



North Ayrshire Council  
Comhairle Siorrachd Àir a Tuath

**SUPPLEMENTARY AGENDA**  
for the consideration of the **Integration  
Joint Board** meeting on **Thursday, 14  
March 2024** at **10:00** to consider the  
undernoted business.

**Business**

**8 Revenue Budget 2024-25 and Beyond**

Submit report by Paul Doak, Head of Service (HSCP Finance and Transformation Head of Finance and Transformation on the financial position for the Partnership for 2024-25, including the proposed delegated funding, service budget pressures, plans developed to set a balanced budget and the associated risks. (copy enclosed).

**10 Unscheduled Care Update & North Ayrshire Improvement Plans**

Submit report by Kerry Logan, Head of Service (Health & Community Care) on performance in relation to Unscheduled Care in Ayrshire and Arran, highlighting areas of risk and to detail an update on the progress of winter plans and actions being progressed to reduce delays and unmet need within the North Ayrshire Health and Social Care Partnership's Community Care Services (copy enclosed)



**Integration Joint Board**  
**14th March 2024**

**Subject:** **Revenue Budget 2024-25 and beyond**

**Purpose:** To update the IJB on the financial position for the Partnership for 2024-25, including the proposed delegated funding, service budget pressures, plans developed to set a balanced budget and the associated risks.

**Recommendation:** That the Board:  
 (a) approves the budget for 2024-25 for the Partnership inclusive of all pressures, savings and reserves, noting that the funding position is subject to confirmation by NHS Ayrshire and Arran;  
 (b) approves the new hourly rates for commissioned providers and Personal Assistants, and;  
 (c) notes the risks associated with this budget.

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

<b>Glossary of Terms</b>	
NHS AA	NHS Ayrshire and Arran
IJB	Integration Joint Board
NAHSCP	North Ayrshire Health and Social Care Partnership
NAC	North Ayrshire Council
CAMHS	Child and Adolescent Mental Health Services
FPC	Free Personal Care
PCIF	Primary Care Improvement Fund
ADP	Alcohol and Drugs Partnership
UnPACs	UNPACS, (UNPlanned Activities) – Extra Contractual Referrals
SLA	Service Level Agreement

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	The report outlines the funding allocations from North Ayrshire Council and NHS Ayrshire and Arran, the service pressures, resulting budget gap and the savings plan for 2024-25. The Council budget was set on 28 <sup>th</sup> February and NHS AA will set their budget on 25 <sup>th</sup> March; if the funding assumption from NHS AA changes from the planning assumption set out, the plans for the IJB will require to be re-visited.

1.2	The Scottish Government finance settlement set out a number of conditions and requirements for Health Boards and Councils in relation to funding delegated to Integration Authorities. The delegated funding outlined in the report (indicative for NHS AA) meets those Scottish Government requirements.																												
1.3	<p>The table below summarises the overall financial position for 2024-25:</p> <table border="1"> <thead> <tr> <th></th> <th><b>Social Care (NAC) £m</b></th> <th><b>Health (NHS AA) £m</b></th> <th><b>Total £m</b></th> </tr> </thead> <tbody> <tr> <td>Funding Increase</td> <td>5.841</td> <td>0.000</td> <td>5.841</td> </tr> <tr> <td>Service Pressures – Appendix B</td> <td>15.532</td> <td>0.599</td> <td>16.131</td> </tr> <tr> <td><b>Budget Gap</b></td> <td><b>9.691</b></td> <td><b>0.599</b></td> <td><b>10.290</b></td> </tr> <tr> <td>Funded by:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>- Savings – Appendix C</td> <td>9.255</td> <td>1.035</td> <td>10.290</td> </tr> <tr> <td><b>(Surplus)/Deficit</b></td> <td><b>0.436</b></td> <td><b>(0.436)</b></td> <td><b>-</b></td> </tr> </tbody> </table>		<b>Social Care (NAC) £m</b>	<b>Health (NHS AA) £m</b>	<b>Total £m</b>	Funding Increase	5.841	0.000	5.841	Service Pressures – Appendix B	15.532	0.599	16.131	<b>Budget Gap</b>	<b>9.691</b>	<b>0.599</b>	<b>10.290</b>	Funded by:				- Savings – Appendix C	9.255	1.035	10.290	<b>(Surplus)/Deficit</b>	<b>0.436</b>	<b>(0.436)</b>	<b>-</b>
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1.4	A number of financial risk areas are highlighted in the report and the IJB are asked to note these at this stage; the IJB may be asked during 2024-25 to approve any appropriate action to mitigate or manage these areas.																												
1.5	The proposed integrated budget for the IJB is £349.537m (inclusive of the estimated Set Aside budget of £35.453m). A summary of the 2024-25 budget and net budget increase is detailed within Appendix A.																												
<b>2.</b>	<b>BACKGROUND</b>																												
2.1	<p>The Integration Scheme outlines a process of planning for budgets in future years where the Chief Officer and the Chief Finance Officer develop the funding requirements for the Integrated Budget based on the Strategic Plan and present it to the Parties for consideration as part of the annual budget setting process. This includes consideration of pay awards, contractual uplifts, prescribing, resource transfer and ring-fenced funds.</p> <p>The Integration Scheme approved by Scottish Ministers states that following determination of the Council and NHS payments to the IJB, the IJB will refine its Strategic Plan to take account of the totality of resources available and there is an implicit requirement to set a balanced budget prior to the new financial year.</p> <p>In recent years, the process has moved away from that outlined in the Integration Scheme, with Scottish Government directives and expectations in relation to funding levels to be passed on to IJBs. Whilst the IJB are required to engage with the partner bodies in relation to budget pressures and savings, the overall funding allocation reflects an element of ring fencing and settlement conditions in relation to funding for IJBs.</p>																												
<b>2.2</b>	<b>PARTNER FUNDING</b>																												
2.2.1	<b>North Ayrshire Council</b>																												
	Based on the 2024-25 Finance Settlement, the Council confirmed a net contribution to the Partnership of £5.292m through its agreed budget. Some elements of this were already included in the HSCP base budget and other amounts have been assumed by the HSCP but are yet to be received. The reconciliation between the amount																												

confirmed by the Council and the amount included in the HSCP budget is in the table below.

As a condition of the settlement, funding allocated to the IJB should be in addition to the 2023-24 recurring baseline position. A summary is noted below:

<b>Description</b>	<b>All Scotland (£m)</b>	<b>NAC (£m)</b>
Real Living Wage uplift	230.0	6.477
Free Personal and Nursing Care	11.5	0.270
Adult social care – baselining adjustment previous years		0.073
Fostering and Kinship – baseline adjustment		0.004
SDS – baseline adjustment		0.005
Scottish Disability Assistance - baseline adjustment		0.012
Baseline adjustment re-employers superannuation		(1.000)
<b>Per the HSCP budget plans</b>		<b>5.841</b>
<b>Reconciling Items to the Council Budget Paper</b>		
Amounts already included in HSCP base budget		6.062
Real Living Wage uplift - not yet in settlement		(6.477)
Scottish Disability Assistance – not yet in settlement		(0.134)
<b>Per Council Budget paper</b>		<b>5.292</b>

For years 2025-26 and 2026-27 the financial planning assumption of North Ayrshire Council is that, out with specific funding to be passed though by Scottish Government, that financial pressures facing the IJB will be fully met by savings, i.e. a flat cash financial settlement.

## 2.2.2 NHS Ayrshire and Arran

Compared to 2023-24 budgets, territorial NHS Boards will receive a total increase of 4.3% for 2024-25 to cover costs related to the 2023-24 pay deals, as well as the baselining of £100 million sustainability and NRAC funding provided in 2023-24.

The Partnership receives an appropriate share of the pay award funding, and this is already included in our base budget calculation; the sustainability and NRAC funding is not shared with the IJB.

The funding letter also notes that additional funding is expected to be provided when the 2024-25 pay award is settled, the expectation is that the IJB will receive an appropriate share of any pay award funding.

The Health and Social Care Portfolio will transfer net additional funding of £241.5 million to Local Government to support social care and integration. The overall transfer to Local Government includes additional funding of £230 million to deliver a £12 per hour minimum pay settlement for adult social care workers in private and third sectors, in line with the Real Living Wage Foundation rate. In addition, an inflationary uplift on Free Personal Nursing Care rates (£11.5 million) is provided. These amounts are reflected in the North Ayrshire Council figures above.

The funding allocated to Integration Authorities for Free Personal and Nursing Care and adult social care pay in third and private sectors should be additional and not substitutional to each Council's 2023-24 recurring budgets for adult social care

	<p>services that are delegated. Where there is evidence funding is not passed across to be used for the policy intent, the Scottish Government reserves the right to look at reclaiming funding allocated.</p>
	<p>In previous years territorial health boards have received a baseline uplift on core budgets, for example in 2023-24 this was 2%, and on that basis there was a specific directive from Scottish Government that payments to IJBs for delegated functions delivered the same uplift. As noted, for 2024-25 the Scottish Government has committed the £100 million sustainability funding for non-pay costs, but beyond this and the NRAC funding provided in 2023-24, Boards will be expected to manage pressures within existing envelopes and there will be no new baseline funding uplift.</p> <p>On this basis, there is currently no funding uplift assumed from NHS Ayrshire and Arran for 2024-25 and this is reflected in the calculations below. This has not been formally approved and the Health Board will meet on 25<sup>th</sup> March to set their budget, including agreeing funding allocations for Partnerships. If the Health Board decision does not reflect this position this will require to be updated and brought back to the IJB for further consideration.</p> <p>The NHS AA financial position for 2024-25 is very challenging and the Board remains on level 3 of the NHS Scotland Support and Intervention Framework and in formal escalation for finance, with enhanced monitoring and support.</p>
2.2.3	<p>The benefits of a delegated funding approach from both partners are:</p> <ul style="list-style-type: none"> <li>• The IJB can manage the budget process in terms of developing pressures and savings (including providing for those pressures not planned to be funded by partners), providing greater transparency and governance re decision making.</li> <li>• Allows resource to be allocated by the IJB in line with the priorities in the Strategic Plan.</li> <li>• Allows the SG directive to be followed, not only in terms of application of the uplift but also in terms of policy areas to be prioritised (e.g. Mental Health and Drug and Alcohol services).</li> <li>• Facilitates the ongoing in-year management of the IJB financial position in relation to the funding and budget being managed on an integrated way to deliver financial balance.</li> <li>• Supports future years planning and the development of a Medium-Term Financial Outlook, supporting an earlier approach to financial planning and an integrated approach to distribution of resource.</li> <li>• Aligns with the proposals in the review of integration for budget planning and resource delegation for IJBs.</li> </ul>
<b>2.3</b>	<b>2023-24 FINANCIAL POSITION</b>
	<p>The overall projected outturn position for 2023-24, as at month 10, is a projected year-end overspend of £4.171m (1.3% of the annual budget).</p> <p>The main areas of pressure for the core budget during 2023-24 are residential placements for children, supplementary staff in wards and Unplanned Activities (UnPACs) within the lead partnership for mental health.</p> <p>The savings plan for 2023-24 anticipates that a total of £4.963m of savings will be delivered in-year; it is expected that all of these savings will be achieved with the exception of £0.273m relating to a staffing reconfiguration in Children and Families.</p>

Many of the underlying overspend areas will continue into 2024-25 and services require to address these or there will continue to be a reliance on other budgets underspending or non-recurring draws on unearmarked reserve balances. These actions are included within our new Transformation Plan 2024-2027.

### 3. PROPOSALS

#### 3.1 2024-25 REVENUE BUDGET PLANS

The NAHSCP 2023-24 integrated budget is expected to be £314.084m (excluding Set aside) and £349.537m (including Set Aside budget of £35.453m).

A summary of the 2024-25 total budget and net funding increase is detailed within Appendix A. The pressures and savings are detailed separately in Appendices B and C respectively. Sections 3.1.1 to 3.1.5 provide an overview of the pressures and savings.

#### 3.1.1 BUDGET PRESSURES

Service cost and demand pressures are detailed within Appendix B.

Total net budget pressures for health and social care services total £16.131m. These have been developed in partnership, with Finance supporting front line services to identify current and emerging financial pressures, considering historic demand and costs and potential future variations.

The provision of funding for pressures has the impact of increasing the budget gap to be addressed through savings, therefore the pressures are only included in budget plans where these are assessed as being absolutely unavoidable.

The pressures are noted below with full detail in Appendix B:

Category	Social Care (NAC)	Health (NHS A&A)	TOTAL
	£m	£m	£m
Pay pressures	2.491	0.070	2.561
Demographic Pressures	0.569	0.000	0.569
Transition Pressures	0.540	0.000	0.540
Contract Inflation	5.265	0.000	5.265
Lead Partnership Pressures	0.000	0.173	0.173
Pan Ayrshire Pressures	0.000	0.336	0.336
Other Pressures	5.415	0.020	5.435
Impact of 23-24 draw on reserves	1.252	0.000	1.252
<b>Total New Pressures</b>	<b>15.532</b>	<b>0.599</b>	<b>16.131</b>

Provision has been made for Health pan-Ayrshire pressures recognising the North Ayrshire contribution towards pressures faced for services led by East or South. These pressures were agreed with the Ayrshire Finance Leads with an agreement that the IJBs have a shared responsibility to fund.

<b>3.1.2</b>	<b>LIVING WAGE</b>																
	<p>The Living Wage will increase from £10.90 per hour to £12.00 per hour from April 2024.</p> <p>There has been political agreement nationally that this uplift will be applied in the same way as the £10.50 and £10.90 uplifts in the last two financial years. This will mean an uplift will be applied to a set percentage (national weighting) of contract values, in line with the average full workforce costs for residential and non-residential services. A separate agreed weighted percentage has been set for Personal Assistants who are paid directly through SDS Option 1 budgets.</p> <p>After the weightings are applied this will increase the hourly rates being paid to providers and personal assistants as follows:</p> <table border="1" data-bbox="274 707 1310 976"> <thead> <tr> <th></th> <th><b>2023-24 Rate Per Hour</b></th> <th><b>2024-25 Rate Per Hour</b></th> </tr> </thead> <tbody> <tr> <td>Care at Home and Housing Support</td> <td>£20.00</td> <td>£22.00</td> </tr> <tr> <td>Sleepovers</td> <td>£13.32</td> <td>£14.69</td> </tr> <tr> <td>Personal Assistant Day Time Hourly Rate</td> <td>£14.65</td> <td>£16.11</td> </tr> <tr> <td>Personal Assistant Sleepover Hourly Rate</td> <td>£13.64</td> <td>£15.04</td> </tr> </tbody> </table> <p>The 2024/25 rates align with those which are proposed by East Ayrshire and South Ayrshire, ensuring a consistent pan-Ayrshire funding approach for our commissioned providers.</p>		<b>2023-24 Rate Per Hour</b>	<b>2024-25 Rate Per Hour</b>	Care at Home and Housing Support	£20.00	£22.00	Sleepovers	£13.32	£14.69	Personal Assistant Day Time Hourly Rate	£14.65	£16.11	Personal Assistant Sleepover Hourly Rate	£13.64	£15.04	
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<b>3.1.3</b>	<b>BUDGET GAP</b>																
	<p>A summary of the budget gap and overall savings requirement is outlined below:</p> <table border="1" data-bbox="274 1290 1425 1536"> <thead> <tr> <th></th> <th><b>Social Care (NAC) £m</b></th> <th><b>Health (NHS AA) £m</b></th> <th><b>Total £m</b></th> </tr> </thead> <tbody> <tr> <td>Funding Increases</td> <td>5.841</td> <td>0.000</td> <td>5.841</td> </tr> <tr> <td>Service Pressures</td> <td>15.532</td> <td>0.599</td> <td>16.131</td> </tr> <tr> <td><b>Budget Gap</b></td> <td><b>9.691</b></td> <td><b>0.599</b></td> <td><b>10.290</b></td> </tr> </tbody> </table>		<b>Social Care (NAC) £m</b>	<b>Health (NHS AA) £m</b>	<b>Total £m</b>	Funding Increases	5.841	0.000	5.841	Service Pressures	15.532	0.599	16.131	<b>Budget Gap</b>	<b>9.691</b>	<b>0.599</b>	<b>10.290</b>
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<b>3.1.4</b>	<b>BUDGET SAVINGS</b>																
	<p>Savings in relation to NAC and NHS commissioned services are detailed within Appendix C. The savings are RAG rated informed by an overall assessment of the ease of delivery and the impact on services, indicating an overall risk of deliverability.</p>																



<b>RAG Deliverability Status</b>	<b>Social Care (NAC) £m</b>	<b>Health (NHS A&amp;A) £m</b>	<b>Total £m</b>
Red	0.000	0.000	0.000
Amber	0.423	0.100	0.523
Green	8.832	0.935	9.767
<b>TOTAL</b>	<b>9.255</b>	<b>1.035</b>	<b>10.290</b>

The IJB are recommended to approve the savings proposals.

### 3.1.5 LEAD PARTNERSHIP MENTAL HEALTH SERVICES

The North partnership lead on acute and specialist Mental Health services across Ayrshire and therefore require to ensure that the services have plans to balance the budget moving into 2024-25. We have developed plans to ensure that lead partnership Mental Health services are sustainable and are not impacted by pressures elsewhere in services.

The overall position for the lead partnership element of the North managed budget is summarised below:

	<b>£m</b>
2023-24 Baseline Budget	69.560
Pay Pressures	0.070
Demand Pressures	0.173
<b>Budget Gap/Savings Requirement</b>	<b>0.243</b>
Savings – Payroll Turnover	(0.243)
<b>Net position</b>	<b>69.560</b>

The appropriate share of pressures and savings has been included here. These are detailed elsewhere in the report. Pay for NHS staff remains subject to agreement for 2024-25 and it has been assumed that additional funding will be allocated to support the pay deal when settled.

### 3.2 ACUTE SET ASIDE BUDGET

Each Health Board, in partnership with the Local Authority and IJB, must fully implement the delegated hospital budget and set aside budget requirements of the legislation, in line with the statutory guidance published.

The full implementation of the set aside arrangements is key to delivering a commitment to planning across the whole unplanned care pathway and partnerships must ensure that set aside arrangements are fit for purpose and enable this approach.

Ayrshire Finance Leads have developed and agreed on a new model for costing the set aside arrangements, based on actual bed usage and average costs. A baseline level of usage has been agreed based on the average actual use across years 2016/17 to 2019/20, the last four years prior to the pandemic. A pan-Ayrshire Joint Commissioning Plan is currently under development; this will outline the level of acute unscheduled care provision that each of the IJBs want to commission from the Health Board.

The NHS AA Chief Executive has requested the below support from the 3 IJBs:

The development of a joint strategic commissioning plan to enable the setting of directions to provide to NHS Ayrshire and Arran for Unscheduled Care, aligned with the Set Aside resources. Seeking the support from the 3 IJBs in the review, and onward approving and monitoring of the delivery of a Strategic Commissioning Plan in line with the provisions laid out in the Integration Schemes, as outlined below:

- The NHS Board will consult with the Ayrshire Integration Joint Boards to ensure that any overarching Strategic Plan for Acute Services and any plan setting out the capacity and resource levels required for the Set Aside budget for such Acute Services is appropriately coordinated with the delivery of Services across the Ayrshire and Arran area. The parties shall ensure that a group including the Director for Acute Services and Chief Officers of the three Ayrshire Integration Joint Boards will meet regularly to discuss such issues.
- The initial Set Aside base budget for each Integration Joint Board will be based on their historic use of Acute Services. The actual unit cost which would apply as part of any change to activity or service redesign is dependent on the scale of change planned and requires agreement in advance by all Parties. Any redesign of service requires to be agreed across the three Integration Joint Boards and be reflected in the Strategic Plans.
- In year pressures in respect of Set Aside budgets will be managed in year by the Health Board, with any recurring over or underspend being considered as part of the annual budget setting process.

In this joint strategic commissioning plan each IJB will consider and outline a clear framework for commissioning, at a strategic level, the urgent and unscheduled care service funded from the 'set aside' budget.

There is an ambition that the commissioning plan will indicate an expectation of service delivery that will see sustained and affordable improvement in relation to performance outcomes for the citizens of Ayrshire and assure best value to support the financial balance of urgent and unscheduled care provision through a review and system wide redesign of the preferred models of care.

Following approval by the 3 IJBs, the Plan will be enacted operationally through the mechanism of Directions by the Local Authorities and NHS Ayrshire and Arran. Given the critical performance and financial challenges, NHS Ayrshire and Arran would request the plan to be considered and approved during 2024-25. As set out in Integration Schemes the in-year pressures in respect of Set Aside budgets will be managed in-year by the Health Board.

The budget for set aside resources for 2024-25 is £35.453m. This is based on the 2023-24 figure which reflects the agreed baseline level of usage at 23-24 prices.

**3.3 FINANCIAL RISKS**

There are a number of ongoing financial risk areas that may impact on the 2024-25 budget during the year, these include:

- Current overspend areas, especially in low volume / high-cost services e.g. Children's residential placements, UNPACs, and supplementary staffing across community, mental health and learning disability wards.

- High levels of inflation over several years which have impacted on costs incurred directly by the Partnership and on our partner providers.
- Growing demand for services.
- Staff recruitment and retention challenges across a number of service areas.
- The provider market and the ongoing ability to source packages of care for service users.
- The expectation that performance will continue to be maintained or improved despite the significant resource challenges.
- Ongoing delivery costs of Scottish Government policy directives, particularly where these are not fully funded or inflation-protected.
- The Local Government and NHS pay awards are not settled for 2024-25; as outlined in the report, a 3% increase has been assumed for the social care workforce and for NHS it is anticipated that additional funding will be allocated once the pay award has been settled. If the pay awards are not fully funded then this will present an in-year cost pressure.
- Unearmarked reserve balances do not meet the recommended threshold of 2% of annual spend and this reduces the ability to absorb in-year variances.
- The ongoing review of the Integration Scheme.
- Progress with the work to develop set aside arrangements and the risk sharing arrangements agreed as part of this.
- The wider system financial challenges and impact across the whole system, for example the financial position of NHS AA and the decisions taken to reduce the Board's deficit may have impacts on other parts of the health and care system.

These risks will be monitored during 2024-25 and any financial impact reported through the financial monitoring report.

**3.4 IJB RESERVES**

The IJB is established as a Local Government body therefore has the ability to hold reserve balances. Reserve balances are held as part of an approach to good financial management, the purpose of reserves is as follows:

- a) As a working balance to help cushion the impact of uneven cash flows;
- b) As a contingency to manage the impact of unexpected events or emergencies; and
- c) As a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities.

The balance of reserves should be considered as part of the budget setting process. The IJB has a reserves policy in place which outlines an optimum value of reserves to be held uncommitted in contingency, this is currently set as 2% to 4% of net expenditure, based on the lower value this would be around £6.29m.

The projected outturn position at period 10 for the IJB is a year-end overspend of £4.171m, with further detail on this included in the financial management report elsewhere on the agenda.

The IJB reserves position projected to 31<sup>st</sup> March 2024 is summarised in the table below. This reflects a significant in-year draw on both earmarked and unearmarked reserves.

General Fund Reserve	Earmarked Reserves	Total
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	Unearmarked	External Funding	HSCP	
	£m	£m	£m	£m
<b>Opening Balance - 1 April 2023</b>	<b>6.448</b>	<b>6.997</b>	<b>4.219</b>	<b>17.664</b>
Audit Adjustment	(0.627)	(0.309)	-	(0.936)
<b>Corrected Opening Balance</b>	<b>5.821</b>	<b>6.688</b>	<b>4.219</b>	<b>16.728</b>
2023-24 Draw Per the Budget Paper	-	(1.252)	-	(1.252)
<b>Current Reserve balances</b>	<b>5.821</b>	<b>5.436</b>	<b>4.219</b>	<b>15.476</b>
Estimated 2023-24 Draws	(2.171)	(3.159)	(2.365)	(7.695)
<b>Projected Balance – 31 March 2024</b>	<b>3.650</b>	<b>2.277</b>	<b>1.854</b>	<b>7.781</b>

The projected 'free' general fund balance of £3.65m is proposed to be held as a contingency balance, this equates to around 1.2% of the IJB budget for 2024-25 and therefore does not meet the lower target of 2%.

The final position for reserves will be outlined in the year-end outturn report in June 2024 and in the Annual Accounts. Any movement in the year-end outturn position will be adjusted in the free general fund balance.

### 3.5 2025/26 and 2026/27

3.5.1 As in previous years, a Medium-Term Financial Outlook has been prepared to identify what the financial position may look like moving into 2025-26 and 2026-27.

3.5.2 This has not been published in full at the present time as the Scottish Government indicated in the Scottish Budget that its Medium-Term Financial Strategy will be updated and published in May 2024. Following this, a full update report will be brought to IJB in September 2024, covering the period 2025-26 to 2027-28.

3.5.3 However, the modelling which has been carried out across best, medium and worst case scenarios has identified the following potential positions for 2025/26 and 2026/27:

	2025-26				2026-27			
	Social Care (NAC) £m	Health - Lead (NHS A&A) £m	Health - Non Lead (NHS A&A) £m	Total £m	Social Care (NAC) £m	Health - Lead (NHS A&A) £m	Health - Non Lead (NHS A&A) £m	Total £m
<b>POTENTIAL BUDGET GAP (DIFFERENCE BETWEEN ALL COST PRESSURES AND POTENTIAL FUNDING)</b>								
: Based on Best Case Scenario	0.352	(1.125)	(1.063)	(1.836)	7.008	(1.192)	(1.136)	4.680
: Based on Medium Case Scenario	0.989	(0.559)	(0.501)	(0.071)	7.676	(0.396)	(0.346)	6.934
: Based on Worst Case Scenario	2.784	1.159	1.206	5.149	9.561	1.183	1.223	11.967

3.5.4 Our budget position for 2024/25 has proven to be close to the worst-case scenario which was previously projected for that year and it would be prudent to assume a similar position for the following years. Cost pressures have continued to be assumed on a consistent basis with 2024/25 and previous years.

3.5.5 On that basis, it is highly likely that the IJB will continue to face significant budget gaps which will require to be addressed in order to set a balanced budget, especially in 2026/27. The significant shortfall in that year can be linked in the expected increase in local government employer pension contributions from 6.5% in 2024/25 and 2025/26 to 17.5% in 2026/27.

3.5.6	Approval of the balanced budget position for 2024/25 which is outlined in this report will allow the Partnership time to deliver on the new Transformation Plan; this will form the basis of many of the cost efficiencies which will be required to deliver financial balance beyond 2024/25.
<b>3.6</b>	<b><u>Anticipated Outcomes</u></b>
	<p>There are a number of outcomes anticipated in relation to the 2024-25 Budget:</p> <ul style="list-style-type: none"> <li>• The proposed plans will deliver a balanced budget for 2024-25.</li> <li>• Financial resources will be effectively targeted to improve the health and care outcomes for the people of North Ayrshire.</li> <li>• Transformational Change for financial and service sustainability will feature at the forefront of the IJB and NAHSCP agenda throughout 2024-25 and beyond. The Transformation Plan 2024-27 is elsewhere on the agenda for approval.</li> </ul>
<b>3.7</b>	<b><u>Measuring Impact</u></b>
	<ul style="list-style-type: none"> <li>• Full year financial outturn forecasts will be compiled monthly with variance analysis and relevant explanations.</li> <li>• Regular financial review sessions will be undertaken with the Director, all Heads of Service and relevant senior managers in NAHSCP to ensure timely action is being taken where needed to stay within budgets.</li> <li>• Regular financial performance reports will be presented to the IJB to ensure it is kept fully informed of performance and importantly any major areas of concern requiring corrective action.</li> <li>• The Transformation Board will meet regularly to review progress with savings and any corrective action required to bring any plans back online.</li> </ul>

<b>4.</b>	<b>IMPLICATIONS</b>
4.1	<p><u>Financial</u></p> <p>It is essential that the IJB and NAHSCP operate within the 2024-25 delegated budget, this is supported by approving a balanced budget before the new financial year.</p> <p>The report outlines estimated delegated funding and the pressures required to be met from within the overall integrated budget. It is estimated there is a requirement to deliver £10.290m of savings during 2024-25 alongside dealing with a number of other known pressures and the risk of managing fluctuating demand for services. The plans outlined in the report allow for a one-year balanced position to be approved.</p> <p>The estimates are based on a robust understanding of the additional resources available, the risks and challenges faced by the Partnership and the anticipated budget pressures.</p> <p>Appendix A shows the total 2023-24 IJB Budget  Appendix B shows the proposed service pressures.  Appendix C shows the proposed savings.  Appendix D shows the Scottish Government Finance Settlement letters.</p>
4.2	<p><u>Human Resources</u></p> <p>There will be full consultation with the Trade Unions as appropriate.</p>
4.3	<p><u>Legal</u></p> <p>The IJB has an implicit obligation to funding partners to set a balanced budget prior to the start of the new financial year. The financial position and funding as detailed out</p>

would result in both partners complying with the Scottish Government directives re delegated funding for Integration Authorities.

4.4

Equality/Socio-Economic

All budget proposals are assessed for any potential impacts using Equalities and Children’s Rights Impact Assessment (ECRIA) Screenings. If any potential impacts are identified, a full assessment is carried out. There were 16 screenings completed, which combined 2 proposals on payroll savings into one and 2 proposals on removing vacant posts into one. There were potential impacts in terms of the Fairer Scotland duty in two of the screenings, which are believed to be minimal so a full assessment was not carried out for these. There were 4 proposals which progressed to a full assessment, with implications outlined below.

Ref	Proposal	Groups	Potential Impacts
12	Care Home Places	Age - Older people Disability Carers	Longer waiting times affecting quality of care; carers responsible for supporting service user for longer, potentially impacting their employment capabilities.
13	HBCCC Specialist Continuing Care	Age - Older people Disability Carers/ families Sex	Risk of provision of specialist care for future patients, loss of availability of male only provision, additional time and cost for family visitors.
14	Children and Families service redesign	Age –Young People Care experience Fairer Scotland Children’s Rights	Risk of continued access to specialist care. Young people are more likely to have experience of care, a guardian with substance use issues, ACEs, and poverty than the general populace, so could cause further disadvantage to these groups. Children’s rights impacts – article 3, 18, 19, 33, 39
15	Montrose House	Age - Older people Disability Carers	Longer waiting times affecting quality of care; carers responsible for supporting service user for longer, potentially impacting their employment capabilities.

The outcome in the assessments reflect that the proposals should still proceed, with mitigations for impacts. Full assessments are available should IJB members wish to view these.

4.5

Risk

Failure to operate within the delegated budget would impact on the overall financial sustainability and reputation of the partnership and would expose both funding partners, North Ayrshire Council and NHS Ayrshire and Arran to additional financial risk.

4.6

Community Wealth Building

Effective delivery of services as per the 2024-25 budget and associated plans should allow key strategic priorities to be met which should maximise benefits for the North Ayrshire community as a whole, but also benefit those areas of the community most in need.

4.7

Key Priorities

The 2024-25 budget proposals support delivery of the HSCP Strategic Plan Priorities.

<b>5.</b>	<b>CONSULTATION</b>
5.1	The budget plans detailed in this report have been produced in consultation with relevant budget holders, the Partnership Senior Management Team and IJB members. The funding assumptions align with information shared and agreed with the Head of Finance at North Ayrshire Council and the NHS AA Director of Finance.

**For more information please contact:**

**Paul Doak, Head of Finance and Transformation at [pdoak@north-ayrshire.gov.uk](mailto:pdoak@north-ayrshire.gov.uk) or Eleanor Currie, Principal Manager – Finance at [eleanorcurrie@north-ayrshire.gov.uk](mailto:eleanorcurrie@north-ayrshire.gov.uk)**

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**North Ayrshire Health and Social Care Partnership  
2024-25 Total Budget**

	2024/25 Budget		
	NAC	NHS AA	Total
	£m	£m	£m
Baseline Budget	150.349	157.894	308.243
Baseline Funding Increase	5.841	-	5.841
2024-25 Budget excluding set aside	<b>156.190</b>	<b>157.894</b>	<b>314.084</b>
Draft set aside budget	-	<b>35.453</b>	<b>35.453</b>
2024-25 Budget including set aside	<b>156.190</b>	<b>193.347</b>	<b>349.537</b>



## North Ayrshire Health and Social Care Partnership 2024-25 Budget Pressures

	Social Care £m	Health £m	TOTAL £m	Basis of budget pressure
<b>Pay Award</b>	2.491	0.070	2.561	Provision of 3% for NAC/Social Care staff.
<b>Demographic Pressures</b>				
: Physical Disabilities	0.165	-	0.165	Historic increase in PD care packages.
: Mental Health	0.124	-	0.124	Historic increase in MH care packages
: Learning Disabilities (Older Clients & Carers)	0.280	-	0.280	Historic increase in LD care packages, increase in client base due to support being provided due to inability for familial care supports not able to continue or at the same level.
<b>Transitions of Care</b>				
: Mental Health	0.074	-	0.074	Known individuals planned to transition from children's services or a hospital setting to adult services.
: Learning Disability	0.466	-	0.466	Known individuals planned to transition from children's to adult services.
<b>Contract Inflation</b>	5.265	-	5.265	Inflation increase for payments to care homes, real living wage provision and other contract inflation.
<b>Lead Partnership Pressures</b>				
: UnPACs	-	0.173	0.173	Inflation increase for Unplanned Activities budget
<b>Pan Ayrshire Pressures</b>				
: Community Phlebotomy	-	0.044	0.044	Full year contribution to expanded team.
: Tier 3 Weight Management	-	0.022	0.022	Additional contribution to ensure full-year budget provision for new service.
: O365	-	0.073	0.073	Increased licences and costs
: Breastfeeding Peer Support service	-	0.005	0.005	Additional contribution to ensure full-year budget provision for new service.
: NEST expansion	-	0.066	0.066	Agreed expansion to NEST team.
: Prison Pharmacy contract	-	0.093	0.093	Unavoidable increase driven by new Pharmacy contract.
: Foxgrove	-	0.033	0.033	Additional contribution to ensure full-year budget provision for new service.
<b>Other Pressures</b>				
: Joint Investigative Interview (JII) Team	0.092	-	0.092	Contribution to pan-Ayrshire service.
: Care at Home	0.812	-	0.812	Reconfiguration of Care at Home provision.
: Children's Residential Placements	4.000	-	4.000	To support demand for residential placements pending the transformation programme.
: Care Home Respite	0.100	-	0.100	To ensure the provision of emergency respite.
: Short breaks for carers	0.050	-	0.050	To support short breaks for unpaid carers.
: Equipment store	0.041	-	0.041	To provide permanent funding for a temporary post.
: Walking Aids	-	0.020	0.020	To support adequate provision.
: Governance team	0.050	-	0.050	To provide capacity to respond to Freedom of Information and Subject Access Requests.
: Free Personal and Nursing Care (FPNC)	0.270	-	0.270	To meet the cost of the FPNC rates.
<b>Impact of 2023-24 draw on reserves</b>	1.252	-	1.252	
<b>TOTAL PRESSURES 2023-24</b>	<b>15.532</b>	<b>0.599</b>	<b>16.131</b>	

## North Ayrshire Health and Social Care Partnership 2024-25 Savings

Social Care:				
Description	Deliverability Status at budget setting	2024/25 Saving	2025/26 Saving	Description of the Saving
<b>Children, Families &amp; Criminal Justice</b>				
Service redesign	Amber	0.123	0.034	Restructure areas of specialist service provision including substance use and corporate parenting, embedding the roles and functions of those teams within our locality-based early intervention approaches and strategic planning including engagement.
<b>Community Care &amp; Health</b>				
Review of Day Care provision	Amber	0.100	0.100	Carry out a review and streamline day care provision.
Sensory Impairment Team	Green	0.062		Remove the dedicated management post and realign the team into core social work teams.
Care Home places	Green	0.375		Reduce the number of funded care home places by 15, leaving budgetary provision for 765 places at average cost.
Charging for community alarm provision to sheltered housing tenants	Amber	0.200		Introduce a charge for community alarm provision in council sheltered housing units to ensure an equitable approach across all housing tenures.
Montrose House capacity	Green	0.111		Restrict the capacity at Montrose House care home to the current level of residency.
<b>Support Services and Partnership-wide savings</b>				
Voluntary Early Release	Green	0.174		Recurring savings achieved by the release of back-office staff through the council's voluntary early release scheme.
Carers Strategy funding	Green	0.384		Utilise the remaining Carer's Strategy funding to invest in respite provision and short breaks for carers and to support existing investments in services which support unpaid carers.
Increase to charging	Green	0.131		Increase charges for non-residential care by 10% and charges for residential care by 5%
Remove vacant posts	Green	0.280		Remove a number of vacant posts across support services.
Employers' superannuation contributions	Green	7.238		Align the budget to the new employer superannuation contribution rates from 1st April 2024.
Payroll Turnover	Green	0.077		Increase targets for payroll turnover through the recruitment process.
<b>TOTAL SOCIAL CARE SAVINGS</b>		<b>9.255</b>	<b>0.134</b>	
<b>Health:</b>				
Description	Deliverability Status at budget setting	2024/25 Saving	2025/26 Saving	Description of the Saving
Hospital Based Complex Continuing Care (HBCCC) provision	Green	0.500		Align the budget to the level of ongoing need for HBCCC provision.
Increase recharge to East Ayrshire for beds at Woodland View	Green	0.021		Apply an inflationary increase to the recharge to East Ayrshire HSCP.
Community Recovery and Rehab provision	Amber	0.100		Review and streamline a range of current provisions to remove duplication.
Enhanced ICT	Green	0.100		Carry out a review of the service delivery model and release recurring staffing savings.
Payroll Turnover	Green	0.314		Increase targets for payroll turnover through the recruitment process.
<b>TOTAL HEALTH SAVINGS</b>		<b>1.035</b>	<b>0.000</b>	
<b>TOTAL NORTH HSCP SAVINGS</b>		<b>10.290</b>	<b>0.134</b>	

**SCOTTISH GOVERNMENT FUNDING LETTERS 2024-25**



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Chief Executives, NHS Scotland

Copy to: NHS Chairs  
NHS Directors of Finance  
Integration Authority Chief Officers  
Integration Authority Chief Finance Officers

***Issued via email***

19 December 2023

Dear Chief Executives

**Scottish Government Budget 2024-25**

Following the announcement of the Scottish Government's Budget for 2024-25 by the Deputy First Minister in Parliament today, I am writing to provide details of the indicative funding settlement for Health Boards. A breakdown of the total is provided in **Annex A** to this letter.

The Deputy First Minister noted in her response to the UK Government's Autumn Statement that it delivered a worst-case scenario for Scotland's finances. The financial pressures across health and social care are, by far, the most challenging since devolution. We have worked to protect NHS Budgets and social care funding where other parts of the public sector have faced reductions. All health consequentials have been passed through to the Portfolio, but these were not at a level expected by the Scottish Government, particularly given the non-recurring nature of 2023-24 pay consequentials, and we recognise the continued pressures health and social care services face in the aftermath of the pandemic and changing demographic profiles.

As in previous years, the budget announced will be subject to any amendments agreed through the Scottish Parliament's Budget Bill process. In addition, we will undertake further work with you specifically in relation to pay costs and waiting times funding. I will keep you up to date with any changes to our planning assumptions.

**Budget Uplift**

Compared to 2023-24 budgets, territorial NHS Boards will receive a total increase of 4.3% for 2024-25 to cover costs related to the 2023-24 pay deals, as well as the baselining of £100 million sustainability and NRAC funding provided in 2023-24. For clarity, the 4.3% uplift relates to 2023-24 non-recurring funding now being made on a recurring basis. National Boards will receive a 3.8% uplift to fund 2023-24 pay deals.

In terms of pay, funding arrangements for Boards will be revisited by the Scottish Government following the outcome of the pay negotiations in the new financial year. As part of Boards recurring adjustments for 2023-24, amounts have been included based on pay offers for Agenda for Change and Medical and Dental staffing in 2023-24. Pay for NHS staff remains subject to agreement for 2024-25, and we will work with Directors of Finance to finalise this position once the outcome is known. We will write to Boards in 2024 to confirm finalised baseline budgets following the conclusion of this work, but at this stage it should be assumed that additional funding will be allocated to support a deal.

We have committed the £100 million sustainability funding for non-pay costs, but beyond this and the NRAC funding provided in 2023-24, Boards will be expected to manage pressures within existing envelopes. Funding ensures no Territorial Board is further than 0.6% from parity.

## **Covid-19 Funding**

Whilst the scale of Covid-19 costs has reduced significantly in 2023-24, we recognise there are specific legacy costs that will require additional funding support in the new financial year. This includes funding for:

- Vaccinations staffing and delivery.
- Test & Protect activities including Regional Testing facilities.
- Additional PPE requirements; and
- Some specific Public Health measures.

Following today's budget, we will seek to provide early clarity as to the total funding to be provided to support these costs. However, beyond the above, NHS Boards and Integration Authorities should expect to meet remaining costs from baseline funding and should continue to drive these costs down as far as possible.

## **Policy Funding**

In addition to the baseline uplift outlined, funding aligned to policy commitments and recovery of health and social care services will be allocated to Boards and Integration Authorities in 2024-25. It is our intention to provide early indication of allocations where possible, and to align this to the planning guidance that will be issued in relation to Annual Delivery Plans, setting out the priorities for health and social care in the coming year.

We are aware there has been a rise in the volume of allocations over the past few years and we are committed to reducing this. We are also aware timing of some allocations being later in the year leads to uncertainty and difficulties in service planning without funding certainty. We are committing to putting out 80% of allocations in the first quarter, where necessary these may be a % of the full allocation value.

## **Health and Social Care Integration**

Formal notification of the terms and approach to the Local Government funding settlement will be given in the Circular and Local Government Budget Letter. The Health and Social Care Portfolio will transfer net additional funding of £241.5 million to Local Government to support social care and integration. The overall transfer to Local Government includes additional funding of £230 million to deliver a £12 per hour minimum pay settlement for adult social care workers in private and third sectors, in line with the Real Living Wage Foundation rate. In addition, an inflationary uplift on Free Personal Nursing Care rates (£11.5 million) is provided.

The funding allocated to Integration Authorities for Free Personal and Nursing Care and adult social care pay in third and private sectors should be additional and not substitutional to each Council's 2023-24 recurring budgets for adult social care services that are delegated. This means that, when taken together, Local Authority adult social care budgets for allocation to Integration Authorities must be £241.5 million greater than 2023-24 recurring budgets to ensure funding from Health and Social Care Portfolio contributes to meeting outcomes in this area. Where there is evidence funding is not passed across to be used for the policy intent, the Scottish Government reserves the right to look at reclaiming funding allocated.

We have progressed baselining prior year Real Living Wage funding totalling £333.5 million to Local Government. A further £52.3 million has been baselined for other commitments including uprating free personal nursing care.

## **Capital**

### **a. Capital Budget**

The health capital budget increases from £578 million to £754 million, however if the health research element is excluded (which is a ring-fenced budget that cannot be used for capital investment), the budget reduces by £59 million from £373 million to £314 million. This is lower than our planning assumptions, which were shared with Chief Executives, Chairs and Directors of Finance in August.

The settlement allows for formula capital to be maintained at 2023-24 levels, all major projects in construction to be completed (Baird and Anchor, Parkhead Health Centre, QEUH rectification and Jubilee Phase 2), as well as support for the national replacement programmes for Ambulances and Radiotherapy equipment. Beyond these

core areas outlined above, we will not be providing any funding, including in relation to our intention to increase formula capital so that it doubles over the Capital Spending Review period (2021-22 to 2025-26).

In respect of 2023-24, we are asking all Boards to review their capital expenditure for the remainder of the year and to defer any areas where spend is discretionary.

## **b. New Developments and Capital Planning**

We are aware that most Boards are developing infrastructure plans and individual projects which will require Scottish Government funding to progress. Given the challenging settlement we are managing, we will not be funding development costs for any new projects, as we do not anticipate starting construction of any new project over the next two years at least. We understand the local challenges this will present in some instances, so the Health Capital Finance team will arrange a discussion with all affected Boards in the New Year to confirm arrangements. However, in the meantime, NHS Boards should immediately stop any project development spend, otherwise these costs may need to be funded from local formula capital budgets which should instead be directed towards maintenance of the existing estate and essential equipment and digital replacement.

Now that we have clarity on the capital funding position, a Directors' Letter on Whole System Planning that focusses on maintaining your current estate, will be issued in the New Year.

## **c. Small Scale Projects**

The Scottish Government has always looked to provide capital support for relatively small scale, but essential investments, that could not be funded through formula capital. At this point, our ability to fund such investments is extremely limited and Boards should not anticipate receiving additional funding in 2024-25, even if funding has previously been agreed.

It is clear that there is significant financial challenge in 2024-25 above levels we have seen before and we will continue to work closely with Chief Executives to address this. I thank you again for your support to date and your continued engagement moving into the next financial year.

## **2024-25 Financial Planning**

I wrote to all Boards previously outlining my expectations for 2024-25 plans, being:

- a clear programme of work and supporting actions to achieve the target of 3% recurring savings on baseline budgets,; and
- an improved forecast outturn position compared to your forecast outturn position reported at the start of 2023-24.

Further to this, I confirmed for Boards in receipt of brokerage in previous years that this would be capped for 2024-25. There is no central budget available for brokerage and any funding given for this limits investment in other areas.

## **Financial savings**

I am aware the 3% savings target alone will not be enough to return to breakeven or in some cases the brokerage cap. There are a number of areas of work underway to support NHS Boards and collectively improve the financial position as set out below.

### 15 box grid

I have communicated previously the 15 box grid approved by Board Chief Executive on 14 November. This sets out 15 areas of focus for Boards to progress. There are various national programmes of work supporting these areas to be implemented at a local level.

The Financial Delivery Unit will continue to co-ordinate and assist Boards to identify further actions or areas that will support delivery of your 3% recurring savings target.

NHS Scotland Planning and Delivery Board (NHSSP&DB)

The NHSSP&DB has been established to direct and co-ordinate a range of national work including strategic planning, national programmes and national improvement. Work will continue to rationalise national programmes and agree priorities to simplify the landscape and have a stronger focus on affordability. As agreed, decisions will be taken on a Once for Scotland basis working alongside Board Chief Executives and the other functional professionals groups.

CHOICES

As set out at the Board Chief Executive meeting on 12 December, we will progress the development of the CHOICES options which will provide the framework in which decisions around the following key areas will be made:

- Workforce
- Innovation
- Service and infrastructure optimisation

Further guidance will follow in respect of the above and will take account of the discussions you have been having with the NHS Scotland Chief Operating Officer and members of my team.

It is clear that there is significant financial challenge in 2024-25, above levels we have seen before, and we will continue to work closely with Chief Executives and colleagues across the whole system. I thank you again for your support to date and your continued engagement moving into the next financial year.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'R McCallum', with a long horizontal stroke underneath.

**RICHARD MCCALLUM**

Director of Health and Social Finance, Digital and Governance

## Annex A – Board Funding Uplifts

	2023/24 Allocation	Recurring Allocations*	Updated Allocation	Uplift**	2024/25 Total Allocation	Uplift from 2023/24	NRAC Funding	Distance from NRAC Parity
	£m		£m	£m	£m	%	£m	%
<b>NHS Territorial Boards</b>								
Ayrshire and Arran	850.2	33.1	883.3	0.2	883.5	3.9%	0.2	-0.6%
Borders	248.6	10.4	259.0	1.5	260.4	4.8%	1.5	-0.6%
Dumfries and Galloway	352.2	12.5	364.7	0.0	364.7	3.6%	0.0	1.1%
Fife	790.8	31.3	822.1	7.2	829.2	4.9%	7.2	-0.6%
Forth Valley	631.1	25.7	656.8	2.1	658.9	4.4%	2.1	-0.6%
Grampian	1,129.9	44.4	1,174.2	2.2	1,176.4	4.1%	2.2	-0.6%
Greater Glasgow and Clyde	2,639.4	93.8	2,733.1	0.0	2,733.1	3.6%	0.0	1.3%
Highland	768.2	39.0	807.1	0.0	807.1	5.1%	0.0	-0.6%
Lanarkshire	1,424.1	57.9	1,482.0	6.9	1,489.0	4.6%	6.9	-0.6%
Lothian	1,743.3	72.0	1,815.3	10.2	1,825.5	4.7%	10.2	-0.6%
Orkney	60.2	2.5	62.8	0.8	63.6	5.6%	0.8	-0.6%
Shetland	60.1	2.2	62.4	0.0	62.4	3.7%	0.0	1.9%
Tayside	912.2	39.0	951.2	0.0	951.2	4.3%	0.0	-0.3%
Western Isles	89.0	3.8	92.9	0.0	92.9	4.3%	0.0	12.6%
<b>Territorials Total</b>	<b>11,699.2</b>	<b>467.5</b>	<b>12,166.7</b>	<b>31.1</b>	<b>12,197.9</b>	<b>4.3%</b>	<b>31.1</b>	
<b>NHS National Boards</b>								
National Waiting Times Centre	75.8	6.0	81.8	0.0	81.8	7.9%		
Scottish Ambulance Service	334.2	15.0	349.2	0.0	349.2	4.5%		
The State Hospital	42.5	2.0	44.5	0.0	44.5	4.6%		
NHS 24	90.7	0.7	91.4	0.0	91.4	0.8%		
NHS Education for Scotland	517.6	32.6	550.2	0.0	550.2	6.3%		
NHS National Services Scotland	378.6	1.7	380.3	0.0	380.3	0.4%		
Healthcare Improvement Scotland	33.6	0.2	33.8	0.0	33.8	0.5%		
Public Health Scotland	56.9	0.6	57.5	0.0	57.5	1.0%		
<b>Nationals Total</b>	<b>1,530.1</b>	<b>58.8</b>	<b>1,588.9</b>	<b>0.0</b>	<b>1,588.9</b>	<b>3.8%</b>		
<b>Total NHS Boards</b>	<b>13,229.3</b>	<b>526.3</b>	<b>13,755.6</b>	<b>31.1</b>	<b>13,786.7</b>	<b>4.2%</b>		

\* Includes recurring allocations from 2022-23

\*\* Includes NRAC parity adjustments.



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Copy to: Councillor Steven Heddle  
The Leaders and Chief Executives of all Scottish  
local authorities

19 December 2023

## **LOCAL GOVERNMENT SETTLEMENT 2024-25**

Today I formally set out the Scottish Government's proposed Budget for 2024-25 to the Scottish Parliament. Further to the budget statement I write now to confirm the details of the local government finance settlement for 2024-25.

This draft budget prioritises supporting people through the cost-of-living crisis, investing in our frontline public services, and tackling the climate emergency head-on. It focuses on our three missions:

- Community - Delivering efficient and effective public services
- Equality - Tackling poverty and protecting people from harm
- Opportunity - Building a fair, green and growing economy

This Budget comes at a difficult fiscal period for Scotland. The economic conditions for the 2024-25 Scottish Budget are set to remain challenging as inflationary and pay pressures continue to impact on households, businesses and public bodies. The funding provided by the UK Government in the Autumn Statement fell far short of what we needed. Scotland needed more money for infrastructure, public services and fair pay deals. Instead, the Autumn Statement delivered a real terms reduction in the total block grant. The UK Government have not inflation-proofed their Capital Budget which is forecast to result in a 9.8% real terms cut in our UK capital funding over the medium term between 2023-24 and 2027-28.

It is also important to recognise the positive change in the relationship between the Scottish Government and local government. On 30 June of this year we signed the Verity House Agreement which set out our vision for a more collaborative approach to delivering our shared priorities for the people of Scotland. We agreed to change the way we work together, building a relationship on mutual trust and respect; focusing on achievement of better

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outcomes; and consulting and collaborating as early as possible in policy areas where local government has a key interest.

We committed to regularly reviewing councils' powers and funding, with the expectation that services will be delivered at a local level unless agreed otherwise; and to develop a framework for collecting and sharing evidence to ensure progress is maintained.

We also undertook to agree a new Fiscal Framework governing how local authorities' funding is allocated, reducing ring-fencing and giving greater control over budgets to meet local needs. On Thursday 14 December we jointly published an update on the development of this fiscal framework and our officials will continue to work together to develop this further. We also wish to work with COSLA through the development of that Fiscal Framework to ensure the distribution arrangements for the settlement continue to meet the needs of our remotest communities and changing population. In this regard, I am open to considering adjusting the funding floor percentage ahead of the Local Government Order and would welcome any views on this or other elements of distribution as part of the consultation to the order due to publish on Thursday 21 December."

As part of our discussions with you on the new fiscal framework we will also seek to increase discretion for local authorities to determine and set fees and charges locally. This will include continuing our joint work to agree next steps following the recently closed consultation on building warrant and verification fees, and a consultation on planning fees to launch in early 2024. We also intend to explore with local government options in respect of other fees and charges which are currently levied locally but set nationally, with a view to further empowering councils in these areas.

The intention is that the indicative allocations to individual local authorities for 2024-25 will be published in a Local Government Finance Circular on Thursday 21 December. That circular will begin the statutory consultation period on the settlement.

The total funding which the Scottish Government will make available to local government in 2024-25 through the settlement will be over £14 billion for the first time should all 32 councils agree to freeze council tax. This includes:

- An additional £6m to support the expansion of Free School Meals;
- An additional £11.5m to support the uprating of Free Personal and Nursing Care rates;
- Additional funding of £230m to deliver a £12 per hour minimum pay settlement for adult social care workers in commissioned services via agreed contract uplifts;
- An additional £6.8m for Discretionary Housing Payments
- £145.5m to continue to maintain teachers and support staff (on which further detail will follow) as well as £242m to support teacher pay uplifts;

This excludes funding for teacher pension contributions. As you are aware there will be an increase in the employer contribution rate in the Scottish Teachers' Pension Scheme. The rate is set to increase from 23% to 26% from 1 April 2024, following the conclusion of the 2020 scheme valuation. The UK Government have publicly stated that the funding will be allocated to individual UK Government departments in Spring 2024. Scottish Ministers will make decisions on funding allocations once the UK Government funding position is clearer and the implications for consequentials are understood.

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Discussions with COSLA are also underway to finalise the costs of delivering the £12 per hour minimum pay commitment for PVI providers delivering children's social care, bringing this in line with ELC and adult social care. Following discussions with COSLA, and approval through the formal financial governance process, our aim is to provide additional funding in 2024-25 for children's social care.

The funding allocated to Integration Authorities for Free Personal and Nursing Care and adult social care pay in commissioned services should be additional and not substitutional to each Council's 2023-24 recurring budgets for adult social care services that are delegated. This means that, when taken together, Local Authority adult social care budgets for allocation to Integration Authorities must be £241.5 million greater than 2023-24 recurring budgets to ensure funding from Health and Social Care Portfolio contributes to meeting outcomes in this area. Where there is evidence funding is not passed across to be used for the policy intent, the Scottish Government reserves the right to look at reclaiming this.

Within the Verity House approach, Scottish Government and Local Government are committed to developing a joint overarching framework of outcomes, accountability and monitoring. It is envisaged that this framework will be finalised by spring 2024. In the meantime, this settlement includes almost £1 billion of funding which has been baselined into the General Revenue Grant, as part of our commitment under the Verity House Agreement to remove ring-fencing and increase funding flexibilities to local authorities, subject to agreeing the detail set out below. As I have advised the COSLA President, Vice President and Resources Spokesperson in our pre-budget engagement, the baselining exercise has required us to restate the fiscal position for prior years to meet Parliamentary expectation on budget presentation. In light of this restatement, I have asked my officials to provide the necessary data to ensure that the reconciliations are clearly understood by COSLA.

The baseline proposals will deliver flexibilities across Social Care, Education, Social Justice, Net Zero and Justice. The detail of the individual lines is set out in the Annex to this letter.

In return, our expectation is that Councils will continue to deliver all statutory and contractual commitments associated with the relevant funding. In relation to the funding for Social Care being baselined we expect the continued payment of the living wage to adult social care staff in commissioned services, with Councils benefitting from flexibility on how that is delivered locally.

Alongside this, we expect that local government will continue in good faith to engage in a range of discussions about future policy direction. Given the joint work required to progress the delivery of the National Care Service, and the positive progress made so far, we expect this to continue, with every effort being made to reach agreement on outstanding matters in relation to arrangements for the chairs of local boards, direct funding and consistency of delegation.

Our offer to baseline £564.1m of education funding is conditional upon the agreement that, by the end March 2024, the assurance framework being sought by the Cabinet Secretary for Education and Skills is in place and that the new joint Education Assurance Board has been

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established. In light of the £521.9 million of early learning and childcare (ELC) funding which is being baselined, I am also seeking your agreement to commit publicly to exploring options for a national indicative rate or range of rates for the ELC PVI sector to secure their financial sustainability in future years.

Further discussion on flexibility on other Education funding lines will take place within the Education Assurance Board once it is operational. Our expectation is also that Councils will continue to honour the existing joint agreement on provision of free school meals on a universal basis to primary 4, 5 and special school pupils, building upon our earlier agreement with respect to universal provision to primary 1 to 3 pupils.

This baselining is an initial step in the process of embedding the Verity House Agreement and is not a one-off event. I have emphasised the need for further movement in Budget 2025-26 to my Cabinet colleagues and over the coming months we will be identifying further lines which could be considered and put forward for baselining supported by the outcomes, accountability and monitoring framework to be agreed in the coming months.

The Scottish Government is committed to working in partnership with Local Government to deliver a national freeze on Council Tax in 2024-25. We have engaged closely with you to discuss the parameters and principles for identifying funding to support this commitment and will continue discussions during the coming months to reach agreement. Consequently, we have set aside £144 million to fund a freeze in Council Tax across each of Scotland's 32 local authorities. The funding earmarked is equivalent to a 5% increase in Council Tax nationally, taking into account the average rise to Council Tax in 2023-24, whilst recognising that inflationary pressures have eased in the last 12 months.

The funding represents the Council Tax revenue that might have been raised (net revenue), and excludes the forgone revenue associated with the increased cost of the Council Tax Reduction scheme, and other deductions (gross revenue), which Council Tax rises would have caused. On this basis we will seek the agreement of councils to freezing their Council Tax in 2024-25, and as I have indicated this week, I remain open to continued dialogue as to how we might best achieve that.

In respect of the statutory accounting framework and discussions on its robustness over the past number of years, I can also confirm that I have no plans in the immediate future to commence the Capital Accounting Review which was proposed in the Resources Spending Review in May 2022.

Should all councils agree to freeze Council Tax, the 2024-25 Local Government Settlement of over £14 billion offers an increase equivalent to 6.0% in cash terms since the 2023-24 budget. It continues to provide local government with a funding settlement that is both fair and affordable, under the most challenging of circumstances. Critically, in the face of a worst-case scenario Autumn Statement and amongst all the difficult decisions in the Budget, we have increased the Local Government Settlement's share of the discretionary budget.

I acknowledge that this Budget cannot deliver the resources all our partners will want. I am under no illusions about the challenging fiscal environment we face across all of our public services, not only this year but in years to come. This Budget addresses key priorities, targets resources on low-income households and paves the way for future investment in this

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Parliament. It treats local authorities fairly and consistently with other portfolios. Scottish Ministers have had to take difficult decisions which have allowed us to prioritise funding and invest in the areas which have the greatest impact on the quality of life for the people who call Scotland home.

I look forward to working with COSLA in the year ahead to deliver our shared priorities and to continue to fully implement the Verity House Agreement.



**SHONA ROBISON**

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## FUNDING BASELINED IN 2024-25

<b>Funding Line</b>	<b>Proposal (£m)</b>
Local Heat and Energy Efficient Strategies	2.4
Community Justice Partnership Funding	2.0
Living Wage	333.5
Blue Badge	0.72
Free Personal and Nursing Care	42.3
Former Housing Support Grant	1.0
Free period products in schools and public places	4.9
Early Learning and Childcare Specific Revenue Grant	521.9
Free School Meals	42.2
<b>Total (£m)</b>	<b>£950.92</b>

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**Integration Joint Board**  
**14<sup>th</sup> March 2024**

<b>Subject:</b>	<b>Unscheduled Care Update &amp; North Ayrshire Improvement Plans</b>
<b>Purpose:</b>	To update the IJB on performance in relation to Unscheduled Care in Ayrshire and Arran, highlighting areas of risk and to detail an update on the progress of winter plans and actions being progressed to reduce delays and unmet need within the North Ayrshire Health and Social Care Partnership's Community Care Services.
<b>Recommendation:</b>	The IJB are asked to note the ongoing programme of work in relation to Unscheduled Care, recent performance information and the progress of the specific actions being taken in North Ayrshire.

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

<b>Glossary of Terms</b>	
IJB	Integration Joint Board
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
LOS	Length of Stay
ED	Emergency Department
CAU	Combined Assessment Unit
UHC	University Hospital Crosshouse
UHA	University Hospital Ayr
MHO	Mental Health Officer
FNC	Flow Navigation Centre
EICT	Enhanced Intermediate Care Team
SAS	Scottish Ambulance Service
OPG	Office of the Public Guardian
CFSD	Centre for Sustainable Delivery



1.	<b>EXECUTIVE SUMMARY</b>
1.1	The Integration Joint Boards have delegated responsibility for elements of Urgent and Unscheduled Care activity in large hospitals. A previous report was presented to the IJB in June 2022 setting out those arrangements, the programme of work in place to improve performance at that time and the areas where focused action was required to improve services for the people of Ayrshire and Arran. An update was provided to IJB in October 2023 which set out the position at that time and this report provides a further update in relation to Unscheduled care to ensure that the Integration Joint Board are aware of the current situation, challenges, risks and potential impact.
2.	<b>BACKGROUND</b>
2.1	A programme of improvement work has continued relating to Unscheduled Care performance across Ayrshire and Arran. The previous reports(s) described the Scottish Government's approach to reshaping Unscheduled Care Services via the Urgent and Unscheduled Care Collaborative in Scotland and the approach taken in Ayrshire and Arran regarding this.
2.2	<p>In November 2023 an Urgent and Unscheduled Care Programme Board, co-chaired by the NHS AA Deputy Nurse Director and the Deputy Medical Director, was established. The Board has responsibility for oversight of the revised Urgent and Unscheduled Care Improvement Plan. The Plan is based on a 30/60/90 day improvement methodology and has specific workstreams with identified leads for each workstream area. Highlight reports detailing performance and progress against planned improvement work are presented weekly to the Programme Board and submitted on a fortnightly basis to the Scottish Government. The key trajectories and improvements associated with the plan include the following:</p> <ul style="list-style-type: none"> <li>• At least 95% of patients will wait less than 4 hours from arrival at the Emergency Department to treatment, admission, or discharge (unscheduled attendances only).</li> <li>• At least 95% of all flow 1 (minor injury) attendances at Emergency Departments will be discharged within 4 hours of arrival.</li> <li>• No patient will wait for longer than 12 hours in the Emergency Department.</li> <li>• The median turnaround time for Scottish Ambulance Service vehicles at both acute hospitals will be in line with the national median time.</li> </ul> <p>A summary of the focus of workstreams from the Urgent and Unscheduled Care Plan are detailed below:</p> <p><b>Workstream 1 – Reconfiguring Front Door Services –</b> This workstream has a particular focus on alleviating congestion and increasing flow at the front door. This aims to maximise flow in the Combined Assessment Unit, with a number of actions to improve performance including implementing a comprehensive CAU bundle, establishing a next day bookable appointment system to mitigate overnight stays in CAU, creating specialised frailty units and adopting a Homefirst approach to support discharge.</p> <p><b>Workstream 2 – Reducing Acute Length of Stay –</b> This workstream has a particular focus on improving patient flow throughout the acute hospitals to provide more effective and streamlined transfers of care, with a number of actions to improve performance including the implementation of safe transfer care plans, implementation of discharge to assess processes, implementation of a CAU specialty pull model, optimisation of Homefirst and the use of the Discharge Lounge.</p> <p><b>Workstream 3 – Providing Front Door Alternatives –</b> This workstream has a particular focus on providing alternatives to front door attendance, with a number of actions to improve overall performance including maintaining and growing Flow Navigation Centre pathways,</p>



	minor injury scheduling, SAS Call Before Convey and Direct Care Home referrals to the Ayrshire Urgent Care Service.
2.3	<b>North Ayrshire - Winter Preparedness and Delayed Discharge Improvement Plan</b>
	<p>The Partnership's Health and Community Care teams, alongside Mental Health colleagues, commenced the development of a local winter preparedness and delayed discharge improvement plan in response to service performance levels and community unmet need in late 2023. This was in anticipation of seasonal demands to ensure resilience across the health and care system in North Ayrshire. This was anticipated to be a short-term plan however has developed to become a longer-term improvement plan and is being developed alongside the service's Transformation Plan.</p> <p>The Plan continues to focus on enhancing Care at Home Capacity, Discharge to Assess and Adults with Incapacity. A project delivery group has been developed, which meets on a fortnightly basis to review progress of actions and performance within each of the workstream areas. Further detail of the plan and performance is detailed in Appendix 1 of this report.</p>
2.4	<b>Winter Preparedness and Whole System Self-Assessment</b>
	<p><b>Winter Preparedness Checklist</b></p> <p>In September 2023, ahead of the Scottish Government's Winter Plan, Health Boards and Health and Social Care Partnerships were asked to work in collaboration as a whole system to complete a Winter Preparedness Checklist to provide an overview of Ayrshire and Arran's state of readiness for Winter. Winter resilience priorities promote the strengthening of whole system planning to ensure there is resilience across key areas for supporting seasonal increases in demand.</p> <p><b>Whole System Discharge Planning Self-Assessment</b></p> <p>In addition to the Winter Checklist, Health Boards and Health and Social Care Partnerships have also been asked to submit a quarterly Whole System Discharge Planning Self-Assessment Tool. The Self-Assessment is designed to provide assurances to Scottish ministers that the Delayed Discharge and Hospital Occupancy Action Plan is being enacted as part of preparations for winter and the recent Whole System submission was for Quarter 3. The HSCP await formal feedback on the Q2 return.</p>
<b>3</b>	<b>ASSESSMENT</b>
3.1	<b>Unscheduled Care Performance</b>
	<p>The information below provides an overview of some of the performance in areas highlighted as a priority and puts into context over time the Unscheduled Care Performance in Ayrshire and Arran. This information is now also accompanied by the Discovery Debrief on the National Unscheduled Care Programme from the Centre for Sustainable Delivery (CFSD).</p> <p>The CFSD have produced a report setting out the baseline and benchmarking references for NHS AA against other Boards across a key set of indicators. The report also sets out the areas where there is variation and areas of focus for improvement.</p> <p><b><u>Emergency Department Attendances:</u></b></p> <p>Since November 2020 Ayrshire and Arran has been implementing The Redesign of Urgent Care Programme. This looks to build on opportunities to support the public to access the Right Care in the Right Place at the Right Time. This Programme has been delivering service</p>

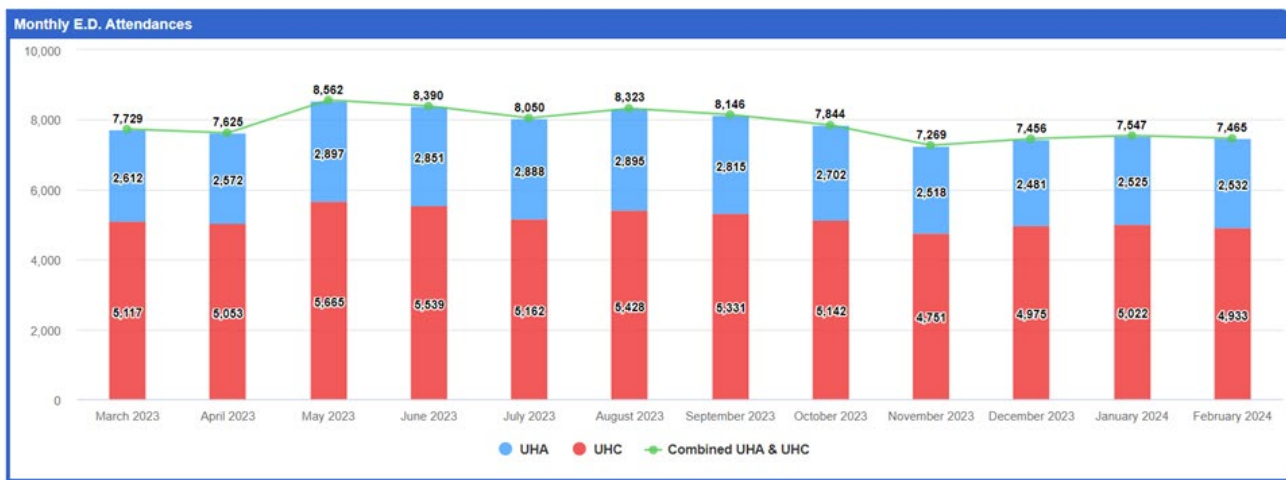
redesign within Ayrshire and Arran since that time with the implementation of a Flow Navigation Centre which acts as the hub and single point of access for calls originating through the NHS24 111 telephone line. The intent of the Flow Navigation Centre was that each ED would see a reduction in self-presentations due to the ability to triage at NHS24, a clinical assessment at the FNC, and the opportunity to schedule patients to attend either ED or MIU. Performance of services prehospital has been maintained above the baseline level with less than 15% of Ayrshire and Urgent Care Services demand requiring unscheduled care. In December 2023, there were 11,574 patients who accessed care via Ayrshire Urgent Care Service (AUCS). 90% of these patients received alternative care in the community as an alternative to front door attendance. This exceeded the local target of 85%.

The Call Before Convey Pathway in collaboration with the Scottish Ambulance Service (SAS) is well established with 331 referrals to AUCS in December 2023. Following a clinical assessment with a senior clinician within AUCS, 90% went on to receive their treatment in a community setting. In addition there is a Care Home Pathway, Emergency Services Mental Health Pathway and Rapid Respiratory Response service all of which are successfully providing alternatives to hospital attendance.

The overall level of ED attendances at both acute hospitals is currently lower than pre-pandemic levels, as a result of the work on re-directions of patients to more appropriate settings and the Flow Navigation Centre supported by senior clinical decision makers screening patients. Total attendances to the emergency department (ED) and to either of the two combined assessment units (CAU) are average for mainland Scotland per head of population but low when adjusted for the board's demography. This suggests that effective primary care and community-based 'care closer to home' demand management processes are in place and are successfully mitigating the impact of the board having a large elderly population which would otherwise be expected to be associated with higher levels of attendance.

The number of unscheduled ED attendances remain marginally lower than they were over the same period in 2022:

Number of Unscheduled ED Attendances	
Jan – Dec 2023	90,132
Jan – Dec 2022	90,820



**ED 4 Hour Wait Target:**

The 4 hour Emergency Department Access target is considered nationally as a clear barometer of safe and timely care, and whole system effectiveness. Performance information shows that the 4-Hour Wait compliance for unscheduled ED attendances had been on a continuous decreasing trend. It is recognised that to achieve this target is reliant on a whole system response including reducing variation in attendances, admissions, length of stay and discharges.



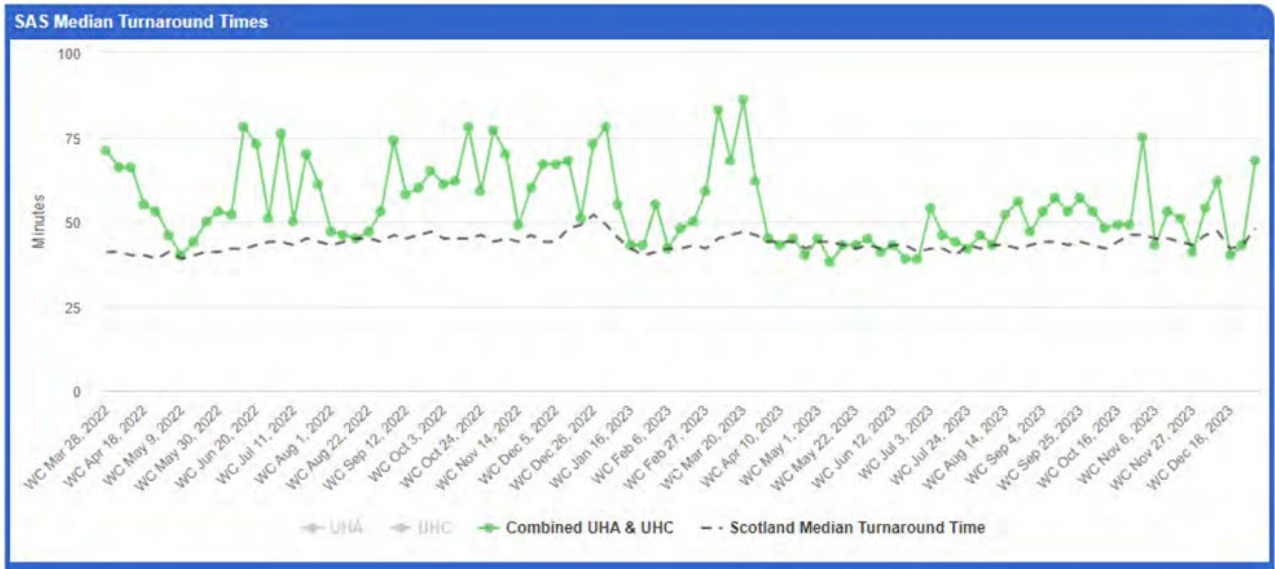
The below demonstrates AA performance against the 4 hour target against national benchmarking. Since falling to a low in December 2022, compliance against the ED 4-Hour standard continues on a sustained increase trend, however performance remains below the 95% national target. Compliance has consistently been higher at UHC than UHA.

National Benchmarking – 4 Hour ED Target (95%)

	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sep 23	Oct 23	Nov 23
NHS A&A	65.7%	62.3%	62.8%	66.4%	64.7%	68.1%	69.5%	68.8%	68.1%	68.9%	67.7%	66.3%	67.5%
Scotland	64.0%	58.3%	65.2%	66.3%	64.5%	65.7%	67.2%	69.0%	69.6%	67.9%	66.5%	64.8%	63.5%

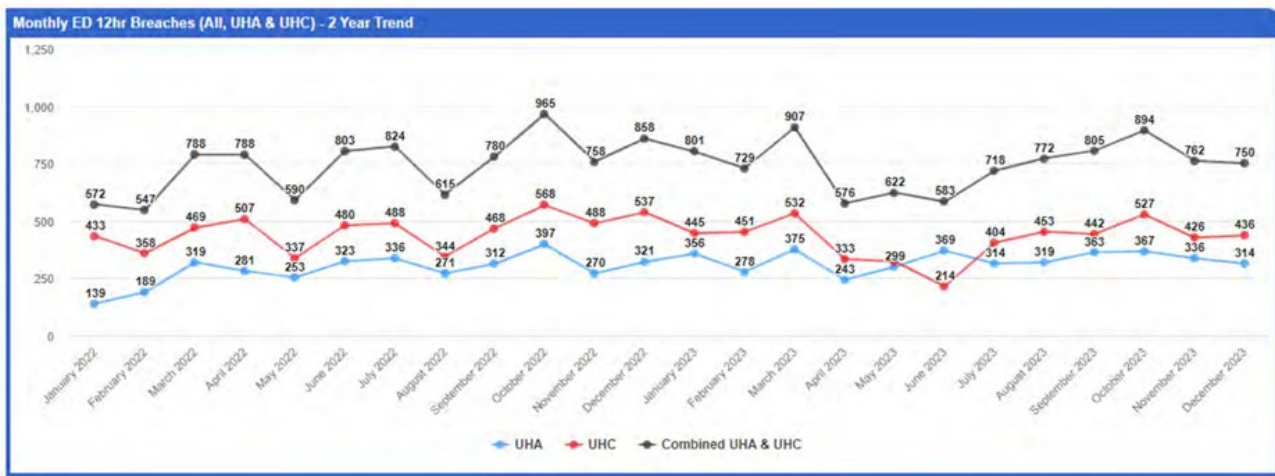
**SAS Median Turnaround Times:**

The turnaround time for SAS vehicles is a measure of the time between vehicle arrival and departure when conveying patients to acute hospital sites. The local target is for the overall median turnaround time to be in line with the Scottish median, and for much of the period between April and June 2023, this was achieved. Since July 2023, however, the median turnaround time has consistently exceeded the Scottish median, rising to 68 minutes for the week ending 7<sup>th</sup> January 2024, exceeding the 48 minutes nationally.



**ED 12 Hour Breaches:**

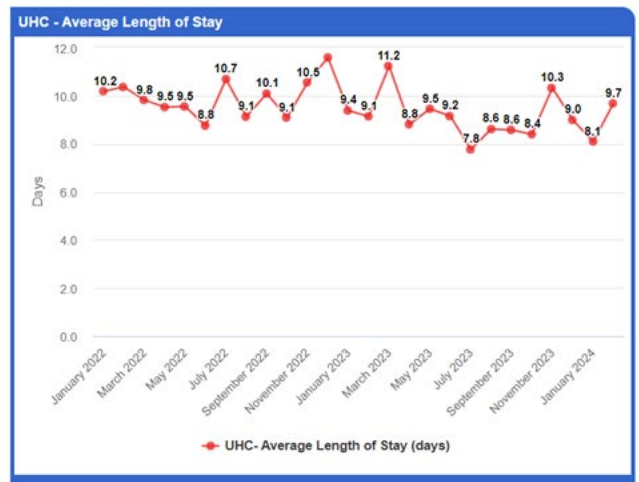
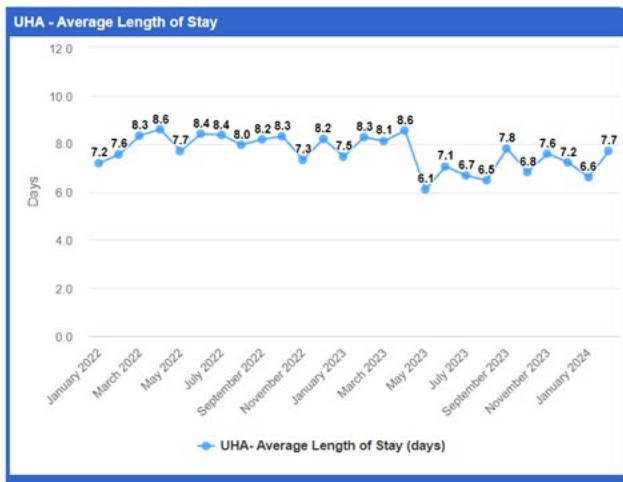
The combined number of Emergency Department 12 Hour breaches showed a positive reduction earlier last April 2023 however this was not been sustained, in December 2023 there were 436 ED 12 hour breaches at UHC and 314 at UHA.



The NHS AA Annual Delivery Plan trajectory for 2023-24 was for no 12 hour breaches in ED by August 2023.

**Average Length of Stay (LoS):**

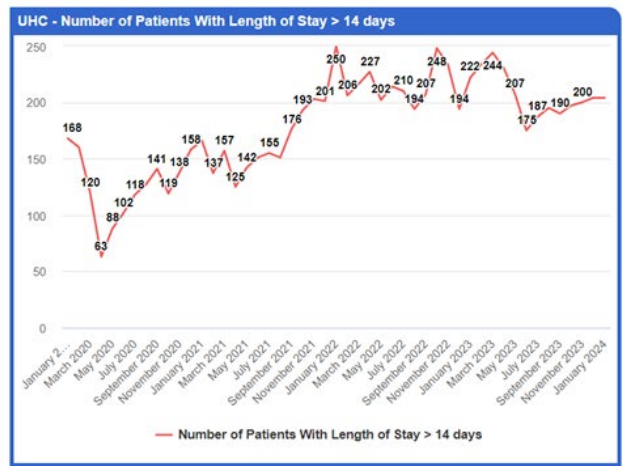
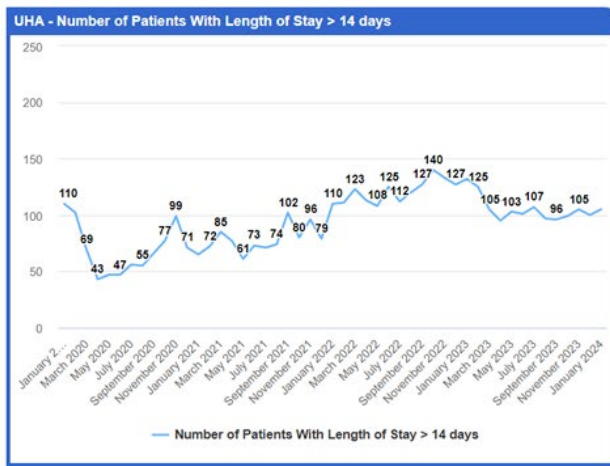
The average length of stay (in days) for non-delayed patients across wards at Ayr Hospital has reduced from 7.5 days in January 2023 to 6.6 days in January 2024, having reached a peak of 8.6 days in April 2023 during this period. At Crosshouse Hospital the average length of stay has reduced from 9.4 days in January 2023 to 8.1 days in January 2024, with a peak of 11.2 days experienced in March 2023. February data reports a LoS at UHA of 7.7 days and 9.7 days at XH.



Any increase in the LoS is a significant area of concern having implications for patient care and outcomes, as there is evidence that longer lengths of stay result in higher needs of patients on discharge, with more patients requiring higher levels of care than would be anticipated on admission due to hospital acquired deconditioning.

The average LOS also masks the significant variation for patients some of which have very lengthy stays, in January 2024 there were 309 patients with a LoS over 14 days, in January 2023 there were 354 patients.

Below shows the number of patients for both sites with a LoS greater than 14 days:



The Discovery Debrief concludes that the most significant cause of NHS Ayrshire and Arran's full capacity issue is an exceptionally high number of long stay patients (i.e. those discharged after a length of stay greater than 14 days). In common with 9 out of 11 of mainland health boards, NHS Ayrshire and Arran has seen a significant increase in the number of long stay patients in hospital since 2019. The scale of this increase has been greater in NHS Ayrshire and Arran than in most other health boards and has significantly affected flow in the acute hospital sites.

Further analysis provided from the exercise undertaken by SG colleagues into patients with LoS longer than 14 days, illustrated that in Crosshouse for all patients over 14 day stay 36% were a delay on discharge, and of those patients the greatest proportion of their duration of stay was before they became a delay with 68.9% of their bed stay LoS being before they were recorded as delays. Indicating the maximum opportunity and gain in LoS improvement being the pre-delay/referral part of a stay or those long stay patients who do not need care to be discharged home.

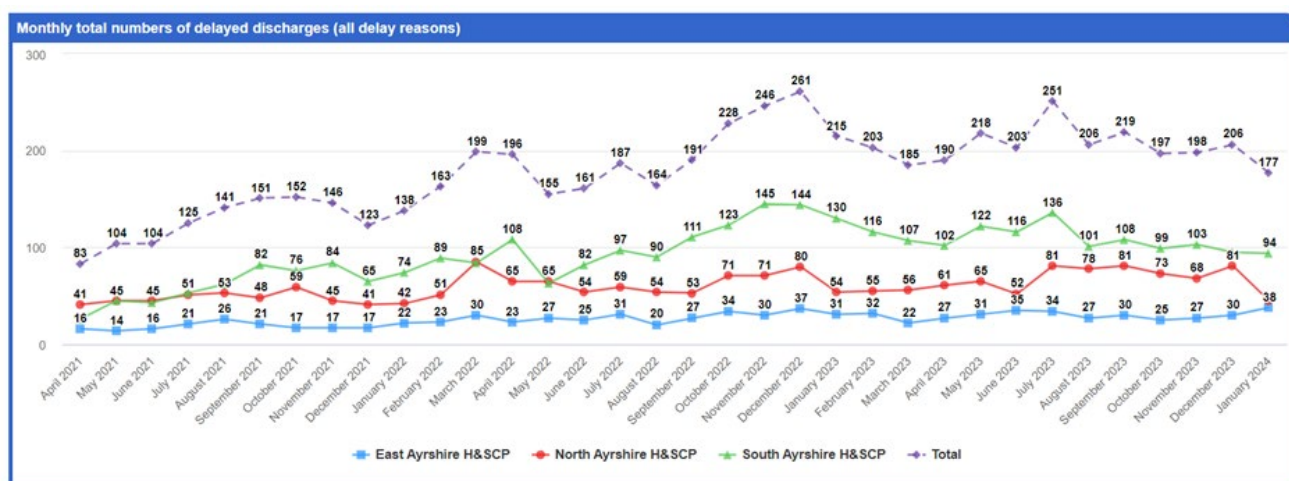


NHS Ayrshire and Arran have a significant number of additional acute beds open in UHC and UHA hospitals. Length of stay is a significant driver of occupancy, previous modelling suggested that if the LoS in Ayrshire and Arran could be reduced in the two acute hospitals to the Scottish average that there would be a reduced bed requirement from the existing funded acute baseline. Delayed discharges and particularly AWI delays are high and do contribute towards this but the majority of the long-stay patient population are never recorded as a delay. Therefore, the greatest opportunity to release significant bed capacity is likely to be in reducing non-delayed long-stay patient numbers.

### Delayed Transfers of Care:

Timely discharge from hospital is an important indicator of quality and is a marker for person-centred, effective, integrated and harm-free care. The term delayed discharge is used to describe a situation whereby a patient in hospital has been assessed as clinically ready for discharge from inpatient hospital care and continues to occupy a hospital bed beyond the date they are ready for discharge.

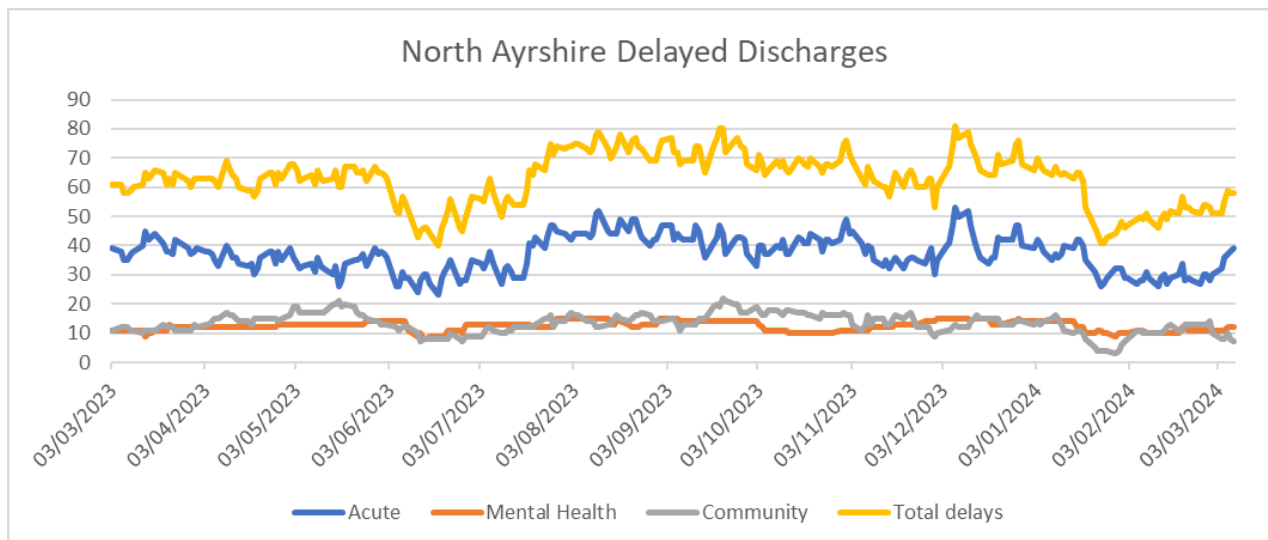
The graph below shows the number of delayed transfers of care for each HSCP, this data captures all delays across all NHS AA hospital sites including community and mental health settings. The total number of people delayed in their discharge from hospital has reduced from a peak of 251 in July 2023 to 177 at the end of January 2024.



It should be noted that not all delayed patients are cared for in the two acute hospitals and on average about 50% of delays are in acute sites. The delayed discharge position across Ayrshire and Arran continues to improve with a total of 158 delayed patients at 1<sup>st</sup> March 2024, of those there are 106 standard delays, as summarised below:

Partnership	Total delays			TOTAL
	Acute	Mental Health	Community	
<b>SOUTH</b>	33	3	28	<b>64</b>
<b>EAST</b>	28	8	10	<b>46</b>
<b>NORTH</b>	27	11	10	<b>48</b>
<b>TOTAL</b>	<b>88</b>	<b>22</b>	<b>48</b>	<b>158</b>

The table below illustrates in more detail the movement in delayed patients for North Ayrshire and their location over the last 12 months:



As at 8 March 2024 there were 58 delayed patients for North Ayrshire, 5 of which in GG&C hospitals, the NHA AA delays are split between 34 in NHS Acute hospitals, 7 in A&A Community Hospitals and 12 in Mental Health wards. Of the total 58 delays, 10 relate to patients where AWI legislation applies. For the 34 acute hospital delays, outwith AWI delays, there were only 7 patients delayed for more than 14 days. Outwith AWI delays, which do have an extended length of stay, the remaining delayed discharges are very fluid, change on a daily basis and represent a constantly changing patient co-hort.

The formal measure of performance for Delayed Discharges applies to the number of delays over two weeks, the table below shows the number of delays over two weeks at the end of month census date for each HSCP.



There are many factors which impact upon levels of delayed discharges within any Health and Social Care Partnership including capacity for onward care provision and Adults with Incapacity legislation. The process for supporting individuals to be discharged when their health and care needs have changed can be very complex. Limitations of community capacity in Care at Home, Care Homes and for complex care services remain the main challenge to further reducing delayed discharges, plans are impacted by staff absence, vacancies and ongoing fragility in the provider market.

## Adults with Incapacity

Adults with Incapacity delays refer to hospital inpatients who are considered to be a delayed discharge due to the adult lacking capacity to make informed decisions regarding their future care and where a need has been identified for a proxy decision maker to be formally appointed under the Adults with Incapacity (Scotland) Act 2000 (hereafter AWI Act). This allows for a nominated person to make some or all decisions on the adult's behalf and ensure that their best interests, views and the least restrictive options are considered. For many adults this results in the application of a Guardianship Order to safeguard their welfare and manage their financial or property affairs. Applying for a Guardianship Order under the AWI Act requires the involvement of several agencies ranging from social work staff, Mental Health Officer's (MHO), Independent Advocacy workers, Local Authority and private solicitors, Scottish Legal Aid Board, Scottish Courts and the Office of the Public Guardian. Unfortunately, there can be delays at any point in this process at these various stages and a number of challenges have been recognised nationally in progressing.

Delays linked to AWI across Ayrshire remain high, of the 158 delays at 1<sup>st</sup> March 2024 22% relate to AWI delays, people delayed for the longest time in terms of delays are usually associated with AWI processes therefore this has a significant impact on the individual people delayed.

## Accessing Care and Support

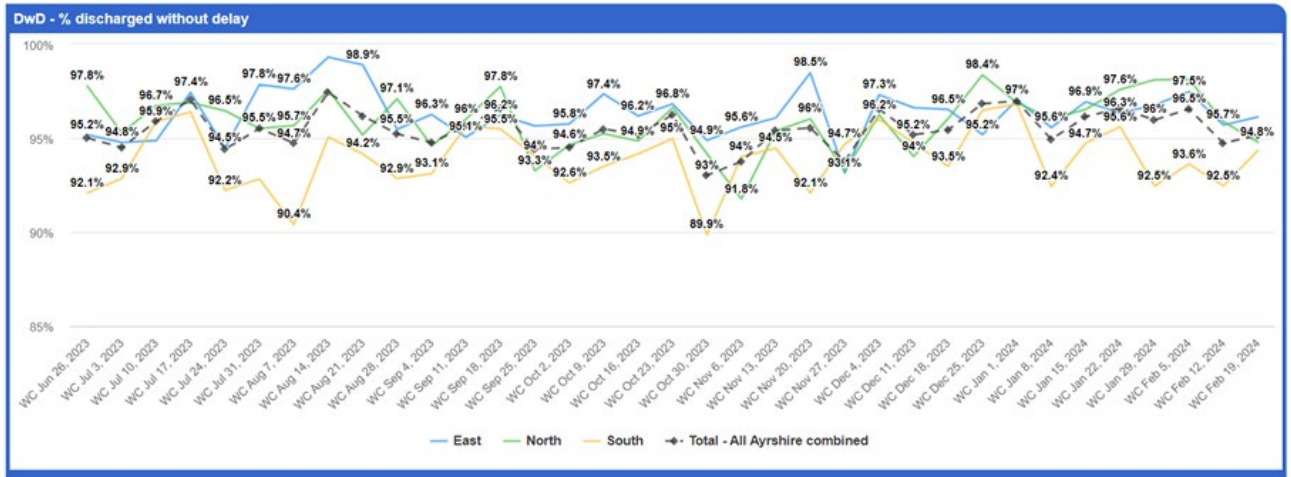
Limitations of community capacity for care and support services continue to be the main challenge to reducing delayed discharges. This includes access to Care at Home services, Care Home placements including interim care beds and long term placements, and support for adults with complex needs. There are limited resources for delivery of care across all of these service areas for both services that are delivered directly by the Health and Social Care Partnership and those commissioned via third sector and independent providers. This is typically impacted by the significant workforce challenges facing the Health and Social Care sector and continues to limit the success of plans to expand and enhance service delivery.

## Discharge without Delay:

NHS AA and the three Ayrshire HSCPs were part of a national pathfinder programme in relation to Discharge without Delay (DwD), which has now been rolled out across Scotland. This is supported by the Scottish Government DwD steering group and improvement teams. One of the aims of the programme is to deliver Discharge without Delay within both community and acute settings, working in close partnership with hospital and community teams to agree the most effective and efficient process to ensure positive outcomes for patients.

A significant number of patients are discharged without delay, currently sitting at 95.2% of patients across A&A.





The overall proportion of patients discharged without delay has remained fairly constant between 94% and 95% since May 2022. This varies by HSCP with North Ayrshire HSCP currently reporting 94.8% and East Ayrshire HSCP reporting generally being the highest since May 2022. The percentage of discharges without delay in South Ayrshire HSCP has increased from 87.0% in w/c 2 May 2022 to 94.3% in w/c 19 February 2024.

**3.2 North Ayrshire HSCP Context and Plans**

**3.2.1 Care at Home**

Demand for Care at Home services has been consistently high for a period of time with an approximate increase in demand of over 30% since pre pandemic levels. Referrals to Care at Home services in North Ayrshire are made from a number of sources – community referrals such as family, self-referral, GP/nurse etc, referrals made from the Enhanced Intermediate Care Team and referrals to support people on discharge from hospital. There is an eligibility criteria with formal Care at Home supports only provided to those who have been assessed as having critical and/or substantial care needs. There can often be high turnover across the Care at Home service due to constant changes in people’s assessed needs, planned short term support via Reablement services and service change due to admission to settings such as Hospitals and Care Homes.

In addition to the high volume of demand for services, it is also recognised that there has been an increasing complexity in the needs of people in our communities as people live at home for longer with a range of complex health and care needs. This is further impacted by the local demographic challenges our communities face and the result this has on the health of the population. Being the second highest area for Child Poverty, the second highest for proportion of the population with Long Term Conditions and a growing older population. The Care at Home service undertook a formal review of the Care at Home Assistant role in 2022, resulting in a regrading for this workforce in 2023, and this took into consideration the change in the complexity of needs of people that are being supported in the community. The development of the Care at Home role incorporates a range of skills including supporting people with administration of medication and a range of extended complex moving and handling and personal care supports.

Across 2023, the Care at Home service received an average of 296 referrals per month, with around 51% of all referrals to support hospital discharge. Note, some numbers may be duplicated due to re-referrals where change in discharge status occurs. The level of community referrals can be fairly static however referrals via the hospital can experience high peaks in demand. This year the Care at Home team have received a total of 323 referrals in January 2024, and 335 referrals in February 2024. This is inclusive of new and increase referrals from all referral sources. In February alone a total of 87 referrals were received to increase existing care packages for people who are already in receipt of Care at Home in North Ayrshire.

In the month of January 2024, a total of 122 care packages were confirmed to support people with discharge from hospital, with a further 66 new packages provided in the community, and 60 increases to existing care packages for people in the community. In February 2024 this was 141 care packages to support people with discharge from hospital, with a further 71 new packages of support provided in the community and 73 increases to existing care packages for people in the community.

	2023 average	Jan-24	Feb-24
Number of referrals	296	323	335
Number confirmed:			
Hospital		122	141
Community		66	71
Increase to existing		60	73

The Care at Home Service continues to support around 2,000 people in North Ayrshire on a weekly basis, with 86% receiving services via the Partnership's inhouse Care at Home teams and 14% via commissioned care providers. There are also over 4,000 people who receive supports via the Care at Home's Community Alarm and Telecare service. With over 30,000 Care at Home visits on a weekly basis, this goes some way to illustrate the size and scale of current Care at Home provision across North Ayrshire.

Following a recent review of Care at Home provision, a decision was taken in March 2023 by the Partnership's Integration Joint Board that when the current contracts in place for Care at Home provision with the three Care at Home providers comes to a natural end in June 2024, all Care at Home services via Self Directed Support Option 3 will be provided by the Partnership's in-house Care at Home Team. The decision that was made has required a significant financial investment and reflects the Partnership's commitment to delivering high quality care through this critical frontline service. It is anticipated that this may impact approximately 280 people who are in receipt of around 3,000 hours of care and support weekly. The decision also reflects a fairer approach to care provision across North Ayrshire and will allow the Partnership to provide greater long-term stability and quality of care provision for all Care at Home service users in North Ayrshire.

During 2024-25, and as part of the HSCPs Transformation Plan, the service role, function and pathways will be further reviewed alongside the review of Community Rehab Models to maximise the impact of the Care at Home Service. This will ensure once further service delivery is transferred in-house that the model and service configuration, including the management structure and pathways of support are as efficient as possible. This will complement the work underway to reduce the unmet need for Care at Home services.

### 3.2.2 **Care Homes**

There are 17 older people's care homes in North Ayrshire which provide a mix of both residential and nursing level care. Concerns regarding the fragility of the older people's care home market in Scotland are well documented and in North Ayrshire there has been a continued trend of reducing care home bed availability across the market. There have also been concerns regarding the quality and sustainability of care home provision in North Ayrshire with the permanent closure of 2 care homes in North Ayrshire in recent years.

Throughout 2023 capacity for care home placements has been a challenge, with a continued decline in bed availability having an impact on the choice(s) of placement available to people in North Ayrshire. The table below provides an overview of the current number of older people's care home Placements that are funded by the Health and Social Care Partnership and bed availability, including interim bed availability, across North Ayrshire.

<u>Month</u>	<u>Total Funded Placements</u>	<u>Care Home Bed Availability</u>
Sep 22	759	56
Dec 22	782	38
Mar 23	757	71
June 23	770	45
Sep 23	788	28
Dec 23	788	34
Feb 24	784	30

Despite this, the North Health and Social Care Partnership has continued to ensure that there are no waits in either the community or in a hospital setting for funding for a long-term care home placement for older people and this has now consistently been the position since 2020. Furthermore, the Partnership has also continued to access interim beds for people who are delayed in their discharge from hospital and can move to a more homely setting as part of the discharge to assess process. Since December 2023, 13 North Ayrshire residents have transferred from a hospital setting to an interim care placement for further assessment of their long term care needs. The admission of residents from hospital settings continues to be prioritised to minimise delays to discharge:

	Admission From:	
	Community	Hospital
Jul-23	10	9
Aug-23	17	17
Sep-23	7	16
Oct-23	4	14
Nov-23	15	14
Dec-23	11	10

For 2024-25 the budget will include provision for a total of 765 care home placements, to be managed across the financial year, the potential impact on waits in both hospital and community as a result of this reduced level will require to be closely monitored.

### 3.2.3

#### Unmet Need

The HSCPs provide weekly data returns to the Scottish Government to illustrate unmet need across the system. This focusses particularly on waits for Care at Home Services, Statutory Social Care Assessments and Social Care Reviews.

The below table provides a snapshot of this data return from June 2022 to Feb 2024:

<b>Unmet Need Data Return</b>	<b>Jun-22</b>	<b>Sep-22</b>	<b>Jan-23</b>	<b>Jul-23</b>	<b>Sep-23</b>	<b>Feb-24</b>
<b><u>Waiting for Social Care Assessment</u></b>						
Hospital	1	3	3	2	3	1
Community	195	231	249	189	229	249
<b><u>Assessed and Awaiting POC:</u></b>						
Hospital	27	18	25	21	33	11
Community	147	165	229	205	202	175
<b><u>Awaiting a Statutory Review</u></b>	339	299	360	297	346	441
<b><u>Weekly Hours of Unmet Need</u></b>						
Hospital	325	216	341	251	359	122
Community	1,284	1,413	1,721	1,299	1,483	1,056

Over time there had been no demonstrable improvement in the position in terms of unmet need throughout 2023. It was evident that the Partnership's inhouse Care at Home service has continued in its growth month on month, however the benefit of this has been negated throughout 2022 and 2023 by both ongoing demand for services and the continuous reduction in capacity via independent care providers.

There has, however, been significant improvement in terms of levels of unmet need both in the community and to support hospital discharge, in an ongoing basis since December 2023. This has seen the reduction in the average number of people awaiting a package of care to support hospital discharge from an average of 28 people in December 2023, to an average of 13 people in February 2024. The number of people in the community awaiting a new package of care has also reduced from an average of 221 people in December 2023 to an average of 176 people in 2024. Furthermore, the total amount of unmet care hours combined for all community and hospital care packages has reduced by around 29% on a weekly basis, which is equivalent to over 400 hours of care.

There continues to be a significant difference in the level of unmet need between individuals awaiting care in hospital compared to in the community, with almost 90% of the current hours of unmet need being for individuals on the community waiting list and a significant number of individuals in the community awaiting assessment and review. This is reflective of the continued focus on prioritising packages of care for individuals in hospital to support with wider hospital pressures. However, the impact of this is the continued risk posed to those individuals in the community who have been assessed as requiring support and this is not in place, this is not in line with the early intervention approach to keeping people safe, fit and well. The Partnership has undertaken a number of initiatives linked to the management of demand for services and unmet need as is described within the Delayed Discharge and Winter Preparedness Improvement Plan.

#### 3.2.4 **Enhanced Intermediate Care Team**

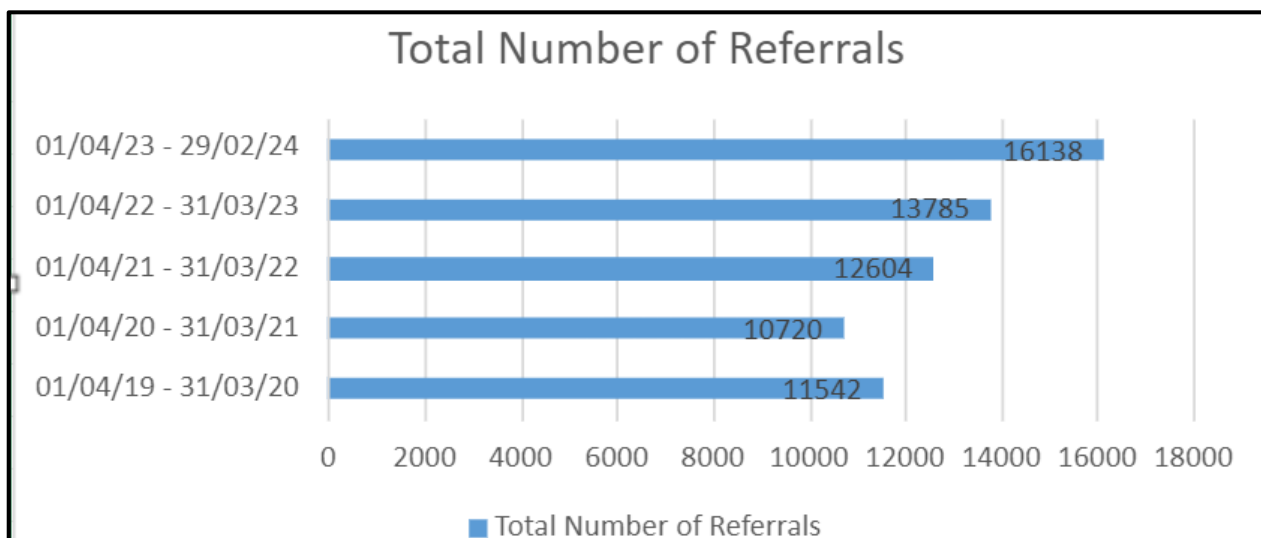
North Ayrshire Health and Social Care Partnership has developed a strong Enhanced Intermediate Care Team which comprises of a range of practitioners who form a multi-disciplinary team focused on rapid access and problem-solving for people in their own homes across all of mainland North Ayrshire. The service can safely support a dynamic caseload of over 150 patients at any one time, who require rehabilitation and enablement due to falls, frailty, low grade infections and general functional decline.

A review of the Enhanced ICT Service has been commissioned and commenced late in 2023 with a refocus of the current EICT service to deliver rehabilitation and enablement as part of a comprehensive rehabilitation pathway utilising and building on current developments in Wards 1 and 2 of Woodland View to extend options to deliver home and community-hospital based care. It is anticipated that the outcomes of this will include further development of EICT to ensure a service that is able to work efficiently and effectively in delivering a range of services offered across North Ayrshire. This will ensure that delivery models are flexible, connected and responsive and will strengthen community rehabilitation Partnership wide to maximise available capacity.

The below tables demonstrate some of the recent performance and activity of the EICT service:

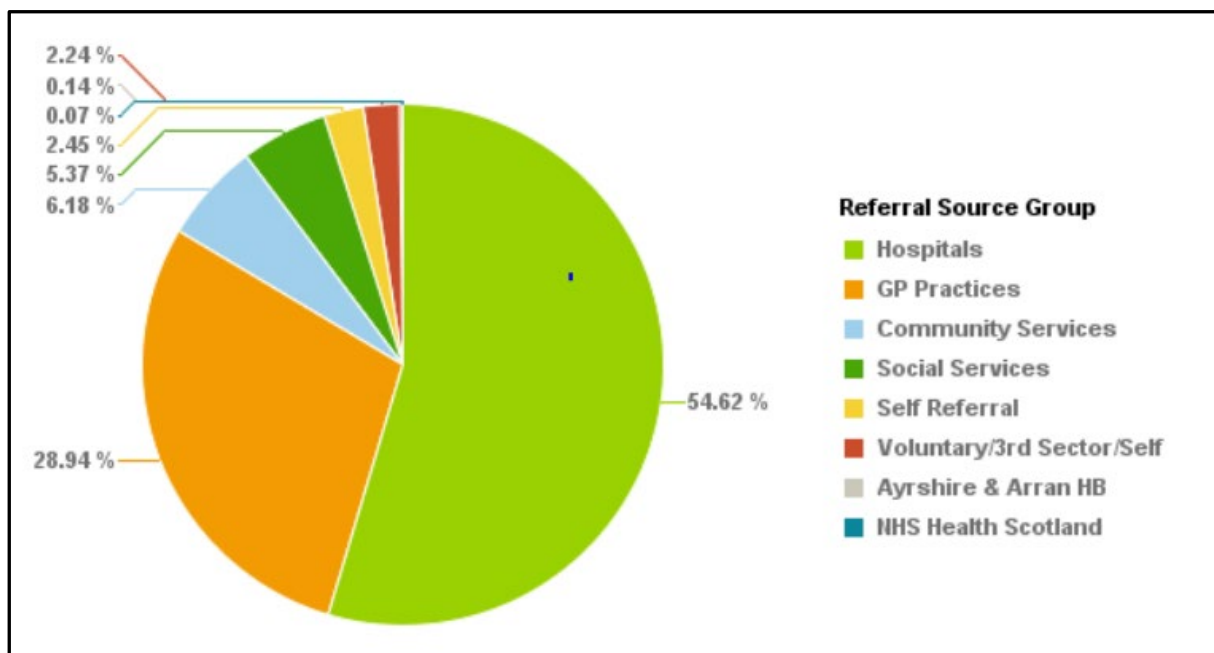
**Total number of referrals to the Enhanced Intermediate Care and Community Rehab Hub:**

*\*Note increase in recent year due to expansion of hub as single point of contact for Community OT service*

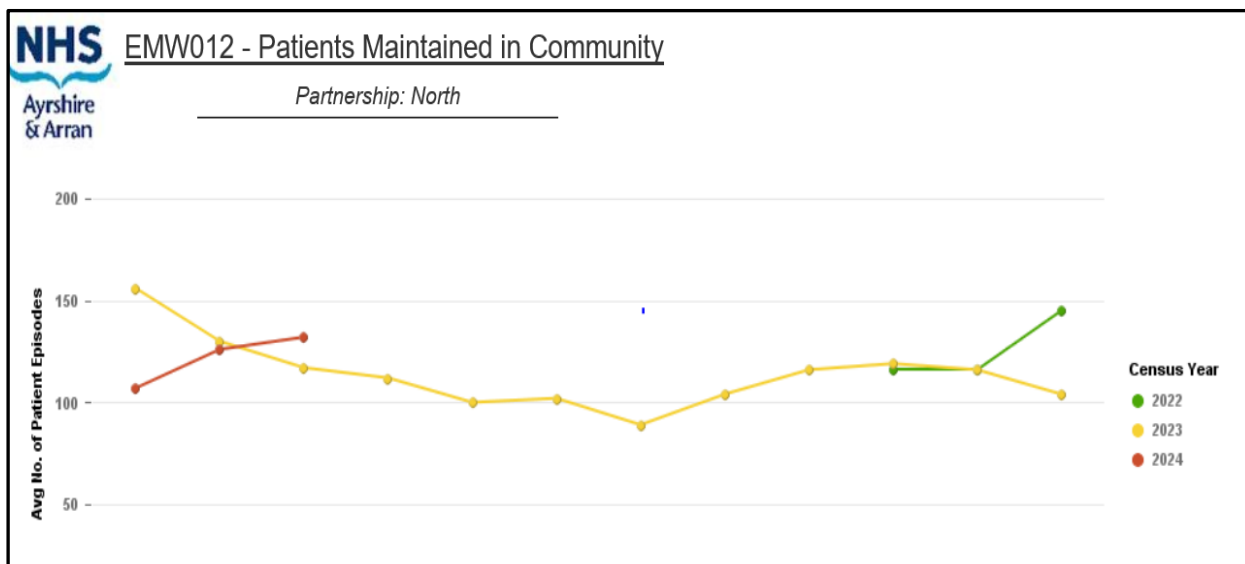


**Source of referrals to the Enhanced Intermediate Care and Community Rehab Hub:**

**01/04/2023 - 29/02/2024**



### Community Patient Activity 2022 - 2024:



### 3.2.5 Adults With Incapacity (Delayed Discharges)

Adults with Incapacity delays refer to hospital inpatients who are considered to be a delayed discharge due to the adult lacking capacity to make informed decisions regarding their future care and where a need has been identified for a proxy decision maker to be formally appointed under the Adults with Incapacity (Scotland) Act 2000 (hereafter AWI Act). The AWI Act provides a legal framework to safeguard the welfare and financial affairs of individuals who lack capacity and allows for a nominated person to make some or all decisions on the adult’s behalf and to ensure that their best interests, views and the least restrictive options for their care and support are considered. For many adults this results in the application of a Guardianship Order to safeguard their welfare and manage their financial or property affairs.

Applying for a Guardianship Order under the AWI Act requires the involvement of multiple agencies ranging from Social Work staff, MHO’s, Independent Advocacy workers, Local Authority and private solicitors, Scottish Legal Aid Board, Scottish Courts and the Office of the Public Guardian. Unfortunately, the process can be lengthy and there can be delays at any point in this at various stages many of these often outwith the Partnership’s control such as capacity assessments and family disputes. A number of these challenges have been recognised nationally. North Ayrshire Health and Social Care Partnership has experienced high levels of delays linked to AWI processes. To date a number of measures have already been implemented including additional MHO capacity and dedicated MHO support within the Partnership’s Hospital Social Work Assessment team. Despite this, delays linked to AWI in North Ayrshire remain high, and whilst this can account for around one third of all delays across the Partnership at any one time, people delayed for the longest time in terms of delays are usually associated with AWI processes therefore this has a significant impact on the individual people delayed.

The longest AWI delays are also associated with individuals where no powers exist before their hospital admission and no one has legal authority to make decisions on their behalf. There can be delays even where a POA arrangement is in place as there is follow up required regarding the nature of the POA powers and legal agreement, complexities of capacity assessment and family views and wishes. Therefore it is key that priority is given to prevention and early intervention. In the 10 years between 2000-2010 around 175,000 people registered a POA with the Office of the Public Guardian in Scotland – an average of 17,500 per year. In 2013, the annual OPG registrations across Scotland had increased to 45,004. In 2018 there were 58,848 and in 2023 these had increased to 70,409 representing

a 56% increase over the decade and 20% increase since 2018. In North Ayrshire the percentage increase in the previous decade has been 73%, therefore above the national position, however whilst this is positive and a clear indication of the success of recent National Power of Attorney campaigns, to ensure continued impact in North Ayrshire this requires further attention.

Evidence indicates the negative impact of an extended delayed discharge and prolonged hospital stay on individuals physical and emotional wellbeing therefore it is a priority for the North Partnership to continue to develop practice and procedures to improve performance associated with AWI delays. This is a key component of the local Winter Preparedness and Delayed Discharge Improvement Plan and to ensure clear understanding of the current North Ayrshire position a recent self-assessment has been undertaken using the Scottish Government's AWI Good Practice Guidance. The self-assessment has identified a number of positive areas of practice and recent developments within North Ayrshire including:

- Power of Attorney campaigns (national and local)
- Guardianship activity oversight
- 13ZA application including recent Practice Enhancement Notice
- Development of Practitioners Guidance for Requesting Capacity Assessments
- Hospital Based Locality Social Work Team
- Dedicated Hospital MHO including specialist support for discharge planning
- Interim bed capacity and discharge to assess models of care
- Good MDT working
- Hospital Co-ordinator and link to community wards
- Arran Unscheduled care response plan including intermediate care and step down
- Local and robust Senior Management oversight of Delayed Discharge performance

The following further areas for improvement have been identified as an outcome of the self-assessment and are being progressed as part of the Delayed Discharge Improvement Plan:

- Development of a Pan Ayrshire discharge planning protocol
- Local Power of Attorney campaign
- Early referral and promotion of anticipatory care planning – development of close links with acute discharge planning teams
- Implementation of Guardianship activity tracker with exemplar timescales
- Review of demand, current MHO capacity and development of linked performance dashboard
- Implementation of Supported Decision Making to complement current AWI training

There have been some early indicators in late 2023 and into early 2024 of a positive movement in terms of a reduction for people delayed in their discharge from hospital (linked to social work assessment/requirement for long term care needs) and in particular for adults with incapacity however this has been over a short period of time and will be influenced by fluctuations in referral activity and demand. It is also important to emphasise that there are limits to the control that the Partnership can exert in influencing the desired reduction in AWI delays as has been previously described this can often be due to a variety of factors that are out with the Partnership's control, including the demographic composition of our communities and the restrictions of the AWI legislation which is designed to uphold an individual's Human Rights.

Date	Number of AWI Delays
21/09/23	24
20/10/23	25
20/11/23	26
20/12/23	15
22/01/24	20
20/02/24	17
08/03/24	10

The HSCP continue to engage with SG colleagues to understand and learn from best practice in other areas and to share the work being progressed in North Ayrshire.

### 3.2.6 **Mental Health Unscheduled Care**

Mental Health wards in Ayrshire and Arran, predominantly within Woodland View, have been operating at full capacity with significant bed pressures for a sustained period of time, with the implications of a high admission threshold and the impact this has on community teams including our CMHTs. There are significant challenges with delayed discharges in Mental Health Wards but also with providing robust alternatives to admission.

Mental Health Assessment Hub:

The new Mental Health Unscheduled Care Assessment Hub is a specialist in-patient care provision in Woodland View is nurse-led and provides intensive assessment by highly qualified clinicians for a period of up to 72 hours.

The referral criteria includes patients presenting to Mental Health Unscheduled Care teams with acute mental illness and/or associated risk profile who would be eligible to access an adult acute mental health bed, to facilitate a period of ongoing assessment to determine the most appropriate plan of treatment. It is not envisioned that children/young people admitted to acute adult beds in extreme circumstances would be considered appropriate for the Hub.

The hub will not be an appropriate referral option where the primary problem is not related to mental illness e.g. where:

- Physical health needs are the primary or immediate need e.g. overdose or self-injury, where person not assessed as medically fit for transfer.
- The patient has an organic illness e.g. ARBD, dementia.
- There is acute intoxication with alcohol or drugs.
- Where the persons needs would be best met by a specialist Learning Disability Service.

The Hub was due to formally launch in 2023 however due to delays in estates works this has been delayed. The Mental Health Unscheduled Care Service instead commenced a 4 week soft launch of the Hub early in 2024. This allowed the Hub to open with reduced capacity to test out pathways, policies and procedures. Having opened on the 05 February and closed on the 29 February 2024, the service supported 15 people pass through the doors. Referrals were received from a variety of different teams from within the Mental Health Unscheduled Care Service, with one out of area person also supported.

Of the 15 people supported, 11 were discharged back to the community and 4 transferred into Woodland View acute admission wards. On the morning of 29 February 2024 there were five empty beds in the acute ward in Woodland View and four pass beds. Whilst delivery was only for a short period, it can be reasonably concluded that the impact of the



	<p>pilot resulted in the diversion of 11 potential acute admissions with better outcomes for people who were able to be supported to return home to their communities.</p> <p>The Hub is currently closed for a period of reflective practice, however the service will re-open on 11 March 2024. Due to the current environment capacity is limited to no more than 2 patients. The planned model will be for a maximum capacity of 5 when estate works are complete and it is evident from the success of the pilot the significant benefit this service will provide as the front door for acute Mental Health admissions.</p>
3.3	<p><b>North Ayrshire - Winter Preparedness and Delayed Discharge Improvement Plan</b></p> <p>The Partnership's Health and Community Care teams, alongside Mental Health colleagues developed a local winter preparedness and delayed discharge improvement plan in response to service performance levels and community unmet need to ensure resilience across the health and care system in North Ayrshire. This plan was shared with the IJB in October 2023. This was anticipated to be a short-term plan however has developed to become a vital component of the Community Care Teams Transformation Plan. The previous report provided a summary of the workstreams associated with the plan and there is an update on the plan, key activities and performance indicators summarised in Appendix 1.</p>
4.	<p><b>CONCLUSION</b></p>
4.1	<p>In summary, whilst it is evident that there have been significant efforts made in the planning and implementation of the programme of work to address ongoing performance linked to both unscheduled care across NHS AA and in North Ayrshire, unfortunately the desired improvements have not yet been achieved across the whole system.</p> <ul style="list-style-type: none"> <li>• Average length of Stay in both acute sites has reduced slightly but remains high and higher than the Scottish average. The Discovery data points to the majority of the long stay patient population never being recorded as a delay, therefore, the greatest opportunity to release significant bed capacity is likely to be in reducing non-delayed long-stay patient numbers.</li> <li>• Priority performance areas, ie 4 hour compliance and 12 hour breaches, have been set ambitious targets these areas both remain off target and an area for concern, being symptomatic of the bed pressures within the hospitals.</li> <li>• Delayed discharges in North Ayrshire fluctuated throughout 2023, reducing to lower levels in mid-2023 and then peaking in early December 2023 to the highest levels seen all year. In late December 2023 delayed discharge levels began to reduce and have stabilised throughout January and February 2024 at a lower level than had been seen through most of 2023. There are risks to this position however and performance in this area is dependent on volume and demand for supports.</li> <li>• Levels of community unmet need also fluctuated throughout 2023. This position had worsened over the 2022-23 winter period then experienced a period of stability and improvement however levels of unmet need, similarly to levels of delayed discharge, increased to the highest levels throughout the year in December 2023. Similarly, to the performance relating to delayed discharge, there has been a consistently improving picture since the beginning of 2024.</li> <li>• Despite this improvement in performance and access to Care at Home supports for people both in the community and to support discharge, there remains a significant level of risk being held in the system and in our communities.</li> <li>• The impending Care at Home transfer and move to a model of care in North Ayrshire whereby Care at Home supports via Self Directed Support Option 3 are delivered via the Partnership's in-house Care at Home teams represents a positive move for the quality and sustainability of safe care services in North Ayrshire. However, there are inherent risks with this transfer and this may have some initial impacts on overall capacity whilst care provision is transferred and the workforce stabilised.</li> <li>• North Ayrshire HSCP continues to proactively respond to these demands and adapt</li> </ul>

	<p>and expand services as necessary, with workforce, provider sustainably and financial resource challenges being the limiting factor to the pace of improvement.</p> <p>There remains an urgency for Partners across NHS Ayrshire and Arran and the three Health and Social Care Partnership's to continue to prioritise efforts and subsequently improve performance linked to unscheduled care, community unmet need and levels of delayed discharges to ensure resilience and continued delivery of critical services. This report has set out the plans in place to improve, via the Pan Ayrshire Urgent and Unscheduled Care Improvement Plan and the North Partnership's specific plans for winter preparedness and delayed discharge performance improvement.</p> <p>The Budget report for 2024-25 outlines a request from NHS AA to develop a joint strategic commissioning plan for Unscheduled Care aligned with set-aside resources. There is an ambition that the commissioning plan will indicate an expectation of service delivery that will see sustained and affordable improvement in relation to performance outcomes for the citizens of Ayrshire and assure best value to support the financial balance of urgent and unscheduled care provision through a review and system wide redesign of the preferred models of care. The Plan will be developed and brought to the IJB for approval during 2024-25.</p>
4.2	<p><b><u>Anticipated Outcomes</u></b></p>
	<p>Improved awareness for the IJB of current performance and challenges and the work underway to improve services for the citizens of Ayrshire and Arran and our local communities. This will ensure that the IJB will be in an informed position to monitor performance and direct further interventions if future performance does not improve in line with plans.</p>
4.3	<p><b><u>Measuring Impact</u></b></p>
	<p>Urgent and Unscheduled care measures are tracked through the NHS Pentana Performance Framework and through the established governance arrangements. Performance linked to community unmet need, demand and the Enhanced Intermediate Care Team review will be tracked through existing Partnership oversight arrangements. The IJB will receive updates on progress.</p>
5.	<p><b>IMPLICATIONS</b></p>
<p><b>Financial:</b></p>	<p>The IJB previously received funding for winter during 2021 which included investment in Care at Home, MDTs and interim care. The IJB approved a plan in December 2021 to invest this resource and this plan remains current. There has been no further funding specifically following this allocation to support winter or unscheduled care pressures for HSCPs.</p> <p>North Ayrshire IJB are reporting a projected overspend for 2023-24 with recovery actions in progress, therefore there is no further resource available.</p> <p>Acute services in Ayrshire and Arran are projecting additional costs due to unfunded beds which remain open across both sites, the closure of these unfunded beds will be an ambition for NHS AA during 2024-25.</p>

<b>Human Resources:</b>	Workforce across the system remains a challenge, plans are in place to proactively grow and retain our health and care workforce and to support staff to respond to the growing demands placed on services.
<b>Legal:</b>	The Public Bodies (Joint Working) (Scotland) Act 2014 sets out the IJBs responsibilities for Unscheduled Care services delivered from large hospitals, this is further detailed in the Integration Scheme.
<b>Equality:</b>	Addressing whole system pressures on acute services, unscheduled care and levels of unmet need will improve timely and appropriate access to services for the whole population of Ayrshire and Arran.
<b>Children and Young People</b>	Addressing whole system pressures on acute services, unscheduled care and levels of unmet need will improve timely and appropriate access to services for the whole population of Ayrshire and Arran.
<b>Environmental &amp; Sustainability:</b>	N/A
<b>Key Priorities:</b>	The reshaping of Unscheduled Care activity, access to services and whole system planning to support seasonal service demands and improve health outcomes aligns with the vision and values of the IJB.
<b>Risk Implications:</b>	Risks are noted in the report, the most important risk being the risk of harm being posed to patients in hospital and people in the community as a result of the current lack of whole system performance improvements.
<b>Community Benefits:</b>	N/A

**Kerry Logan, Head of Service Health and Community Care, [klogan@north-ayrshire.gov.uk](mailto:klogan@north-ayrshire.gov.uk)** [Click here to enter text.](#) [Click here to enter text.](#)

#### Links to previous reports:

- IJB December 2021 – Winter Funding Plans - [Document.ashx \(cmis.uk.com\)](#)
- IJB June 2022 – Unscheduled Care Performance:



IJB Report June 2022  
- Unscheduled Care FI

- IJB November 2022 – Unscheduled Care Performance Update:



IJB Report Nov 2022  
- Unscheduled Care Fi

- IJB Report October 2023 Unscheduled Care and Winter planning:



IJB Report October  
2023 Unscheduled Ca

## APPENDIX 1

### North Ayrshire - Winter Preparedness and Delayed Discharge Improvement Plan

Workstream	Service Lead
<p><b><u>Care at Home Capacity</u></b>            It is understood that timely access to Care at Home supports is crucial in supporting people to live independently in their communities. This workstream aims to ensure continued delivery of these crucial supports, whilst building on capacity to reduce delays in accessing Care at Home services. This will be achieved by enhancing the inhouse Care at Home workforce through effective management of absence, recruitment strategies and development and retention of the workforce.</p>	Service Delivery Teams
<p><b><u>Key Actions:</u></b></p> <ul style="list-style-type: none"> <li>• Care at Home recruitment strategy across both the mainland and islands incorporating workforce retention plans</li> <li>• Service specific training plans building on the new Learning and Development Strategy, including SVQ opportunities</li> <li>• Staff engagement and wellbeing support</li> <li>• Wellbeing at work action plan(s)</li> </ul> <p><b><u>Key Performance Updates:</u></b></p> <ul style="list-style-type: none"> <li>• Significant levels of recruitment activity around a range of difficult to fill posts, including vacancies on Arran</li> <li>• 16% reduction in frontline Care at Home Assistant vacancies since October 2023</li> <li>• 2.61% reduction in frontline Care at Home Assistant absence since October 2023</li> <li>• 62% reduction in non-frontline Care at Home absence since October 2023</li> <li>• 238 people have attended Care at Home recruitment events between Nov 23 to Feb 24, from this 40 people have been appointed and are at varying stages of recruitment process</li> <li>• 7 new CAH staff will join via the Council's Skills for Life employability initiative from April 2024</li> </ul>	
<p><b><u>Waiting List and Unmet Need</u></b>            It is recognised that timely access to care and supports, and a reduction in delays in accessing services, is crucial in supporting people to provide alternative approaches to managing capacity and demand and to ensure that there are safe systems in place for oversight of this.</p>	Locality Social Work /Reablement/Service Delivery Team
<p><b><u>Key Actions:</u></b></p> <ul style="list-style-type: none"> <li>• Moving and Handling service developments</li> <li>• Care management system software developments</li> <li>• Promotion of tech solutions including Community Alarm and Telecare services</li> <li>• Reablement focused review of the Care at Home waiting list</li> <li>• Reablement focused pilot for accessing Care at Home supports</li> <li>• Introduction of Unmet Need Assurance and Oversight Group</li> <li>• Programme of reviews for all Care at Home provision commenced</li> </ul> <p><b><u>Key Performance Updates:</u></b></p> <ul style="list-style-type: none"> <li>• 53% reduction in the number of people awaiting a care package to support</li> </ul>	

<p>discharge from hospital since December 2023</p> <ul style="list-style-type: none"> <li>• 29% reduction in the weekly hours of unmet need for people in the community awaiting Care at Home supports</li> </ul>	
<p><b><u>AWI/Guardianship</u></b></p> <p>The negative impact of an extended delayed discharge and prolonged hospital stay on individuals physical and emotional wellbeing is recognized therefore it is a priority for this workstream to review current systems, practice and processes to ensure safe and timely supports for adults with incapacity.</p>	<p>Locality Social Work Teams</p>
<p><b><u>Key Actions:</u></b></p> <ul style="list-style-type: none"> <li>• Pan Ayrshire benchmarking</li> <li>• Pan Ayrshire discharge planning protocol</li> <li>• Good practice guidance self-assessment</li> <li>• Guardianship activity oversight, including the use of 13za and Implementation of Guardianship activity tracker with exemplar timescales</li> <li>• MHO lead to support discharge planning</li> <li>• Early referral and promotion of anticipatory care planning – development of close links with acute discharge planning teams</li> <li>• Review of demand, current MHO capacity and development of linked performance dashboard</li> <li>• Implementation of Supported Decision Making to complement current AWI training</li> </ul>	
<p><b><u>Key Performance Updates:</u></b></p> <ul style="list-style-type: none"> <li>• 32% reduction in AWI delays since October 2023</li> <li>• National position – on 23 October 2023 NAHSCP were the highest ranked Local Authority in terms of AWI delays – as at 4 March 2024 NAHSCP were the 9<sup>th</sup> ranked in Scotland in terms of AWI delays</li> </ul>	
<p><b><u>Discharge to Assess</u></b></p> <p>This workstream aims to further enhance the hospital-based assessment team systems and processes to support the Discharge without Delay ethos of good discharge planning</p>	<p>Locality Social Work/Service Delivery/Long Term Conditions Teams</p>
<p><b><u>Key Actions:</u></b></p> <ul style="list-style-type: none"> <li>• Interim bed capacity</li> <li>• Early referral and assessment timescales</li> <li>• MDT and Planned Date of Discharge</li> <li>• Daily locality meetings and Senior Management escalation/oversight</li> <li>• Hospital Co-ordinator and link to community wards</li> <li>• Develop demand and capacity dashboard</li> <li>• Arran Unscheduled care response plan including intermediate care and step down</li> </ul>	
<p><b><u>Key Performance Updates:</u></b></p> <ul style="list-style-type: none"> <li>• 13 North Ayrshire adults discharged to an interim bed since December 2023 preventing an extended hospital based stay</li> <li>• Since July 2023 the Hospital Co-ordinator has screened 510 community ward referrals – of these new more appropriate care and treatment pathways have been identified for 119 people (23%)</li> <li>• The Hospital based HSCP team have supported acute colleagues with on-site ward</li> </ul>	

decompression, including supporting reviews of patients with the longest lengths of stay

**Mental Health and Learning Disabilities** – to support Discharge without Delay and provide alternatives to hospital admission

Mental Health and Learning Disability Teams

**Key Actions:**

- Interim/Step Down bed capacity for complex needs
- Open Adult MH assessment unit in Woodland View as 72 hour assessment unit
- Grow Adult provider capacity and sustainability
- Engage with other LA/HSCP/Board areas re OOA patients

**Key Performance Updates:**

- Unscheduled care hub opened for trial period with 2 patient capacity, 15 patients supported through pathway with admission avoided for 11 of those, re-opens on 11<sup>th</sup> March and plans to scale up to 5 beds on a permanent basis
- Commissioning team have supported alongside IRISS across two workstreams, Foundations for Change focusing on contracts and commissioning and Space to Practice (focusing on the role of Community Social Work), engagement with adult social care providers to harness market capability and capacity
- Regular engagement and communication with other HSCP areas areas re OOA patients
- Intensive Support Team for Learning Disabilities now established with only Social Worker post to be readvertised, team now operational and starting to review individual out of area plans for individuals