NORTH AYRSHIRE COUNCIL

3 December 2024

Cabinet

Title:	**Integration Joint Board Financial Position**
Purpose:	To provide Cabinet with an update on the financial position of the IJB.
Recommendation:	That Cabinet notes the financial position of the IJB and the action being taken to manage the overspend position.

1. Executive Summary

1.1 The IJB faces a significant financial challenge and is currently projecting a year-end overspend position of £5.611m (as at Month 6).

1.2 A financial recovery plan has been developed in line with the requirements of the Integration Scheme and full delivery of this would improve the position to an overspend of £2.905m (£2.462m Social Care and £0.443m Health).

1.3 There remain further financial risks to the IJB driven by factors including in-year reductions in funding and significant demand pressures on services. The financial challenges also have implication for the delivery of the Council's social work duties.

2. Background

2023/24 Final Outturn Position

2.1 The North Ayrshire IJB reported a year-end overspend position of £7.464m (2.4%) for financial year 2023/24. The overspend did not have a financial impact on either North Ayrshire Council or NHS Ayrshire and Arran, as the IJB held sufficient unearmarked financial reserves to absorb the full overspend. However, this left the unearmarked reserve standing at only £0.357m moving into 2024/25.

2.2 The main areas of pressure were residential placements for children, care at home, use of supplementary staff across community wards, and unplanned activities (UNPACS) within the lead partnership for mental health. These underlying areas of overspend are recurring costs and therefore continued into 2024/25.

2024/25 Revenue Budget

2.3 The IJB, like the Council, is required to set a balanced budget and met in March 2024 to formally agree the budget for 2024/25. Additional cost pressures of £16.131m were identified and, with only additional funding of £5.841m for specific Scottish Government priorities, savings of £10.290m were approved by the IJB to achieve balance. Both the Council and the Health Board provided a flat cash settlement. The majority of the savings which were approved as part of the 2024/25 budget are on track to be delivered.

2.4 The graphs in Appendix A illustrate the main spending areas of the IJB budget for 2024/25.

2024/25 Projected Outturn

2.5 The finance team within the Health and Social Care Partnership carry out regular budget monitoring in conjunction with Heads of Service and their Senior Management Teams, and update reports are provided to the IJB on 6 occasions during each financial year.

2.6 The most recent report was based on information at Month 6 (September) for social care expenditure and Month 4 information for health expenditure, and this was presented to the IJB in November. The report noted a projected overspend of £5.611m for the current financial year (Month 4 £6.697m overspend).

2.7 Where a projected overspend is identified, the IJB is required to agree a financial recovery plan. Initial actions were agreed by the IJB in June based on the 2023/24 outturn position, and further work has continued to develop the recovery plan with additional actions agreed by the IJB. The full financial recovery plan is part of the IJB financial report, which is attached at Appendix B. Full achievement of the actions identified so far would reduce the projected overspend to £2.905m (Month 4 £2.995m overspend).

2.8 The cost reduction targets include:

- A reduction in children's residential placements
- A reduction in the number of older people's care home placements
- Delaying approval of new care packages for adults
- Reduced capacity in the Care at Home service
- Less usage of supplementary staff in community wards
- Additional vacancy turnover targets

The recovery plan also reflects the use of the remaining unearmarked reserve balance and a review of earmarked reserves which has released some funding to support the in-year position.

2.9 The IJB has not approved a Financial Recovery Plan which meets the full projected overspend and there remains a significant risk of a year-end actual overspend position. It is challenging to identify short term opportunities to improve the financial position against the performance expectations for services, the increase in demand for social care supports across all client groups, the

inflationary impact on the cost of care including pay and the majority of the delegated budget being committed to front line care delivery, either through staff costs or commissioned providers. The IJB has limited discretionary spend areas and limited scope to generate income or stop services. These challenges are alongside a significant number of financially high-risk areas including continued uncertainty over funding, through late notification and in-year changes to Scottish Government funding.

2.10 The IJB agreed to the establishment of a Finance Working Group (FWG), consisting of IJB members and senior officers, and chaired by the IJB Vice Chair. This meets monthly with the main remit being:

- Detailed scrutiny of in-year financial projections
- Monitoring the delivery of the financial recovery plan
- Monitoring the progress with delivery of the Transformation Plan
- Reviewing the 3-year Medium-Term Financial Outlook
- Detailed scrutiny of budget planning for the next financial year.

The FWG is not a decision-making group and all decisions in relation to the budget which require formal agreement will continue to be made by the IJB.

2.11 The first 3 meetings have already taken place. The group has focussed on the most significant areas of cost pressure and has so far undertaken deep dives into the recovery plans in the following service areas:

- Financial Risks
- Care at Home
- Brighter Pathways (Children's Residential Placements)
- Older People's Residential Care Services
- Financial Inclusion
- Charging income and opportunities

2.12 Further meetings are scheduled to the end of the year and will include follow-up work on some of the areas above, as well as further areas identified:

- Medium Term Financial Outlook
- Complex Care including out of area placements
- Addictions Prescribing
- Supplementary Staffing

2.13 Building on the work of the Finance Working Group, proposals are being developed for agreement by the IJB, in advance of the budget setting in March, which will generate future recurring savings. Examples include Financial Inclusion services and the setting of fees and charges.

2.14 Other management actions which have been implemented include:

- Review of expenditure authorisation levels across the Partnership and escalation of specific decisions to senior officers. In particular, a new

governance group has been introduced, involving the Director and Heads of Service, to oversee the agreement of higher value packages of care (above £40,000 per annum).
- Staff communication in relation to discretionary/non-essential spend.
- Review of temporary posts and robust vacancy management/approval. The vacancy scrutiny group now has representation from all of the Heads of Service and a recruitment freeze has been implemented for all but essential frontline posts.
- Restrictions on all but essential overtime working.

2.15 Any remaining overspend will have a financial impact on the Council and NHS Ayrshire and Arran. The Integration Scheme sets out at paragraph 8.2.1 that:

"The Chief Officer will deliver the Outcomes within the total delegated resources (paid and Set Aside) and where there is a forecast overspend against an element of the operational budget, the Chief Officer, the Chief Finance Officer of the Integration Joint Board and the appropriate finance officers of the Parties must agree a recovery plan to balance the overspending budget, which recovery plan shall be subject to the approval of the Integration Joint Board. If the recovery plan is not successful the Parties will consider making interim funds available based on the agreed percentage contribution for joint responsibilities, as outlined above, with repayment in future years on the basis of a revised recovery plan agreed by the Parties and Integration Joint Board. If the revised plan cannot be agreed by the Parties or is not approved by the Integration Joint Board, the dispute resolution mechanism in clause 14 hereof, will be followed."

2.16 There are a number of ongoing risks to the financial position of the IJB; these include but are not limited to:

- The recent announcements by Scottish Government in relation to public sector finances and in-year spending reductions will impact on current and future funding.
- Uncertainty around the level of funding for 2024-25 pay awards, which have very recently been settled for local government and NHS.
- The significant financial challenge within NHS Ayrshire and Arran and an expectation that IJBs will support this through the transfer of risk around primary care prescribing overspends and by contributing to the cost of delayed discharges from the acute hospitals.
- Continued growing demand for services
- The expectation that performance will continue to be maintained or improved despite the significant resource challenges, for example the joint mission for delayed discharge improvement.
- High risk areas of low volume / high-cost services areas e.g. Children's residential placements, Learning Disability care packages and complex care packages, where any additional packages happen on an unplanned basis and would have a significant financial cost.

2.17 Integration Joint Boards across the country are reporting similar financial challenges, with many having exhausted their unearmarked reserves during 2023/24, and the majority having financial recovery plans in place for 2024/25 to

address a projected overspend position. This situation is driven by the well-documented increases in demand for health and social care services, the high levels of cost inflation in recent years and a lack of investment in additional capacity over a number of years.

2025-26 and beyond

2.18 Work is underway in relation to the development of the 2025/26 budget, which will be agreed by IJB in March 2025, and to refresh the 3-year Medium-term Financial Outlook for the period 2025-2028.

2.19 The most recent MTFO, which was reported to IJB earlier in 2024, noted that there is likely to be a significant budget shortfall which will required to be addressed in each financial year:

	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
POTENTIAL BUDGET GAP (DIFFERENCE BETWEEN ALL COST PRESSURES AND POTENTIAL FUNDING)								
: 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

2.20 The IJB has agreed a Transformation Plan which will contribute to meeting the financial deficit. This is attached at Appendix C for information.

Social Work Duties

2.21 The Chief Social Work Officer presented a report to the IJB in November to outline the context around Social Work Duties, Available Resource and Ethical Considerations. Social Work encompasses a diverse range of services. In Scotland, local authority Social Work departments or Health and Social Care Partnerships deliver these services with the aim of supporting some of the most vulnerable people in society and improving the quality of their lives. Most Social Work and social care resources are directed towards adult services, mostly on care services for older people (65 years+). Social Work services also provide services to children and young people to help support and protect vulnerable children and their families. Criminal justice Social Work involves a range of services to the criminal justice system. In North Ayrshire all social work services are delivered via the Health and Social Care Partnership.

2.22 The cross-cutting nature of Social Work means that it is regulated by a complex and constantly evolving statutory framework. The 1968 Social Work (Scotland) Act recognises the central role of the local authority in determining where there is a need for the provision of community care services and how such need should be met. The legislation, as amended in 1990, describes assessment as a two-stage process: first the assessment of needs and then, having regard to the results of that assessment, the local authority shall decide whether the needs of that person call for the provision of services, services can only be provided where the resources are available to do so.

2.23 The use of eligibility criteria applies to the second part of the assessment process. National eligibility criteria for social care were agreed by the Scottish Government and COSLA in 2009 and the criteria were explicitly designed to apply consistently across all adult care groups. NAHSCP has a locally agreed eligibility criteria that it uses, set by the IJB which defines service access at the substantial or critical level only. These are defined as follows:

- Critical Risk: Indicates that there are major risks to an individual's independent living or health and well-being and likely to call for the immediate or imminent provision of social care services.
- Substantial Risk: Indicates that there are significant risks to an individual's independence or health and wellbeing and likely to call for the immediate or imminent provision of social care services.

2.24 Since the adoption of substantial and critical assessed need as the threshold for accessing services in North Ayrshire there have been a number of significant changes in relation to the operating context and the financial context along with the emergence of a more progressive approach to service design and delivery based around people and place.

2.25 There has been considerable demographic change with an ageing local population, greater numbers of people living with multiple long-term conditions, increasing numbers of children with an identified disability along with an increased complexity of need across all age groups. This is further exacerbated by the broader societal impact of austerity, Covid and the broader effects of poverty which has compounded the range of difficulties society is facing.

2.26 Alongside this social context available resources have also become more constrained with demand far outstripping both financial and human capacity. Managing infinite human need within finite resources has always been part and parcel of balancing Social Work demand and capacity. Financial settlements have resulted in significant pressures on budgets, both as a result of the changes noted above and inflationary pressures and has resulted in residents waiting for access to services.

2.27 Projected figures show no signs of the health and social care system being in a place to resource itself to meet society's needs, and within the North Ayrshire context it is not impossible to imagine a time in the near future, where like others, we find ourselves in a position where we will not be able to meet our statutory duties.

<u>Accounts Commission report</u>

2.28 A recently published Accounts Commission report, 'Integration Joint Boards Finance and Performance', provides a useful summary of the position. It notes the highly challenging landscape faced by IJBs in delivering community health and social care services, including increasing demand for support, insufficient funding, recruitment and retention challenges across the workforce and the uncertainty caused by the plans for a National Care Service. Although the report

presents the national position, most of the challenges highlighted clearly reflect the position in North Ayrshire and the key points are noted in the following paragraphs.

2.29 The report notes that Integration Joint Boards (IJBs) face a complex landscape of unprecedented pressures, challenges and uncertainties. These are not easy to resolve and are worsening, despite a driven and committed workforce. The health inequality gap is widening, there is an increased demand for services and a growing level of unmet and more complex needs. There is also variability in how much choice and control people who use services feel they have, deepening challenges in sustaining the workforce, alongside increasing funding pressures.

2.30 The Accounts Commission report that there isn't significant evidence of the shift in the balance of care from hospitals to the community intended by the creation of IJBs. IJBs operate within complex governance systems that can make planning and decision making difficult. They cannot address the issues across the sector alone. Whole system collaborative working is needed as part of a clear national strategy for health and social care that will promote improved outcomes across Scotland but reflects the need to respond to local priorities.

2.31 The workforce is under immense pressure reflecting the wider pressures in the health and social care system. Across the community health and social care sector there are difficulties in recruiting and retaining a skilled workforce. The Covid-19 pandemic, the cost-of-living crisis, and the impact of the withdrawal from the European Union have deepened existing pressures. Unpaid carers are increasingly relied on as part of the system but are also disproportionately affected by the increased cost-of-living. Without significant changes in how services are provided and organised, these issues will get worse as demand continues to increase and the workforce pool continues to contract.

2.32 Uncertainty around the direction of the plans for a National Care Service and continued instability of leadership in IJBs across the country have also contributed to the difficult context for planning and delivering effective services. There are many examples of IJBs trying to work in new and different ways, but there is a lack of collaboration and systematic shared learning on improvement activities.

2.33 The financial outlook for IJBs continues to weaken with indications of more challenging times ahead:

• In common with other public sector bodies, financial pressures arising from rising inflation, pay uplifts and Covid-19 legacy costs are making it difficult to sustain services at their current level and, collaborative, preventative and person-centred working is shrinking at a time when it is most needed.

• The financial outlook makes it more important than ever that the budget process involves clear and open conversations with IJB partners, workforce, people who use services and other stakeholders around the difficult choices required to achieve financial sustainability.

• Overall funding to IJBs in 2022/23 decreased by nine per cent in real terms or by one per cent in real terms once Covid-19 funding is excluded. The total reserves held by IJBs almost halved in 2022/23, largely due to the use and return of Covid-related reserves. The majority of IJBs reported notable savings, but these were largely arising on a non-recurring basis from unfilled vacancies.

• IJBs have had to achieve savings as part of their partner funding allocations for several years. The projected funding gap for 2023/24 has almost tripled, in comparison to the previous year, with over a third anticipated to be bridged by non-recurring savings, with a quarter of the gap bridged using reserves. This is not a sustainable approach to balancing budgets.

3. Proposals

3.1 It is proposed that Cabinet notes the financial position of the IJB, the work being undertaken to improve the in-year position and the ongoing risks.

4. Implications/Socio-economic Duty

Financial

4.1 There is a financial risk to the Council if the IJB remains in an overspend position at the end of the financial year.

Human Resources

4.2 None.

Legal

4.3 The preparation of a Financial Recovery Plan by the IJB complies with the requirements of the Integration Scheme.

Equality/Socio-economic

4.4 None.

Climate Change and Carbon

4.5 None.

Key Priorities

4.6 None.

Community Wealth Building

4.7 None.

5. Consultation

5.1 No consultation has been required in the preparation of this report.

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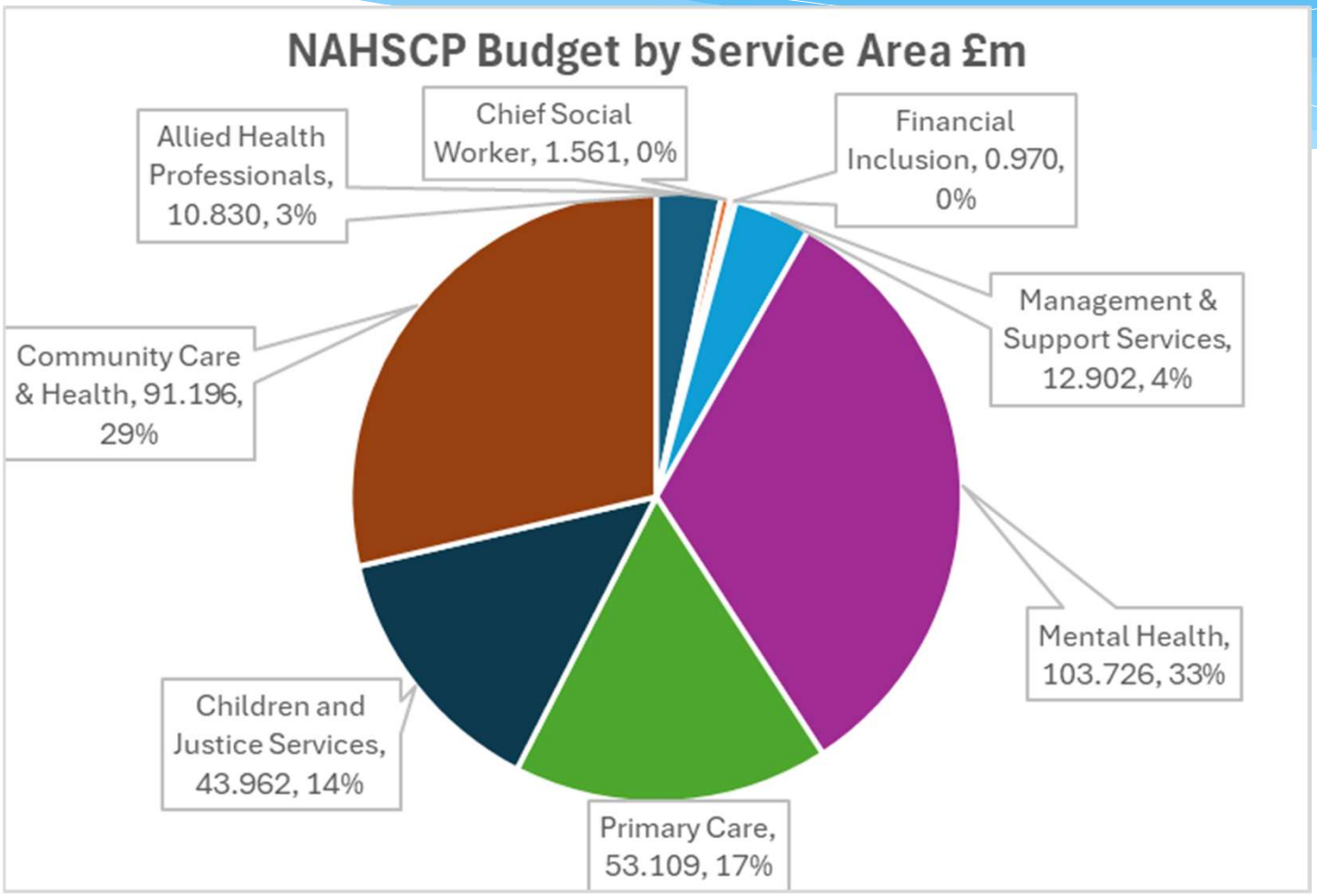
For further information please contact **Caroline Cameron, Director (Health and Social Care),** on **carolinecameron@north-ayrshire.gov.uk**.

Background Papers

None.

IJB budget (1)

#NAHSCP



NORTH AYRSHIRE
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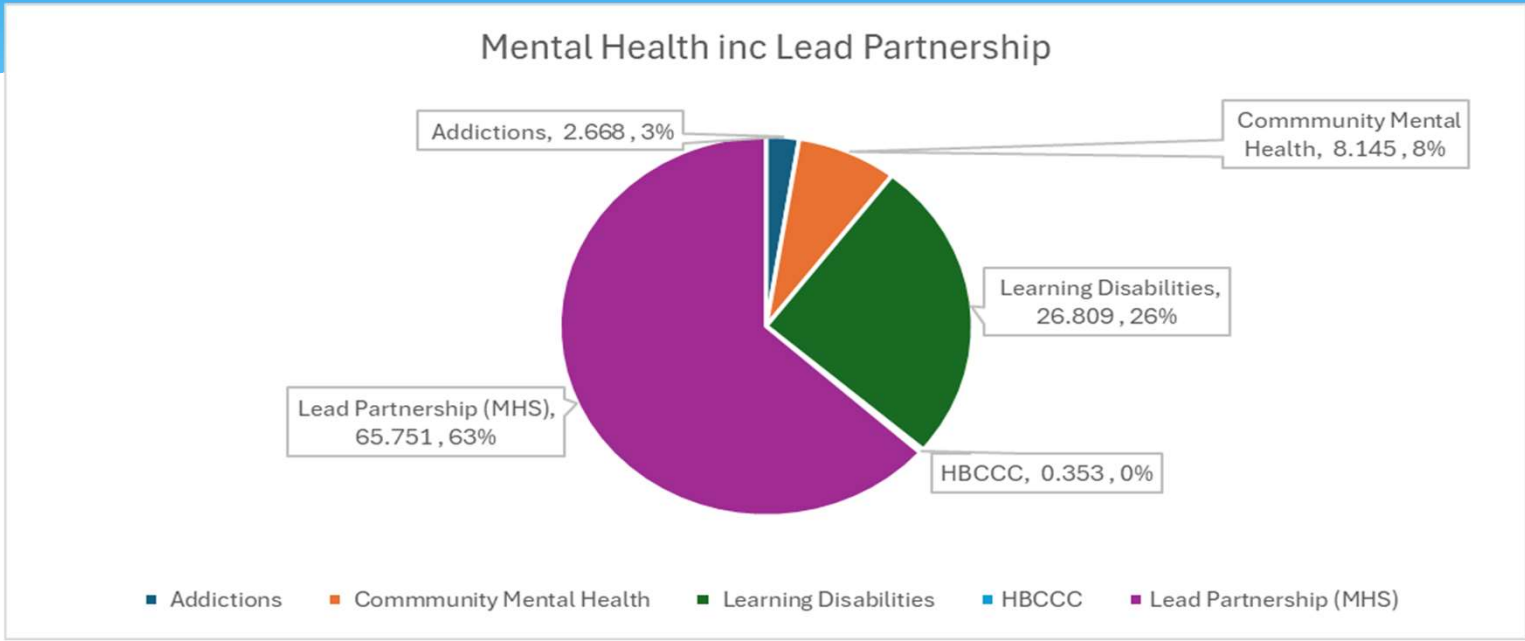
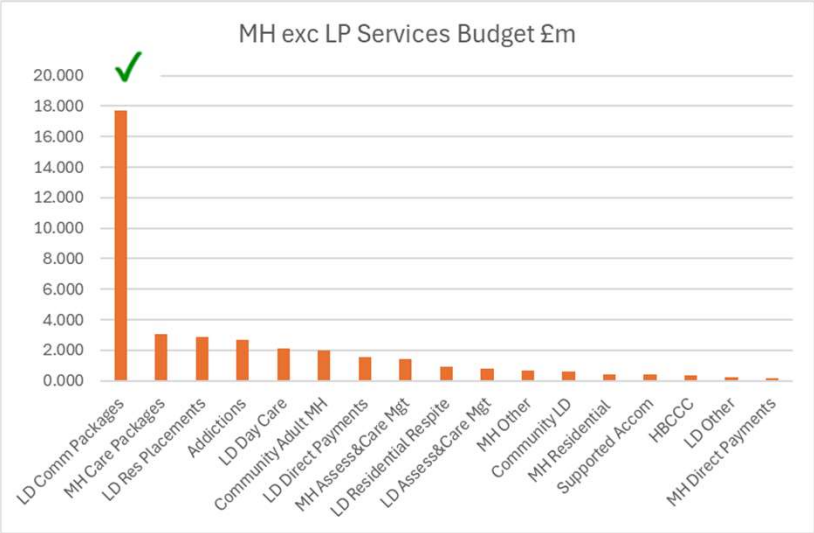
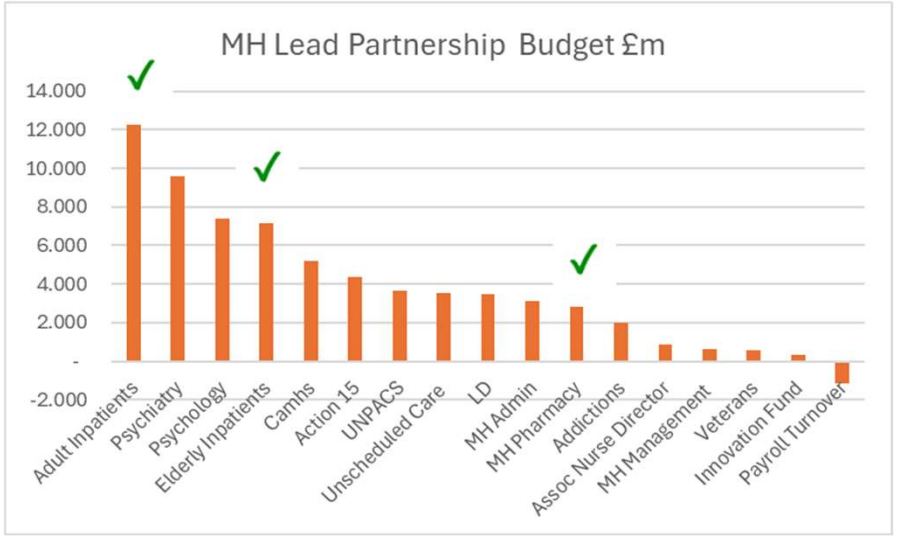
IJB budget (2)

#NAHSCP



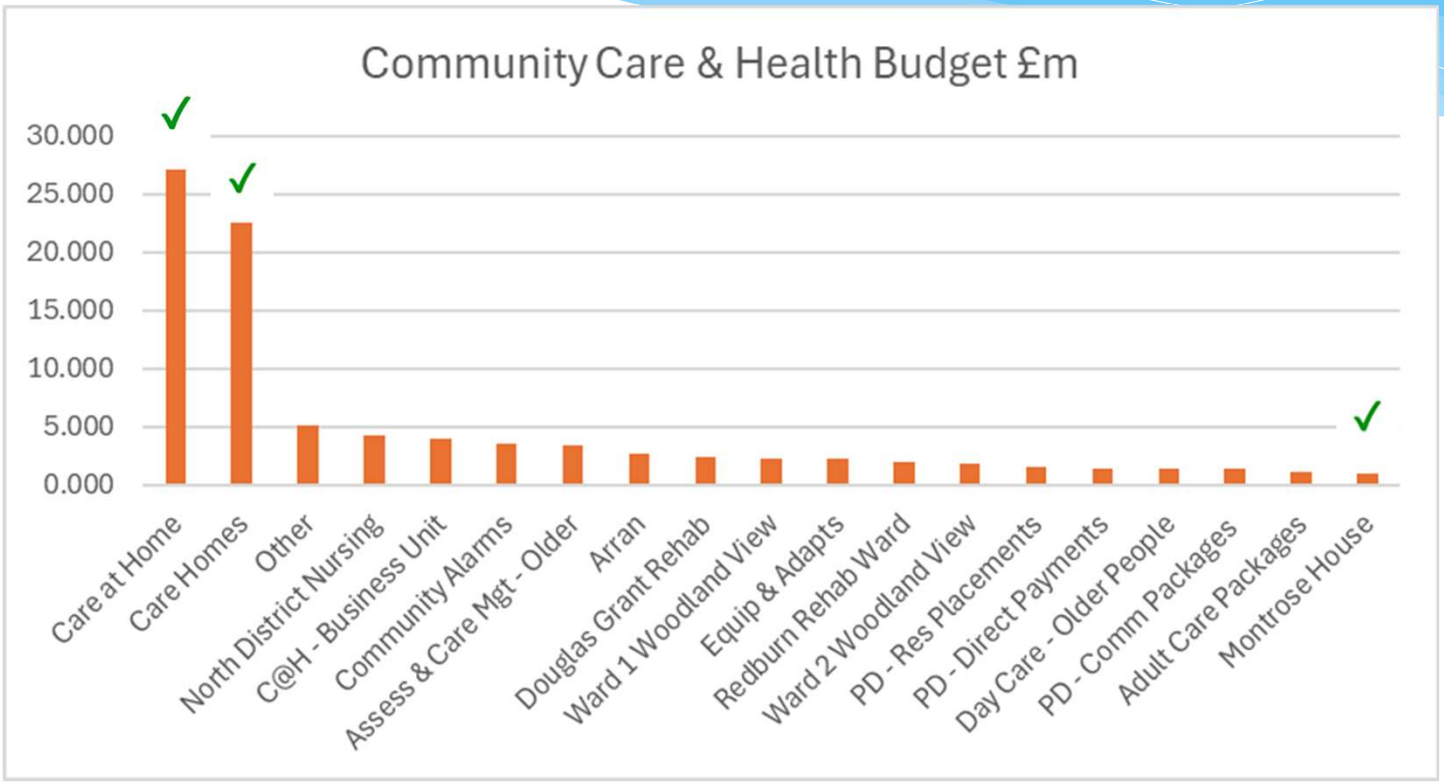




Health & Social Care Partnership

IJB budget (3)

#NAHSCP



NORTH AYRSHIRE
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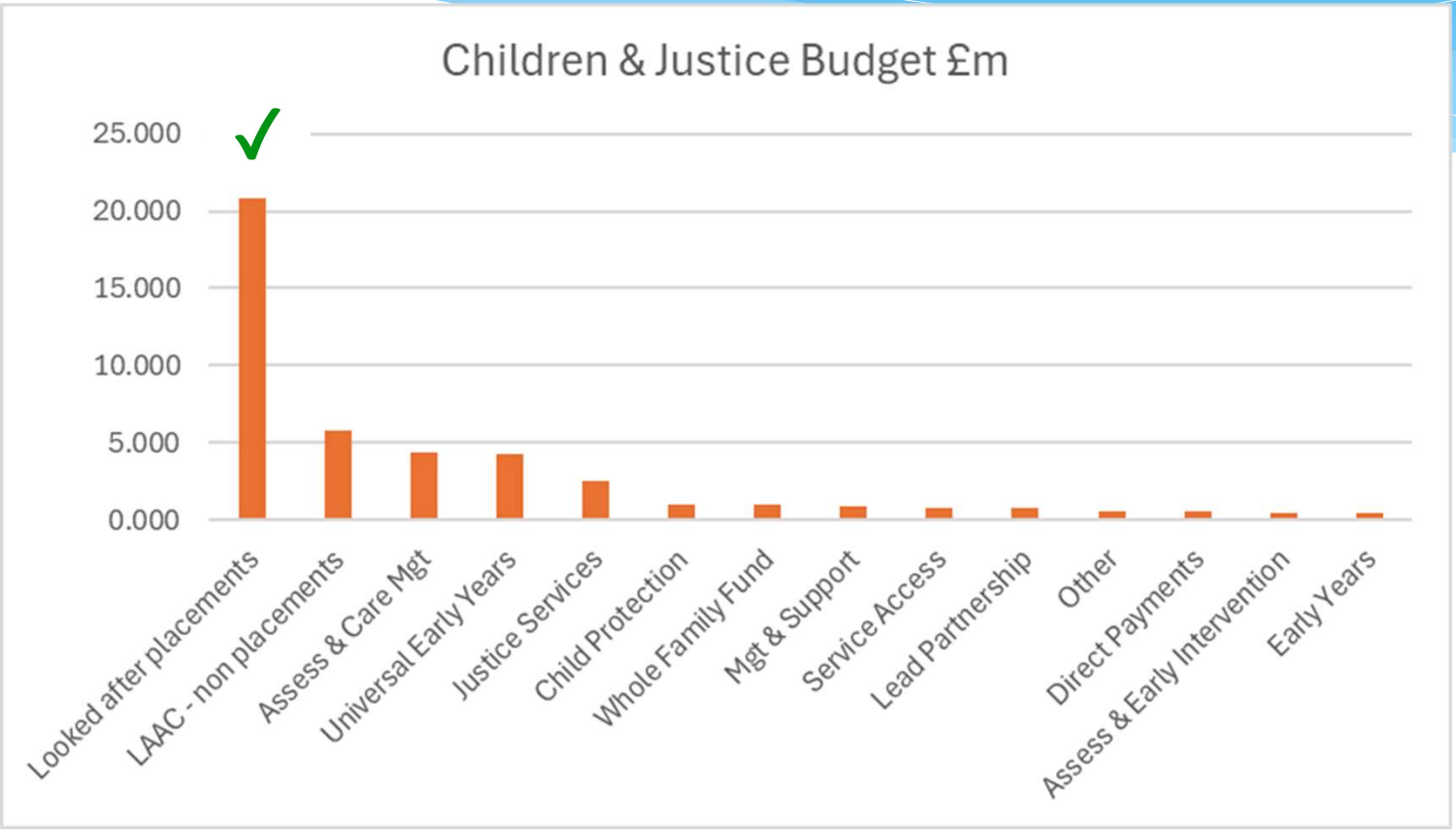
IJB budget (4)

#NAHSCP



NORTH AYRSHIRE
Health & Social Care Partnership

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Health and Social Care Partnership

Integration Joint Board
14th November 2024

Subject :	**2024-25 – Month 6 Financial Performance**
Purpose :	To provide an overview of the IJB's financial performance as at Month 6 (September).
Recommendation :	It is recommended that the IJB: (a) notes the overall integrated financial performance report for the financial year 2024-25 and the current overall projected year-end overspend of £5.611m, reduced to £2.905m through already identified financial recovery actions; (b) notes the progress with delivery of agreed savings; (c) approves the actions which are being taken to progress financial recovery and that a further recovery plan will be presented to the next IJB; (d) notes the remaining financial risks for 2024-25; and (e) approves the budget reductions which are detailed at paragraph 2.10

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

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
MH	Mental Health
MDT	Child & Adolescent Mental Health Services
BRAG	Blue, Red, Amber, Green
UNPACS	UNPACS, (UNPlanned Activities) – Extra Contractual Referrals
NRAC	NHS Resource Allocation Committee
PAC	Performance and Audit Committee
MHOF	Mental Health Outcome Framework
MDT	Multi-Disciplinary Team

NORTH AYRSHIRE
Health and Social Care Partnership

1. EXECUTIVE SUMMARY

1.1 The report provides an overview of the financial position for the Partnership and outlines the projected year-end outturn position informed by the projected expenditure and income commitments; these have been prepared in conjunction with relevant budget holders and services. It should be noted that, although this report refers to the position at the end of September further work is undertaken following the month end to finalise projections, therefore the projected outturn position is as current and up to date as can practicably be reported.

It should also be highlighted that the NHS Ayrshire and Arran finance department have not been able to provide updated financial projections for month 6 and the position for Health delivered services reflects the month 4 position. There is a risk therefore of movement in the projections from Health for month 7, noting that with restrictions on spend in place this may be a welcomed favourable movement.

1.2 The projected outturn is a year-end overspend of £5.611m (1.7%) for 2024-25, reduced to £2.905m through already identified financial recovery actions. There is an increasing risk to achieving financial balance during 2024-25, the projected outturn position is summarised below with the residual risk following already identified financial improvement actions:

		Split	
	TOTAL	**Health/ NHS AA**	**Social Care/NAC**
Projected Overspend @ mth6	**£5.611m**	£0.812m	£4.799m
Less Financial Recovery Plan Projections	**£2.706m**	£0.369m	£2.337m
Residual Risk	**£2.905m**	£0.443m	£2.462m

1.3 From the core projections, overall, the main areas of pressure are: care at home, residential placements for children, physical and learning disability care packages, supplementary staff in wards, staff costs in Montrose House and Unplanned Activities (UnPACs) within the lead partnership for mental health.

1.4 The main movements in the overall projected position and recovery plan are summarised below:

Improvement:

- Payroll turnover – social care £1.336m
- Care at home £0.562m
- LD care packages £0.126m
- Integrated Island Services £0.214m

Deterioration:

- Children's residential places (inflationary increases) £0.486m

	• Care Home places (inc interim places) £0.513m (including £0.156m in relation to the increase in the National Care Home Contract rate for the Agenda for Change pay award).
1.5	The Integration Scheme describes the required approach where there is a projected overspend on the IJB integrated budget, which includes the requirement to agree a recovery plan to balance the overspending budget. Only if the recovery plan is unsuccessful will the Health Board and Council consider making available interim funds. NHS Ayrshire and Arran and North Ayrshire Council are not in a financial position to make interim funds readily available, therefore it is imperative that the IJB continues to support the process of development of the Financial Recovery Plan and the actions required to work towards financial balance by the year-end.
1.6	The projected IJB outturn position has been adjusted to reflect the impact of Lead Partnership services. The overspend in relation to North Lead Partnership services for Mental Health is not fully attributed to the North HSCP as a share has been allocated to East and South HSCPs, similarly the impact of the outturn on East and South led services has been shared with North, both on an NRAC basis in line with the agreed risk sharing mechanism. There is a requirement for the 3 IJBs to be aware of the position for Lead Partnership services and plans to deliver services from within allocated budget, on that basis further information will be brought forward with further detail on Lead Partnership services.
1.7	The 2024/25 financial position is being adversely impacted by several factors outwith the control of the IJB. • Formal confirmation by The Scottish Government of the 2024/25 funding for the Mental Health Outcome bundle saw a 3.5% reduction from 2023/24 which equates to £0.350m and the service are currently working through the implications of this reduction. It is expected that this can be managed within the carry forward reserves from 2023/24 so there is no impact on 2024/25 but the service is exploring the implications of bringing spend within budget in 2025/26. • Children's residential placement contract inflation – Scotland Excel negotiate rates for several national framework contracts and the rates agreed to date are significantly higher than the 5.94% increase assumed as part of the Scottish Living Wage increase. Rates which are agreed to date are included in the projection and those still to be agreed are assumed to have an increase based on the average of rates agreed to date. Overall, the estimated impact is an increase to the projection of £0.486m. Local Government Pay Award Shortfall – the additional cost of the 2024/25 local government pay award is estimated to be £0.900m. It is unknown at this stage of this will be fully funded and the potential cost is not included in the month 6 projected outturn.

2.	**CURRENT POSITION**
2.1	The report includes an overview of the financial position including commitments against the available resource, explanations for the main budget variances and an update on progress in terms of savings delivery.
2.2	**FINANCIAL PERFORMANCE – AT MONTH 6**
	At month 6 against the full-year budget of £321.135m there is a projected year-end overspend of £5.611m (1.7%). The Integration Scheme outlines that there is an expectation that the IJB takes account of the totality of resources available to balance the budget in year. Following this approach, an integrated view of the financial position should be taken, however it is useful to note that this overall position consists of a projected overspend of £4.799m in social care services and a projected overspend of £0.812m in health services. Appendix A provides the financial overview of the Partnership position. The sections that follow outline the significant variances in service expenditure compared to the approved budgets. The projections for some areas will be subject to fluctuations as they depend on recruitment plans for new funding and also the capacity of providers to take on work. Appendix F provides information on the costs of bank and agency staff as requested at the August IJB.
2.3	**Health and Community Care Services**
	Against the full-year budget of £89.939m there is a projected overspend of £6.143m (6.8%) (£0.094m adverse movement) and the main variances are: a) Care home placements - the budgeted number of permanent placements was 765 and at month 6 there were 793 placements. The projected overspend is £1.072m (£0.458m adverse) on permanent placements (including £0.156m in relation to increased NCHC rates to reflect the recently agreed nursing pay award), £0.208m (£0.208m adverse) on interim placements and respite placements are projected to be online (no change). The plan to manage down the number of permanent placements to reach the target is challenging due to the need to minimise delayed discharge from hospital and to continue to support those in critical and substantial need in the community. Income recovered from charging orders is projected to be £0.703m over recovered (£0.153m favourable movement). This income is challenging to predict as it depends on the length of the legal process and time taken to sell the property that the charging order is registered to.

	b) Care at home is projected to be £2.672m overspent (£0.582m favourable movement). The position reflects the cost of meeting the significant demand and level of provision for care at home support. The favourable movement is due to the impact of the care at home recovery plan including the holding of vacancies and improved sickness absence rates. Earlier in the financial year it was more difficult to accurately project the cost of the in-house service due to the phased move of services in-house, more recent months provide a settled financial baseline from which more accurate projections can be estimated, providing greater confidence in the projected outturn position. c) Physical Disability Services – projected overspend of £0.790m (£0.108m adverse) split as follows: £1.116m over in residential placements, £0.050m over in direct payments and £0.376m under in community care packages. d) Integrated Island Services is projected to overspend by £0.539m (£0.214m favourable movement). The most significant variance is a projected overspend at Montrose House of £0.422m (£0.136m favourable movement) which relates to the net overspend on agency staff (i.e. net of underspend on employee costs). A new contract to procure agency nursing staff commences in November which will reduce the hourly costs moving forward and this is reflected in the projection.
	e) Specialist Rehab wards – projected overspend of £0.126m (no movement) (Redburn ward £0.152m overspend and Douglas Grant £0.026m underspend). The overspend is due to cover costs for vacancies as well as supplementary staffing for patients who require one to one support. f) Wards 1 and 2 – Projected overspend of £0.762m (no movement) due to use of supplementary staffing.
2.4	**Mental Health Services**
	Against the full-year budget of £107.398m there is a projected overspend of £0.968m (0.9%) (favourable movement of £0.101m) prior to the re-allocation of the Lead Partnership variance to East and South HSCP. The main variances are: • Learning Disabilities are projected to overspend by £0.788m (£0.126m favourable movement) across community care packages, direct payments and residential placements. This improvement reflects the positive impact of assertive reviews of care packages. • Community Mental Health services are projected to underspend by £0.380m (£0.031m favourable) across community care packages, direct payments and residential placements. The main reason for underspend is the availability and capacity of adult community providers to deliver new packages of care.

- There is a projected underspend of £0.106m (no movement) in relation to the cost of Hospital Based Complex Continuing Care (HBCCC), this reflects the impact of change in provision for these services.

- The Lead Partnership for Mental Health is projected to be £0.658m overspent (no movement) and the main variances are as follows:
    - Adult Inpatients – overspent by £0.442m due to overspends in supplementary staff for enhanced observations (1:1 and 2:1) and use of bank staff.

    - The UNPACS (Unplanned Activities) budget – projected overspend is £0.679m based on current placements and an allowance for one further placement. The actual cost of the future placements may be different from the estimated cost assumed in the projection. These placements are for individuals with very specific needs that require a higher level of security and/or care from a staff group with a particular skill set/competence. There are no local NHS secure facilities for women, people with a learning disability or people with neurodevelopmental disorder. This can necessitate an UNPACs placement with a specialist provider which can be out-of-area. The nature of mental health UNPACs spend is that it is almost exclusively on medium or long term complex secure residential placements which are very expensive so a small change in placements can have a high budgetary impact. Due to the complexity and risk involved, transitions between units or levels of security can take many months. Applications to approve a placement are made to the Associate Medical Director for Mental Health who needs to be satisfied that the placement is appropriate and unavoidable prior to this being agreed. A new group has been established to review the UnPACS budget and placements with a wider service representation.

    - Learning Disability Services – projected to underspend by £0.538m. This position is after recharging other areas on a cost basis for two outwith authority placements which have incurred additional costs in relation to usage of supplementary staffing due to sustained enhanced observations. There is a risk in relation to recovering this income as the two areas receiving the charges are currently refusing to pay and legal advice is being sought.

    - Elderly Inpatients – projected overspend of £0.415m due to the use of supplementary staffing. The elderly mental health wards continue to operate at full occupancy and at times with waiting lists, with several patients who are on enhanced observations and bank costs remain high.

	• MH Pharmacy – is projected to overspend by £0.585m due to increased demand and cost of medicines. ▪ Innovation Fund – projected underspend of £0.112m due to slippage within some of the projects and not all of the funding has been allocated. • The turnover target for vacancy savings for the Lead Partnership is held within the Lead Partnership as this is a Pan-Ayrshire target. There is a projected over recovery of the vacancy savings target of £0.819m in 2024-25. Further information is included in the table below: Vacancy Savings Target (£1.116m) Projected to March 2025 £1.935m Over/(Under) Achievement £0.819m
2.5	**Children and Justice Services**
	Against the full-year budget of £43.839m there is a projected overspend of £1.688m (3.85%) (£0.554m adverse movement) and the main variances are: a) Care Experienced Children and Young People is projected to overspend by £2.051m (£0.682m adverse movement). The main areas within this are noted below: • Following budget investment of £4m the children's residential placements are overspent by £1.898m (£0.359m adverse movement) based on 31 placements at month 6. This demonstrates a reduction of 6 places since the start of the financial year. There are a number of factors leading to this challenging position: • We have 32 places available in our internal children's houses, due to demand these have been operating at 100% occupancy for some time, leading to increased use of external placements where residential care is required. • The requirement to support Unaccompanied Asylum-Seeking Children (UASC) under the National Transfer Scheme and to support trafficked young people who have been identified in North Ayrshire. • A number of young people in residential care have requested Continuing Care, whereby a young person can remain in their placement until age 21. • Where appropriate young people are placed to meet their educational needs, the cost of Residential School Placements in the most cases is shared 50/50 with Education services.

	• Contractual inflation has increased the projected costs of residential places by £0.339m which is outwith the control of the service. Children's Services are continuing to work with other services including Education and Housing to address the challenges through the work of the 'Brighter Pathways' Programme Board and associated workstreams. This forms part of the Transformation Plan which was approved at the March IJB and an update on this programme of work is included separately on the agenda. . • Looked After and Accommodated Children (fostering, adoption, kinship etc) is projected to be £0.761m underspent (£0.033m adverse movement). • Children with disabilities – there is a net projected overspend of £0.582m (£0.326m adverse movement) across residential placements, direct payments and community packages. The adverse movement is largely linked to inflation (£0.147m) and increased package costs (£0.101m) where estimated costs were used in previous periods.
	• Residential respite – placements are overspent by £0.135m (£0.077m adverse movement). These short-term placements are used to prevent an admission to full time care or to avoid placement breakdown. • Employee costs – are projected to overspend by £0.172m (adverse movement of £0.044m), largely due to staffing levels in the children's houses. b) Head of Service – is projected to underspend by £0.675m (£0.151m favourable movement). This consists of a projected overspend due to the planned saving of £0.233m in relation to the staff reconfiguration in the children's houses which was not achieved in 23-24 and this is offset by the grant funding in relation to Unaccompanied Asylum-Seeking Children, which is projected to amount to £0.964m (£0.145m favourable movement) and which contributes to costs incurred across a number of C&F service areas. c) C&F Health Team – is projected to overspend by £0.246m (no movement) mainly in relation to the Band 6 to 7 regrade for Health Visitors and the progression of posts up the Band 7 scale.
2.6	**ALLIED HEALTH PROFESSIONALS (AHP)**
	The non-employee costs element of the AHP services are projected to be on-line. All underspends in employee costs have contributed to payroll turnover.
2.7	**CHIEF SOCIAL WORK OFFICER**
	This is projected to be on-line.

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2.8	**MANAGEMENT AND SUPPORT**
	Management and Support Services are projected to underspend by £2.787m (£1.494m favourable) and the main areas of underspend are: • There is projected slippage on the LD and MH transition funding of £0.786m (£0.186m favourable) due to delays in children transitioning into adult services and actual costs being less than estimated. This involves complex planning by services with service users and families and can change over time based on assessed need when moving into adult services. • The 2024-25 budget included a budgeted deficit on the social care side of £0.437m which is offset by a budgeted surplus of £0.437m on the health side of the budget. The net impact is neutral, but Appendix A shows this position for each element. • An over-recovery of payroll turnover of £1.836m (£1.336m favourable) for social care services and an over-recovery of payroll turnover of £0.296m (no movement) for health services as outlined in the table below. The turnover targets and achievement for the financial year for Health and Social Care services outwith the Lead Partnership is noted below:

	Social Care	**Health**
Vacancy Savings Target	(3.301m)	(1.522m)
Projected to be achieved by March 2025	5.137m	1.818m
Over/(Under) Achievement	**1.836m**	**0.296m**

	The areas contributing to the health and social care vacancy savings are spread across a wide range of services with vacancy savings being achieved in most areas. As part of the recovery plan, the vacancy scrutiny group has been enhanced with the Heads of Service and professional leads attending. Each post is scrutinised and filled only where deemed necessary with a recruitment freeze now implemented for all non-essential posts. This has led to a significant increase in the level of turnover when projected to the year end. The Health element of vacancy savings will be updated in month 7. The turnover target for the North Lead Partnership for Mental Health services is detailed separately within the Lead Partnership information at section 2.4.
2.9	**Savings Progress**
	a) The approved 2024-25 budget included £10.290m of savings.

BRAG Status	**Position at Budget Approval**	**Position at Month 6**

	£m	£m
Red	-	0.111
Amber	0.523	0.475
Green	9.767	-
Blue	-	9.704
TOTAL	**10.290**	**10.290**

b) The main area to note is that the red savings have increased since month 4 as the saving in relation to Montrose House looks unlikely to be achieved.

Appendix B provides an overview of those service changes which do have financial savings attached to them and the BRAG status around the deliverability of each saving.

2.10 **Budget Changes**

The Integration Scheme states that *"either party may increase it's in year payment to the Integration Joint Board. Neither party may reduce the payment in-year to the Integration Joint Board nor Services managed on a Lead Partnership basis…. without the express consent of the Integration Joint Board."* Appendix C highlights the movement in the budget position following the initial approved budget.

Reductions Requiring Approval:

Ref	Description	Amount (£000)
1	ICT Budget transfers	(5)
2	Transfer to FM services re cleaning post at West Road	(10)

2.11 **Pan Ayrshire Lead Partnership services and Large Hospital Set Aside**

Lead Partnerships: - The IJB position is adjusted to reflect the impact of Lead Partnership services. The outturn for all Lead Partnership services is shared across the 3 Partnerships on an NRAC basis.

The outturn in relation to North Lead Partnership services is not fully attributed to the North IJB as a share is allocated to East and South Partnerships; similarly, the impact of the outturn on East and South led services is shared with North. At Month 6 the MH lead partnership is projected to overspend by £0.658m (£0.215m NRAC share for East and £0.188m for South).

South HSCP – projected overspend of £0.581m of which £0.215m will be allocated to North. The variance is mainly due to an overspend of £0.512m in the community store. This includes the costs of replacing mattresses, repairs and maintenance

contract and equipment costs. There is also a projected overspend of £0.074m in the continence service and an underspend £0.006m in the Family Nurse Partnership

East HSCP - projected underspend of £0.360m in total (of which £0.133m will be allocated to North). The main variances are:

Allied Health Professions (Lead Partnership)
There is a projected underspend of £0.302m (£0.431m at month 4) on AHP services hosted by East Ayrshire for the current year, which mainly relates to staffing savings in Physiotherapy / MSK and Podiatry services and is partially offset by increased Orthotics costs.

Primary Care and Out of Hours Services (Lead Partnership)
There is a small projected underspend of £0.064m (£0.023m projected overspend at month 4) on the Primary Care Lead Partnership budget, with additional costs in Out of Hours services £0.321m (£0.371m at month 4), with work ongoing to mitigate increased costs as far as possible over the course of the 2024/25 financial year and going forward, as well as additional Primary Care contracting and support costs £0.027m (£0.024m at month 4). These additional costs are offset by a projected underspend in Dental services totalling £0.344m (£0.219m at month 4), where staffing numbers are running at less than establishment. Recruitment over the remainder of the financial year has the potential to impact further on the projected outturn position at month 6. In addition, there is a small saving on Primary Medical Services costs £0.058m (£0.152m at month 4).

Prison and Police Healthcare (Lead Partnership)
The £0.101m (£0.043m at month 4) projected underspend at month 6 is largely due reduced staffing costs.

Other Services (Lead Partnership)
The £0.106m (£0.243m at month 4) projected overspend is due to increased Area Wide Evening Services costs, mainly due to additional staffing costs including high use of bank staff, which will require to be further addressed going forward.

Set Aside: - Work has been undertaken with partnerships to progress and develop set aside arrangements to fully implement the legislative requirement. This includes arrangements in relation to the use of Directions, Joint Commissioning Plans and overall progression towards fair share allocations of resources.

Further work has been undertaken through the Ayrshire Finance Leads group to establish baseline resources for each partnership and how this compares to the NRAC “fair share” of resources. Ayrshire Finance Leads have now agreed a baseline methodology for set aside budgets which involves using the four full years prior to the pandemic, 2016/17 – 2019/20 inclusive.

	The 2023/24 usage is now available as is Q1 of 2024/25 and these has been presented to Ayrshire Finance Leads for validation. The HSCPs require to agree their final share of the baseline with each other, however the aggregate will remain unchanged. **IJB** / **Baseline at 2022/23 prices (£)** East 26,215,888 North 35,007,962 South 28,371,789 **Total 89,595,639** The annual budget for Acute Services is £435.0m. The directorate overspent by £16.8m after 6 months. This was caused by overspends on agency medical and nursing staff, together with drug expenditure including the New Medicines Fund, equipment and supplies. These have been required due to the level of operational pressure being experienced, in common with many other areas in Scotland. 164 additional unfunded beds remained open across both main hospital sites during September. There is a material underlying deficit caused by: • Unachieved efficiency savings • Length of Stay (LoS) and emergency admission rates in NHS Ayrshire and Arran acute hospitals are above the Scottish average. • High expenditure on medical and nursing agency staff, high rates of absence and vacancies causing service pressure. • Delayed transfers of care and high acuity of patients. The IJBs and the Health Board work closely in partnership to maintain service and improve performance. Initial work has commenced to develop a joint strategic commissioning plan for the provision of unscheduled care services, which will outline these services will be delivered over the medium-term using the set aside resources available. This will support a shift in the balance of care into the community and support a reduction in the number of acute beds.
2.12	**FINANCIAL RISKS**
	There are a number of financial risk areas that impact or may impact on the financial position. • The recent announcements by Scottish Government in relation to public sector finances and in-year spending reductions will impact on current and

	future funding, including for 2024-25 pay awards, which have recently been settled for local government and NHS but the funding position is not yet clear. • Continued 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, for example the joint mission for delayed discharge improvement. • Ongoing delivery costs of Scottish Government policy directives, particularly where these are not fully funded or inflation proofed. • 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, especially the financial position of NHS Ayrshire and Arran Health Board, their financial deficit and the risks around further escalation in the national framework for financial escalation. North Ayrshire IJB have already discussed our position in relation to the request for payment for delayed discharges last financial year. • The recurring underlying levels of overspend which may impact on the Partnership's ability to continue to sustain service levels in the future. • The IJB free general fund reserves are estimated to be fully used during this financial year, leading to an increased risk of requiring additional in-year financial contributions from NHS Ayrshire and Arran and North Ayrshire Council to break even. • High risk areas of low volume / high-cost services areas e.g. Children's residential placements, Learning Disability care packages and complex care packages; • Lead / hosted service arrangements, including managing pressures and reporting this across the 3 IJBs. • The impact on Lead Partnership and acute services from decisions taken by other Ayrshire areas. • The use of supplementary staffing for enhanced observations across a number of service areas. • The use of high-cost agency staff to support frontline service delivery in areas where there are recruitment challenges. • Agenda for Change Pay Reform programme – including Nursing Band 5-6 re-grade, protected learning time and reduction to the working week. Non-recurring funding has been provided to meet costs associated with this but it is unclear whether this will be sufficient. • Scot Excel inflationary increases for children's service are significantly higher than assumed. These risks will continue to be monitored during 2024-25.

2.13	**RESERVES**
	The IJB reserves position is summarised in the table below.

	General Fund Reserve		Earmarked Reserves		**Total**
	Unearmarked		External Funding	HSCP	
	£m		£m	£m	**£m**
Balance – 1 April 2024	**0.357**		**3.379**	**1.774**	**5.510**
Anticipated Drawdown	**(0.357)**		**(3.379)**	**(1.202)**	**(4.938)**
Balance – 31 March 2025	**-**		**-**	**0.572**	**0.572**

The £1.774m HSCP earmarked reserve relates to the Service Redesign and Change Fund; of this total only £0.096m currently remains uncommitted with the balance being committed to investment in an early intervention approach within Children and Families social work and supporting the delivery of the transformation programme across 2024-25 and 2025-26.

Further detail on the reserves is given in Appendix D.

2.14	**Financial Recovery Plan**
	The IJB set a balanced budget for 2024/25 on 14th March 2024. This did not require any draw on reserves but did include the approval of £10.290m of savings to achieve financial balance. Following the finalisation of the 2023/24 outturn position, the IJB agreed some initial recovery actions at the meeting in June. In line with the requirements of the integration scheme, work has continued to develop the financial recovery plan and identify further targets for financial improvements. The current plan is outlined in full at Appendix E. There has been progress towards some of the targets, and these are already reflected in the current projected outturn of £5.611m overspend. Further work is required to deliver on the balance of these targets as well as the additional targets which have now been identified. Services will work towards implementing the recovery plan to deliver on these cost reduction targets while carefully managing the level of risk. This will include the preparation of equality impact assessments. It is recognised that there needs to be further savings identified to move towards a breakeven position. Any decisions to implement changes which have significant impact on service delivery and the wider system will be discussed at the Finance

Working Group before being brought back to the IJB for further approval as part of the financial recovery plan.

MANAGEMENT ACTIONS/CONTROLS:

Other management actions which have been implemented include:

- Review of expenditure authorisation levels across the Partnership and escalation of specific decisions to senior officers. In particular, a new governance group has been introduced, involving the Director and Heads of Service, to oversee the agreement of higher value packages of care (above £40,000 per annum).
- Staff communication in relation to discretionary/non-essential spend.
- Review of temporary posts and robust vacancy management/approval. The vacancy scrutiny group now has representation from all of the Heads of Service and a recruitment freeze will be implemented for all but essential frontline posts.
- Restrictions on all but essential overtime working.
- Ongoing review of future year savings or transformation programmes to identify scope for acceleration.
- Maximise opportunities from the recently reopened Independent Living Fund (ILF) Scotland.

GOVERNANCE:

- In order to facilitate greater scrutiny of the financial position and the delivery of the financial recovery plan during 2024/25, the IJB agreed at the June meeting to establish a 'Finance Working Group', chaired by the IJB Vice Chair. The Director and Heads of Service will be members of the group. This will meet monthly to facilitate increased oversight and scrutiny of the financial position and transformation programme as well as detailed budget planning for future financial years. Meetings have now been scheduled to the end of the year.

  To date the Finance Working Group has met three times and covered care at home, care homes, charging income, financial inclusion, an overview of the budget and the Brighter Pathways project. The next meeting will review Complex Care, Addictions Prescribing and an update to the Medium-Term Financial Outlook.

- Strengthened support from Finance Team to front line services and increased engagement with Heads of Service and Senior Management Teams, including line by line reviews of all budget areas. Review and enhancement of frequency and level of financial information provided to support oversight and decision making in line with financial constraints, with an added focus on areas

of underspend to maximise opportunities to delay or stop spend and contribute to the overall financial challenge.

INTEGRATION SCHEME

The Integration Scheme describes the required approach where there is a projected overspend:

The Chief Officer will deliver the Outcomes within the total delegated resources (paid and Set Aside) and where there is a forecast overspend against an element of the operational budget, the Chief Officer, the Chief Finance Officer of the Integration Joint Board and the appropriate finance officers of the Parties must agree a recovery plan to balance the overspending budget, which recovery plan shall be subject to the approval of the Integration Joint Board. If the recovery plan is not successful the Parties will consider making interim funds available based on the agreed percentage contribution for joint responsibilities, as outlined above, with repayment in future years on the basis of a revised recovery plan agreed by the Parties and Integration Joint Board.

There is an increasing risk to achieving financial balance during 2024-25, the projected outturn position is summarised below with the residual risk following already identified financial improvement actions and illustrates the current estimated risk exposure to the IJBs funding partners:

		Split	
	TOTAL	Health/NHS AA	Social Care/NAC
Projected Overspend @ mth6	**£5.611m**	£0.812m	£4.799m
Less Financial Recovery Plan Projections	**£2.706m**	£0.369m	£2.337m
Residual Risk	**£2.905m**	£0.443m	£2.462m

3. PROPOSALS

3.1 Anticipated Outcomes

Continuing to closely monitor the financial position will allow the IJB to take corrective action where required to deliver services in 2024-25 from within the available resource, thereby limiting the financial risk to the funding partners.

The transformational change programme will have the greatest impact on the financial sustainability of the partnership, the IJB require to have a clear understanding of progress with the delivery of the transformation plan.

3.3 Measuring Impact

Ongoing updates to the financial position will be reported to the IJB throughout 2024-25.

4.	**IMPLICATIONS**
4.1	Financial The outturn is an overall year-end overspend of £5.611m (1.7%). The report outlines the main variances for individual services. There IJBs unearmarked reserve balance is projected to be zero by the end of the financial year and there is an ongoing risk in relation to the £2.905m of the overspend where financial recovery improvement actions require to be identified. This current position poses a financial risk to North Ayrshire Council and NHS Ayrshire and Arran.
4.2	Human Resources The report highlights vacancy or turnover savings achieved during the year. Services will review any staffing establishment plans and recruitment in line with normal practice when implementing service change and reviews as per agreement with the IJB. Tight vacancy scrutiny management arrangements are in place for the HSCP.
4.3	Legal None.
4.4	Equality/Socio-Economic None.
4.5	Risk Para 2.12 highlights the financial risks. The report falls in line with the agreed risk appetite statement which is a **low-**risk appetite in respect to adherence to standing financial instructions, financial controls and financial statutory duties and a **high**-risk appetite in relation to finance and value for money. The 'financial viability of the HSCP' risk on our strategic risk register has increased the risk score to reflect the 23/24 outturn and current projected 24/25 overspend.
4.6	Community Wealth Building None.
4.7	Key Priorities The ability to deliver on our strategic priorities may be compromised due to the greater financial risk faced in 2024-25 and the increased focus required on financial rather than service improvement. This will be kept under close scrutiny throughout 2024-25. If we are unable to successfully develop a financial recovery plan to achieve financial balance, consideration may be given to revising the strategic commissioning plan.
5.	**CONSULTATION**
5.1	This report has been produced in consultation with relevant budget holders and the Partnership Senior Management Team.

5.2	The IJB financial monitoring report is shared with the NHS Ayrshire and Arran Director of Finance and North Ayrshire Council's Head of Finance after the report has been finalised for the IJB.

Caroline Cameron, Director

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2024-25 Budget Monitoring Report–Objective Summary as at 30th September 2024 Appendix A

Partnership Budget - Objective Summary	2024/25 Budget									Over/ (Under) Spend Variance at Period 4	Movement in variance from Period 4
	Council			Health			TOTAL				
	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
COMMUNITY CARE AND HEALTH	**71,123**	**76,174**	**5,051**	**18,816**	**19,908**	**1,092**	**89,939**	**96,082**	**6,143**	**6,049**	**94**
: Locality Services	30,440	31,937	1,497	5,366	5,410	44	35,806	37,347	**1,541**	879	662
: Community Care Service Delivery	36,664	39,469	2,805			0	36,664	39,469	**2,805**	3,476	(671)
: Rehabilitation and Reablement	2,063	2,390	327			0	2,063	2,390	**327**	17	310
: Long Term Conditions	917	934	17	9,459	10,373	914	10,376	11,307	**931**	924	7
: Community Link Workers	338	338	0	0	0	0	338	338	0	0	0
: Integrated Island Services	701	1,106	405	3,991	4,125	134	4,692	5,231	**539**	753	(214)
MENTAL HEALTH SERVICES	**34,206**	**34,624**	**418**	**73,192**	**73,742**	**550**	**107,398**	**108,366**	**968**	**1,069**	**(101)**
: Learning Disabilities	25,694	26,482	788	556	555	(1)	26,250	27,037	**787**	916	(129)
: Community Mental Health	6,485	6,105	(380)	1,739	1,738	(1)	8,224	7,843	**(381)**	(411)	30
: Addictions	2,027	2,037	10	1,899	1,899	0	3,926	3,936	**10**	12	(2)
: HBCCC	0	0	0	353	247	(106)	353	247	**(106)**	(106)	0
: Lead Partnership Mental Health NHS Area Wide	0	0	0	68,645	69,303	658	68,645	69,303	**658**	658	0
CHILDREN & JUSTICE SERVICES	**38,924**	**40,366**	**1,442**	**4,915**	**5,161**	**246**	**43,839**	**45,527**	**1,688**	**1,134**	**554**
: Irvine, Kilwinning and Three Towns	3,021	3,075	54	0	0	0	3,021	3,075	**54**	32	22
: Garnock Valley, North Coast and Arran	3,123	3,154	31	0	0	0	3,123	3,154	**31**	43	(12)
:Intervention Services	1,700	1,704	4	0	0	0	1,700	1,704	**4**	(1)	5
: Care Experienced Children & Young people	27,131	29,182	2,051	0	0	0	27,131	29,182	**2,051**	1,369	682
: Head of Service - Children & Families	1,064	389	(675)	0	0	0	1,064	389	**(675)**	(524)	(151)
: Justice Services	2,472	2,472	0	0	0	0	2,472	2,472	**0**	0	0
: C&F Health Team	413	390	(23)	4,203	4,449	246	4,616	4,839	**223**	215	8
: Lead Partnership NHS Children's Services	0	0	0	712	712	0	712	712	**0**	0	0
CHIEF SOCIAL WORK OFFICER	1,559	1,558	(1)	0	0	0	1,559	1,558	**(1)**	12	(13)
PRIMARY CARE	0	0	0	53,109	53,109	0	53,109	53,109	**0**	0	0
ALLIED HEALTH PROFESSIONALS			0	10,306	10,306	0	10,306	10,306	**0**	0	0
MANAGEMENT AND SUPPORT COSTS	9,608	7,576	(2,032)	4,407	3,652	(755)	14,015	11,228	**(2,787)**	**(1,293)**	(1,494)
FINANCIAL INCLUSION	970	891	(79)	0	0	0	970	891	**(79)**	**2**	(81)
OUTTURN ON A MANAGED BASIS	**156,390**	**161,189**	**4,799**	**164,745**	**165,878**	**1,133**	**321,135**	**327,067**	**5,932**	**6,973**	**(1,041)**

Partnership Budget - Objective Summary	2024/25 Budget									Over/ (Under) Spend Variance at Period 4	Movement in variance from Period 4
	Council			Health			TOTAL				
	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Return Hosted Over/Underspends East	0	0	0	0	(215)	(215)	0	(215)	**(215)**	(215)	0
Return Hosted Over/Underspends South	0	0	0	0	(188)	(188)	0	(188)	**(188)**	(188)	0
Receive Hosted Over/Underspends South	0	0	0	0	215	215	0	215	**215**	204	11
Receive Hosted Over/Underspends East	0	0	0	0	(133)	(133)	0	(133)	**(133)**	(77)	(56)
OUTTURN ON AN IJB BASIS	**156,390**	**161,189**	**4,799**	**164,745**	**165,557**	**812**	**321,135**	**326,746**	**5,611**	**6,697**	**(1,086)**

2024-25 Savings Tracker **Appendix B**

North Ayrshire Health and Social Care Partnership
2024/25 Savings

Social Care:

Description	Deliverability Status at budget setting	Deliverability Status at Month 6	2024/25 Saving	Description of the Saving
Children, Families & Criminal Justice				
Service redesign	**Amber**	**Blue**	0.123	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.
Community Care & Health				
Review of Day Care provision	**Amber**	**Blue**	0.100	Carry out a review and streamline day care provision.
Sensory Impairment Team	**Green**	**Blue**	0.062	Remove the dedicated management post and realign the team into core social work teams.
Care Home places	**Green**	**Amber**	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**	**Blue**	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**	**Red**	0.111	Restrict the capacity at Montrose House care home to the current level of residency.
Support Services and Partnership-wide savings				
Voluntary Early Release	**Green**	**Blue**	0.174	Recurring savings achieved by the release of back-office staff through the council's voluntary early release scheme.
Carers Strategy funding	**Green**	**Blue**	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**	**Blue**	0.131	Increase charges for non-residential care by 10% and charges for residential care by 5%
Remove vacant posts	**Green**	**Blue**	0.280	Remove a number of vacant posts across support services.
Employers' superannuation contributions	**Green**	**Blue**	7.238	Align the budget to the new employer superannuation contribution rates from 1st April 2024.
Payroll Turnover	**Green**	**Blue**	0.077	Increase targets for payroll turnover through the recruitment process.
TOTAL SOCIAL CARE SAVINGS			**9.255**	

Health:

Description	Deliverability Status at budget setting	Deliverability Status at Month 6	2024/25 Saving	Description of the Saving
Hospital Based Complex Continuing Care (HBCCC) provision	**Green**	**Blue**	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**	**Blue**	0.021	Apply an inflationary increase to the recharge to East Ayrshire HSCP.
Community Recovery and Rehab provision	**Amber**	**Amber**	0.100	Review and streamline a range of current provisions to remove duplication.
Enhanced ICT	**Green**	**Blue**	0.100	Carry out a review of the service delivery model and release recurring staffing savings.
Payroll Turnover	**Green**	**Blue**	0.314	Increase targets for payroll turnover through the recruitment process.
TOTAL HEALTH SAVINGS			**1.035**	
TOTAL NORTH HSCP SAVINGS			**10.290**	

2024-25 Budget Reconciliation Appendix C

COUNCIL	Period	Permanent or Temporary	£'m
Initial Approved Budget			156.190
Adjustments to baseline			(0.574)
Less Resource Transfer 23/24			(24.640)
Revised Budget			**130.976**
Resource Transfer 24/25	1-3	P	24.861
Realign Girfec Team To Connected Communities	1-3	P	(0.073)
ICT Budget Transfers	1-3	P	(0.006)
CJSW Funding 2425	1-3	T	0.053
Children's Living Wage Allocation	1-3	T	0.525
ICT Budget Transfers	6	P	(0.002)
ICT Budget Transfers	6	P	(0.003)
Post Realigned from the Policy, Performance & Elections Team	6	P	0.059
Transfer to FM Services re Cleaning Services at West Road	6	P	(0.010)
Roundings	1-3		0.010
Social Care Budget Reported at Month 6			**156.390**

HEALTH	Period	Permanent or Temporary	£'m
Initial Budget exc set aside			**157.894**
Add Resource Transfer 23/24			24.640
Month 10-12 Adjustments and adjusting for the full year impact of part years amounts and temporary funding.			(0.033)
Revised Budget		**P**	**182.501**
Add resource Transfer 24/25			(24.861)
North Superannuation 24/25 uplift	1		1.134
MH: Anticipate Hollybush Combat Stress 24/25	1		1.424
MH: Anticipate Delivery of Veteran Funding 24/25	1		0.105
MH: Anticipate Perinatal MH, Infant MH (inc MNPI) 24/25	1		0.750
Training grade ADJ – April	1		0.063
Pecos Nurse Post	1		(0.018)
Script Switch To Pharmacy	1		(0.002)
Breastfeeding Pay Award – South	2		0.005

Nest – South	2		0.066
24-25 Foxgrove North	2		0.033
24-25 Breast Feeding – North	2		0.005
24-25 Huntingtons North	2		0.005
24-25 NEST North	2		0.066
Phlebotomy Admin Returned	2		0.005
23-24 - 50% North Share to East - Tier 3 Weight Management	2		(0.077)
24-25 North Share to East - Tier 3 Weight Management	2		(0.022)
Anticipate ADP Afc Pay Uplift	3		0.091
Anticipate ADP Drug Prevalence	3		0.084
Anticipate ADP Lived & Living Exp	3		0.013
Anticipate ADP Mat	3		0.250
Anticipate ADP National Mission	3		0.296
Anticipate ADP Residential Rehab	3		0.134
Anticipate ADP Whole Family Approach	3		0.094
Training Grade Adj – Jun	3		(0.054)
Prescribing (Ambush) North Rx	3		1.573
Prescribing (Ambush) North Rx Cres	3		(1.477)
24-25 North Budget Paper - Office 365 (to East)	3		(0.073)
24-25 North Budget Paper - Prison Pharm Contract (to East)	3		(0.093)
South Mat Funding – Psychiatrist	3		0.029
Hd198: Early Intervention In Psychosis/ Body Image And Social Media Resource	3		0.242
Hd203: Digital Mental Health Programme Licence & Support	3		0.005
Reduction to the Working Week (mth 2 - 4)	4		0.105
Post to medical records	4		(0.037)
HD107: breast Feeding project funds	4		0.056
BBV	4		0.280
Anticipated budgets assumed in the report but not yet allocated	4		2.045
Health Budget Reported at Month 6			**164.745**
TOTAL COMBINED BUDGET			**321.135**

24-25 IJB Reserves Position **Appendix D**

Area of Reserves	Balance at 31 March 2024	2024-25 Anticipated Draw Downs	Projected Balance at 31 March 2025
Earmarked Funds			
: Alcohol & Drug Partnership	641	(641)	0
: Mental Health Action 15	57	(57)	0
: Service Redesign / Challenge Fund	1,774	(1,202)	572
: Community Living Change Fund	377	(377)	0
: Family Wellbeing Fund	1,313	(1,313)	0
: Wellbeing Fund	50	(50)	0
: Breast Feeding Network	26	(26)	0
: MH Recovery and Renewal	546	(546)	0
: Buvidal	23	(23)	0
: Brooksby	5	(5)	0
: Cossette Funding	4	(4)	0
: Expansion of Primary Care Estates	55	(55)	0
: GP Premises Improvements - tranches 1 and 2	63	(63)	0
: Mental Health Wellbeing in Primary Care	81	(81)	0
: Dental Practice Improvement	29	(29)	0
:Appropriate Adult Scheme	2	(2)	0
:Adult Tier 3 Weight Management Service	19	(19)	0
: Phlebotomy	22	(22)	0
: LD Health Checks	66	(66)	0
Total Earmarked	**5,153**	**(4,581)**	**572**
Unallocated General Fund	357	(357)	0
General Fund	**5,510**	**(4,938)**	**572**

Financial Recovery Action Plan

Appendix E

FINANCIAL RECOVERY PLAN	£m	£m	£m		
Projected Overspend at Month 6			**5.611**		
SERVICE AREA	**Cost reduction target**	**Achieved in projected outturn**	**Still to be achieved**		**Target set?**
Health and Community Care					
Reduce care home placements in line with budget saving	(0.700)	0.000	(0.700)		June IJB
Reduce CAH capacity/delay recruitment/in-house efficiencies	(0.850)	(0.582)	(0.268)		June IJB
Community Wards - reduce supplementary staffing and review bed capacity	(0.500)	(0.247)	(0.253)		June IJB
MH and LD (North Ayrshire)					
Freeze adult community support approvals outwith transitions	0.000	0.000	0.000		June IJB
Respite provision - ensure use of in-house capacity is maximised	0.000	0.000	0.000		June IJB
HBCCC mitigation plan	(0.106)	(0.106)	0.000		August IJB
MH and LD (Lead Partnership)					
Ward staffing (adults/elderly inpatients)	(0.300)	0.000	(0.300)		August IJB
Psychiatry (use of agency)	(0.312)	(0.312)	0.000		August IJB
CEDS/CAMHS	(0.202)	(0.202)	0.000		August IJB
North Ayrshire share (38.6%)	(0.314)	(0.198)	(0.116)		
Children and Families					
Reduce children's external placements - early reduction from Brighter Pathways work	(0.500)	(0.500)	0.000		June IJB
Additional target re-residential placements	(0.500)	(0.229)	(0.271)		August IJB
Additional target re-residential placements	(0.225)	0.000	(0.225)		September IJB
Reduce investment in C&F social work via service redesign fund	(0.300)	0.000	(0.300)		September IJB
Cross Partnership					
Vacancy management and temporary posts	(0.500)	(0.500)	0.000		June IJB
Use of remaining reserve balance	(0.357)	0.000	(0.357)		August IJB
Review of earmarked reserves	(0.216)	0.000	(0.216)		September IJB
	Target	Achieved	Outstanding		
	(5.068)	**(2.362)**	**(2.706)**		
Remaining projected overspend			**2.905**		

Bank and Agency Costs to Month 6

Appendix F

Bank and Agency Costs

1) NHS		Bank		Agency		
		4863 (Registered)	4864 (Unregistered)	4853 (Registered)	4854 (Unregistered)	TOTAL
AAC074	NORTH CORE SLT ADULT		8,393			**8,393**
AAC403	WARD 1 WOODLANDS VIEW	34,920	225,803			**260,722**
AAC406	WARD 2 WOODLANDS VIEW	26,513	155,470			**181,983**
AAC410	ACH REDBURN REHAB WARD NRS	4,978	61,525			**66,503**
AAC412	ACH DOUGLAS GRANT REHAB WD NRS	8,280	36,613			**44,893**
AAD401	WARD 3 WOODLANDS VIEW NURSING	24,023	183,094	1,589	709	**209,415**
AAD402	WARD 4 WOODLANDS VIEW NURSING	27,339	154,288		185	**181,812**
AAH047	NEW CLONBEITH NURSING(JURA)	70,510	52,118			**122,628**
AAH415	WVIEW THE GLEN ECT		1,797			**1,797**
AAH417	WVIEW WARD 10 ACUTE MH NRS	30,213	42,330			**72,543**
AAH423	WVIEW WARD 8 ACUTE MH NRS	18,861	431,987		251	**451,100**
AAH460	WARD 5 WOODLANDS VIEW	13,856	17,339			**31,195**
AAH466	WVIEW WARD 7B REHAB MH NRS	2,103				**2,103**
AAH492	NEW DUNURE NURSING(CLONBEITH)	29,391	83,451			**112,842**
AAT001	TRINDLEMOSS	38,661	87,076			**125,737**
AAW047	ARRAN HOSPITAL NURSING	16,496	21,877	13,091		**51,465**
ACA405	CAMHS MANAGEMENT	1,943				**1,943**
ACN004	PACKAGE OF CARE (P) - CY		15,313			**15,313**
ACN012	PACKAGE OF CARE (P) - AMG		36,067			**36,067**
ACN013	PACKAGE OF CARE (P) - LMO		4,884			**4,884**
ACP002	NC POC TEAM 2		259			**259**
ACP003	NC POC TEAM 3		1,199			**1,199**
ACA412	CAMHS UNSCHEDULED CARE	3,287				**3,287**
ACF002	EARLY YRS-C/F TEAM 2	290				**290**
ACF051	IMMUNISATION NURSING	11,321	7,237			**18,558**
ACN000	ARRAN HV	316				**316**
ACN047	ARRAN DN	235				**235**
ADN000	THREE TOWNS DN	7,927		161		**8,088**
ADN033	IRVINE DN	13,138				**13,138**
ADN042	NORTH WEST COAST DN	4,037	99			**4,136**
ADN075	GARNOCK VALLEY DN	58,839				**58,839**
ADN080	NORTH DN TEAM LEADERS	4,286				**4,286**
ALA047	LADY MARGARET NURSING	9,159	4,116			**13,275**
AMA408	PREVENTION + SERVICES SPT TEAM	1,481				**1,481**
AML146	LD HEALTH CHECKS	73,240				**73,240**
AML392	NORTH CLDT		429			**429**
AML402	LDS MANAGEMENT	4,190				**4,190**
AML442	NORTH PARTNERSHIP ADMIN MH			13		**13**
AML500	MHS INPATIENT MGT	16,335				**16,335**
AMN412	CMHT NURSING-NORTH AYRSHIRE		8,054			**8,054**
AMN415	WVIEW WARD 7C FORENSIC REHAB N	5,340	72,642			**77,982**
AMN419	DAY ACTIVITIES TEAM	227				**227**
AMN425	INTENSIVE COMMUNITY NURSING TEAM	21,003				**21,003**
AMN431	ADULT MENTAL HEALTH LIASION TEAM	2,295				**2,295**
AMN433	PCMHT NORTH	1,663				**1,663**
AMN446	WVIEW WARD 6 LOW SECURE NRS	37,984	117,628			**155,611**
AMN454	WARRIX AVE	12,933	19,271			**32,204**
ANP074	NORTH CORE SLT PAEDS		1,483			**1,483**
AMN468	ACTION 15 - ADULT LIAISON	5,410				**5,410**
ANU632	ICFN - COMMUNITY PHLEBOTOMY		6,877			**6,877**
AWV438	WVIEW WARD 7A LD A+T NRS	11,497	382,852	1,588	5,379	**401,316**
AXC407	WVIEW WARD 9 ACUTE MH NRS	22,091	101,402			**123,494**
AXC418	WVIEW WARD 11 ACUTE MH NRS	46,675	155,589		257	**202,521**
	TOTAL	**723,286**	**2,498,562**	**16,442**	**6,782**	**3,245,072**

2) SOCIAL CARE	Month 6 Agency Cost
Montrose House	498,029
Acm - Irvine	1,188
Mh Acm	54,708
Ld Acm	15,852
TOTAL	**569,777**

Service Area	Strategic Priorities					Project Description/Workstream	Project Profiling			Primary Project Governance Route
	Enable Communities	Develop and support workforce	Early and Effective Support	Mental and Physical Health and Wellbeing	Tackle Inequalities		2024/25	2025/26	2026/27	
Children, Families and Justice Services										
Re-modelling Children's Care Options			√		√	Develop Throughcare and Aftercare Policy with Housing providers	Plan, Initiate, Monitor	Monitor, Close by Mar 26	x	Brighter Pathways Programme Board
			√		√	Grow and nurture and increase Foster placements and supported carers - recruitment, policy and support	Plan, Initiate, Monitor	Monitor, Close by Mar 26	x	
			√		√	Develop pathway to Residential School Placements with Education	Plan, Initiate, Monitor	Monitor, Close by Mar 26	x	
		√	√		√	Reconfigure Model of Care in Children's Houses	Plan, Initiate, Monitor	Monitor, Close by Mar 26	x	
			√	√	√	Early intervention and crisis/intensive support pathways	Plan, Initiate, Monitor	Monitor, Close by Mar 26	x	
		√	√		√	Strategic Needs Assessment/Data/Workforce	Plan, Initiate, Monitor	Monitor, Close by Mar 26	x	
		√	√		√	Best Practice Models and research	Plan, Initiate, Monitor	Monitor, Close by Mar 26	x	
Transport provision		√			√	Transfer children's transport provision to the HSCP and reconfigure how service is provided moving away from single journey taxi provision	Plan, Initiate, Monitor, Close by end 24	x	x	CF&J SMT
North Ayrshire Justice court team		√				Carry out a review of the current delivery model at Kilmarnock Sheriff Court.	Plan, Initiate, Monitor, Close by end 24	x	x	CF&J SMT
Family Support - Early Intervention and Crisis Approaches		√	√	√	√	In line with Whole Family Wellbeing Funding and investment in Early Intervention Teams review approach to crisis response (eg Rosemount and Whole Family Wellbeing Service)	Plan, Initiate, Monitor	Monitor, Close by Mar 26	x	CF&J SMT
Neurodevelopmental Supports - Children	√	√	√	√	√	Implement the Neuro Specification for Children and Young People	Plan, Initiate, Monitor	Monitor	Monitor, Close	North Ayrshire Lifespan Neurodevelopment strategy group

Service Area	Strategic Priorities					Project Description/Workstream	Project Profiling			Primary Project Governance Route
	Enable Communities	Develop and support workforce	Early and Effective Support	Mental and Physical Health and Wellbeing	Tackle Inequalities		2024/25	2025/26	2026/27	
Mental Health and Learning Disabilities										
Woodland View - Models of Care		√	√	√	√	Continued programme of review of inpatient models of care with a focus on promotion and expansion of community rehabilation models of care for mental health, building on learning from Warrix Avenue.This will include development of business cases for ARBD (Alcohol Related Brain Damage), CAMHS tier 4, forensic provision, community based forensic rehabilitation, EMH phase 3 ACH site (Caring for Ayrshire)	Monitor, Close	x	x	Extended Pan Ayrshire SMT/SMT, MH governance group and Pan Ayrshire Strategy Leadership group
						Income generation for national highly specailist service gap in forensic services to other boards - Low secure & forensic rehabilitation	Plan	Monitor, Close	x	
						Income generation for national specialist inpatient services gap (IPCU) bed to other Boards	Plan	Monitor, Close	x	
						Review and extend programme of inpatient income generation SLA's including AMH services to other boards.	Plan, Initiate, Monitor	Monitor, Close	x	
		√	√	√		Workforce redesign in alignment with new models of carel	Plan, Initiate, Monitor, Close	x	x	
				√		Review high cost placements including UNPACS	Plan	TBC (based on Plan)	TBC (based on Plan)	
MAT Standards	√	√	√	√	√	Set up the systems required to report on Medical Assisted Treatment standards for Addictions and roll out the 10 standards across NA. The programme will be run on a pan ayrshire basis led by NA. Includes dual diagnosis pathway development.	Monitor, Close	x	x	North Ayrhsire MAT implementation group & Pan Ayrshire MAT oversight group
Community Mental Health Services and Primary Care Mental Health services	√	√	√	√	√	Building on the business case development for MH Primary Care and investment in SW and MHO capacity in Mental Health Community Services undertake a review of CMHT/Primary Care MH service configuration, access criteria, pathways and capacity. Ties in with meeting Adult Secondary Mental Health Services Quality Standards	Plan, Initiate, Monitor, Close	x	x	North Ayrshire Mental health & wellbeing group (to be established), Core standards group & Pan Ayrshire Leadership strategy group
	√	√	√	√	√	Launch a pilot Early intervention in first episode psychosis service - revisit business case, bid for national funding	Initiate, Monitor, Close (if funded)	x	x	
	√	√	√	√	√	Review community recovery and rehab service provision across 3rd sector, Recovery College, Acorn, mental health in primary care and community link workers.	Plan, Initiate, Monitor, Close	x	x	
	√	√	√	√	√	Launch the LD Intensive Support Team and monitor progress of assessments of out of area placements. A dynamic register should be developed and maintained which will feed into national data.	Monitor	Monitor, Close	x	
	√	√	√	√	√	Review provision Acute Assessment model (Ward 7A) based at Woodland View alongside community models and in alignment with IST service	Plan, Initiate	Monitor, Close	x	
	√	√	√	√	√	Implement recommendations from Extreme Team - Supporting People with Learning Disabilities through the whole life course	Monitor	Monitor	Monitor, Close	

Service Area	Strategic Priorities					Project Description/Workstream	Project Profiling			Primary Project Governance Route
	Enable Communities	Develop and support workforce	Early and Effective Support	Mental and Physical Health and Wellbeing	Tackle Inequalities		2024/25	2025/26	2026/27	
Complex Care/ Coming Home	√	√	√	√	√	Review the service delivery and workforce model for Trindlemoss complex care service	Plan, Initiate, Monitor, Close	x	x	North Ayrshire complex care group, LD Transformation board & Pan Ayrshire leadership strategy group
				√	√	Review service delivery model at Trindlemoss Supported Accommodation	Plan, Initiate, Monitor, Close	x	x	
	√	√	√	√	√	Implement TEC/Responder Service, piloting at Trindlemoss base	Plan, Initiate, Monitor, Close	x	x	
	√	√	√	√	√	Complex Care Accommodation Requirements: Research and recommend options for effectively meeting the housing needs of complex care users in North Ayrshire. (added 19/6/24)	Plan, Initiate, Monitor, Close	x	x	
CAMHS	√	√	√	√		Engage in and influence West of Scotland CAMHS pathways and service developments	Plan, Initiate, Monitor	Monitor	Monitor	CAMHS Governance group, MH governance & Pan Ayrshire Strategy leadership group
	√	√	√	√		Reconfigure West Road as the Ayrshire and Arran CAMHS/CEDS Centre for specialist assessments	Monitor and Close by Sep 24	x	x	
	√	√	√	√	√	Implement National Eating Disorders strategy and delivery plan	Plan, Initiate	Monitor	Monitor, Close	
Digital Transformation	√	√	√	√	√	Delivery of a programme of Digital Transformation including development of a business case for wider MH services in alignment with national strategy, Implementation of Trakcare Patient Management System in Community Services and pilot phase 1 of Strata health SPOC, triage and decision making approcahes.	Monitor, Close	x	x	Pan-Ayrshire MH Digital Transformation Group
MH Unscheduled Care		√	√	√	√	Open and monitor impact of Adult Mental Health Assessment Hub (Ward 7B) in Woodland View	Monitor	Monitor, Close	x	ESMT/SMT MH governance & Pan Ayrshire Leadership strategy group
Neurodevelopmental Supports - Adults	√	√	√	√	√	Through the Extreme Team implement pathways of support for Adults seeking neurodevelopment service support and diagnosis	Plan, Initiate, Monitor	Monitor	Monitor, Close	North Ayrshire Lifespan Neurodevelopment strategy group reporting to CSSP and Pan Ayrshire Leadership strategy group
Psychiatry Review		√		√		Review of service workforce model and leadership structures	Plan, Initiate, Monitor, Close	x	x	MH Governance, Professional leadership group, ESMT/SMT & Pan Ayrshire ;leadership strategy group
LD/MH social supports	√		√	√	√	Review low level social support provided to LD/MH service users in alignment with the wellbeing model review to reduce variance and implement an equitable approach	Plan			SMT & LD transformation board

Service Area	Strategic Priorities					Project Description/Workstream	Project Profiling			Primary Project Governance Route
	Enable Communities	Develop and support workforce	Early and Effective Support	Mental and Physical Health and Wellbeing	Tackle Inequalities		2024/25	2025/26	2026/27	
Scottish Government Strategy - Local Implementation	√	√	√	√	√	Suicide Prevention - "Creating Hope Together"	Monitor	Monitor	Monitor	ESMT/SMT, MH governance, North Ayrshire MH & Wellbeing strategy group & Pan Ayrshire leadership strategy group
	√	√	√	√	√	Dementia Strategy - "Everyone's Story"	Plan, Initiate, Monitor	Monitor	Monitor	
	√	√	√	√	√	Mental Health and Wellbeing Strategy	Plan, Initiate	Monitor	Monitor	
	√	√	√	√	√	Self-harm Strategy	Plan, Initiate	Monitor	Monitor	
	√	√	√	√	√	Psychological Therapies specification & standards	Plan, Initiate	Monitor	Monitor	
	√	√	√	√	√	Adult Secondary Mental Health Services Quality Standards	Monitor	Monitor	Monitor	
	√	√	√	√	√	Barron Review - Forensic Mental Health Services	Monitor	Monitor	Monitor	

Service Area	Strategic Priorities					Project Description/Workstream	Project Profiling			Primary Project Governance Route
	Enable Communities	Develop and support workforce	Early and Effective Support	Mental and Physical Health and Wellbeing	Tackle Inequalities		2024/25	2025/26	2026/27	
Health and Community Care										
Systems & Technology			√			Explore and identify all available technology options and implement systems to identify and enhance the use of technology as first point of provision for accessing formal supports.	x	Plan, Initiate, Monitor, Close	Evaluate	H&CC SMT
			√	√		Analogue to Digital: Phased project to manage access to Community Alarm and Telecare services during the analogue to digital telephony transition.	Monitor and Close by March 25	x	x	Analogue to Digital Project Board
		√			√	Review and streamline processes within the Blue Badge team.	Monitor and Close by March 25	x	x	Transformation Board
			√	√		Review provision of Community Alarm and Telecare call monitoring service. CLOSED (SUCCESSFUL)	Close by June 24	x	x	Analogue to Digital Project Board
			√	√		~~CM2000: Review workforce scheduling and monitoring of service delivery system. (MOVED TO PW)~~	~~Close by June 24~~	~~x~~	~~x~~	~~Transformation Board~~
Models of Care	√	√	√			Care packages: Programme of waiting list and existing community package reviews - targeting lower packages of care to consider alternatives, reablement approaches and need in line with eligibility criteria for support.	Monitor and Close by March 25	x	x	H&CC SMT
		√		√		Implement the reconfiguration of Care at Home service delivery from June 2024, as agreed by IJB in March 2023. Review required to minimise additional costs when transferring service.	Monitor, Close by July 24	x	x	CaH Steering / Oversight Group
		√			√	Take forward Pan Ayrshire programme of work following the Palliative/EOL Business Case, agreed PID in June 2023 and National Strategy due later in 2024. Reframing and reconfiguring existing service provision, including hospice care, within existing resources.	Plan, Initiate, Monitor	Monitor, Close	x	P/EOL Group
		√		√		Review and improve the Dementia Support and Respite models of care. (to follow Day Services Review below)	Plan, Initiate, Monitor	Monitor, Close	x	H&CC SMT TBC
				√	√	Evaluate recent Day Services Review and current Day Services models both on the mainland and the islands of Cumbrae and Arran. This should incorporate learning from recent pilots with focus on blended approach inlcuding outreach opportunities.	Plan, Initiate, Monitor	Monitor, Close	x	H&CC SMT TBC
				√		Explore current packages of care model and consider future sustainable delivery. [CLOSED WITH NO RECOMMENDATIONS]	Plan, Initiate, Monitor, Close by end of 24	x	x	H&CC SMT
Unscheduled Care Improvement Programme		√		√		Home first Strategy	Plan, Initiate, Monitor, Close by March 25	x	x	H&CC SMT
		√		√		Delayed Discharge and Winter Preparedness Improvement Plan with a focus on Care at Home Capacity, Adults with Incapacity and Discharge to Assess.	Monitor and Close by March 25	x	x	H&CC SMT
Arran Integrated Services model	√	√			√	Continue to work towards an Integrated Hub on Arran building on the frailty work and developing a single point of contact for all health and social care services. Initial Agreement has been redrafted.	Close (or change)	x	x	n/a

Service Area	Strategic Priorities					Project Description/Workstream	Project Profiling			Primary Project Governance Route
	Enable Communities	Develop and support workforce	Early and Effective Support	Mental and Physical Health and Wellbeing	Tackle Inequalities		2024/25	2025/26	2026/27	
Primary Care MDTs - GP Premises	√	√			√	Implement HSCP MDTs across each of the localities to support GP practices and HSCP service coordinate care for those with the most complex needs. Address premises capacity issues initially in Frew Terrace, Oxenward and Beith.	Monitor	Monitor, Close by end of 25	x	H&CC SMT
Community Rehab Models	√	√				Review of the Enhanced Intermediate Care Service	Plan, Initiate, Monitor	Monitor, Close	x	Community Rehab PB
	√	√				Review of community rehab provision incorporating the range of community rehab services and how these better link together.	Plan, Initate, Monitor, Close by end Mar 25	x	x	Community Rehab PB
		√		√		Community wards: Review current inpatient ward functions and rehab models.	Plan, Initiate, Monitor, Close by end of 24	x	x	Community Rehab PB
			√	√		Policy review for access to and criteria for Aids and Adaptations, linking with Housing Review.	Plan, Initate, Monitor, Close by end Mar 25	x	x	Community Rehab PB
Community AHP Provision		√	√			Review of podiatry service provision with a specific focus on reducing waiting lists including eligibility criteria.	Plan, Initiate, Monitor	Monitor, Close	x	TBC
		√	√			Review of OT service provision with a specific focus on reducing waiting lists including eligibility criteria.	Plan, Initiate, Monitor	Monitor, Close	x	TBC
		√	√			Review of speech and language therapy service provision with a specific focus on reducing waiting lists including eligibility criteria.	Monitor, Close	x	x	TBC
	√	√				Moving and Handling: Building on investment in Castleview training centre for social care staff - improve quality of risk assessment process, support to frontline staff, support with moving and handling aids and consider provision to wider services (including providers and Carers)	Plan, Initiate, Monitor	Monitor, Close by end of 25	x	Community Rehab PB

Service Area	Strategic Priorities					Project Description/Workstream	Project Profiling			Primary Project Governance Route
	Enable Communities	Develop and support workforce	Early and Effective Support	Mental and Physical Health and Wellbeing	Tackle Inequalities		2024/25	2025/26	2026/27	
Partnership Wide										
Self Directed Support (SDS) Review			√	√	√	Engage with all stakeholders to look at how we encourage a more innovative and person centred approach to SDS. Implement the next phase of work from the Learning Review.	Initiate, Monitor	Close April 25	x	SWGB/PSMT
Carers Strategy and Service	√		√	√	√	Implement the Carers Strategy agreed at IJB in August 2023 together with new enhanced model of support from Unity.	Plan	TBC, based on plan	TBC	Direct to IJB
Implementation of Eclipse information system		√				Implementation of new information recording system for social care to replace Care First. This will include development of new protocols and transfer of data from current system to the new one.	Monitor, Close	Evaluation	x	Eclipse Project Board
Front Door Review	√	√	√		√	Commence a review of the HSCP front door first point of contact across services including duty systems. Scope to include first point of public contact, to maximise capacity and mitigate current risk.	12 month review	6 month to implement recommendations	x	Accessing Health and Social Care Services Learning Review Board
Workforce Planning		√				Update and further develop workforce plans to ensure the partnership has the right skills, roles, and number of people, now and in the future, including developing learning pathways, upskilling and reskilling opprtunities, and other strategies to improve recruitment and retention.	Workforce Plan 2 year update by Oct 24	New workforce plan Oct 2025	x	F&T SMT
		√				Develop approaches and explore options to provide alternative supports to workforce to address and support a reduction in staff absence levels, for example additional Occupational Health capacity or support.	Workforce Plan 2 year update by Oct 24	New workforce plan Oct 2025	x	F&T SMT
Digital & Data Plan: Phase 1	√	√	√	√	√	Develop and implement a NAHSCP Digital & Data Plan, aligned to national digital and data strategies. - fully articulating the digital & data requirements of a cohesively integrated value-based health and social care service - generating a baseline of digital capability / maturity - identifying barriers and opportunities for improvement - embedding digital & data across all teams and functions - creating a data-driven culture that supports innovation	Initial Plan developed with recommended next steps	TBC	TBC	F&T SMT
Leadership structures		√				Review leadership structures across the Partnership	Plan, Initiate, Monitor,Close	x	x	PSMT
CM2000			√	√		Review workforce scheduling and monitoring of service delivery system (currently CM2000 - contract ends Mar 25)	Plan, Initiate, Monitor,Close by Dec 24	x	x	PSMT
Eligibility Criteria		√	√	√	√	Consider whole-scale review of service eligibility criteria including policy and procedure used within services to ensure - resources are targeted to those most in need and an equitable approach to providing support and managing waits.	Plan	TBC	TBC	PSMT