

**Cunninghame House
Irvine**

Thursday 12th March 2015

Shadow Integration Board

You are requested to attend a meeting of the Shadow Integration Board to be held on **Thursday 12th March 2015 at 10.00 a.m.**, in the **Council Chambers, Cunninghame House, Irvine**, to consider the following business.

Business

- 1. Apologies**
Invite intimation of apologies for absence.
- 2. Declaration of Interest**
- 3. Minutes / Action Note**
Submit the minutes of the meeting of the Shadow Integration Board held on 12th February 2015 and action note (copy enclosed).
- 4. Matters Arising**
- 5. Revised Strategic Plan**
Presentation by Jo Gibson, Planning & Performance Manager on the Draft Strategic Plan (copy to follow).

Reports for Approval

- 6. Redmodelling Rehabilitation Services on Arran**
Submit report by David Rowland, Head of Health & Community Care, NAHSCP on the Model of Care on Arran (copy enclosed).
- 7. Shadow Integration Board (SIB)/Integration Joint Board (IJB) – Meeting Dates & Financial Reporting Schedule**
Submit report by Lesley Aird, Head of Finance on the proposed financial management report schedule to December 2016 (copy enclosed).
- 8. Care at Home Review**
Submit report by Helen McArthur and Michelle Sutherland on the proposals for the Care at Home Review (copy enclosed).

9. Establishment of North Ayrshire Integrated Joint Board

Submit report by Lisbeth Raeside, Interim Project Manager on the establishment of the North Ayrshire Integrated Joint Board (copy enclosed).

Reports to Note

10. Director's Report

Submit report by Director, NAHSCP on developments within the Partnership (copy enclosed).

11. Financial Management Report as at 31st January 2015

Submit report by Lesley Aird and Fiona Neilson on the Period 10 budgetary position (copy enclosed).

12. Appointment of Chair and Vice Chair

Submit report by Lisbeth Raeside, Interim Project Manager on the appointment of Chair and Vice Chair to the NA Integrated Joint Board (copy enclosed).

13. Any Other Competent Business

EXEMPT INFORMATION

14. Exclusion from Public and Press

14.1 Verbal Update on Care Home

Receive verbal update from David Rowland, Head of Health & Community Care.

14. Date of Next Meeting

The Inaugural Meeting of the Integrated Joint Board will be held on **Thursday 2nd April 2015 at 10.00 a.m.**, in the Council Chambers, Cunninghame House, Irvine.

Shadow Integration Board

Sederunt

Voting Members

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

Professional Advisors

Mr Derek Barron	Lead Nurse/Mental Health Advisor
Ms Iona Colvin	Director North Ayrshire Health & Social Care Partnership
Dr Ken Ferguson	GP Representative
Ms Laura Friel	Corporate Director - North Ayrshire Council
Mr Stephen Brown	Chief Social Work Officer- North Ayrshire Council
Ms Kerry Gilligan	Lead Allied Health Professional Advisor
Mr Derek Lindsay	Director of Finance NHS Ayrshire and Arran

Stakeholder Representatives

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

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**North Ayrshire Health and Social Care Partnership
Minute of Shadow Integration Board meeting held on
Thursday 12th February 2015 at 10.00 a.m., Council Chambers,
Cunninghame House, Irvine**

Present :

Stephen McKenzie (Chair),
Councillor Anthea Dickson (Vice Chair),
Derek Barron, Lead Nurse/Mental Health Advisor
Stephen Brown, Chief Social Work Officer, NAHSCP
Iona Colvin, Director, NAHSCP
Dr Carol Davidson, NHS Ayrshire & Arran
David Donaghey, Staff Representative, NHS Ayrshire & Arran
Martin Hunter, Service User Representative
Bob Martin, NHS Ayrshire & Arran
Dr Janet McKay, NHS Ayrshire & Arran
Councillor Peter McNamara, North Ayrshire Council
Marie McWaters, Carers Representative
Jim Nichols, Third Sector Representative
Councillor Robert Steel, North Ayrshire Council
Fiona Thomson, Service User Representative
Nigel Wanless, Independent Sector Representative

In Attendance :

Karen Andrews, Business Support Officer
Karen Broadfoot, Clerical Assistant
Morven Buckby, Third Sector Representative
Janine Hunt, Principal Manager, Business Support, NAHSCP
Eunice Johnstone, Planning Manager, NHS Ayrshire & Arran
Eleanor McCallum, Engagement Officer, NAHSCP
Fiona Neilson, Senior Finance Manager, NHS Ayrshire & Arran
Lisbeth Raeside, Project Manager
Annie Weir, Programme Manager

1.	APOLOGIES	
	Apologies were received from Lesley Aird, Head of Finance, North Ayrshire Council, Derek Lindsay, Director of Finance, NHSAA, Councillor Ruth Maguire, North Ayrshire Council, Louise McDaid, Staff Representative, Sally Powell, Carers Representative	
2.	DECLARATION OF INTEREST	
	In terms of Standing Order 7.2 and Section 5.14 of the Code of Conduct for Members of Devolved Public Bodies, Dr Janet McKay, Voting Member declared an interest in Item 5.	

	Post Meeting Note : Following the meeting Nigel Wanless, Independent Sector representative, conveyed to the Chair, a declared interest in Item 5 at the end of the meeting. Mr Wanless did not participate in the discussion.	
3.	MINUTE / ACTION NOTE OF MEETING HELD ON 22ND JANUARY 2015	
	Amendment to Item 4, declaration of interest is for Item 4. Minute then agreed.	
4.	MATTERS ARISING	
4.1	Strategic Plan Responses/Feedback	
	Responses to the Draft Strategic Plan are still being received. The closing date for submission of responses is 28 th February 2015. After that date, responses will be collated and presented to the SIB on 12 th March 2015.	Jo Gibson Agenda – SIB – 12-3-15
5.	INTEGRATED CARE FUND	
	Report submitted by Annie Weir, Programme Manager on the final proposals for the Integrated Care Fund. Annie Weir opened the discussion with a vote of thanks to the those involved in the Integrated Care Fund process, namely Jim Nichols, Nigel Wanless, Isabel Marr, Helen McArthur and Morven Buckby. A vote of thanks was also noted for Rab Murray from Joint Improvement Team. This was acknowledged by the Board.	
	The proposals within the report were discussed in detail and members asked questions and received clarification in relation to :-	
	<ul style="list-style-type: none"> Clarification on the projects approved “with conditions”. These conditions ranged from ensuring procurement regulations were being adhered to; ensuring there was no duplication in services or dependencies on other projects. 	
	<ul style="list-style-type: none"> This fund is for one year only; clarification was sought on whether these projects can be put in place by 1st April 2015 to ensure budgets are spent on time. A Change Programme Board will be established to monitor the projects and report progress on a regular basis to the Integrated Joint Board (IJB) 	

	<ul style="list-style-type: none"> The fund will be allocated quarterly in advance to projects and will be monitored regularly to ensure budgets are being spent. 	
	<ul style="list-style-type: none"> The impact of Integrated Care Fund and Service Redesign projects will be measured through the Strategic Plan by the Planning & Performance Team and reported back through the Strategic Planning Group and the Integrated Joint Board. 	
	<ul style="list-style-type: none"> The ICF submissions will be approved as soon as the Scottish Government approve all of our proposals. Letters will be issued to applicants advising if they have been successful/unsuccessful as soon as the Scottish Government confirm the NAHSCP submission. 	Annie Weir
	The report was agreed.	
6.	INAUGURAL MEETING – INTEGRATION JOINT BOARD	
	Submitted report by Lisbeth Raeside, Interim Project Manager on the proposals for the Inaugural meeting of the North Ayrshire Integration Joint Board.	
	The recommendations within the report were agreed.	
7.	DIRECTOR'S REPORT	
	Submitted report by Iona Colvin, Director, North Ayrshire HSCP to advise Board members of developments within the partnership.	
	Members asked questions and received clarification in relation to :-	
	<ul style="list-style-type: none"> Derek Barron provided feedback from his recent visit to the new Montrose House facility on Arran. 	
	<ul style="list-style-type: none"> Acute Services will have a representative on the SIB/IJB. The SIB/IJB will have a say in relation to how budgets are spent in relation to unplanned care. 	Iona Colvin

	<ul style="list-style-type: none"> The new North Ayrshire Community Hospital (NACH) in Irvine will be managed by the North Ayrshire HSCP. A Programme Board has been established for NACH which Iona Colvin will chair from May 2015. 	
12.	DATE OF NEXT MEETING	
	The next meeting will be held on Thursday 12th March 2015 at 10.00 a.m, Council Chambers, Cunninghame House, Irvine.	

DRAFT

NORTH AYRSHIRE SHADOW INTEGRATION BOARD – ACTION NOTE

Thursday 12th February 2015 at 10.00 a.m, Council Chambers, Cunninghame House, Irvine

Present :	Stephen McKenzie (Chair), Anthea Dickson (Vice Chair), Derek Barron, Stephen Brown, Iona Colvin, Carol Davidson, David Donaghey, Martin Hunter, Bob Martin, Janet McKay, Peter McNamara, Marie McWaters, Jim Nichols, Robert Steel, Fiona Thomson, Nigel Wanless
In Attendance :	Karen Andrews, Karen Broadfoot, Morven Buckby, Janine Hunt, Eunice Johnstone, Eleanor McCallum, Fiona Neilson, Lisbeth Raeside, Annie Weir
Apologies :	Lesley Aird, Derek Lindsay, Ruth Maguire, Louise McDaid, Sally Powell

No.	Agenda Item /Summary of Discussion	Date of Meeting	Action	Status	Officer
1.	Violence Against Women Strategy	22-1-15	Agreed that the Violence Against Women Strategy be discussed at a future meeting of the SIB.	Agenda – IJB - tbc	Stephen Brown
2.	Strategic Plan Consultation	22-1-15/ 12-2-15	Consultation responses will be collated at the end of the consultation period (28 th February), circulated to SIB members on 10 th March and submitted to the SIB on 12 th March.	Completed	Jo Gibson
3.	Draft Strategic Plan	22-1-15	Draft Strategic Plan to be submitted to the first meeting of the Integration Joint Board	Agenda – 2-4-15	Jo Gibson

No.	Agenda Item / Summary of Discussion	Date of Meeting	Action	Status	Officer
4.	Strategic Planning Group Membership	22-1-15	Jim Nichols and Jo Gibson to submit a report to the Integration Joint Board on the neighbourhood representatives on the SPG.	Agenda – IJB – tbc	Jim Nichols/ Jo Gibson
5.	Adult Protection/Child Protection Committees	22-1-15	The relationship between the APC and CPCs to be consider at a future IJB.	Agenda – IJB – tbc	David Rowland
6.	HSCP Management Structure	22-1-15	Proposed HSCP structure to be tabled at the SIB meeting on 12 th March 2015.	TU negotiations are ongoing. Will be submitted to IJB – 9-4-15	Iona Colvin
7.	Criminal Justice Arrangements	22-1-15	A report on the Criminal Justice arrangements to be submitted to a future SIB meeting for consideration.	Agenda – SIB/IJB – tbc	Iona Colvin
8.	Integration Scheme	22-1-15	A summary of the Integration Scheme to be presented to a future SIB/IJB	Agenda – IJB – tbc	Lisbeth Raeside/ Eunice Johnstone
9.	Director's Report	12-2-15	Iona to liaise with Liz Moore in relation to representation from Acute Services on the SIB/IJB		Iona Colvin
10.	Date of Next Meeting				
	12 th March 2015 at 10.00 a.m., Council Chambers, Cunninghame House, Irvine				

Shadow Integration Board 12 March 2015

Subject: Remodelling Rehabilitation Services on Arran

Purpose: To advise Members of the Shadow Integration Board of the emerging direction for Rehabilitation Services on Arran and to share the associated proposed change programme.

Recommendation: The Shadow Integration Board Members are invited to consider and endorse the direction set for Rehabilitation Services on Arran by the working group in November 2014; review, amend and refine the proposed action plan for delivery of this; and agree the proposed timescale for change.

1. Background

- 1.1 Rehabilitation Services on Arran have traditionally been delivered from Arran War Memorial Hospital with a range of 'outreach' services delivered to Montrose House and other community based facilities.
- 1.2 This reflects the co-dependency between rehabilitation services and the current case mix of in-patients at Arran War Memorial Hospital, as well as the support offered by Allied Health Professions to Accident and Emergency and Out-Patient services on that site.

2. Current Situation

- 2.1 The accommodation available for Rehabilitation Services within Arran War Memorial Hospital has significant limitations and in mid-2014 proposals were brought forward to invest significantly in that site to raise the standard of the facilities available to support this aspect of patient care.
- 2.2 At the same time, the new Montrose House facility was nearing completion. This new facility offered greatly enhanced Day Care accommodation which, if used flexibly and recognising the needs of current and likely future clients, could offer appropriate space for Rehabilitation Services.
- 2.3 Further, the inclusion of ten flexible step-up, step-down beds within the new Montrose House offers the potential to create an alternative to admission to Arran War Memorial Hospital, as well as a facility that can support early discharge from that site. This change is likely to significantly alter the case mix within Arran War Memorial Hospital, thereby shifting the focus of in-patient Rehabilitation Services towards the new Montrose House site.
- 2.4 Recognising the critical co-dependencies that would still exist on the Arran War Memorial Hospital site, including Accident and Emergency, acute in-patients and out-patient services, a stakeholder group comprising health and social care staff on the

island, as well as representatives from the local community, was convened in November 2014 to establish a set of principles for the future of Rehabilitation Services on the island. This paper presents that vision and an associated action plan for delivery.

3. Proposals

3.1 Using an appreciative enquiry approach, the stakeholder group convened on 14 November 2014 specified that Rehabilitation Services on Arran should:

- Reflect an asset based approach to service delivery with, the right staff, in the right place, at the right time
- Make best use of the island estate and facilities
- Continue to develop the existing Arran community based plan
- Represent a responsive creative service based on the needs of the community
- Ensure services are focussed on enablement
- Be delivered by highly skilled & competent staff to meet local needs
- Adopt the ethos of service users and those providing care working as equal partners – integrating, involving & developing people & services
- Focus on identifying and developing team roles in implementing the shared vision
- Ensure free flow of communication and information with partners and community

3.2 To design a future model of Rehabilitation Services for the island that embraces and embeds these principles, the Clinical Manager for Arran and the Senior Manager within North Ayrshire Health and Social Care Partnership who has responsibility for Montrose House devised a joint action plan. This is presented at **appendix 1**.

3.3 It is proposed that, subject to any amendment, this action plan and the associated timescales for delivery be endorsed and established as a priority for the Senior Manager – Island Services to deliver when the new management arrangements are established and that post has been filled.

4. Conclusion

4.1 The principles established by the stakeholder group offer a strong foundation from which to build integrated Rehabilitation Services that are in line with the needs of the Arran population and that will make best use of the available infrastructure.

4.2 Further, the associated action plan and timescale for delivery offers a clear and measureable framework for the delivery of the change programme required to secure this new model of Rehabilitation on the island.

5. Recommendation

5.1 On that basis, the approach outlined herein is commended to the Shadow Integration Board for review, refinement and endorsement.

For more information please contact David Rowland, Head of Service Health & Community Care on 01294 317797 or email davidrowland@north-ayrshire.gcsx.gov.uk

Helen McArthur, Senior Manager Community Care, Service Delivery on 01294 31317783 or email hmcarthur@north-ayrshire.gcsx.gov.uk








Alan Stout, Clinical Manager, Remote & Rural Communities, Arran War Memorial Hospital on 01770 601030 or email A.Stout@aapct.scot.nhs.uk

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Appendix 1


To provide a creative, responsive asset based approach to service delivery within Montrose House, with the right staff, in the right place, at the right time to meet the needs of the local community

‘S.M.A.R.T’ Action Plan
(Specific, Measureable, Achievable, Realistic, Time bound)

Recommendation	Action	Target Date For Completion	Desired Outcome, Evidence of Progress and Effective Implementation / Final Outcome	Action Status	R/A/G   
7. Agreement of vision for rehabilitation service provision within the Arran Locality of North Ayrshire Health & Social Care Partnership	Development day “ Arran Appreciative Enquiry, Excellence in Care”	Dec 2014	<ul style="list-style-type: none"> Development implemented & report produced 	Closed	
	Analysis of results from “ Arran Appreciate Enquiry, Excellence in Care”	Feb 2015	Development implemented & report produced	Open	
	Comparison of results against existing Arran Service Plan	Mar 2015	<ul style="list-style-type: none"> Duplicate actions identified Actions within ASP updated to reflect proposed outcomes of Development Day 	In progress	
	Development of time bound action plan to address recommendations above	May 2015	<ul style="list-style-type: none"> Actions and recommendations will ‘dove tail’ with existing Arran Service Plan Service leads and Team Leaders will support the Responsible Officer in development and implementation of agreed actions See Covalent Action plan for Arran Service Plan 	Open	

2. Clarification of desired service provision within Montrose House	Clarification from Care Commission regarding use of Residential areas vs 'rehabilitation area'	Jan 2015	<ul style="list-style-type: none"> Clarity surrounding service design and provision 	Closed	
	Assessment of available facilities within Montrose House and 'on island'	Mar 2015	<ul style="list-style-type: none"> Service provision must not stand in isolation from Arran Locality development Identification of appropriate environment for service provision including interrelatedness of other service provision 	In progress	
	Engagement and discussion with local staff to identify high level Rehabilitation service model	Mar 2015	<ul style="list-style-type: none"> Agreement with outcomes Agreement in 'direction of travel' 	In progress	
	Definition of Detailed Rehabilitation Service Model	May 2015	<ul style="list-style-type: none"> Clear indication of service needs to address agreed care provision Service needs will be delivered in a safe and reliable manner 	Open	
	Development of detailed Action plan to deliver desired service model	Jun 2015	<ul style="list-style-type: none"> Action plan development Action plan held within Covalent Arran Service Model 	In progress	

3. Development of model of care for 10 bedded step-up/step down/rehabilitation unit within Montrose House	Discussion with multidisciplinary team regarding options for care provision	Mar 2015	<ul style="list-style-type: none"> Discussion & model development with John Dennis (Team Leader Physiotherapist), Linsey Stobo (Principal OT), Dr G Thompson Clinical Lead, Naomi Gillson, Manager Montrose House, Christine Stewart, District Nursing Team Leader, Ailsa Weir, SCN, J Hargan Social Services Team Leader 	Open	
	Secure agreement for model of care clarifying limitations of use	May 2015	<ul style="list-style-type: none"> Facilitate early hospital discharge 	Not started	
		May 2015	<ul style="list-style-type: none"> Prevent avoidable hospital admission 	Not started	
		Jun 2015	<ul style="list-style-type: none"> Identification, development and provision of services that are focused on enablement <ul style="list-style-type: none"> Step up / step down care 	Open	
		July 2015	<ul style="list-style-type: none"> Palliation <ul style="list-style-type: none"> Level of care provision to be agreed Staff skill set to be agreed 	Not started	
	Development of agreed multiagency pathways of care to ensure appropriate care delivery in appropriate environment	Jun 2015 (on going)	<ul style="list-style-type: none"> Identification of need Development of options for care Pathways of care eg (ASP01.01.01) 	Open	
	Identify and develop skill set required to deliver agreed model of care	Jun 2015	<ul style="list-style-type: none"> Agree care delivery Agree skill sets required Bench mark requirement against that already available within the locality 	Not started	
	Training to satisfy skill set to be identified and sourced	Aug 2015	<ul style="list-style-type: none"> Training provided locally Identify alternative means of providing training eg., rotating through specialist areas Identified support and actions from clinical & mental health teams 	Not started	

			<ul style="list-style-type: none"> Due cognisance will be given to rotational opportunities within the Arran Locality to offer a broad range of service delivery opportunities 	Open	
	Identification of skill set and training model to satisfy agreed model of care	Aug 2015	<ul style="list-style-type: none"> As above 	Not started	

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Shadow Integration Board 12th March 2015

Subject:	Shadow Integration Board (SIB)/ Integration Joint Board (IJB) - Meeting Dates 2015/16
Purpose:	To seek approval of the meeting dates for the Shadow Integration Board/Integration Joint Board for 2015/16.
Recommendation:	That the Shadow Integration Board approves the proposed meeting dates.

1.	Introduction																																				
1.1	The schedule of meetings for the SIB/IJB to end December 2015 was approved at the SIB on 24 th July 2015.																																				
2.	Current Position																																				
2.1	The SIB/IJB meetings are held on a monthly basis.																																				
3.	Proposals																																				
3.1	It is proposed that the SIB/IJB meetings up to December 2016 take place on the undernoted dates and times. This schedule has been prepared to avoid the Council's recess periods.																																				
	<table> <tr> <th>Dates</th><th>Time/Venue</th></tr> <tr> <td>Thursday 9th April 2015</td><td>10.00 a.m., Council Chambers</td></tr> <tr> <td>May Meeting - tbc</td><td>tbc</td></tr> <tr> <td>Thursday 4th June 2015</td><td>10.00 a.m., Council Chambers</td></tr> <tr> <td>Thursday 2nd July 2015</td><td>10.00 a.m., Council Chambers</td></tr> <tr> <td>Thursday 13th August 2015</td><td>10.00 a.m., Council Chambers</td></tr> <tr> <td>Thursday 17th September 2015</td><td>10.00 a.m., Council Chambers</td></tr> <tr> <td>Thursday 8th October 2015</td><td>10.00 a.m., Council Chambers</td></tr> <tr> <td>Thursday 5th November 2015</td><td>10.00 a.m., Council Chambers</td></tr> <tr> <td>Thursday 10th December 2015</td><td>10.00 a.m., Council Chambers</td></tr> <tr> <td>Thursday 14th January 2016</td><td>10.00 a.m., Council Chambers</td></tr> <tr> <td>Thursday 11th February 2016</td><td>10.00 a.m., Council Chambers</td></tr> <tr> <td>Thursday 10th March 2016</td><td>10.00 a.m., Council Chambers</td></tr> <tr> <td>Thursday 14th April 2016</td><td>10.00 a.m., Council Chambers</td></tr> <tr> <td>Thursday 12th May 2016</td><td>10.00 a.m., Council Chambers</td></tr> <tr> <td>Thursday 16th June 2016</td><td>10.00 a.m., Council Chambers</td></tr> <tr> <td>Thursday 14th July 2016</td><td>10.00 a.m., Council Chambers</td></tr> <tr> <td>Thursday 11th August 2016</td><td>10.00 a.m., Council Chambers</td></tr> </table>	Dates	Time/Venue	Thursday 9 th April 2015	10.00 a.m., Council Chambers	May Meeting - tbc	tbc	Thursday 4 th June 2015	10.00 a.m., Council Chambers	Thursday 2 nd July 2015	10.00 a.m., Council Chambers	Thursday 13 th August 2015	10.00 a.m., Council Chambers	Thursday 17 th September 2015	10.00 a.m., Council Chambers	Thursday 8 th October 2015	10.00 a.m., Council Chambers	Thursday 5 th November 2015	10.00 a.m., Council Chambers	Thursday 10 th December 2015	10.00 a.m., Council Chambers	Thursday 14 th January 2016	10.00 a.m., Council Chambers	Thursday 11 th February 2016	10.00 a.m., Council Chambers	Thursday 10 th March 2016	10.00 a.m., Council Chambers	Thursday 14 th April 2016	10.00 a.m., Council Chambers	Thursday 12 th May 2016	10.00 a.m., Council Chambers	Thursday 16 th June 2016	10.00 a.m., Council Chambers	Thursday 14 th July 2016	10.00 a.m., Council Chambers	Thursday 11 th August 2016	10.00 a.m., Council Chambers
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	Thursday 6 th October 2016	10.00 a.m., Council Chambers
	Thursday 3 rd November 2016	10.00 a.m., Council Chambers
	Thursday 1 st December 2016	10.00 a.m., Council Chambers
3.2	It is proposed that the SIB note the following schedule for financial reporting for 2015/16.	
	Dates	Financial Reporting Period
	Thursday 17 th September 2015	Period to 31 st July 2015
	Thursday 5 th November 2015	Period to 30 th September 2015
	Thursday 14 th January 2016	Period to 30 th November 2015
	Thursday 10 th March 2016	Period to 31 st January 2016
	TBA	2015/16 Final Outturn report
	Thursday 8 th September 2016	Period to 31 st July 2016
	Thursday 3 rd November 2016	Period to 30 th September 2016
4.	Implications	
4.1	Agreement of the meeting dates will allow administrative arrangements to be confirmed.	
5.	Consultations	
5.1	Consultation with colleagues in Members Services took place in relation to recess arrangements for North Ayrshire Council.	
6.	Conclusion	
6.1	The SIB is asked to consider and agree the proposals set out within the report.	

For more information please contact Lesley Aird, Head of Finance on (01294) 324560 or Karen Andrews, Business Support Officer on (01294) 317725 or kandrews@north-ayrshire.gcsx.gov.uk

Shadow Integration Board 12 March 2015

Subject: **Care at Home Review**

Purpose: To advise the Shadow Integration Board (SIB) that a root and branch review of care at home services will commence in early 2015/16 and to seek endorsement for the scope and nature of this.

Recommendation: The SIB should

- a) Note the level of service provision, associate pressures and background to the review.
- b) Endorse the scope of this review.
- c) Approve the planned programme of work to deliver this
- d) Expect to receive findings and recommendations for potential future service model(s) by July 2015.

1. Background

- 1.1 Care at Home Services were historically delivered from five localities within North Ayrshire. Due to duplication in structures and variations in processes, systems and practice, services were often planned and delivered in an inefficient manner, resulting in the formation of a centralised management structure for the service for the mainland, with Arran remaining a locality due to the remote location.
- 1.2 In 2010 it was agreed to move from an outsource of 28% of the hours delivered and to increase the percentage of care outsourced to 50%. At the same time, a greater focus was given within the in-house service to focus on the needs of very vulnerable older people, offering reablement services and supporting discharge from hospital.
- 1.3. Since increasing the levels of outsourcing, there have been concerns about the quality of some aspects of care, the level of missed visits and the unplanned return of service users to the directly managed service.
- 1.4 Most recently, in December 2014, the SIB agreed to re-provide care for some service users, utilising both the directly managed service and alternative providers as a result of poor quality of care and for a lack of clarity in the future provision of care packages.
- 1.5 In doing so, the SIB agreed that a full review of Care at Home Services should be conducted and this paper sets out the scope and timescale for this, as an important part of the Partnership Change Programme 2015/16.

2. Current Situation

- 2.1 In January 2015 the service provided care for 1732 vulnerable older people. A total of 51,801 hours are delivered each month.
- 2.2 The 2014/15 budget for care at home services is £5.229 million, however the projected spend this financial year is projected as being £5.788million, a total projected overspend of £0.559million.
- 2.3 In 2010 the Care at Home service experienced an increased annual demand of 15% due to:
- Unplanned admissions to hospital;
 - Prevention of admissions to hospital;
 - Delayed discharge targets.
- 2.4 This represented a significant step-change in demand with a continued upward trajectory in subsequent years.
- 2.5 This is reflected in the demand increases in 2014/15 where there has been a further 2% increase in demand for packages of care and 5% increase in the complexity of care packages.
- 2.6 On the basis of these increasing levels of demand and the associated service pressures, there is an urgent need to review how Care at Home Services are delivered in North Ayrshire.

3. Proposals

- 3.1 In conducting a thorough review of Care at Home Services, and in looking to identify potential future models of care, consideration must be given to:
- Demographic change and growth in numbers of frail older people, particularly in the most deprived neighbourhoods;
 - Management of risk due to increased frailty and complexity of needs amongst older people;
 - Hospital unplanned admission rates;
 - Delayed discharge target of two weeks by 1st April 2015;
 - Reablement approach and effectiveness of shared pathways with other services;
 - Personalisation requiring user choice;
 - Continued demand for care home placements exceeding target;
 - Telecare service subject to increasing demand at levels well in excess of other comparable areas.
- 3.2 In considering how best to respond to these factors, consideration should be given to the relevant benefits of a variety of service delivery options.

3.3 The proposed review will be managed by recruiting external expertise and advice from a management consultancy and linking them with the Health and Social Care Partnership (HSCP) Change Team building on lessons learnt from other areas. A Project Team will be formed to shape and inform the review, drawing expertise from all service delivery and business scoping functions and from service users and carers.

3.4 Specifically the Project Team, over the next two to three months, will:

- Gather partnership staff, service user and carer groups' views of current Care at Home Services.;
- Map and identify the current Care at Home Service model in North Ayrshire and its interface with other health, care, voluntary and independent sectors;
- Map current and future (next 5-10 years) demand for Care at Home Services, pressures, and sustainability options ;
- Liaise with Care at Home service partner agencies i.e. Reablement, Intermediate Care Services, voluntary, private providers and partnership service managers to seek views on effectiveness of the current service;
- Theme and prioritise findings;
- Map and identify other effective market models for care at home services in the Scottish, UK and International environment;
- Conduct an assessment of the market locally and nationally to test viability of potential models;
- By the end of May 2015 bring forward proposals for future models and barriers to delivery of Care at Home Services for the Integrated Joint Board (IJB);
- By the end of May 2015 have engaged with staff, public, patients, service users and carers on Care at Home Services and how the service should plan and deliver future service models;
- Provide draft written report to Head of Service for Health & Community Care by 15th May 2015;
- Attend two Care at Home Service Managers meetings;
- Attend one progress meeting per month with Head of Service for Health & Community Care and the Principal Manager for Planning and Performance.
- Attend one or two HSCP Change Programme Board meeting.
- Issue final report by 31st May 2015.

4. Conclusion

4.1 Due to the scale, resource intensity and partner services interfaces the Care at Home review is a significant priority for the HSCP. A new model must be sustainable, financially effective and deliver personalised care outcomes in the future.

5. Recommendation

5.1 SIB members are invited to consider the scope of the review as specified at 3.1, the methodology for conducting the review as specified at 3.3 and the high level timelines as specified at 3.4. Subject to any agreed changes, members are invited to endorse this for implementation.

For more information please contact David Rowland, Head of Service Health & Community Care on 01294 317797 or email davidrowland@north-ayrshire.gcsx.gov.uk

Helen McArthur, Senior Manager Community Care, Service Delivery on 01294 31317783 or email hmcarthur@north-ayrshire.gcsx.gov.uk

Shadow Integration Board

12 March 2015

Subject: **Director's Report**

Purpose: To advise members of the North Ayrshire Shadow Integration Board of developments in the North Ayrshire Health and Social Care Partnership.

Recommendation: That members of the Shadow Integration Board note progress made to date

1. Introduction

- 1.1 This report presents a high level overview for members of the Shadow Integration Board (SIB) of the work undertaken, both locally and with other Ayrshire partnerships, towards the establishment of the North Ayrshire Integration Joint Board.

2. Current Position

- 2.1 The Strategic Alliance Integration Sub-Group (SAISG) continues to meet weekly to co-ordinate work across the three local authorities and NHS Ayrshire & Arran. At a national level there are now also monthly meetings of the Chief Officers of the Health and Social Care Partnerships.

Ayrshire Developments

- 2.2 Following submission of the three Ayrshire Integration Schemes the Cabinet Secretary signed the Order to establish the Partnerships. The Order was laid in Parliament on 3rd March and will lie in Parliament for 28 days. This will allow the Partnerships to form on 2nd April as planned. This was the first Order to be signed establishing Health & Social Care Partnerships in Scotland.

North Ayrshire Developments

- 2.3 The consultation on the strategic plan closed on 28 February 2015. We have undertaken considerable engagement around the plan, including many sessions with staff teams, as well as the Staff Reference Group and the Providers' Forum. To date about 80 staff members or teams have provided feedback. A public meeting was held in Irvine's Volunteer Rooms to allow members of the public to consider and provide feedback on the plan. This was attended by approximately 40 members of the public. The meeting was highly productive, with a large degree of support for

our strategic priorities in evidence, together with a number of suggestions about how services can be improved.

- 2.4 In addition, a number of peer researchers linked to our Addictions Service have undertaken individual interviews with around 250 members of the public from Irvine, Saltcoats and Largs. This project has been carefully planned and managed and has been delivered to very tight timescales. It is testament to the staff and researchers that it has been so successful. The information gathered via the surveys, together with the staff and public engagement events, will be incorporated in the final draft of the plan. An initial review of feedback on the plan shows overwhelming support for our vision, mission and strategic priorities.
- 2.5 The Partnership Management Team had a successful development day at the end of February and were joined by the new Mental Health Head of Service, Thelma Bowers who will take up her post on 1st April.

Interviews for the post of clinical director were held on 27th February. The appointment of a clinical director will complete the Partnership Senior Management Team.

- 2.6 Public engagement will be an important success factor for the Partnership. To help us to develop our approach to engaging with the Public, the Independent and Third sectors, a community engagement organisation, Community Renewals, has been appointed to carry out an objective review of our approach, and to bring forward proposals for consideration in April. Members will be updated about this work as it progresses.
- 2.7 The Partnership Management Team has begun the process of agreeing, defining and phasing our very considerable change programme for the coming year. This programme is being supported by the service redesign element of the Integrated Care Fund. The programme will be made up of a number of change projects, each led by a named project manager, and with a project sponsor identified from the management team. A Change Programme Board will be established to oversee the programme.

Service Developments

- 2.8 We are continuing to support colleagues in Acute Care by commissioning short-term step-down beds in Cumbrae Lodge and by extending our pilot placing Care at Home Managers in A&E from the initial weekend service to provide support during weekday evenings. We will continue to monitor the effectiveness of this and the liaison post within Care of the Elderly Services over the coming weeks.
- 2.9 The first meeting of the Rehabilitation and Reablement Group was very positive with support for exploring a new model of care. This will be defined at a planning event on 24 April 2015 when a large cross-section of stakeholders will come together to explore the options.
- 2.10 Following an initial meeting with six local GP Practices, there is growing support to pilot closer working and to begin to develop services at that level. Individual meetings are now being planned with each Practice to explore opportunities for piloting new ways of working.

3. Proposals

- 3.1 This is the final Director's Report to the Shadow Integration Board. The Director will continue to bring forward monthly reports of the main developments in the Partnership. The format of these reports will change as the Partnership develops.

4. Implications

Financial Implications

- 4.1 The financial report to the end of January 2015 is still showing a significant overspend against budget, £5.666m. While some measures to address earlier overspends have been successful such as Physical Disabilities and Community Nursing, more work is required to address other areas. Work continues to develop and deliver a detailed action plan to address Partnership budget pressures and deliver agreed savings as part of a wider service improvement agenda. This will be mainly done by improving services and where possible reducing the demand for them for future years through increased focus on early intervention and prevention.

Human Resource Implications

- 4.2 There are no human resource implications arising directly from this report. The human resource implications for each proposal for the Partnership will be considered as they are developed.

Legal Implications

- 4.3 Work undertaken to prepare for integration will ensure that North Ayrshire Council and NHS Ayrshire & Arran are able to comply with the requirements of the legislation.

Equality Implications

- 4.4 There are no equality implications.

Environmental Implications

- 4.5 There are no environmental implications.

Implications for Key Priorities

- 4.6 The integration of health and social care will contribute to the delivery of the "Healthy and Active North Ayrshire" priority in the 2013 - 2017 Single Outcome Agreement.

5. Consultations

- 5.1 No specific consultation was required for this report. User and public involvement is a key workstream for the development of the partnership and all significant proposals will be subject to an appropriate level of consultation.

6. Conclusion

- 6.1 The partners are making good progress in delivering the integration programme plan. Robust programme management arrangements are in place to ensure that key milestones are met.

For more information please contact Iona Colvin, Director, North Ayrshire Health & Social Care Partnership on 01294 317723 or icolvin@north-ayrshire.gsx.gov.uk

Shadow Integration Board 12 March 2015

Subject: **Establishment of the North Ayrshire Integration Joint Board**

Purpose: To outline the process for establishing the North Ayrshire Integration Joint Board

Recommendation: The Shadow Integration Board approves the proposals for establishing the North Ayrshire Integration Joint Board

1.	Introduction
1.1	The Public Bodies (Joint Working) (Scotland) Act 2014 requires that Health Boards and local authorities jointly prepare, consult and submit for approval an integration scheme to Scottish Ministers. The model of integration chosen in North Ayrshire requires the establishment of an Integration Joint Board (IJB).
1.2	In order to prepare for the establishment of the Integration Joint Board in North Ayrshire North Ayrshire Council and NHS Ayrshire and Arran created a Shadow Integration Board (SIB) on the 2 April 2014. North Ayrshire Council and NHS Ayrshire and Arran Health Board delegated responsibility for service management and delivery to the SIB of those health and social care functions that were intended to be delegated, in due course, to the IJB.
2.	Current Position
2.1	The Order to establish the Ayrshire Integration Joint Boards was laid in Parliament on 2 March 2015 and will lie in Parliament for 28 days, taking effect on 1 April 2015.
2.2	There are a number of formal processes that require to be completed prior to the establishment of the Integration Joint Board. These will be dealt with at a special meeting of the Integration Joint Board on the 2 April 2015. The proposed agenda for this meeting can be seen in appendix one of this report.
3.	Proposals
3.1	The SIB approves the proposals for establishing to the North Ayrshire Integration Joint Board.

4.	Implications
4.1	Financial Implications There are no implications arising from this report.
4.2	Human Resource Implications There are no implications arising from this report.
4.3	Legal Implications The establishment of the Integration Joint Board fulfils the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014.
4.4	Equality Implications There are no implications arising from this report.
4.5	Environmental Implications There are no implications arising from this report.
4.6	Implications for Key Priorities The establishment of the Integration Joint Board continues the process of integration of health and social care. Integration contributes to the Single Outcome Agreement high level outcomes of “Children’s’ health and wellbeing is improved through breaking the cycle of poverty, inequality and poor outcomes” and “Adults and older people in North Ayrshire live healthier and more active lives.”
5.	Consultations
5.1	Discussions concerning the first meeting of the Integration Joint Board have been held with the Pan-Ayrshire legal workstream who have advised on the content of the agenda for the meeting.
6.	Conclusion
6.1	The North Ayrshire Integration Joint Board will be one of the first Health & Social Care Partnerships to legally form in Scotland.

For more information please contact Annie Weir, Programme Manager on 01294 317818 or annieweir@north-ayrshire.gov.uk

Appendix 1

Cunninghame House
Irvine

Thursday 2nd April 2015

Integration Joint Board

You are requested to attend the inaugural meeting of the Integrated Joint Board to be held on **Thursday 2nd April 2015 at 10.00am** in the **Council Chambers, Cunninghame House, Irvine**, to consider the following business.

Yours faithfully

Councillor Anthea Dickson
Chair, Integrated Joint Board

Business

- 1. Welcome and Introductions**
- 2. Intimation of Members**
Submit report by Andrew Fraser, Head of Democratic Services on the Intimation of Members
- 3. Integration Scheme and Order**
Submit report by Andrew Fraser, Head of Democratic Services on the Integration Scheme and order
- 4. Appoint Chief Officer and Financial Officer**
Submit report by Andrew Fraser, Head of Democratic Services on the appointment of the Chief Officer and Financial Officer
- 5. Standing Orders**
Submit report by Iona Colvin the Director of North Ayrshire Health & Social Care Partnership on the Standing Orders
- 6. Scheme of Administration to Integration Joint Board and Scheme of Delegation**
Submit report by Andrew Fraser, Head of Democratic Services on the Scheme of Administration and Scheme of Delegation to Officers
- 7. Strategic Planning Group**
Submit report by Jo Gibson, Principal Manager Planning and Performance on the membership of the Strategic Planning Group

8. Strategic Plan

Submit report by Jo Gibson, Principal Manager Planning and Performance on the Strategic Plan

9. Finance

Submit report by Lesley Aird, Section 95 Officer on the Partnership budget

10. Clinical Negligence and Other Risks Indemnity Scheme

Submit report by Lesley Aird, Section 95 Officer on CNORIS

11. Data Sharing Protocol

Submit report by Janine Hunt, Principal Manager, and Business Support on the Data Sharing Protocol

12. Code of Conduct

Submit report by Andrew Fraser, Head of Democratic Services on the Code of Conduct for Members of Devolved Public Bodies

Any Other Competent Business

Date of Next Meeting

The next meeting will be held on Thursday 9th April 2015 at 10.00am, in the Council Chambers, Cunninghame House, Irvine.

Shadow Integration Board 12th March 2015

Subject: **Financial Management Report as at 31 January 2015**

Purpose: To provide an overview of the current financial position of the North Ayrshire Health and Social Care Partnership, as well as the projected outturn for 2014/15 as at Period 10 to 31 January 2015.

Recommendation: That the Health and Social Care Partnership note content of this report, including specific key actions on significant variances and the actions being taken to bring the budget back into line.

1.	Introduction
1.1	This report is to provide an overview of the current financial position of the North Ayrshire Health and Social Care Partnership, as well as the projected outturn for 2014/15 as at period 10 to 31 January 2015. This report reflects projected expenditure and income and has been prepared in conjunction with relevant budget holders.
1.2	The total annual budget allocation reported at period 8 was £196.651m. This has been increased to £197.020m, based upon the agreements reached in March 2014, as reported to the Health and Social Care Partnership together with the changes noted in section 4 of this report.
2.	Current Financial Position
2.1	Against the current budget of £197.020m there is a projected year-end overspend of £5.666m.
2.2	<p><u>Summary of main movements since last report</u></p> <p>The overall position has increased from a projected overspend of £5.455m at the end of November to a projected overspend of £5.666m at the end of January 2015, an adverse movement of £0.211m. The main movements are as follows:</p>
2.2.1	<p><u>Level One – Core – overall adverse movement of £0.362m</u></p> <p>Older People, an adverse movement from period 8 of £0.039m, mainly due to increase in projected residential respite care and an increase in care at home provided by non-framework contractors partially offset by income received from charging orders.</p>

2.2.2	Physical disabilities – favourable variance of £0.143m due to recovery of unspent direct payment balances not previously anticipated.
2.2.3	Community Nursing has a favourable movement of £0.041m due to a decrease in expenditure on supplementary staffing and a reduction in care package costs.
2.2.4	Prescribing has an adverse movement of £0.577m. The projected overspend has increased significantly because the cost per item is higher than the original projection which is in part due to short supply of some drugs.
2.2.5	Backdated payments to Arran GPs for Out of Hours services has resulted in an adverse movement of £0.083m within Primary Medical Services.
2.2.6	The above have been partially offset by favourable variances totalling £0.153m in Learning Disabilities, Mental Health Community Teams, Addiction and Resource Transfer.
2.2.7	<u>Level Four – Children’s Services – overall adverse movement of £0.141m</u> An adverse movement of £0.141m within Children Services mainly due to two new, high cost, residential packages for children with disabilities.
2.2.8	<u>Direct Overheads and Support Services – overall favourable movement of £0.230m</u> A favourable movement of £0.172m within the Council support services due to slippage in recruitment and review of projected costs for two projects. Also a favourable movement of £0.058m within NHS support services due to the addition of funding for HSCP management costs.
2.2.9	Level Two and Level Three services show a slight overall favourable movement of £0.062m from period 8.
2.3	The summary in Appendix 1 details the projected expenditure within the Health Board and North Ayrshire Council. The key issues are: 1. <u>Level One Core (projected overspend £3.198m)</u>
2.3.1	An overspend of £0.197m is projected for Learning Disabilities mainly due to increases in the number of community packages and direct payment packages. A review of care packages is being undertaken.
2.3.2	Older People projected overspend of £2.480m due mainly to:
2.3.2.1	Older People’s Care at home services £1.148m projected overspend: <ul style="list-style-type: none"> o Employee Costs – additional temporary staffing and overtime costs required to cover additional workloads as a result of work being handed back by external providers, estimated full year additional cost £589k. o Purchased care at home services – projected overspend of £559k due to an increase in both the number of service users and overall service user needs. <p>A review of resource utilisation will be carried out to maximise the use of existing resources in order to ensure that the service is running as efficiently as possible to help to offset increasing demand linked costs. At the same time, the Care at Home Action Plan is being reinvigorated to ensure the current service is optimised to meet local need and work has recently begun to review the models of service delivery to ensure these are safe and sustainable into the future. The</p>

	financial benefits of this for the current financial year may be limited but this work will help underpin budgeted activities for future years.
2.3.2.2	<p>Older People's residential and nursing care homes are projecting an overspend of £1.217m, based on projected occupancy to the end of the financial year of 910 placements, against a budget of 848. The service started the year with 36 placements more than budget which has contributed to the current projected overspend.</p> <p>Since then in year discharges have been lower than budgeted and admissions have been higher. Admissions levels are in part dictated by the need to meet the delayed discharges target of zero.</p> <p>In year, discharges are 20 less than anticipated and admissions are 49 greater.</p>
2.3.2.3	<p>In previous years the admissions policy to nursing and residential homes led to a high number of long term residents staying in excess of 5 years.</p> <p>For the past couple of years the service has been seeking to address this through enhancing reablement services in order to help more people stay independent and in their own houses for as long as possible and to reduce long term home admissions. To further develop this concept Nursing, AHP and Social Work staff will work together from Pavilion 3 at Ayrshire Central Hospital to form a new, integrated Rehabilitation and Reablement Hub, through which patients will be supported to attain the level of independence required for them to successfully return home with an appropriate Care at Home package.</p> <p>The financial benefits of this for the current financial year may be limited but this work will help underpin budgeted activities for future years.</p>
2.3.3	An overspend of £0.084m is projected for Physical Disabilities mainly due to increases in residential care packages and direct payment packages. A review of care packages is being undertaken.
2.3.4	The projected overspends above are partially offset by projected underspend in Mental Health Community Teams £0.426m.
2.3.5	An overspend of £0.102m is projected for the community nursing budgets. A review of the use of supplementary staffing has been undertaken to address this emerging overspend and the financial position is beginning to improve as a consequence.
2.3.6	Primary care prescribing has a projected overspend of £0.748m, primarily resulting from the cost per item prescribed being higher than the original estimate. The projection is based on eight months prescribing information so is liable to change during the year. The pharmacy team are reviewing the use of high cost drugs. The increase in the cost of drugs will be taken into account in setting the 2015-16 budget.
2.3.7	Medical services projects an overspend of £0.110m as the demand for enhanced services is exceeding the funding available e.g. anti-coagulation monitoring. The overall enhanced services budget is being reviewed to determine how this can be managed within existing resource.

2.3.8	<p>2. <u>Level Two – Non District General Hospitals (projected overspend £0.296m)</u></p> <p>The frail elderly wards at Ayrshire Central Hospital continue to exceed budget despite additional funding being provided this year. The projected overspend is £0.24m and is due to high occupancy, patients being more frail and high staff sickness levels. Sickness absence in these wards has averaged about 16% for 2014/15. It is hoped that application of the new promoting attendance policy will help to reduce absence levels. The development of the rehabilitation and reablement hub described earlier in this report may also help to reduce the overspend.</p>
2.3.9	<p>3. <u>Level Three – Lead Partnership Services (projected overspend £1.809m)</u></p> <p>Lead Partnership mental health services are projecting an overspend of £1.818m. This is due to:</p> <ul style="list-style-type: none"> • projected overspend of £1m in employee costs within the adult inpatient wards, due to staff in post exceeding establishment as a result of high level of constant observations and high sickness absence. • Cost of unplanned activity (UNPAC) eg. placement of patients in private facilities for low secure and specialist mental health services is much greater than experienced in the past. An increase of 45% from last year's expenditure is projected. In some cases, the increased UNPAC activity is the direct consequence of limited availability of NHS places, resulting in an underspend in the Service Level Agreement which partially offsets the additional costs. Negotiations are under way with the main provider of UNPAC activity to agree a reduced rate and this will reduce the level of overspend. Reviews have been undertaken on all UNPACs activity and as a result of this there have been some discharges. <p>It is anticipated that once services move to the new North Ayrshire Hospital the level of overspend will reduce. A low secure forensic inpatient unit will be developed that will reduce the reliance on private providers. It is expected that the design of the wards in the new hospital will reduce the level of staffing required for constant observations.</p>
2.3.10	<p>4. <u>Level Four – Children's Services (projected overspend of £0.683m)</u></p> <p>Social work Children's Services are projecting an overspend of £0.671m due mainly to:</p> <ul style="list-style-type: none"> • Projected overspend of £0.255m on Residential and Remand Schools due to additional Residential placements. • Children with Disabilities care packages are projected to overspend by £0.652m due to an increase in the number of care packages. Resource allocation meetings have been re-established to address this. Reviews are to be undertaken of 25 care packages, these packages relate to 88% of the total projected cost. • The above overspends are partially offset by projected underspends on Employee Costs - £0.196m due to delays in recruiting staff at the start of the year and £0.041m underspend within fostering placements.
2.3.11	<p>5. <u>Support Services (projected underspend of £0.320m)</u></p> <p>General reduction in support service employee costs across Social Services and an underspend within support service expenditure budgets within the NHS.</p>

3.	Efficiency Update
3.1	Social Services are continuing the roll out of the new CM2000 system which, once fully implemented, should reduce the costs of Older People services. In addition, a staffing review is being carried out to address the projected overspend on staffing for Older People.
3.2	<p>On-going action to reduce the level of overspend on Lead Partnership Services consists of:</p> <ul style="list-style-type: none"> • Minimisation of the use of agency nurses • Review patients on constant observations regularly to ensure that the need for such level of care continues • Ensure compliance with the Promoting Attendance Policy. • Consider whether there are in-house solutions to the use of the private sector which could be appropriate. • Negotiate with private provider to secure a reduction in fees.
3.3	The adult care package costs have been targeted with efficiencies of £0.830m, to date £0.637m, 77% of the target has been achieved. Work is ongoing to review care packages and to consider alternative supported accommodation models.
3.4	Older People was targeted with efficiency savings of £1m in relation to reablement. To date this has not been achieved and further analysis is being undertaken to analyse this. Other efficiencies within older people include £0.150m in relation to workforce review, this is ongoing at present, also £0.594m to be achieved through costs of care packages, reviews are ongoing. The overall aim is to bring Social Services Community Care costs into line.
3.5	Efficiency savings of £0.088m were identified for income received from older people service users, at present the projected increase in income received from older people is £0.225m.
3.6	Elderly mental health wards were targeted with efficiency savings of £0.2m, there is a risk that this will not be achieved as planned. The budget has been reduced to reflect this plan in the second six months of the year and bed closures will need to be delivered to release the savings recurringly. Plans are being finalised to close some NHS beds and notice has been given to the provider at Cumbrae Lodge that beds will close from next June. It is unlikely that savings will be released in 2014/15, however £0.6m will be released in 2015-16.
4.	Budget Movements
4.1	<p>Within the Council budgets have been amended in respect of:-</p> <ul style="list-style-type: none"> • £200k transferred from contingency funds to Independent Services to purchase equipment on waiting list. This was approved last financial year and funds were to be transferred once the waiting list had been cleared.
4.2	<p>Within Health budgets have been adjusted in respect of:-</p> <ul style="list-style-type: none"> • £22k increase in mental health lead partnership services for inflation increase in Alcohol & Drug Partnership allocation • £144k budget provided for HSCP management costs • £117k virement from community paediatrics to community nursing for individual care packages that have transitioned. • £187k virement from business support services to community nursing.

5.	Recommendation
5.1	It is recommended that the Health and Social Care Partnership note the content of this report, including specific key actions on significant variances and the actions being taken to bring the budget back into line.

For more information please contact Fiona Neilson, Senior Finance Manager, NHS Ayrshire and Arran on [01292 513301] or Lesley Aird, Head of Finance, North Ayrshire Council on [01294 324560]

Appendix 1
Indicative Health & Social
Care Partnership Budgets:
North

Objective Summary	2014/15 Budget			2014/15 Budget			2014/15 Budget					
	Council			Health			Aligned			Aligned		
	Budget	Projection	Variance	Budget	Projection	Variance	Budget	Projection	Variance	Variance Period 8	Movement from Period 8	Notes
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	
Level One Core												
Learning Disabilities	15,203	15,424	221	491	467	(24)	15,694	15,891	197	216	(19)	
Older people	37,796	40,276	2,480	0	0	0	37,796	40,276	2,480	2,441	39	
Physical Disabilities	4,129	4,213	84	0	0	0	4,129	4,213	84	227	(143)	
Mental Health Community Teams	3,219	2,872	(347)	2,120	2,041	(79)	5,339	4,913	(426)	(366)	(60)	
Addiction	1,388	1,359	(29)	1,061	1,045	(16)	2,449	2,404	(45)	(14)	(31)	
Community Nursing		0	0	3,555	3,657	102	3,555	3,657	102	151	(49)	
Prescribing		0	0	27,205	27,953	748	27,205	27,953	748	171	577	
General Medical Services		0	0	16,750	16,860	110	16,750	16,860	110	27	83	
Resource Transfer, Change Fund, Criminal Justice	(10,781)	(10,833)	(52)	12,377	12,377	0	1,596	1,544	(52)	(17)	(35)	
Total Level One	50,954	53,311	2,357	63,559	64,400	841	114,513	117,711	3,198	2,836	362	1
Level Two - Non District General Hospitals												
Ayrshire Central Continuing Care			0	4,187	4,427	240	4,187	4,427	240	239	1	
Arran War Memorial Hospital			0	1,500	1,552	52	1,500	1,552	52	55	(3)	
Lady Margaret Hospital			0	554	558	4	554	558	4	18	(14)	
Total Level Two	0	0	0	6,241	6,537	296	6,241	6,537	296	312	(16)	2

	Council			Health			Aligned					
Objective Summary	2014/15 Budget £000	2014/15 Projection £000	2014/15 Variance £000	2014/15 Budget £000	2014/15 Projection £000	2014/15 Variance £000	2014/15 Budget £000	2014/15 Projection £000	2014/15 Variance £000	Variance Period 8 £'000	Movement from Period 8 £'000	Notes
Level Three - Lead Partnership Services												
Mental Health Services				42,934	44,752	1,818	42,934	44,752	1,818	1,861	(43)	
Family Nurse partnership				472	463	(9)	472	463	(9)	(6)	(3)	
Total Level Three	0	0	0	43,406	45,215	1,809	43,406	45,215	1,809	1,855	(46)	3
Level Four - Children's Services												
Community Paediatrics				452	482	30	452	482	30	20	10	
C&F Social Work Services	23,829	24,500	671	0	0	0	23,829	24,500	671	521	150	
Health Visiting				1,645	1,627	(18)	1,645	1,627	(18)	1	(19)	
Total Level Four	23,829	24,350	671	2,097	2,109	12	25,926	26,609	683	542	141	4
Support Services	6,342	6,072	(270)	592	542	(50)	6,934	6,614	(320)	(90)	(230)	5
Partnership Total	81,125	83,883	2,758	115,895	118,803	2,908	197,020	202,686	5,666	5,455	211	

Subjective Summary	2014/15 Budget			2014/15 Budget			2014/15 Budget				
	Council			Health			Aligned			Aligned	
	Budget	Projection	Variance	Variance Period 6	Variance Period 6	Variance	Budget	Projection	Variance	Variance Period 8	Movement from Period 8
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Employee Costs	40,830	40,467	(363)	50,647	51,722	1,075	91,477	92,189	712	1,121	(409)
Property Costs	502	486	(16)	16	16	0	518	502	(16)	(14)	(2)
Supplies and Services	1,972	2,348	170	1,844	1,818	(26)	4,022	4,166	144	210	(66)
Prescribing Costs		0		27,205	27,953	748	27,205	27,953	748	171	577
Primary Medical Services		0		16,750	16,860	110	16,750	16,860	110	27	83
Transport and Plant	502	528	26	0	0	0	502	528	26	35	(9)
Admin Costs	1,182	1,173	(9)	3,217	3,178	(39)	4,399	4,351	(48)	56	(104)
Other Agencies & Bodies	51,913	54,933	3,020	7,250	8,290	1,040	59,1636	63,223	4,060	3,671	389
Transfer Payments	1,673	2,070	397	8,966	8,966	0	10,639	11,036	397	509	(112)
Other Expenditure	300	87	(213)	0	0	0	300	87	(213)	(202)	(11)
Capital Expenditure		0		0	0	0	0	0	0	0	0
Income	(17,955)	(18,209)	(254)	0	0	0	(17,955)	(18,209)	(254)	(129)	(125)
Partnership Total	81,125	83,883	2,758	115,895	118,803	2,908	197,020	202,686	5,666	5,455	211

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Shadow Integration Board 12 March 2015

Subject: **Appointment of Chair and Vice Chair**

Purpose: To note the appointment of the chair and the vice chair of the Integration Joint Board

Recommendation: The Shadow Integration Board notes the appointment of the Chair and the Vice Chair of the Integration Joint Board by the constituent authorities in accordance with the Integration Scheme and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014 ("the Order").

1.	Introduction
1.1	Article 4 of the Order provides for the chair to be appointed by the NHS Board or the Council from among the voting members nominated by the NHS Board and the Council. The vice chair is appointed by the constituent authority who did not appoint the chair.
1.2	The NHS Board and the Council will have responsibility for these appointments on an alternating basis.
1.3	The NHS Board or the Council may change the person appointed by them as chair or vice chair during an appointing period.
1.4	It should also be noted that in respect of voting the Order states: "11. Each question put to a meeting of an integration joint board is to be decided by a majority of the votes of the voting members attending and entitled to vote on the question." This means that where there is a deadlock, the Chair does not have a casting or second vote
2.	Current Position
2.1	Clause 2.4 of the Integration Scheme between the Council and the NHS Board sets out the arrangements for the appointment of the chair and vice chair of the Integration Joint Board. The first chair of the Integration Joint Board will be a member appointed on the nomination of the Council. Accordingly the Vice Chair will be a member nominated by the NHS Board.
2.2	It will be proposed to Council that Councillor Anthea Dickson will be the first Chair of the Integration Joint Board. The NHS Board have nominated Stephen McKenzie as the first Vice Chair of the Integration Joint Board.

2.3	The appointment to Chair and Vice Chair is carried out on a rotational basis. The term of office of the first chair and vice chair will be for the period to the local government elections in 2017, thereafter the term of office of the Chair and vice chair will be for a period of two years.
2.4	In accordance with the terms of the Order the first meeting of the Integration Joint Board is to be convened at a time and place determined by the chair. The Chair will convene the first meeting of the Integration Joint Board on Thursday 2nd April 2015 at 10am in the Council Chambers, Cunninghame House, Irvine.
3.	Proposals
3.1	The Shadow Integration Joint Board notes the arrangements for appointing the Chair and Vice chair of the Integration Joint Board, and notes that the first Chair of the Integration Joint Board will be nominated by the Council and it will be proposed to Council that it nominates Councillor Anthea Dickson as Chair. The Vice Chair is Stephen McKenzie.
4.	Implications
4.1	Financial Implications There are no implications arising from this report.
4.2	Human Resource Implications There are no implications arising from this report.
4.3	Legal Implications The appointment of Chair and Vice Chair of the Integration Joint Board by the constituent authorities will comply with the terms of the Order and the Integration Scheme.
4.4	Equality Implications There are no implications arising from this report.
4.5	Environmental Implications There are no implications arising from this report.
4.6	Implications for Key Priorities The establishment of the Integration Joint Board continues the process of integration of health and social care. Integration contributes to the Single Outcome Agreement high level outcomes of “Children’s’ health and wellbeing is improved through breaking the cycle of poverty, inequality and poor outcomes” and “Adults and older people in North Ayrshire live healthier and more active lives.”
5.	Consultations
5.1	Discussions concerning the first meeting of the Integration Joint Board have been held with the Pan-Ayrshire legal workstream who have advised on the content of the agenda for the meeting.

6.	Conclusion
6.1	The Chair and Vice Chair of the Integration Joint Board will be appointed by the Council and NHS Board in accordance with the terms of the Order and the Integration Scheme and the Chair will call the inaugural meeting of the Integration Joint Board.

For more information please contact Lisbeth Raeside on 01294 317755 or lisbethraeside@north-ayrshire.gov.uk

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