the actions being undertaken by each of the programmes within the Portfolio for Transformational Change, together with the expected outcomes and quantification of the transformational change in terms of performance, finance, and qualitative improvement in 2017/18. It also shows where the action is dependent on approval to proceed and/or funding.

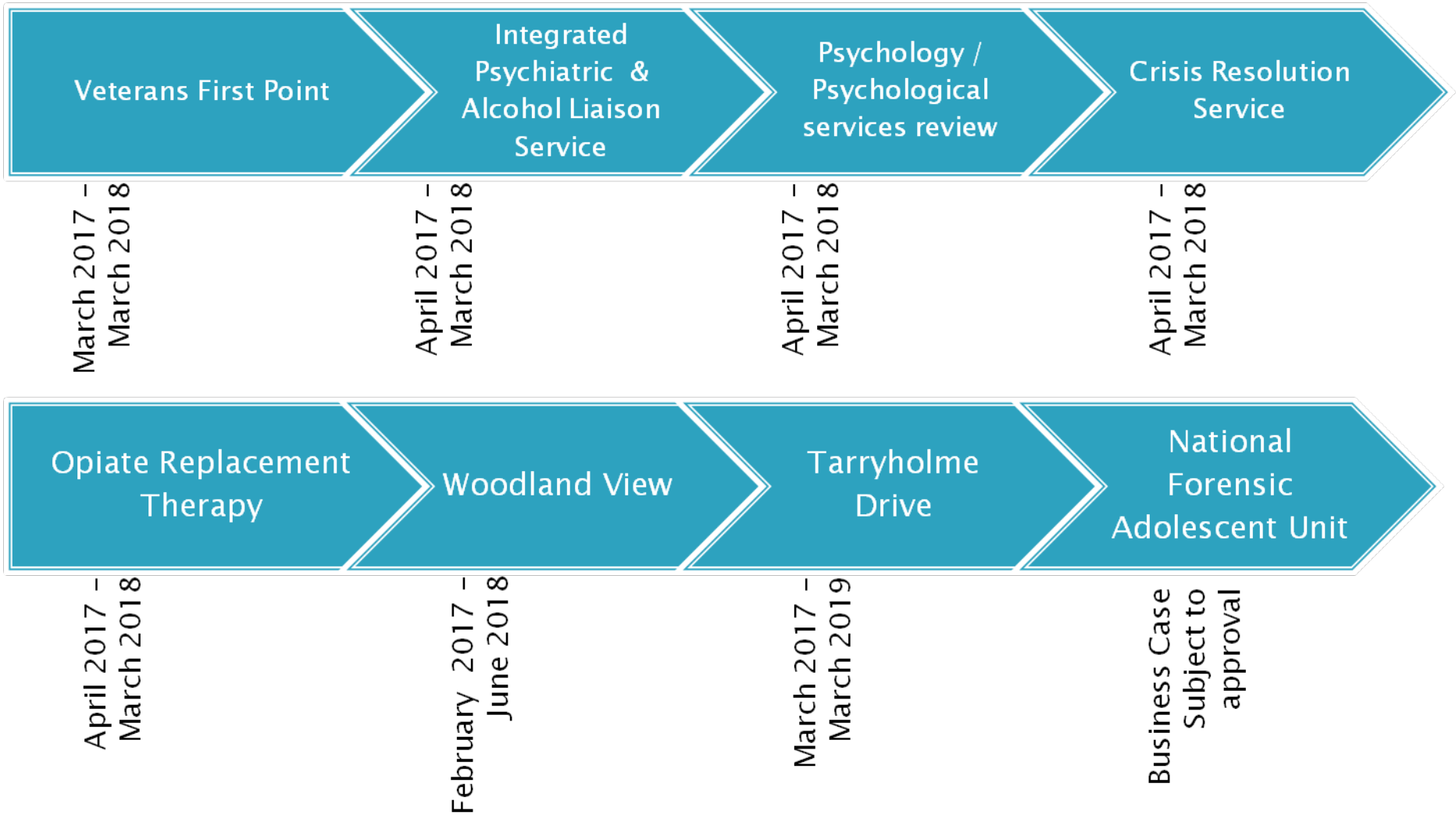
This work is underpinned by the information set out in the second part which addresses those ongoing requirements of the Local Delivery Plan. As may be expected there is significant crossover between the requirements of the LDP guidance and our transformational change, demonstrating the transformative nature of all work being undertaken in support of the key policy drivers and system challenges.

Together the Transformational Change Improvement Plan and the Delivery plan reflect our agreement with the Scottish Government for the forthcoming year.

2. Transformational Change

2.1. Strategic Service Change Programmes

Mental Health



Planned Action	Expected outcome	Quantification of the transformational change in terms of performance, finance, and qualitative improvement.	Action dependent on approval to proceed/ funding.
Woodland View - implementation of new models of care for people with mental health issues.	• A single, cohesive staff culture • Enhancement of the patient's experience and an improved therapeutic environment • Ensuring the provision of a safe and effective service. • Improved mental health and sustained recovery for individuals –reduction in re-admissions. • Reduction in use of specialist private provision and reduction in use of Carstairs.	Additional funding agreed by NHS Scrutiny for the following - • **Adult In Patient Staffing – 16.46 WTE £0.524m** This will support delivery of safe, effective and person centred care services at the Woodland View site and includes the delivery of an integrated detox and rehabilitation addiction service in ward 5. • **Low Secure Staffing - 0.320m.** This work creates the opportunity to develop a forensic network of services within NHS Ayrshire and Arran and will support the sustainability of the National CAMHS forensic unit. **Service improvement:** The funded staffing levels to deliver new ways of working and models of care will result in the following quantifiable outcomes: • **Reduce length of stay**; For EMH acute admissions at Woodland View from 86.1 days 78 days by end of 17/18. For adult acute admissions from 26.5 days to 24 days by the end of 17/18. • **Reduce hospital re-admission rates;** Increase levels of independence, rehabilitation and recovery. • **Improved patient experience** with delivery of new integrated models of care and allow for 'specialist' provision including Low secure service and combined inpatient detoxification and rehabilitation within addictions service.	

		• **Reduce need for enhanced observations and need for restraint**; There has been a 6.15% reduction in enhanced observations (4624 hours) from April 2016 to December 2016. A further 10% target improvement/reduction by December 2017 (4161 hours). There were 344 incidents of violence and aggression requiring restraint across the North H&SCP 01/04/16-31/03/17. A target 10% reduction in restraints would lead to a target of 310 restraints for 2017/18. • **Reduce levels of UNPACS;** plan assumes a saving of £0.1m on external services in 2017-18. • **Reduce sickness levels:** Targeted work through a taskforce approach review will aim to reduce Adult Inpatient sickness levels to 5% by Q4 2017/18 and Elderly Inpatients reduce to 6.5% by Q4 2017/18. (Adult Inpatients as of April 2017 is 6.47% and Elderly Inpatients is 6.52%) • **Cease premium agency requirements:** Reduction in spend has been sustained since August 2016. Expectation from Nurse Director is for non- registered agency use to become a "never" event – Based on this it is anticipated there will be a reduction of £94,521 in agency use for 2017/18. • **Reduced use of bank staff:** Non registered Bank remains the highest usage (£0.622.5m). Sustained reduction in sickness absence and new additional staff used as pool to Adult Acute Services will enable significant reduction in this requirement aiming for a 50% reduction in Bank will result in a £310,000 reduction overall	
Integrated Psychiatric & Alcohol Liaison Service - Implementation of an Integrated Psychiatric & Alcohol Liaison Service to provide daytime and out-	• Improved service user experience • Improved patient outcomes • Reduced ED waiting	To deliver new models of care and close the funding gap to hospital services in-hours will require £0.170m and out-of-hours is £0.202m. This service will be funded via the charging income for Low secure and rehabilitation beds. **a) UHC Urgent Psychiatric Assessment Provision (6-9pm) Out of**	Business case for integrated model with Crisis resolution service to be

of-hours support for urgent psychiatric issues at University Hospital Crosshouse (UHC), University Hospital Ayr (UHA), Ailsa Hospital & Woodland View.	times, hospital admissions, re-admissions and lengths of stay • Reduced risk of adverse incidents • Single point of contact for hospital services both in and out of hours • Improved response to demand from hospitals • Quicker signposting to appropriate services and improved decision making	**Hours- £0.202m and;** **b) UHC Urgent Psychiatric Assessment Provision In Hours - £0.170m.** This funding will provide an Integrated Psychiatric & Alcohol Liaison Service to provide daytime and out-of-hours support for urgent psychiatric issues at University Hospital Crosshouse (UHC), University Hospital Ayr (UHA), Ailsa Hospital & Woodland View.	developed. Model will be funded using income from Low Secure and Rehab beds.
Opiate Replacement Therapy Phase 2 - implementation with Primary Care to reduce significant levels of risk within each HSCP.	• Fewer people on ORT • More appointments being delivered and higher attendance • More regular patient reviews • More alternatives being prescribed (e.g. Suboxone) • Improved outcomes re mental health, physical health • Reduced impact of illicit drug use on	Access to Treatment (national standard – Pan Ayrshire) • 90% of people who need help with their drug or alcohol problem will wait no longer than 3 weeks for treatment that supports their recovery; • 100% of people will receive appropriate treatment within 6 weeks of referral to service Opiate Replacement Therapy (Phase 2) – local service targets (North H&SCP) • The North Ayrshire service will support a minimum of 40 individuals to successfully detoxify and become abstinent from their illicit opiate drug use and their ORT medications; • To increase the number of service user appointments by offering a minimum of 3,000 face to face prescriber appointments within North Ayrshire during 2017/18; • To ensure that 100% of clients prescribed ORT within the North	

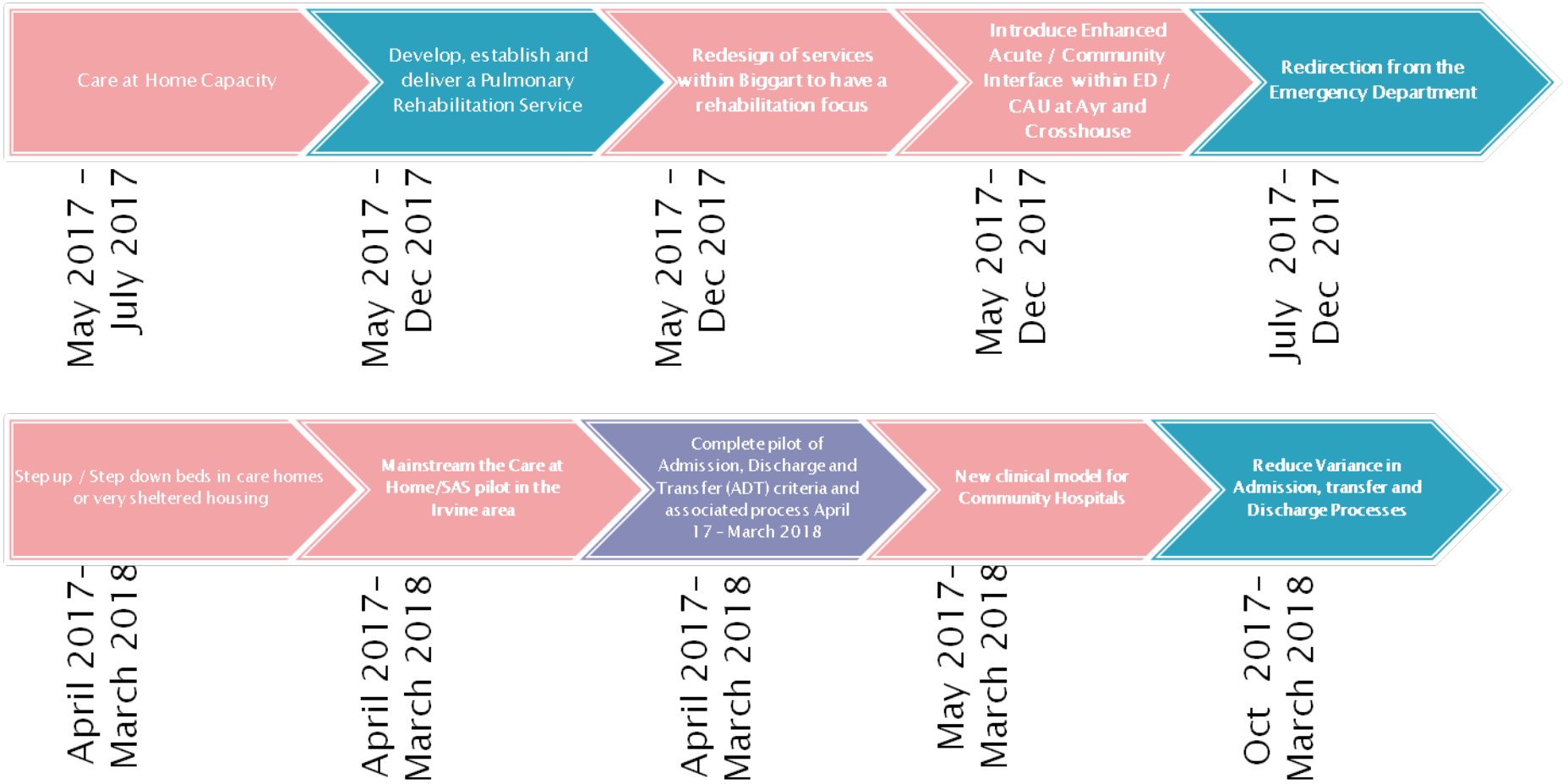
	individuals and communities.	Ayrshire Service has, as a minimum, an annual review appointment offered with their prescriber. Ward 5 – local service target – Pan Ayrshire • The service will reduce the average length of stay within Ward 5 to no more than 21 days throughout 2017/18 (against a historic position of 35 days) Reduce pressure on GP/ADOC/Police Scotland; Assist in the prevention of drug related deaths. The 1st Phase was implemented during 2016, with the 2nd Phase being implemented in full during 2017/18. Full year funding of £598,180 has been committed by NHS A&A and the three local ADPS for the ongoing delivery of both Phases (NHS A&A has committed £373,448 whilst the ADPs have committed £224,732 = £598,180).	
Tarryholme Drive – A development on the former Red Cross site in Irvine enabling a pan Ayrshire community mental health 9 house rehabilitation facility, 20 housing tenancies with care & supported for complex learning disabled individuals and/or autistic spectrum conditions, and 6 residential community resettlement	• Establish new care pathway models with supported accommodation options • Enable continued rehabilitation in a community setting to complement in-patient rehabilitation. • Realise rationalisation	This business case demonstrates that capital investment in refurbishment will ensure that the facility is fit for multiple purposes now and for future needs. NHS Capital contribution is £2.389m which is £0.728m for the purchase and £1.661m for the refurbishment Expected net saving: £0.919m based on NHS current costings. Increase number of people supported in home/homely environment Increase levels of independence Reduce hospital admission Day service will create and maximise opportunities for community inclusion. **Timescales/milestones:** • Concept design process stages 2 to 4: Completion August 2017 • Workforce model (MH) - by June 2017	The purchase price of £1.4m was split 52% NHS and 48% NA Council. The reconfiguration and refurbishment cost of £6.6m is split £1.661m NHS (LD Residential and Community

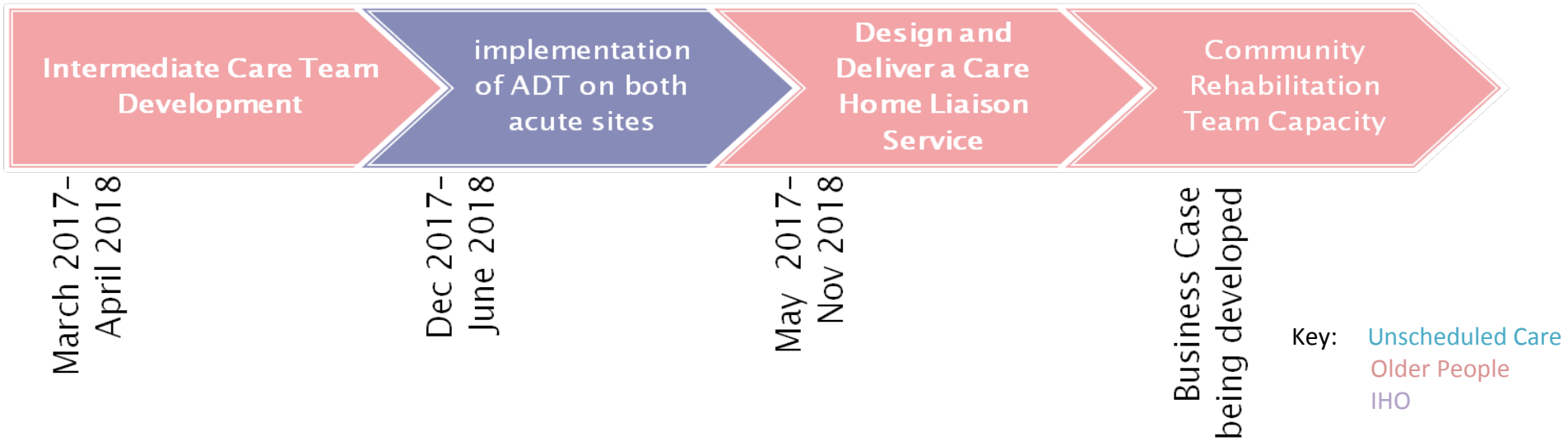
accommodation from hospital facility for learning disabilities. In addition the provision of a North Ayrshire Learning Disability Day Service	of NHS estates. • Provide a new Learning Disability Day Service • Ensure our resources are aligned to changing needs and adapt to flexible usage.	• Organisational planning by November 2017 (MH) • MH Service user and carer engagement, assessment, transition planning by June 2018 • Ongoing phased plan as above for LD initiated by Oct 2017 & completed by December 2018 • Lochranza closure; March 2018 • Organisational change: June 2018 (phased) • Stage 5 Construction start; February 2018 • Stage 6 Handover and close out: February 2019 • The MH unit ready for occupation July-September 2018. • 9 Patient moves from current rehab wards • LD Day Services & all Accommodation ready for occupation by March 2019 • Stage 7 operational: March 2019 (all elements) • Rationalisation of NHS estate Woodland View: March 2019 to 2020	MH Rehab) and £4.939m NA Council (LD Day Service and Tenancies). Funding has been agreed through relevant governance structures.
National Forensic Adolescent Unit – Design, build and open a national inpatient secure service for young people with mental illness, learning disability and autistic spectrum disorder.	• Improve support to those young people with the most complex difficulties within Scotland • Support provided locally versus travel to England • Reduced lengths of stay; • Improved outcomes for patients; • Reduced UNPACS spend; • Appropriate support	Current NHS Scotland expenditure on Forensic CAMHS is an average estimated spend over the three year period of 20013/14 - 2015/16 of £4,092 million per annum. The total revenue costs estimate for the Secure Forensic Inpatient Service for Young People in Scotland is £4.088 million: £ 3.724m in pay costs and £364k in non-pay. This represents a cost neutral position considered against the average annual spend between 2013/14 - 2015/16. • Strategic Assessment (SA): submitted to Capital investment group on 18th April 2017 and to be further considered by Capital investment group on 13th June 2017. • Initial Agreement (IA): preparation and submission through NHS Governance from September 2017 for Scottish Government approval by December 2017. • Outline Business Case (OBC):): Completion dependent on approval	Business case agreed at national level. Capital business case in development

	provided to most vulnerable children. • Raise the profile of NHS Ayrshire and Arran • Create local jobs through the build of the new facility	of IA • Full Business Case (FBC): Completion dependent on approval of IA • Statutory Approvals: Completion dependent on approval of IA • Construction phase: Commencement timescale dependent on approval of IA but working towards late 2018 and early 2019 start for a 9 month process. • Planning towards service launch end of 2019/early 2020	
Implementation of local Veterans First Point	• Improved mental health for veterans. • Vulnerable people engaged in a manner most appropriate to them. • Early intervention and improved access to services	The expertise which V1P has built up over the last seven years in other sites is significant both in terms of creating and sustaining partnership relationships and understanding that until basic needs are met a person will not feel or be ready to deal with mental health issues or problems. We have now opened a Veterans First Point in Ayrshire and Arran and will monitor use and outcomes over the coming year. A holistic support service for Forces veterans will allow for earlier intervention.	Scottish Government fully funded until March 2018 2018/19: £246,794 funding required with a total £123,397 required by the HSCPs if 50% match funded by the Government.
Implement Psychological Services Review	• Improved access and waiting times across the Psychological Specialties. • Redesigned service to better meet the needs of patients.	The Scottish Government set a standard for the NHS in Scotland to deliver a maximum wait of 18 weeks from December 2014. The standard should be delivered for at least 90% of patients. The standard applies to people of all ages. In December 2016 Ayrshire & Arran compliance was 87.21% with an average compliance across the year of 74%. The service will aim to sustain and achieve an improvement target	Fixed term SG/NES funding (until March 2020) to increase access to CAMHS and Psychological

	• Reduced management costs	compliance rate of 80% for 2017/18 working towards full compliance of 90% in 2018/19. This is assuming full capacity and recruitment in response to government funding released in 2016/17 of £499k of which there have been significant delays in recruitment due to competition with other Boards recruiting from the same pool of expertise and high maternity turnover within the service. This will also be achieved as a result of focused waiting time initiative work, pilots of new ways of working utilising Government funding allocated in 2016 and implementation of recommendations of the service review. A structural redesign is also underway with a review completed. Workforce Planning and organisational change processes are now underway with an expected net saving £250,000 with £200,000 assumed in 2017/18	Therapies will increase resource although difficulty recruiting to fixed term posts.

Unscheduled Care including Older People and People with Complex Care Needs and Acute Services - IHO (Institute of Healthcare Optimization) Whole System Patient Flow Programme





Unscheduled Care

Planned Action	Expected outcome	Quantification of the transformational change in terms of performance, finance, and qualitative improvement.	Action dependent on approval to proceed/ funding.
Redirection from the Emergency Department of individuals whose needs can be best met elsewhere. Implement the Manchester Triage system to identify individuals who do not meet Acute Care Criteria to redirect away from the Emergency	Reduce demand on the ED to redirect clinical resources to Acute presentations thereby improving performance for 4 hour A&E waiting time target and improving user experience.	Increase redirected cases from 100 per month to 400 per month within 6 months. Individuals receive care or advice closer to home from the most appropriate	

Departments (ED). Supported by delivery of a public communication plan of more clinically or socially suitable alternatives.		clinician or provider. Qualitative measures to be established to account for Clinical time within the ED released from minor cases to acute care to increase overall compliance with the 4hour A&E wait target/standard.	
Reduce Variance in Admission, transfer and Discharge Processes by - 6 Essential Actions for Unscheduled Care, specifically increase flow is underway and already reported to Scottish Government. (Incorporated into UC Programme). At UHC retain access to booked diagnostics if discharged in advance of allocated investigation appointment. Improve management of People who lack capacity during hospital discharge to minimise delays i.e.: • Develop and disseminate a consistent and understood practice statement, by delivering a multi-stakeholder session. • Within 24 hrs of admission confirm and record if individual has Formal Powers e.g. Power of Attorney or	Increased flow within Acute Hospitals and minimise delays to discharge. Reduce Delays to discharge.	Measures detailed within 6 essential actions programme. Report submitted monthly to Scottish Government on Delayed Discharge. Local measures in development. Individuals receive care appropriate to their needs in a consultant led homely setting until legal resolution. 26 Acute NHS beds would become available. Estimated cost £1.297m per	Action dependent on establishing contractual agreements with single (most likely) or multiple care homes.

guardianship in place to allow prompt identification & action by Social Work. • Purchase 26 NHS beds from independent sector to establish alternative place to reside while legal processes underway and complete; allowing discharge to be permitted • Keep a watching brief on the mental welfare commission and government guidance on Power of Attorney and Discharge. • Develop Leaflet for Private led Guardianship for family members which contains timelines and list of solicitors and website links (not recommendations) members to review what leaflets exist.		annum Estimated cost avoided £1.656m Planned start date 1 October 2017 2017/18 cost - £648k	
Develop, establish and deliver a Pulmonary Rehabilitation Service, including Specialist Education & Self Management Support service to prevent respiratory admission and support early discharge.	Service in place Reduced acute care admissions Transfer of elements of the current pathway to enable people at home.	Respiratory Physio (Independent Prescriber 1 WTE Band 7 Respiratory Physio – 1 WTE Band 6 Exercise Instructor – 1 WTE Band 3 Admin Assistant 0.5 TWE	Completed proposals to be presented to Strategic Planning and Operational Group and subsequently considered through Scrutiny and Governance arrangements Subject to approvals service to commence December 2017

		Band 2 Occupational Therapist 0.3 WTE Band 6 There will be reduced respiratory acute care demand in Ayrshire & Arran.	 Part year costs Pan-Ayrshire 2017/18 = £118,935 Pan-Ayrshire Full year costs = £365,805 Predicted cost Avoidance LOS reductions = £953,238 Re-admission = £109,138 Sub total = £1,062,376 Less cost of new service £356.805 (net of existing service costs of £73,755) Net cost avoidance = £705,571 Annual full year cost by HSCP = £118,935 (£39,645) part year

Older People and People with Complex Needs

Planned Action	**Expected outcome**	**Quantification of the transformational change in terms of performance, finance, and qualitative improvement.**	**Action dependent on approval to proceed/ funding.**
Mainstream the Care at Home/SAS pilot in the Irvine	Investment in Care at Home Teams.	Year 1 Mainstreaming the Irvine Pilot	Year 1 – funding of £156k committed by NAHSCP to

area of North Ayrshire and, subject to funding becoming available, expand to the Three Towns and Garnock Valley areas.	Improved outcomes for individuals. People will require fewer visits to primary care services/acute hospitals. More people will receive care at home. Reduce hospital admissions; Reduce hospital re-admission; Reduced conveyances to hospital; Reduce pressure and GP/Primary Care	780 less conveyances to hospital resulting in 590 less admissions 2,950 less occupied bed days @ £174.55 = £514,922 Year 1 – Subject to funding becoming available expanding the service to Three Towns and Garnock Valley Service would go live in October 2017 and deliver 320 less conveyances to hospital resulting in 245 less admissions 1,225 less Occupied bed days @ £174.55 = £213,823 releasable part year costs. Year 2 and 3 Based on evaluation create case for expansion of pilot to realise full potential benefits and seek support based on robust cost-benefit analysis	mainstream service in Irvine Year 1 - Part Year investment for Expansion of Care at Home to Three Towns and Garnock Valley - £205k: in year as subject to funding • £117k available from NAC Challenge Fund* • £88k required from NHS Ayrshire & Arran *note that the NAC Challenge Fund is for a calendar year with the ongoing funding to come from the recurring savings

Design and Deliver a Care Home Liaison Service to develop capacity, capability and confidence of Care Home staff in supporting individuals with more complex nursing needs and reduce the number and frequency of admissions to acute care.	More people having their care needs met and exacerbating conditions safely and effectively managed within a homely environment. Significantly less people conveyed to hospital Less people treated in CAU / ED % reduction in admissions to acute care against a historic figure of circa 1,600 per annum. % reduction in occupied bed days within acute care against a historic average length of stay of 8 days for this patient group Less people experience a delay to their discharge from acute care	Year 1 – Introduce one Care Home Liaison Nurse per Health and Social Care Partnership to pilot the liaison service. Service would go live on 01 November 2017. Based on the findings of Szczepura et al (2008), as cited by Nuffield Trust (2017), multi-disciplinary team in-reach to Care Homes can result in a reduction of approximately 27% in hospital admissions. On that basis, part-year impact is estimated to be: 180 fewer admissions (8 days ALOS) to hospital resulting in 1,440 fewer occupied bed days. This equates to cost £234,125 releasable costs Year 2 – Based on initial evaluation of benefits, sustain the pilot with one Care Home Liaison Nurse per Partnership. Year 3 – Based on evaluation	Model of service being developed within current resources in South Ayrshire. Seeking to invest for East and North Ayrshire as follows: Year 1 Investment of £41,245 (2 x Band 6 Nurses for 5 months) Year 2 Investment of £98,988 (2 x Band 6 Nurses full year)

		and realisation of anticipated benefits, create case for expansion of pilot to realise full potential benefits and seek support based on robust cost-benefit analysis.	
Introduce Enhanced Acute / Community Interface within ED / CAU at Ayr and Crosshouse Hospitals by introduction of one Acute physician with interest in CoE and 6 Acute Care of the Elderly Practitioners across the three Health and Social Care Partnership	Increased identification and assessment of older people who are frail or have complex support needs Increased discharge from ED and CAU Reduced length of stay by 5 days for 10% of those aged 65 and over attending CAU and ED Increased cover for weekends and evenings	Full year impact 1,990 fewer admissions to hospital resulting in 9,950 fewer occupied bed days, based on a conservative average length of stay of 5 days. This equates to cost £1,617,737 releasable costs	Crosshouse Cluster 1 Physician @ £120,000 by December 2017 and 3 ACE Posts @ £41,000 per post: £123,000 by October 2017 Ayr Cluster 1 additional ACE post at £41,000 2 Posts already funded by South Ayrshire - £90,000 Total - to be initially funded from 17 / 18 unscheduled care allocation.
Step up / step down beds in care homes or very sheltered	North 8 step down beds in care homes	North 949 bed days avoided @	Additional investment required – funded

housing		£174.55 per night = £164,648	through NAC Challenge Fund
Community Rehabilitation team capacity	Increased downstream community rehab capacity Improved correct specialist rehab support for stroke and neurological patients Reduction in community hospital bed footprint Increased proportion of stroke, hip fracture and neuro-rehab patients having early supported discharge home or to a locality IC bed will reduce demand for specialist rehab beds Wider community infrastructure to support the model including the third and independent sector More people have the ability for self-management	North/South/East Greater capacity to support earlier discharge for frail elderly, orthopaedic and stroke patients allowing a planned reduction in specialist inpatient beds More downstream capacity available to enable optimal flow through more intensive but time limited Intermediate Care MDT	Business Case being developed for service redesign and will be presented to a future NHS Scrutiny Panel
Redesign of services within Biggart to have a rehabilitation focus	Faster rehabilitation Fewer admissions to care homes	Reduce rehab LOS from current 42 days to 30 days by December 2017 based on initial test of change.	Investment in community services and rehab capacity. This to include potential £100K for community capacity and r

	Greater investment in community based rehab to complement hospital based service Reduced length of stay in hospital Greater role for non-medical staff in clinical oversight of rehab process is in development Reduced readmission Improved End of Life experience Improved Community Assessment for Care homes: reduced Delayed Discharges	This will enable constant throughput from UHA where rehabilitation in hospital is needed Future bed modeling – Reduction of 30 beds.	rehabilitation in 2017/18 from September 2017.
New clinical model for Community Hospitals to be designed, evaluated and agreed for implementation across Ayrshire and Arran	A new non-medical Clinical Leadership Structure for Community Hospital and Community Based services across North/East & South/East developed Service users: Significantly less people are conveyed to hospital	Evaluation of the resource available to deliver a functional interdisciplinary clinical model for community hospitals that will reduce agency spend.	Re-Investment from traditional Consultant Medical Staffing across both Acute and existing Community Hospital models. Note if funding for front door physician and ACE

	Fewer people are treated in CAU/ED Less people are admitted to wards Fewer people have delayed discharged There are less occupied bed days Services: senior professional leadership, supervision and training for advanced practice to support hospitals other than by consultant staff.		are coming from Unscheduled care then this becomes financially viable
Care at Home Capacity Redesign of management capacity to enable placement of Home Care managers in UHA. Investment in care at home capacity	Speedier access to care at home to facilitate discharge More effective assessment and care planning of services required on discharge Improvement in efficient use of scarce resource	4 people per day require discharge from UHA. Delays in accessing capacity can result in additional stays within the hospital particularly where two staff are required. The aim is to reduce to zero the number of delays. Currently it is estimated 25% are delayed 3 days. Reducing this to zero will result in a saving of 1,095 occupied bed days	Investment in care at home management capacity £80K

Intermediate Care Team Development Enhancements of systems and processes building on the implementation of the ICT in 2016/17 ICT embedded in new models associated with CAU and admissions within UHA Further development of Frail Older Person's Pathway linking with ACE Practitioners	Timeous response both to support needed for discharge and in the community support to remain at home. MDT working to ensure right person and right time responds to need Improved access to care at home through staff based at UHA and development of community-based re-ablement service.	Building on early work over last 6 months. Support up to 40 people per month with earlier discharge. Based on estimate of 3 days per discharge this equates to 1,440 bed days Prevention of admission activity linked with MDT working in community will avoid 60 admissions per month. Based on estimate of 5 days per admission this equates to 3,600 occupied bed days. In total a reduction of 5,000 occupied bed days.	Fully funded from ICT and mainstream staffing.

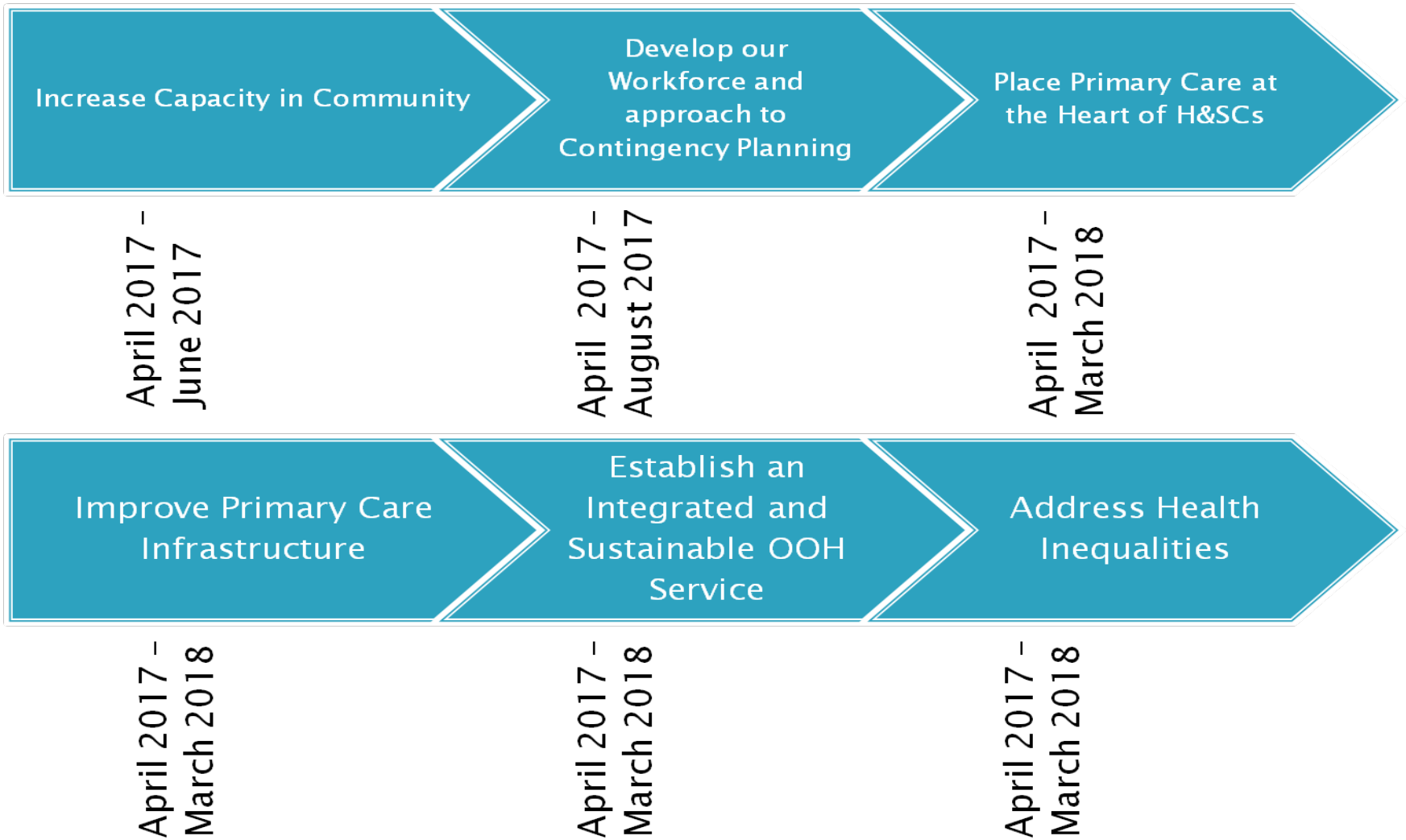
Acute Services - IHO (Institute of Healthcare Optimization) Whole System Patient Flow Programme

Planned Action	**Expected outcome**	**Quantification of the transformational change in terms of performance, finance, and qualitative improvement.**	**Action dependent on approval to proceed/ funding.**
Complete pilot of Admission, Discharge and Transfer (ADT) criteria and associated process	ADT criteria implemented and process for ensuring	An improvement in key process measures is expected on the wards in	Funding expected to be approved from

in individual wards at University Hospital Ayr (UHA) and University Hospital Crosshouse (UHC).	compliance incorporated into regular day-to-day business in all medical wards.	question. This includes better accuracy of Estimated Dates of Discharge (EDD), an increase in the number of Criteria Led Discharges (CLDs) and improvement in the median time of discharge. The evidence from other Boards where this approach has been implemented is that there is little movement to be expected in outcome measures until the project is implemented at scale. A reduction however in ward LoS could be achieved which would contribute to a saving of 3,950 OBDs. This is equivalent to 11 acute beds.	Scottish Government's QuEST for financial year 17/18.
During the final quarter of 17/18 and the first quarter of 18/19 we will complete a process of Discrete Simulation Event (DSE) modelling using the data set gathered following implementation of ADT on both acute sites and use the outputs of this to inform decisions regarding the reconfiguration of inpatient beds.	The output of the DSE modelling will give an indication of the medical beds required on a specialty basis (including General Medicine) in order that capacity can be matched with demand as determined by clinical need. Careful engagement will be required with stakeholders to translate the model provided through the simulation into a	Having arrived at a workable solution for a reconfigured bed footprint it is felt that the OBD savings detailed above could be monetised as a more efficient ward layout is put in place. This reconfigured medical inpatient footprint will not only offer increased efficiency by matching capacity to demand, but it will result in improved quality of care as a result of: • Fewer patients boarded outwith specialty • Patients receiving specialist input	No funding confirmed for 18/19; however intention would be to ensure that skills and knowledge required to execute this approach are consolidated within core resources and training is currently being undertaken to ensure this is the

	workable solution for a reconfigured bed footprint.	appropriate to their clinical need at an earlier stage of their acute episode • Fewer 'non-value adding' patient moves occurring As a result of an improvement in quality against these indicators we would expect to see further efficiencies being generated as inpatient LoS continued to drop. These efficiencies would begin to be realised in the second half of 18/19. It is not possible to meaningfully quantify these at this time.	case.

Primary Care - Ambitious for Ayrshire



Planned Action	Expected outcome	Quantification of the transformational change in terms of performance, finance, and qualitative improvement.	Action dependent on approval to proceed/ funding.
Primary care at the heart of H&SC			
Sustain GP Practices.	We are supporting the sustainability of specific practices and enabling care of communities to be preserved and primary care to be in a position to support wider transformation.	We have implemented changes in line with the National Practice Sustainability Action Plan (complete in full by 2020). We have implemented changes in line with the National Premises Review.	Individual practice sustainability will be dependent on support, revenue and capital spend. Dedicated team required to support sustainability £73,000.
Develop Clusters, Transitional Quality Arrangements and MDT working and business case	GP Clusters are delivering key features of the Transitional Quality Arrangements.	GP Clusters are implementing quality improvements in line with nationally defined areas as well as local priorities. This will cross reference to practice engagement to monitor and manage Primary Care Prescribing.	Incremental implementation in line with national funding.
Establish MDT teams for GP Practices	Investment in a practice MDTs to allow right care right time, right professional to undertake MDT working.	A team approach in primary care will provide benefits in achieving better outcomes (right care, right professional at the right time), enable management of care at a practice level, satisfying patient needs, ensuring continuity of care, increasing job satisfaction among providers and using workforce resources more effectively.	Development of MDTs attached/aligned to practice and locality pharmacist, mental health worker, physiotherapists,, Advanced Nurse Practitioners etc). Roll out as per Scot Gov phasing of Primary

			Care Development Funds @ £200k per practice = £11m.
Increased capacity in community			
Establishment of a community Phlebotomy Service.	The Community Phlebotomy Service is providing an efficient and safe mechanism for blood taking. All Secondary Care community bloods requested are being dealt with by a single point of contact.	Reduced demand on GP practices in interpreting and actioning blood results arising from test ordered for acute care. Increased efficiency due to results being returned to clinicians ordering them and more efficient focused phlebotomy clinics saving district nursing and practice nursing time. Creating this service will allow for the timeliness of blood tests and therefore support correct diagnosis and treatment.	£260,000 total funding secured via the three A&A H&SCPs.
Advanced Practitioner Physiotherapists to work as 1st point of contact for patients presenting with an MSK condition in test practices.	MSK patients are directly appointed to see an Advanced Practitioner Physiotherapist in test practices Delivery of education to allow the use of the PGDs to benefit patient care.	In test practices, Advanced Practitioner Physiotherapist will independently manage 85% of MSK demand.	£150,000 PCTF funding allocated.
Pharmacy First - Expansion of the Minor Ailment Service to include treatment for uncomplicated UTI's in women between 16 and 64 (a common condition requiring antibiotics both in and out of hours) and impetigo.	A Community Pharmacy service is in place for Trimethoprim (UTIs) and Fusidic Acid Cream (impetigo) across Ayrshire for use both in and out of hours.	Reduction in the number of visits to ADOC centres relating to UTIs and impetigo. Increase in the number of prescriptions written for treatment for UTIs and	£90,000 PCTF funding allocated.

		impetigo. Treatment for UTIs and impetigo is available in extended-hours pharmacies across Ayrshire and Arran decreasing the pressure on GP and other services both in and out of hours.	
Development and launch of a pilot initiative to shift some oral surgery from secondary to primary care.	Patients are being treated by their own dentist in the surgery, rather than being referred for treatment.	Increase in the number of patients undergoing oral surgery via primary dental care.	£67,000 funding secured from EAHSCP Integrated Care Fund.
Shift the balance of eyecare from GP/ED to Optometrist and Community Pharmacist.	Patient care pathways have improved for patients presenting with eye problems. Patients are being redirected to Community Optometrists as the first port of call for their eye complaints. The new service is being promoted to GPs, A+E and ADOC and other HCP's are also redirecting patients to Community Optometrists.	Reduced attendance at ED for minor eye problems. Reduced attendance at General Practice for minor eye problems.	£60,000 PCTF funding allocated.
Workforce and Contingency			
Offer financial support to community pharmacists to undertake the Independent Pharmacist Prescribing training course with a cohort of trained pharmacist prescribers supporting the existing work being undertaken by IPPs.	Increased availability of independent pharmacist prescribers (IPPs) to help develop new and innovative services in the primary care setting.	10 community pharmacists have undertaken the education and training to become a Pharmacist Independent Prescriber (IPP). A cohort of trained pharmacist prescribers is supporting the existing	£15,000 PCTF funding allocated.

		work being undertaken by IPPs.	
Establish ANP (Advanced Nurse Practitioners) Academy to train ANPs to work within a multi-disciplinary primary care team.	We have introduced a Development & Competency framework for Primary Care Advanced Practitioners and launched the ANP Academy.	Increase in the number of nurses undergoing training in advanced practice across Ayrshire & Arran practices. The introduction of the framework of competency will provide a consistent level of care throughout NHS Ayrshire and Arran from this group of professionals.	Total funding of £426,000 of which £281,698 allocated from PCTF.
Test effective and sustainable models of supporting mental health in primary care.	Primary Care Mental Health is targeting the most appropriate referrals for their service and supporting GP's to consider the outcomes adults wish to achieve.	Increased number of patients accessing community resources for mental health. Primary Care mental health is supporting self-referral and developing alternative responses. The referral process has been streamlined.	£257,030 PCTF funding allocated National roll out of effective model of supporting mental health in primary care by 2020.
Support GP recruitment drive (GP career role, GP with specialist interests).	Continued programme of 3 GPwSI Development Posts annually.	Enhancing the recruitment of GPs will help to build greater capacity in primary care centred around practices. Evidence also shows that a strong primary care service tends to produce better overall outcomes for people, a better experience of managing with illness and disability, and a lower and more proportionate use of resources.	Funding for 2 years from PCFT – continuation of this £200,000
Pharmacists working directly in GP practices to free up GP time to spend with other patients.	Investment in a practice MDTs to allow right care right time, right professional to undertake MDT working.	A team approach in primary care will provide benefits in achieving better outcomes (right care, right professional at the right time), enable management of care at a practice level, satisfying patient	PCTF fund for 2 years – continuation and spread as above in MDT teams in practices

		needs, ensuring continuity of care, increasing job satisfaction among providers and using workforce resources more effectively.	£657,000
Improve primary care infrastructure			
Planning for investment in primary care infrastructure in partnership with H&SCPs.	A strategic direction for Primary Care premises has been established in partnership with H&SCPs.	Our strategic vision is informing our approach to future investment and development of primary care premises. We are identifying opportunities for shared developments with Councils and are maximising the effective and efficient utilisation of community premises.	No financial resources – commitment of staff time.
Integrated and sustainable OOH			
Establish the Ayrshire & Arran Out of Hours Integration Programme Hub. This is linked to the NHS 24 Model.	The Out of Hours service is operating in an integrated manner through an Urgent Care Resource Hub and coordinating and mobilising the most appropriate local care response.	Clear, speedy and safe pathways and intervention for people who use OOH services. Reduction in inappropriate presentation to Accident and Emergency.	Scottish Government Rapid Test of Change funding has been secured. Phase 1 - £195k Phase 2 - £500k

NHS 24

Planned Action	Expected outcome	Quantification of the transformational change in terms of performance, finance, and qualitative improvement.	Action dependent on approval to proceed/ funding.
Develop a close partnership with between NHS24 and Ayrshire and Arran to support transformation in both organisations	Ayrshire and Arran representation as a partner Board on NHS24's "Organisational Improvement Programme Board" which leads on transformational change. NHS24 contributing to Ayrshire and Arran's move towards an integrated and redesigned urgent care out of hours services.	Territorial board health and social care perspectives contributing to NHS24's transformational agenda Support for service change to achieve safe, efficient and effective care (right care at the right time by the right professional)	No financial resources – commitment of staff time
NHS24 Model Office Provided stability for patient access NHS24 establish a Model Office with Ayrshire and Arran which will provide a test and learn environment until Autumn 2017	Successful integration of NHS24 new patient pathways and technology platform with NHS Ayrshire and Arran Robust learning and evaluation of the working model Future deliverables expected are: Demonstrate a new way of	No changes for A&A as supporting NHS24 to deliver their objective Future deliverables Improve NHS24 triage with aim to divert people from Urgent OOH services and within urgent care to direct individuals to the right care and right professional. This will support A&A's Urgent Care Hub. This will be measured through changes in referral pathways.	NHS24 has funding for this from Scottish Government. Test is being undertaken with existing A&A resources.

	working which enhances staff experience within NHS 24 and our partner Boards Enhance patient pathways and experience Deliver a range of alternative access routes to healthcare provision based on user requirements giving patient choice Support an increase in self-care and self-management outcomes and raise awareness of alternatives to current care provision		

Planned Care: Improving Access – The Modern Out Patient (including DCAQ)

April 2017 – September 2017

June 2017 – September 2017

April 2017 – March 2018

April 2017 – March 2019

May 2017 – March 2019

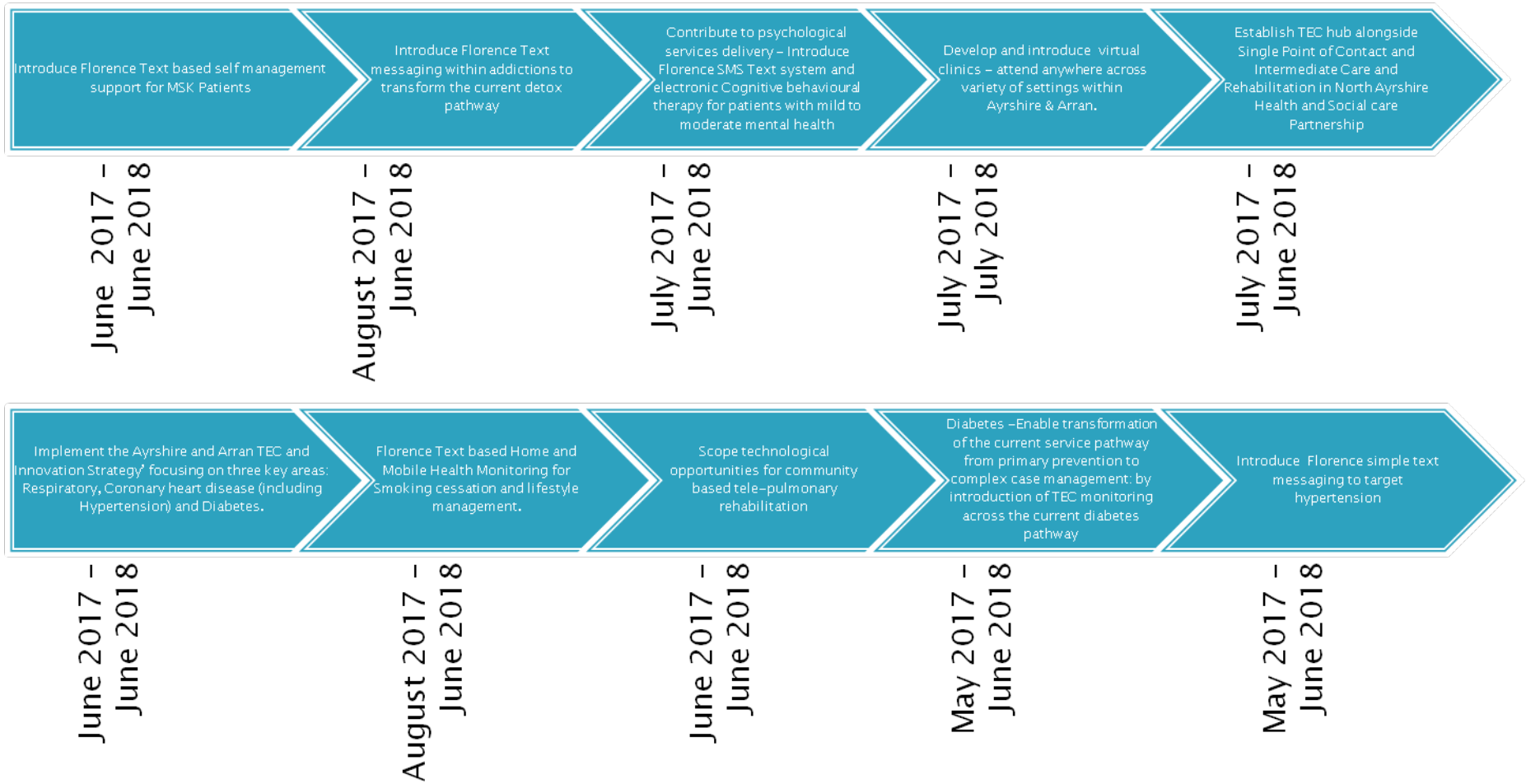
Planned Action	Expected outcome	Quantification of the transformational change in terms of performance, finance, and qualitative improvement.	Action dependent on approval to proceed/ funding.
Internal Referrals - Electronic creation and vetting of internal referrals reducing delays at the 'front end' of the pathway. Roll out of electronic Consultant to Consultant [internal] referrals process within all acute consultative specialties using the model of digital dictation and clinical email that was successfully tested [October 2016].	Reduction in delays at the 'front end' of patient pathways whenever onward referrals are made. This model will be applied across all acute consultative specialties.	Reduction in delays at the 'front end' of patient pathways (the period from the decision to refer to the patient being added to the receiving specialty waiting list) reduces from an average of 23 to 5 days whenever onward referrals are made by a consultant to another acute consultative specialty. All consultants within acute services will be using the revised business process and the average time from referral to inclusion on receiving specialty waiting list will be 5 days by 30 September 2017.	Qualitative initiative – no cash releasing efficiency will be gained, however this is an essential 'building block' to enable the transition to paperlite working.
Advice-Only Referrals - Undertake test of change deploying a model combining SCI Gateway, TrakCare, digital dictation and electronic document transfer within a designated service to reduce the number of patients who require face-to- face consultations.	Reduction in the number of patients who require face-to-face consultations and provision of better patient experience as the result of secondary care clinicians providing appropriate advice to General Practitioners within a shorter timescale	Reduction in the numbers of patients who require face-to-face consultations by 31 March 2018. Monitor numbers of advice referrals. Improved patient experience as secondary care clinicians will be able to provide advice and treatment plans	Results of Test of Change will be known by September 2017. Measures will be agreed thereafter.

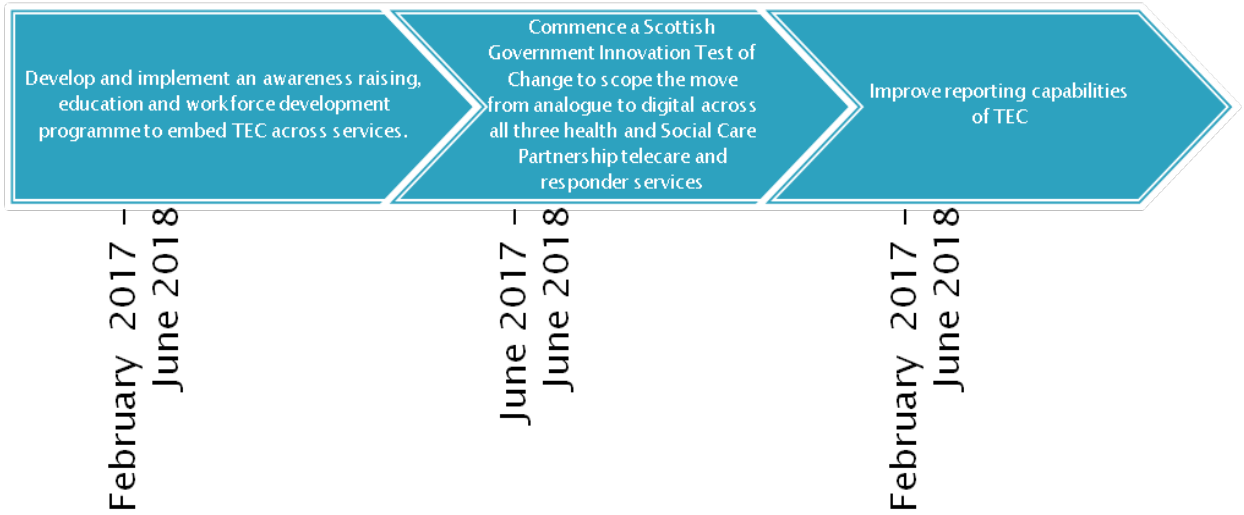
	[patient does not need to wait to be allocated a new appointment at hospital]. Test of Change will be undertaken and evaluated with a view to rolling out to other specialties. All acute specialties will have reviewed potential for / implemented advice referrals.	that can be instituted by GP's at point of referral. Efficient use of clinical staff time.	
Reviewing Clinic Template Configuration Reduction in Review Attendances - Reviewing outpatient clinic template configuration to maximise new patient capacity. Continue with work relating to Demand, Activity, Capacity and Queue analysis for all acute specialties. Each specialty to review performance data and clinical review procedures to reduce review attendances.	To maximise new patient capacity. General Managers will devise an implementation plan for the period 2017/18 to maximise new patient capacity to accommodate an additional 3,600 new patients. Further 4% reduction. This has the potential over the three year period to the end of 2018/19 to remove circa 18K review patients per annum from clinic schedules, creating capacity for 9K new	7,200 fewer review attendances by 31March 2018. 3,600 additional new patients accommodated within clinics by 31March 2018. Monitor numbers of new and review patient attendances. 2017-18 £290K less spent on access. Improved patient experience as reduction in review patients will increase new patient capacity and thus positively impact on waiting times. A further £290K less spent on access in 2018-19.	2017-18 Cost Avoidance to Access Budget revised to £350K in April 2017 2018-19 Cost

	patient referrals.		Avoidance to Access Budget revised to £500K in April 2017
Clinical Change Initiative - Instituting a clinical change initiative to move towards building the confidence of patients and clinicians to reduce return attendances. Undertake test of change enabling clinicians to discharge patients while enabling them to come back into the service within a prescribed period of time [through a gate-keeping model e.g. specialist nursing/ medical secretarial staff roles]	Increase in confidence of patients and clinicians regarding fewer return attendances. A greater number of patients being discharged with ability to come back into the service within a limited period of time. A SBAR prepared outlining principles and tabled for discussion with general and medical managers. Test of change to be progressed within a nominated specialty.	A greater number of patients being discharged. Monitor numbers of patients being discharged from out-patient clinics. Patients only reviewed in out-patient clinics when it is appropriate to do so.	Efficiency already accounted for under entry for 'Reviewing Clinic Template Configuration Reduction in Review Attendances' above.
Clinical Portal / Paperlite Working - Implement a test of change using Clinical Portal in conjunction with paperlite working and document scanning in lieu of paper based records for selected specialties.	Ease of access to clinical information to manage out-patient consultations and clinical administration across the continuum of care. Test of change will be completed and a paper will be prepared and tabled.	Proof of the benefits of using Clinical Portal for out-patient consultations. Test of change completed, paper and implementation plan drafted. Greater ease of access to clinical information to manage out-patient consultations and clinical administration. (2) Clinicians with appropriate role based	At conclusion of roll out of Paperlite working to acute out-patient services savings of at least £120K will be released from Access and Clinical Administration

	Implementation plan to be drafted.	access will be able to access Clinical Portal from any premises across the Board.	budget in 2019.

Technology Enabled Care





Planned Action	Expected outcome	Quantification of the transformational change in terms of performance, finance, and qualitative improvement.	Action dependent on approval to proceed/ funding.
'Implement the Ayrshire and Arran TEC and Innovation Strategy' to support transformational change and alternative ways of delivering services across pathways of care. The three pathways of focus for expansion of Home and Mobile Health Monitoring (HMHM) in this year's TEC and Innovation Delivery Plan are- 1. Respiratory 2. Diabetes 3. Coronary Heart Disease including	Improved patient outcomes through higher percentage of the population self managing. Impact on the number of exacerbations experienced by individuals and better exacerbation management. Resulting in an increase in percentage of the population with better condition control thereby improving outcome	To provide self management and co-ordination of care be further enabled by Home and Mobile Health Monitoring (HMHM) in persons own home to a total of 1149 people across Ayrshire by 1st July 2018. Increased number of people using HMHM (PODs and Florence) to self manages their long term conditions.	All actions within the TEC Delivery Plan have been funded by the National TEC Programme. The planned actions, outcomes and quantifications (performance, qualitative and financial) are also

Hypertension. Contribute to delivering the actions and achieving the outcomes of effective Prescribing and Medication for Respiratory Conditions as set out in the Delivery Plan.	and quality of life Reduction in patient visits to general practice, however where required face to face visits will be optimised.	Ensure all COPD patients using HMHM have a poly-pharmacy review of respiratory prescribing thereby contributing to COPD enhanced service for primary care/respiratory care bundle for which focuses on use of inhaled corticosteroids for mild COPD. Increase in the number of patients complying with care plans and using medication in reserve. All COPD patients using HMHM will have COPD Bundle of Care included as part of their Anticipatory Care and Self Management Plan. Changed approach to consultation by increasing telephone consultation and reducing actual general practice visits. Data demonstrating this will be available as part of dashboard development. Contribute to a reduction in occupied bed days identified within the Respiratory Case for Change and alongside other intervention within the Delivery Plan specifically targeted at respiratory	reported nationally and are in accordance with the funding allocation outlined in Schedule A of the Local TEC and Innovation Delivery Plan This alternative approach to supporting COPD people in the community can be extended and numbers increased to reach more people with COPD at no extra cost within the TEC equipment Service Level Agreement.

		Improved patient quality of life by improving symptom control. Baseline figures, data set and trajectories will be developed in year 1. Evidence also suggests that HMHM has a significant positive impact on the experience of carers. They report that early warning of and fewer exacerbations reduces stress and improves their likelihood of continuing in their caring role.	
Respiratory transformation - Implement Florence SMS Text based system for Smoking cessation and lifestyle management.	As above	400 patients accessing smoking cessation support and lifestyle change. Baseline data and trajectory development in year 1.	
Scope the technological opportunities for a community based tele-pulmonary rehabilitation service such as tele-rehabilitation on all home and mobile health monitoring PODS, Florence telehealth based Pulmonary Rehabilitation, Video Conferencing enabled Rehabilitation in community hospitals and settings	As above	Potential to improve • access to rehabilitation by providing remote tele-rehabilitation in a person's own home, • reduce domiciliary therapists time and travel • possible impact on premise costs There is an increasing evidence base for delivering tele-pulmonary	

		rehabilitation using systems such as Florence. Baseline data and trajectory development in year 1.	
Diabetes - Enable transformation of the current service pathway from primary prevention to complex case management by integrating alternative technological opportunities to support the delivery of care. As follows- Introduce Florence simple text messaging to target diabetic ketoacidosis (DKA) and gestational diabetes along with MDMW, supported by GP Practices. Set up Diasend in practice clusters within 5 community setting including East Ayrshire Community Hospital, Girvan and Ayrshire Central Hospital to enable people with diabetes to self-monitor. Review and development of **Empowering people with Diabetes by Introducing TeleHealth (EDITH)** Project (EDITH is designed to support people with diabetes by offering them a structured telehealth appointment Development of a **Telehealth for Diet and Diabetes (TODD)** Service (TODD would be designed to improve the knowledge, problem solving and self management skills of individuals	Increased use of technology to support diabetes services Improved clinical outcomes Improved compliance/medicine usage *(evidence base from United 4 health 3 year European study demonstrates statistical significant reduction in Hb1c)* Improved diabetic control and self management in unstable and non-compliant citizens. More people self-managing Type 1 and Type 2 Diabetes using technology in the community placing less demand on both general practice and acute services. More GP practices using Diasend (integrated electronic system comprising patient record and care plan and self-management)	TEC contribution to efficiencies in care and support for people with diabetes re Ambulatory Sensitive Conditions. Reduction in patients Hb1c (European finding demonstrated a statistically significant 25% improvement) resulting in improved diabetic control and fewer complications in this group, such as amputation, heart disease etc. It is expected that 200 patients will benefit and that there will be a reduction in face to face contacts with General Practice Improved Medicines Utilisation and compliance. Improved referral rates Reduction in waiting times and outpatients Patient welfare and risk of complications will be reduced.	

with diabetes requiring dietetic input).		Patient and staff behavioural change in the management of diabetes Development of baselines and improvement trajectories in Y1.	
Introduce Florence simple text messaging to target hypertension across General Practice. An initial cohort of 14 practices started text based messaging in April 2017. Further cohorts will commence throughout 2017/18 with a target of 50% of general practices offering hypertension services in this way by July 2018.	Improved diagnosis and medicine titration with associated reduction in medical complications.	1000 patients will have improved medicine titration, accurate diagnosis, appropriate prescribing, reduced clinical contacts and unnecessary medication managing and monitoring hypertension trough SMS text. Resulting in a reduction in GP Blood pressure check appointments. It is expected that for each patient there will be a reduction of 6 (5 mins each) check appointment, which will be a total reduction of 6000 appointments, equating to 500 hours of practice time. This does not include additional time saving in appointments. If estimating based on a cost of £70 per patient contact the cost avoidance equates to £385,366. The reduction in contacts will enable practices to focus on more urgent business at a time of rising demand. It is expected that there will be benefits in relation to staff stress and	

		pressure at a time of rising demand. It is also expected that there will be a reduction in out-patient contacts particularly in relation to 24 hour blood pressure monitoring. Development of baselines and improvement trajectories in Y1	
We will support delivery of service improvement in the **Musculoskeletal service** by introducing Florence Simple Text Messaging for patients referred onto the MSK Pathway.	Contribute alongside other initiatives to improve the patient waiting times performance for MSK, currently at 29 weeks against target of 4 weeks. Increase the number of patients self managing and adopting evidence based approaches to improve their condition and prevent it from worsening while on the waiting list for an appointment.	Contribute to achieving waiting time targets for the MSK service in 95% of patients without compromising quality. Contribute to a reduction in DNA ratio within the MSK pathway. Other quantifiable data and benefits are being developed. By July 2017 we will be able to identify data set that will enable us to then provide management information which will identify possible reductions in medication, demand on other services and improvement in outcomes of patients, which is directly related to the education support that they will receive from Florence while waiting on the appointment list.	

Introduce Florence Text messaging within **addictions** to transform the current detox pathway.	Improve quality of the current service for people with multiple addictions and poly-substance abuse.	Improve access to this service Contribution to increasing planned appropriate admission for 100 people.	
Contribute to psychological services delivery plan by Introduce Florence SMS Text system and electronic Cognitive behavioural therapy for patients with mild to moderate mental health.	Contribution to Improved access and waiting times across the Psychological Specialties. Increases in the number of patients able to access support and self-managing their own condition. Improvements in appointments and quality of appointments. Patients are more likely to make appropriate appointments and optimise face to face contacts if required. Improved mental health and well-being	Reduction in General Practice contacts Reduction in waiting times to mental health services. Improved quality in hard to reach vulnerable group. Development of baselines and improvement trajectories in Y1	
Development of Virtual Clinics Introduce Attend Anywhere (Telehealth Web Application) between General Practice and Respiratory Consultants. Establish VC links between Prison Service in East Ayrshire and General Practice Establish video conferencing ability between 3 General Practices, TEC Hubs and Care Homes.	GP and Respiratory Consultant will be able to plan and discuss complex patients care.	Contribution to reduction in avoidable hospital admission by 10% over next 5 years (This includes readmissions) Reduction in emergency Admissions from Care Homes. Improvements in medicines utilisation and prescribing for excellence.	

Implement TEC within structured discharge planning from CDU/CAU and wards in UHA. Establish Attend Anywhere Video Consultation system across the three Primary Care Treatment Centres (PCTC's) Ayr, Crosshouse & ACH to ensure equity of the OOH service. During the summer months 2017 when the shortage of clinical cover is at its peak.	Three Primary Care Treatment Centres (PCTC)remaining open to the public help to address the doctor shortage and creating three TEC centres as pilot sites to be evaluated internally and externally by the patients/clinicians using it.		
Establish TEC Hub alongside Single Point of Contact and Intermediate Care and Rehabilitation Teams in North Ayrshire as currently available within South Ayrshire. The TEC Hub provides the specialist support and governance to enable clinicians and patients to adopt TEC Solutions alongside assessment, self-management and care planning.	Specialist assessment at earliest opportunity if hospital admission is required. Effective ambulance pathways Supported discharge to reduce length of stay and enable patient return to homely environment as promptly as possible. Deliver of care bundles consistently to facilitate improved patient knowledge and condition management that will reduce length of stay and avoid future admission.	Admission avoidance through liaison of Integrated Care Teams and Respiratory, CHD, Diabetes specialists at earliest opportunity.	
Develop and Implement an awareness raising education and workforce development programme to embed TEC across Services. Train new Advanced Nurse Practitioners in North	Learn Pro training module available on Athena and Local Authority system. More staff trained and using TEC.	Increased number of staff trained for TEC.	

& South Ayrshire to support implementation and initially, case management of those with more complex need. Develop learn Pro training modules for Technology Enabled Care. Staff training package/module to be included in CPD. Further develop TEC & Innovation Network however this requires further development within HUBS. "To develop and implement an awareness raising, education and workforce development programme to embed TEC across services".	Staff feel engaged and supported The whole workforce is supported in considering the application of TEC to their service area.	Maximised contact opportunities with patients and service users Increase % of staff adopting Florence to inform their decision support.	
Commence a **Scottish Government Innovation Test of Change** to scope the move from analogue to digital across all three partnership telecare and responder services.	Analogue to Digital will enable a faster, efficient and cost effective telecare and responder service. It also offer the opportunity to consider integration of all potential technologies, e.g. telehealth etc) around the patient within one system.	Baseline data etc will be developed year 1.	
Working to improve reporting capabilities of TEC systems through the development of TEC Dashboard which will support the analysis of impact on other service areas such as: • A&E attendances • Admissions/readmissions • length of stay	Local logic model, KPIs and evaluation framework developed. Dashboard available for business case and planning. Evaluate the impact of Home Health	Dashboard currently being developed and available for use. This dashboard will provide detailed analysis of the impact of all TEC interventions upon service utilisation and also patient and clinical outcomes.	

• GP&OoH contacts • Reduced travel time for staff • Reduced face-to-face contacts	Monitoring specifically on carers and social isolation. Final end of year project evaluation which will contribute to national evaluation.		

Acute Services - >>FastForward

Planned Action	Expected outcome	Quantification of the transformational change in terms of performance, finance, and qualitative improvement.	Action dependent on approval to proceed/ funding.
Trauma and Orthopaedic **Arthroplasty productivity** We will 1. Identify alternate theatre space for one non-arthroplasty surgeon. 2. Identify a surgeon to take on the theatre slot. 3. Identify interventions to improve LoS.	The mismatch between elective demands for arthroplasties and activity leading to delays for patients addressed.	Achieve throughput equivalent to 1,000 arthroplasties/year in theatre 6.	
Optimising Trauma Care We will 1. Develop a new model of CGA based on ANPs and physios. 2. Identify seven day staffing requirements for inpatient rehabilitation, and benefits secured, then test. 3. Develop anaesthetist-based peri-operative care.	Reduce delays in accessing theatre and geriatric services, which may impact on long term outcomes, by patients who experience hip fractures.	Achieve top quartile performance for all Scottish hip fracture quality standards.	

MSK **Maximise Capacity** 1. Ensure recruitment and retention to full funded capacity levels. 2. Spread use of opt in for follow up appointments. **Reduce Demand** 1. Spread use of Physio's as first point of contact in general practice. 2. Spread enhanced self management approach for those with chronic pain. 3. Mainstream Physio in ED UHC and spread approach to ED UHA.	Improve Waiting Times Performance for MSK , currently at 49 weeks against target of 4 weeks.	Achieve waiting time targets for the MSK service in 95% of patients without compromising quality.	
Workforce challenges We will 1. Develop an ANP model of care for elective wards. 2. Develop an ANP model of care for emergency wards. 3. Design the optimal training programme for T&O trainees. 4. Design the optimal training programme for GP Trainees.	Sustainable staffing model for inpatient care developed to mitigate the impact of the lack of junior doctors and poor fill rate for posts on ability to meet increasing demand and on service and training quality.	Sustainable staffing model developed/ in place.	
New Hospital(s); Elective/emergency split To assess this we will: 1. Model changes dependent on demographic and service change.	The predicted service footprint and dependencies in 2020, 2025 and 2030 will be identified.		

2. Attempt to quantify uncertainty (efficiency, innovation, integrated care). 3. Identify service dependencies (elective and emergency). 4. Quantify differences between possible service models.	The model of care in A&A will change substantially over the next decades, and capital investment needs to be used in the most effect way.		
Cardiology **Implanted cardiac devices** To address this we will: 1. Model required capacity and resources over next 5 years. 2. Identify additional theatre sessions in UHA +/- UHX.	The mismatch between current capacity and predictably growing demand for implanted cardiac devices will be addressed	No patient will wait more than four weeks for an elective implanted cardiac device.	
Chest pain pathway We will 1. Free up resources by optimising cath lab throughput to 3 sessions/wk. 2. Assess requirements to implement CT angiography. 3. Agree pathway for all chest pain patients to ensure equity.	Model of risk stratification for symptomatic IHD patients is in line with modern evidence-based.	Stratification of IHD patients using a balance of invasive and non-invasive imaging will be evidenced.	
Outpatient management We will: 1. Agree and implement standardised approach to vet straight to test. 2. Agreed and implement primary care	The mismatch between demand and capacity for cardiology outpatient services, which leads to delayed patient assessment,	No patient waits more than 12 weeks for a routine new appointment with cardiology.	

atrial fibrillation pathway. 3. Agree and implement virtual clinic.	is addressed by optimising the use of outpatient cardiology service.		
Cardiology Workstream 4: Clinical Physiology Training We will: 1. Define the number of unfilled posts and skills shortage. 2. Identify methods to enhance recruitment to Ayrshire. 3. Develop local skills academy.	The major difficulties for recruitment and retention of cardiology physiology staff will be addressed.	A sustainable cardiology physiology workforce will be in place.	
Cardiology Workstream 5:New hospital(s) We will: 1. Model changes dependent on demographic and service change. 2. Attempt to quantify uncertainty (efficiency, innovation, integrated care). 3. Identify service dependencies (elective and emergency). 4. Quantify differences between possible service models.	The predicted service footprint and dependencies in 2020, 2025 and 2030 will be identified. The model of care in A&A will change substantially over the next decades, and capital investment needs to be used in the most effect way.		

Acute Services - Performance Intelligence Support to Acute Service Planning

Planned Action	Expected outcome	Quantification of the transformational change in terms of performance, finance, and qualitative improvement.	Action dependent on approval to proceed/ funding.
Provision of NSS Discovery data at a specialty level to support detailed service planning at a site based level.	Benchmarking data provides details on potential areas of improvement where capacity gaps within service areas can be reduced through efficiency programmes.	Improvements in performance will result from analysis of areas of productive opportunity and will support DCAQ planning work at a specialty level.	
Provision of performance intelligence activity and benchmarking data.	Performance intelligence and benchmarking data provide specialty level insight which is then triangulated with workforce and finance data to inform areas for service improvement. Performance intelligence activity will also support outcome measurement of gains through service review work.	Improvements in performance will result from analysis of specialty wide understanding of areas of potential areas where improvements would provide efficiency or effectiveness gains, or indeed where outcomes can be improved for patients as a result of these detailed analyses and subsequent plans.	

2.2. Best Value Programmes

Directorate Restructuring – Corporate and Clinical Support Services

Planned Action	Expected outcome	Quantification of the transformational change in terms of performance, finance, and qualitative improvement.	Action dependent on approval to proceed/ funding.
Clinical Support Services - Implementation of Food production facilities review with particular focus on impact of patient movement from Ailsa Hospital site.	Rationalisation of food production facilities achieved delivering a service which meets service user needs and complies with service standards and legal requirements.	No revenue impact anticipated. Capital impact. Service continuity improved via use of fit for purpose catering infrastructure. Service user experience enhanced through modernisation of dining facilities. Staff benefit from working in fit for purpose and modernised catering infrastructure. Reduction of risk of future non compliance with service standards and legislation through introduction of fit for purpose catering infrastructure.	Cost neutral on revenue with no extra requirements. Will require capital investment in facilities/equipment which will be identified early 2017/2018.
eHealth & Information Services - Structure to be reviewed within certain key areas to reflect the integrated nature of support that is required. Procure and implement proactive support tools	New Service Desk Support System in place.	Introduction of Problem Management function in line with proactive support tools in order to reduce the number of reactive support calls and recurring incidents. New Service Desk system will provide self service options, more remote support and better on line help for users.	Dependent on business case for new Service Desk system.

Directorate Restructuring - Human Resources

Planned Action	Expected outcome	Quantification of the transformational change in terms of performance, finance, and qualitative improvement.	Action dependent on approval to proceed/ funding.
Fully implement the new streamlined Assistant Director senior management structure (Development, People Services, Central Employment Services and Health, Safety and Wellbeing).	Clear management and leadership arrangements in place, identifying for each of the four service areas any initial proposals of any immediate further structure or post changes.	The implementation of the new structure will provide from April 2017 savings of £133k. The new SMT will be leading the programme of change and improvement over the next 3 years; and this will be the main vehicle for further CRES and productivity gains as well as improved service delivery.	
Develop a clear and consistent Transformational Change plan reflecting an agreed methodology and in line with the Health Foundation criteria to be driven forward by Assistant Directors.	There will be an agreed approach to do work consistently throughout the Directorate.	Staff engagement and feedback will evidence whether this is consistently applied.	
Each Assistant Director in the new structure will be individually responsible for leading, managing and driving the programme of transformation for all services that are brought together under their portfolio and, collectively, the four postholders working with	By end each Assistant Director will be able to identify the main areas of focus, change and improvement for 17/18, 18/19 and 19/20 if possible,	The transformational change emerging will be quantified using this approach as the work progresses.	

the HRD will be responsible for driving the Board's strategic workforce agenda and leading the Directorate.	bringing forward proposals for implementation and clarity as to how this will be quantified / financial impact / performance improvement.		

Shared Services – NHS Scotland Procurement Review

All these areas will be explored thought the national work being undertaken for local impact.

Planned Action	Expected outcome	Quantification of the transformational change in terms of performance, finance, and qualitative improvement.	Action dependent on approval to proceed/ funding.
National Shared Services: Procurement NHS Scotland Procurement Review- preparation of an OBC has ceased and has now been replaced with a strategy document which was approved for implementation by Chief Executives (February 2017. Implementation is being progressed over a 2-3 year period. We will continue to work with the national procurement strategy implementation resource to identify and deploy service and cost efficiencies as and when these are identified.			Given the current status of the initiative financial impact; quantified improvement in performance; qualitative service improvement is unknown at this time

National Shared Services Initiatives

Planned Action	Expected outcome	Quantification of the transformational change in terms of performance, finance, and qualitative improvement.	Action dependent on approval to proceed/ funding.
National Shared Services - Laundry The aims and objectives of the National Shared Services Laundry initiative are set out in the OBC document which can be viewed on the Shared Services web site. We currently have a contract with NHS Lanarkshire for the provision of Laundry services at a fixed cost, which is the same for Lanarkshire, Dumfries and Galloway and the State Hospital. National shared service initiative reflects current regional arrangement.	Improved performance Qualitative service improvement anticipated.	No financial impact; quantified improvement in performance. Qualitative service improvement anticipated.	
National Shared Services - Logistics and Fleet The aims and objectives of the National Shared Services Logistics and Fleet initiative are set out in the FBC document which can be viewed on the Shared Services web site. We have engaged with the shared service initiative and have fully evidenced both service and cost efficiencies directly attributable to our local Transport /Fleet function which surpass any efficiencies		No financial impact; quantified improvement in performance; qualitative service improvement anticipated within 17/18.	

currently associated with the national initiative. We will continue to work with the national logistics /fleet resource to identify and deploy service and cost efficiencies as and when these are identified.			
Local - Joint IT and Information Governance.	Joint applications strategy covering H&SC Partnership services including social work, mental health systems and other business systems such as email. Delivery of a convergence plan 2018 -2020. Infrastructure roadmap to support co-located teams. Pilot of wifi access for Partnership staff underway in UHC.	Change will allow H&SC Partnership staff to access all relevant clinical and business systems. Service management and support arrangements in place with agreed SLAs. Full business case in relation to shared infrastructure to be developed by Project Manager.	

Realistic Medicine - Effective Prescribing

Planned Action	Expected outcome	Quantification of the transformational change in terms of performance, finance, and qualitative improvement.	Action dependent on approval to proceed/ funding.
Additional secondary care effective prescribing plan:		Additional savings for acute care scoped and to be agreed by June 2017 with clear implementation/monitoring plans for discussion with SG in June.	Approved in principle by NHS Board
Accelerated whole system approach to biologics and biosimilars including:	Deliver national target for biosimilar uptake. Develop spend to save plan for biosimilars with rheumatologists. Review of pathway for rheumatology and dermatology patients on methotrexate. Switch Gastro patients (Ayr) to biosimilar infliximab. Switch Rheumatology patients to biosimilar infliximab by April 2017 Rheumatology switch of Enbrel to Benepali. Create potential clinical capacity to	Infliximab switch – complete Etanercept – new uptake ongoing (currently 25% patients on biosimilar) Switch combined with clinical review– plans being discussed with clinical team (clinical capacity issues being addressed)	

E**ngage clinicians in secondary care with efficiency saving programme focusing on top 10 high cost medicines and outcomes in secondary care.** **Undertake a review of OP prescribing in key specialties and provide feedback on formulary compliance**. **Review medicine supply arrangements from secondary care** – use of patients own medicines, reduce quantities supplied on discharge, use of real time data from HEPMA, move supply from hospital to closer to home, reduce waste	assess ongoing effectiveness of biologics/biosimilars as part of whole system redesign. Review areas of high spend with associated patient outcomes. Develop and agree principles in line with Realistic Medicine to guide further work. Identify priority high cost and high volume outpatient prescribing/recommendations. Review prescribing/recommendations and identify areas of non formulary compliance for feedback to relevant prescribers. Review supply arrangements and compliance with ADTC guidance. Regular production of reports on medicines use/expenditure for secondary care and evidence of discussion at specialty/directorate meetings.	Additional areas of potential savings are currently being scoped including: Review of high cost medicines and patient outcomes utilising HMUD and HEPMA to identify variation (40% of acute spend on 20 medicines) Review of medicines supply arrangements in acute care Optimise clinical pathways: supply medicines based on clinical need Optimise Community Pharmacy as primary supply route Appropriate use of Homecare Reduce waste Prevent duplication of supply Focus on near patient supply Review of prescribing in Outpatients Increase focus of pharmacy resource within secondary care on cost effective use of medicines to support priority areas**.**	

	Identify potential spend to save initiatives to reduce waste e.g. use of part packs where appropriate. Undertake national review of systems to use patients own medicines in hospitals to identify the most cost effective system. Review of medicine discharge quantities and pack sizes and standardise across specialties and sites where clinically appropriate. Based on patient need develop and implement a structured approach to the transfer of the supply of medicines from secondary care to primary care utilising a tiered pharmaceutical care model by community pharmacists.		
To develop and test a whole system transformational approach to respiratory, prescribing.		Respiratory formulary review complete, submission to Formulary Management Group May 2017. Additional saving of £642k in respiratory prescribing based on benchmarking estimated over 2 years (medium risk). Introduction of formulary non compliance reports for GP Practices to identify outliers at "high' end of non-compliance. To commence in	Approval in principle by NHS Board

		June 2017. Additional polypharmacy reviews to be undertaken to reduce volume of items prescribed, including respiratory. Additional £200k savings (based on additional ten reviews/month/practice). Increased engagement and return with Scriptswitch to realise further savings (estimated £70K).	
	A package of whole system measures to realise savings in the use of respiratory medicines will be undertaken in 2017/2018 and will include: • Formulary review and high compliance (>80%) across all GP practices with a narrower range of medicines/devices for respiratory conditions • Programme of switching and step-down of high dose corticosteroids for asthma patients. Switch programme to lower cost formulary choices to improve cost effective prescribing. Ensure generic prescribing of short acting beta agonist in primary and secondary care.	Commence in one HSCP June 2017	

To develop and test a whole system transformational approach to analgesics and antidepressant prescribing	• COPD enhanced service for primary care/respiratory care bundle for CP/nurses in practices, focus on use of inhaled corticosteroids for mild COPD. • Targeted intervention for hard to reach patients (defined as more than 12 SABA inhalers in a year, also consider >14 inhaled corticosteroids per year) • Hospitals only supply inhalers on admission for new prescriptions or for patients requiring further supplies of inhalers. Ensure this process is continuing to work at both hospital sites. • Community Pharmacy project to involve hard to reach patients • Consider involvement of telehealth to support hard to reach patients • A media campaign to encourage public engagement in reduction of waste • NHS Ayrshire & Arran review of repeat prescription management system to reduce waste. • Transformative approach to respiratory prescribing involving the NHS A&A MCN. This will involve considering whether there could be diversion of prescribing monies into other interventions which may	Update to STU awaited Summer 2017 Already underway Commence June 2017 Commence June 2017 Additional savings around £500k (over two years) in analgesics and anti-depressants risk stratified as red to be reviewed for any opportunities for 'quick wins'.	

To undertake patient and public engagement in reduction of waste.	support respiratory management for example for COPD – smoking cessation, pulmonary rehabilitation, flu vaccination. Review available resources from literature Meet with NHS AA Communications to design local resources Test with patient public partners Launch campaign	Meeting held with NHS Fife to review most effective public resources.	

Realistic Medicine – Better Quality Better Value

Planned Action	Expected outcome	Quantification of the transformational change in terms of performance, finance, and qualitative improvement.	Action dependent on approval to proceed/ funding.
Cataract Surgery - Work with referrers to implement a visual acuity threshold applicable to both eyes, with safeguards for those who have significant visual problems and may be referred following consultant consultation.	Operate only on those with a visual acuity threshold of < 6/12 (legal driving standard) through direct listing, unless mitigating clinical reason.	Undertake retrospective audit of the number of procedures and report on numbers per month from March 2018.	
Minor Skin Lesions - Work with primary care colleagues to explore reintroducing minor surgery contract in primary care Re-circulate referral criteria and guidelines to primary care	Reduction on referrals to secondary care	Implement Plan and monitor reduction in number of minor skin lesion surgeries undertaken in secondary care.	

Workforce – including Medical Workforce, Nursing Workforce

Planned Action	Expected outcome	Quantification of the transformational change in terms of performance, finance, and qualitative improvement.	Action dependent on approval to proceed/ funding.
Overarching Workforce Actions			
Improve attendance at work Develop a new corporate action plan with clear actions focussed on improving both Long Term and Short Term absence. Where Directorates/services have more than 4% absence agree local improvement trajectories towards 4% and agree a local improvement action plan, which will be assessed at the Directorate Performance Review.	More robust performance management Achieve local performance target - year end average of 4.5%.	Between 0.6% - 1% increase in staff attendance. Productivity improvement. Cost avoidance where backfill was avoided. More sustainable workforce. Morale improved.	HR Lead role is funded non recurringly. This needs to continue.
Review skill mix Complete a review of skill mix within nursing, midwifery and AHP teams across a range of services, using best available evidence and benchmarking data from other Boards.	Targeted areas for improvement, implemented within agreed timeframe.	Where improvements are identified these can be costed. The appropriate level of skill will be utilised for the appropriate level of authority and task, which ensures safe, efficient and effective care and therapy.	
Management Costs Undertake a benchmarked review of our	Clarity on composition of appropriate benchmarking	Where improvements are identified these can be costed.	

management costs, reflecting SG information.	information and A&A ranking.	The appropriate level of skill will be utilised for the appropriate level of task, which is efficient and effective.	
Vacancy management Review our approach and systems to vacancy management, benchmarking with other Boards, and identifying appropriate improvements.	Improved systems in place to support service delivery.	If this results in fewer posts being filled then there would be non-recurring savings identified, but unless posts are withdrawn then these could not be identified as recurring savings.	
Time to recruit Implement initial improvements in the recruitment process to eliminate unnecessary delays in the process. Contribute to the National HR Shared Services Recruitment work to identify what further improvements can be made.	Posts will be filled as efficiently as possible, which would avoid or reduce the need for more expensive interim alternatives.	Performance standards will be set and performance against the standard will be measured and reported.	
Workforce Implications of Change Programmes			
Provide support to the programmes of work identified within the Portfolio for Transformational Change by capturing, collating and reporting on the workforce changes arising and show the overarching Board impact and any interconnections.	The workforce implications - growth/reduction/change/ improvement - captured, collated and reported on, showing the overarching Board impact and any interconnections.	All to be identified.	

Medical Actions			
Consultant Retiral Assess the likely consultant retirals over the next 3 years and develop plans to address this, which may be nonmedical solutions.	Forward planning, sustainable solution that reflects service needs and likely workforce supply.	By the end of August each speciality will have projected consultants retiral position and a corresponding sustainability plan.	
Consultant Vacancy Risk Assessment Process All consultant vacancies will be reviewed and risk assessed to document: the steps taken to appoint to the post whether the vacancy presents a low, medium or high risk for the Board the available options open to the Board the decision taken to address this vacancy	For each vacancy a clear and documented decision audit trail exists that identifies whether the vacancy will be covered and if so how.	The Risk Assessment template identifies the decision (timescale and costs) for each vacancy - service redesign, non-medical solution, collaboration with another Board, Locum cover. The template will identify funding available and any additional costs agreed as part of the solution.	
Trainee Doctor requirements Identify the minimum requirements necessary for safe rotas/services in key high risk specialities. Continue to review trainee establishment and take proactive steps and innovative solutions to recruit to trainee or equivalent posts.	Clarity on the number of trainee or equivalent posts required for safe service, compliant rota, positive trainee experience. Where this exceeds NES allocation the investment required of the Board will be clear.	<u>Medicine and Medicine for the Elderly</u> The risk assessment has identified year on year gaps in our NES funded establishment of up to 25%. Filling these posts at locum agency rates would cost the Board in excess of the funded establishment. The risk assessment also identified an additional recurring commitment of a further 10 posts at FY2 or above (equivalent) and 5 FY1 or equivalent, to maintain safe services and rotas. 8	

		posts were added to the 2016/17 budget. To fill the additional posts we will look to both Clinical Development Fellows (CDF) and the Medical Training Initiative (MTI). To support the FY1 equivalent posts we are looking to ANP recruitment. <u>Emergency Medicine</u> The risk assessment has identified the need to support the additional 8 CDF posts appointed in 2016/17 and a further 10 posts to give a total of 16 middle grade doctors and 14 junior grades to allow safe and sustainable rotas. We are looking to fill additional posts with CDF as well as MTI. <u>Orthopaedics</u> There are significant gaps in our junior and middle grade rotas. This is constantly reviewed and may require the use of agency cover in 17/18. Recruitment for 2017/18 is ongoing. <u>Risk Assessment</u>	

		The implications of the above have been fully assessed and have been captured in the Board's Strategic Risk Register.	
Control and Reduction of Medical Supplementary Spend Medical vacancies or gaps are the main drivers of supplementary spend within the Board. Where vacancies or gaps cannot be filled substantively, and medical cover is required to maintain safe services, steps will be taken to exhaust all internal steps to secure supplementary staffing cover before progressing to external cover options. In 2017/18, significant number of vacancies/gaps exist, mainly at consultant and trainee or equivalent level. The Board's escalating costs for supplementary staffing cover has necessitated the development of a robust workplan to appropriately manage and safely reduce spend. The workplan which will be overseen and performance managed by the Board's Medical Workforce Steering Group (MWSG), and covers the following key themes: • Spend reduction trajectory • Substantively fill vacancies • Board policy, approach and processes • Robust leadership group that manages,	Increased supply, cost effective and efficient supplementary medical workforce.	Cost reduction of £1.1m full year 17/18 from Direct Engagement £120k cost reduction from shifting 20% of agency usage to Regional Bank when operational. £20K for Neutral Vend, with further as yet unidentified savings.	

challenges and scrutinises performance • Data and information • Risk assessment and audit trail for decision making • Regional Medical Bank • Processes to secure and pay Agency doctors			
Nursing			
Agency Costs Safely reduce nursing and midwifery supplementary staffing (specifically non contract agency) in line with agreed work plan and using key milestones.	Ensure scrutiny of nursing funded establishments can be monitored and analysed separately to the supplementary agency spend for additional activity, to enable an accurate picture of spend and root causes to be presented at year end. Aim to cease use of non contract agency for non registered nursing and midwifery staff from 1 April 2017. A trajectory in place for safe reduction of non contract agency staff during by end	Minimum 50% reduction in total nursing and midwifery non contract agency spend in year 2017/18.	See detailed action plan for delivery of this item

	2017/18 with key monthly and quarterly milestones.		
Use the 'Releasing Time to Care' Activity Observation tool to complement the nursing and midwifery workforce workload tools. Acute and Mental Health in-patient areas will be phase 1 of this work this year.	Better understanding of the challenges at the point of care and triangulate an additional level of information with the aim of ensuring safe and effective staffing level and skill mix. This will inform roll out in other services.	Increased confidence with regard to nursing and midwifery workforce workload planning tools to inform decision making during 2017/18 and beyond.	To deliver within current resource and within year – QI resources will need to be diverted and other priorities shifted. Non-recurring £96K would enable delivery in year
ANP Strategy Participate as full partner in WOS ANP Academy.	Delivery of effective primary care using ANPs as alternative clinicians Delivery of effective OOH using ANPs as alternative clinicians Delivery of complex care model for older people Delivery of effective MH pathways.	Increased numbers of ANPs across priority areas such as Primary Care, OOH, Mental Health Recruitment and commencement of education programme during 2017 with anticipated graduation of ANPs during 2019 at earliest. Rolling programme of recruitment with numbers to be agreed across models of care and service areas.	May require increase in funding for LEVEL 11 Masters modules – to be determined at later date. Data being gathered (April 2017) on numbers required across all specialties

Estates Master Plan

Planned Action, by when	Expected outcome, by when	Quantify the transformational change in terms of performance, finance, and qualitative improvement.	Indicate where the Action is dependent on approval to proceed/ funding.
Planned demolitions – Phase 1 4 Properties including Simpson Street	Backlog maintenance reductions totalling £2,101,500 will be delivered in 2017/18. Revenue savings of £156,000 will be delivered in 2017/18.	This will remove ageing parts of the estate which are expensive to maintain and which are no longer fit for purpose.	Complete
Planned Demolitions – Phase 2 8 Properties – Ailsa (part) + Arrol Park (part)	Backlog maintenance reductions totalling £7,590,607 will be realised in 2018/19, In addition these demolitions will deliver estimated Revenue Savings of £491,188 in 2018/19.	These demolitions will remove ageing parts of the estate which are no longer fit for purpose.	Subject to normal governance arrangements. EESG, CPMG & CMT. AME Funded. Subject to AME funding of £1,408,894 to cover demolition costs.
New Builds/Replacements/Refurbishments			

Ayrshire Central Hospital –National Forensic Adolescent Service for Scotland	Strategic Assessment approved at CPMG in February 2017 and to be submitted to Scottish Government Capital Investment Group in March 2017.	New National Service. Timescale dependent on approval process.	Subject to normal governance arrangements. CPMG
Replacement Crosshouse	Strategic Assessment to be developed and when approved through normal governance groups then submitted to Scottish Government Capital Investment Group by end 2017.	The benefits will be identified through the Full Business Case.	Subject to normal governance arrangements. CPMG, CMT, A&A Board & (SG) CIG
Tarryholme Drive	The Business Case has been progressed through the respective governance routes.	In line with benefits outlined within the Full Business Case.	Subject to normal governance arrangements. EESG, CPMG & CMT & NAC Cabinet.

Planned Demolitions – Phase 3			

The following sites are planned for demolition during 2018 / 19: • Lochranza • Croy • Albany • Iona, Lewis and Jura • Physio & Dental link • Clonbieth & Dunure • Loudoun House • Brunston House • Arrol Park (part) • Lister St (lower part)	As a result of these demolitions Backlog Maintenance reductions totalling £2,052,522 will be delivered by the end of 2018/19. Revenue savings estimated at £1,031,025 will be delivered in 2019/20.	This will remove ageing parts of the estate which are expensive to maintain and which are no longer fit for purpose.	Subject to normal governance arrangements. EESG, CPMG & CMT. AME Funded. Subject to AME funding of £1,594,107 to cover demolition costs
New Builds/Replacements/Refurbishments 2018/19			
New Corporate Office facility (open plan) Location TBC.	Property search underway looking at existing premises both within the private and public sectors to be complete end of May 2017. To be further developed with viable options to be considered against existing costs, with recommendation available by the end of March 2017 for CE consideration. Subject to business case approval	Adoption of Agile working may facilitate a reduction in the office accommodation requirements by approximately 25%.	

Possible Future Demolitions – Phase 4 (Subject to consultation and NHS Board approval) In addition to the remainder of the office accommodation in Lister St (Upper) and Kirklandside (remaining non-clinical accommodation), a number of sites have also been highlighted for possible future demolition from 2019 onwards subject to consultation and future service plans. The development of business cases and engagement with clinical service planners will inform this programme.	Were these demolitions to proceed it is estimated that Backlog Maintenance reductions in the order of £4,741,498 could be realised in 2020 / 2021 together with estimated revenue savings of £965,250.	This will remove further ageing parts of the estate which are expensive to maintain and which are no longer fit for purpose.	Subject to consultation and NHS Board governance. Subject to estimated AME funding of £1,190,555 to cover demolition costs. Subject to capital funding to acquire / develop alternative office accommodation.

Enhanced Performance Framework

Planned Action	Expected outcome	Quantification of the transformational change in terms of performance, finance, and qualitative improvement.	Action dependent on approval to proceed/ funding.
Further development of quarterly CMT performance meetings providing data and information for performance scrutiny and improvement discussions, to include system wide data.	Performance discussions lead to agreed improvement actions across all service areas and functions.	Improvements in performance will result from detailed scrutiny of and agreement on actions required across functional areas.	NA
Performance assurance portals provided to governance committees supporting escalation processes.	Governance committees receive assurance of actions being taken to improve performance and demonstrated evidence of this via performance portals provided.	Improvements in performance will result from escalation of areas of underperformance and support actions required across functional areas for improvement.	
Development of Winter Metrics Portal within Covalent to include community based and hosted services data and information.	NHS and H&SCP colleagues are provided with a comprehensive whole system view of unscheduled care performance for Ayrshire.	Improvements in performance will result from detailed scrutiny of and agreement on actions required to improve unscheduled care performance.	

Best Value initiatives

Programmes of work relating to Sickness Absence, Management Costs and the National Therapeutic Indicators are reflected within the Workforce and Effective Prescribing templates respectively.

Planned Action	**Expected outcome**	**Quantification of the transformational change in terms of performance, finance, and qualitative improvement.**	**Action dependent on approval to proceed/ funding.**
Procurement - (Local) Utilise the **"**Once For Ayrshire" protocol designed to address the identified best value deficit.	Improved Best value in relation to local procurement.	Procurement savings of £773,680 achieved full year 2016 / 2017. Agreed savings target for 2017 / 2018 is £500,000	Complete
Domestic Services - Benchmarking Develop improvement opportunities from the Domestic Services Benchmarking review.	The Savings Delivery Target is £350k which is the maximum **potential** saving that A&A could achieve based on current FMS benchmarking data relating to the best performing Health Board. The **actual** saving achievable will only be known following completion of detailed comparative analysis with the best performing Health Board and may alter significantly. Delivery target 2018 / 19.	Benchmarking analysis with comparable best value Health Board planned for 2017 / 18 therefore unable to determine **actual** financial impact; quantified improvement in performance; qualitative service improvement at this time. Benchmarking programme with NHS Fife commences May 17 with findings targeted for end Aug 17. At this point service / finance efficiencies (if any) will be known and actions agreed to pursue.	Not Applicable At This Time

Catering Services– (Island Joint Working) Complete review of opportunities for integrated working with North Ayrshire Council including the possibility of the Council providing catering facilities from their facility on the Island of Arran.	Maintenance of service standards through use of fit for purpose infrastructure and ability to secure and retain appropriate staff.	Review commencing May 17 with findings targeted for end Dec 17. At this point service / finance efficiencies (if any) will be known and actions agreed to pursue.	Not Applicable At This Time
Catering Services – Benchmarking Develop improvement opportunities from the Catering Services Benchmarking review.	The Savings Delivery Target is £375k which is the maximum **potential** saving that A&A could achieve based on current FMS benchmarking data relating to the best performing Health Board. The **actual** saving achievable will only be known following completion of detailed comparative analysis with the best performing Health Board and may alter significantly. Delivery target 2018/19.	Benchmarking analysis with comparable best value Health Board planned for 2017 / 18 therefore unable to determine **actual** financial impact; quantified improvement in performance; qualitative service improvement at this time. Benchmarking programme with NHS Fife commences June 17 with findings targeted for end Sept 17. At this point service / finance efficiencies (if any) will be known and actions agreed to pursue.	Not Applicable At This Time
Portering Services – Benchmarking Develop improvement opportunities from the Portering Services Benchmarking review.	The Savings Delivery Target is £350k which is the maximum **potential** saving that A&A could achieve	Benchmarking analysis with comparable best value Health Board planned for 2017 / 18 therefore unable to determine **actual** financial impact;	Not Applicable At This Time

	based on current FMS benchmarking data relating to the best performing Health Board. The **actual** saving achievable will only be known following completion of detailed comparative analysis with the best performing Health Board and may alter significantly. Delivery Target 2018/19.	quantified improvement in performance; qualitative service improvement at this time. Benchmarking programme with NHS Fife commences Sept 17 with findings targeted for end Dec 17. At this point service / finance efficiencies (if any) will be known and actions agreed to pursue.	
Laundry – Shared Services NHSA&A is actively participating in a national review of laundry services which could result in a reduction in the number of production laundries.	Opportunities currently being developed nationally therefore unable to determine financial impact; quantified improvement in performance; qualitative service improvement at this time	Opportunities currently being developed nationally therefore unable to determine financial impact; quantified improvement in performance; qualitative service improvement at this time	Not Applicable At This Time
Energy **Develop Spend to Save schemes (S2S)**	Reduce and improve the current energy consumption board wide and reduce the boards Carbon/CO2 revenue costs. Estimated savings identified in the original Business Case for both Capital funded	Plans being developed to take forward both new S2S schemes at UH Ayr and Biggart. Procurement for two design teams underway, which is Expected to take 6 weeks, so as to develop the detailed design. Work has started on both projects for	Spend to Save funding made available by Scottish Government as part of their Carbon Reduction Commitment / Climate Change

	projects at UHA and Biggart have changed and unclear at present and may be less that original identified in FBC. This is due to changes in SG RHI/FIT energy incentive schemes and we cannot quantify savings at this time.	with a planned completion 31 March 2018, resulting in potential estimated savings of £125K p. a. thereafter. External consultants to verify anticipated savings, which are affected by changes to energy tariffs and RHI/FIT payments which have recently been changed by Scottish Government.	Programme. Funding for 2 new S2S schemes included in this year's Capital Investment Plan. There is £1,265,000 For UHA Biomass & Combined Heat and Power (CHP); Biggart Hospital has a CHP project valued at £420,000.
Estates - Benchmarking **Develop improvement opportunities from the Estates Services Benchmarking review.**	The Savings Delivery Target is £250k which is the maximum potential saving that NHSA&A could achieve based on current FMS benchmarking data relating to the best performing Health Boards. The actual saving achievable will only be known following completion of detailed comparative analysis with the best performing Health Board and may alter significantly. Delivery target 2018/19.	Benchmarking analysis with comparable Best Value Health Board planned for 2017/18. Engagement has stated to review the benchmarking information and working with the other boards and the HFS National Benchmarking Estates Group, currently unable to determine any financial improvement/ impact; Quantified improvement in service delivery performance; Qualitative service improvement at this time. Work just starting as agreed with SG Programme and engagement with other Health Board's Estates team has started.	

Elective Theatres **Aim to improve the Theatre productivity/efficiency by**: • Reducing cancellations • Implement reminder phone calls for the theatre lists experiencing the high DNA rate • Ensure all patients attend pre-assessment and that follow up investigations have all happened before a theatre date is offered • Investigate all clinical cancellations on a weekly basis and implement any action or revised processes as required • Ensuring all theatres start at the planned time • Ensure all theatres are booked to capacity thus avoiding an under-run. (although if cancellations can be avoided this will address the under-runs) • Ensure minimal costs for consumables used throughout the theatres (agree to review specialty by specialty) **Start date: April/ May 2017**	Cancellation rate improves to 8%. Scope to reduce further if this initial improvement can be achieved. Late starts will be less than 3% Under-runs will be less than 9% Hip and knee implant costs will be in line with Scottish average price (Orthopaedics) Consumables for vein ablation will be reviewed with suppliers now that numbers are increasing and traditional varicose vein surgery reducing (Vascular) Start date: Sept 2017	Cancellation rate – 8% Late starts less than 3% Under-runs less than 9% Increase in theatre activity overall number as a result of improvement above (difficult to quantify number) Start date: Sept 2017	Admin support to place using some existing resource however this is not sustainable for all lists in all theatres) - £10,000 required for part-time admin support

2.3. Collaborative Working

These are developmental programmes that may be aligned to Strategic Service change programmes in the future

Acute Services: Patient Flow – SAS

Planned Action, by when	Expected outcome, by when	Quantify the transformational change in terms of performance, finance, and qualitative improvement.	Indicate where the Action is dependent on approval to proceed/ funding.
Work with the Emergency Departments and the Scottish Ambulance Service to improve patient handover times and reduce bottlenecks within the process: • Undertake review of current handover processes • Establish current ambulance turnaround times for both UHA & UHC • Undertake scoping exercise with SAS regarding alternatives to transfer to hospital • Work with Partnerships & SAS to identify GP practices to potentially "schedule the unscheduled" patient • Undertake weekly performance review meeting • Undertake SAS/NHS A&A Liaison meeting (6 weekly)	Reduced delays in patient handover upon arrival to ED: • Improved triage, assessment and treatment times • Improved ED 4 hour performance standard • Improved SAS performance indicator Reduce delays at the start of the patient journey: • Patient in right place at the right time seen by the right person • Reduced "batching" of patients for arrival to ED/CAU	**Performance improvement:** Improvement in ED performance indicator to consistently achieve above 95%: Patients seen within defined timescales for: • Time to triage <15 mins • Time to assessment <90 mins Improvement in SAS performance indicators: **Evidence:** Performance indicators: • SAS handover time achieved (15 mins) • Reduction in number of SAS arrivals to the ED's/CAU's	Until scoping exercise is complete it is difficult to determine if financial investment is required.

Work with nursing teams and SAS to review the: • Discharge planning process within clinical areas • Use of, and implementation of, the Patient Needs Assessment for ambulance discharge transport • Use, and costs, of taxis for discharge transport	To increase the use of patients own discharge transport. Clinical teams are aware of SAS criteria for ambulance usage and this is implemented consistently across both sites	**Performance improvement:** • Reduce use of ambulances for discharge by 10% across sites within current financial year by 7000 bookings (2016-2017 usage 71172) between 2017 and 2019 • Reduce requirement for additional evening crews to zero within above timeframe • Reduced requirement (and costs) for taxis for discharge by £50,000 within current financial year • Reduced same day ambulance cancellations to zero within 2017/18 **Reduced LoS:** • Monthly LoS per site/ward, to be agreed • Reduced bed days lost **Evidence:** • Spend on overtime evening crews to zero • Spend on taxis. Savings as identified above • LoS data • Same day discharge cancellation data	

Transport

Planned Action	Expected outcome	Quantification of the transformational change in terms of performance, finance, and qualitative improvement.	Action dependent on approval to proceed/ funding.
Work with SPT to review the current use and associated costs of taxi services across NHS Ayrshire. NHS Lanarkshire has also commenced this work, representatives from NHS Ayrshire will join their work programme to receive any joint working benefits.	To assess if there are opportunities to work in different ways to improve local access to transport for communities and to reduce reliance on taxis and cost to NHS Ayrshire & Arran.	The current budget is £150,000 with spend of £450,000. To reduce cost in financial year 2017/18 by £50,000 through application of new local criteria whilst overall review and opportunities for change are progressed over 2017/18.	No

3. Local Delivery Plan 2017/18

3.1. Increasing Healthy Life Expectancy

The NHS Ayrshire & Arran Transformational Change Implementation Plan has a focus on increasing life expectancy which supports the Scottish Government key purpose target. This theme resonates throughout the whole document which strives to ensure that our population live longer lives in good health. Prevention, anticipation and supported self management are crucial to this achievement and steps are taken to ensure these issues are addressed within the Strategic Service Change Programmes that form part of the overall Plan.

The Strategic Service Change Programmes also ensure that where possible we shift the balance of care, using our integrated healthcare system as effectively as possible. We will provide the highest standards of safety and quality to our service users and will ensure that when hospital care is required that day case treatment will be the norm. This will allow people to get back to their home or community environment as soon as possible with minimal risk of readmission.

3.2. Prevention and Early Years

The Health Visiting pathway was piloted in Ayrshire and introduced to all pregnant women who booked for a first trimester screening scan from October 2015. This means that all women in Ayrshire will have had an antenatal visit by a Health Visitor at 32 to 34 weeks of pregnancy since March 2016. We are on course to offer a minimum of 11 home visits including 3 child health reviews by 2020. These actions underline our commitment to early intervention across the life course.

We continue to increase Health Visitor numbers through active recruitment and training. Whilst there is commitment to meet its statutory duties; the NHS Board is facing workforce challenges. Despite training additional Health Visitors we are experiencing a higher than anticipated turnover of staff. Recent strategic workforce planning has highlighted that over the next nine years there could be 49 health visitor retirements; representing around 50% of the total Health Visitor workforce. Plans are in place to compensate for this by continuing to routinely train Health Visitors in addition to those trained through the Scottish Government financial uplift.

The Family Nurse Partnership (FNP) programme is a licensed preventative programme aimed to improve outcomes for young mothers and their children. The programme is delivered through a structured visiting programme of home visits delivered by specially trained Family Nurses from pregnancy until the child is 2 years of age. This programme has had the commitment from Ayrshire and Arran in meeting the needs of children through the GIRFEC agenda. Prevention, Attachment and Attainment is being targeted through the Family Nurse Partnership Programme. The programme's goals are to improve pregnancy outcomes, improve the health and well-being of the parent their children and families.

The aim is to: Achieve greater improvements for vulnerable families: Be more flexible - personalised to the strengths and risks of individual clients and to integrate with local service provision. The programme supports expectant mothers to the age of 24. This work is being independently evaluated by NES.

Following the Review of Maternity and Neonatal Services, we will assess the recommendations for local implementation across our services.

3.3. Public Health Priorities – Tobacco, Alcohol and Obesity

NHS Ayrshire & Arran remains committed to tobacco control as a public health priority and actions are being progressed through our Pan Ayrshire Tobacco Control Strategy (2012-2021). Actions are being delivered in partnership with Community Planning Partners and there has been significant sign up to the *Ash Scotland Towards a Smoke Free Scotland Charter* with the NHS; North Ayrshire Community Planning Partnership and other organisations based in Ayrshire and Arran signing up to this charter. In 2017/2018, as part of our strategy, we plan to work with East and South Ayrshire Community Planning Partnerships in relation to also signing up to the charter.

2017/2018 is the final year of our second three year action plan associated with the strategy. We will be working with partners to develop the final three year action plan 2018-2011, and hope that this coincides with the development of proposed national strategy which will span from 2018-2021.

Activity spans across the three main themes contained within the local strategy:

- Prevention e.g. roll out of the ASSIST (Peer Support Prevention programmes) in schools across Ayrshire
- Cessation e.g. providing accessible smoking cessation support with targeted support to key groups such as people with long term conditions, pregnancy, young people, prison and local areas with high smoking prevalence
- Protection e.g. working with community planning partners to extend smoke free areas

The outcomes associated with the local strategy are as follows:

- Increased life expectancy;
- Reduced inequalities in healthy life expectancy
- Reduced smoking related illnesses and deaths;
- Reduced inequalities and smoking related illnesses and deaths
- Reduced adult and young people smoking rates
- Reduced uptake of smoking by young children
- Non-smoking and smoke free being the norm
- Reduced availability and affordability of tobacco products
- More smoke free environments

The Alcohol Framework sets out the accountability arrangements between Scottish Government, local government, NHS Boards and other partner organisations. It brought into

being Alcohol and Drug Partnerships as the mechanism by which local alcohol and drugs strategy and local outcomes would be delivered. NHS Ayrshire and Arran contributes to the work of the Alcohol and Drug Partnerships in North, East and South Ayrshire. Each ADP is committed to delivering agreed service levels subject to agreement of budget. We are committed to supporting the work of the partnerships through their individual delivery plans and look forward to the release of Scotland's refreshed alcohol strategy later in 2017.

NHS Ayrshire and Arran recognises the positive impact that Minimum Unit Pricing will bring. We will provide support to local Licensing Boards this year as they look to review licensing policy.

NHS Ayrshire & Arran looks forward to the opportunity to comment on the new strategy for diet and obesity when it is published. Meantime, at local level, an Ayrshire Healthy Weight Strategy has been developed in conjunction with the three local authority partners. This is a ten year strategy and during 2017/18 implementation of a second three year action plan will be started.

During 2017/18, staff from the Health Improvement Team will represent NHS Ayrshire & Arran on physical activity and/or active communities partnership groups across all three local authorities within Ayrshire. Health Improvement staff's role in this will be to support the implementation of these plans which encourage more people to be more active more often.

3.4. Scheduled Care Access Standards

The 2017/18 LDP Guidance included a requirement to develop local Improvement Plans for the delivery of agreed access standards for scheduled care against a background of appropriate risk assessment. NHS Ayrshire and Arran has undertaken a significant period of review in recent years to gain a deeper insight and understanding of the challenges that have developed as a result of increasing demand on elective services. Whilst NHS Ayrshire & Arran has endeavoured to manage service pressures within national waiting times performance measures, our review has highlighted that there are areas where demand for services is outstripping our capacity to deliver.

As part of the above review, NHS Ayrshire & Arran has developed a capacity planning process which provides detailed information of all available capacity against demand for each service. This allows scrutiny at a specialty level for planned capacity and activity against actual activity throughout the year. This approach permits NHS Ayrshire & Arran to identify shortfalls in capacity and explore alternative approaches to managing demand. This information supports the development of our service plans and is incorporated in to the >>Fast Forward approach, both are referenced in our Transformation Change Improvement Plan and in earlier sections of this Delivery Plan. These approaches seek to address:

- introducing alternative models of care that addresses the needs of patients (doing better by doing differently);
- how we can increase the effective utilisation of existing capacity (making the most of what we have);

- where we can expand (within our resource base) existing capacity; and
- how we ensure that the administration and management of Scheduled Care is optimal.

We would intend to work with the Access Team to finalise our improvement plans for the coming year.

3.5. Regional Planning

The Health and Social Care Delivery Plan recognises the importance of the National Clinical Strategy and the need for service review and planning at population levels beyond the boundaries of territorial Boards. Within the West of Scotland Regional Planning Group there is already a programme of collaborative work that considers the ever changing population needs and how these are influenced by demographic changes and the emergence of new treatments and technologies at a time of constrained resources including the availability of specialist clinicians across both primary and acute hospital care. This programme of work includes;

- Interventional Cardiology including Primary Reperfusion Service
- Major Trauma
- OMFS
- Urology including Minimally Invasive Resection of Prostate
- Vascular Services
- Regional Child Health Services including Child Protection, critical care and specialist shared services
- Regional Child and Adolescent Mental Health
- Medium and Low Secure Psychiatric Services
- Systemic Anti-Cancer Treatments
- Aseptic Pharmacy Services
- Maternity and Neonatology
- Interventional radiology
- Ophthalmology
- Workforce Planning
- Prescribing

It is recognised by the WoS Regional Planning Group that a regional transformational plan needs to be developed over the next 6 to 12 months that is underpinned by detailed analysis of;

- The needs assessment of the 2.7 million people served by the West of Scotland Boards;
- Changing patterns of demand for future treatment and care for this population;
- The current capacity to safely and effectively meet these treatment and care needs;
- New service models and care pathways; and
- Resource Plans including workforce, estate and specialised equipment.

This regional planning activity will complement the service planning and change in each Health Board area which will be required to address the current service and financial

pressures and will also complement work on the strategic direction for acute services, which each Board has been developing to transform acute services, working alongside their Integration Joint Boards. When taken together with Board level plans this transformational plan will clearly set out how West of Scotland Boards and their partners will deliver safe, efficient and sustainable treatment and care over the next 10 to 15 years.

3.6. Targets and Indicators for Health and Social Care

Performance Monitoring of all aspects of our plans is paramount and whilst the national review of targets and indicators for health and social care is being undertaken we will continue to monitor progress through the current Local Delivery Plan standards. We will continue to ensure that clinical priority is given to patients including unscheduled care, cancer and other patients referred with urgent status. Achievement towards these Standards will be discussed with Scottish Government at both the mid year and the Annual Reviews. As soon as the new guidance is available we will incorporate this in to our reporting structures, ensuring this allows us to demonstrate the progress being made towards the desired outcomes.

Through recent guidance on 'Measuring Performance Under Integration' we are working to agree trajectories in line with the outcomes expected from our programmes of transformational change described in the Transformational Change Improvement Plan and in this Delivery Plan. Once agreed, the locally agreed trajectories will be incorporated in to wider performance reporting structures.

3.7. Financial Planning

Details of our financial plans will be made available under separate cover.

There are areas where advice from Scottish Government suggests that in moving NHS Ayrshire and Arran's performance to the Scottish average or to the performance of the upper quartile of NHS Boards, savings may be secured; this is known as potential productive opportunity. Work is ongoing to ensure that the data is indeed comparable across Boards and to understand the drivers for any difference. Where there is scope to realise improved productivity, it is being pursued as described within the Best Value programmes.

3.8. Workforce Planning

The strategic vision for NHS Ayrshire & Arran as an employer is set out in the Board's People Strategy - 'People Matter' which was endorsed by the NHS Board in May 2015. The People Strategy explicitly makes reference and linkage to the ambitions detailed within the Everyone Matters: 2020 Workforce Vision.

Delivery of the strategic intent of the People Strategy is detailed within the Board's annual Corporate People Plan (CPP) which provides the single coherent framework for pulling together and linking all aspects of the people agenda encompassing both staff governance improvement planning and the specific Board actions from Everyone Matters, thus avoiding

unnecessary duplication. Ongoing progress reporting is provided to the Area Partnership Forum and formally to the Staff Governance Committee.

As the 2017/18 iteration of the CPP is currently being developed, and is not yet available, the table below provides a summary of how the 2017/18 Everyone Matters actions link to extant implementation plans as well as providing a high level overview of initial progress in taking these actions forward. Any outstanding actions from previous Everyone Matters implementation plans will be encompassed within the 2017/18 CPP.

Everyone Matters NHS Board actions 2017/18	**Linked local implementation plans (LIP) / Initial progress**
Ensure delivery of their iMatter implementation plans, involve staff in decision making and take meaningful action on staff experience for all staff ***(Healthy Organisational Culture)***	LIP: CPP, iMatter Implementation Plan Progress: Full organisational rollout of iMatter will be completed in 2017 following H&SCP implementation
Take action to promote the health, wellbeing and resilience of the workforce, to ensure all staff are able to play an active role throughout their careers and are aware of support available to them ***(Sustainable)***	LIP: CPP, Staff Health, Safety & Wellbeing Strategy & Implementation Plan Progress: Building on achievement of Healthy Working Lives Gold award
Build confidence and competence among staff in using technology to make decisions and deliver care by encouraging active participation in learning ***(Capable)***	LIP: CPP Progress: Work has commenced and will be progressed in 2017/18.
Work across boundaries to share good practice in learning and development, evidence informed practice and organisational development ***(Capable)***	LIP: CPP, Learning Plan, OD programme Progress: Ongoing close working with LA counterparts in HR, OD and Learning and close working with Further & Higher Education Institutes via Ayrshire Education Partnership
Working with partners, develop workforce planning capacity and capability in an integrated setting ***(Workforce to deliver integrated services)***	LIP: CPP, NHSA&A Workforce Plan, H&SCP Workforce Plans x 3 Progress: 3 x fixed term Workforce Planning Leads in post in each H&SCP in Ayrshire
Implement the new development programme for Board-level leadership and talent management ***(Effective leadership management)***	LIP: CPP Progress: Awaiting information from the Scottish Government.

We await the publication of the National Health and Social Care Workforce Plan in the Spring of 2017 and the preceding National Discussion Document which will look at the practical issues involved. These will allow us to publish our wider workforce plan which will take into account the mandatory Planning Tools recommended by Scottish Government.

Integration Joint Board
22nd June 2017
Agenda Item No. 12

Subject:	**Technology Enabled Care (TEC) and Innovation: Pan Ayrshire Delivery Plan 2016-2018**
Purpose:	The purpose of the report is to present the proposed priorities and deliverables of the current NHS Ayrshire and Arran TEC and Innovation Strategy. These are described as a 2 year delivery plan in line with the timescales of the National TEC Programme. The deliverables and actions are designed to make the step changes necessary to enable individuals of Ayrshire & Arran to access and use Technology to better support their health and wellbeing.
Recommendation:	It is recommended that Members of the Integration Joint Board: 1. Consider the strategic direction and service model set out within this paper and, reflecting any amendment or development of these agreed by Members, confirm support for them subject to receipt of a sustainable financial plan to underpin delivery; 2. Invite the TEC team back to the meeting of the Integration Joint Board in August 2017 to present and seek approval of that financial plan based on the forthcoming submission to the NHS Scrutiny Panel and the agreement reached with that body.

Glossary of Terms	
IJB	Integration Joint Board
TEC	Technology Enabled Care
NAHSCP	North Ayrshire Health and Social Care Partnership
PSMT	Partnership Senior Management Team
COPD	Chronic Obstructive Pulmonary Disease
SPOC	Single Point of Contact
ACP	Anticipatory Care Plan
HMHM	Home Health Home Monitoring
KIS	Key Information Summary
CHD	Chronic Heart Disease

1. EXECUTIVE SUMMARY

1.1 TEC and Innovation Delivery Plan which is set out at Appendix 1 takes cognisance of all of the above and sets out immediate priorities for TEC Funding in Year 2 (end June 2017) and Year 3 (June 2017-June 2018). The following is a summary of the projects and relationships with other programmes. Additionally, there is also interdependency with multiple programmes.

Programme	Project
New Models of Care for Older People and People with Complex Needs	**Home Health Monitoring:** COPD and Asthma Pathway Hypertension Diabetes Heart Failure Renal Integration of TEC Hubs within Single Point of Contact Framework of TEC Solution for Intermediate Care & Rehabilitation Woodlands View Community Hospital **Florence SMS Texting Role Out:** COPD and Asthma Pathway Pulmonary Rehabilitation Hypertension Diabetes Heart Failure Master Mind, (Remote Cognitive Behavioural Therapy – Mental Health Addictions Universal access to Telecare Use of Telecare in supported living sleep over services
Unscheduled Care/MCNs/Nursing Homes	As above but also Integration TEC Hubs within Single Points Of Contact (SPOC) Virtual Clinics between Clinical Assessment Unit and Integrated Care Team Virtual Clinic between Respiratory Consultants and GPs Video Conferencing in Nursing Homes Anticipatory Care Planning and TEC
Primary & Community Care	Virtual Clinic between Respiratory Consultants and GP Video Conferencing in Nursing Homes ACP and TEC Exemplar General Practice Cluster
Planned Care- Delivering Outpatient Integration Together	Development of Virtual Clinics- National Attend Anywhere
Out of Hours Review	Video Conferencing in Nursing Homes
E Health Development Plan	Integration TEC Hubs within SPOC Whole system e ACP Infrastructure and requirement underpinning delivery
Implementation Costs	TEC/Long Term Conditions Office Team HMHM Procurement Florence

2. BACKGROUND

2.1 The TEC and Innovation Strategic Document of Intent was approved at the South Ayrshire Integration Joint Board (IJB) on 18th May 2016 and thereafter at North and East Ayrshire IJBs. Further consultation was also undertaken with Professional Committees, Managed Clinical Networks and Primary Care. It was agreed that a delivery plan, clearly outlining outcomes and benefits was required and that this should be taken forward, taking cognisance of the NHS Ayrshire and Arran Strategic Transformational Change Programme and the three Health and Social Care Partnerships Strategic Plans.

2.2 The TEC and Innovation Programme Portfolio has been identified within the planning and governance arrangements of this Strategic Transformational Change Programme and has clear interdependencies and realisation of benefits across all aspects.

2.3 These have been highlighted in the delivery plan. It should be noted that as the Pan-Ayrshire Transformation Programme develops, TEC will have a pivotal role in the delivery of new models of care. It is anticipated that further opportunities for TEC will emerge and that these will be incorporated into the delivery plan over time.

2.4 The National Delivery Plan for TEC and Innovation was released in October 2016. This Plan emphasises the national priorities, a focus on prevention, interdependency with the National Clinical Strategy for Scotland and clear recommendations on use of TEC Programme funding to support the sustainable adoption of TEC post 2018.

2.5 In addition, the NHS Ayrshire and Arran Board area has been approached by the National TEC Programme to act as an “Exemplar” of good practice in relation to TEC development and delivery. This is the first such approach in Scotland, with the detail around support from the National Team still in development.

2.6 In its role as lead partnership the South Ayrshire IJB discussed and approved the recommendations made within this paper with the provision that TEC must be fully integrated within the business cases of the Pan Ayrshire Strategic Transformational Change Programme, EHealth Strategy & the three H&SC Partnership Strategic Plans.

3. PROPOSALS

3.1 **It is recommended that the Integration Joint Board:**

- consider and approve the plan; and
- considers next steps and approaches to strategically embed TEC & Innovation in North Ayrshire Health & Social Care Partnership.

4. ANTICIPATED OUTCOMES

4.1
- Increased number of people using HMHM (PODS and Florence) to monitor Long Term Conditions.
- Increased use of Technology to support Diabetes Services.
- Improved Compliance/Medicine usage.
- Reduction in admissions for Acute Diabetic complications.
- Reduction in inappropriate referrals.
- Reduce length of stay through Tele- Rehabilitation.
- Improved access to equipment.
- Increase access to KIS within Acute.

- Improved quality of information contained within ACP.
- Less spend on Overnight Services.
- Ability to increase Day Services.
- Increase access to Telecare universally.
- Increased use of appropriate Telecare according to risk.
- Increase in number of people using Telecare.
- Numbers of new people using Telecare.
- Reduction in avoidable Hospital admission by 10% over the next 5 years.
- Reduction in readmission rates of 10% each year.
- Provide early intervention and appropriate support for patients with Diabetes and Respiratory Conditions.
- Reduction in A&E attendances.

5. MEASURING IMPACT

5.1

- Reduction in avoidable hospital admission by 10% over next 5 years.
- Reduction in readmission rates of 10% each year over next 5 years.
- Reduction in A&E attendances.
- Reduction in Primary Care Contacts.
- Baseline of approx 250 patients recruited during Yr 1, a further 450 to be recruited by July 2017 via current services and the introduction of North Ayrshire model.
- Provide rehab at home through telehealth and increase this by 20% each year until 2018
- Provide early intervention and appropriate support for patients with Diabetes and Respiratory Conditions. Support achievement in 80% target of 1800 Respiratory infection admissions per year.
- Provide rehab at home through telehealth and increase this by 20% each year until 2018.
- More people with anticipatory care plans and TEC.
- More People understand their condition better and able to self manage.
- More people participating in their own care and with access to services.
- Improved use of ACPs and KIS
- Improved information sign posting for self management and self care
- Development of alternatives to outpatients in the community
- Support and facilitate implementation of disease specific pathways
  Respiratory
  CHD
  Diabetes
  Ambulatory Care
  Create alternatives to attendance at A and E
- Increase in number of people using telecare
- Improvement in user experience
- Prevention of hospital admissions with more individuals feeling safe in the community.
- Earlier intervention through monitoring and targeting of high risk individuals including support for people with dementia.

6. IMPLICATIONS

Financial :	Current resourcing for the delivery plan is mainly via national TEC Funding. Additional and match funding has been identified by the IJBs until March 2017. A business case is currently being written and this is to be discussed at NHS Scrutiny Panel on the 9th June 2017. The funding from the Scottish Government TEC programme is summarised in the table below :-

	2016/17	**2017/18**	**2018/19**
TEC Award Workstream 1	385,000	375,000	
Carry Forward (TBA)	153,030	218,661	74,041
Total	**538,030**	**593,661**	**74,041**

Programme Costs

Core programme team	150,756	221,197	
Diabetes Pathway	0	60,000	
Florence SMS Text system	13,740	25,000	
Florence Hypertension across all General Practices	0	15,000	
Data Analytics	0	17,706	
District Nurse Backfill Band 5, 20 hours South Ayrshire (supporting South TEC Hub & telehealth respiratory)	2,191	0	
District Nurse Backfill North Ayrshire Band 5, 20 hours (supporting North TEC Hub & telehealth respiratory)	2,191	0	
TEC Nurses: 3 Band 5s 20 hours per week E,N,S)	0	53,717	
Smartcare /Falls- North Ayrshire	15,000	0	
Equipment (Smart phones etc including Florence peripherals) Estimated:- dependent upon procurement)	9,000	65,000	
Diabetes project e.g. Diasend/ practices etc	6,000	6,000	
Total	**48,122**	**242,423**	**0**

Current agreed Liabilities	**198,878**	**463,620**	**0**

Funding Available for HMHM	**339,152**	**130,041**	**74,041**

Extended contract Microtech – telehealth PODS	120,491	56,000	
National Contract (currently finalising PIN)		TBA	
Uncommitted	218,661	74,041	74,041

Human Resources :	The implementation of the delivery plan has no immediate HR implications.
Legal	There are no legal implications arising from the consideration of this report.
Equality	An equalities impact assessment has been completed and is attached at appendix 2.
Environmental & Sustainability	These will be addressed via the planned business case in alignment with the Strategic Transformational Change Programme.
Key Priorities	Technology Enabled Care has been identified as national strategic priority. Locally within NHS Ayrshire & Arran it is a key programme of delivery underpinning and cutting across all programmes within the Strategic Transformational Change Programme. The TEC delivery plan will support North Ayrshire Health & Social Care Partnership to deliver its 5 key strategic priorities. In particular it will contribute to :- • Developing a wider range of primary care services in local communities • Prevention and early intervention • Support the needs of older people and adults with complex needs • Creating a new strategy for people with mental health and learning disability

7. CONSULTATION

7.1 The Delivery plan has been developed in collaboration with the TEC and Innovation Programme Board which is represented by East, North and South Health and Social Care Partnerships.

7.2 The Chair and Vice Chair of the IJB have been consulted on the contents of this report.

8. CONCLUSIONS

8.1 The TEC Delivery Plan details the range of action being progressed to implement the TEC Strategy. The delivery plan is likely to evolve as the opportunities around the use of TEC emerge in response to a range of service redesign activities. The delivery plan will be kept under regular review by the Ayrshire and Arran TEC and Innovation Programme Board chaired by the South Ayrshire HSCP Director of Health and Social Care.

For more information please contact Kathleen McGuire on 01292 665727 or kathleen.mcguire@aapct.scot.nhs.uk

BACKGROUND PAPERS

Report to the Integration Joint Board on 18th May, 2016 by the Director of Health and Social Care entitled “Technology Enabled Care Strategy.”

Technology Enabled Care and Innovation: Our Strategic Intent 2016-19-13.12.16
http://www.south-ayrshire.gov.uk/health-social-care-partnership/documents/item%208%20-%20technology%20enabled%20care%20strategy%202016%2005%2018.pdf

Technology Enabled Care and Innovation Strategy

Delivery Plan

2016-2018

NHS Ayrshire and Arran Delivery Plan (1 July 2016 – 30 June 2018)

Overall Aim for TEC Locally:	*"to promote independence, choice and quality of life for people and to support a higher number of people to live independently in their own homes by developing a framework or whole systems approach with which to deliver integrated, mainstream equitable services across Ayrshire and Arran and its three Health and Social Care Partnerships."* *(Source: AyrshireTEC Strategy)*			
Outcome – what you aim to accomplish	Measures/	Activity – Projects	Outputs and Benefits 2016-2018	Dependencies relationship with other Programmes
Expand and provide more HMHM enabled services pan-Ayrshire enabling more people with Long Term conditions using HMHM to manage their condition and live independently at home	• Increased number of people using HMHM (PODs and Florence) to monitor long term conditions • Increased use of technology to support diabetes services • Improved clinical outcomes • Improved compliance/medicine usage	**1. Expand and fully introduce the national framework for HMHM service across Ayrshire and Arran initially applicable to individual and multi morbidity of the following LTC:-** Hypertension, Diabetes, post stroke , Renal, COPD, Asthma and Heart Failure. • Expand Diasend to practice clusters within localities to support increased use of My Diabetes My Way and increase self monitoring of diabetes	All practices across AandA Recruit 100 patients from 4 practice clusters by June 2017	New Models of Care for Older People and People with Complex Needs Community Services and Primary Care

	• Reduced admissions for acute diabetic complications • Reduction in inappropriate referrals • More GP practices using My Diabetes My Way and Diasend •	• Develop an innovative Home Health Monitoring tender specification in collaboration with Scottish Government and other board areas. This specification will outline requirements for an integrated monitoring system which will enables use of different applications including patients own for people at various level of need.	Reduction in avoidable hospital admission by 10% over next 5 years Reduction in readmission rates of 10% each year over next 5 years	
Expand existing HMHM enabled services pan-Ayrshire-	• Number of people using HMHM to monitor long term conditions • admitted to acute hospitals • Reduce length of stay through tele rehabilitation • Improved access to equipment	**2. Florence Simple Telehealth Projects** • Procure Florence simple text messaging service to support prevention and more people at a lower level of need tier. • Introduce Florence SMS Texting system and SPOC for Diabetes Educational Management for patients with: Diabetic Ketoacidosis, Type 1 and Gestational Diabetes. • Implement Florence SMS text messaging for hypertension across all general practices by April 2018	Baseline of approx 250 patients recruited during Yr 1, a further 450 to be recruited by July 2017 via current services and the introduction of North Ayrshire model Provide rehab at home through telehealth and increase this by 20% each year until 2018	New Models of Care for Older People and People with Complex Needs Mental Health Community Services and Primary Care

		• Use of Florence as step-up/down model for COPD and Heart Failure. • Use Florennce and other telehealth to provide rehabilitation at home in the community • Introduce Florence to support CCBT in Mental Health: Beating the Blues Programme • Development of Florence protocols, Standing Operating procedures and Pathways • Introduce HMHM for COPD, Asthma and Heart Failure into CDU pathways and discharge planning	Provide early intervention and appropriate support for patients with diabetes and respiratory conditions. Support achievement in 80% target of 1800 respiratory infection admissions per year.	
Improved access to services	By March 2017 2 TEC Hubs integrated within a SPOC within AandA Improved pathways between acute/general care, MDT assessment and CAU	**3. Integrate TEC Hubs and within North and South SPOC supporting Intermediate Care and Community Services** • North Ayrshire Pathway using ANPs will commence in December 2016 with recruitment numbers to be	Provide rehab at home through telehealth and increase this by 20% each year until 2018	New Models of Care for Older People and People with Complex Needs Unscheduled Care Primary Care

	Increased number of GP/MDTs using TEC pathways Step up and step down of TEC/case management through ICT	similar to that achieved in South Ayrshire at set up stage. • Appoint Advanced Nurse practitioners in North and South Ayrshire to support implementation and initially case management of those with more complex need • Continue to expand HMHM for COPD and Heart Failure into multidisciplinary teams , AHPs, and Community Nursing • Explore opportunity for development within East Ayrshire		
Better awareness of self-management and Anticipatory Care Planning	• More people with anticipatory care plans and TEC • More People understand their condition better and able to self manage. • More people participating in their own care and with access to services. • Improved use of ACPs and KIS • Improved information sign posting for self management and self care	**4 Anticipatory Care and TEC** • Integrate TEC within the multidisciplinary teams and specialist nursing Anticipatory care planning Model of care that is being rolled out across South Ayrshire • TEC patients will have an ACP with Self-management plan • Support the public to understand the help that can be provided by TEC, to support them to make	Increase by 100% the number of people using high end TEC with an ACP/Key Information Summary Increase by 100% the number of patients with self management plans and TEC	New Models of Care for Older People and People with Complex Needs Community Services and Primary Care E Health Development Plan Unscheduled Care

		their own decisions and self manage • Develop a technological solution to sharing the ACP/KIS with Secondary Services • Introduce national ACP app	By March 2017, 14 General Practices and MDT in South Ayrshire using TEC pathways	
New alternatives to outpatients, attendance at AandE and other community services	Develop alternatives to outpatients in the community Support and facilitate implementation of disease specific pathways Respiratory CHD Diabetes Ambulatory Care Create alternatives to attendance at A and E	**5 Development of Virtual Clinics** • Introduce Attend Anywhere (telehealth web application) between General Practice and Respiratory Consultants . • Further Explore opportunities for use in Primary Care, Out of Hours Service and Out Patients • Establish video conferencing ability between 3 General Practices and Care Homes	Reduction in avoidable hospital admission by 10% over next 5 years Reduction in readmission rates of 10% each year Provide early intervention and appropriate support for patients with diabetes and respiratory conditions Reduction in AandE attendances	Planned Care-Delivering Outpatient Integration Together Out of Hours Review Unscheduled Care Planned Care Models of Care Primary Care E Health Development Plan
Use TEC as contribution to a reduction in demand for /improved access to other services, e.g. avoiding hospital/care home admissions, reducing	Analysis of impact on other service areas such as: • AandE attendances • Admissions/readmissions • length of stay • GPand OoH contacts	• As above • Implement TEC within structured discharge planning from CDU/CAU and wards	We will measure outputs such as Waiting Times Face to Face Contacts	Strategic Service Change Programme

lengths of hospital stay and preventing delayed discharges from hospitals, reducing avoidable primary care contacts;	• Reduced travel time for staff • Reduced face-to-face contacts		Travel and time costs We cannot ensure that there will be less of or reductions in these at this time	
Increased access to services and alternatives	Increase in number of people using telecare Improvement in user experience Reduction in financial spend on overnight service	**6. Facilitate and contribute to a pan ayrshire review of adult supported living sleep over services for older people and people with LDS** • Review universal access to telecare and where technology can support • Implement just checking monitoring systems to ascertain lifestyle and care information • Support partnerships to develop implementation plan and redesign of responder and call handling services	Less spend on overnight services Ability to increase day services Increase access to telecare universally Increased use of appropriate telecare according to risk	New Models of Care for Older People and People with Complex Needs
To further build and promote professional and public awareness and confidence in how Telecare can support individuals to live independently.	Increase in number of people using telecare Numbers of new people receiving telecare Reductions in Falls	**7. Telecare** • Promote the use of Telecare solutions in delivering safer, effective and personalised support for individuals. Develop a smart approach to the access and implementation of telecare across Health and social care pathways in East, North and South Ayrshire.	Prevention of hospital admissions with more individuals feeling safe in the community. Earlier intervention through	New Models of Care for Older People and People with Complex Needs

	Increase in care assessments and telecare for individuals with dementia and complex need I	• Continue to expand telecare pathways in North Ayrshire and develop business intelligence and analytical understanding of the users and potential users of Telecare to inform future planning.	monitoring and targeting of high risk individuals including support for people with dementia.	

Enablers

		1. Workforce Development		
Increased clinical team skill in responding to HMHM results	• Learn Pro training module available on Athena and Local Authority system • More staff trained and using TEC • Increase % of staff adopting Florence to inform their decision support	• Train new Advanced Nurse practitioners in North and South Ayrshire to support implementation and initially case management of those with more complex need • Develop and introduce learn Pro training modules for Technology Enabled Care • Staff training package/module to be included in CPD and MAST	Increased number of staff trained for TEC	Strategic Service Change Programme
		2. Communication		
Increased awareness of TEC amongst staff and general public	• increase in clinicians and others referring to TEC	• Work alongside MCNs to fully integrate use of TEC across LTC pathways	TEC innovation roadshows	Strategic Service Change Programme

	• Number of events/activities to publicise TEC HMHM • Number of attendees at awareness events •	• Currently developing Communication Plan which will have measures built in. • Have established a TEC and Innovation Network however this requires further development within HUBS	Florence awareness raising events	
		3. Data Intelligence and Performance Information		
Resources are used effectively and efficiently Improved analysis, planning and procurement of TEC – to ensure there is good evidence of "what works" which is spread through the health, housing and care communities and to underpin NHS Board and partnership strategic planning and commissioning for future services and developments.	• Local local logic model, KPIs and evaluation framework developed • Evaluate the impact of Home Health Monitoring specifically on carers and social isolation • Final end of year project evaluation which will contribute to national evaluation	• Working with 3rd party suppliers to improve reporting capabilities of TEC systems • Data extraction from multiple NHS systems including: (TRAK/Symphony/EmiS/Vision/Adastra/CUI) • Data quality checks, interrogation and analysis • Identification of existing validated survey tools or development of more appropriate tools (eg patient satisfaction/PAM/etc) • Patient case studies/stories • Staff survey/focus groups • Patient feedback	Dashboard developed and available for use	Strategic Service Change Programme

Section A: Standard Impact Assessment Process Document

NHS Ayrshire &Arran Standard Impact Assessment Process Document

Please complete electronically and answer all questions unless instructed otherwise.

Section A

Q1: Name of Document Technology Enabled Care & Innovation: Strategy Delivery Plan 2016-2018

Q1 a: Function ☐ Guidance ☐ Policy √☐ Project ☐ Service ☐ Other, please detail☐

Q2: What is the scope of this SIA

NHS A&A Wide √ ☐ Service Specific √ ☐ Discipline Specific ☐ Other (Please Detail) ☐

Q3: Is this a new development? (see Q1a)

Yes ☐ **No** ☐√

Q4: If no to Q3 what is it replacing?

Evolving from smaller scale programme

Q5: Team responsible for carrying out the Standard Impact Assessment? (please list)

Long Term Conditions Office

Q6: Main SIA person's contact details

Name:	Kathleen McGuire	Telephone Number:	
Department:	LTC Office South Ayrshire Health & Social Care Partnership	Email:	

Q7: Describe the main aims, objective and intended outcomes

Delivery plan is intended to describe the priorities, Projects and Services to deliver TEC at scale.

Q8:

(i) Who is intended to benefit from the function/service development/other(Q1a) – is it staff, service users or both?

Staff √☐ Service Users√ ☐ Other ☐ Please identify _____

(ii) Have they been involved in the development of the function/service development/other?

Yes ☐√ No ☐

(iii) If yes, who was involved and how were they involved? If no, is there a reason for this action?

Comments:
Staff, Patient, Service user Focus Group interviews and questionnaires, IJB MCN's and Professional Committee's.

(iv) Please include any evidence or relevant information that has influenced the decisions contained in this SIA; (this could include demographic profiles; audits; research; published evidence; health needs assessment; work based on national guidance or legislative requirements etc)

Comments:
Evidence within Strategy, National Guidance key Programme within Strategic Transformational change Programme.

Q9: When looking at the impact on the equality groups, does it apply within the context of the General Duty of the Equality Act 2010 see below:

In summary, those subject to the Equality Duty must have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation;
- advance equality of opportunity between different groups; and
- foster good relations between different groups

Has your assessment been able to demonstrate the following: Positive Impact, Negative/Adverse Impact or Neutral Impact?

What impact has your review had on the following 'protected characteristics':	**Positive**	**Adverse/ Negative**	**Neutral**	**Comments** Provide any evidence that supports your answer for positive, negative or neutral incl what is currently in place or is required to ensure equality of access.
Age			√	We have not focused on age. The focus has been condition, setting and specialty. There is no age specific. At the moment however children are not specifically identified
Disability(incl. physical/sensory problems, learning difficulties, communication needs; cognitive impairment)	√			Have actively identified this group as one who would benefit
GenderReassignment			√	

Marriage and Civil partnership			√	
Pregnancy and Maternity	√			Some focus on this group
Race/Ethnicity			√	
Religion/Faith			√	
Sex (male/female)			√	
Sexual orientation			√	
Staff(This could include details of staff training completed or required in relation to service delivery)	√			Workforce development and solutions underpin and have been identified within delivery plan.
Cross cutting issues: Included are some areas for consideration. Please amend/add as appropriate. Further areas to consider in Appendix B				
Carers	√			
Homeless			√	
Involved in Criminal Justice System			√	
Language/ Social Origins			√	
Literacy			√	
Low income/poverty			√	
Mental Health Problems	√		√	
Rural Areas	√		√	

Q10:If actions are required to address changes, please attach your action plan to this document. Action plan attached?

Yes ☐√ **No** ☐

Q11: Is a full EQIA required?

Yes ☐ **No** ☐√

Please state your reason for choices made in Question 11.
No negative impacts identified
If the screening process has shown potential for a high negative impact you will be required to complete a full equality impact assessment (see guidelines).

Date SIA Completed	25 / 11 / 2016		
Date of next SIA Review	11/11/2016		
Signature		Print Name	Tim Eltringham

Department or Service	SA HSCP

Please keep a completed copy of this template for your own records and attach to any appropriate tools as a record of SIA or EQIA completed. Send copy to elaine.savory@aapct.scot.nhs.uk

Section B: Standard/Full Impact Assessment Action Plan (EQIA)

Name of document being EQIA'd:	

Date	**Issue**	**Action Required**	**Lead (Name, title, and contact details)**	**Timescale**	**Resource Implications**	**Comments**
DD / MM / YYYY						
DD / MM / YYYY						
DD / MM / YYYY						
DD / MM / YYYY						
DD / MM / YYYY						
DD / MM / YYYY						

Further Notes:	

Signed:		Date:	

Section C: Quality Assurance

QA Section

Lead authors details?

Name:	Kathleen McGuire	Telephone Number:	
Department:	LTC Office	Email:	

Does your policy / guideline / protocol / procedure have the following on the front cover?

Version Status	√ ☐	Review Date	√ ☐	Lead Author	☐√
Approval Group	√ ☐	Type of Document (e.g. policy, protocol, guidance etc)			☐√

Does your policy / guideline / protocol / procedure have the following in the document?

Contributory Authors	☐	Distribution Process	☐	Implementation Plan	√ ☐
Consultation Process	√ ☐				

Is your policy / guideline / protocol / procedure in the following format?

Arial Font	√ ☐	Font Size 12	√ ☐

Signatures

Lead Author:		Date:	09 / 12 / 2016

Signatures

QA Check		Date:	09/ 12 / 2016

Once both signatures above are complete the document can be sent to the approving group for approval **(Sections A&C only).**

NORTH AYRSHIRE
Health and Social Care Partnership

Integration Joint Board
22nd June 2017
Agenda Item No. 13

Subject:	**Integration Joint Board (IJB) Appointments**
Purpose:	To ask IJB to nominate and appoint members to various vacant positions on the Performance and Audit Committee, Strategic Planning Group and Locality Forums.
Recommendation:	That IJB members nominate and appoint members of the Integration Joint Board to the vacant positions on the Performance and Audit Committee; Strategic Planning Group; Locality Forums and Health and Care Governance Group.

Glossary of Terms	
IJB	Integration Joint Board
HSCP	Health and Social Care Partnership
PSMT	Partnership Senior Management Team
PAC	Performance and Audit Committee
SPG	Strategic Planning Group
LPF	Locality Planning Forum
AHP	Allied Health Professional

1. EXECUTIVE SUMMARY

1.1 Following the Local Government Elections in May 2017 and the resignation of key members, the IJB are asked to nominate and appoint members to the undernoted positions :-

1.2
1. Chair and Vice Chair to the Performance and Audit Committee;
2. Chair of the Strategic Planning Group;
3. Chairs of the Local Planning Forums (Three Towns and Kilwinning).
4. Service User and Carer Representatives on the Health and Care Governance Group.
5. Third and Independent Sector Representatives on Health and Care Governance Group.

2. BACKGROUND

2.1 Following the Local Government Elections in May 2017, the Council agreed membership of all its' committees and appointments to outside bodies at its meeting on 17th May 2017. This included the appointment of the undernoted Elected Members to the Integration Joint Board :-

Councillor Robert Foster
Councillor Christina Larsen
Councillor Timothy Billings
Councillor John Sweeney

Councillor Robert Foster was appointed as the Vice Chair of the IJB.

2.2 The NHS Board meeting on 22nd May 2017 agreed the appointment of Mr Stephen McKenzie as Chair of the Integration Joint Board.

2.3 The NHS Board also agreed the appointment of Mr Alistair McKie, Non-Executive Director, to the IJB to fill the vacancy created by Dr Carol Davidson.

3. PROPOSALS

3.1 Performance and Audit Committee (PAC)

Nominations are sought for the four vacancies on the IJB Performance and Audit Committee, including the Chair and Vice Chair. The Terms of Reference for the Performance and Audit Committee require that the Committee will consist of not less than six members of the IJB. The Chair of the Committee will be a voting member nominated by the IJB, noting that the Chair of the IJB cannot chair the Performance and Audit Committee. IJB are asked to nominate and appoint a Chair and Vice Chair, and 2 other IJB members to the PAC.

3.2 Strategic Planning Group (SPG)

Section 32 of the Public Bodies (Joint Working)(Scotland) Act 2014 places a duty on the Integration Joint Board to establish a Strategic Planning Group (SPG). The IJB is responsible for appointing members to the SPG. The appointment of Mr Stephen McKenzie to Chair of the Integration Joint Board has resulted in a vacancy for Chair of the SPG. The agreed Terms of Reference for the Strategic Planning Group state that the Chair of the SPG should be the Vice Chair of the IJB.

IJB members are therefore asked to agree to the appointment of Councillor Robert Foster, Vice Chair, IJB as Chair of the Strategic Planning Group.

3.3 Locality Planning Forums (LPF)

The Public Bodies (Joint Working)(Scotland) Act 2014 places a duty on IJBs to establish locality planning structures and locality plans. At its meeting on 17th September 2015, the IJB supported that each LPF would be chaired by a member of the IJB who would report directly to the Strategic Planning Group and Integration Joint Board. The Local Government Elections in May 2017 have resulted in two vacancies, one for the Kilwinning Locality Planning Forum and one for the Three Towns Locality Planning Forum.

IJB members are asked to nominate and appoint a Chair to each of these Locality Partnership Forums.

3.4 Health and Care Governance Group

The North Ayrshire Integration Scheme requires the NHS Board and Council to create a Health and Care Governance Group. This was approved by the IJB on 4th June 2015. The purpose of this group is to :-

- Provide the NHS Board, Council and IJB, through the Chief Officer, with assurance that the professional standards of staff working in integrated services are maintained and that appropriate professional leadership is in place.
- Review significant and adverse events and ensures learning is applied;
- Supports staff in continuously improving the quality and safety of care;
- Ensures that service user/patient views on their health and care experiences are actively sought and listened to by services.

This group is chaired by Paul Kerr, Clinical Director and consists of the following professional advisers :-

- Clinical Director
- Lead Nurse
- Lead Allied Health Professional (AHP)
- Chief Social Work Officer (Senior Manager Criminal Justice)
- Associate Medical Director, Mental Health
- Director of Public Health (or representative)
- Head of Health & Community Care
- Head of Mental Health

The Terms of Reference state that service users, carers, third and independent sector should be represented on this group but to date, no representatives have been nominated. The IJB is therefore asked to nominate :-

- a service user representative;
- carer representative;
- third sector representative and;
- independent sector representative.

4. IMPLICATIONS

Financial :	None
Human Resources :	None
Legal :	None
Equality :	None
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	√
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

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