Integration Joint Board Meeting

NORTH AYRSHIRE
Health and Social Care Partnership

Thursday, 26 September 2019 at 10:00

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

1 Apologies

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

3 Minutes/Action Note
The accuracy of the Minutes of the meeting held on 29 August 2019 will be confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973 (copy enclosed).

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

Presentations

4 Psychological Services: Waiting Times
Submit report by Janet Davies, IJB Professional Lead for Psychology on the improvement plans, trajectories and progress against the Scottish Government waiting time standard for Psychological Therapies (copy enclosed).

Quality and Performance

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

Strategy and Policy

6 Community Alarm/Telecare Service Transition from Analogue to Digital

Submit report by Helen McArthur, Principal Manager (Health and Community Care Services) on the transition for Community Alarm/Telecare Services transition from analogue to Digital Service Internet Protocol (IP) (copy enclosed).

7 Carers Respite Break Statement

Submit report by Kimberley Mroz, Policy Manager on the proposed HSCP Carers Short Breaks Statement (copy enclosed).

Budget

8 Financial Monitoring Report

Submit report by Caroline Whyte, Chief Finance and Transformation Officer on the financial performance to July 2019 including the projected outturn for the 2019/20 financial year (copy enclosed).

Minutes of Meetings for Discussion

9 Strategic Planning Group Minutes

Submit the Minutes of the Strategic Planning Group meeting held on 21 August 2019 (copy enclosed).

10 IJB Performance and Audit Committee Minute

Submit the Minute of the IJB Performance and Audit Committee Meeting held on 27 June 2019 (copy enclosed).

11 Urgent Items

Any other items which the Chair considers to be urgent.

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Integration Joint Board

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Voting Members

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

Professional Advisors

Stephen Brown	Director North Ayrshire Health and Social Care
Caroline Whyte	Chief Finance and Transformation Officer
Dr. Paul Kerr	Clinical Director
David MacRitchie	Chief Social Work Officer – North Ayrshire
Dr. Calum Morrison	Acute Services Representative
Alistair Reid	Lead Allied Health Professional Adviser
David Thomson	Associate Nurse Director/IJB Lead Nurse
Dr Louise Wilson	GP Representative

Stakeholder Representatives

David Donaghey	Staff Representative – NHS Ayrshire and Arran
Louise McDaid	Staff Representative – North Ayrshire
Marie McWaters	Carers Representative
Graham Searle	Carers Representative (Depute for Marie McWaters)
Sam Falconer	(Chair) IJB Kilwinning Locality Forum
Fiona Thomson	Service User Representative
Clive Shephard	Service User Rep (Depute for Fiona Thomson)
Nigel Wanless	Independent Sector Representative
Val Allen	Independent Sector Rep (Depute for Nigel Wanless)
Vicki Yuill	Third Sector Representative
Barbara Connor	(Chair) IJB Irvine Locality Forum

North Ayrshire Health and Social Care Partnership
Minute of Integration Joint Board meeting held on
Thursday 29 August 2019
at 10.00 a.m., Council Chambers, Cunninghame House, Irvine

Present

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

Stephen Brown, Director of Health and Social Care Partners
Caroline Whyte, Chief Finance and Transformation Officer
David MacRitchie, Chief Social Work Officer
Alistair Reid, Lead Allied Health Professional Adviser
Dr. Louise Wilson, GP Representative
David Donaghey, Staff Representative (NHS Ayrshire and Arran)
Louise McDaid, Staff Representative (North Ayrshire Council)
Marie McWaters, Carers Representative
Graham Searle, Carers Representative (Depute for Marie McWaters)
Nigel Wanless, Independent Sector Representative
Janet McKay, Chair, Garnock Valley HSCP Locality Forum

In Attendance

Thelma Bowers, Head of Mental Health
Eleanor Currie, Principal Manager (Finance)
Michelle Sutherland, Partnership Facilitator
Neil McLaughlin, Team Manager (Performance)
Karen Andrews, Team Manager (Governance)
Karlyn Watt, Deloitte
Angela Little, Committee Services Officer

Apologies for Absence

Councillor Timothy Billings, North Ayrshire Council
Dr Paul Kerr, Clinical Director
Vicki Yuill, Third Sector Representative

1. Chair's Remarks

1.2 Welcome and Thanks

The Chair referred to the retirement of Councillor Larsen from the Board. He thanked her for her work with the IJB and welcomed Councillor Dickson as the new Council representative. He also welcomed Janet McKay to her first Board meeting as the Chair of the Garnock Valley HSCP Locality Forum.

1.2 Order of Business

The Chair advised that Item 10 – IJB Appointments would be considered at Item 5 of the agenda.

2. Declarations of Interest

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

3. Minutes/Action Note

The accuracy of the Minute of the meeting held on 20 June 2019 was confirmed and the Minute signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973.

3.1 Matters Arising

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

4. Annual Performance Report

Submitted report by Caroline Whyte, Chief Finance and Transformation Officer on the Health and Social Care Partnership Annual Performance Report 2018/19, attached at Appendix 1 to the report. A presentation on the Annual Performance Report was also provided and gave details of:-

- Performance in relation to national health and wellbeing outcomes;
- Performance in relation to the three Children's outcomes and the three Justice Services Outcomes;
- Reporting on localities;
- Transformation programme;
- Reporting on lead partnership responsibility
- Inspection of service; and
- Financial performance and best value.

The Director acknowledged the positive contribution of Care Homes and the Third Sector in respect of Outcomes 2 and 5 and advised that future performance reports will fully represent the contribution of all sectors.

The Board agreed to homologate the NAHSCP Annual Performance Report 2018/19, published on 31 July 2019.

5. Integration Joint Board Appointments

Submitted report by Stephen Brown, Director (NAHSCP) on the change of Council representation on the IJB and the proposed appointment of Councillor Anthea Dickson to the Strategic Planning Group as Vice Chair.

The Board agreed to approve the appointment of Councillor Anthea Dickson as Vice Chair of the Strategic Planning Group.

5. Standing Orders

Submitted report by Stephen Brown, Director (NAHSCP) on the proposed amendment to the Integration Joint Board's Standing Orders to include webcasting of IJB meetings. The amended Standing Orders were attached at Appendix 1 to the report.

The Board agreed to (a) approve the amendments to Standing Orders to include webcasting of IJB meetings; and (b) to publish the revised Standing Orders on the Council's website.

6. Meeting Dates 2020

Submitted report by Karen Andrews, Team Manager (Governance) on the draft timetable for meetings of the Integration Joint Board and the Performance and Audit Committee for 2020. Appendix 1 to the report outlined the meeting schedule for 2020.

The Board agreed the dates for meetings of the Integration Joint Board and the IJB Performance and Audit Committee as detailed in the report and at Appendix 1 to the report.

7. Director's Report

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

The report highlighted the following:-

- Scottish Health Awards 2019;
- Standards Commission for Scotland Update;
- Being Exhibition, Eglinton Country Park, Irvine;
- Thinking Different, Doing Better Staff Experience;
- Ministerial Visit on 24 July 2019;
- Champions for Change;
- Attendance Award Winner; and
- The Irvine Locality Forum Chair.

Members welcomed the engagement opportunity provided by the Thinking Different, Doing Better Staff Experience sessions and relayed positive feedback from staff who had attending sessions that had taken place.

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

8. Audited Annual Accounts

Submitted report by Caroline Whyte, Chief Finance and Transformation Officer on the Audited Annual Accounts for 2018/19, attached at Appendix 1. Appendix 2 included the ISA260 letter from Deloitte LLP and the letter of representation to be signed by the Chief Finance Officer (NAHSCP). A summary of the findings of the audit were attached at Appendix 3 to the report.

A verbal update was provided by the external auditor, Karlyn Watt, Deloitte.

The IJB's accounts for the year to 31 March 2019 were submitted to Deloitte LPP in accordance with the agreed timetable. Deloitte have given an unqualified opinion that the 2018/19 financial statements give a true and fair view of the financial position and expenditure and income of the IJB for the year, concluding that the accounts have been properly prepared in accordance with relevant legislation, applicable accounting standards and other reporting requirements. No monetary adjustments have been identified and the IJB's position remains as reported to the IJB Performance and Audit Committee on 14 June 2019.

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

- Inconsistencies between the Draft Annual Accounts for the Council and the IJB Audited Accounts in relation to the year-end financial position of the IJB and the confusion this may cause. This was explained to be as a result of the application of the legislation that is prescriptive on what is included in the income and expenditure statements and the requirement to reduce the debt owed to the Council, the difference is in the management accounts and the treatment of the additional funding transferred across from the Council at the year-end, the IJB accounts include a narrative in the management commentary to explain the position; and
- The Council's Annual Accounts and external audit report are being finalised for the Audit and Scrutiny Committee in September, Deloitte as external audit for both parties will ensure the wording is clear and consistent.

The Board agreed to (a) note that Deloitte LLP have issued an unqualified independent auditor's report; and (b) approve the Audited Annual Accounts for 2018/19.

9. Budget Monitoring Report - Period 3

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

Appendix A to the report provided the financial overview of the partnership position. Detailed analysis was provided in Appendix B. Full details of savings were provided at Appendix C. Appendix D outlined the action plan to reduce the overspend in learning disability services and Appendix E detailed the 2019/20 Budget Reconciliation.

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

- Mitigations that are being put in place to address the main areas of pressure relating to learning disability care packages, care homes, care at home, looked after children and adult in-patients;
- Information on savings plans that have taken longer to achieve as a result of a slippage of timescales and delivery that will be included in the Budget Monitoring to be reported in September;
- An update on the Care Home Strategy that will be provided to the Strategic Planning Group;
- A review of Carers Act Funding to ensure the financial impact of Carer Support Plans is accommodated; and
- Scrutiny processes that are in place to consider staff vacancies and include assessing any potential impact on service provision as a result of non-filling of posts.

The Board agreed to (a) note (i) the early indication of a projected year-end overspend of £2.801m; (ii) the further planned actions to address the projected overspend and deliver financial balance; and (iii) the potential impact of the Lead Partnerships; and (b) approve the changes in funding as detailed in section 2.11 and Appendix E to the report.

11. IJB Performance and Audit Committee Minutes

Submitted the Minutes of the IJB Performance and Audit Committee meeting held on 8 March 2019.

Noted.

12. Strategic Planning Group Minutes

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

Noted.

The Meeting ended at 11.05 a.m.

North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 29 August 2019

No.	Agenda Item	Date of Meeting	Action	Status	Status Date	Officer
2.	Veterans First Point (V1P) Service	21/3/19	That an update report on the long-term sustainability plan be submitted to the IJB Meeting on 29 August 2019.	Ongoing – plan to report to the October meeting	October 2019	Thelma Bowers
3.	Community Care Occupational Therapy Report	21/3/19	That an update report on progress be submitted to the IJB Meeting on 24 October 2019.	Ongoing - plan to report to the October meeting	October 2019	Alistair Reid
4.	Ministerial Strategic Group Review of Progress with integration of Health and Social Care: Self-Evaluation	16/5/19	That an overall progress update be submitted to a future meeting in 2019.	Ongoing – plan to report to the December meeting	December 2019	Caroline Whyte

NORTH AYRSHIRE
Health and Social Care Partnership

Agenda Item 4

Integration Joint Board
26 September 2019

Subject:	**Scottish Government Waiting Times Standard for Psychological Therapies**
Purpose:	To provide an update on the improvement plans, trajectories and progress against the Scottish Government waiting times standard for Psychological Therapies
Recommendation:	IJB to have knowledge of and to support the improvement plans

Glossary of Terms	
NHS A&A	NHS Ayrshire and Arran
SG	Scottish Government
HSCP	Health & Social Care Parntership
MHS	Mental Health Services
PS	Psychological Services
CAMHS	Child and Adolescent Mental Health Services
AMH	Adult Mental Health
V1P	Veterans First Point
cCBT	Computerised Cognitive Behavioural Therapy
PIG&T	Psychological Interventions Governance & Training Group
ISD	Information Services Division

1.	**EXECUTIVE SUMMARY**
1.1	The Mental Health Strategy 2017 – 27 has a key focus on prevention, early intervention and improved access to mental health services, including psychological therapies. The strategy reflects Scottish Ministers expectations that mental health is a priority and that significant improvements are made to the quality and delivery of services. While the Mental Health Strategy recognises that improvements have been made in access to psychological therapies, there is acknowledgment that demand is increasing and waiting times remain higher than the 18 week referral to treatment standard across many service areas.
1.2	Locally, this funding has enabled fixed term posts across priority service areas to be made permanent improving recruitment, retention and stability in the dedicated workforce available to deliver psychological therapies.
1.3	To increase parity with Acute services and to improve understanding of the improvement work and challenges in achieving the standard, SG included the waiting times standard for access to psychological therapies in the Health Boards 2019 Annual Operating Plan. Improvement plans were developed and approved in April 2019, detailing ongoing service improvement work and proposals to achieve waiting time compliance by December 2020.

1.4	The standard is that 90% of patients will commence psychological therapy within 18 weeks from referral. This standard relates to all levels of psychological therapy provided by the wider workforce and is broader than the specialist level work provided by the Psychological Service. The improvement plans are linked to waiting times trajectories through to December 2020. SG has recently requested that the plans and trajectories be extended until March 2021.
1.5	Local compliance against the standard is currently at 75% (July 2019). While this aggregated level of compliance for all services remains below the standard, there is considerable variation in waiting times across our services, with some services consistently achieving the standard, some varying around the 18 week standard, and others well below the standard. The major breaches are within the Child and Adult Mental Health Community services and some Physical Health Psychological Specialties.
1.6	Additional data highlights progress in increased activity, reduction in total numbers of people waiting and reduction in numbers of people waiting over 18 weeks. One area of notable success is the impact of the local computerised Cognitive Behavioural Therapy service which has been utilised well above projections and is positively contributing to the number of people having immediate access to an evidence based psychological approach.
2.	**BACKGROUND**
2.1	Psychological Services is a pan-Ayrshire specialist service comprising a professional skill-mix of Psychologists, Psychological Therapists and Graduate Assistant Psychologists - approximately 70 whole time equivalents. The service provides specialist psychological assessment and treatment to all ages of the population from birth (neonatal unit) to death (palliative care psychology). Services are provided in both acute and mental health settings. Training, supervision and consultancy is provided to the wider health and social care workforce.
2.2	Some of the services are provided by single or small numbers of clinicians and are vulnerable to periods of leave. Even where waiting times standards are being met, there is recognised unmet need.
2.3	Currently, the local monthly waiting times report to SG reflects the waiting time to access treatment from specialist level Psychologists and Psychological Therapists. However, there are staff within the wider workforce, primarily Nursing and Allied Health Professionals, who have received training in psychological interventions and are delivering psychological work as part of their generic role. Through ongoing work to improve our data systems, we will be better placed to capture this activity and report a more accurate account of all dedicated psychological work being provided locally. This will enable more accurate workforce planning based on knowledge of demand and capacity for all levels of psychological work.
3.	**PROPOSALS**
3.1	As noted in a previous 2018 paper to the IJB's "Findings and Recommendations from Review of Pan-Ayrshire Psychological Services", several key findings and proposals remain relevant to achieving compliance with the SG waiting times standard:

	• A whole Mental Health system approach is required for transformational change to occur and to ensure the MHS, including Psychological Therapy provision, is fit for current and anticipated future demand. • PS cannot make the required changes independent of the wider teams in which they deliver. In addition, the small and specialist PS alone cannot and should not meet the population demand for psychological input. There is a requirement for increased dedicated psychological input from the wider staff team, particularly to increase capacity for low intensity psychological work. • Development of new ways of working needs to be realised through Psychology's key involvement and leadership in service re-design work being undertaken across the three Partnerships. • There is a need for accessible and accurate service data to enable understanding of demand and capacity, to ensure efficiency in the utilisation of staff time and to enable more accurate workforce planning.
3.2	SG improvement plans and trajectories to deliver on the waiting times standard were developed and approved in April 2019 and are outlined in Appendix 1. These plans include a single aggregated waiting time compliance trajectory for all services reporting on the standard as well as detailed plans and trajectories for those services consistently breaching the standard.
3.3	These plans do not include the services which are consistently achieving the standard – cCBT, Learning Disabilities, Forensic/Low Secure and Addictions. Although Older Adults is achieving the waiting times compliance, an improvement plan is included to retain a focus on this service which has a small resource, including two fixed term posts until March 2020, is vulnerable to periods of staff leave, and anticipates increased demand for both specialist neuropsychological assessment (dementia) and therapeutic work.
4.	**PROGRESS UPDATE**
4.1	Current (July 2019) compliance against the standard is 75%. Although the level of compliance is falling below the 90% standard, it is consistent with trajectories. A review of wider data, as outlined in Appendix 2, highlights a slight reduction in total numbers of people waiting and a significant reduction in numbers of people waiting over 18 weeks. For example, 575 people were waiting more than 18 weeks in April 2019, reducing to 368 people waiting more than 18 weeks in July 2019. This gradual progress is in the context of a challenging period of loss in workforce related to vacancies and maternity leave.
4.2	The focus on a wider data set is essential to monitoring progress given the limitations of the level of compliance as a measure of change. It is important to note that as we appoint to a number of vacant and new posts, these new staff will increase activity across the service, focused on the longest waits, which is likely to drive the aggregated compliance down given the method of calculating level of compliance (of the number of patients seen in any month, the percentage seen within 18 weeks). This is recognised by SG and requires us to report on a wider data set that reflects progress in activity, longest waits and numbers of people waiting more than 18 weeks.
4.3	While recognising that inconsistencies in what Health Boards report to SG make it difficult to meaningfully compare performance, the recently published ISD data (September 2019) on national waiting times for psychological therapies highlights only one Health Board achieving the standard and three reporting slightly higher levels of compliance than NHS A&A. NHS A&A's level of compliance is achieved in the context of having a relatively low dedicated Psychology and Psychological Therapy resource.

	The most recent ISD workforce data (April – June 2019) reports NHS A&A as having 69 whole time equivalents, with the similar sized Health Boards of Fife and Tayside reporting 97 and 94 whole time equivalents respectively. Only three Health Boards were reported to have a lower resource (whole time equivalent per 100,000 population).
4.4	Since April, there has been development in recruitment as well as improvement work. Some of this progress and limitations is summarised below with a focus on the AMH Community and Child Services: <u>AMH Community</u> • Recruitment. There has been recent approval to recruit to a number of fixed term posts on a permanent basis. The Adult service has increased its specialist Psychology capacity by 2.4wte (North and East) with recent agreement to make permanent one of three fixed term Cognitive Behaviour Therapy posts (North). This permanent resource, together with a smaller increase in capacity through waiting list initiatives, will provide an increased stable workforce tailored to current demand, enabling increased throughput and targeting of longest waits.
	• Training and increasing capacity within the wider workforce. A pan-Ayrshire multidisciplinary Psychological Interventions Governance and Training Group for Adult services has successfully commenced. This group will provide a strategic focus to the development of a psychological training and supervision plan to ensure training is linked to service need, leads to protected time for delivery of psychological work and provides clarity on the resource available for the different intensity levels of psychological work. Initial work to map local capacity for psychological interventions/therapies has already identified psychological work being undertaken by the wider workforce that is not currently captured within the SG report and which may positively impact on compliance against the waiting times standard. The outputs of this group, including capacity and compliance, will be communicated through formal governance structures.
	• Therapeutic and service developments. To meet the changing referral demands, such as the increase in complex trauma, interpersonal difficulties and emotional instability, new developments in therapeutic options are being developed. Transdiagnostic emotional regulation groups have commenced in the East Adult Community service and are due to commence in the South, providing an efficient and effective approach for a complex patient group. To increase access to our digital based therapeutic option of computerised CBT for mild to moderate anxiety and low mood, marketing and training visits have been delivered, with future dates confirmed, to all GPs in Ayrshire and Arran. A review of referral criteria for specialist assessment and therapeutic work of the Psychology resource is about to commence.
	• Improved data systems. A pan-Ayrshire group has been established to map requirements of data reporting, utilising existing data systems of Trakcare/PMS, which will lead to more functional access to live data and subsequent accurate and timely reporting against the waiting times standards. This has coincided with an increase in data collation, reporting and case management across all Adult Psychological Specialties.

	• Limiting factors to progress. The service continues to have difficulty in recruiting to fixed term posts to cover the loss of capacity through maternity leave and where this loss of capacity may be the only dedicated or substantive Psychology provision to a service. To mitigate against this and increase likelihood of recruiting, the service is considering the options of reconfiguring these posts, including different bandings and clustering with other available posts. Funding for Stress Control classes has not been secured. Despite interest from Public Health colleagues, lack of budget has prevented taking this proposal forward in partnership with Public Health. Consideration is being given to the development of a "no cost" intervention within Psychological Services for community access.
	<u>Child Services</u>
	• Recruitment. Within Community Paediatrics and CAMHS, the two SG funded fixed term Clinical Psychology posts have been made permanent. In addition, a combination of core budget and CAMHS Taskforce funding will increase permanent Psychology provision by an additional four posts, supported by two fixed term Assistant Psychology posts. These post-holders will be in post early 2020 and will focus on early intervention, whole system work and neurodevelopmental assessment. The new structure for neurodevelopment multi-disciplinary teams of Psychology, Speech and Language, Nursing and Administration has been outlined, with likely implementation of this new model in December 2019. This will reduce the substantial backlog for assessment rapidly and will have a positive impact on waiting times for psychological interventions.
	• Therapeutic and service developments. Within Community Paediatrics, a single-session group-based intervention for parents of children with behaviour that challenges (one of the primary referral reasons) has been developed and will be piloted shortly. This group will improve clinical care by offering practical strategies to consider and apply at an early stage of contact with the service, will reduce individual clinician time for each case, and will provide peer-support via group intervention. Referral criteria for accessing Clinical Psychology have been written and are currently being reviewed by other services for comment. A detailed audit of clinical activity in relation to neurodevelopmental assessment has been completed and has identified potential areas where support from other disciplines may reduce the need and number of referrals for a more comprehensive specialist neurodevelopmental assessment.
	• Within CAMHS, a staged plan for addressing neurodevelopmental assessment has been developed which will address both short-term waiting issues and longer-term sustainability. Further specialist training in autism diagnostic assessments has been completed by all existing Clinical Psychologists to improve competence and efficiency in undertaking diagnostic assessments.
	• Improved data systems. Within CAMHS, the external company Benson Wintere has recently moved to developing the second phase of a live scenario data model which will enable demand capacity analysis on the whole team working and more accurate workforce planning;

	• Limiting factors to progress. Consistent with the Adult service, the Child service has failed to recruit to a fixed term post to cover the loss of capacity through maternity leave. To mitigate against this and increase likelihood of recruiting, a reconfigured post is being re-advertised and consideration will be given to a different skill-mix and banding if there is a failure to recruit on a second attempt. In addition to maternity leave, there has been a further two recent vacancies created by staff leaving the Child service with an associated loss of specialist expertise, training and supervision capacity and clinical activity. These losses will reduce the positive impact of the additional resource given the recruitment process and time taken to re-appoint.
4.5	**Anticipated Outcomes**
	Improvement plans, including increased resource, will reduce the longest waits and improve waiting times Development of a strategic plan for psychological training and supervision based on the needs of the teams with more explicit knowledge of what resource is available and required for delivery of the different levels of psychological work. Workforce plan to reflect current and projected workforce requirements. Improved access to service performance data to inform on demand capacity analyses and clinical outcomes.
4.6	**Measuring Impact**
	Impact will be monitored through the Corporate Management Team, Access Performance Governance Group, MHS Waiting Times Group and the monthly communication with SG.
5.	**IMPLICATIONS**
5.1	Re-design of services to embed psychological therapies provision as a core function of the team with dedicated resource.

Financial:	The Mental Health Outcomes Framework funding has enabled recruitment on a permanent basis to six posts initially funded through fixed term SG funding to Increase access to Psychological Therapies and three posts funded through fixed term CAMHS Taskforce. There remain four NES funded fixed term posts (March 2020) working across CAMHS early intervention, Adult Community and Older Adult for which no permanent funding has been identified at present. In addition, no permanent funding has been identified for the local Veterans First Point service which provides a holistic service, including quick access to psychological therapies, for people who typically have not engaged well with mainstream services.
Human Resources:	Training and supervision of the wider workforce and workforce planning.
Legal:	None
Equality:	None

Children and Young People	The planned improvements with our CAMHS service will improve outcomes for Children & Young People.
Environmental & Sustainability:	None
Key Priorities:	In alignment with the Partnership strategy and integration of services.
Risk Implications:	The improvement plans and ability to achieve and sustain the waiting times standard are heavily dependent on increasing resource, both at specialist level and in the wider workforce. The positive impact of additional and permanently funded posts will be reduced through a number of recent vacancies, an increase in maternity leave, the difficulty recruiting to fixed term cover posts, and the time inherent within the recruitment process. ISD workforce data shows an overall reduction in whole time equivalent resource of specialist Psychologists and Psychologist Therapists in NHS A&A over recent years which is relatively low when benchmarked against other Health Boards. Recent additional investment and opportunity to recruit on a recurring basis will improve available resource but the full impact will not be realised until 2020 when posts are appointed to. Capacity issues within the wider workforce of Nursing and Allied Health Professionals will limit the dedicated time they can provide to delivery of psychological work as part of their generic role
Community Benefits:	Not applicable

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

6.	**CONSULTATION**
6.1	Ongoing consultation through the pan Ayrshire MHS Strategic Planning and Change Project Programme Board, the pan Ayrshire MHS and North HSCP Clinical Care and Governance Groups, the North MHS and HSCP Senior Management and Professional Leads Team, and Acute Clinical Directors and General Manager.
7.	**CONCLUSION**
7.1	The SG improvement plans and trajectories for the 18 week referral to treatment waiting time standard reflect the combined need for service improvement work, improved data systems, additional resource in service areas where capacity is low relative to current and projected demand, and increased input from existing wider team staff in the provision of psychological work.

7.2	The plans, progress and limitations in achieving the trajectories are being reviewed through a pan Ayrshire multi-disciplinary MHS waiting times group. This reflects that the standard is for access to all levels of evidence based psychological therapies, not only specialist Psychology provision, and requires whole service ownership to achieve and sustain the standard. Progress is being reported through the Pentana system to the Corporate Management Team, Performance Governance Groups and regular telecommunication with SG.
7.3	In the context of recent vacancies and maternity leave, the full impact of additional permanent resource and improvement work will not be realised until early 2020. Despite the current challenges from loss of workforce, data reports highlight a stable level of compliance since the introduction of the plans in April 2019 (currently 75% compliant against the 90% standard) but a slight reduction in total numbers of people waiting and a significant reduction in numbers of people waiting longer than 18 weeks.

For more information please contact Janet Davies on 01294 323325 Janet.davies@aapct.scot.nhs.uk

NHS Ayrshire and Arran Psychological Therapies
Mental Health Directorate, AOP Template, April 2019

Ayrshire & Arran Psychological Therapies

1. The LDP Standard for Psychological Therapies is for at least 90% of people to start treatment within 18 weeks of referral. **Please complete the table with your trajectory for meeting the standard by, or before, December 2020.**

Quarter ending	Mar 2019	Jun 2019	Sep 2019	Dec 2019	Mar 2020	Jun 2020	Sep 2020	Dec 2020
Performance against the LDP standard (%)	77%	79%	79%	80%	84%	87%	90%	90%

2. **Please describe the actions that will be taken each quarter to deliver the above trajectory, the expected impact of these actions on progress towards the standard, and any associated dependencies and risks.** Actions might include for e.g.: recruitment of specific staff; waiting list initiatives; improvement work to improve processes; wider system change; etc. An example is included in the table below.

Quarter ending	Action(s)	Forecast impact on standard	Funding – source and amount	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate
June 2019	1. Create business case for roll out of community based CBT/Stress group to support stepped/matched care model (AMH/OA/Spec) 2. Create written referral criteria	Zero initially, Small (1-5%)	Public Health case, so discussion regarding projected five figure cost	Requires funding agreement, new ways of working, and links with GP partners and venues, in addition to potential recruitment and staffing from within stretched resources. Links with new MHP role required to be explicit.	Dependant on success of business case. Requirement for additional funding not guaranteed given organisational finances. Could be designed by existing staff, but significant time lag if so and requirement for pilot. Off the shelf resource available but cost associated, alongside training requirements. Other boards run the same model and are breaching/explicit pathways/recording required.

	and operational policy for whole service (All)	Medium (1-5%)	From within existing budget	Requires communication with referrers and partners. Agreement on gaps in service, limits of responsibility and requirements for consistency of implementation across 3 partnerships	Increased load on senior staff, delegation will mitigate. Limited consultation will result in negative view of Psychological Therapies. Senior leadership support required from board.
	3. PMS/Trakcare mapping commences (AMH/OA/Spec)	Small (1-5%)	From within existing budget	Key links made with digital health/Business Intelligence. Discussion with administrative management and specialties. Links with BI team are key	Increased anxiety within staffing, education required and supportive training.
	4. SBAR for life span neurodevelopmental service (All)	Large (20-30%)	New funding required	Board level decision.	Possible dilution of service due to upfront cost/clear health economic benefits and positive impact on wait times to be evidenced to senior management
	5. Establishing Psychological Therapies Training Group (AMH/OA/Spec)	Medium (15%)	From within existing budget	Links with NES PTTC role providing oversight of all training and delivery of supervision of psychological interventions across all discipline. Nurse consultant, AHP Lead, Clinical Leaders and Psychology Head of Specialty need buy in.	Requirement for consistency of roll out of Psychological Interventions across all disciplines will impact on perceived core business, need for senior leadership to reinforce centrality of psychological interventions to core business

	6. Use of Waiting List Initiatives in all specialities from within current staffing (All)	Small (1-5%)	From Underspend	Staff buy in and admin management for additional work.	Historically has been difficult to recruit staff/open to CAAPs for enhanced rate.
	7. Increased resource in specific areas where historical backlog is significant	Medium (20%)	Additional Resource required	Clinical space capacity in host specialty alongside administrative capacity would need examined. Additional resource would need approved by Head of Mental Health	All risks associated with clinical roles in terms of potential maternity leave etc.
September 2019	1. Roll out Trauma Training for all Mental Health Disciplines (All)	Small (1-5%)	From within existing resource (potential for reduction in clinical capacity for trainers)	Needs senior leaders to free time for inpatient/community staff to attend. Psychology staff to deliver.	Resistance from services who already assume they are trauma informed, make explicit collaborative nature of the work and seek senior leadership validation.
	2. Introduction of Manualised DBT/ER group based intervention for Transdiagnostic presentations delivered by nursing/AHP in line with potential Emotional Intensity Pathway(AMH/OA/Spec)	Small (1-5%)	Depends on package (free-four figures)	Requires Pilot over summer months, with CPN/OT observations and training from within psychology or externally funded	Risks detailed above. Increased load on psychology up front. Local issues regarding accommodation and referral streams.
	3. Training and Marketing provided to all A&A GPs for Ccbt (AMH/OA/Spec)	Small (1-5%)	From within existing budget	New national package released in May 2019, coordinator has good links with national program and will link with Head of Adult to engage practices not covered already	Need for GP buy-in/strong marketing package and historic data.

December 2019	1. Introduction of formal case management across Psychological Therapy specialties using PMS/Trakcare (All)	Small (1-5%)	From within existing budget	Staff awareness raising	Increased perceived stress on staff/clear positive, non-punitive reasons for same provided
	2. Use of data to address capacity shortfall/staffing issues (All)	Small (1-5%)	From within existing budget	Business intelligence to provide platform for real-time data analysis by senior clinicians and management. Increased ability to communicate demand and capacity and quicker awareness of gaps or demand issues within services.	None noted
	3. Recruitment of Multiple Peripatetic Staff across specialties (All)	Small (1-5%)	From underspend due to predicted maternity leave	Permanent role established from temporary funding through underspend, requires Head of Mental Health Sign Off. HR support for new job descriptions	Risks and mitigations in line with all recruitment issues
March 2020	1. Recording of psychological interventions delivered by AHP/Nursing that meet LDP criteria (Whole)	Small (1-5%)	None	Contingent on success of roll out of PMS/Trakcare and Psychological Training Group and Partnership leader buy in	Noted above
	2. Delivery of High Volume community based CBT/Stress classes and Clinical Health Psychology Group (AMH/OA/Spec)	Small (1-5%)	As above	As above	As Above

	3. Recording of above data against LDP Criteria	Medium (20%)	As above	Agreement from SG that intervention is reportable	SG require sign off, may deem to be too low level to meet LDP standard, use exemplars from other boards
June 2020	1. Development of TEC to support delivery of psychological therapies (All)	Small (1-5%)	Funding streams through SG and from Digital Services, but likely will require further investment	Requirement for organisational compliance, use of App based resources requires significant oversight	Limited control of access to resources/Ccbt model, well established within A&A.
September 2020	1. Recruitment and commencement of Specialist Perinatal Mental Health Team (All)	Small (1-5%)	SG funding and business case ongoing as of May 2019	Positive impact on LDP from within adult and CAMHS services	Internal recruitment could see existing staff vacate current role for new posts.
December 2020	Continue with above actions and redraft in line with LDP				

CAMHS Psychology Service

1. The LDP Standard for Psychological Therapies is for at least 90% of people to start treatment within 18 weeks of referral. **Please complete the table with your trajectory for meeting the standard by, or before, December 2020.**

Quarter ending	Mar 2019	Jun 2019	Sep 2019	Dec 2019	Mar 2020	Jun 2020	Sep 2020	Dec 2020
Performance against the LDP standard (%)	28%	28%	50%	60%	65%	70 %	80%	90%

2. **Please describe the actions that will be taken each quarter to deliver the above trajectory, the expected impact of these actions on progress towards the standard, and any associated dependencies and risks.** Actions might include for e.g.: recruitment of specific staff; waiting list initiatives; improvement work to improve processes; wider system change; etc. An example is included in the table below.

Quarter ending	Action(s)	Forecast impact on standard	Funding – source and amount	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate
Sept 2019	1. Introduction of individual caseload management via caseload review tool and outcome measures to increase throughput of cases	Medium (5-10%)	From within existing sources	Pressure from other services/ disciplines to maintain caseload. Support for clinical staff to discharge patients.	Limited number of experienced supervisors to oversee caseload management will be mitigated by advanced planning of staffing and detailed job planning. Increased risk to patients and organisation in situations where individuals are discharged and subsequently experience harm. Mitigated by agreed risk assessment and management procedures across CAMHS service.
	2. Psychology waiting list management through 16 week opt-in letters to reduce DNA rates and unnecessary appointments	Medium (5 – 15%)	Additional admin requirement for sending letters and monitoring responses	Availability of administrative support.	Failure to respond from patients/ families may be due to literacy or other difficulties. Increased risk to patients and organisation in situations where individuals are discharged and subsequently

					experience harm. Mitigated by agreed risk assessment and management procedures across CAMHS service. Risk mitigated by letter to families to inform of discharge and correspondence with referring agencies to inform of lack of response leading to discharge from service. Potential for lag in administration, if no additional resources. Need for service managers/ leads to be fully aware and in agreement with process to avoid confusion within teams. Mitigated by process being approved within CAMHS Clinical Governance Group and circulation of information round all team members.
	3. Clarity on DNA processes, shared across CAMHS and agreed with wider A&A mental health governance	Small (< 5%)	From within existing resources	Agreement across CAMHS and NHS A&A mental health services	Failure to attend may be due to factors other than appointment not required (e.g., literacy difficulties or social circumstances). Risks and mitigation processes as (2) above.
	4. Development of clear criteria for Psychology waiting list	Small (5 – 10%)	From within existing resources	Agreement across CAMHS	Restrictions on service provided to C&YP. Mitigated by agreement across CAMHS and identification of gaps in service provision that might be filled by developments of appropriate alternatives. Flexibility of criteria via discussions

	5. Recruitment to fixed-term 0.5 WTE 8A Clinical Psychology post focused on neurodevelopmental, which will have positive impact in reducing pressure on psychological therapy provision	Small (5 – 10%)	Funding from SG CAMHS Taskforce	Agreement with CAMHS management	Failure to recruit to fixed-term post. Mitigated by advertisement as soon as possible and/ or configuration of full-time post by combining with other specialties
	6. Recruitment to 1.0 WTE 8A Clinical Psychology and 1.0 WTE CAAP posts to support development, implementation and evaluation of 'whole CAMHS' model	Medium (10%)	Funding from SG CAMHS Taskforce	Agreement with CAMHS management	Failure to recruit to fixed-term post. Mitigated by advertisement as soon as possible and/ or configuration of full-time post by combining with other specialties
Dec 2019	1. Development of matched-care model of psychological interventions, with structured assessment processes to identify needs and a range of low-intensity interventions available to meet the needs of C&YP. Developed with other members of CAMHS MDT and partner agencies.	Medium (15%)	Group development time, CAMHS training plan to identify service needs, training for staff involved in groups, availability of physical resources for groups, administrative support for groups	Agreement with CAMHS management for involvement of MDT in psychological interventions. Involvement with partner agencies in provision of interventions within community settings (e.g., Education), Support of CAMHS to develop groups, availability of training.	Lack of capacity within CAMHS teams to support interventions. Attrition rate associated with group interventions; clear re-engagement pathways. Limited effect upon need for individual interventions. Mitigated by quality training and delivery of groups from evidence-based programmes. Agreement and support via CAMHS Clinical Governance Group.
	2. Therapy specific waiting lists (e.g., IPT, CBT)	Small (5%)	Administrative support required	Agreement across CAMHS to develop these. Benefit if linked to CAMHS training priorities and skill-mix.	Easier identification of specific demand for service and highlight opportunities for group work and joint-working between disciplines. Improved ability to identify ring fenced time from clinicians. Greater ability to identify training needs. Risk of fragmentation of service mitigated by co-operation

					between CAMHS disciplines and link to CAMHS training priorities and skill-mix.
	3. Development of new neurodevelopmental service outwith CAMHS (see detail in CAMHS section of Improvement Plans). This will significantly reduce proportion of clinical time dedicated to neurodevelopmental assessment and follow-up	Large (15%)	Significant financial investment in staffing for new pathway. Need to re-allocate/ define resources from several disciplines	Financial investment from Partnership. Full engagement from NHS and partner agency services within A&A	Lack of financial investment. Risk mitigated by business plan and application for funding supported by senior management. Lack of engagement from services and agencies mitigated by involvement in implementation of pathway and recruitment of staff invested in its success.
	4. Planned Maternity Leave 0.6 8B Clinical Psychologist	Large negative (15%)	Small increase in underspend. May required additional administrative support and fixed-term monies.		Significant loss of capacity within team, including specialist service within CAMHS; significant loss of capacity in supervision and line-management. Increased pressure on administrative staff responding to waiting list queries. Increased pressure on team leaders and psychology leads in managing waiting lists and responding to queries. Mitigated by early advertisement of fixed-term post from underspend or potential for additional hours on an 'acting up' basis from existing staff team.
	5. Failure to reappoint to 0.7 8A clinical psychology post recently vacated	Large negative (10%)	Increase in underspend.		Significant loss of capacity within team, including neurodevelopmental service within CAMHS; significant loss of capacity in supervision.

					Additional pressures on admin, team leaders and psychology leads. Mitigated by recruitment to post.
Mar 2020	6. Development of CarePartner and PMS/ Trakcare to support caseload management through necessary reportable features.	Small (1%)	Funding required for electronic systems teams	Availability of electronic systems staff to support development and potential for change in existing systems	Carepartner does not assist us with case load management. The work list needs to be reportable and activity associated with the user should also be reportable. Discipline discharge is also required.
June 2020	1. Failure to appoint to 1.0 Band 5 Assistant Psychologist post at end of SG fixed-term (March 2020) funding	Medium (10%)	Nil	Requirement for other clinical staff to absorb workload, with time spent on duties that could be fulfilled by Assistant Psychologist. Increased pressure on administrative staff responding to waiting list queries. Increased pressure on team leaders and psychology leads in managing waiting lists and responding to queries.	Loss of capacity across teams, including aspects of neurodevelopmental service within CAMHS. Mitigated by provision of permanent post and recruitment to this.

Medical Paediatric Psychology Service

1. The LDP Standard for Psychological Therapies is for at least 90% of people to start treatment within 18 weeks of referral. **Please complete the table with your trajectory for meeting the standard by, or before, December 2020.**

Quarter ending	Mar 2019	Jun 2019	Sep 2019	Dec 2019	Mar 2020	Jun 2020	Sep 2020	Dec 2020
Performance against the LDP standard (%)	100%	100%	100%	85%	100%	100%	100%	100%

2. **Please describe the actions that will be taken each quarter to deliver the above trajectory, the expected impact of these actions on progress towards the standard, and any associated dependencies and risks.** Actions might include for e.g.: recruitment of specific staff; waiting list initiatives; improvement work to improve processes; wider system change; etc. An example is included in the table below.

Quarter ending	Action(s)	Forecast impact on standard	Funding – source and amount	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate
March 2019	1. Recruit 0.6wte temp 8b by rebanding existing 8a staff member to cover leadership role of career break staff member	Small (1-5%)	From within existing sources	Provide leadership within the psychology team and wider medical paediatric service. Provide stability and increase staff morale.	Recruitment process can be lengthy leading to delay in appointment.
	2. Recruit 0.6wte temp 8a to cover clinical role of career break	Medium (5-15%)	From within existing sources	Dependant of HR and organisational process.	Recruitment process can be lengthy leading to delay in appointment. Short-term contracts can be unattractive and appointees often leave prior to end of contract. Impact on standard will not be realised until staff member in post – likely to be Sept 2019.
June 2019	1. Continue to deliver service as current.				

September 2019	1. Continue to deliver service as current.				
December 2019	1. Planned maternity leave 0.6wte 8a Clinical Psychologist	Large Negative (15-30%)	Small increase in underspend if contract of temp staff not extended.	Possibility to extend contract of temp staff depends of them still being in post and willing to consider extension.	Significant loss of capacity within team. Short term post to be advertised from underspend, Possibility to extend contract of appointed temp staff.
	2. Return of 0.6wte 8b psychologist	Large (15-30%)	From within existing sources	Increase in capacity and through-put. Increase clinical expertise within department with return of senior staff.	
Mar 2020-Dec 2020	1. Continue to deliver service as current				

Physical Health Psychology Service

1. The LDP Standard for Psychological Therapies is for at least 90% of people to start treatment within 18 weeks of referral. **Please complete the table with your trajectory for meeting the standard by, or before, December 2020.**

Quarter ending	**Mar 2019**	**Jun 2019**	**Sep 2019**	**Dec 2019**	**Mar 2020**	**Jun 2020**	**Sep 2020**	**Dec 2020**
Performance against the LDP standard (%)	95%	69%	**67%**	75%	79%	83%	83%	90%

2. **Please describe the actions that will be taken each quarter to deliver the above trajectory, the expected impact of these actions on progress towards the standard, and any associated dependencies and risks.** Actions might include for e.g.: recruitment of specific staff; waiting list initiatives; improvement work to improve processes; wider system change; etc. An example is included in the table below.

March 2019	1. Chronic pain business case – prepare and submit business case for additional resource to Board.	None until agreed and finance released.		Preparatory work for business case being done by existing clinical staff. Bid dependant on multidisciplinary input.	Bid may not be successful or may not be successful in its entirety.
	2. Waiting list initiative – chronic pain service	Medium (5-15%)	Central budget underspend	Increase in capacity and throughput, dependent on availability and willingness of staffing and supervision/admin.	Increased load on existing staff, out with working hours, potential for admin lag. Need for managers to be fully aware of process
	3. Opt-in specialities that breach standard.	Small (1-5%)	From within existing sources	Additional load on admin.	
	4. Make vetting process in General medical speciality more rigorous	Small (1-5%)	From within existing sources	Dependant on information from referrers from non-mental health speciality.	Time spent by clinicians seeking further information could impact on their clinical capability. Suitable patients may get vetted out due to poor provision of information rather than inappropriateness for service.

June 2019	1. Chronic pain business case – awaiting outcome of business case 2. Extend waiting list initiative to general medical speciality	Medium (5-15%)	Central budget underspend	Board process. Increase in capacity and throughput, dependent on availability and willingness of staffing and supervision/admin.	Dependant of success of business case. This service has experience 100% increase in referrals in the last 4 years with no additional resource. A waiting list initiative will only act to temporarily reduce waits without long-term sustainability of reduced waits.
September 2019	1. Chronic pain business case – advertise post(s)	None	From within existing resource	Dependant on HR and recruitment process timescales.	Dependant of success of business case.
December 2019	1. Chronic pain business case - recruit	Large (15-30%)		Increase in capacity and throughput. Dependant on HR and recruitment process timescales.	Dependant of success of business case.

Community Paediatric Psychology Service

1. The LDP Standard for Psychological Therapies is for at least 90% of people to start treatment within 18 weeks of referral. **Please complete the table with your trajectory for meeting the standard by, or before, December 2020.**

Quarter ending	Mar 2019	Jun 2019	Sep 2019	Dec 2019	Mar 2020	Jun 2020	Sep 2020	Dec 2020
Performance against the LDP standard (%)	0%*Compliance is more typically around 30%, hence the starting base for these figures is low.	25%	35%	35%	60%	70%	80%	90%

2. **Please describe the actions that will be taken each quarter to deliver the above trajectory, the expected impact of these actions on progress towards the standard, and any associated dependencies and risks.** Actions might include for e.g.: recruitment of specific staff; waiting list initiatives; improvement work to improve processes; wider system change; etc. An example is included in the table below.

Quarter ending	Action(s)	Forecast impact on standard	Funding – source and amount	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate
Sept 2019	1. Clarity on criteria for Psychology waiting list	Small (5 – 10%)	From within existing resources	Agreement across Community Paediatric and consultation with CAMHS service.	Tighter focus on service provision to identified population.. Mitigated by identification of gaps in service that might be filled by appropriate service and community based resources e.g. OSS.
	2. Introduction of individual caseload management via caseload review tool and outcome measures to increase throughput of cases	Medium (10%)	From within existing resources	Pressure from other services/ disciplines to maintain caseload. Support for clinical staff to discharge patients.	Limited number of experienced supervisors to oversee caseload management. Increased risk to patients and organisation in situations where individuals are discharged and subsequently experience harm. Mitigated by

					agreed risk assessment and management procedures within the service.
	3. Start of Assistant psychologist in fixed term post. Release up to 8 sessions of qualified Clinical Psychologist time in undertaking observations, completing focal pieces of clinical work and preparing resources.	Medium (5-15%)	From within existing resources		Fixed term until March 2020. If post is not continued likely to lose current post-holder prior to end of contract with loss of capacity from qualified staff once more.
	4. Loss of staff member	Large negative (15-30%)	Increase in underspend		Requirement for other clinical staff to absorb workload. Increased pressure on administrative staff responding to waiting list queries. Increased pressure on psychology lead in managing waiting lists and responding to queries
	5. Failure to make current 8A fixed–term Scottish government post permanent	Large negative (15-30%)	Increase in underspend		Current post-holder likely to leave within 2-3 months if post not confirmed as permanent. Unlikely would be able to recruit to remainder of term – to march 2020. Requirement for other clinical staff to absorb workload. Increased pressure on administrative staff responding to waiting list queries. Increased pressure on psychology lead in managing waiting lists and responding to queries.

Dec 2019	1. Development of workshops on introduction to psychological work and behavioural principles. To be offered to families prior to beginning 1:1 work. Brief intervention for those requiring minimal input and to increase engagement and efficacy of 1:1 treatment. 2. Development of new neurodevelopmental service outwith Community Paediatrics (see detail in CAMHS section of Improvement Plans; new service will support children who might otherwise have accessed CAMHS or Community Paeds). This will significantly reduce proportion of clinical time dedicated to neurodevelopmental assessment and follow-up.	Medium (5 - 15%) Large (35%)	From within existing resources. Group development time, availability of physical resources for groups, administrative support for groups Significant financial investment in staffing for new pathway. Need to re-allocate/ define resources from several disciplines	Support of other disciplines/ agencies in supporting this approach Financial investment from Partnership. Full engagement from NHS and partner agency services within A&A	Attrition rate associated with group interventions; clear re-engagement pathways. Limited effect upon need for individual interventions. Mitigated by quality training and delivery of groups from evidence-based programmes. Lack of financial investment. Risk mitigated by business plan and application for funding supported by senior management. Lack of engagement from services and agencies mitigated by involvement in implementation of pathway and recruitment of staff invested in its success.
Mar 2020	1. Development of groups based on STEPPS program for selected groups of parents prior to engage in psychological work on behavioural and emotional regulation difficulties for their children	Medium (5 - 15%)	Potential additional cost attached to training to use this model) OR From within existing resources. Group development time, training for staff involved in groups, availability of physical resources for groups, administrative support for groups	Work with staff within AMH Psychology to develop an appropriate model.	Attrition rate associated with group interventions; clear re-engagement pathways. Limited effect upon need for individual interventions. Mitigated by quality training and delivery of groups from evidence-based programmes.

Older Adult Psychology Service

1. The LDP Standard for Older Adult Psychological Therapies is for at least 90% of people to start treatment within 18 weeks of referral. **Please complete the table with your trajectory for meeting the standard by, or before, December 2020.**

Quarter ending	Mar 2019	Jun 2019	Sep 2019	Dec 2019	Mar 2020	Jun 2020	Sep 2020	Dec 2020
Performance against the LDP standard (%)	99%	99%	99%	99%	99%	99%	99%	99%

2. **Please describe the actions that will be taken each quarter to deliver the above trajectory, the expected impact of these actions on progress towards the standard, and any associated dependencies and risks.** Actions might include for e.g.: recruitment of specific staff; waiting list initiatives; improvement work to improve processes; wider system change; etc. An example is included in the table below.

Quarter ending	Action(s)	Forecast impact on standard	Funding – source and amount	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate
March 2019	1. Inpatient pilot – dedicated clinical sessions allocated to two clinicians	Medium (5-15%)	From within existing sources	Increased administrative load.	Short-term reduction in community case load monitored in weekly meetings
	2. Introduction of case management – revised job plans	Medium (5-15%)	From with existing sources	Increased adherence to appropriate case numbers	Lowering of staff morale; Increased communication and transparency regarding intention and aim. Vulnerability to change due to other service developments.
	3. Assistant Psychologist (1.0WTE) providing clinical and administrative support - ongoing	Medium (5-15%)	From Scottish Government underspend to March 2020(dropped 0.3WTE)		Supervision requirements for non-qualified staff member (weekly with 8A Clinical Psychologist); however, mitigates risks for working unsafely etc.
	4. Capability Pathway 1.0WTE 8a Clinical Psychologist	Large Negative (15-30%)	NES temporary funding		Weekly meetings to review waiting list regarding risks of

	(0.2WTE Clinical Psychologist 8B)				breaching to be able to respond timeously if required.
	5. Regular attendance at CMHTE referral meetings – consultation	Small (1-5%)	From within existing sources		Inequitable resource allocated to different areas – Assistant Psychologist allocated one meeting to facilitate communication.
	6. Weekly vetting meetings	Small (1-5%)	From within existing sources		
June 2019	1. CBT teaching and coaching groups to Elderly Mental Health (main referrers)	Small (1-5%)	From within existing sources	CBT resource in EMH lower since 2018 due to retiral of 1.0 WTE CBT therapist in EMH. Two 0.2WTE CBT therapists employed this year, supervised by 8B Clinical Psychologist (group supervision).	Attendance at offered CBT groups dependent on staff not managed by OAPS. Managed by agreeing dedicated time from EMH Line Managers and feeding back attendance. Ongoing evaluation from and of group members and responding to feedback.
	2. Inpatient pilot end – develop inpatient referral criteria	Small (1-5%)	From within existing sources		Inpatient service manager resistance – managed via liaison with appropriate leads regarding criteria.
	3. Stress & Distress informed practice teaching	Small (1-5%)	From within existing sources		
	4. Planned Maternity Leave 0.7WTE 8a Clinical Psychologist	Large Negative (15-30%)		See below. Inpatient criteria will absorb Psychiatric Liaison cases with no dedicated time allocated. Both	Significant loss of capacity within team. Proposed bid for 0.5 WTE 8A has been submitted.

				Consultant Psychiatrists in EMH-Liaison team will not be available as of this time period (one due to leaving post and the other on maternity leave) which may impact on referrals.	
Sept 2019	1. Assistant Psychologist (1.0WTE) providing clinical and administrative support – ongoing as above 2. Regular attendance at CMHTE referral meetings – consultation, - ongoing as above 3. Weekly vetting meetings – ongoing as above				
Dec 2019	1. Assistant Psychologist (1.0WTE) providing clinical and administrative support – ongoing as above 2. Regular attendance at CMHTE referral meetings – consultation, - ongoing as above 3. Weekly vetting meetings – ongoing as above				
Mar 2020	1. Temporary funding for posts ends (2.0 WTE – 1.7WTE				Significant loss of capacity within team. Proposed bid for 0.5 WTE

	Clinical Psychologists and 1.0 Assistant Psychologist)				8A and Clinical Nurse Specialist has been submitted.
Jun 2020	See all previous ongoing actions				
Sep 2020	See all previous ongoing actions				
Dec 2020	See all previous ongoing actions				

Neuropsychology Service

1. The LDP Standard for Psychological Therapies is for at least 90% of people to start treatment within 18 weeks of referral. **Please complete the table with your trajectory for meeting the standard by, or before, December 2020.**

Quarter ending	Mar 2019	Jun 2019	Sep 2019	Dec 2019	Mar 2020	Jun 2020	Sep 2020	Dec 2020
Neuropsychology	95%	95%	95%	80%	84%	90%	90%	90%

2. **Please describe the actions that will be taken each quarter to deliver the above trajectory, the expected impact of these actions on progress towards the standard, and any associated dependencies and risks.** Actions might include for e.g.: recruitment of specific staff; waiting list initiatives; improvement work to improve processes; wider system change; etc. An example is included in the table below.

Quarter ending	Action(s)	Forecast impact on standard	Funding – source and amount	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate
March 2019	2. Clinically Urgent patients (diagnostic) are prioritised as is ward work. 3. Employment of 0.8 wte clinical psychologist 4. Opt in initiative for wait list	Small (0%) Small (1-5%) Small (1_5%)	From within existing sources From with existing sources From existing sources		Administrative load to activate the opt in for the waiting list – potential to redistribute some the task within the admin team. . New member of staff – need to ensure they do not become overloaded too quickly with the volume of clinical work. Department induction and supervision to be in place and functioning well in advance of taking on cases Board employment of locum neurologist likely to increase referral rate to acute neuropsychology, especially for diagnostic work. Close monitoring and distribution of referral criteria to locum service via the medical clinical lead will be required. Job planning for consultant clinical psychologist will result in a change of remit but will not

					increase clinical capacity for acute neuropsychology but will for neurorehab.
June 2019	1. Introduction of NES education group	Medium (5-10%)	From within existing sources	New psychologist will need to familiarise self with education materials and process for onward referral. Administration load required to activate and the group	Protection of clinical time to allow for this process which will initially affect clinical capacity
	2. Increased capacity from new 0.8 wte clinical psychologist	Medium (5-15%)	From existing resources	Access to clinical space not within our control within the acute sector	Utilise current vacant space due to maternity leave – project clinical need and communicate with acute sector to enable increased clinical space
Sept 2019	1. Return of 1.0wte Clinical Psychologist from maternity leave	Large (20%)	From existing resources		Increase in breaches due to routine cases being engaged more frequently and backlog being reduced.
	2. Introduction of mood well being group for neurological conditions	Med (10%)	From existing resources	Administrative load to start the group Importance of data collection to evaluate the clinical impact of the group to	Bedding in the distress thermometer into PD clinics to ensure correct patients are referred to the group and or service – promote education into the acute teams to familiar themselves with the stepped care model of psychological care for their patient populations.
December 2020	Continue with the above actions	Medium			

North AMH Psychology Service

1. The LDP Standard for Psychological Therapies is for at least 90% of people to start treatment within 18 weeks of referral. **Please complete the table with your trajectory for meeting the standard by, or before, December 2020.**

Quarter ending	Mar 2019	Jun 2019	Sep 2019	Dec 2019	Mar 2020	Jun 2020	Sep 2020	Dec 2020
	60%	60%	55%	65%	70%	75%	85%	90%

2. **Please describe the actions that will be taken each quarter to deliver the above trajectory, the expected impact of these actions on progress towards the standard, and any associated dependencies and risks.** Actions might include for e.g.: recruitment of specific staff; waiting list initiatives; improvement work to improve processes; wider system change; etc. An example is included in the table below.

Quarter ending	Action(s)	Forecast impact on standard	Funding – source and amount	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate
June 2019	1. Advertise for 1.0 WTE Psychologist	nil	Funding from existing budget	Post was planned as additional resource but will be covering for maternity leave for 1st year (see Sept 19).	
September 2019	1. Participate in redesign of community mental health services in North- merge CBT waiting lists.	Large Negative (15-30%)	From existing resources	This action is contingent on progress with wider service re-modelling. Combined numbers of merged CBT list will be around 130. New model of care has potential to increase demand on Psychology team further in short term, particularly through lack of capacity	Decreased morale among CAAPs, clinical nurse specialists who will see waiting times increase. Need to review core business of service. In long term with partner buy-in, service should have increased control over waiting list and referral stream. Opportunity to look at ways to address high levels of re-referrals from within

				among nurses to provide psychological interventions.Disruption to service as staff are relocated.	CMHS to psychology = 33.3% est. Changes made incrementally= hard to predict.
	2. Planned Maternity Leave 1.0 8a Clinical Psychologist	Large Negative (15-30%)	Small increase in underspend		Significant loss of capacity within team; limited cover from WL clinics. Loss of supervision/consultation resource to in-patient service for North patients at Woodland view. There will be only 0.8 WTE clinical psychologist available for cognitive testing until next quarter) and supervision of Clinical psychology trainees.
	3. Waiting List Reduction Clinics	Medium (5-15%)	Central budget underspend	Increase in capacity and throughput, dependent on availability of staffing and supervision/admin. Dependent on negotiating funding for increased admin support	Possible that there will be limited interest (as before). For those who do come forward there will be increased workload which could impact on stress levels. Potential for admin lag due to increased demand.
	4. Review counselling waiting list	Small (1-5%)	From existing resources	Patients might be transferred to other waiting lists, so that numbers will not decrease overall, although suitability might be matched better.	Potential impact on morale of staff from reviewing vetting decisions.
December 2019	1. Return of 1.0wte Clinical Associate from maternity leave	Small (1-5%)	From existing resources	Mat leave ends around October (tbc). Temporary contract due to end in	Liaise with managers to look for permanent funding

				March	
	2. Participate in redesign of community mental health services in North: Changes made incrementally from previous period	nil		This action is contingent on progress with wider service re-modelling. There may be ongoing disruption to service..	Decreased morale and increased stress through process of change will need managed.
	3. Design transdiagnostic therapy group for patients transitioning from PCMHT to new model of care	nil	From within existing sources	Group needs to be developed according to evidence based practice to fit with overall model of care. This will require considerable input from Psychology staff and admin to manage wait.	This will initially lead to increase wait in averaged trajectory as staff need to free up capacity but a small benefit should become more apparent over time.
	4. Possible sharing of 0.2 WTE Clinical Associate based in East CMHT	Small (1-5%)	From within (East) existing source	Depends on demand-capacity in East team	
	5. New 1.0 wte Psychologist commences post in CMHT.	Large (8-10%)	From within existing sources	Available clinic space to meet expected clinical capacity for this post-holder. Admin support to enable timely uptake and throughput of cases.	Regular line management meetings at outset and supervision established to support new staff member reduce capacity of consultant psychologist. Lack of experience requires planned CPD over 1-2 years to skill up to manage complexity.
March 2020	1 Increase frequency of mindfulness stress reduction groups	Small (1-5%)	From within existing sources	Anticipated that when service redesign is settled we could make more use	Increased demand on CAAP facilitator who will also be trying to address long CBT waiting list

	2 Start transdiagnostic therapy group for patients transitioning from PCMHT to new model of care	Small (1-5%)	From within existing sources	of mindfulness groups across Psychology service.	(see Sept 19). Might need to look for co-facilitator
June 2020	Dependent on outcome of above actions and new model of CMHS				
September 2020	Return of 1.0wte Principal Psychologist from maternity leave	Medium (10%)	From existing resources	Mat leave ends around August 2020. This will allow us to make use of full establishment of Psychology staff	Psychologist may request reduction in hours on return to 0.8 WTE
December 2020	North Community will have completed redesign of service and will be functioning with full establishment of staff plus new recruits embedded				

South AMH Psychology Service

1. The LDP Standard for Psychological Therapies is for at least 90% of people to start treatment within 18 weeks of referral. **Please complete the table with your trajectory for meeting the standard by, or before, December 2020.**

Quarter ending	Mar 2019	Jun 2019	Sep 2019	Dec 2019	Mar 2020	Jun 2020	Sep 2020	Dec 2020
Performance against the LDP standard (%)	76%	84%	72%	74%	85%	86%	88%	90%

2. **Please describe the actions that will be taken each quarter to deliver the above trajectory, the expected impact of these actions on progress towards the standard, and any associated dependencies and risks.** Actions might include for e.g.: recruitment of specific staff; waiting list initiatives; improvement work to improve processes; wider system change; etc. An example is included in the table below.

Quarter ending	Action(s)	Forecast impact on standard	Funding – source and amount	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate
June 2019	1. New 1.0 wte Psychologist commences post in CMHT.	Medium (8-10%)	From within existing sources	Available clinic space to meet expected clinical capacity for this post-holder. Admin support to enable timely uptake and throughput of cases. CPD opportunities required to establish full capacity to manage complexity of caseload expected in CMHT Psychology.	Early liaison with stakeholders re post-holder. Establish balanced caseload ready for post-holder. Timely department induction. Job Plan outlined on commencement of post. Regular line management meetings at outset and supervision established to support new staff member. Lack of experience requires planned CPD over 1-2 years to skill up to manage complexity.
Sept 2019	1. 1.0 wte Experienced CAAP leaves PCMHT service middle of September. 2. Timely recruitment process	Large Negative (--17-20%)	From within existing sources.		Increase in CBT WL expected due to reduced capacity.

	commenced to replace 1.0 wte CAAP.	Negligible	From within existing sources	Time taken for scrutiny panel process. Timely liaison from recruitment/HR.	Timely completion/submission of recruitment paperwork. Monitor CBT WL with staff and utilise extra capacity within the speciality where appropriate.
	3. Manage capacity: Reduce CBT WL from 2 to 1 across Psychological Specialty. 4. Manage demand: Introduce CBT assessment clinics.	Medium (5-7%)	From within existing resource	Admin support required to facilitate and manage changes to CBT list/clinics (i.e. streamline systems/processes, manage assessment clinics, etc). Reduction in admin processes/demand once bedded in. Increased throughput and sign-posting.	Admin capacity. Navigating systems-Admin managing patients on 1 CBT list who will be on different databases (pcmht v cmht) with different centres of care/teams, until such time as wider service re-modelling occurs. Clarity for admin and clinicians will be provided from process mapping work. Clinicians will need support in CBT assessment clinics from senior staff regarding appropriate sign-posting.
	5. Principal Psychologist leads on recruitment and facilitation of 10 week Survive and Thrive course as part of complex trauma pathway, delivered with an MDT colleague.	Small (1-3%)	From within existing resource	Temporary reduction in capacity for psychologist (0.5 wte per week for 10 weeks). Psychologist is required to lead on this from a governance perspective.	Lack of appropriate cases from within psychological specialty. Plan recruitment in advance. Requested further national (& local) NES S&T training opportunities given good outcomes.
	6. Consultant Psychologist provides clinical supervision for 10 week Survive and Thrive course (1 hr fortnightly).	Small (0.5%)	From within existing resource.	MDT colleagues available to co-facilitate. Availability of NES S&T training to skill up other psychologists to share facilitation role. Awareness in team of selection	Clinical Outcomes analysed over consecutive groups to ensure effectiveness of treatment/mitigate risks.

				criteria/appropriate cases. Requires admin burden is shared with MDT colleague/co-facilitator.	
	7. Refine demand: Conduct review of suitability criteria for Psychological Specialty with stakeholders in MH service in South Ayrshire in preparation of re-modelling work.	Small (1-3%)	From within existing resource.	Service manager, Team Lead and wider MH staff engagement in the process. Increases awareness in stakeholders/referrers & reduces inappropriate referrals.	Lack of training and understanding of psychological interventions, matched/stepped care model and demands elsewhere, lead to potential disagreement. Requires communication and feedback with referrers. Requires consistent response to referrals and strong leadership.
	8. Refine demand: Share local framework with wider team regarding availability of high volume (HV) and low intensity (LI) interventions available as part of the stepped/matched care approach.	Small (1-3%)	From within existing resource	Consensus agreement with Senior manager, Team Leads and staff regarding roles and provision of psychological interventions at different levels of intensity. Requires local strategy relating to training and implementation of LI and HV for wider MH workforce in LI and HV psychological interventions.	Resistance and low morale in wider workforce re evidence base for psychological interventions and governance role, in light of competing demands & resources. Requires Integrated strategy around psychological interventions and forums/opportunities for senior staff to discuss/lead. Challenges to implementation of training and reduced governance of LI/HV interventions results in lack of delivery at this level and inappropriate referral on to the Psychological Specialty.

Dec 2019	1. Principal Clinical Psychologist reduces direct clinical capacity by 0.5-1.0 wte to provide 10 month placement for AMH Trainee Clinical Psychologist.	Medium Negative (- 5-8%)	From within existing resource	Liaison with stakeholders Admin support required. Clinic space available	Reduction in capacity and throughput of cases for Psychologist. Placement/competency difficulties resulting in increased demand on supervisors time (i.e., increased level of observations/recordings & liaison with stakeholders).
	2. Establish new PATS Model for South Ayrshire Psychological Specialty.	Medium (5-7%)	From within existing resource.	This action is contingent on progress with wider service re-modelling. Enables more flexible and effective use of psychology resource. Streamlines process. Administrative support/capacity required to facilitate changes with systems and processes. Once bedded in should result in reduction of admin tasks. Requires buy in from stakeholders and support from Senior Managers and TL's. Improves performance management ability. Provides psychological specialty staff with clarity of role. Increases capacity for some staff by removing unnecessary team related tasks.	Could be delayed-Contingent upon wider service re-modelling. Process mapping will provide clarity regarding processes for staff. Changes made incrementally. Regular communication with staff in both PCMHT and CMHT at business meetings. Re-modelling work done in a collaborative manner in partnership.

		Small (1-3%)			
	3. Two Principal Clinical Psychologists deliver 18 week Compassion Focussed Therapy Group (part of complex trauma pathway).		From within existing resource.	Requires reduction in capacity of 2 Psychologists in order to recruit to and deliver the group effectively. Dependent upon available cases on the psychology waiting list.	High attrition from group. Clear engagement policy Suitable cases may not come from within existing psychology WL (i.e., new demand). Clinical outcomes/qualitative feedback monitored to mitigate risks of delivery.
	4. Tighten referral requirements (i.e. stated clinical rationale) for intra-team referrals.	Small (1-2%)	From within existing resource	Require communication and engagement with MDT colleagues on this matter. Requires support from Team Lead.	Risk of referrals not accepted without adequate info/meeting new requirements. This will be raised at consecutive business meetings. MDT colleagues invited to attend psychological specialty referral meeting to discuss cases and increase awareness of expected referral practice.
March 2020	1. Recruitment: CAAP (1.0 wte) has commenced post and taken up full caseload.	Large (10%)	From existing resource.	Available clinic space to meet expected clinical capacity for this post-holder. Admin support to enable timely uptake and throughput of cases. CPD opportunities required to establish full capacity.	Early liaison with stakeholders re post-holder. Establish balanced caseload ready for post-holder. Timely department induction. Job Plan outlined on commencement of post. Regular line management meetings at outset and supervision established to support new staff member. Lack of experience requires planned CPD over 1-2 years to skill up to level required.

	2. Principal Psychologist leads on recruitment and facilitation of 10 week Survive and Thrive course for complex trauma, delivered with an MDT colleague.	Small (1-3%)	From existing resource.	As Above	As above
	3. Consultant Psychologist provides clinical supervision for 10 week Survive and Thrive course (1 hr fortnightly).	Small (0.5%)	From existing resource	As Above	As Above
June 2020	1. Audit patient attendance rates & implementation of psychological specialty attendance policy.	Small (1-3%)	From existing resource	Increased focus on this in clinical supervision, reinforced via line management. Communication with staff and engagement by staff.	Anxiety in staff. /fear of complaints. Support staff in making difficult decisions/having difficult conversations. Keep on the agenda of business meeting.
Sept 2020	1. Principal Psychologist leads on recruitment and facilitation of 10 week Survive and Thrive course for complex trauma, delivered with MDT colleagues.	Small (1-3%)	From existing resource	As Above	As Above
	2. Consultant Psychologist provides clinical supervision for 10 week Survive and Thrive course (1 hr fortnightly).	Small (0.5%)	From existing resource	As Above	As Above
	3. A CAAP shadows above activity with a view to leading on similar intervention for	Small negative (- 3-5%)	From existing resource	Requires temporary reduction in CAAP capacity (0.5 wte per	Small increase in CBT WL length. Increase in CAAP knowledge. Development of novel initiative for

	milder trauma/PTSD population.			week).	milder trauma population going forward. Meeting local demand mitigates risk.
Dec 2020	1. Clinical Psychologist leads on delivery of 18 week Compassion Focussed Therapy Group (part of complex trauma pathway) & in new PAT model a CAAP is introduced as co-facilitator.	Small 1-3%	From existing resource	Reduction in capacity for CAAP & Psychologist. CAAP will require CFT CPD/training. Requires existing cases on Psychology WL. Requires admin support to arrange screening appointments.	Introducing a CAAP as co-facilitator frees up a psychologist for highly specialist level intervention whilst retaining appropriate governance levels for the CFT group (1 Psychologist will continue to lead). Small increase in CBT WL length due to temporary reduction in CAAP capacity.
	2. Principal Clinical Psychologist reduces direct clinical capacity by 0.5-1.0 wte to facilitate supervision of AMH Trainee Clinical Psychologist.	Medium Negative (5-8%)	From existing resource	As Above	As Above

East AMH Psychology Service

1. The LDP Standard for Psychological Therapies is for at least 90% of people to start treatment within 18 weeks of referral. **Please complete the table with your trajectory for meeting the standard by, or before, December 2020.**

Quarter ending	Mar 2019	Jun 2019	Sep 2019	Dec 2019	Mar 2020	Jun 2020	Sep 2020	Dec 2020
	25%	17%	37%	42%	47%	60%	75%	90%

2. **Please describe the actions that will be taken each quarter to deliver the above trajectory, the expected impact of these actions on progress towards the standard, and any associated dependencies and risks.** Actions might include for e.g.: recruitment of specific staff; waiting list initiatives; improvement work to improve processes; wider system change; etc. An example is included in the table below.

Quarter ending	Action(s)	Forecast impact on standard	Funding – source and amount	Interdependencies (i.e. between performance, funding, workforce, partners)	Risks and steps to mitigate
March 2019	• Change to model of delivery of Psychological Specialty AMH delivering care to patients in acute MH inpatient wards. East now have commitment to offer 1 session per week.	Small negative (1-3%)	Existing resource	Stakeholders wish further discussions about model of delivery this may or may not have impact on demand capacity.	Internal management of demand has reduced referral rates in collaboration with partners and stakeholders. Changes in staffing within other disciplines may impact on this.
	• Commencement of two (2 wte) fixed term (until end March 2020) Clinical Associates in Applied Psychology. Commitment that one of CAAP will have a one ring fenced day per week (including admin, patient work) from September 19 to March 20	Medium positive (5-15%)	Temporary fixed term NES funded posts		Newly qualified staffing requiring investment in increased supervision for senior staff Risk of temporary posts that either or both will secure other posts (have planned permanent CAAP post in South due for advert).

	• To ensure equity of access to high intensity Cognitive Behavioural Therapy merged two treatment waiting lists one hosted in PCMHT for treatment delivered by CAAP (1.5 wte permanent clinicians & longest wait 75 weeks RTT) and other hosted in CMHT for treatment delivered by CNS in CBT (0.7 wte & longest wait 60 weeks RTT). By end of the merger 59 patients were on the waiting list (patients who had been offered appointments in April and May were not counted in this number).	Small positive (1-3%)	From existing resource	Required joint working and significant support from admin colleagues.	Patients that previously waited solely on 0.7 wte clinician now have opportunity to be seen by additional clinicians. Large waiting times means this will only have an impact for the sake on compliance on those patients meeting criteria for priority.
	• Ongoing commitment from Consultant Clinical Psychologist to contributing to the PCMHT/CMHT review. Through multidisciplinary subgroup lead on generating proposal to assist managing waiting times.	Medium negative (-5-15%)	From existing resource	East Partnership senior managers presented one alternative proposal & generating another. Review undertaken for one year still no shared vision on service improvements/redesign.	Subgroup proposal noted (information gathered as evidence) that CPN in CMHT are not delivering low intensity psychological interventions and that they have limited capacity among their other core duties to deliver psychologically informed work. Risk is that Psychological Specialty are receiving greater volume of referrals ; also that the dose (number of sessions required) from the Psychological Specialty clinicians is greater given that the greater scope of psychological work needs to be covered. Also risk that as role of CPN in delivering psychologically informed interventions such as

					safety and symptom stabilisation is not established that there will be miscommunication and deterioration in working relationships between CPN and other clinicians. When review is complete it is planned that all Psychological Specialty clinicians will be hosted by only one functional team – this will have potential impact on where receive admin & on administrative base for clinicians.
	• 0.8 wte 8b Clinical Psychologist commenced maternity leave	Medium negative (-5-15%)	From existing resource		Leading up to maternity leave has not been in a position to commence new treatment cases leading to increasing waiting times. Specialty now only has 1.4 wte. Planning for this the part-time Consultant Clinical Psychologist took on clinical supervision of first year Trainee Clinical Psychologist (12.5% of their overall capacity) & also absorbed line management of Trainee Clinical Psychologist & supervision of Clinical Psychologist this has had a significant negative impact on capacity to offer treatment appointments. Increased demands on remaining clinicians potential to lead to admin backlog.
June 2019	May • Identified pattern within EAPCMHT of under vetting	Medium negative (-5-	From existing resource		If patients are suitable for counsellor then they are likely to

	referrals for consideration by counsellors. Carrying out review of referrals into Self Help Worker treatment waiting list (current longest wait RTT 34 weeks) early indication that significant percentage will be suitable for an assessment with counsellor.	15%)			have already waited for in excess of 18 weeks RTT. Will use the information from this review (and a previous one) to assist the Primary Care Practitioners whom vet to improve identification of suitable cases, to improve patient pathway.
	June • Two permanent part-time (collectively 1.5 wte) 8a Clinical Psychologists commencing.	Small negative (-1-5%)	From existing resource	Available clinic space to meet expected clinical capacity for this post-holder. Admin support to enable timely uptake and throughput of cases. CPD opportunities required to establish full capacity.	Will have a positive impact on the patient numbers waiting, however, given the significant wait times main impact will have on assisting compliance is that can take on any priority referrals more quickly as more capacity. Indeed potentially overall may have a negative impact on compliance given that there will be a significant volume of patients waiting over 18 weeks being taken off the waiting list.
	• Two fixed term CAAP continuing to develop their caseload	Medium positive (5%)			
September 2019	• 2 fixed term CAAP will be position to refresh a percentage of their caseload.	High positive (20%)			Anticipated that after 5 months there will be movement and volume of additional patients commencing treatment. Risk of further periods of absence from within the HI CBT which would have negatively impact on
	• Additional 8a role to address backlog	Medium (15%)	Dependent on additional resource	Requires Head of Mental Health approval	

					capacity.
December 2019	• Return of 0.7wte Clinical Psychologist from maternity leave. • Nearing end of fixed term CAAP (2.0wte) contract. Compile evidence of impact to date on waiting times and compliance.	Small positive (1-5%)	From existing resources	Mat leave ends around December (tbc).	Will have a positive impact on the patient numbers waiting, however, given the significant wait times main impact will have on assisting compliance is that can take on any priority referrals more quickly as more capacity. Liaise with managers to look for opportunities to secure permanent funding. Needs to be consideration of impact additional clinical resource will have on admin colleagues. Prior to fixed term CAAP commencing was considerable negotiation over this issue.
March 2020	• Return of 0.8wte 8b Clinical Psychologist from maternity leave	Medium positive (5-15%)	From within existing sources	Mat leave ends around February (tbc). Anticipate that there will be pressure on providing adequate admin when at full establishment (already in discussion with Admin manager about this).	Anticipated that since June will have had 2.2 wte Clinical Psychologist resource more than currently, so being back to original full establishment of Psychologists creates opportunity to make significant improvement to patient numbers waiting and the wait times. Noted as small rather than medium as 8b has additional duties to clinical duties e.g. line manging Trainee Clinical Psychologist. Risk of further

	• Current planned end End of fixed term CAAP contracts	Medium negative (5-15%)			periods of absence from within the Psychologists which would have negatively impact on capacity.
June 2020	Audit patient attendance rates & implementation of psychological specialty attendance policy.	Small (1-3%)	From existing resource	Increased focus on this in clinical supervision, reinforced via line management. Communication with staff and engagement by staff. Looking at other models for example in acute services.	Anxiety in staff. /fear of complaints. Support staff in making difficult decisions/having difficult conversations. Keep on the agenda of business meeting.
September 2020	Continue discussions with admin manager regarding having access to dictation	Small (1-3%)	Need additional capacity in admin resource	Only able to acquire dictation when medically required by a clinician during a temporary condition.	If continues to be no access to this facility then the burden of additional administrative tasks will fall on clinicians and have an impact on their capacity to see patients.
December 2020	Having full establishment of Clinical Psychologists (most for a period of 12 months)	High positive (10-20%)	From existing resource		Anticipated that after 12 months there will be movement and volume of additional patients commencing treatment. Risk of further periods of absence from within the Psychologists which would negatively impact on capacity.

Integration Joint Board
26th September 2019

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

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
CYCJ	Centre for Youth and Criminal Justice
ASN	Additional Support Needs
R&R	Residential and Respite

1.	**EXECUTIVE SUMMARY**
1.1	This report informs members of the Integration Joint Board (IJB) of the work undertaken within the North Ayrshire Health and Social Care Partnership (NAHSCP) nationally, locally and Ayrshire wide.
2.	**CURRENT POSITION**
	<u>National Developments</u>
	Consultations
2.1	<u>Independent Review of Learning Disability & Autism in the Mental Health Act</u>
	The Independent Review of Learning Disability and Autism in the Mental Health Act is about to enter stage 3, its final stage. Stage 3 is a consultation about the changes needed in the law.

The consultation runs from **Friday 30 August until Friday 1 November**.
The Independent Review Mental Health Act (IRMA) would like to encourage as many people as possible to take part in stage 3. Please could you help us to spread the word amongst the people you know. This might be through networks you already have set-up for learning disability and autism in your local area.

	Direct links to the survey are available on the website. This will also be available in easy read - www.irmha.scot. More information about the review is available on the website (www.irmha.scot.uk).
2.2	Framework for Adult Protection Committees – Conducting Significant Case Reviews
	The Scottish Government previously sought views on responses to the consultation on the above framework. Further work to develop the guidance has taken place taking the responses to the consultation into account. The revised draft is now out for further comment and has been shared across our Adult Protection networks. The consultation will run until 16th September 2019.
2.3	**Scottish Government – Programme for Government**
	The Scottish Government have announced their Programme for Government which sets out a number of commitments aimed at improving the lives of care experienced people in Scotland. This includes infants, children & young people in care now, and adults who have been in care in the past who may still face disadvantages because of earlier experiences.
	The proposal include :-
	• Care experienced parents being able to access early years learning provision for their children, once their child reaches the age of two; • Removal of the age cap of 26 for the care experienced student bursary; • Access to a Job Grant up until the age of 26 to help with the costs of starting work; • Free access to dental health treatment up to the age of 26; • Legislative change to support brothers and sisters in care either staying together or continuing to see one another; • Access to discretionary housing benefit to help maintain tenancies.
	Ayrshire Wide Developments
2.4	Community Justice Ayrshire – Service User Involvement Initiative Launch
	Community Justice Ayrshire will host their Service User Involvement Initiative Launch event on **Thursday 31 October 2019** in conjunction with University or Strathclyde and Centre for Youth and Criminal Justice (CYCJ). The event will act as a launch for the project guide produced by the University of Strathclyde and the Centre for Youth and Criminal Justice (CYCJ) and will also give delegates an opportunity to hear from the three service user involvement groups that have been established in Ayrshire. More details on the project can be found on their website http://www.communityjusticeayrshire.org.uk/2019/07/10/service-user-involvement-guide-inclusive-justice-co-producing-change/.
	The learning from the project to date has been significant, including positive impact that involvement in the groups has had on justice service users and also justice social work staff members across Ayrshire.

	North Ayrshire Developments
2.5	Ground Breaking, Residential & Respite – 16th September
	On Monday 16th September, the first piece of turf was cut at the ground-breaking ceremony for two new facilities for children and young people across North Ayrshire. An Additional Support Needs (ASN) School and a Respite and Residential (R&R) facility will sit alongside each other on the grounds next to Auchenharvie Academy.
	The development - a £30million Education Service and Health and Social Care Partnership (HSCP) project - will be the first of its kind in Scotland and will provide a unique learning and living environment for young people.
	The ASN school – which will replace James McFarlane, James Reid, Stanecastle and Haysholm – will provide modern, fully accessible facilities for 200 young people from ages two to 18 with a range of additional needs
	The school will include sensory spaces, a swimming pool, a hydrotherapy pool and enhanced outdoor learning spaces including an outdoor rebound area and external classrooms. It will also include facilities for health and social care colleagues to access, incorporating first-aid, therapy and treatment facilities.
	The R&R facility will incorporate an eight-bedroom respite facility for young persons with additional support and health needs, along with an eight-bedroom residential facility which will provide a specialist environment for young people with severe and complex needs.
2.6	Intergenerational Working
	Partnership working between the Health & Social Care Partnership, North Ayrshire Council's Communities Directorate & partners who deliver group care settings for older people in North Ayrshire, has led to the creation of a North Ayrshire intergenerational working case study booklet. This booklet shares some of the excellent examples of intergenerational working that is taking place across North Ayrshire and highlights the huge advantages this has for the residents of North Ayrshire. 
	A digital copy of the case study booklet can be accessed through this link Intergenerational Working. To find out more about intergenerational working in your local area, please visit North Ayrshire's Community Planning Partnership website (http://www.northayrshire.community/get-involved/youngpeople/). This website includes a download link to the case study booklet and an interactive map showing group care settings for older people, schools & community groups who are interesting in developing intergenerational working in their community.

2.7	Digital Resource for Carers

North Ayrshire Health and Social Care Partnership, in collaboration with Carers UK/Scotland, have a digital resource of a number of digital products and online resources, to provide comprehensive information and support for carers.

This digital platform has a vital role to play in supporting carers, and digital solutions can prove both cost effective and highly beneficial. Staff who care for family members or friends due to illness, disability etc. can also access this resource.
Further information is available from Kerryanne Owens on 01294 317784 or kerryowen@north-ayrshire.gov.uk

2.8	Community Eating Disorder Service

The Community Eating Disorder Service recently received a generous donation of £2000 from a Kilwinning teenager who used the service during her battle with Anorexia Nervosa. The teenager's mum founded the Eat It, Beat It, Defeat It Eating Disorder Group which raised the sum by taking on the Muddy Trial at Craufurdland Castle earlier this summer.

3.	**PROPOSALS**
3.1	**Anticipated Outcomes**
	Not applicable.
3.2	**Measuring Impact**
	Not applicable
4.	**IMPLICATIONS**

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

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

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

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

Agenda Item 6

Integrated Joint Board
26 September 2019

Subject:	**North Ayrshire Health and Social Care Partnership Integration Joint Board - Community Alarm/Telecare Service transition from Analogue to Digital (IP)**
Purpose:	That the North Ayrshire Health and Social Care Partnership update the Integrated Joint Board on the transition for Community Alarm/Telecare Services transition from Analogue to Digital Service Internet Protocol (IP)
Recommendation:	The Integrated Joint Board is asked to: (i) Note the content of the report; (ii) Consider the information and proposals/implications detailed therein.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
NAHSCP	North Ayrshire Health and Social Care Partnership
TEC	Technology Enabled Care
TSA	Telecare Service Association
IP	Internet Protocol

1.	**EXECUTIVE SUMMARY**
1.1	This report outlines how the North Ayrshire Health and Social Care Partnership will support North Ayrshire individuals through the Telecommunication providers Analogue to Digital switchover. Community Alarm/Telecare users, in North Ayrshire, currently receive their service via technology supported by analogue phone lines however from 2025 the current analogue system will be completely terminated and replaced by a digital Internet Protocol (IP) system. Therefore Community Alarm/Telecare users will require to have digital phone lines, in place within their homes, in order to access Telecare and Community Alarm technology from 2025 onwards.
2.	**BACKGROUND**
2.1	North Ayrshire Health and Social Care Partnership currently delivers a Community Alarm and Telecare service to over 5,000 individuals across North Ayrshire both on the mainland and islands of Cumbrae and Arran. Individuals who access the Community Alarm and Telecare system have to have technology installed by NAHSCP staff, which is connected through their analogue phone lines, allowing them to access and request help and support via a Call Monitoring and Alarm Receiving Centre. The Call Monitoring and Alarm Receiving Centre, once an individual requests support, will direct calls to a variety of sources including NAHSCP Telecare/Community Alarm staff; Medical services; Emergency services; Family; Next of Kin.

2.2	Users of the Community Alarm/Telecare service in North Ayrshire currently generate, in excess of 20,000 calls, via Community Alarm/Telecare equipment, per month, with the Community Alarm/Telecare staff responding to approximately 5,000 alarm activations each month.
2.3	Community Alarm/Telecare users have a main Community Alarm unit installed in their homes, which can allow for numerous peripherals to be added, in order to support and monitor individuals and to assist them remain independent in their own homes. Examples of peripheral technology includes things such as Smoke Detectors, Flood Detectors, Falls Detectors, Property Exit Sensors, Epilepsy Sensors etc.
2.4	This technology is vital in supporting individuals in North Ayrshire to continue to live safely in their own homes, with access to care and support when required. Community Alarm/Telecare technology is also utilised throughout North Ayrshire to: support individuals' home from hospital; to avoid/prevent hospital admissions and to minimise individuals requiring to leave their homes and move into long term care settings.
2.5	Telecommunications providers, of which there are over 600 in the UK, have confirmed that all analogue telephone services will be switched off and replaced by digital systems by 2025. Ofcom and telecommunication providers have confirmed that systems which are currently reliant on analogue and voice band data will be affected by this change. This includes systems such as security alarms, cash terminals, fire alarms and Community Alarm/Telecare systems. Both BT and Virgin have commenced the transition from analogue to digital and both companies have stated they will be ceasing installations of analogue telephone lines in 2022. From that period onwards both of those providers will only offer digital services.
	<u>Associated Risks</u>
2.6	Ofcom and the Telecare Standards Association, (TSA), are working alongside the Technology Enabled Care sector, Regulators and the Scottish Government to understand the challenges presented by this transition and to support Partnerships/Local Authorities through this process. A number of concerns and risks associated with the transition have been highlighted and these are detailed below. • Individual Telecommunications providers will work to different timescales within their own operational and strategic plans. This will have implications for individuals within North Ayrshire who receive telecommunication services from a wide range of providers as they may transition sooner than the 2025 deadline. There is currently no definitive date of when in 2025 the transition to digital will occur.
	• Some telecommunications providers have commenced using digital switch networks and it has been documented with Ofcom that there have been instances that this has interfered with the functionality of current equipment providing Telecare service, resulting in a loss of information.
	• North Ayrshire Health and Social Care Partnership has spent an average of £191,634 per year in purchasing new Community Alarm/Telecare equipment in the last three years, (16/17, 17/18, 18/19). The Telecare equipment providers have all already indicated that the costs for Partnerships/Local Authorities to purchase the new digital equipment will be significantly higher. From the evidence already available the prices of the new equipment are actually double the current costs.

	• At present a lot of Community Alarm/Telecare equipment is recycled. For the first 12 months of the 2025 implementation it is envisaged that there will be no opportunity to recycle any equipment. This, again, will have a negative budgetary impact for the Partnership.
	• Providers of Community Alarm/Telecare equipment continue to undertake testing to identify interoperability and establish how much, if any, of current equipment will be compatible with the digital system. However, it is likely that upgraded digitally enabled Community Alarm/Telecare equipment will require to be installed for the majority of users to ensure people continue to have access to support via their Community Alarm/Telecare equipment.
	• Digitally enabled Community Alarm/Telecare equipment, whilst currently available, is in the early stages of development and is significantly more expensive to purchase and maintain than existing equipment. Health and Community Care staff have already begun to explore the range of digitally enabled equipment available but because a lot of it is still being tested for it is operability and connectivity, it has been decided not to begin to purchase this until such times as confirmation of suitability has been determined.
	• North Ayrshire's geographical footprint is, in many areas rural and isolated with areas where signal strength is poor or indeed non-existent. Therefore there are risks associated with digital connectivity and availability of digital service.
	• Digital equipment will not offer the same back up provision that currently exists within the analogue system. Currently there is a 24 hour back up provided by the analogue system in the event of power failures etc., When the systems transfer over to digital the standards around this kind of support will vary between each telecommunication provider. For example, BT are stating that, in the event of a power outage, their digital solution may only provide back up for up to one hour whilst Virgin's proposal is more in line with the current position of 24 hours. Other telecommunication providers have yet to identify their positions on this. Therefore within Health and Community Care there will require to be several business continuity/escalation plans regarding each of the providers once their positions become solidified. Currently within Health and Community Care the Community Alarm/Telecare service has commenced ingathering the details of each Community Alarm/Telecare users' phone provider. It is anticipated that BT, Virgin and Sky will be the three main telecommunication providers across North Ayrshire.
	• Current research and understanding of security and protection of data is limited and this needs to be considered as digital equipment is further developed.
	• Testing has commenced with the main telecommunication provider, BT, using a lab to test their digital networks with Community Alarm/Telecare equipment. However the outcome of this has not yet been released.

	• The transition to digital may be more costly to users as line rental costs will increase to broadband rental costs. Therefore individuals may cancel their much needed Community Alarm/Telecare service due to those costs and thus potentially place themselves at risk. This could have further knock on ramifications for the Partnership, for example, individuals requiring more substantial care packages or no longer being able to remain at home. This would have a negative impact on the budgets.
	• Community Alarm/Telecare installations will become more complicated as installation will be dependent on signal strength.
2.7	<u>Call Monitoring and Alarm Receiving Centre</u> Hanover Scotland currently provide Call Monitoring and Alarm Receiving services for North Ayrshire and this contract is in place until 31 August 2020, with an option to extend for one further year to 31 August 2021.
	Hanover has an Integrated Services Digital Network (ISDN) solution in both its Glasgow and Edinburgh sites. ISDN is designed for handling multiple voice calls however this is different from the digital system that will be required for the transition.
	Hanover has confirmed that by October 2019 they will have a digital device to digital alarm receiving centre test environment. This is to test out their ability to receive digital calls and Hanover will utilise this to test the various protocols required for Call Monitoring and Alarm Receiving with a digital system.
	Hanover has confirmed that they will provide digital and analogue connection for as long as it is possible, which will help support Partnerships/Local Authority with migration.
2.8	<u>Community Alarm and Telecare Equipment Costs</u> As already outlined there will financial implications for the Partnership with the transition from analogue to digital. Scottish Government has already stated that there is no additional money to support Partnerships/Local Authorities with the transition of analogue to digital and that any financial implications have to be met by each individual Partnership/Local Authority area.
	Within Community Care Services the team has commenced an action plan regarding the preparation work that is required in the lead up to transition commencing in 2022. However there are still so many variables to be finalised that it makes some of that work difficult. What is evident though is that new digital Community Alarm/Telecare equipment is going to be more costly than the existing analogue equipment. Taking it on the average spend of £191,634 per year, currently, from 2022 the average cost would escalate to £383,268 annually.
	In addition, none of the Telecare providers have confirmed, as yet, that the current analogue equipment will be in any way compatible with the digital system. Ergo if the Partnership had to replace the current analogue equipment with an updated digital version of kit for every single user, utilising the service at present, then that would be a minimum additional cost of £975,000 to the Partnership over 2022 to 2025. As already outlined the developers of the new equipment have still to confirm the compatibility of the existing equipment with the new digital kit. However it is important for the IJB to be aware of the possible financial implications.

3.	**PROPOSALS**
3.1	It is important that the IJB are sighted on the aforementioned digital development and the possible proposals that may require further exploration. These are: • The Community Alarm/Telecare service is a generic service and is currently not age or condition restrictive. In consideration of the potential cost implications linked to the digital transition and beyond there may be the requirement for the introduction of a specific eligibility criteria to access the Community Alarm/Telecare service. It should however be noted that this would have consequences for individuals in North Ayrshire and may increase reliance on other care and support services. • Due to the requirement to review all of the individuals who have Community Alarm/Telecare equipment and the possibility of having to replace existing Community Alarm/Telecare equipment there will be significant cost implications relating to the implementation of this project. Both of the aforementioned points will be explored in a further paper to the IJB once clearer implementation timescales have been given by the Telecommunication providers; the Telecare equipment providers and the Scottish Government.
3.2	**Anticipated Outcomes**
	The anticipated outcomes of this paper are to update the Integrated Joint Board on the potential impact of the forthcoming analogue to digital transition. By early identification of the proposals, financial implications and potential risks it is anticipated that the service will be in a stronger position to plan and deliver a safe and effective switchover for Community Alarm/Telecare users in North Ayrshire.
3.3	**Measuring Impact**
	Not Applicable
4.	**IMPLICATIONS**

Financial:	There will be financial implications linked to the costs associated with the analogue to digital switchover. Further details of what those are will be provided in a later paper to the IJB.
Human Resources:	There are no implications for NAHSCP staff as a result of this report.
Legal:	There are no known legal implications as a result of this report.
Equality:	There are no equality implications as a result of this report.
Children and Young People	There may be implications for Children and Young People who currently utilise Community Alarm/Telecare services in North Ayrshire.
Environmental & Sustainability:	There are no Environmental or Sustainability implications as a result of this report.
Key Priorities:	The information contained within this report, and associated risks, may have implications for Key Priorities within the Partnership.
Risk Implications:	There are Risk Implications, and these have been outlined in section 2.1
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	Representatives from Community Care Services have been involved in regular consultation with the TSA, Scottish Government, Telecommunication and Telecare providers. This consultation will continue throughout the preparation for transition from analogue to digital and will incorporate consultation with users of Community Alarm/Telecare services in North Ayrshire. In addition staff from the Community Care Services team are members of the networking groups who meet to discuss this transitional programme of work and the implementation of the analogue to digital strategy.
6.	**CONCLUSION**
6.1	Members of the IJB are asked to note the information included within this report. A further paper will be submitted at a later date to provide an updated position regarding the analogue to digital transition.

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NORTH AYRSHIRE
Health and Social Care Partnership

Agenda Item 8

Integration Joint Board
26 September 2019

Subject:	**Budget Monitoring – Month 4 (July 2019)**
Purpose:	To provide an update on financial performance to July 2019, including the projected outturn for the 2019-20 financial year.
Recommendation:	It is recommended that the IJB: a) Note the projected year-end overspend of £1.997m; b) Approves the financial recovery plan detailed in Appendix D; c) Approve the changes in funding as detailed in section 2.11 and Appendix E; and d) Note the potential impact of the Lead Partnerships.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
MH	Mental Health
CAMHS	Child & Adolescent Mental Health Services
BRAG	Blue, Red, Amber, Green
UNPACS	UNPACS, (UNPlanned Activities) – Extra Contractual Referrals
CRES	Cash Releasing Efficiency Savings
NES	NHS Education Scotland – education and training body
NRAC	NHS Resource Allocation Committee

1.	**EXECUTIVE SUMMARY**
1.1	The report provides an overview of the financial position for the partnership and outlines the projected year-end outturn position informed by the projected expenditure and income commitments, these have been prepared in conjunction with relevant budget holders and services. It should be noted that although this report refers to the position at the July period end that further work is undertaken following the month end to finalise projections, therefore the projected outturn position is as current and up to date as can practicably be reported.
1.2	The projected outturn is a year-end overspend of £1.997m for 2019-20 which is a favourable movement of £0.804m from the previous reporting period. There is scope for this position to fluctuate due to in-year cost and demand pressures and assumptions in relation to funding and the achievement of savings. The position at June was a projected overspend of £2.8m and it was noted at that time if there remained a forecast overspend in the July period that a financial recovery plan would be developed and presented to the IJB for approval. This requirement is set out in the Integration Scheme and a financial recovery plan is included for approval at Appendix D. These actions will be put in place to progress delivering financial balance, the financial impact is estimated at this stage. Progress against the plan will

	be closely monitored as the IJB may be required to approve additional actions later in the financial year if the planned impact is not realised.
1.3	Since month 3 the underlying information supporting the projections has been reviewed with services and this has contributed to the overall reduction in the projected overspend. Whilst there has been some improvement in the overall position, the main areas of pressure continue to be learning disability care packages, care homes, care at home, looked after children, and adult in-patients within the lead partnership. Alongside the specific actions outlined in the financial recovery plan services will continue to deploy tight financial management controls to support bringing expenditure back into line with budget.
1.4	It is essential that the IJB operates within the delegated budget and commissions services from the Council and Health Board on this basis as financial balance needs to be achieved. The service transformation programme and the delivery of those service changes will be at the forefront as this will have the greatest impact on the delivery of financial balance and the ongoing sustainability and safety of services.
2.	**CURRENT POSITION**
2.1	The report includes an overview of the financial position including commitments against the available resource, explanations for the main budget variances, an update on progress in terms of savings delivery and action required to work towards financial balance.
	FINANCIAL PERFORMANCE
2.2	Against the full-year budget of £242.858m there is a projected overspend of £1.997m (0.82%). An integrated view of the financial position should be taken; however, it is useful to note that this overall position consists of a projected overspend of £2.263m in social care services offset by a projected underspend of £0.266m in health services. The Integration Scheme outlines that there is an expectation that the IJB takes account of the totality of resources available to balance the budget in year. Appendix A provides the financial overview of the partnership position. The sections that follow outline the significant variances in service expenditure compared to the approved budgets with detailed analysis provided in Appendix B.
2.3	**Health and Community Care Services**
	Against the full-year budget of £67.704m there is a projected overspend of £1.104m (1.6%). The main reasons for the projected overspend are: a) Care home placements including respite placements – projected to overspend by £0.157m which is a favourable movement of £0.156m. This is mainly due to funding a number of emergency respite placements on a permanent basis which brings the care home respite budget online but increases the overspend on permanent placements to £0.357m. This was agreed as it was likely that the emergency placements would not be discharged, and it allows the permanent placements to be financially assessed with the individual contributing appropriately to their care. Permanent placements will continue to be managed to bring the budget back into line. The projection can vary due to factors other than the number of placements e.g. the impact of interim funded places and outstanding requests for funding, this will require to be monitored closely.

These overspends are partially offset by a projected over-recovery of Charging Order income of £0.200m which is based on income received to date and improved processes to track the charging orders.

b) Independent Living Services are projected to overspend by £0.316m which is due to an overspend on physical disability care packages within the community and residential packages. This is a favourable movement of £0.105m which is mainly due to two packages transferring to Learning Disability services. Both the community and residential packages continue to be reviewed and reduced where appropriate. There will be further work undertaken with the implementation of the Adult Community Support framework which will present additional opportunities for reviews and will ensure the HSCP only pay for the care delivered.

c) Packages of care are projected to underspend by £0.103m which is a favourable movement of £0.160m. This is due to delays in new packages offsetting the use of supplementary staffing for existing packages, this has improved from the 2018-19 position.

d) Care at home (purchased and in house) projected to overspend by £0.498m which is a favourable movement of £0.278m. The overspend is due to an increase in provided hours and the budget being reduced to reflect the 2019-20 approved saving (purchased care). The overspend on in-house services relates to providing additional hours to cover a service that a provider handed back and the in-house service had to increase capacity to ensure the safety of vulnerable service users within the community of the North Coast locality. The favourable movement in the projection relates to an assumption that the number of hours currently being invoiced will reduce following an internal review of the hours provided. The service currently has, between hospitals and community individuals waiting on a care at home package and individuals waiting on an increase in their care packages.

e) Long Term Conditions (Ward 1), projected overspend of £0.264m (adverse movement of £0.003m) which is mainly due to an overspend in employee costs to ensure staffing levels are at a safe level. This is a recurring pressure for which funding requires to be identified. This will be reviewed during 2019-20 along with other wards. Ward 2 is projected to be online, but this is subject to receiving £0.504m of funding from East HSCP for their patients, East have indicated their intention to reduce the number of commissioned beds.

f) District Nursing is projected to break even (adverse movement of £0.028m). This is after applying £0.075m of payroll turnover.

g) Community Care employee costs are projected to overspend by £0.288m (adverse movement of £0.034m) due to supernumerary / unfunded posts. These posts will be allocated to the appropriate service to manage the costs within the delegated budget in period 5.

h) Locality services employee costs are projected to overspend by £0.145m (adverse movement of £0.181m) due to a projected shortfall in payroll turnover targets.

i) Carers Act Funding is projected to underspend based on the currently committed spend. This could fluctuate depending on the volume of carers' support plans undertaken and the level of demand/services identified from

	these plans. This underspend will be used in the first instance to fund the projected overspend on care home respite placements.
2.4	**Mental Health Services**
	Against the full-year budget of £75.202m there is a projected overspend of £1.276m (1.7%). The main reasons for the projected overspend are: • Learning Disabilities – projected overspend of £1.329m, of which £0.932m is in relation to community care packages (favourable movement of £0.499m) and £0.358m for residential placements (adverse movement of £0.098m). The favourable movement in the projection relates to an assumption that the level of invoice variations will be higher than previously assumed and some slippage with planned new packages. These overspends are partially offset by vacant posts. • Community Mental Health – is projected to underspend by £0.053m (adverse movement of £0.061m) mainly due to vacancy savings (after allocating £0.090m of payroll turnover) and an underspend in care packages. • Addictions – is projected to be underspent by £0.090m (favourable movement of £0.009m) due to vacant posts. • Lead Partnership for Mental Health – overall projected overspend of £0.090m (adverse movement of £0.274m) which consists of: *Overspends:* • Adult inpatients £0.589m (adverse movement of £0.075m) - mainly due to the delay in closing the Lochranza ward on the Ailsa site. The ability to close Lochranza will be dependent on discharging at least two patients. The projection also assumes that a fifth bed will be sold by October 2019. • Psychiatry £0.045m (adverse movement of £0.011m) - primarily due to agency costs. Agency staff are used in the absence of being able to recruit permanent posts. • UNPACS £0.242m (adverse movement of £0.122m) – based on current placements and an increased charge from the state hospital for the period April to August 2019. *Underspends:* • CAMHS £0.255m (favourable movement of £0.015m) – due to vacancies and delays with recruitment. This is after applying £0.150m of payroll turnover. • Psychology £0.160m (favourable movement of £0.003m) – due to vacancies. This is after applying £0.150m of payroll turnover.

	• Adult Community Mental Health £0.069m (favourable movement of £0.004m) - due to vacancies. • MH Pharmacy £0.154m (favourable movement of £0.044m) – due to continued lower substitute prescribing costs. • MH Admin £0.116m (favourable movement of £0.007m) - due to vacancies. Note that elderly inpatients are reporting an adverse position at month 4 due to holding vacancies in relation to reconfiguring the wards. This resulted in using supplementary staff in the interim, but it is assumed to be online following implementation of the elderly mental health review.
2.5	**Children & Justice Services**
	Against the full-year budget of £35.745m there is a projected overspend of £0.919m (2.6%) which is an adverse movement of £0.220m. The main reasons for the projected overspend are: a) Residential Schools and Community Placements – projected overspend of £1.371m (adverse movement of £0.319m). The projection is based on the current number of placements and estimated discharge dates for each placement based on the support from the mainstreamed Challenge Fund investment. The discharge dates have slipped from the plan at the month 3 position. There are currently 28 placements including 1 on remand (ends September 2019) and 2 secure placements. The projection assumes 2 discharges in August 2 in October and 5 in December with the remaining 18 assumed to be still in a placement at the year end. There is no provision for any increase in placements. To bring this budget online the discharge dates for each person would need to be brought forward and this may not be possible for all placements. To minimise the impact of this overspend the underspends being reported below for looked after children and children with a disability will need to be maintained which means any additional demand would need to be cost neutral. b) Looked After Children Placements – projected underspend of £0.136m due to the current demand for fostering, adoption and kinship payments. There has been no movement in this position from month 3. c) Early Years – projected to underspend by £0.044m (favourable movement of £0.016m) mainly due to the level of vacancies in heath visiting. This is after allocating £0.200m of payroll turnover and accounting for £0.175m of potential additional costs for the regrading of the HV posts. **d)** Children with Disabilities Residential Placements – projected underspend of £0.365m (favourable movement of £0.085m) due to one child transitioning to adult services and another planned to transfer to Trindlemoss.
2.6	**Management and Support Costs**
	Against the full-year budget of £9.620m there is a projected underspend of £1.241m (12.9%) which is a favourable movement of £0.537m. This underspend relates to the potential delay in commitment for pressure funding set aside in the 2019-20 budget, the requirement for this funding will need to be closely monitored and may require to be delegated to services as and when required.

2.7	**Primary Care and Prescribing** Prescribing is the responsibility for the Health Board to fund and under the terms of the Integration Scheme the Health Board continues to underwrite the prescribing position across the three Ayrshire IJBs. At month 4 prescribing is projected to be online at the year end.
2.8	**Savings Progress** a) The approved 2019-20 budget included £6.134m of savings.

BRAG Status	Position at Budget Approval £m	Position at Period 4 £m
Red	-	0.543
Amber	2.980	2.589
Green	3.154	3.002
Blue	-	-
TOTAL	**6.134**	**6.134**

b) The projected year-end outturn position assumes:

i) £0.215m of the Red savings in relation to reducing LD sleepovers may not be delivered as planned and this is reflected in the overall projected outturn position; and

ii) The £0.328m risk of savings relating to Trindlemoss is partially reflected (£0.178m) in the projected overspend position as there is ongoing work to establish the deliverability of the saving given that the savings were based on the service being operational from September.

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

The projected financial position assumes that all remaining savings on the plan will be delivered. Progress with savings delivery requires to be closely monitored to ensure the impact on the financial position can be assessed and corrective action taken where necessary. Appendix C provides an overview of the savings plan.

The Transformation Board is in place to provide oversight and governance to the programme of service change. A focus of the Board is to ensure plans are in place to deliver savings and service change, with a solution focussed approach to bringing programmes back on track.

2.9	**Financial Recovery Plan**
	The projected outturn at June was an estimated year-end overspend of £2.8m. When this position was reported to the IJB it was noted that a financial recovery plan would require to be developed and implemented a projected overspend remained for the July period. The forecast year-end overspend has improved but this has not reduced to a level where there is confidence that financial balance can be delivered without putting in place targeted measures to address the projected overspend.

	The Integration Scheme requires the implementation of a recovery plan if an overspend position is being projected, to take action to bring overall service delivery back into line with the available resource. The financial recovery plan is included in Appendix D. This includes specific targeted actions with a focus on addressing the pressure areas, the actions will not only improve the projected overspend this year but will also address recurring overspends in service areas moving into future years. The plan requires the IJB support and approval, while many of the plans are operational management actions there may be some resistance from service users and communities to any changes to care packages and services. The plan will be monitored closely and is underpinned by more detailed plans with clear actions for high risk service areas. One of the most significant risk areas is Learning Disabilities, a more detailed plan with all actions including tracking progress with reviews is co-ordinated between the service and finance and transformation team. Weekly cross-service progress meetings are being held to track progress and ensure are implemented at pace. The overall recovery plan will be an iterative document to remain under review. Progress with the plan will be monitored against to ensure it has the required impact and this will feature in future reporting to the IJB. There is a risk that if the planned impact is not achieved that further actions will require to be added to the plan and these may include actions that would impact on the quality and performance of front-line services. The plan also highlights areas where a future policy decision may be required by the IJB to support delivery, where required this will be brought back to the IJB.
2.10	**Financial Risks**
	The 2019-20 budget setting paper noted unfunded pressures which could present a risk to the projected outturn position. This included: a) Intermediate Care and Rehab investment was funded by the Health Board on a part-year basis in 2018-19. The business case was predicated on acute hospital savings offsetting the investment, however with the approach taken to pass through the funding uplift there is an expectation that the IJBs will fund the full year impact of the investment. Currently there is part year funding in the IJB budget to support the investment for about 6 months, the full year impact would be a further £0.280m assuming no recruitment to unfilled posts. b) Paid as if at work is a pressure relating to health employed staff and the payment of a holiday pay element for regular additional payments, e.g. overtime. The cost across the Health Board is estimated to be £1.4m but is unclear at this stage what the cost will be for each service, for North Ayrshire this is estimated to be around £0.2m. When the cost pressure value is known the partnership will look to services to fund from within existing resources where possible. c) There is a potential pressure in relation to GP practices in difficulty. This is a dynamic pressure which we will look to manage in-year. If this cannot be achieved, then the default position would be to fund the North fair share of this (circa £0.2m) from any underspend in the Primary Care Improvement Fund (PCIF).

	In addition to these pressures there is a potential reduction to the funding available for Ward 2 in Woodland View as East HSCP are reviewing the number of beds they want to commission from the ward. The IJB may be asked to take further decisions during 2019-20 in relation to managing the above pressures.
2.11	**Budget Changes**
	The Integration Scheme states that "*either party may increase it's in year payment to the Integration Joint Board. Neither party may reduce the payment in-year to the Integration Joint Board nor Services managed on a Lead Partnership basis…..without the express consent of the Integration Joint Board".* Appendix E highlights the movement in the overall budget position for the partnership following the initial approved budget. ***Reductions Requiring Approval:*** The specific reductions that the IJB are required to approve are: 1) Superannuation reduction £0.270m – the funding for the NHS superannuation uplift was assumed to based on budgeted figures but should have been based on actual costs which were less, this is an adjustment to the additional funding provided at the start of the year. 2) Action 15 £0.485m – reduction to reflect the actual amount to be received in 2019-20. 3) IT circuit costs £0.003m – a transfer of funds to IT to cover a circuit required to roll out the former Challenge Fund project to into Kilwinning Academy. 4) ADP funded CLD officer costs to education £0.031m – the ADP have agreed to fund a CLD officer who is based in education services. It is recommended that the IJB approve the budget reductions outlined above. ***Future Planned Changes:*** Further areas which are outstanding and will be included in future reports include: The transfer of the Douglas Grant and Redburn rehab wards from acute services to the North HSCP. The operational management of these wards has already transferred to the partnership, but the due diligence undertaken on the budget has highlighted a funding shortfall. It has been agreed with NHS Ayrshire & Arran that the financial responsibility will not transfer until balance is found. In the meantime, we are managing services and working to reduce the projected overspend prior to any transfer.
2.12	**Lead Partnerships**
	North Ayrshire HSCP

	Services managed under Lead Partnership arrangements by North Ayrshire Health and Social Care Partnership are projected to be £0.104m overspent. Full detail on the underspend is given in section 2.4 above.
	South Ayrshire HSCP Services hosted and/or led by the South Partnership are forecast to be online. An overspend on incontinence advisors is more than offset by an underspend on the Community Equipment Store. The Community Equipment Store was funded an additional £0.280m in budget setting, although it should be noted that expenditure is volatile depending on the timing of purchases.
	East Ayrshire HSCP Services managed under Lead Partnership arrangements by East Ayrshire Health and Social Care Partnership are projected to marginally overspend by £0.288m in total. The overall Primary Care Lead Partnership projected overspend is £0.266m and this projected variance mainly relates to additional payments within Primary Medical Services to GP practices currently experiencing difficulty (mainly practices that the NHS Board is administering due to previous GPs handing back contracts). The GP practices in difficulty issue is extremely fluid however negotiations are progressing with practices with a view to them returning to independent contractor status. Additional Ayrshire Urgent Care Services costs resulting from increased rates being paid to attract GPs over certain periods can prove challenging to fill without financial incentives. These additional costs are partially offset by savings in Dental services.
	Further work is being taken forward to develop a framework to report the financial position and impact of risk sharing arrangements across the 3 partnerships in relation to hosted or lead service arrangements. This is to ensure the IJB are fully sighted on the impact for the North Ayrshire partnership. The IJB will be kept informed of progress with this work which is being progressed by the Ayrshire Partnership Finance Leads. At month 4 the impact of the Lead Partnerships has been calculated based on the average NRAC share which is the method that was used in previous years and has been agreed by the Ayrshire Finance Leads. The NRAC shares are: North 36.6%, South 30.5% and East 32.9%
2.14	**Set Aside** The Integration Scheme makes provision for the Set Aside Budget to be managed in-year by the Health Board with any recurring over or under spend being considered as part of the annual budget setting process. The 2019-20 set aside budget for North HSCP is £30.094m, based on expenditure in 2018-19. The acute directorate, which includes the areas covered by the set aside budget, is overspent by £5.3m after 4 months. 58 additional and unfunded beds were open at the 31st March 2019. This had reduced to 42 by the 31st July 2019. The high level of delayed discharges at both Crosshouse and Ayr is causing increased operational pressure and additional expenditure. During 2018-19 the North Partnerships use of the set aside resources was £30.094m against the NRAC 'fair share' of £28.697m which is £1.127m above the 'fair share'. There is an expectation that the North Partnership will move towards its 'fair share'. The Models of Care programmes including the Intermediate Care and Rehab

	investment and the Palliative End of Life proposals being developed represent agreed or potential investment by NHS A&A to invest in community services with a view to reducing acute beds. This is in effect a mechanism to reduce the set aside resources.
3.	**PROPOSALS**
3.1	**Anticipated Outcomes**
	Implementing the financial recovery plan and continuing to closely monitor the financial position will allow the IJB to take the action where required to ensure the partnership can deliver services in 2019-20 from within the available resource, thereby limiting the financial risk the funding partners, i.e. NAC and NHS AA. The transformational change programme will have the greatest impact on the financial sustainability of the partnership, the IJB require to have a clear understanding of progress with plans and any actions that can be taken to bring the change programme into line.
3.2	**Measuring Impact**
	Updates to the financial position will be reported to the IJB throughout 2019-20.
4.	**IMPLICATIONS**

Financial:	The financial implications are as outlined in the report. Against the full-year budget of £242.858m there is a projected overspend of £1.997m (0.82%). The report outlines the action being taken and proposed action to reduce the projected overspend. There are a number of assumptions underpinning the projections which could change as we progress through the year. We will continue to work with services to ensure the most accurate and reliable position is reported. The financial recovery plan includes actions to reduce the totality of the projected overspend, this plan will require to be closely monitored and reviewed to determine if further actions may be required. The main areas of financial risk which may impact on this position are highlighted in the report.
Human Resources:	None
Legal:	None
Equality:	None
Children and Young People	None
Environmental & Sustainability:	None
Key Priorities:	None

Risk Implications:	Within the projected outturn there are various over and underspends including the non-achievement of savings which need to be addressed. If the financial recovery plan does not deliver the required improvements to the financial position, there is a risk that further actions will require to be identified and service quality and performance may be compromised to achieve financial balance.
Community Benefits:	None

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

4.	**CONSULTATION**
4.1	This report has been produced in consultation with relevant budget holders and the Partnership Senior Management Team. The report is shared with the Director of Finance for NHS Ayrshire and Arran and the Executive Director Finance and Corporate Support for North Ayrshire Council.
5.	**CONCLUSION**
	It is recommended that the IJB: a) Note the projected year-end overspend of £1.997m; b) Approves the financial recovery plan detailed in Appendix D; c) Approve the changes in funding as detailed in section 2.11 and Appendix E; and d) Note the potential impact of the Lead Partnerships.

For more information please contact:

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2019-20 Budget Monitoring Report–Objective Summary as at 31 July 2019

Appendix A

Partnership Budget - Objective Summary	2019/20 Budget									Over/ (Under) Spend Variance at Period 3	Movement in projected budget variance
	Council			Health			TOTAL				
	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
COMMUNITY CARE AND HEALTH	**54,743**	**55,835**	**1,092**	**12,961**	**12,973**	**12**	**67,704**	**68,808**	**1,104**	**1,511**	**(407)**
: Locality Services	24,802	25,500	698	4,486	4,396	(90)	29,288	29,896	608	711	(103)
: Community Care Service Delivery	26,014	27,005	991	0	0	0	26,014	27,005	991	1,190	(199)
: Rehabilitation and Reablement	1,765	1,772	7	1,912	1,805	(107)	3,677	3,577	(100)	(59)	(41)
: Long Term Conditions	1,803	1,193	(610)	4,574	4,789	215	6,377	5,982	(395)	(331)	(64)
: Integrated Island Services	359	365	6	1,989	1,983	(6)	2,348	2,348	0	0	0
MENTAL HEALTH SERVICES	**23,424**	**24,851**	**1,427**	**51,778**	**51,627**	**(151)**	**75,202**	**76,478**	**1,276**	**1,126**	**150**
: Learning Disabilities	17,693	19,130	1,437	511	403	(108)	18,204	19,533	1,329	1,505	(176)
: Commmunity Mental Health	4,366	4,356	(10)	1,611	1,568	(43)	5,977	5,924	(53)	(114)	61
: Addictions	1,365	1,365	0	1,345	1,255	(90)	2,710	2,620	(90)	(81)	(9)
: Lead Partnership Mental Health NHS Area Wide	0	0	0	48,311	48,401	90	48,311	48,401	90	(184)	274
CHILDREN & JUSTICE SERVICES	**32,135**	**33,006**	**871**	**3,610**	**3,658**	**48**	**35,745**	**36,664**	**919**	**699**	**220**
: Intervention Services	3,859	3,970	111	325	371	46	4,184	4,341	157	127	30
: Looked After & Accomodated Children	16,325	17,384	1,059	0	0	0	16,325	17,384	1,059	679	380
: Fieldwork	4,713	4,719	6	0	0	0	4,713	4,719	6	89	(83)
: CCSF	311	290	(21)	0	0	0	311	290	(21)	(28)	7
: Criminal Justice	2,627	2,627	0	0	0	0	2,627	2,627	0	0	0
: Early Years	394	362	(32)	2,868	2,856	(12)	3,262	3,218	(44)	(33)	(11)
: Policy & Practice	3,906	3,654	(252)	0	0	0	3,906	3,654	(252)	(149)	(103)
: Lead Partnership NHS Children's Services Area Wide	0	0	0	417	431	14	417	431	14	14	0
PRIMARY CARE	0	0	0	47,719	47,719	0	47,719	47,719	0	0	0
ALLIED HEALTH PROFESSIONALS				5,131	5,081	(50)	5,131	5,081	(50)	(45)	(5)
MANAGEMENT AND SUPPORT COSTS	7,713	6,636	(1,077)	1,907	1,743	(164)	9,620	8,379	(1,241)	(704)	(537)
CHANGE PROGRAMME	655	655	(50)	1,082	1,082	0	1,737	1,737	(50)	1	(51)
TOTAL	**118,670**	**120,983**	**2,263**	**124,188**	**123,883**	**(305)**	**242,858**	**244,866**	**1,958**	**2,588**	**(630)**
Return Hosted Over/Underspends East	0	0	0		0	(34)			(34)	56	(90)
Return Hosted Over/Underspends South	0	0	0		0	(32)			(32)	**52**	(84)
Receive Hosted Over/Underspends East	0	0	0		0	105			105	105	0
REVISED PROJECTED OUTTURN	**118,670**	**120,983**	**2,263**	**124,188**	**123,883**	**(266)**	**242,858**	**244,866**	**1,997**	**2,801**	**(804)**

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

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
COMMUNITY CARE AND HEALTH	**67,704**	**68,808**	**1,104**	
Locality Services	29,288	29,896	608	**Older People permanent care homes** - projected overspend of £0.357m based on 815 placements. Respite care is projected to be online. **Income from Charging Orders** - projected over recovery of £0.200m' I**ndependent Living Services :** * Direct Payment packages- projected underspend of £0.094m on 53 packages and a net decrease of 1 packages expected during the year.. * Residential Packages - projected overspend of £0.010m based on 35 packages. * Community Packages (physical disability) - projected overspend of £0.212m based on 50 packages **NHS Packages of Car**e - projected underspend of £0.103m due to use of supplementary staffing offset by slippage in other packages.
Community Care Service Delivery	26,014	27,005	991	**Care at home** - in house service - projected overspend of £0.083m based on the current level of contracted costs remaining until the year end. Care at home staff have been incurring additional hours as there are moratoria on four of the purchased care providers. - Purchased Care at home - projected overspend of £0.415m. This is after reducing the budget by £0.500m to reflect the agreed 19-20 saving. There are four moratoria in place but the hours purchased from other providers has increased. **Direct Payments** - projected underspend of £0.129m based on 36 packages continuing until the year end. **Transport costs** - projected overspend of £0.068m due to increase in staff mileage within care at home. **Admin costs** - projected overspend of £0.072m mainly due to mobile phone equipment. **Voluntary Organisations** - projected overspend £0.088m mainly in relation to the Alzheimer service. **Income** - projected over recovery £0.020m mainly in relation to Community Alarm income and CM2000 non compliance charges.

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
Rehabilitation and Reablement	3,677	3,577	(100)	**Employee costs -** projected underspend £0.121m due to vacancies.
Long Term Conditions	6,377	5,982	(395)	**Ward 1 -** projected overspend of £0.264m due to the use of supplementary staffing. **Ward 2 -** projected underspend of £0.022m assuming £0.504m of funding transfers from East HSCP in relation to Kirklandside patients. **Elderly CMHT -** underspend of £0.044m due to vacancies. **Carers Act Funding** - projected underspend of £0.500m based on the committed spend. This could fluctuate depending on the volume of carers' assessments undertaken and the level of demand/services identified from these assessments. This underspend will be used in the first instance to cover the projected overspend on care home respite placements.
Integrated Island Services	2,348	2,348	0	
MENTAL HEALTH SERVICES	75,202	76,478	1,276	
Learning Disabilities	18,204	19,533	1,329	**Residential Packages-** projected overspend of £0.358m based on 41 current packages and a net increase of 1 package until the year end. **Community Packages -** projected overspend of £0.932m based on 291 current packages less 5% invoice variances and a net movement in year of 3 new packages for provided packages. The projection assumes savings of £0.490m will be achieved. The projection for direct payments is based on 40 current packages with a net increase of 3 to the year end less £0.101m recovery of unspent balances. **Employee costs -** projected underspend £0.151m mainly due to vacant posts
Community Mental Health	5,977	5,924	(53)	**Residential Packages -** projected overspend of £0.023m based on 27 current placements with an assumed net reduction of 3 places by the year end. **Employee costs** - projected underspend £0.083m mainly due to vacant posts
Addictions	2,710	2,620	(90)	**Employee costs -** projected underspend £0.090m due to vacant posts **ADP** - projected online position.

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
Lead Partnership (MHS)	48,311	48,401	90	**Adult Community** - projected underspend of £0.069m due to vacancies. **Adult Inpatients**- projected overspend of £0.589m due to a delay in closing the Lochranza wards. Assumes a 5th bed is sold from October. **UNPACs** - projected overspend of £0.242m which includes the charges from the state hospital (April - August 2019). **LDS -** assumed online pending completion of the relocation of services to Woodland View. **Elderly Inpatients** - assumed online pending the finalisation of the elderly mental health bed redesign. **Addictions** - projected underspend of £0.030m due to vacancies. **CAMHS** - projected underspend of £0.255m due to vacancies. **MH Admin** - projected underspend of £0.116m due to vacancies.. **Psychiatry** - projected overspend of £0.045m due to agency costs. **MH Pharmacy** - projected underspend of £0.154m mainly within substitute prescribing. **Psychology**- projected underspend of £0.160m due to vacancies. **Action 15** - assumed online position
CHIDREN'S AND JUSTICE SERVICES	**35,745**	**36,664**	**919**	
Intervention Services	4,184	4,341	157	**Employee costs -** projected overspend of £0.068m mainly due to incremental drift. **Supported Carers Scheme -** projected overspend of £0.024m based on 6 carers supporting 6 children. **Transport Costs** - projected overspend of £0.035m in relation to mileage costs.

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
Looked After & Accom Children	16,325	17,384	1,059	**Looked After Children placements - projected underspend of £0.136m based on the following:-** **Kinship -** projected overspend of £0.023m. Budget for 339 placements, currently 339 placement but projecting 356 placements by the year end. **Adoption -** projected overspend of £0.007m. Budget for 74 placements, currently 74 placements. **Fostering** - projected underspend of £0.030m. Budget for 120 placements, currently 122 placements but projecting 116 placements by the year end. **Fostering Xtra** - projected underspend of £0.151m. Budget for 32 placements, currently 27 placements but projecting 23 placements by the year end. **Private fostering -** projected overspend of £0.006m. Budget for 11 placements, currently 11 placements. **IMPACCT carers** - projected underspend of £0.016m. Budget for 4 placements, currently 2 placements. **Residential School placements including community packages -** projected overspend of £1.371m. The projection is based on the current number of placements and estimated discharge dates for each placement based on the support from the mainstreamed Challenge Fund project. The discharge dates have slipped from the month 3 assumptions. There are currently 28 placements including 1 on remand (ends September 2019) and 2 secure placements. The projection assumes 2 discharges in August 2 in October and 5 in December with the remaining 18 assumed to be still in a placement at the year end. There is no provision for any increase in placements.
Fieldwork	4,713	4,719	6	**Outwith the threshold for reporting**
CCSF	311	290	(21)	**Outwith the threshold for reporting**
Criminal Justice	2,627	2,627	0	**Outwith the threshold for reporting**
Early Years	3,262	3,218	(44)	**Outwith the threshold for reporting**
Policy & Practice	3,906	3,654	(252)	**Employee costs -** projected overspend of £0.107m due to non achieved payroll turnover. **Residential Placements -** projected underspend of £0.365m due to one child transitioning to adult services and another assumed to be transferring to Trindlemoss.
Lead Partnership (CS)	417	431	14	**Outwith the threshold for reporting**

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
PRIMARY CARE	47,719	47,719	0	**Outwith the threshold for reporting**
ALLIED HEALTH PROFESSIONALS	5,131	5,081	(50)	**Outwith the threshold for reporting**
MANAGEMENT AND SUPPORT	9,620	8,379	(1,241)	**Projected underspend** - this underspend relates to pressure funding awarded as part of the 2019-20 and the pressures have not yet arisen. This funding will be closely monitored and delegated to services as and when required.
CHANGE PROGRAMME & CHALLENGE FUND	1,737	1,737	(50)	**Outwith the threshold for reporting**
TOTAL	**242,858**	**244,866**	**1,958**	

Threshold for reporting is + or - £50,000

2019-20 Savings Tracker

Appendix C

Savings reference number	Description	Responsible Senior Management Lead	Deliverability Status at budget setting	Deliverability Status Month 4	Approved Saving 2019/20 £	Net Saving Achieved at Period 4 £000's
	Health and Community Care					
SP-HSCP-19-02	Roll out of multidisciplinary teams - Community Care and Health	Helen McArthur	Amber	Amber	55,000	0
SP-HSCP-19-04	Day Centres - Older People	Helen McArthur	Green	Green	38,232	38,232
SP-HSCP-19-05	Deliver the Strategic Plan objectives for Older People's Residential Services	Helen McArthur	Green	Amber	130,350	0
SP-HSCP-19-09	Care at Home - Reablement Investment	Helen McArthur	Amber	Amber	500,000	0
SP-HSCP-19-12	Assessment and Self Directed Support	Isabel Marr	Green	Amber	150,000	0
NHS - HSCP-9	Packages of Care	Mary Francey	Amber	Green	150,000	0
	Mental Health and Learning Disabilities					
SP-HSCP-19-01	Integration of the Learning Disability team	Jan Thomson	Amber	Green	56,000	56,000
SP-HSCP-19-07	Mental Health - Tarryholme / Trindlemoss (Council element)	Jan Thomson	Amber	Red	328,000	0
NHS - HSCP-1	Trindlemoss (full year impact is £0.370m)* NHS element	Jan Thomson	Amber	Green	250,000	0
SP-HSCP-19-10	LD - Reduction to Sleepover Provision	Jan Thomson	Amber	Red	215,000	25,000
SP-HSCP-19-11	Reprovide Fergushill/Hazeldene at Trindlemoss & redesign commissioned services	Jan Thomson	Green	Amber	111,000	0
SP-HSCP-19-06	Adult Community Support - Commissioning of Services	Jan Thomson/Julie	Green	Amber	388,000	1,500
NHS - HSCP-4	UnPACs - 7% reduction*	John Taylor	Green	Amber	200,000	
NHS - HSCP-5	Substitute Prescribing - 5% reduction*	John Taylor	Green	Green	135,000	135,000
NHS - HSCP-3	Review of Elderly Mental Health Inpatients*	William Lauder	Green	Green	727,000	
NHS - HSCP-6	See a 5th bed at Woodland View - MH inpatients*	William Lauder	Amber	Green	90,000	
	Children, Families and Justice Services					
SP-HSCP-19-03	Fostering - reduce external placements.	Mae Henderson	Green	Green	127,408	127,408
SP-HSCP-19-08	Children's residential placements (CF)	Mae Henderson	Amber	Amber	355,000	0

Savings	Description	Responsible Senior	Deliverability	Deliverability	Approved	Net Saving
	Partnership Wide					
SP-HSCP-19-13	Charging Policy	Lisa Duncan	Green	Green	200,000	200,000
NHS - HSCP-10	Reduce business admin services	Julie Davis	Green	Green	50,000	
NHS - HSCP-11	ICF Project - Partnership Enablers	Michelle Sutherland	Amber	Green	27,000	27,000
NHS - HSCP-12	ICF Project - Buckreddan care home	Michelle Sutherland	Amber	Green	16,000	16,000
NHS - HSCP-13	Uncommitted ICF Funding	Michelle Sutherland	Green	Green	80,000	80,000
SP-HSCP-19-20	Living Wage	n/a	Green	Green	187,000	187,000
NHS - HSCP-7	Resource Transfer to South Lanarkshire	n/a	Green	Green	40,000	40,000
SP-HSCP-19-14	19/20 impact of 18/19 part year savings	Stephen Brown	Green	Green	113,000	113,000
SP-HSCP-19-15	Respite	n/a	Green	Green	200,000	200,000
SP-HSCP-19-16	Payroll Turnover Target	Stephen Brown	Amber	Amber	500,000	
SP-HSCP-19-17	Lean Efficiency Programme	Stephen Brown	Green	Amber	50,000	0
NHS - HSCP-2	Payroll Turnover Target - Mental Health *	Thelma Bowers	Amber	Green	300,000	300,000
NHS - HSCP-8	Payroll Turnover Target - Other Services	Thelma Bowers	Amber	Green	365,000	365,000
					6,133,990	**1,911,140**

Recovery Plan

Appendix D

Ref	Service Area	Action	Service Impact	IJB Support	Included in P4 Position £000's	Planned Impact £ 000's	Responsible Officer
Health and Community Care:							
1	Care at Home	**Reduction in Care at Home Provision**: - reduce weekly hours of purchased provision by between 50 and 100 hours per week, by closing cases for clients admitted to hospital - review care packages with any reduction in hours closed to offset the overspend - continue to review the actions of Independent Providers in the use of CM2000 for maximum efficiency - further roll out and embed the reablement approach in CAH service to allow packages to be reduced	May lead to delays in care at home packages being delivered and may impact on hospital discharges and increase delayed discharges. May have impact on Waiting list. Risk of this will be mitigated by ensuring resources are used efficiently, with a risk based approach to allocating resources.			200	Helen McArthur
2	Care Homes - Respite Placements	**Health and Community Care Service to enforce a policy and criteria in relation to emergency respite in commissioned care home settings**: - significant increase in emergency respite where in many cases residents are placed in long term care, action taken to fund long term placements in September - change of practice for social workers in relation to use of respite - provide clairty to commissioned care home providers that respite beds will be used for short term care to ensure expectations of service, care home and service user are aligned	Action has been taken to address current placements to ensure the service delivered is equitable, that the HSCP are appropriately financially assessing residents and that the commissioned care homes are funded for long term care placements. The appropriate use of emergency respite placements will be reinforced to the social work team. The longer term commissioning and use of respite provision for older people is being considered as part of the Care Home Strategy.	√	√	-	Helen McArthur
3	Equipment & Adaptations	**Temporary reduction (2019-20 only) in the equipment and adaptations budget**. - mirrors the reduction made in 2018/19 to assist with overall financial position, would not be sustainable on a recurring basis as provision of equipment fundamental to keeping people safe at home - priority for equipment provision will be: 1. support for end of life care 2. complete adaptations started or committed to in writing prior to tightened control of expenditure 3. maintain equipment and adaptations in situ and on which service users depend 4. provide essential equipment to support avoidance of hospital admission	Potential delays to equipment and adaptations for service users, this will be kept under review together with any waiting lists and impact on delivery of community based services, including monitoring the costs of any delays in supporting individuals to be supported in the community.			200	Helen McArthur

Ref	Service Area	Action	Service Impact	IJB Support	Included in P4 Position £000's	Planned Impact £ 000's	Responsible Officer
Mental Health and Learning Disabilities:							
4	Learning Disabilities	**Prioritised Review of Adult Community Packages:** - targeted reviews to be carried out immediately, reviews co-ordinated on a prioritised list with a focus on individuals moving service provider following the outcome of the tender exercise and with high cost packages being prioritised - will be supported with significant additional LD social work capacity with additional professional lead, additional social workers and the employment of agency staff to accellerate planned reviews - reviews will ensure the split of personal and non-personal care is appropriate and equitable (to ensure equity of provision and charging) - direct payments to be reviewed to progress claw-back of underspends - incorporates looking at clients where the service provided has been less than than commissioned to formalise re-alignment of care packages based on need	Service users will be reviewed by a dedicated review team, the outcome should ensure that all reviews are up to date and appropriate and equitable levels of care are being provided. This process may cause some anxiety for service users as there is an expectation that significant reductions can be made to care packages. No reduction will be made to care packages unless deemed to be safe and appropriate by the service, however there may be some resistance to change from service users, their families and advocates.	√		750	Thelma Bowers
5	Learning Disabilities	**Trindlemoss development finalise the financial impact of the new service (LD day service, complex care unit and supported accommodation)**: - for 2019/20 require to plan to mitigate delay in savings being achieved - opportunities to further reduce cost of amalgamating day services - identifying supports required for service users in supported accommodation - policy in relation to eligibilty and prioritisation for supported accommodation, model of care blueprint for other supported accommodation coming online	The opening of the new service at Trindlemoss (originally planned August 2019) has been delayed due to delays in the building works, this has impacted on the timescales for service users and patients transferring. The service will require to be configured around the affordability of the care and support, taking into account the positive environment and the opportunities the shared accommodation space offers in terms of reducing existing high cost care packages.	√		tbc	Thelma Bowers
6	Learning Disabilities	**Sleepovers - develop policy in relation to 24 hour care for Adults in the Commnunity:** - policy decision to not provide one to one 24 hour sleepover service where there are: * supported accommodation alternatives available; * opportunities for service users to share a service (will be identified by geographically mapping services); or * where technology supports can be provided supported by a responder service. - Recovery plan action and financial impact is based on a plan to deliver a responder service from the Trindlemoss supported accommodation to support removal of sleepovers in the area	This will result in the removal of one to one 24 hour support from service users, an enhanced overnight service will be provided from Trindlemoss to support capacity for response. Individual service user safety will be a priority and the one to one support will only be removed where safe to do so.	√		128	Thelma Bowers
7	Learning Disabilities	**Transition Cases (Adults aged 65+):** - reviews undertaken jointly with LD and Older People's service which will deliver some savings, some work outstanding in relation to these reviews where changes to care packages have been identified - further action to scrutinise outcome of reviews and equity of service provision across client groups, particularly for high cost care packages which are not equitable with community care provided in Older People's services - requires a clear policy decision in relation to transitions of care and funding for community based supports	Service users are being reviewed with a view to reducing the cost of packages as the clients transition to the Older People's service. Some reviews for high cost community packages have identified individuals suitable for the criteria of long term care but resistance from service users to change from current care and support. If care packages cannot be reduced the IJB will be asked to agree a policy decision on the level of care provided in such cases.	√		134	Thelma Bowers/Helen McArthur

Ref	Service Area	Action	Service Impact	IJB Support	Included in P4 Position £000's	Planned Impact £ 000's	Responsible Officer
8	Adult Community Packages	**Adult Resource Group no overall increase in care package provision:** - ARG in place for Mental Health and Learning Disability care packages for approval, ARG will no longer be permitted to approve any increase to existing or new care packages unless there has been a reduction in service elsewhere - will require social workers to proactively review caseload and use finite resource available to support whole client group - arrangements will remain in place until the service brings the overall expenditure on community care packages back into line	Service users assessed as requiring a service will have to wait until resource has been identified to fund the care package, this is equitable with waiting lists for other services where resources are limited. This may result in delays in supports being provided but will also ensure that the service is managing, directing and prioritising resources effectively.	√	√		Thelma Bowers
9	All	**Self Directed Support:** - exploring how to embed this alongside the asset based approach promoted through the HSCP *Thinking Different, Doing Better* experience into services to change how we deliver services and balance service user and community expectations - undertaking self-evaluation for North Ayrshire against good practice, this will include stakeholder engagement to develop future approach	Positive impact to embed Self Directed Support, with a view to being realistic in managing expectations of services and service users. Address a perceived inequity in how services are delivered and how embedded SDS is across social care services.	√		-	Stephen Brown
Children and Families:							
10	Looked After and Accomodated Children	**Children's External Residential Placements bring forward planned discharge dates:** **-** overspend due to delays in bringing children back from expensive external residential placements due to timescales slipping, recovery action based on pulling forward all estimated timescales by one month and moving to planned level of 14 placements by March 2020 - scrutiny of detailed plans for individual children, to be reviewed alongside the internal children's houses to free up capacity to bring children back to NA sooner - close working with Education services as shared ambition and requirements to provide educational supports within NA - formalise and reinforce governance arrangements for approval of new external children's placements	Transformation plan to support more looked after children in North Ayrshire is focussed on delivering more positive outcomes for Children. Accellerating plans to move children to different care settings is challenging for the service as these are sensitive complex cases.			200	Alison Sutherland

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

2019/20 Budget Reconciliation

Appendix E

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

HEALTH	Period	Permanent or Temporary	£
Initial Approved Budget (based on month 9 of 2018-19)			145,425
Adjustments to reflect month 10 -12 of 2018-19 including non-recurring amounts			(1,845)
Opening baseline budget for 19-20			**143,580**
Resource Transfer	3	P	(22,993)
Superannuation Uplift	3	P	2,994
Voluntary Redundancy Scheme	3	P	271
Post from acute - PA to Clinical Nurse Manager, Long Term conditions	3	P	15
Post from acute - Clinical Nurse Manager, Long Term Conditions	3	P	34
Functional Electrical Stimulation (Physio Equip) Equipment from acute			10
Pharmacy Fees	3	P	19
HPV Boys Implementation	3	P	18
Action 15 (anticipated increase)	3	P	930

Post from Acute -Specialist Pharmacist in Substance Misuse	3	T	12
Old age liaison psychiatrist from acute	3	P	108
Patient Transport Service	3	P	49
Infant feeding nurse	3	T	41
Associate Medical Director responsibility payment to Medical Director	3	T	(24)
Associate Medical Director sessions to the Medical Director	3	T	(71)
Contribution to the Technology Enabled Care (TEC) project	3	T	(50)
Superannuation Uplift Overclaimed	4	P	(270)
Action 15 overclaimed	4	T	(485)
Period 4 reported budget			**124,188**

GRAND TOTAL	**242,858**

Paper 2

Minutes of North Ayrshire Strategic Planning Group Meeting
Held on Wednesday 21st August 2019, 10:00am
Fullarton Community Hub, Irvine, KA12 8DF

Present:
Bob Martin (Chair)
Councillor Anthea Dickson (Vice Chair)
Brenda Knox, Health Improvement Lead, NHS A&A
Norma Bell, Manager, Planning & Performance, Mental Health, NAHSCP
Caroline Whyte, Chief Finance and Transformation Officer, NAHSCP
Michelle Sutherland, Strategic Planning & Transformational Change Lead, NAHSCP
David Thomson, Associate Nurse Director/Lead Nurse, NAHSCP
Fiona Comrie, KA Leisure
Vicki Yuill, Arran CVS & Arran Locality Lead
Elaine Young, Public Health Representative
Sam Falconer, Community Pharmacist NHS A&A, Kilwinning Locality Planning Lead
David MacRitchie, Chief Social Work Officer & Senior Manager, Justice Services, NAHSCP
Barbara Conner, Interim Irvine Locality Planning Lead
Dr Janet McKay, Garnock Valley Locality Planning Lead
Sharon Bleakley, Scottish Health Council
Dr Paul Kerr, Clinical Director, NAHSCP
Betty Saunders, Procurement Manager, NAHSCP
Louise McDaid, Staff Representative
Val Allen, Independent Sector Lead
Theresa Potter, Engagement Officer, NAHSCP
Louise Gibson, Dietetic lead, Integrated Services, NHS A&A
Scott Bryan, Strategic Planning, Policy and Inequalities Officer, NAHSCP
Louise Harvie, Governance Assistant (Minutes) NAHSCP

In Attendance:
Tommy Stevenson, Senior Manager, Children Adolescent Mental Health Service, NAHSCP
Fiona Smith, Senior Health Improvement Programme Officer, Public Health
Corry Shephard, Largs Academy Pupil
Grace Fury, Largs Academy Guidance Teacher

Apologies Received:
Elaine McClure, Portfolio Programme Manager, NHS A&A
Simon Morrow (Dentist)
Jacqueline Cameron, Senior Manager, Housing Strategy
Dr John Taylor, Associate Medical Director, NHS A&A
Dalene Sinclair, Senior Manager, Universal Early Years, NAHSCP
Lorna McGoran, Primary Care Development Manager
Ruth Betley, Senior Manager, Island Services, NAHSCP
Alistair Reid, Allied Health Professions Lead, NAHSCP
Christine Speedwell, Care Centre Manager
Clive Shephard, Confederation of North Ayrshire Community Associations

1.	**WELCOME & APOLOGIES**	
1.1	Bob Martin welcomed all to his first meeting as Chair of the Strategic Planning Group. Bob further welcomed Councillor Dickson as Vice Chair designate of the Strategic Planning Group. Councillor Dickson's Vice Chair status will become official pending agreement from the IJB on Thursday 29th August 2019. Apologies were noted and accepted.	
2.	**MINUTES/ACTION NOTE OF PREVIOUS MEETING (29th May 2019)**	
2.1	Minutes of the previous meeting dated 29 May 2019 were approved as accurate with no amendments required.	
3.	**MATTERS ARISING**	
3.1	Item(s) tabled within Agenda.	
4.	**Integration Joint Board (IJB) - Feedback**	
4.1	Agreed that relevant items from IJB meetings would be shared with group on future basis. No pertinent business discussed.	
Focus on: Care Home Commissioning Strategy		
5.	**Developing a Care Home Strategy**	
5.1	Caroline Whyte, Chief Finance and Transformation Officer provided an overview on the Care Home Commissioning Strategy. This involved an update on the established Reference Group and progress so far.	
5.2	The presentation covered the following areas: o Introduction (incl. future requirements, financial implications and next steps) o Current Context o Future Challenges o Current Situation o Impact of National Care Home Contract o Current Care Home Residents (incl. Care Type, i.e. Residential/Nursing) o Care Home Capacity by Locality/Home Locality o Care Home Turnover – Admissions/Discharges o Length of Stay o Age and Gender Trends o Care Home Respite Provision o Data Conclusions o Future Requirements o Next Steps	
5.3	A group discussion took place with the following points highlighted: Questions arose relating to: - Process for ensuring viability of Care Homes – Betty Saunders Procurement Manager advised of internal commissioning processes - Concern was raised regarding recruitment/retention of EU nationals – Betty advised that unlike other areas, the NA Care workforce is only made up a small number of EU nationals and Brexit related impacts would be minimal in this area. - Concern raised over pressure of inspections on care services – Betty advised that there have been a number of improvements in	

	this area where Care Commission are now more supportive to providers and less punitive. - Do we know transition rate from Residential to Nursing Care – Caroline advised this has not been looked at. Assume numbers are low, but can be analysed further. - Concern over staff conditions (pay award etc) – Betty advised a national group will be looking at this in the near future. - Concern over levels of emergency admissions – Caroline advised work will also include review of respite support to minimise the need for emergency admissions to care. Due to the volume of information contained, a copy of the presentation slides will be circulated to the group.	L Harvie
Focus on: Young People's Mental Health		
6.	**Clearer Minds – Young People's Mental Health Support in Largs Academy**	
6.1	Corrie Shephard, school pupil at Largs Academy, attended the meeting to provide an update on 'Clearer Minds' – A bespoke Mental Health Programme for Largs Academy. Following a tragic incident in 2018 involving the loss of a school pupil, Corrie conceived an idea to implement proactive strategies to target those in need.	
6.2	Corrie successfully secured funding in 2018 to provide a tailored programme for every school stage, training for school staff and parent workshops.	
6.3	The school are working together with 'Headstrong', a team of highly skilled Mental Health Professionals to improve and alter the experiences of young people with supports from staff, parents and fellow pupils. This pilot will run for 18 months, incorporating Jan – Jun 2019 and Aug 2019 – June 2020, overlapping the two academic years.	
6.4	Corrie provided a detailed vision of the wider programme, including: o Sustainability o Marketing and Promotion o Delivery Schedule o Community Impact	
6.5	Corrie concluded her presentation advising of her vision to see this programme rolled out in all schools within North Ayrshire and to become part of core funding and delivery.	
6.6	Following the presentation, a lively group discussion took place with the following key points highlighted: o Recognised that S3 – S5 pupils benefited most from the programme o The eight-week stress management course had greatest impact o Noted that many of the Mental Health Ambassadors are also trained in first aid with the aim to build accreditation Overall, the group highly praised Corrie's presentation and commended her aspirations and leadership.	
Focus on: Social Isolation		
7.	**Addressing Social Isolation across Ayrshire**	
7.1	Fiona Smith, Senior Health Improvement Programme Officer, Public Health attended the Strategic Planning Group to provide a presentation on Social Isolation and Loneliness.	
7.2	The Presentation covered the following areas: o Defining Social Isolation and Loneliness	

	o Risk Factors o Prevalence o Health Impact o National Context o Local Approach	
7.3	Following the presentation, a group discussion took place with the following points highlighted: o Recognised ongoing priority for Locality Planning Forums o Identified within North Ayrshire Health & Social Care Partnership's Strategic Plan o Acknowledged the work already ongoing within North Ayrshire: - Identified LPF priority - Social isolation projects - Specialised working groups o Requirement for a strategic, co-ordinated approach o Discussions to be taken forward re potential linking with 'Kindness Agenda' with NAC Communities Team Overall the group recognised the importance of addressing Social Isolation in North Ayrshire.	LPF's
Focus on: Locality Updates		
8.	**Update from LPF Leads**	
8.1	<u>North Coast</u> Louise McDaid provided an update on the North Coast Locality Planning Forum. Louise summarised that the MSK priority has been achieved due to a significant drop in waiting lists and more Physios available within Brooksby. The North Coast LPF have therefore adopted 'promoting physical activity' as a new priority.	
8.2	The next NC LPF is scheduled for Friday 22nd August 2019, where social isolation across all age groups and improving support for stress and anxiety will be the main focus. The remaining two priorities agreed are promoting financial inclusion and promoting physical activity.	
8.3	Louise will host a stall at a 'Tenants Day Event' on Saturday 31st August 2019 to represent HSCP. The event will be held at Irvine Royal Academy from 11am – 3pm which Louise believes will have a positive outcome. Louise and Scott are looking to identify a question to ask attendees on the day.	
8.4	<u>Irvine</u> No Irvine LPF meeting held since the SPG in May 2019, therefore no detailed update available. Barbara highlighted that discussions with Elaine Baxter (Irvine Locality Coordinator) and Irvine CPP continue with further updates pending.	
8.5	The next Irvine LPF meeting is scheduled for Tuesday 27th August 2019. Barbara noted this will be her last meeting as Chair as she is leaving her current role.	
8.6	<u>Arran</u> Vicki Yuill provided an update on the Arran Locality Planning Forum. Thursday 26th September will mark the first meeting of the newly merged Arran Locality Partnership and HSCP Locality Forum. Vicki highlighted that discussions have taken place regarding the possibility of evening meetings and moving these around the Island, however this requires further discussion with HSCP partners.	
8.7	Vicki delivered an update on the Island priorities - Social Isolation	

	- Transport - Complex Care - Integrated Hub	
8.8	Vicki outlined that Arran has a new researcher in a one-year post to support an Alcohol and Drug Study, which will scope out services within the community and families affected by alcohol and drug misuse. The aspiration is that the research will scope out the most appropriate model for the island.	
8.9	<u>Garnock Valley</u> Janet McKay provided an update on the Garnock Valley Locality Forum. Work continues to successfully progress on identified priorities, including MSK, children & young people and social isolation. Discussions continue with CPP colleagues with regards to how the LPF integrate with CPP planning.	
8.10	The next Garnock Valley LPF meeting in October 2019 will focus on refreshing the current membership. Janet highlighted that the existing membership has been in place for several years therefore requires to be reviewed. Following this, the newly formed group will concentrate on identifying new locality priorities.	
8.11	<u>Three Towns</u> No update from Three Towns locality as no representative in attendance. Update required at next meeting.	J Sweeney/ A Keir
8.12	<u>Kilwinning</u> Sam Falconer provided an update on the Kilwinning Locality Forum. Following discussion at the previous SPG in May 2019, Sam reiterated that current priorities had fallen away, meaning new priorities have now been identified.	
8.13	Following feedback from the CPP and What Matters To You (WMTY), the group identified the following priorities: • Buckredden Care Home Project (previously successful – continue to support) • Mental Health (engage with community re current services available in locality) • Promoting physical activity • Raise awareness of HSCP Services An update will be provided at future SPG meeting on progress of these newly identified priorities.	
9.	**AOCB**	
9.1	**Thinking Different Doing Better (TDDB)**	
9.2	Michelle Sutherland extended an invitation to SPG, LPF and CPP members to the Thinking Different Doing Better Sessions currently running within West Road, Irvine. Michelle advised that she would liaise with the TDDB hosts in an attempt to arrange a group session for members to attend.	
9.3	Louise McDaid suggested that members do not attend as a group, but that groups are mixed, due to the message the sessions are hoping to demonstrate. Michelle will take this proposal forward.	M Sutherland
10.	**What Matters to You? (WMTY) 2019 – Initial Feedback**	
10.1	Scott Bryan delivered an update on the initial feedback received from WMTY day on 6th June 2019: • 285 responses gathered • Identified key measures - Waiting times/availability of services - Competent staff	

	- Community safety - Libraries for Social Hubs - Transport	
10.2	Louise highlighted the importance of the library information being shared to help inform the review of library services. Michelle advised this information could be split between Localities and passed to Audrey Sutton's team.	S Bryan
10.3	Following analysis stage, a detailed draft will be shared with LPF and Locality Partnership colleagues for consideration.	
11.	**AOCB**	
11.1	Irvine LPF Chair The IJB are required to nominate a replacement Irvine LPF Chair due to Barbara Conner leaving her current post. An update will be provided as soon as available.	
12.	Future Agenda Items Any agenda items to be forwarded to Scott Bryan or Louise Harvie for inclusion within future agenda. Agenda items received to date: • Input from Gamblers Anonymous • Partnership Performance/Review of 2018/19 Strategic Plans Actions • Transformation and Finance • New Strategic Plan Development – 2020/2021 • Malnutrition Strategy	
12.1	Bob thanked the group for their participation at today's meeting and highlighted if members have any suggestions on how they would like future meetings to operate, to contact Scott or Louise in the first instance.	
12.2	There was no other business to be discussed, therefore the meeting was closed.	
13.	**Next Meeting**	
13.1	The next meeting will take place on Wednesday 2nd October 2019 at 10.00am within Fullarton Community Hub, Irvine.	

North Ayrshire Health and Social Care Partnership
Performance and Audit Committee

Thursday 27 June 2019 at 10.15 a.m.
Council Chambers, Cunninghame House, Irvine

Present
John Rainey, NHS Ayrshire and Arran (Chair)
Councillor Timothy Billings, North Ayrshire Council (Vice-Chair)
David Donaghey, Staff Representative, NHS Ayrshire and Arran

In Attendance
Stephen Brown, Director of the North Ayrshire Social Care Partnership
Caroline Whyte, Head of Finance (HSCP)
Paul Doak, IJB Chief Internal Auditor
Eleanor Currie, Principal Manager - Finance
Neil McLaughlin, Manager (Performance and Information Systems), NAHSCP
Diane McCaw, Committee Services Officer, NAC

Apologies for Absence
Jean Ford, NHS Ayrshire and Arran
Louise McDaid, Staff Representative, North Ayrshire
Marie McWaters, Carers Representative

1.	**Apologies**	
	The Committee noted apologies from Jean Ford, Louise McDaid and Marie McWaters.	
2.	**Declarations of Interest**	
	There were no declarations of interest in terms of Standing Order 7.2 and Section 5.14 of the Code of Conduct for Members of Devolved Public Bodies.	
3.	**Minutes/Action Note**	
	The accuracy of the Minutes of the meeting held on 8 March 2019 were confirmed and the Minutes signed in accordance with Paragraph 7(a) of Schedule 7 of the Local Government (Scotland) Act 1973.	

4.	**Q4 2018-19 IJB PAC Report**	
	Submitted report by the Performance and Information Systems Manager on the performance of the North Ayrshire Health and Social Care Partnership during Quarter 4 of 2018-19. The full revised format report was detailed in the Appendix to the report. Members were advised that the new format report would enable more focus on specific measures and detailed analysis as required. Discussion took place on the content and revised format of the report and on the targets for each service with a number of points raised around the following:- • that the addition of a table at the beginning of the report in relation to the status reference content and summary points would be helpful for future reports; • nationally set targets and variances in connection with immunisation figures; • that future reports should reference the figure for the quarter within the current status column; • the difference between the first and last quarters in relation to delayed discharges and on whether there is a specific timeframe for reduction of this difference; • that work is ongoing to ensure that recoding is accurate in terms of delayed discharge figures and that future figures will be broken down to allow targeting of real blockages; • the expectation that any progress will link through to audit reports for future meetings; and • criticism around the practice of self-directed care and issues around expectations and funding. The Committee agreed to approve the content of the full report.	**Neil McLaughlin** **Neil McLaughlin**
5.	**2018-19 Draft Annual Performance Report**	
	Submitted report by the Performance and Information Systems Manager detailing the draft annual performance for 2018-19. The report detailed highlights from 2018/19 on continued progress with service users receiving and maintaining high grades via the Care Inspectorate, including the Care at Home and Community Alert services. The Justice Service, Welfare Rights and Money Matters Teams continue to provide exemplary support to vulnerable people. Members discussed the report and future reporting practices which should more clearly reflect positive and negative aspects and experiences. Noted.	

6.	**Unaudited Annual Accounts – 2018-19**	
	Submitted report by the Chief Finance and Transformation Officer, on the North Ayrshire IJB Unaudited Annual Accounts for 2018-19 which require to be submitted to External Audit and published by 30 June 2019. The full Unaudited Accounts were detailed within Appendix 1 to the report. The Committee agreed to approve (a) the Unaudited Annual Accounts for the period 31 March 2019; (b) the Annual Governance Statement for 2018-19 contained within the Unaudited Annual Accounts; and (c) submission of the Unaudited Accounts to Deloitte for formal audit.	**Caroline Whyte**
7.	**Internal Audit Annual Report 2018/19**	
	Submitted annual report by the IJB Chief Internal Auditor on the work of Internal Audit during 2018/19 for the NAIJB and providing an opinion on the governance, risk and internal control environment of the IJB. The Chief Internal Auditor advised the Committee that the papers within pages 157-181 were a duplication and did not relate to this report. Members were advised that each audit gives a level of assurance which can be substantial, reasonable, limited or none and commented on the lead partnership responsibility disaggregation for AHPs and devolving of the budgets and that not all AHP services are completely devolved. Noted.	
8.	**Internal Audit Reports Issued**	
	Submitted report by the IJB Chief Internal Auditor on the findings of relevant Internal Audit work. Appendix 1 to the report detailed the full audit report from the review of Lead Partnership arrangements in North Ayrshire with Appendix 2 detailing the full report from the parallel review of Lead Partnership arrangements from the NHS perspective. Appendix 3 contained the executive summary and action plan from a review of the financial governance of the North Ayrshire Alcohol and Drugs Partnership (ADP). The Team Manager - Internal Audit provided details of the three audits which have been carried out and summarised the findings as follows:- 1. **Lead Partnership Arrangements in North Ayrshire – was on IJB Audit Plan for 18/19** Generated four high and one medium priority actions. The high priority actions were around consistency in completing Directions, progression of risk sharing arrangements with Deloitte and that the Integration Scheme does not give clear guidance regarding all aspects of lead partnership arrangements.	

	2. Lead Partnership Arrangements NHS Perspective – parallel review by NHS Generated medium and two low priority actions. The medium priority actions were around improvement in the use of Directions, sharing of risks, joint working between Finance Leads, Fair Share charging methodology and financial monitoring reports. Members were advised that the audit was carried out in conjunction with East Ayrshire Council but that South Ayrshire did not contribute. **3. North Ayrshire Alcohol and Drugs Partnership (ADP)** Generated six high priority actions. The high priority actions were around ensuring invoices for processing are fully detailed, strengthening of financial monitoring controls/checks and disclosure of declarations of interest which could result in conflicts of interest. Members were advised that since the audit was carried out, improvements had already been made to processes and in relation to declarations of interest. Members asked questions and were provided with further information in relation to:- • recirculation of the declaration of interest form to all IJB and PAC members; • lessons to be learned with regard to declarations of interest; • any possibility of replication of non-declaration of interest within other services; and • the possibility of a report to IJB on the key themes, commitments and expectations in relation to the Lead Partnership arrangements in North Ayrshire. Noted.	**Paul Doak**
9.	**Internal Audit Plan 2019/2)**	
	Submitted report by the IJB Chief Internal Auditor on the approved audit plans for North Ayrshire Council and NHS Ayrshire and Arran and the proposed audit work for the North Ayrshire Integration Joint Board. Appendix 1 to the report detailed the proposed audit work within the NAIJB. Appendices 2 and 3 detailed the 2019/20 Internal Audit Plans for North Ayrshire and NHS Ayrshire and Arran respectively. Members were advised on the allocated number of days for IJB audit purposes and on the suggested audit in relation to Performance Management Arrangements of the IJB. The Committee agreed to approve the proposed audit work within the NAIJB as detailed in Appendix 1 to the report.	

10.	**Risk Management Strategy**	
	Submitted report by the Principal Manager - Finance on the updated partnership Risk Management Strategy which was detailed in full within Appendix 1 to the report. The Committee agreed to (a) approve the Risk Management Strategy as detailed in Appendix1 to the report; (b) note the further work required with Members of the IJB to allow the preparation of a risk appetite statement as required by the Risk Management Strategy; and (c) that an update report will be provided to a future meeting of the PAC.	**Eleanor Currie**
11.	**HSCP Financial Management Improvements**	
	Submitted report by the Principal Manager – Finance on the issues in relation to the unexpected year-end movements in the 2018-19 financial outturn and the wider financial management issues and associated improvements. Appendix A to the report detailed an action plan to ensure the future accuracy of projections. Members asked questions and were provided with further information in relation to:- • the importance of control over processes within services to allow for change; and • that significant improvements have already been made to date. The Committee noted (i) the terms of the report and (ii) that a progress report in terms of the Action Plan would be submitted to a future meeting of the PAC.	**Eleanor Currie**
12.	**Quarterly MSG Finance Return – Q3 2018-19**	
	Submitted report by the Chief Financial and Transformation Officer on the financial performance for Integration Authorities for quarter 3 of the financial year 2018/19 which give a flavour of where partnerships across Scotland are in terms of overall outturn position and highlight how overspends will be addressed. The Chief Financial and Transformation Officer advised that the year end position will be circulated to PAC Members when this becomes available next week.	**Caroline Whyte**

	Members asked questions and were provided with further information in relation to:- • unallocated and earmarked funding reserves; • delegated funding provided by North Ayrshire Council and how this is classified; and • differences in the levels of reserves of other IJBs; Noted.	
13.	**Date of Next Meeting**	
	The next meeting of the Integration Joint Board Performance and Audit Committee will be held on 5 September 2019. The Committee agreed that the Committee Services Officer circulate this date to PAC Members.	**Euan Gray**
	The meeting ended at 11.25 a.m.	