

Integration Joint Board Meeting



Thursday, 20 June 2019 at 10:00

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

1 Apologies

2 Declarations of Interest

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

3 Minutes

The accuracy of the Minutes of the meeting held on 16 May 2019 will be confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973 (copy enclosed).

3.1 Matters Arising

Consider any matters arising from the minutes of the previous meeting.

4 Director's Report

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

5 Joint Inspection Improvement Plan

Submit report by Stephen Brown, Director (NAHSCP) on the key findings of the recently published inspection report by Healthcare Improvement Scotland and the Care Inspectorate (copy enclosed).

Strategy and Policy

6 Webcasting of IJB Meetings

Submit report by Stephen Brown, Director (NAHSCP) on a proposal to introduce the webcasting of all Integration Joint Board meetings (copy enclosed).

- 7 North Ayrshire Local Child Poverty Action Plan Report 1018/19**
Submit report by Lauren Cameron, Policy Officer on the Local Child Poverty Action Plan 2018/19 (copy enclosed).

- 8 Primary Care Improvement Plan**
Submit report by Vicki Campbell on the review of Year 1 of the Primary Care Improvement Plan (copy enclosed).

Budget

- 9 Budget Monitoring: 2018/19 Year End Financial Performance**
Submit report by Caroline Whyte, Chief Finance and Transformation Officer on the IJB's financial performance for the year 2018/19 (copy enclosed).

- 10 External Audit Report**
Submit report by Pat Kenny, Audit Director (Deloitte) on the Interim Report on the audit for the year ended 31 March 2019 (copy enclosed).

Minutes

- 11 Strategic Planning Group Minutes**
Submit the Minutes of the Strategic Planning Group meeting held on 17 April 2019 (copy enclosed).

- 12 Urgent Items**
Any other items which the Chair considers to be urgent.

- 13 Exclusion of the Public - Para 1**
Resolve in terms of Section 50(A)4 of the Local Government (Scotland) Act 1973, to exclude from the Meeting the press and the public for the following item of business on the grounds indicated in terms of Paragraphs 1 and 3 of Part 1 of Schedule 7A of the Act.

Non Disclosure of Information

In terms of Standing Order 19 (Disclosure of Information), the information contained within the following report is confidential information within the meaning of Section 50A of the 1973 Act and shall not be disclosed to any person by any Member or Officer.

- 14 Residential and Respite Service Provision**
Submit report by Kevin McGinn, Project Manager on proposals for ASN residential and respite service provision in North Ayrshire (copy enclosed).

- 15 Arran Services Integrated Hub**
Submit report by Ruth Betley, Senior Manager, Arran Services on Arran Services Integrated Hub (copy enclosed).

Integration Joint Board

Sederunt

Voting Members

Councillor Robert Foster (Chair)
Bob Martin (Vice-Chair)

North Ayrshire Council
NHS Ayrshire & Arran

Councillor Timothy Billings
Jean Ford
Councillor Christina Larsen
John Rainey
Dr. Janet McKay
Councillor John Sweeney

North Ayrshire Council
NHS Ayrshire and Arran
North Ayrshire Council
NHS Ayrshire and Arran
NHS Ayrshire and Arran
North Ayrshire Council

Professional Advisors

Stephen Brown
Caroline Whyte
Dr. Paul Kerr
David MacRitchie
Dr. Calum Morrison
Alistair Reid
David Thomson
Dr Louise Wilson

Director North Ayrshire Health and Social Care
Chief Finance and Transformation Officer
Clinical Director
Chief Social Work Officer – North Ayrshire
Acute Services Representative
Lead Allied Health Professional Adviser
Associate Nurse Director/IJB Lead Nurse
GP Representative

Stakeholder Representatives

David Donaghey
Louise McDaid
Marie McWaters
Graham Searle
Sam Falconer
Fiona Thomson
Clive Shephard
Nigel Wanless
Vacancy
Vicki Yuill
Barbara Connor

Staff Representative – NHS Ayrshire and Arran
Staff Representative – North Ayrshire
Carers Representative
Carers Representative (Depute for Marie McWaters)
(Chair) IJB Kilwinning Locality Forum
Service User Representative
Service User Rep (Depute for Fiona Thomson)
Independent Sector Representative
Independent Sector Rep (Depute for Nigel Wanless)
Third Sector Representative
(Chair) IJB Irvine Locality Forum



**North Ayrshire Health and Social Care Partnership
Minute of Integration Joint Board meeting held on
Thursday 16 May 2019
at 10.00 a.m., Council Chambers, Cunninghame House, Irvine**

Present

Bob Martin, NHS Ayrshire and Arran (Chair)
Councillor Robert Foster, North Ayrshire Council (Vice Chair)
Councillor Timothy Billings, North Ayrshire Council
Councillor Larsen, North Ayrshire Council
Jean Ford, NHS Ayrshire and Arran
Councillor John Sweeney, North Ayrshire Council

Stephen Brown, Director of Health and Social Care Partners
Caroline Whyte, Chief Finance and Transformation Officer
Dr. Paul Kerr, Clinical Director
Alistair Reid, Lead Allied Health Professional Adviser
David Thomson, Associate Nurse Director/IJB Lead Nurse
Dr. Louise Wilson, GP Representative

David Donaghey, Staff Representative (NHS Ayrshire and Arran)
Louise McDaid, Staff Representative (North Ayrshire Council)
Marie McWaters, Carers Representative
Graham Searle, Carers Representative (Depute for Marie McWaters)
Vicki Yuill, Third Sector Representative
Barbara Connor, Chair, Irvine Locality Forum

Also Present

Anthea Dickson, North Ayrshire Council

In Attendance

Thelma Bowers, Head of Service (Mental Health)
Darren Fullarton, Senior Nurse Mental Health (Community)
Scott Bryan, Team Manager (Planning)
Karen Andrews, Team Manager (Governance)
Euan Gray, Committee Services Officer

Apologies for Absence

Dr. Calum Morrison, Acute Services Representative
David Thompson, Associate Nurse Director/IJB Lead Nurse
Dr Louise Wilson, GP Representative
Fiona Thomson, Service User Representative
Nigel Wanless, Independent Sector Representative

1. Apologies

Apologies were noted.

1.1 Chairs Remarks

The Chair noted the retirement of Alistair McKie from the IJB and thanked him for his work with the Board. Jean Ford was welcomed as the new NHS Ayrshire and Arran representative, filling the vacancy left by Alistair.

2. Declarations of Interest

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

3. Minutes/Action Note

The accuracy of the Minute of the meeting held on 21 March 2019 was confirmed and the Minute signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973.

3.1 Matters Arising

Veterans' First Point (V1P) Service – That an update report on the long-term sustainability plan be submitted to a future meeting of the IJB.

Thelma Bowers, Head of Service (Mental Health), informed the Board that the update report would be submitted to the meeting on 29 August 2019.

Community Care Occupational Therapy Report – That an update report on progress be submitted to a future meeting of the IJB.

Alistair Reid, Lead Allied Health Professional Adviser, informed the board that the update report would be submitted to the meeting on 24 October 2019.

4. Director's Report

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

The report highlighted the following:-

- 13 Reasons Animation, an award-winning animation commissioned by the Child Protection Committee and produced by group of young people from North Ayrshire which provided positive messages around mental health in response to increasing suicide rates locally;
- a visit to North Ayrshire by representatives from OzChild and Berry Street, two childrens' services organisations from Australia. The three visitors were introduced to a number of programs and services used to support children and young people in North Ayrshire;
- a digital resource which has been purchased and will be available to unpaid carers. The Carer's Representative suggested that data from this resource be shared with other IJB's across Scotland;

- the Scottish Government/HSCP engagement meeting which took place on 3 May 2019. A number of areas were mentioned which the NAC IJB is ahead of others; and
- the first attendance award which was won by Vivien McDevitt who is a Care at Home Assistant who has worked with the partnership since 1991. The next award winner will be announced in July 2019.

Noted.

5. Ministerial Strategic Group Review of Progress with integration of Health and Social Care: Self-Evaluation

Submitted a report by Caroline Whyte, Chief Finance and Transformation Officer, on the outcome of the self-evaluation undertaken to rate progress against the Scottish Government's Review of Progress into the integration of Health and Social Care. The self-evaluation was appended to the report.

The Ministerial Strategic Group identified a number of proposals for improvement with varying implementation timescales over the next six to 12 months. The Board were informed that areas identified for improvements would be monitored by the IJB Performance and Audit Committee and that the report on the self-evaluation would be submitted to the Council's Audit and Scrutiny for noting.

The Board agreed to (i) approve the completed self-evaluation and actions identified for improvement and remits this to the Scottish Government as required; (ii) monitor actions for improvement through the Performance and Audit Committee; and (iii) receive an overall progress update at a future meeting in 2019.

6. Workforce Development Strategy

Submitted a report by Caroline Whyte, Chief Finance and Transformation Officer, to provide an update on the progress of the development of a HSCP Workforce Development Strategy. The strategy and supporting action plan were appended to the report.

The Board were provided with a background to the strategy, which is a requirement set out in the Scheme of Integration, and discussed the challenges which have arisen through bringing together employees from different organisations resulting in differing terms and conditions.

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

- the third sector workforce and whether the strategy would take these employees into account;
- the importance of identifying and recognising the "stumbling blocks" in the strategy, specifically the differing terms and conditions for employees in similar roles, and the possibility of adding a paragraph highlighting this to the introduction; and
- whether the Thinking Differently event which will see all HSCP staff meeting in one place should be linked closely with the strategy.

The Board unanimously agreed to approve (i) the Workforce Development Strategy subject to the insertion of a paragraph in the introduction which mentions

the issues surrounding differing terms and conditions; and (ii) the supporting action plan.

7. Ayrshire Mental Health Conversations

Submitted a report by Thelma Bowers, Head of Service (Mental Health), on the Ayrshire Mental Health Conversation: Priorities and Outcomes report which aims to provide a consistent Ayrshire response to the Scottish Government Mental Health Strategy 2017-2027. The proposed Mental Health Conversation document was appended to the report.

Darren Fullarton, Senior Nurse Mental Health (Community) summarised the report and highlighted the seven priority areas identified.

The Board unanimously agreed to approve (i) the priorities and achievable outcomes set out in the report, (ii) the governance framework in which activity within Ayrshire is monitored, and (iii) the development of an Ayrshire implementation planning group.

8. Adaptations Policy

Submitted a report by Stuart Gaw, Senior Manager (Health and Community Care) on the development of an Adaptations Policy which provides guidelines on how adaptations will be supplied and fitted. The policy was appended to the report.

Alistair Reid, Lead Allied Health Professional Adviser, summarised the report and provided the Board with a background to the policy.

Discussion took place around the delays for service users receiving adaptations, the fact that assessment period can bottle neck the process, the possibility of providing more occupational therapists to alleviate this issue and the importance of ensuring that all users have been referred correctly.

The Board unanimously agreed to (i) note the continued development and performance of the Adaptations Service; (ii) note the development of the Adaptations Policy to provide clear guidelines into when and how adaptations will be supplied and fitted; and (iii) approve the Adaptations Policy and supporting Adaptations Procedures and Adaptations Criteria.

9. Equality Outcome and Mainstreaming Report 2018

Submitted a report by Scott Bryan, Team Manager (Planning), on the NAHSCP Equality Mainstreaming and Outcome Report and. Both documents were appended to the report.

The Board were provided with a background to both reports. The NAHSCP Equality Mainstreaming and Outcome Report provides information on how equalities have been mainstreamed into day-to-day practice. The Ayrshire Shared Quality Outcomes Progress report provides an update to the April 2017 report which set out the equality outcomes adopted across all three HSCPs in Ayrshire. The Board unanimously agreed to note and approve for publication the content of (i) the NAHSCP Equality Mainstreaming and Outcome Report; and (ii) the Ayrshire Shared Quality Outcomes Progress report.

10. Integration Joint Board: Appointments

Submitted a report by Stephen Brown, Director of Health and Social Care Partners, on appointments which are required in relation to the Integration Joint Board, the IJB Performance and Audit Committee and the Strategic Planning Group.

The Integration Scheme and the IJB Standing Orders set out that appointments of Chairpersons and Vice Chairpersons shall be for two-year terms on a rotational basis between North Ayrshire Council and the NHS Board. The current two-year term was approaching its conclusion therefore nominations were sought for the Chair and Vice Chair of the Integration Joint Board, the IJB Performance and Audit Committee and the Strategic Planning Group.

The Scheme of Integration sets out that Councillor Foster, as the Cabinet member for Health and Social Care, will assume the role of IJB Chair.

One role as a member was available on the IJB and IJB PAC due to retirement and a change to the terms of reference respectively. NHS Ayrshire and Arran nominated Jean Ford to fill the vacancy on the IJB.

Accordingly, nominations were sought for a Vice-Chair of the Integration Joint Board, a Chair, Vice-Chair and member of the IJB Performance and Audit Committee and a Chair and Vice-Chair of the Strategic Planning Group.

Following discussion and the receipt of nominations, the Integration Joint Board unanimously agreed to make the following appointments:-

Integration Joint Board

Chair – Councillor Foster

Vice Chair – Robert Martin

Member – Jean Ford

Integration Joint Board Performance and Audit Committee

Chair – John Rainey

Vice Chair – Councillor Billings

Member – Jean Ford

Strategic Planning Group

Chair – Robert Martin

Vice Chair – Councillor Larsen

11. Strategic Planning Group Minutes

Submitted the minutes of the Strategic Planning Group meeting held on 6 March 2019.

Noted.

The Meeting ended at 11.10 a.m.

DRAFT

North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 16 May 2019

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

Integration Joint Board
20 June 2019

Subject: **Director's Report**

Purpose: To advise members of the North Ayrshire Integration Joint Board (IJB) of developments within the North Ayrshire Health and Social Care Partnership (NAHSCP).

Recommendation: That members of IJB note progress made to date.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
ADP	Alcohol and Drug Partnership
CPC	Child Protection Committee

1.	EXECUTIVE SUMMARY
1.1	This report informs members of the Integration Joint Board (IJB) of the work undertaken within the North Ayrshire Health and Social Care Partnership (NAHSCP) nationally, locally and Ayrshire wide.
2.	CURRENT POSITION
	<u>Ayrshire Wide Developments</u>
	<u>What Matters to You? Day 2019</u>
	On 6th June 2019 , our staff agreed to ask the people they support or work with, 'What Matters to You?' The day focussed on staff having good conversations with the people who access our services. Conversations took place with people in our localities, through our Locality Planning Forums to inform our local priorities, as part of our strategic planning process.
	'What Matters to You' champions were identified across all our services to help co-ordinate events within the services and make sure feedback forms were returned.
	What's important about 'What Matters to You' is that these conversations help us to learn more about the people we support, and we know even small changes make a big difference!
	If you'd like to find out more about our What Matters to You approach (2017 and 2018), click here http://www.nahscp.org/get-involved-say/ . What Matters to You?

	2019 is happening across Ayrshire, in all three health and social care partnerships and acute hospitals, and across the UK.
	<u>North Ayrshire Developments</u>
	<u>NHS Scotland Chief Executive Visit</u>
	On Monday 13 th May 2019, Malcolm Wright, Director-General Health and Social Care & Chief Executive of NHS Scotland visited Ayrshire and Arran. Whilst here, he was able to visit our mental health inpatient facilities at Woodland View and our new development at Warrix Avenue on the Trindlemoss site. He was greatly impressed with the facilities, the new models of care and the passion of staff.
	<u>Thinking Different, Doing Better</u>
	<p>The Project Team are working hard to progress the staff “experience” for Thinking Different, Doing Better. Things are moving fast in the project office with lots of ‘old’ established links and many new links are being made. Organisations across North Ayrshire are working with us to create a future vision for a resilient, healthier North Ayrshire, where individual and community assets, in partnership with health and social care services, enable people to live as well as possible in their community.</p> <p>We’ve been overwhelmed by the offer of ‘free’ labour and materials/goods from across private, public and voluntary sectors. Each partnership team will be represented in this interactive experience with a team object/artefact.</p> <p>Thinking Different, Doing Better is all about people and about making people’s experience of health and social care services in North Ayrshire even better.</p>
	<u>A New Beginning for the Alcohol and Drug Partnership</u>
	<p>Former Chief Superintendent Paul Main, has taken up the role of independent Chair of the North Ayrshire Alcohol and Drug Partnership. His appointment comes following Chief Officers agreeing to seek an independent Chair and for the Alcohol and Drug Partnership agenda to be overseen by the Chief Officer’s Group.</p> <p>This places the ADP in North Ayrshire at the heart of the public protection agenda, with many lives being cut short far too early. Paul’s knowledge, skills and values will be of major benefit to the Alcohol and Drug Partnership and will help us drive forward the great work already in place around prevention, treatment and recovery.</p>

3.	PROPOSALS
3.1	
3.2	<u>Anticipated Outcomes</u>
	Not applicable.
3.3	<u>Measuring Impact</u>
	Not applicable
4.	IMPLICATIONS

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

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

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

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

Integration Joint Board
20 June 2019

Subject:	Joint Inspection (Adults) – The effectiveness of strategic planning in North Ayrshire Partnership
Purpose:	To update the Board on the key findings of the recently published inspection report by Healthcare Improvement Scotland and the Care Inspectorate and detail the improvement plan to address the areas for improvement identified.
Recommendation:	That the Board notes the key findings, approves the improvement plan and directs North Ayrshire Council and NHS Ayrshire and Arran to implement the plan.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board

1.	EXECUTIVE SUMMARY
1.1	Scottish Ministers have asked Healthcare Improvement Scotland and the Care Inspectorate to report on the effectiveness of strategic planning by Integration Authorities. North Ayrshire is the fourth Integration Authority to be inspected in this way with the report being published on the 27 March of this year.
1.2	As part of the inspection, the North Ayrshire Health and Social Care Partnership was graded against three quality indicators – <ul style="list-style-type: none"> Key Performance Outcomes (ADEQUATE) Policy Development (Strategic Planning) (GOOD) Leadership and Direction (GOOD)
1.3	Our inspection was the first of this kind to be given a grade for Leadership and Direction, with the previous three areas inspected only graded against two indicators - Performance and Strategic Planning.
2.	BACKGROUND
2.1	<u>Key Performance Outcomes</u>
	Whilst the inspection recognised that the Partnership had developed a performance reporting framework and extensive structures to collate and analyse data it was not so evident that this analysis was being used systematically to drive improvement.
	In addition, the Partnership's performance was found to be mixed when compared with other areas across Scotland. The rate of care at home provided by the Partnership is good for the 18-64 age group and the population of the over 65 age group receiving care at home is higher than the Scottish average.

	The Partnership was also found to provide better levels of Community Alarms and technology assisted healthcare to older people than the Scotland average. Data also showed that progress had been made towards shifting the balance of care to enabling more people to stay at home.
	These positives were tempered with increased emergency hospital admission rates, particularly relating to people between the age of 20-64 and high delayed discharge rates.
2.2	<u>Policy Development (Strategic Planning & Commissioning)</u>
	The inspection found clear evidence of an integrated approach to the planning, development and delivery of services. Highlighted in particular was the approach of mental health, learning disability and alcohol and drug services to involve stakeholders and use feedback from communities, service users and carers to inform strategic planning.
	The Partnership was found to be proactive in its approach to localities, including consideration of current and future service performance, demand and resource usage to inform strategic needs assessment and financial planning.
	Members of the IJB have developed very positive and constructive working relationships with opportunities for respectful questioning and challenge and the inspection also found that there is a clear commitment to managing budget pressures and regular reporting of financial performance.
	There was some evidence to suggest that stronger relationships could be developed with the third and independent sector and that developing a clearer commissioning strategy, particularly in relation to older adults, would assist this.
2.3	<u>Leadership and Direction</u>
	A vision for services to meet the needs of the people of North Ayrshire that reflects the strategic priorities to reduce inequalities was evident, widely understood and supported across the Partnership. This vision was not only recognised by senior managers but was shared and supported by staff working across the Partnership.
	The inspection also found a culture of collaboration and strengthening of integrated working to improve standards was evident across the Partnership. The positive support for integration within the Partnership was evident through the staff survey results and from a range of staff groups spoken to through the inspection.
	The IJB works well together and is actively and fully engaged in the integration agenda and the collaborative leadership of the Partnership demonstrates a clear vision and intent for delivery of services in North Ayrshire which is evident and understood across a range of stakeholders.
	The Partnership will benefit from developing a workforce strategy and furthering work to look at succession planning.
3.	PROPOSALS
3.1	Healthcare Improvement Scotland and the Care Inspectorate included seven areas for improvement, identified through the course of their inspection. These can be found detailed on page 38 of the full published report in Appendix 1.

	In response to this, a specific improvement plan has been developed to address the issues highlighted through the Joint Inspection. (See Appendix 2). This should be viewed in conjunction with work ongoing to develop an improvement plan addressing the issues raised through the Audit Scotland report on integration, the Ministerial Strategic Group report and the self-evaluation relating to that report.
	It is proposed that IJB agree the Joint Inspection Improvement Plan and remit the monitoring of progress to the Performance and Audit Committee.
3.2	<u>Anticipated Outcomes</u>
	It is anticipated that the improvements identified in the plan will further consolidate our progress in delivering on our strategic intent and ensure that this is aligned with our financial sustainability.
3.3	<u>Measuring Impact</u>
	Each improvement will have clearly defined measures to ensure that the impact can be demonstrated.
4.	IMPLICATIONS

Financial:	No financial implications.
Human Resources:	No staff implications.
Legal:	No implications.
Equality:	No adverse impact.
Children and Young People	No adverse impact.
Environmental & Sustainability:	No impact.
Key Priorities:	The delivery of the improvements within the Joint Inspection Improvement Plan will assist in the delivery of the Strategic Plan.
Risk Implications:	No risk implications.
Community Benefits:	Not applicable.

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

5.	CONSULTATION
5.1	The action plan has been developed following discussion with the Care Inspectorate and the Partnership Senior Management Team.

6.	CONCLUSION
6.1	IJB is asked to note the Joint Inspection report and the positive progress made to date. Furthermore, IJB is asked to approve the attached Improvement Plan and remit the monitoring of progress to the Performance and Audit Committee.

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

JOINT INSPECTION (ADULTS)
The effectiveness of strategic planning in
North Ayrshire Partnership

JOINT INSPECTION (ADULTS)

The effectiveness of strategic planning in North Ayrshire Partnership

March 2019

The Care Inspectorate is the official body responsible for inspecting standards of care in Scotland. That means we regulate and inspect care services to make sure they meet the right standards. We also carry out joint inspections with other bodies to check how well different organisations in local areas are working to support adults and children. We help ensure social work, including criminal justice social work, meets high standards.

Healthcare Improvement Scotland works with healthcare providers across Scotland to drive improvement and help them deliver high quality, evidence-based, safe, effective and person-centred care. It also inspects services to provide public assurance about the quality and safety of that care.

© Care Inspectorate and Healthcare Improvement Scotland 2019

We can also provide this report:

- by email
- in large print
- on audio tape or CD
- in Braille (English only)
- in languages spoken by minority ethnic groups.

Contents

1. About this inspection	4
2. North Ayrshire context	5
3. Performance	8
4. Policy development and planning	11
5. Leadership and direction	28
6. Summary and conclusion	35
7. Areas for improvement	38
Appendix 1 – Quality Improvement Framework	39
Appendix 2 – Methodology	40

1. About this inspection

Scottish Ministers have asked the Care Inspectorate and Healthcare Improvement Scotland to report on the effectiveness of strategic planning by integration authorities. This includes how integration authorities plan, commission and deliver high-quality services in a co-ordinated and sustainable way.

In this inspection the focus was on how well the partnership has:

- improved performance in both health and social care
- developed and implemented operational and strategic planning arrangements and commissioning arrangements,
- established a vision, values and aims across the partnership and the leadership of strategy and direction.

To do this we assessed the vision, values and culture across the partnership, including leadership of strategy and direction. We evaluated the operational and strategic planning arrangements (including progress towards effective joint commissioning) and we assessed the improvements the partnership has made in health and social care services that are provided for all adults.

Integration brings changes in service delivery but we recognise that it takes time for this to work through into better outcomes. Indeed, at this early stage of integration, we would expect to see data showing some room for improvement in the outcomes for people using health and care services, even where leadership is effective and planning robust. In these inspections of strategic planning we do not set out to evaluate people's experience of services in their area. Our aim is to assess the extent to which the Health and Social Care Partnership (HSCP) is making progress in its journey towards efficient, effective and integrated services that are likely to lead to better experiences and improved outcomes over time.

Both the Care Inspectorate and Healthcare Improvement Scotland undertake a variety of other scrutiny and improvement activities, in collaboration with other scrutiny bodies, which provides assurance about the quality of services and the difference those services are making to people in communities across Scotland.

North Ayrshire Partnership is a joint venture between North Ayrshire Council and NHS Ayrshire & Arran and is referred to as the partnership throughout this report. This inspection took place between August and December 2018. The conclusions within this report reflect our findings during the period of inspection. There is a summary of the methodology in Appendix 2. In order that our joint inspections remain relevant and add value, we may refine our scrutiny methods and tools as we learn from each inspection.

2. The North Ayrshire context

[Context provided by North Ayrshire Partnership within Position Statement received 19 September 2018.]

Geographical

North Ayrshire is located in the west of Scotland covering 885 kilometres square, and borders the areas of Inverclyde to the north, Renfrewshire to the northeast and East Ayrshire and South Ayrshire to the east and south respectively.

Demographic

In 2016 the National Register for Scotland captured that the total population of North Ayrshire was 135,890. The working age population (16-64 years) was 60.5% of the population (85,535). A total of 39.5% of the population were out with working age with 17.2% being children and young people (0 – 15 years) and 22.3% older people (65+).

Demographic projections

North Ayrshire's population is expected to both decrease and shift in composition over the coming years. North Ayrshire's total population is expected to drop by 3%, from 135,950 in 2017 to 132,092 in 2027. A decrease is predicted in the 0–15 years age group (from 17.2% of the population in 2017, to 16.8% in 2027) and the working age group (from 60.5% in 2017 to 55.8% in 2027). Over the same period, an increase of over 5% in the over 65s population is predicted (increasing from 22.3% of the population in 2017 to 27.5% in 2027).

Service demand impacts

The growing proportion of older people is likely to result in greater demands on adult health and social care services, alongside a reduced working age population and shift in composition over the coming years. New models of care are needed that focus on preventing ill health and where possible reducing the need for hospital based care. According to information provided by the Scottish Public Health Observatory, between 2015 and 2017, 6,277 (per 100,000 population) people in North Ayrshire aged 65 or over experience two or more emergency hospital admissions. This is above the Scotland average of 5,422.

In addition, demand for mental health treatment continues to increase, with over a fifth (20.6%) of the North Ayrshire population being prescribed drugs for anxiety, depression or psychosis. This compares with the national percentage of 18.5%. In 2016/17 North Ayrshire also had a higher rate of Alcohol and Drug related hospital stays than the Scotland average. There were 898.6 (per 100,000) alcohol related stays, significantly above the Scotland average of 690.8, with 342.3 (per 100,000) drug related stays, significantly higher than the Scotland figure of 146.9. In 2016, there were 35 drug related deaths in North Ayrshire, representing a significant increase on the year before and highlighting an area of concern for the partnership. In 2015, North Ayrshire had over 14,000 unpaid carers (roughly 10% of the

population), who delivered care, estimated to be worth approximately £321m. The support provided by local carers is invaluable and without available support provided by health and social care services, the demands placed on unpaid carers will increase. The partnership will continue to nurture carers in their supporting roles.

Political

North Ayrshire Council area contains 10 electoral wards and has 33 local councillors. Since 4 May 2017, North Ayrshire Council has been governed by a minority Labour Party administration. There are 11 Labour councillors, 11 SNP councillors, 7 Conservative councillors and 4 Independent councillors.

At the Scottish Parliament, North Ayrshire is represented by two Constituency seats, Cunninghame North and Cunninghame South, both represented by the SNP. At the UK Parliament level, North Ayrshire rests within two constituency areas, Central Ayrshire and North Ayrshire and Arran, again both are represented by the SNP.

Economic

North Ayrshire's current employment rate is 8% higher than its recessionary low point, and is 2% below its all-time (15-year) high. At 68%, North Ayrshire's employment rate is below that of Scotland (74%).

Inequalities

North Ayrshire is a place of sharp inequalities. Some residents experience high levels of deprivation and poor health. According to the Scottish Index of Multiple Deprivation (SIMD) 2016, 39% of the area's population live in areas identified as among the most deprived in Scotland. This equates to almost 53,000 people. These inequalities between communities are in part responsible for the significant health inequalities that exist locally.

In terms of overall life expectancy, men in North Ayrshire can expect to live to 76 years, this is around six months less than the Scotland average. The life expectancy for women in North Ayrshire is similar to that of the national average. However, within North Ayrshire, there are great variations in life expectancy for both men and women across localities.

Individuals living in an area of high deprivation are more likely to experience poor health over the long term compared to individuals in a less deprived area. In North Ayrshire there is a gap in male life expectancy of 18 years between deprived and more affluent areas. In North Ayrshire, levels of multiple -morbidity are higher in deprived areas. Levels of multiple-morbidity in localities with the highest level of deprivation are three times higher than in the most affluent localities.

Governance

The Integration Joint Board (IJB) is formed by four North Ayrshire Council Elected members and four NHSAA Non-Executive members. The IJB has a legal responsibility for the planning and resourcing of a range of delegated services as

detailed in the Integration Scheme. North Ayrshire HSCP has the lead partnership role for Mental Health inpatient services.

Financial position

The partnership is not alone in facing significant financial challenges. Services are delivered from a budget of £230m. Financial pressures in relation to health and social care services due to demographic growth and sustainability issues of traditional models of service delivery continue. In a number of areas demand is outstripping available resources, requiring a significant change agenda to be delivered by the integration of services, to meet demand, alongside constraints on financial resources. The change programme in 2018-19 alone required to deliver £6.6million of savings. These financial pressures are expected to continue in future years and are anticipated to direct the pace at which service change requires to be implemented.

It was against this backdrop, that North Ayrshire became the first formalised HSCP in Scotland on 2 April 2015.

3. Performance

North Ayrshire Partnership had made some progress in developing a performance reporting framework, informed by national and local indicators and aligned to the partnership's five strategic priorities. Performance information, including finance, were regularly reported to the partnership's senior management teams and the IJB. Operational performance was not presented in as much detail as financial performance and the reports received by the IJB did not include data on aggregated individual outcomes. A sub-group of the IJB was responsible for monitoring performance and highlighting areas where there was improvement or action required.

While it was evident that the partnership had made progress in developing its performance reporting structures, the system of reporting was not consistently found to support the use of some performance data to enable this to be integral to drive improvement. This was evidenced through managers and staff reporting that there was generally a lack of impact measurements to evidence positive personal outcomes for people receiving health and social care services in North Ayrshire.

The partnership was part of a National Health and Wellbeing Indicators 'family group'. The partnership had identified an improvement in its ranking from 2013/14 in seven of the nine measures and against all authorities in six out of the nine measures. However during our inspection, the partnership's performance within the family group was found to be relatively poor on more than half the comparative indicators. There was also no clear indication as to how the partnership was using this benchmarking to enhance performance. A well-established system of identifying baseline measurements and setting targets could improve performance tracking against the partnership's strategic intent and allow North Ayrshire to better identify areas where action should be focused.

The need for improvement in the use of data had been identified by the partnership and was being addressed through the Transformational Change Programme. The partnership had enlisted support from Information Services Division (ISD) and the Local Intelligence Support Team (LIST) in developing baseline measurements. These are aimed at improving how they could better understand and translate the national outcome measures into delivering improved outcomes for individuals. This was a positive development to support the use of performance data across the partnership.

There was duplication in performance monitoring and governance arrangements because of different reporting systems between health and social care services. To improve the effective sharing of information and to reduce risk from this, the partnership had developed the All Service Performance Information Review and Evaluation (ASPIRE) process. However, ASPIRE did not include performance data from the third and independent sectors, which was monitored through a separate

contract management process. The lack of this information was recognised and ASPIRE was reported to us as being a 'work in progress'. There was evidence of ASPIRE being used to provide a comprehensive performance monitoring process in the North Ayrshire Drug and Alcohol Recovery Service (NADARS). Performance data for all NADARS services or projects across all sectors were supplied to one central group. Outcomes were agreed and linked into the strategic plan. The central group screened performance data and provided feedback. This was a helpful structure which has the potential to provide a more comprehensive systematic approach to inform monitoring of performance of other services.

In conjunction with the National Health and Wellbeing Outcomes¹, the Scottish Government published a core suite of integration indicators² in 2017. These indicators were determined by asking for feedback from people who use services and also by looking at performance indicators. An example is the rate of delayed discharge. Against these criteria, the partnership had a number of performance measures indicating a very mixed performance compared to Scotland as a whole and measures where performance was either in line with or poorer than the Scotland average.

Emergency admission rates for adults aged 20-64 years was increasing; the rate of bed days used for admissions in this age group was worse than the Scotland average. There had been a less significant increase in emergency admissions for people aged over 65.

Bed days lost to delayed discharge in the 12 months to August 2018 increased for all adults to the highest level since 2012. The primary reasons for delay were the partnership being unable to meet the health and social care needs (over 75s) and being unable to make the necessary care arrangements and delays in securing funding (18-74 age group).

Delays due to adults awaiting place availability in a high level needs specialist facility and where an interim option is not appropriate, known as Code 9 delays, had also increased and remained higher among the 18–74 age group. Improving this was a priority within the plan for intermediate care which is covered in more depth later in this report.

A significant challenge was the prevention of unscheduled admissions to hospital and in achieving timely discharge from hospital once a patient was declared medically fit. The partnership had identified the provision of care at home as a major factor required to support an improvement in performance in both prevention of admission and reduction in delays in discharge. It was addressing this through a number of measures. For example, in an effort to reduce delays caused by waiting for care at home provision, daily monitoring of people in hospital awaiting this service

¹ <https://www2.gov.scot/Resource/0047/00473516.pdf>

² <https://www2.gov.scot/Topics/Health/Policy/Health-Social-Care-Integration/National-Health-WellbeingOutcomes>

had been introduced to improve communication between hospital and community services. A further effort to improve performance was the introduction of hospital discharge meetings. Managers and staff reflected that the implementation of these measures as well as collaborative working had resulted in improvements in the management of admission and discharge. Staff can now plan for discharge as part of the admission. Staff told us these initiatives have had a positive impact on reducing the number of patients waiting for care at home.

The rate of care at home provided by the partnership was good for the 18–64 age group where the rate of the population receiving care at home and intensive homecare were both higher than the Scotland average. Care at home and intensive homecare varied for the over 65 age group. The population of the over 65 age group receiving homecare was higher than the Scotland average and those (over 65) receiving intensive homecare was lower than the Scotland average.

There was evidence of investment by the partnership to support people to stay at home which included the use of tele-care³. The partnership provided better levels of community alarms and technology-assisted healthcare to older people than the Scotland average. To promote the independence of people with learning disabilities, there had been a successful pilot in the use of technology to inform the redesign of the overnight support service. There had also been an expansion of community link workers in GP practices to enable people to access a wider range of support options. Community hubs had also been developed in two sheltered housing schemes.

It was evident that the use of performance data within the partnership to drive improvement had progressed. However, we identified weaknesses in the funding approval process. For example the system to gain approval for funding was subject to delays both for discharge from hospital and to provide care at the right time. Staff told us that when funding was delayed this resulted in individuals deteriorating from the point of assessment with the consequence of requiring a higher level of service provision.

Planning and development of new ways of working was taking place across the partnership to improve performance in the delivery of national outcomes and indicators. There was evidence of progress and development in the reporting and use of data both at a service level and to measure effectiveness of strategic plans. The impact of these plans had not fully translated into improved performance at this stage.

³ Tele-care is a system used to support independence at home. <https://www.gov.scot/publications/supporting-empowering-scotlands-citizens-national-action-plan-technology-enabled-care/>

4. Policy development and planning

Strategic planning

North Ayrshire IJB has the lead role for mental health and learning disability services across Ayrshire. It also holds responsibility for health and community care, primary care, children, families and criminal justice services in North Ayrshire. The partnership acknowledged that going forward, delivering services in the same way will not be financially or operationally sustainable. We found that the most developed areas in terms of strategy and operational shift were in mental health, learning disability and addictions. These developments had included consultation with stakeholders. The strategic intent for services, for which the lead role had been delegated to other IJBs in Ayrshire, was not as well developed. For example, we were less confident about the approach being taken on the development of services for older adults. There was evidence of progress within individual work streams but, overall, the strategic shift for services for older adults was not as well developed as those where services were led by the partnership.

The partnership has a shared vision that: “All people who live in North Ayrshire are able to live a safe, healthy and active life.” This vision was informed by an overarching strategic commissioning plan which sets out the partnership’s five strategic priorities. The strategic commissioning plan outlines the actions and developments the partnership has agreed to implement during 2018–2021 to achieve each strategic priority⁴. These commissioning intentions were also grouped according to the broad service areas that the partnership is responsible for delivering. This structure provided a framework that had supported the development of clear, wide-ranging and diverse commissioning intentions against the wider vision and the partnership’s strategic priorities across the health and social care system in North Ayrshire. These included primary prevention and promoting self-management to improving primary care and social care, development of multidisciplinary teams, self-directed support (SDS) and specialist services.

The partnership took proactive steps to make sure that the strategic commissioning plan was co-produced. It was developed by a sub-group of the Strategic Planning Group (SPG) which included representation from a broad range of stakeholders. It had also been informed by a public engagement exercise. This engagement and consultation had supported the decision to carry forward the same strategic commissioning priorities from the 2015–2018 plan to the 2018-2021 plan.

The housing contribution statement demonstrated that there was an understanding of the importance of housing in achieving the partnership’s strategic priorities. The HSCP’s Director participated in the Homelessness Task Force which demonstrated the level of commitment to this work. During our inspection, it was highlighted that there was a gap in how housing was represented on the SPG. The local authority

⁴ <https://www.north-ayrshire.gov.uk/Documents/CorporateServices/ChiefExecutive/PolicyandPerformance/directorate-plan/2018/Strategic-Plan.pdf>

housing service was represented on the SPG but the Registered Social Landlords (RSLs) had not been invited to join the SPG. At the time of our inspection, we were advised that an RSL representative had been sought to join the SPG by senior managers in the partnership. There was evidence of difficulty in establishing a constructive dialogue between the partnership and the RSLs with a commitment to improve this expressed by both sides.

We could see the strategic plan had evolved over time. The plan was updated in 2016 and this had informed the development of the current plan. The partnership's performance and audit sub-committee monitors and evaluates implementation of the strategic commissioning plan. The absence of SMART⁵ objectives meant there was difficulty in determining if actions were delivered within intended timescales, were achievable, led to measurable improvements and were realistic.

Strategic needs assessment

The partnership's strategic needs assessment consisted of several discrete needs assessments. These had the advantage of ensuring that detailed and focused assessments informed particular developments such as rehabilitation and intermediate care. There was sufficient high-level population-based needs assessment to support the overall strategic priorities. The partnership had improved the strategic needs assessment which informed the strategic commissioning plan for 2018–2021. The updated version included greater analysis of service performance, demand and resources.

The partnership had not produced and published a single strategic needs assessment that pulled together all of the data used to inform the strategic commissioning plan. This increased the risk that the discrete strategic needs assessments would not be systematically updated within consistent time periods or in response to specific changes in demographic, demand or performance trends. It also limited the potential for this information to be used by partners, including the third and independent sectors, to inform the development of their services.

Strategic commissioning priorities in the strategic commissioning plan reflect key themes within the partnership's strategic needs assessment. The use of key themes within the strategic commissioning plan and improvement in the detail within the strategic needs assessment were good. This could be further strengthened through a single strategic needs assessment supported by a system to provide regular updates. The key themes included the area's relatively high levels of deprivation, increasing numbers of older people with complex needs and reductions in workforce and funding. These priorities were reflected in key high-level strategies such as 'bringing services together' and 'early intervention and prevention'. These are essential for health and social care integration to support improved outcomes, changes in workforce profile and available resources.

⁵ Smart, Measurable, Achievable, Realistic and Time-bound.

Locality planning

The partnership had progressed locality planning by establishing six localities in 2016. Locality Planning Forums (LPFs) existed in each of these and included members of the IJB who were also part of the SPG. This had the benefit of ensuring that localities could directly feed into the partnership's strategic commissioning processes. Each LPF had identified priorities for their locality and these were included in the partnership's strategic commissioning plan.

Locality priorities had been informed by high-level analysis of the health and wellbeing of each locality's population. This process had been successful in demonstrating important and significant differences in the characteristics of each locality and the need to develop local planning processes to respond to these. The partnership recognised locality planning would be better informed through the provision of information on service activity, performance and resources at locality level. This process was under development at the time of our inspection.

There was commitment to widening participation within the localities. There had been positive progress with a pilot of the new roles of Locality Engagement Champions and Locality Communication Champions. Public engagement pilots for locality forums over the period from November 2018 to April 2020 were planned.

The Community Planning Partnership (CPP) was well established prior to the formation of the partnership and its localities. There was some duplication across these forums which were under review. There was a clear recognition that each LPF had a distinct role to identify health and social care priorities within both the partnership and CPP. The third and independent sectors were represented on the CPP, but there were a range of views on the effectiveness of locality planning at the current stage of development. For example, we heard from some service users and carers that where there had been pan Ayrshire condition specific groups, these were perceived as having a stronger voice. At the current stage of development, the engagement with different care groups has not established confidence in representing all relevant interests at this time.

The partnership showed a commitment to supporting the role of LPFs and an increase of awareness through a planned process of engagement and provision of information. This was a positive approach and recognised the variations across Localities.

Priorities

The priorities of the partnership were clear at all levels and aligned with local authority and NHS board priorities. An example of this was the alignment of the partnership's strategic planning priorities with the CPP's Local Outcomes Improvement Plan. However, the commissioning intentions were not sufficiently aligned with the financial plans. Closer alignment would inform decisions relating to investment and disinvestment as they implement their plans.

Commissioning intentions

Strategic planning and commissioning processes for mental health services were well developed. The partnership has lead responsibility for mental health services across Ayrshire. This had supported successful developments such as the Woodland View mental health inpatient facility and the integrated NADARS. The partnership was working with the other Ayrshire HSCPs to develop and implement a pan Ayrshire mental health strategy to deliver the Scottish Mental Health Strategy 2017-2027.

The strategy for services for people with learning disabilities was also well developed. This included the challenges of increasing demand, limited resources and the importance of redesign and development of traditional services to support sustainable outcomes. One example of this was the successful pilot of the use of technology to support the independence of people with learning disabilities to redesign support during the night.

Good practice example – service redesign

Trindlemoss was a good example of shared investment to redesign services, as the capital funding required was agreed jointly between NHS Ayrshire & Arran and North Ayrshire Council. In addition, it was evident that there had been a proactive approach to involving people using services in the development of the project. This reinforced our analysis that the partnership has a strong commitment to engagement and consultation with stakeholders and feedback is being used to inform strategic planning and decision making.

Both the mental health and learning disability strategies were supported through the partnership's Commissioning Strategy Community Support 2018-2021 for people with learning disabilities, physical disabilities and mental health needs. This included a comprehensive and well-developed approach to evolving more personalised services. Overall, these detailed plans demonstrate a positive and coherent whole system strategy to provide more personalised services. The plan lacked detailed financial planning and did not identify areas of investment and disinvestment.

The strongest examples of effective strategic planning and commissioning of services for older people had been taken forward on a pan Ayrshire basis. These plans had been developed by a change team based in North Ayrshire Partnership and demonstrated that the partnership has developed capacity to deliver effective strategic planning and commissioning. The combination of a focus on a programme of discrete pan Ayrshire plans and an under-developed whole system perspective to support pan Ayrshire planning for older adults increased some challenges and risks in the partnership's ability to integrate processes with services and activities that operate at a partnership level. Examples included care at home and reablement services, equipment and adaptations, and third sector and community resources.

Care at home is covered in greater depth later in this report. Falls prevention is also relevant and is delivered on a pan Ayrshire basis and was described in the partnership's strategic commissioning plan as requiring further development. The partnership had challenges in maximising the potential benefits of providing equipment and adaptations. The plans in relation to the examples stated, were not developed to demonstrate clarity in terms of the assessment of need, demand, capacity and option appraisal, including modelling of different cost scenarios, expected outcomes and timescales for implementation. As a result of a lack of a whole system approach to older adult services there was no comprehensive or coherent strategy evident for older adult services.

The partnership had some commissioning intentions that were not clearly set out in the strategic commissioning plan or other detailed plans. The decision to maintain the majority of care at home provision in-house was an example of a decision that was prompted by five external providers exiting the North Ayrshire market. However, there was no evidence that this decision was supported by detailed financial planning, option appraisal (including adequate comparison with the costs of external provision) and risk assessment. Its absence from the strategic commissioning plan meant that there was no explanation as to how it would contribute to the partnership's overall strategy for older people.

An example of this was the waiting list for care home placements. One of the biggest areas of overspend incurred by the IJB was care home placements. Waiting lists were being used as a means of reducing this overspend. The impact of this was not fully risk assessed or evaluated to include impact on outcomes for individuals and the whole system. This demonstrated a lack of budget management strategies linked to strategic planning and commissioning processes which had led to the impacts of these budget strategies not being utilised to inform and refine future strategy. There was evidence that the financial implications of commissioning approaches and strategies had been factored into the medium-term financial plan.

Plans for care at home and care homes were not developed sufficiently to provide clarity in terms of the assessment of need, demand, and capacity and option appraisal, including modelling of different cost scenarios, expected outcomes and timescales for implementation. This approach had missed an opportunity to identify where individuals could have potentially been supported by alternative services and responses such as reablement, technology or intensive care at home or extra care housing. There were positive steps evident to develop a commissioning strategy for care homes with providers involved in this process. This work was at an early stage.

Early intervention and prevention

There was acknowledgement from senior managers that progress in the area of prevention had been limited. Although this was recognised as a strategic priority, it was difficult to focus on and we heard from senior staff that this was due to financial limitations. One example where further development was acknowledged as required

in the partnership's strategic commissioning plan was falls prevention which was delivered on a pan Ayrshire basis.

There was evidence of a positive development where a procurement and commissioning exercise was being undertaken for addictions services to work with the third sector to deliver early intervention and prevention. Third sector provision of early intervention had reduced due to a withdrawal of support of the Integrated Care Fund (ICF). Some services had been replaced with in-house services, including 'money matters'. The availability of link workers within GP practices was described as a positive resource in identifying resources within the community at an early stage.

The challenge of continuing to meet critical needs while identifying resources to invest in early intervention and prevention, as in other partnerships across the country, was recognised during our inspection as being a significant one which requires time to demonstrate. This applied to the rehabilitation and intermediate care development detailed below.

Rehabilitation and intermediate care

An area where there was evidence of good integrated planning and commissioning was the pan Ayrshire development of rehabilitation and intermediate care. Additional investment from the NHS board of £2.5m had been provided to enable a shift in the balance of care from hospital by investing in a new model for community services to prevent avoidable admissions. This model had been developed following a review of the evidence base for reducing emergency admission rates in Ayrshire. Plans described how development of rehabilitation and intermediate care services would deliver this. These plans provided a coherent description of how investment contributes to an integrated approach to the needs of older people and people with complex needs. The levels of investment were clearly identified with projections of the net levels of avoidable costs and clear time-specific implementation plans. Development of rehabilitation and intermediate care had also been designed to interface with the pan Ayrshire Primary Care Improvement Plan. This was a strength in terms of ensuring a consistent approach across primary care and rehabilitation and intermediate care.

Rehabilitation and intermediate care fit within a clearly defined vision for a comprehensive tiered model of support in the community.

Starting with the provision of community resources, other aspects of the model included:

- leisure activities
- technology enabled care
- exercise to support self-management
- anticipatory care.

At the next level were:

- multidisciplinary teams (organised around GP practices and clusters)
- community rehabilitation
- equipment adaptations
- intensive homecare
- enhanced intermediate care teams
- community hospitals
- step up/step down provision.

The final tier progression was to acute hospital care. This was a well-developed plan at the time of our inspection where the development of rehabilitation and intermediate care was focused on the reduction of emergency admissions and delays in discharge by investing in community services. There was a lack of detail and analysis evident on the effect of this plan on the delivery of long term care service delivery across the partnership. These services included care at home and care home provision. For both of these services there was insufficient detail evident to inform development. A specific example was the potential impacts of transition of an individual to receiving a long-term care at service. This was applicable where there was a need identified for a move to long-term care for an individual at the completion of a period of rehabilitation, having achieved their optimal level of independence. There was also an absence of clear identification of the potential risks to resources, skills and expertise within intermediate care and rehabilitation being used inefficiently, if they are required to continue to support people while waiting for long term support to be organised.

Pan Ayrshire plans for rehabilitation, intermediate, palliative and end of life care contained strategic commitments to develop joint plans in the future for community hospitals, frail older people and long term care in care homes. An example of a comprehensive approach was the palliative and end of life care plan which is under development and requires agreement by the three Ayrshire Integration Authorities. These were clear examples of commissioning intentions being underpinned by detailed plans and informed by a whole system approach. This programme approach was deliberate to mitigate the risk of progress being lost because plans were too complex.

Engagement and involvement

A focus on engagement and communication was evident and the strategy built on an earlier review of learning disability services and appreciative enquiry processes with staff. The partnership had agreed plans for the redevelopment of a significant proportion of its day services for people with learning disabilities, together with supported accommodation on a single site in Irvine called Trindlemoss, which we identified as an example of good practice during this inspection. Capital investment from both North Ayrshire Council and NHS Ayrshire & Arran had been aligned and

this reflected a collaborative approach that was evident in many areas of development.

Engagement with care home providers that continue to offer services in the partnership has followed a period of sudden change in this market and was viewed by some providers as reactive due to imminent reductions in capacity. The timing of this illustrated a lack of a whole system perspective which resulted in a loss of opportunity to identify the fundamental strategic risk to care home sustainability at an earlier point in time. For example we heard there had not been engagement to identify potential impacts and risks from the perspective of providers when the partnership took the decision to manage demand for places through waiting lists. At the time of the inspection, the partnership had made a positive commitment to begin to work with care home providers to address this.

Housing

There were well-developed commitments in the Strategic Housing Investment Plan (SHIP). These were developed and aligned with the partnership's strategic commissioning plan for supported housing for adults. Commitments in relation to adults included the promotion of independence, assisting in preventing demand for care and support services and realising financial savings for the partnership. The development of community hubs in existing sheltered schemes had progressed and presented a good opportunity to enhance prevention and early intervention. This was viewed as a positive development by staff. Senior managers indicated that the redevelopment of sheltered schemes and the development of supported housing for adults, with adjacent staff bases, had resulted in the potential for extra care housing for older people to be considered. This would exceed the current housing commitments in relation to older people and were focused on the redevelopment of sheltered housing. The contribution of housing was reflected in general terms within the strategic plan. More detail on the recognition of the need to support the partnership's vision and outcomes was evident within the Housing Contribution Statement and SHIP. This includes the role of housing in planning through representation at the SPG as discussed earlier in this report.

Asset based approach

Senior managers identified that moving to an asset based approach⁶ was essential to make sure that outcomes were maintained as demand increased faster than the available resources.

The asset based approach was consistent with partnership strategic plans relating to adults with learning disability, physical disabilities and mental health needs. It was less clear as to how it would fit into the range of strategies and initiatives that the partnership was developing in relation to older people. Staff told us about an example of where community assets had been identified to support people who were

⁶ "An asset based approach is strength based practice. It is practice based on a collaborative process between the person supported by services and those supporting them, allowing them to work together to determine an outcome that draws on the person's strengths and assets." <https://www.scie.org.uk/strengths-based-approaches/guidance>

waiting for a care at home service. However, while these were valued, there was no formal evaluation, assessment or monitoring of risk applied to community-based services. There was a lack of evidence of a link between the pan Ayrshire intermediate care strategy with partnership planning for community support.

There was no evidence of a systematic approach to mapping community assets in order to make sure that there would be sufficient capacity to support the development of an asset based approach. Senior managers planned to engage with the partnership's staff first to develop the asset based approach and then involve the third sector and other stakeholders. Involving the third sector and other stakeholders in this process at a later stage than staff potentially risks a lack of expertise and ownership from the third sector organisations in the development of the approach. Feedback from third sector organisations was mixed. They appreciated the opportunity for involvement in the SPG and IJB but they told us that there had been a reduction of services within the third sector as a result of reduced resources. Despite this there was capacity within communities that could be further utilised to support this approach.

While the commitment to an asset based approach was articulated across a range of staff groups and senior managers, the expectation and understanding was varied. There was a lack of evidence of information detailing what the approach will involve or how it will support greater sustainability. To address this, plans were being developed for an engagement programme to inform stakeholders.

There was a positive approach to delivering better personal outcomes through a move to an asset based approach. This was at an early stage within the partnership.

Developing more personalised services and maximising the flexibilities available through self-directed support was central to successfully moving from traditional service responses to an asset based approach. The partnership's strategic plan commits to; "help individuals to have better choice and personal control of their support at an early stage by reinvigorating self-directed support and the Partnership Charging Policy. "An implementation plan was agreed by the partnership's senior management team in 2017, including additional staffing for the self-directed support team. Senior managers highlighted that self-directed support has not been given significant priority up to now and opportunities to progress developments which could enable progress towards an asset based approach had been limited.

Financial position and sustainability

The IJB faced a significant funding challenge. Contributing factors included an ageing population, real term funding reductions and a history of overspending. There was a total deficit of £5.807m at the end of March 2018.

Following a financial review in August 2018, the IJB projected an overspend of £1.247m during 2018/19. In light of this projection, a financial recovery plan had been implemented with the intention of balancing funding and expenditure by the

year end. However, this depends on achieving all the savings identified in the savings plan in the year. This will require regular monitoring by the IJB. If the planned savings are not achieved there is a risk that any further actions taken to address any overspend will adversely affect service quality and performance.

The IJB had implemented a challenge fund to support service redesign. This funded a programme that created opportunities for services to make transformational changes to realise both the required North Ayrshire Council savings target and additional savings which could be re-invested in their newly designed service. The original projected level of gross savings of £6.416m by the end of March 2019 will not be achieved. The expected gross savings for phase one of the programme were £1.657m. Whilst the challenge fund did not create the level of savings originally desired, it was a positive step in creating more efficient services, financial savings and creating more sustainable service models. The fund allowed the partnership the freedom to trial new ideas and improvements with the ability to discontinue any projects that would not produce the required savings.

The partnership had made considerable improvements in ensuring that its activities would be financially viable through the development of its current Medium-Term Financial Strategy (2017/18 and 2019/20). The strategy and the five work streams that it was based on were included in the partnership's current strategic commissioning plan. The partnership recognised the need to refresh the Medium-Term Financial Plan from 2019/20 onwards and finance officers recognised the need for greater alignment with its strategic priorities and strategic commissioning intentions.

The IJB implemented a new financial framework for council budgets which provided more effective budget management. Variances in the budget were monitored monthly and areas where focus and intervention was required could be identified quickly. This was a positive step towards effective budget monitoring and financial sustainability. The framework was for application only for social care budgets in order to address concerns about the financial risk of volatile demand-driven social care services. While there are different challenges in relation to NHS budgets, further work was required to also improve the monitoring of these budgets.

It was intended that the greatest impact on the financial sustainability of the partnership would be the transformational change programme. The programme was led by the Chief Finance Officer in the role of Chief Finance and Transformation Officer. Having the Chief Financial Officer lead on transformation intended to demonstrate a commitment to the programme, together with a recognition that financial and service sustainability are inextricably linked. It was recognised that the post had been filled shortly before our inspection and the impact of this approach was not fully evident.

Over the next three years, the IJB intends to repay £1.5m to reduce the existing council deficit of £5.807m. If this plan to repay the debt is successful, along with the savings plan in place for 2018/19, then the financial position of the IJB will significantly improve. As with the 2018/19 savings plan, achieving this depends on regular monitoring and implementing contingency measures if monitoring shows the planned levels of savings are not being achieved. The plan is also dependent on the IJB having detailed financial and strategic plans in place to prevent future overspend and continue investment in service development.

Contract management, procurement and market facilitation

We learned that there were no service level agreements in place for NHS-hosted services, for example cancer care. The partnership relies on each NHS service for the provision of clinical and care governance arrangements and audit reports and there was no evidence of a system of assurance within the partnership for hosted services.

The partnership had agreed arrangements for ensuring contract management and continuous improvement of social care services procured from external providers. These functions were delivered by the procurement and contract management team, based in North Ayrshire Council. This team was valued by commissioners, managers and providers. The team assisted commissioners to develop effective service specifications. Team members had constructive working relationships with staff within the partnership who had commissioning responsibilities. The partnership's ability to support these integrated approaches was enhanced by the secondment of experienced NHS staff (with experience and responsibility for NHS third sector funding) to the North Ayrshire Council procurement and contract management team.

The contract management team had systematic monitoring arrangements in place. At the point of a contract being implemented, a contract management framework was put in place. The level of review was determined by the size of the service and the level of spend incurred. Six-monthly self-assessments were followed by annual visits by the contracts team to validate the self-assessment data. Contact with providers would be more frequent if, for example, there was a concern about the quality of the service being provided. Where concerns were identified through regulatory inspection, improvement plans were put in place and monitored by the contracts team.

An understanding of the potential issues and risks from a provider's perspective was not always translated from the contract management team to more senior managers in the partnership who attend the IJB. This increased the risk of the partnership's strategic commissioning plan and other plans not being informed by a whole system approach.

Positively, the partnership was delivering its immediate commissioning intentions effectively. The contract management team produces a market analysis to support each procurement exercise. There was a lack of evidence that the partnership had

yet undertaken market facilitation activities to develop its external markets to better meet the needs of its population in the future, either directly or through North Ayrshire Council. Further evidence of this was the absence of a market position statement to facilitate and encourage providers to develop their services on the basis of shared understanding of local markets and the needs and characteristics of the population.

The partnership had begun to identify information to develop market facilitation only with care home providers. This limited the partnership's ability to offer choice to older adults requiring care at home, the lack of a commissioning strategy for community supports also reduced choice for all adults.

Self-evaluation and quality assurance

The partnership had undertaken a range of self-evaluation activities from appreciative enquiry to specific evaluations of service developments. These activities varied considerably in terms of the scale, detail and comprehensiveness of the evaluation. There was limited evidence to demonstrate that these self-evaluation activities were consistently informing strategic plans through application of the findings and recommendations. Examples within learning disability services included evaluation of tests of change in respite provision and the care at home/tele-care pilot in learning disability services. This evaluation of tele-care demonstrated a reduction in the need for sleepovers and was reported to have been effective in empowering service users. There was ongoing evaluation being facilitated through assignment of a project manager.

It was positive that outcomes for addiction services linked back into the strategic plan and that the performance data was supplied to a central group which screened the data and provided feedback on the quality. We noted some concern from third sector representatives about the allocation of monies from the Integrated Care Fund and, in particular, the rationale behind the decision to cease projects and move services in-house. There had been representation in this process and representatives of the third sector service providers from the third sector interface (TACT) were positive about being involved.

There was evidence of a lack of comprehensive self-evaluation of services for older people. The information provided on the evaluation of step up/step down provision in a care home had a limited scope and lacked content. There was no information on the costs of running the service and minimal qualitative data on outcomes. While the evaluation indicated that the views of some staff were that the project had been successful in providing temporary residential accommodation for people who would benefit from reablement, the majority of people using the service were admitted to the care home on a permanent basis. As the partnership intends to use this evaluation to inform discussions that have just begun with care home providers to develop new models of provision, there needs to be greater clarity about the key

success measures of such projects as well as the costs and expected efficiency savings.

There were a number of feedback and consultation mechanisms being used by the partnership. This included information from complaints, the Care Opinion website, adverse events monitoring and contract monitoring.

Governance arrangements for managing performance and risk

The IJB performance and audit sub-committee was chaired by an elected member who also sits on the IJB. The partnership was subject to audits by the council, the NHS board and external audit. An annual audit programme had been identified with the internal auditor for North Ayrshire Council and the IJB. The Head of Finance and Transformation was involved in this process. Performance of commissioned services provided by the third and independent sectors was being reported to the governance committee. While this is positive, as noted above, different performance management arrangements for in-house and external provision limited the extent that performance and risk are managed from a whole system perspective for some functions that rely on a mix of in-house and external provision, for example care at home.

There were some examples of the partnership successfully developing processes to manage risk. These included the strategic risk register (SRR) which is a comprehensive document linked to the delivery of the strategic plan. Reports are provided to the IJB on a six-monthly basis and monitored on a more frequent basis by the senior management team. The financial position of the partnership is entered as a risk on the SSR, signalling its priority. The partnership acknowledged that an integrated approach to risk management was still being developed.

The IJB was receiving budget monitoring reports on a monthly basis together with a RAG⁷ status and active discussion was taking place on areas of concern.

The IJB received reports on operational performance but these did not drill down to provide information on personal outcomes. The partnership was beginning to work towards processes to achieve this with assistance from ISD analysts.

Financial governance was being supported by the implementation of a budget holder's charter. The partnership had carried out a budget holder's audit and held development sessions with teams in support of their responsibilities for managing the budget.

The effectiveness of the partnership's risk management was limited in some areas. Improvements were needed to make sure that the strategic commissioning plan was informed by a whole system approach that describes all of the commissioning intentions the partnership is delivering. It should also be aligned with the

⁷ The **RAG** system is a popular project management method of rating for issues or status reports, based on Red, Amber (yellow) and Green colours used in a traffic light rating system.

partnership's financial planning as this limits the effectiveness of risk management in some areas. For example, performance information from contract monitoring of external providers was not reported to the IJB and information on external services and internal provision was not combined or compared to give an effective overview of service areas such as care at home. Failure to include strategies such as the operation of waiting lists to manage budgets and aligning strategic commissioning intentions with financial plans means that any risks to individual or whole system outcomes arising from these actions had not been identified, monitored and actions taken to mitigate them.

Performance information provided to the IJB was not detailed enough to show why there were delays for people who had been assessed as having "critical and substantial" levels of need but who had not received a service in response to this assessment because they were on a waiting list for a care home. The partnership's risk register presented to the IJB in May 2018 described this risk in terms of lack of funding leading to service users' assessed needs being not met and classified it as high risk. However, the mitigation and control measures it described relied on professional judgement.

Mitigation and control measures had not included processes to collect data systematically on outcomes from which the overall risk management strategy can be evaluated. As part of this inspection we requested data on waiting lists. The information provided by the partnership gave no detail on outcomes for those waiting. Instead, it provided quantitative data only which showed that at the end of August 2018, 78 people were waiting for a care home placement, 36 of whom were waiting in hospital. There was no information provided on the length of wait, or the circumstances of those people waiting for care. In the same month, 20 people were waiting on a package of care in the community. Consideration of strategic risks to the sustainability of provision and whole system impacts such as increased levels of delayed discharge were not identified.

Senior staff acknowledged that, overall, a more integrated approach to performance monitoring needed to be developed. It was positive that discussions had started with the aim of supporting the SPG to monitor the performance of the strategic plan.

Involvement of stakeholders

The partnership was committed to stakeholder involvement and had made significant efforts to make sure that it engaged with a range of stakeholders and used their views to influence and inform its strategic commissioning activities. It continued to seek opportunities to develop and improve how it engaged with service users, carers and the wider public. "Doing what matters together" is the partnership's participation and engagement strategy for 2018-2021. Whilst the partnership acknowledged that they still had work to do to fully implement this strategy and maximise the contribution of LPFs, it was commendable that they had set up the Engagement and

Development Group in 2017 to support the review of the processes and structures for participation and engagement with a view to improving their approach.

We noted that there was an ongoing investment in improving approaches to engagement. The partnership had learned from previous engagement events and acknowledged that there was a need to provide engagement that is best suited to the needs of different audiences. There was a genuine commitment to listening to communities, but at the same time an acknowledgement by the partnership that it was developing its approaches going forward. An example of an approach where the views of stakeholders had influenced strategic commissioning was in the redesign of NADARS. This resulted in an agreement to make sure that the employment of people with a lived experience would be part of the specification for services that will be commissioned for people with an addiction.

The partnership had a range of systems and processes for quality assurance, self-evaluation and improvement. One of these “You said, we did and we didn’t”, was a record of suggestions and comments received from the consultation process undertaken on the new strategic plan (2018–2021). The consultation phase took place during January and February 2018. It was positive that the partnership was making the investment to provide feedback from a consultation exercise in this way. Carer representatives indicated that the partnership had historically consulted carers about issues of service improvement and this positive relationship was continuing to develop.

Overall, the evidence gathered during our inspection about the relationship between the partnership and service providers was mixed. The third sector interface told us that planning forums exist at an operational level, with the sector conveying a sense of positive relationships up to senior management level. The third and independent sectors had a well-established seat on the IJB and SPG and there was evidence of a good level of challenge from and debate with representatives from the sectors. The independent sector indicated that they had been involved at the highest level within the partnership prior to the IJB being formed.

The provider forum was a robust, self-managed group which provided opportunities for joint working across sectors. Third sector representatives reported that quality and procurement issues as well as the strategic plan were discussed at the provider’s forum. However, some providers were less positive about the frequency and value of these forums. Some indicated that they had lost trust in the partnership over recent years and did not feel valued or fully and meaningfully engaged. Not all third sector providers were invited to provider forums, with some expressing criticism of the level of communication afforded to them by the partnership and how this was impacting on their working relationship and their engagement in discussions about service planning. Some independent sector providers shared a similar view and voiced concern that the challenging financial position for the partnership had impacted on their working relationship with the partnership.

We learned from some independent sector representatives that the care home providers forum was rarely held, with attendance at this having decreased. Similarly, the care at home providers forum had been suspended whilst tendering was undertaken and meetings had not been reinstated.

The partnership had begun dialogue with independent sector care home providers about the re-modelling of care home provision. However, there was no evidence provided by the partnership of a strategy or financial plan having been developed to inform or support these discussions. Neither was there a proposal in place, as we were advised by senior staff that a process of data collection was under way to inform the longer term strategy, and that a report is planned to be submitted to the IJB early in 2019.

We noted from our staff survey, which was issued to staff across the partnership, that not all staff felt engaged in strategic planning. Responses showed that 48% of staff disagreed or strongly disagreed that their views are fully taken into account when services are being planned at a strategic level. The partnership had already developed its second strategic plan and had made a firm commitment to engagement and consultation in this plan.

It was positive to hear from those who represented the voice of mental health service users that there had been meaningful engagement with them by the partnership, including discussion about the development of the strategic plan and service changes. Feedback had been used to inform change, which was a positive reflection of engagement. Communication from the partnership to the community about the changes to mental health services was not perceived as successful by some stakeholders.

Integrated team working was most evident in addiction services. The intermediate care team was a further example of integrated working, having been developed to support avoidance of unnecessary hospital admissions. The partnership was also taking action to enable the mental health team to be co-located, with the aim of having a central point of contact for people who may need to access support. Plans for the co-location of some learning disability services had also lost momentum and the co-location of justice services had not been as positive as originally anticipated. These plans to integrate and co-locate teams were reflected as positive by staff, however there were concerns expressed that progress was slower than anticipated.

'Public Health' is part of the partnership's senior management team and a member of the team attends regular meetings to provide input to the health and care governance group. They also contribute to emergency planning and resilience, including winter planning. Their membership of the SPG was positive and enabled ongoing communication and information sharing, although there was little detailed evidence on how Public Health had informed the development of the strategic plan, beyond the production of elements of the strategic needs assessment.

We have indicated in this report that where North Ayrshire has lead responsibility across the whole of Ayrshire for a specific care group, we have seen evidence of an approach to strategic planning and service delivery which has a clear focus on improving personal outcomes. We considered that the development at Trindlemoss in Irvine was a good example of a planned and collaborative approach to service change.

Trindlemoss was designed to support adults with complex mental health issues and learning disabilities and was being developed from a site vacated in 2015 by a third sector provider. The model includes supported accommodation, day support, rehabilitation and long stay care. The ethos is to promote community inclusion and independent living, in part by ensuring that individuals will be able to be supported as close as possible to their home area and out with a hospital environment.

5. Leadership and direction

Vision and values

The partnership's vision, "All people who live in North Ayrshire are able to have a safe, healthy and active life", was outlined within the strategic plan 2016–2018. It was evident that the aims of the partnership were consistent, shared and well understood. We surveyed the staff in the partnership and 86% of those responding were aware of the partnership's vision. During the inspection, we found that tackling inequalities and improving mental health and wellbeing were the elements most evident and consistently described. Positively there was evidence of collaboration on developments which reinforced the vision. The SPG reflected that there was "a continuing journey with a shared vision and passion, trying to reduce inequalities."

The collaborative leadership of the partnership demonstrated a clear vision and intent for delivery of services in North Ayrshire which was evident and understood across a range of stakeholders.

Culture and standards

There was a culture of collaboration and continued strengthening of integrated working to improve standards evident across the partnership. This culture was well supported by managers, professional leads, elected and Board members. The positive support for integration within the partnership was reflected by the results in our staff survey and during our inspection from a range of staff groups.

The partnership's iMatter survey in 2017 and 2018 reported that some staff did not know who senior managers were. In our survey of staff, 47% disagreed/strongly disagreed that senior managers communicate well with frontline staff and 45% disagreed/strongly disagreed that 'Leaders are visible'. Efforts to improve communication were evident. Senior managers and elected members told us of an ongoing commitment to connect with staff. This was done through walk rounds, team events, site visits, service visits and iMatter events. The weekly email update sent by the HSCP Director was popular across a range of staff. It was evident that the partnership has a system of capturing staff opinion, and we would expect to see improvement in staff satisfaction with communication from senior managers.

Collaboration

At a senior level there was evidence of collaborative leadership across the partnership and involvement in decision making at a pan-Ayrshire level. This was evident through the Senior Partnership Operational Group (SPOG).

Where agreement was reached at SPOG, decision and approval was then sought from the SPG and IJB. Examples of this process included plans for the continuation of a police and crisis service collaboration for winter planning and people attending A&E with mental health concerns. Sharing work across the other Ayrshire HSCPs was another benefit of this collaborative senior forum.

An example of sharing good practice was the contribution of the partnership's change team in supporting the other Ayrshire partnership areas to address pressure on care homes and care at home teams after this had been identified at SPOG.

The partnership's management structure was supporting collaborative leadership in North Ayrshire and pan-Ayrshire. The ability to deliver services and work collectively were described positively and supported by senior managers and by the IJB. One advantage was the ability to share and resolve similar issues across the three partnerships which were discussed then shared with the respective IJBs.

IJB members worked well together, with members actively questioning and seeking additional detail to make sure they had a full understanding of the issues being discussed. They were actively and fully engaged in the integration agenda and supportive of progressing integration. This was evident for financial reporting and management of budgets and, through minutes and directions, the expectations of North Ayrshire Council and NHS Ayrshire & Arran were clear.

The partnership's senior managers who were involved in decisions at a pan Ayrshire level were clear how work was progressing. Confidence and understanding of developments for services where the partnership has a lead role, for example mental health and learning disability, were demonstrated during our inspection. Clarity across all stakeholders in relation to services for older adult services was not evident. Some staff told us that there were limited options available to older people receiving services in the partnership and were unclear about the progress of developments. Senior managers expressed confidence that the work streams associated with older people's services were making progress. There was acknowledgement that there were several work streams associated with older adult services in development, and communication on progress could be strengthened.

Good examples that demonstrated the strength in collaborative decision making and resource allocation were evident. These include the joint purchase and funding of Trindlemoss and development of the intermediate care and rehabilitation service with additional funding from NHS Ayrshire & Arran. Senior managers expressed confidence in the strength of collaborative working and the ability at HSCP Director level to develop and deliver services both for pan-Ayrshire and North Ayrshire.

Integration had brought changes which included the co-location of senior management from health and social care across two sites. This was a change that required adjustment but this move to co-location had brought benefits. These were described as an increased understanding of roles of others, better communication and an enhanced team identity which has supported the delivery of strategic objectives. This is further described in the section on workforce.

At a senior management level, co-location had enabled improved networking and an increased sense of a partnership approach. The introduction and implementation of an integrated supervision policy had been regarded as a success. As in other

integration authorities, the lack of integrated IT systems was an ongoing challenge. There was an acknowledgement that the integration of teams required further development and support.

Priorities

The intention to reduce inequalities was clearly evidenced during our inspection as being integral to improving the quality of life for everyone. This was recognised by senior management and was shared and supported by staff working across the partnership. Senior managers sought the assistance of NHS Health Scotland in completing the strategic needs assessment to inform the 2018–2021 strategic plan. The valued role of NHS Health Scotland to advise and provide evidence strengthened this work and supported the partnership staff in understanding the issues and factors which contribute to inequalities. This work was positively perceived across the partnership.

The partnership had developed five strategic priorities for their first strategic plan 2015–2018:

- tackling inequalities
- engaging communities
- bringing services together
- prevention and early intervention, and
- improved mental health and wellbeing.

The decision to retain these five strategic priorities in the 2018–2021 strategic plan had been based on extensive consultation with stakeholders. This consultation had resulted in a consensus that these remained the right priorities and were agreed by the SPG and supported by senior managers as being integral to realising the partnership's vision.

Locality priorities

There was evidence of value being placed on identifying need at locality level. This was demonstrated through a revision of the original locality profiles being undertaken. This work was supported by ISD in providing an analysis of performance against the Ministerial Strategy Group (MSG) indicators⁸. This detailed analysis was a positive move that provided profiles to inform all stakeholders and support decision making around planning locality priorities and the strategic objectives of the partnership.

⁸ The Ministerial Strategy Group for Health and Community Care (MSG) monitor a suite of indicators to measure the impact of integration. The MSG was established in 2008 to provide a forum in which leaders from health and social care could meet to discuss matters of mutual interest and to provide leadership, direction and support in working across organisational and structural boundaries. It assumed overall responsibility for policy matters that crossed the local government/NHSScotland interface and is a key forum for taking forward COSLA and the Scottish Government's joint political leadership of health and social care integration. <http://www.cosla.gov.uk>

Work to identify and determine local needs had begun to be developed through the locality forums. The level of confidence expressed in the effectiveness of the LPFs was found to be mixed across staff groups. Changes to support the structure and functions of LPFs had been identified and there was support at senior level for the development of these forums within localities.

These changes comprised of revising the Terms of Reference to include regular updates on reports on achievements, performance and progress made against priorities at local level and inclusion of third sector representation across all forums. The experience of representatives of TACT and other areas of third and independent sector in locality planning was described as mixed.

A process for raising questions with the IJB was demonstrated. For example, a question had been raised about the use of funds from the Carers Act monies to support respite. We saw that carers groups across the localities were valued and we evidenced a request for views on types and need for respite from carers to be gathered and fed back to the IJB. These routes for questions and the highlighting of issues were both positive and demonstrated good communication between the IJB and carers forums.

New roles had been created for Locality Engagement Champions and Locality Communication Champions. These had been designed to extend engagement at locality level and are planned to be introduced through a pilot in Kilwinning, commencing October 2018, followed by the North Coast in November 2018.

A public engagement pilot for LPFs had been planned from November 2018 to April 2020 and was seen as “an important step forward.” The timescales for the introduction of these pilots were over an 18-month period across six localities. As a result of this time commitment, evaluation and evidence of any benefit will not be measurable in the short term to inform planning. Sharing of learning and communication of progress will be required to inform stakeholders across North Ayrshire of the work of the LPFs. These measures demonstrated a commitment by the partnership to improve engagement and communication and sharing of performance information to inform the effectiveness of planning at a locality level.

These developments demonstrated a positive effort on the part of the partnership to improve and support the function and the engagement and effectiveness of the LPFs. The value placed on support for developing LPFs and carers groups was a strength for the partnership.

Workforce

A key issue facing all IJBs was workforce planning. The IJB was in the draft stages of workforce planning. It had not prioritised the development of a comprehensive approach to workforce planning in the past.

The partnership's requirement for a workforce able to meet the demands of the service to deliver the strategic plan was reflected in the draft Joint Workforce Development Strategy. The plan is still under development and the intention is to take it to the Staff Partnership Forum in March 2019 and IJB in April 2019. The plan acknowledges the different terms and conditions that exist and that this position would be unchanged over the period of the plan.

We heard from staff who thought the variation in terms and conditions between NHS and council staff was a barrier to integration. There was a historical issue of separate roles and responsibilities for local authority and NHS occupational therapists and, despite integration, this had not been resolved. There was evidence of a lack of an integrated approach for the recruitment of an occupational therapist responsible for assessment of individuals requiring aid and adaptations. Although there were efforts being made to recruit, this was a situation that was impacting on the delivery of this service. There was a positive example of an integrated workforce development by the recruitment of generic technical instructors in the intermediate care team, which was described as having a positive effect within this service. A decision had been taken to delegate the responsibilities of the allied health professional to the partnership, this was a change which offered the potential to create opportunities of integrated working for occupational therapists.

Positive changes in working and a greater understanding of roles were described as a benefit of integration across health and social care staff and this was reflected in the staff survey. Most staff indicated that they were supported and encouraged to "work collaboratively to support meaningful integrated working and good practice."

A profile of the partnership workforce was being developed and this work was at an early stage. The partnership recognised the need to have this information to support work to determine future staffing requirements, and inform recruitment requirements, training needs and projected costs.

There was no evidence of development for management roles within the partnership. We heard from some groups that this limited opportunities for progression. Where there were absences at a senior management level these were covered from within the team.

NADARS was the only fully integrated adult service within the partnership that had brought both staff together and improved access through a single point of referral. Integration of the mental health team was planned but had been delayed at the time of our inspection. Multidisciplinary team working was being piloted as part of the Primary Care Improvement Plan.

The commitment to integrated working was evident but while this was seen within some areas of service there was no clear link between individual areas of service or development and the partnership workforce plan evident at the time of our inspection.

Clinical and professional governance

Clinical and professional governance and leadership was in place and although it was robust, the structure in place for the partnership was supplemented by additional pan Ayrshire professional groups. There was continued support for these professional forums, including social work, allied health professions, learning disability services and mental health services. There was evidence of a review of the effectiveness of one of these groups which indicated meeting as professional groups was valued by participants. However, this review was limited and did not demonstrate any benefit to the partnership's workforce. Senior managers reflected that pan-Ayrshire approaches benefited all three HSCPs, for example dissemination of good practice and sharing learning from adverse events.

Increased links between health and social care had supported learning from adverse events and reduced the number of investigations. The partnership had invested in root cause analysis training⁹. This had enabled a wide staff group to apply this standardised approach to investigation. The benefits of this investment was not yet apparent. There was an increased representation of health and local authority at recent governance group meetings and work had been done to align processes. Over the last six months of 2018, recording of adverse events from NHS board and local authority systems had been captured. However, the recording systems are separate. This is an issue nationally.

There has been a review of the health and care governance group's Terms of Reference to improve its effectiveness. Undertaking this demonstrated the development of this group to meet the requirements of the Health and Social Care Governance Framework. These requirements were being met within the current structure for governance and provided assurance to the NHS board, council and IJB.

The partnership highlighted the example of the mental health adverse events review group as good practice. This was a pan Ayrshire weekly forum where all mental health-related incidents that meet an agreed criteria are reported. A second group was in place which is for North Ayrshire only. The purpose of this group was cited as providing the NHS board, council and IJB with assurance in respect of professional standards of those staff working in integrated teams, reviewing significant and adverse events, improving the quality of care and ensuring the views of people using services are sought. We considered it was positive that this reporting structure was in place.

A pan Ayrshire clinical and care governance framework had been in place since 2017 and an established governance framework for the North Ayrshire IJB had been in operation since 2015. Social work staff had access to the Chief Social Work Officer for any professional issues. Governance structures for health and social care integration were continuing to develop with service change. Senior staff voiced some concern in respect of the capacity of mental health officers to support out-of-hours

⁹ Root cause analysis (RCA) is a method of problem solving used for identifying the root causes of faults or problems.

services which were hosted out of East Ayrshire and run pan Ayrshire and that there was pressure in the form of increasing demand for guardianship and financial intervention. Work to address this included a new governance framework agreed by the senior management team to protect mental health officers' time to deliver statutory services. This will be considered further as part of a wider review of community care services.

6. Summary and conclusion

By taking appropriate action to further develop the plans and structures currently in place and ensuring a proactive approach to the management of operational performance, we are confident that North Ayrshire Partnership will continue to move forward with the integration of health and social care.

Our evaluation of quality indicators 1, 6 and 9

The Care Inspectorate and Healthcare Improvement Scotland, together with key stakeholders, have developed a set of quality indicators and illustrations to support partnerships to evaluate and improve the quality of work and the outcomes they are achieving for individuals, carers and communities. Inspection teams use this same set of indicators and illustrations to support their assessments of quality and what needs to be improved. During these inspections, we agreed to focus particularly on three of the indicators (quality indicators 1, 6 and 9) and to publish an evaluation of these quality indicators (Appendix 1) using a six-point scale.

Quality indicator 1: Key performance outcomes

1.1 Improvements in partnership performance in both healthcare and social care

The partnership had developed its performance reporting framework to monitor performance of health and social care services in North Ayrshire. It demonstrated that extensive reporting structures to collate and analyse data from across the partnership had been developed. This was mapped against national and local indicators and aligned to the partnership's strategic priorities.

Review of national and local performance data in terms of key outcome areas for adults showed a number of performance measures that indicated a mixed performance compared to Scotland as a whole. A number of measures showed performance was worse than the Scotland average.

The partnership benchmarked its performance against its National Health and Wellbeing Indicators family group. The partnership's performance was worse than the comparison group on more than half of the comparative indicators. There was no demonstrable use of this information to improve performance.

Monitoring and reporting of performance had not impacted on continuous improvement. This had been recognised by the partnership which had enlisted ISD and LIST support to work on developing baseline measurements aimed at improving how the partnership translates national outcomes to delivering better outcomes for the people of North Ayrshire.

The delivery of care at home provision was a major factor in supporting the partnership's attempts to improve performance. Data showed that progress had been made towards shifting the balance of care to enabling more people to stay at home. Whilst North Ayrshire was performing well for those aged 18–64, the

partnership's performance for intensive homecare for those aged over 65 was lower than the Scotland average.

Overall, North Ayrshire had made progress in developing its performance framework and was clear on the outcomes required of services to deliver for the people of North Ayrshire. However, a systematic approach to utilising data was not demonstrated. Development in the use of performance data to drive improvement in key outcome areas needs to be progressed in order to clearly demonstrate how this information is contributing to positive experiences and outcomes for people.

Evaluation: Adequate

Quality indicator 6: Policy development and plans to support improvement in service

6.1 Operational and strategic planning arrangements

6.5 Commissioning arrangements

The partnership's operational and strategic planning arrangements had a number of strengths. There was clear evidence of an integrated approach to the planning, development and delivery of services, particularly in relation to mental health, learning disability and drug and alcohol services. They included a clear vision supported by a wide range of commissioning intentions to achieve strategic priorities across the range of service areas that it is responsible for and a commitment to involving stakeholders and using feedback from communities, service users and their carers to inform strategic planning. The partnership had been proactive in the development of localities, including consideration of current and future service performance, demand and resource usage to inform its strategic needs assessment and financial planning. Members of the IJB had developed very positive constructive working relationships with opportunities for respectful questioning and challenge. There was a clear commitment to managing budget pressures and regular reporting of financial performance. Self-evaluation was particularly strong in learning disability and addictions services and good progress had been made to develop processes to manage risk, including financial pressures.

The extent to which strategic plans were informed by a whole system approach and aligned to financial planning was less evident, as is the extent to which the plans can be monitored against SMART criteria. Planning for older adults was less robust than for other care groups. The partnership's approach to promoting a mixed economy of care in consultation with the third and independent sectors was not well defined. There was some evidence to indicate that the partnership needed to invest more time in developing stronger relationships with the third and independent sectors, with the aim of continuing to shift the balance of care, particularly for older adults.

Evaluation: Good

Quality indicator 9: Leadership and direction that promotes partnership

9.1 Vision, values and culture across the partnership

9.2 Leadership of strategy and direction

A vision for services to meet the needs of the people of North Ayrshire that reflects strategic priorities to reduce inequalities was evident, widely understood and supported across the partnership.

The intention to reduce inequalities was clearly evidenced during our inspection as being integral to and recognised by the senior management of the partnership. This was shared and supported by staff working across the partnership.

At senior level, there was collaborative leadership across the partnership and involvement in decision making at a pan-Ayrshire level. It was evident that the discussion and agreement reached was shared, and approved, through the IJB and provided a strong basis for sharing approaches.

There had been a review of the health and care governance group's Terms of Reference to improve its effectiveness. Undertaking this demonstrated the development of this group to meet the requirements of the Health and Social Care Governance Framework. These requirements were being met within the current structure for governance and provided assurance to the NHS board, council and IJB.

Where North Ayrshire had a lead for pan Ayrshire mental health and learning disability services, there was evidence of a confidence and understanding of the developments for these services demonstrated during our inspection. However, for older adult services, staff and external stakeholders were unclear about the progress of developments and told us that there were limited options available to older people receiving services in the partnership. Senior managers expressed confidence that the work streams associated with older adult services were making progress. There was acknowledgement that there were several work streams associated with older adult services development and communication on progress could be strengthened.

A profile of the partnership workforce was being developed and this work was at an early stage. The partnership recognised the need to have this information to support work to determine future staffing requirements, inform recruitment requirements, training needs and projected costs.

There was no evidence of development for management roles within the partnership. We heard from some groups that this limited opportunities for progression.

Evaluation: Good

7. Areas for improvement

- 1 The partnership should evaluate how well ASPIRE is delivering its intended outcomes.
- 2 The partnership should improve its systems for measuring individual service user outcomes and the system of reporting to the IJB and other stakeholders to inform improvements in service delivery.
- 3 The partnership should proactively review each of its commissioning plans and intentions from a whole system perspective to identify and address impacts on other parts of the health and social care system. This review should make sure that financial plans and strategies are aligned with the strategic commissioning plan and progress investment or disinvestment needed to achieve strategic priorities. This includes reviewing existing commissioning intentions to make sure they are underpinned by robust financial planning.
- 4 The partnership should make sure its commissioning intentions work together to improve and sustain outcomes for people who use services in each service area and in each locality. Detailed information should be routinely presented to the IJB about outcomes for people who use services and include the impact of delays.
- 5 The partnership should further develop preventative services and self-directed support implementation to support its objective of moving to an asset based approach. All health and social care services delivered directly or by external providers should take account of the national health and social care standards. To support this approach, the partnership should take steps to engage more proactively with providers and staff.
- 6 The partnership should identify the workforce requirements to meet the delivery of services through linking all workforce developments to identify the recruitment, training and development needs for the partnership.
- 7 The partnership should ensure pan-Ayrshire planning and development of older adult services is communicated across staff and relevant stakeholders in the partnership.

Appendix 1 – Quality Improvement Framework

1. Key performance outcomes	4. Impact on the community	6. Policy development and plans to support improvement in service	7. Management and support of staff	9. Leadership and direction that promotes partnership
We assessed 1.1 Improvements in partnership performance in both healthcare and social care	4.1 Public confidence in community services and community engagement	We assessed 6.1 Operational and strategic planning arrangements	7.1 Recruitment and retention	We assessed 9.1 Vision, values and culture across the partnership
1.2 Improvements in the health and wellbeing and outcomes for people, carers and families	5. Delivery of key processes	6.2 Partnership development of a range of early intervention and support services	7.2 Deployment, joint working and team work	We assessed 9.2 Leadership of strategy and direction
2. Getting help at the right time	5.1 Access to support	We assessed 6.1 Quality assurance, self-evaluation and improvement	7.3 Training, development and support	9.3 Leadership of people across the partnership
2.1 Experience of individuals and carers of improved health, wellbeing, care and support	5.2 Assessing need, planning for individuals and delivering care and support	6.4 Involving individuals who use services, carers and other stakeholders	8. Partnership working	9.4 Leadership of change and improvement
2.2 Prevention, early identification and intervention at the right time	5.3 Shared approach to protecting individuals who are at risk of harm, assessing risk and managing and mitigating risks	We assessed 6.5 Commissioning arrangements	8.1 Management of resources	10. Capacity for improvement
2.3 Access to information about support options including self directed support	5.4 Involvement of individuals and carers in directing their own support		8.2 Information systems	10.1 Judgement based on an evaluation of performance against the quality indicators
3. Impact on staff			8.3 Partnership arrangements	
3.1 Staff motivation and support				

← What is our capacity for improvement? →

Appendix 2 – Methodology

Our inspection of the North Ayrshire health and social care partnership was carried out over three phases:

Phase 1 – Planning and information gathering

The inspection team collated and analysed information requested from the partnership. The inspection team sourced other information before the inspection started. Additional information was provided during fieldwork.

Phase 2 – Staff survey and fieldwork

We issued a survey to 556 staff. Of those, 418 (75%) responded, with 360 (65%) of the total issued completed the full survey. We also carried out fieldwork activity over 9 days, during which we interviewed a number of people who hold a range of responsibilities across the partnership. The partnership offered a number of observational sessions, which inspectors attended where they had capacity.

Phase 3 – Reporting

The Care Inspectorate and Healthcare Improvement Scotland jointly publish an inspection report. The report format for this inspection focuses on strategic planning and commissioning and links this to evidence gathered on current performance and the development of the integrated leadership team. Unlike previous joint reports, comment is provided on our level of confidence in respect of the partnership's ability to successfully take forward its strategic plans from intentions to changes in operational delivery.

To find out more visit www.careinspectorate.com or www.healthcareimprovementscotland.org



To find out more about our inspections go to www.careinspectorate.com and www.healthcareimprovementscotland.org

Contact us:

Telephone: 0345 600 9527

Email: enquiries@careinspectorate.com

Write: The Care Inspectorate, Compass House, 11 Riverside Drive, Dundee, DD1 4NY.

We can provide this publication in alternative formats and languages on request.



Edinburgh Office
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB
Phone: 0131 623 4300

Glasgow Office
Delta House
50 West Nile Street
Glasgow
G1 2NP
Phone: 0141 225 6999

www.healthcareimprovementscotland.org

The Healthcare Environment Inspectorate, the Scottish Health Council, the Scottish Health Technologies Group, the Scottish Intercollegiate Guidelines Network (SIGN) and the Scottish Medicines Consortium are part of our organisation.

AREAS FOR IMPROVEMENT	ACTION	WHO	WHEN
1. The Partnership should evaluate how well ASPIRE is delivering its intended outcomes	Review the ASPIRE report to revise the range of measures, including measures that better capture individual service user outcomes.	Performance & Systems Lead	Dec 19
2. The Partnership should improve its systems for measuring individual service user outcomes and the system of reporting to the IJB and other stakeholders to inform improvements in service delivery.	Consideration given to the reporting of waiting times information in particular both in the performance reporting to PAC and also to the IJB for particular areas of interest. This will be picked up through the performance reports, the Clinical and Care Governance Group and service highlight reports. The Medium Term Financial Plan being refreshed during 2019 will seek to better align the totality of partnership resources to outcomes, currently the impact of all service change programmes are aligned to priorities and the impact on service users and outcomes is taken into consideration by the IJB.	Heads of Service	Sept 19
3. The Partnership should proactively review each of its commissioning plans and intentions from a whole system perspective to identify and address impacts on other parts of the health and social care system. This review should make sure that financial plans and strategies are aligned with the strategic commissioning plan and progress investment or disinvestment needed to achieve strategic priorities. This includes reviewing existing commissioning intentions to make sure they are underpinned by robust financial planning.	In conjunction with Providers, develop a Care Home Commissioning Plan for approval by IJB.	Chief Finance and Transformation Officer	Sept 19
	Update the Medium Term Financial Plan for approval by IJB.	Chief Finance and Transformation Officer	Aug 19
	Undertake and conclude a Framework tender for the delivery of Adult Community Supports.	Head of Mental Health and LD Services	Jan 20 (go live date?)

4. The Partnership should make sure its commissioning intentions work together to improve and sustain outcomes for people who use services in each service area and in each locality. Detailed information should be routinely presented to the IJB about outcomes for people who use services and include the impact of delays.	Develop an annual performance input and framework of reporting to Locality Partnership Forums.	Performance & Systems Lead/Heads of Service	March 20
	Develop a process that ensures Performance Improvement plans can be escalated from PAC to IJB, linking in with actions above in relation to waiting times performance.		
5. The Partnership should further develop preventative services and self-directed support implementation to support its objective of moving to an asset based approach. All health and social care services delivered directly or by external providers should take account of the national health and social care standards. To support this approach, the Partnership should take steps to engage more proactively with providers and staff.	Design and deliver a Health and Social Care Experience through Thinking Different, Doing Better sessions for all staff and community groups.	Chief Officer	July 19
6. The Partnership should Identify the workforce requirements to meet the delivery of services through linking all workforce developments to identify the recruitment, training and development needs of the Partnership.	Produce a Workforce Development Strategy for approval by IJB (completed in May 2019). The next step following this is to develop more detailed workforce plans for each service area.	Heads of Service/Planning Managers	March 20
7. The Partnership should ensure pan-Ayrshire planning and development of older adult services is communicated across staff and relevant stakeholders in the Partnership.	Work alongside East and South Ayrshire Partnerships to devise a more systematic approach to updating IJBs on lead partnership work, actions will be informed by recent IJB Internal Audit on Lead Partnership arrangements.	Chief Officer	March 20

Integration Joint Board 20 June 2019

Subject: **Webcasting of IJB Meetings**

Purpose: To advise Integration Joint Board (IJB) members of the proposal to introduce the webcasting of all Integration Joint Board meetings.

Recommendation: IJB members are asked to agree to the introduction of webcasting of IJB meetings.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
NAC	North Ayrshire Council

1.	EXECUTIVE SUMMARY
1.1	Integration Joint Boards and Health and Social Care Partnerships have a duty to engage with people who use services and the people in their localities. In North Ayrshire this is via a variety of channels, including print, media and digital, by press releases/responses, newsletters, leaflets, websites, social media.
1.2	Through the introduction of webcasting, it is hoped that North Ayrshire IJB will expand the audience of meetings; increase engagement with local people and wider stakeholders; increase public knowledge of IJB/NAHSCP business; ensure transparency of decision making; increase accountability to the people we serve, including our staff and address the NAHSCP strategic priorities including, i) Engaging Communities, ii) Tackling Inequalities
2.	BACKGROUND
2.1	North Ayrshire Integration Joint Board (IJB) meetings are held in the Council Chambers, Cunninghame House, Irvine, from 10am–12 noon on a monthly basis.
2.2	IJB meetings are (generally) open meetings. Members of the public and the media are welcome to attend to observe the proceedings but may only participate in the meeting when invited to do so by the Chair.
2.3	Sensitive or confidential items, as determined by the IJB, are occasionally discussed. Members of the public and the media will be excluded from these discussions and invited to leave the meeting by the Chair.
3.	CURRENT POSITION
3.1	Details of the matters to be discussed at IJB meetings are available online, one week prior to the meeting: www.nahscp.org/ijb-meetings-minutes .

3.2	All Health and Social Care Partnership (HSCP) staff (NHS and North Ayrshire Council (NAC)) and stakeholders (including third and independent sectors, IJB and Elected Members, other health and social care providers) are advised of IJB meeting content via Chief Officer's weekly email (issued every Friday to +3500 recipients).
3.3	Administration support is provided by NAC Committee Services, including attending pre-agenda meetings, attending and minuting IJB meeting, uploading papers to NAC website and circulating papers to IJB members.
4.	PROPOSALS
	IJB/HSCPs have a duty to engage with people who use services and the people in their localities. In North Ayrshire this is via a variety of channels, including print, media and digital, by press releases/responses, newsletters, leaflets, websites, social media. We also participate in face to face engagement when undertaking specific pieces of work.
	Webcasting IJB meetings will: <ul style="list-style-type: none"> • Expand the audience • Increase engagement with local people and wider stakeholders • Increase public knowledge of IJB/NAHSCP • Ensure transparency of decision making • Increase accountability to the people we serve, including our staff • Foster community involvement • Address (2 of 5) NAHSCP strategic priorities including, i) Engaging Communities, ii) Tackling Inequalities
	Webcasting is: <ul style="list-style-type: none"> • Cost effective • Convenient • Good quality audio / video output • Reliable and accessible <p>Webcasting would be publicised via NAHSCP channels, including social media, newsletters (staff and public).</p>
4.2	<u>Anticipated Outcomes</u>
	The use of webcasting will allow the IJB to engage with the wider population of North Ayrshire on service redesign and wider consultation exercises.
4.3	<u>Measuring Impact</u>
	N/A
5.	IMPLICATIONS
Financial:	The cost to webcast within the existing North Ayrshire Council contract is £30 per hour. A one off cost of around £1000 for webcast training for relevant HSCP staff /IJB Members would be required.
Human Resources:	Two members of staff will be required to attend IJB meetings to operate webcasting and IT equipment.
Legal:	None

Equality:	None
Children and Young People	None
Environmental & Sustainability:	None
Key Priorities:	None
Risk Implications:	None
Community Benefits:	None

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	

6.	CONSULTATION
6.1	Consultation has taken place with the Chair and Vice Chair of the IJB, North Ayrshire Council Committee Services, Member Services Manager and Head of Democratic Services.
7.	CONCLUSION
7.1	The partnership is keen to ensure all of North Ayrshire's population (including island and rural communities) are able to engage with health and social care service redesign and understand better the challenges being experienced within services. Webcasting will enable the partnership to do this.

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

Integration Joint Board
20 June 2019

Subject:	North Ayrshire Local Child Poverty Action Plan Report 2018/19
Purpose:	To advise the Integration Joint Board of the Local Child Poverty Action Plan 2018/19.
Recommendation:	That the Integration Joint Board notes the North Ayrshire Local Child Poverty Action Plan Report 2018/19

Glossary of Terms
N/A

1.	EXECUTIVE SUMMARY			
1.1.	This report presents the draft North Ayrshire Local Child Poverty Action Plan Report 2018/19 which has been attached as Appendix 1.			
1.2.	The report was agreed by the Community Planning Partnership Board on 16 May 2019. The report is on the agenda for the Cabinet meeting on 11 June 2019.			
1.3.	The report and action plan were developed using a collaborative approach with internal and external partners and summarises the existing and planned activity intended to reduce level of child poverty in North Ayrshire.			
2.	CURRENT POSITION			
	National Developments			
2.1.	The Child Poverty (Scotland) Act 2017 sets out four measures of relative poverty and statutory targets for Scotland to reach by 2030, with interim targets set for 2023. These are detailed in the table below.			
2.2.	The Act sets out four national statutory, income-based targets (all after housing costs), to be achieved by 2030 and four interim targets. These have been summarised in table 1 below.			
2.3.	Table 1: National Child Poverty Targets and current national levels			
	Measure	Statutory income-based targets (all after housing costs), to be achieved by 2030	Interim targets, to be met in the financial year beginning on 1 April 2023	2016/17 Estimated National child poverty levels
	Percentage of children in Relative Poverty	Less than 10%	Less than 18%	23%
	Percentage of children in Absolute Poverty	Less than 5%	Less than 14%	20%
	Percentage of children in low income and material deprivation	Less than 5%	Less than 8%	11%
	Percentage of children in persistent poverty	Less than 5%	Less than 8%	10%

2.4.	The Act also introduces a new requirement for local authorities and each relevant Health Board to jointly prepare a Local Child Poverty Action Report, as soon as practicable after the end of each reporting year. We are targeting 30 June.
3.	North Ayrshire Developments
3.1.	A draft North Ayrshire Child Poverty Action Report has been developed in partnership with NHS Ayrshire and Arran and Community Planning Partners.
3.2.	This Action Report recognises the significant level of work that is currently being undertaken within North Ayrshire to mitigate the effects of child poverty and reduce the future levels.
3.3.	The Report and Action Plan also highlights the clear links to our overarching Fair for All Strategy and our Local Outcomes Improvement Plan.
3.4.	<p>Key Themes</p> <p>The key drivers of child poverty have been identified by the Scottish Government as follows:</p> <ul style="list-style-type: none"> • reducing the cost of living for families • increasing income from employment • increasing income from Social Security and benefits <p>Our key actions included in our report have been linked to and summarised in terms of the key drivers as set out above. We have included actions where the greatest impact will be made taking into account scale and pace.</p>
3.5.	<p>Some of the key actions are highlighted below:</p> <p>Income from Employment:</p> <ul style="list-style-type: none"> • Skills for Life programme • Family Futures programme • We Work for Families programme • Focus on the poverty related attainment gap • Vocational programmes and Activity Agreements in the Senior Phase • Positive Steps initiative • Supported Employment Team • Employability Pipeline Services <p>Costs of living:</p> <ul style="list-style-type: none"> • Better Off North Ayrshire • Money Matters • Childcare – early years expansion • Healthy Start Vouchers • School Holiday Meals programme • Period Poverty Initiative • Transport initiatives • Local Housing Strategy <p>Income from social security and benefits in kind:</p> <ul style="list-style-type: none"> • Better Off North Ayrshire • Money Matters • Discretionary housing payments • Scottish Welfare Fund administration • Referral tool for NHS staff to sign-post families to appropriate specialist services. • North Ayrshire digital strategy

	<ul style="list-style-type: none"> Uptake of Free School Meals, Clothing Grants and Education Maintenance Allowance
3.6.	More details on our actions including how impact will be assessed and details of timescales can be viewed in our detailed action plan that is attached in Appendix 1.
4.	PROPOSALS
4.1.	<u>Anticipated Outcomes</u>
	The significant level of work highlighted in the report and currently being undertaken within North Ayrshire aims to mitigate the effects of child poverty and reduce future levels.
4.2.	<u>Measuring Impact</u>
	The action report will enable monitoring and reporting of progress in this area.
4.	IMPLICATIONS

Financial:	There are no financial implications, all commitments are aligned with the Council's agreed budgets.
Human Resources:	There are no human resources implications, all commitments are aligned with the Council's agreed budgets.
Legal:	There are no legal implications.
Equality:	The Child Poverty Action Plan Report assists us to meet our Socio Economic Duty set out in the Fairer Scotland Duty and the Child Poverty (Scotland) Act 2017.
Children and Young People	The actions contained in the report as at Appendix 1 are intended to both mitigate against and reduce future child poverty levels in North Ayrshire.
Environmental & Sustainability:	There are no Environmental and Sustainability implications
Key Priorities:	The Child Poverty Action Plan Report links directly to the key priorities contained in the Fair For All Strategy, the Local Outcomes Improvement Plan and the draft Council Plan 2019-2024.
Risk Implications:	There are no risk implications.
Community Benefits:	There are no community benefit implications.

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

4.	CONSULTATION
	The Community Planning Partnership Board discussed and approved this report on 16 May 2019. The report will be presented to Cabinet on 11 June 2019.
5.	CONCLUSION
	This Report recognises the significant level of work that is currently being undertaken within North Ayrshire to mitigate the effects of child poverty and reduce

	the future levels. The Report and Action Plan also highlight the clear links to our overarching Fair for All Strategy and our Local Outcomes Improvement Plan. Our key future actions are included and have been linked to and summarised in terms of the key drivers of child poverty.

For more information please contact Lauren Cameron on 01294 324160 or laurencameron@north-ayrshire.gov.uk

North Ayrshire Community Planning Partnership

North Ayrshire Joint Child Poverty Action Plan Report 2018/19 DRAFT

Introduction/ Foreword

Children and their families face unfair challenges. This is not through their own choices but the circumstances they have found themselves in.

Child poverty is a serious and persistent issue in North Ayrshire. As a Council and a Community Planning Partner we have a clear focus on addressing the Fair for All Strategy. This is our Partnership Strategy for promoting equity. The key pledge within this is “North Ayrshire Community Planning Partnership pledges to tackle the root causes of child poverty and mitigate its impact to create a better life for local people.”

The Child Poverty Action Plan gives this work a renewed focus and energy, and reinforces our commitment to our North Ayrshire children.

While the Child Poverty (Scotland) Act places duties on Local Authorities and Health Boards and not Community Planning Partnerships (CPPs) we have developed this action plan with our CPP. This is in acknowledgement of the strong partnership approach needed to effectively tackle this issue.



1. National Context

To ensure Scotland is the best place in the world to grow up, and lives up to the Fairer Scotland vision, eradicating child poverty is fundamental. Child poverty can undermine the health, wellbeing and educational attainment of the children who experience it. And it also has a wider cost for society. A 2013 study found that child poverty in the UK was costing at least £29 billion a year.¹

The Fairer Scotland Duty is an overarching strategic duty on public bodies (including local authorities). It has interactions with the Equality Act 2010; Scotland Act 2016; and came into force on 1 April 2018.

The Duty requires that: *“An authority to which this section applies must, when making decisions of a strategic nature about how to exercise its functions, have due regard to the desirability of exercising them in a way that is designed to reduce the inequalities of outcome which result from socio-economic disadvantage.”*

The Child Poverty (Scotland) Act sets out four ambitious headline targets for 2030 that establishes Scotland as the only part of the UK with statutory income targets on child poverty.

Local Action Reports/Plans

The Act introduces a new requirement for local authorities and each relevant Health Board to jointly prepare a Local Child Poverty Action Report, as soon as practicable after the end of each reporting year. The Act does not specify a cut-off point for submission of reports; however, it does require that the Scottish Government’s annual progress reports be submitted within 3 months of the end of the reporting year which is the subject of the report. To align with these timescales, local partners should therefore aim to publish their reports by **30 June** of each year.

What is child poverty? The targets

The Child Poverty (Scotland) Act sets out four measures of relative poverty and statutory targets for Scotland to reach by 2030. These targets are:

Figure 1: National Child Poverty Targets

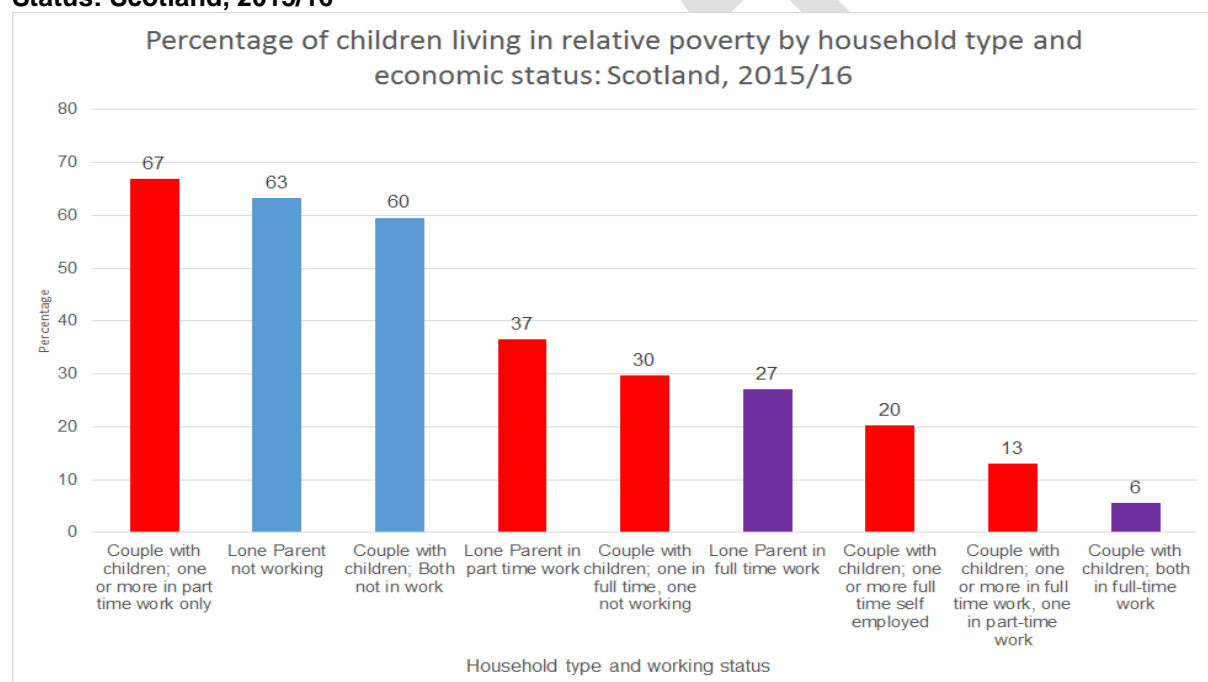
Target	Description	Rationale
For less than 10% of children to be in relative poverty	The proportion of children living in households with incomes below 60% of the median (middle) UK income in the current year.	Recognises that individual and household needs are relative to societal standards of living and measures whether the incomes of the poorest households are keeping up with growth in average (middle) incomes in the current year.
For less than 5% of children to be in absolute poverty	The number of children living in households with incomes below 60% of the median UK income in 2010/11, adjusted for inflation.	Assessment of whether living standards at the bottom of the income distribution are rising or falling (keeping pace with inflation) irrespective of those elsewhere in the income distribution.

¹ <http://www.cpag.org.uk/content/child-poverty-costs-uk-29-billion-year>

For less than 5% of children to be in combined low income and material deprivation	The number of children living in households with incomes below 70% of the median UK income AND going without certain basic goods and services (such as a warm winter coat, a holiday away from home, money to replace worn out furniture etc.)	Enables an analysis of a household's ability to use resources to buy essentials as well as of the income coming into the household.
For less than 5% of children to be in persistent poverty	The number of children who have lived in relative poverty in 3 of the last 4 years.	Living in poverty for a significant period of time is more damaging than brief periods spent with a low income.

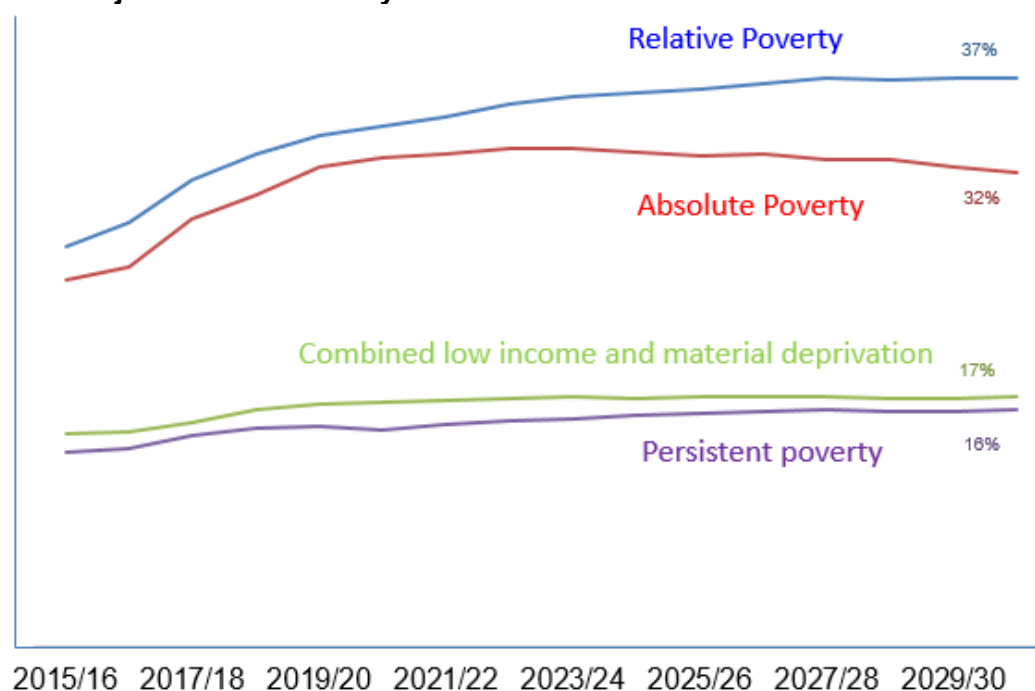
Who is affected?

Figure 2: Percentage of Children Living in Relative Poverty by Household Type and Economic Status: Scotland, 2015/16



Source: HBAI dataset, DWP 2015/16

Figure 3: Projected Child Poverty Rates: Scotland



Source: Reed and Stark 2018

The chart above shows the projected trend of child poverty for each target. By 2030/31, it is estimated that 38% of children will be in relative poverty, 32% of children will be in absolute poverty, 17% of children will be in combined low income and material deprivation and 16% of children will be in persistent poverty.

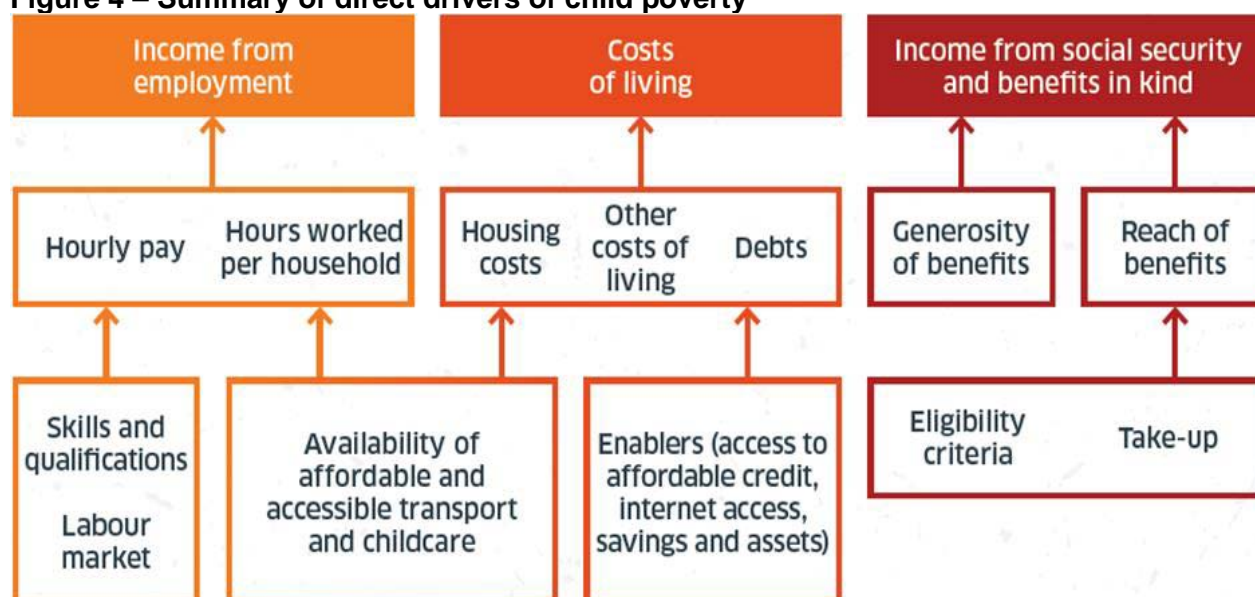
The key reason for these projected rises is the impact of welfare reform, primarily the benefit freeze and the two child limit on tax credits. The impact of these cuts is most acute between now and 2020.

The Scottish Government recognises that, in the context of these projections, the child poverty reduction targets the Act sets out are ambitious. However, Scottish Ministers are clear that the backdrop of conditions which threaten to make many families worse off strengthens the case for concerted action at national and local level to tackle child poverty.

What are the drivers of child poverty?

The direct drivers of poverty fall into 3 main categories – income from employment, costs of living, and income from social security. These are summarised in Figure 1 below.

Figure 4 – Summary of direct drivers of child poverty



Who is at the highest risk of child poverty?

To support the evidence base for this delivery plan, the Scottish Government has produced focused analysis on priority groups, which are households with children that are known to be at high risk of poverty. These groups have been identified using available data but we know this does not cover all groups at higher risk of poverty. These groups, taken together, do cover the majority of households in poverty.

- Having a lone parent (mainly women)
- Having two or more siblings (3+ children)
- Being disabled or having a disabled sibling or parent
- Being from a minority ethnic background
- Having a young child in the household (<1 years old)
- Having young parents (using data for households where the mother is aged <25)

2. North Ayrshire Local Context

High levels of inequality, particularly poverty exist in North Ayrshire. North Ayrshire is one of the most deprived areas in Scotland. Deprivation levels are significantly higher than the Scottish average. The last Scottish Index of Multiple Deprivation (SIMD) highlighted continuing levels of deprivation in North Ayrshire. More than 50 of its 186 datazones now fall within the top 15% most multiply deprived datazones in Scotland, significantly higher than the Scottish average. With an average population of 760 people per datazone, this suggests that well over a quarter of its population (approximately 38,800 residents) live in areas which fall within this most deprived category. In addition, unemployment levels in North Ayrshire are high, there are significant numbers of people on low income and almost a third of children live in poverty.

Inequalities in outcomes can be seen across all sectors including education, employment, income and health and wellbeing. They are the result of an imbalance in power, money and

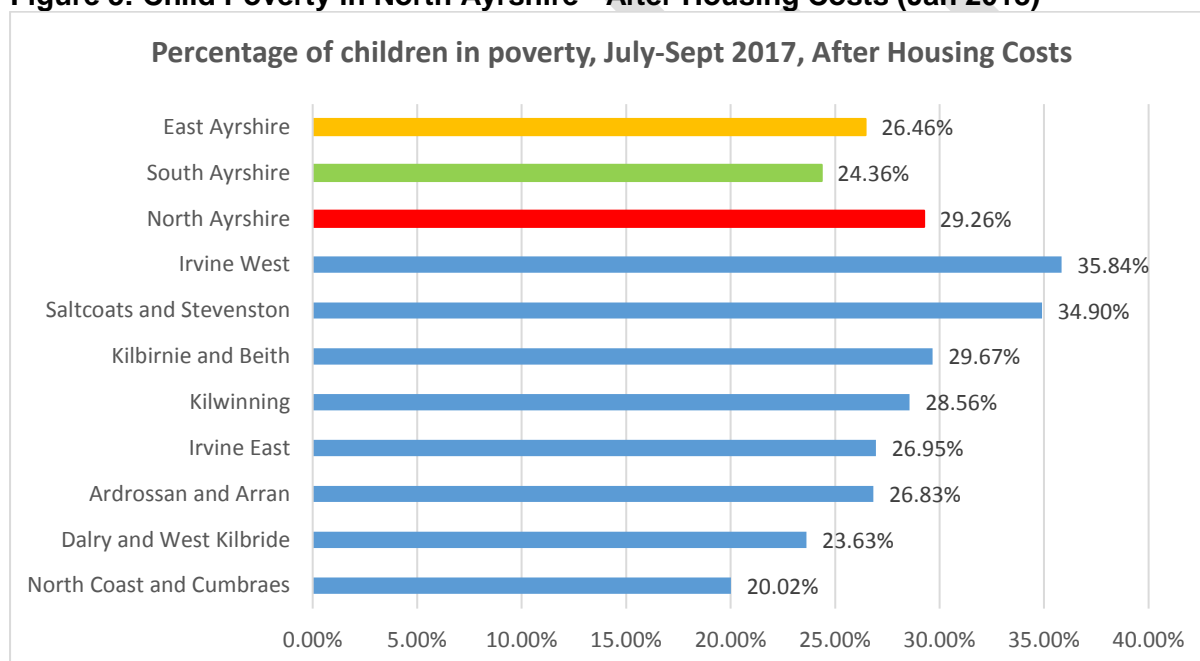
resources across society, further compounded by the recent economic conditions of recession, austerity and welfare reform.

The charts below show the breakdown of child poverty in North Ayrshire split into Electoral Wards, as at 2017 and as at 2018/19. This information has been taken from the End Child Poverty Coalition. This is not a direct measure of exactly how many children are in poverty on the official definition, but is based on the closest to an equivalent measure of local levels of child poverty. Currently there is no more up to date data available.

The data shows that there is variations in the levels of child poverty across all of our areas and also in North Ayrshire we continue to have higher levels compared to East Ayrshire and South Ayrshire. We also recognise that we have one of the highest level of Child Poverty of any Local Authority in Scotland, with Glasgow having the highest proportions (37%).

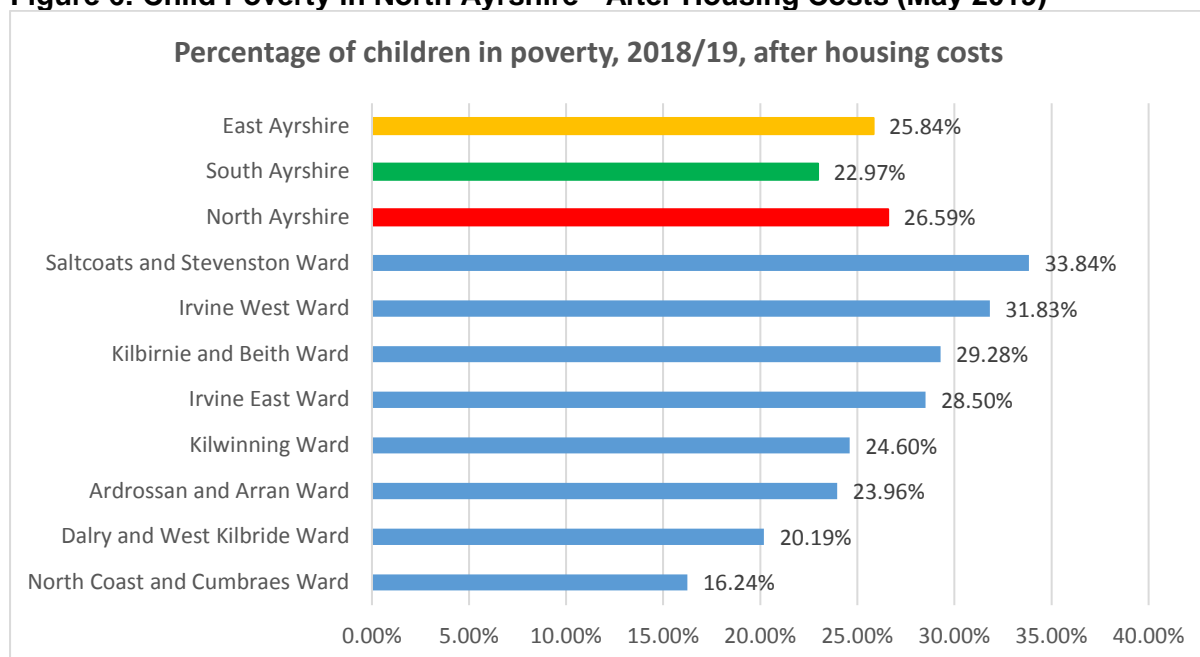
The comparison of the two charts below show that levels of child poverty in North Ayrshire have decreased overall from 2017 to 2018/19, from 29.26% to 26.59%. The overall reduction is a positive movement for North Ayrshire and required further investigation into the contributing factors.

Figure 5: Child Poverty in North Ayrshire - After Housing Costs (Jan 2018)



Source: <http://www.endchildpoverty.org.uk/poverty-in-your-area-2018/>

Figure 6: Child Poverty in North Ayrshire - After Housing Costs (May 2019)



Source: <http://www.endchildpoverty.org.uk/poverty-in-your-area-2019/>

Child Poverty Drivers – Local Context

The table below summarises some of the data available for North Ayrshire that link to the key direct drivers of poverty. This has allowed us to assess and confirm our knowledge of the required actions to address the direct drivers of poverty within our area.

Figure 7: Local Poverty Related Indicators

Indicator	North Ayrshire	Scotland
Employment rate (2017-18)	69.8%	75.4%
Unemployment Rate (2017-18)	6.4%	4.1%
Incapacity benefit/ severe disability allowance Claimant count	7.40%	6.10%
Working age population claiming out of work benefits (2016)	14.6%	10.6%
Children in low income families (2015)	23.30%	16.30%
Children registered for free school meals (2018)	22.30%	15.60%
Households with children living in fuel poverty (2014/16)	18.1%	16.7%
Children admitted to hospital due to asthma, rate per 100,000 population (2015/16- 2017/18)	235.1	145.1
Children looked after by Local Authority, rate per 1,000 (2017)	22.2	14.3
Domestic Abuse Rates, per 10,000 population (2016/17)	123.4	108.8
Employment rate for 16-24 year olds (2017)	57.8%	59.4%
Households with children living in homes that fail the SHQS (2014/16)	52.4%	41.2%
Proportion of Population Income Deprived (2017)	17.3%	12.2%
Proportion of Working age population employment deprived (2017)	15.3%	10.6%
Young people in prison per 100,000 (2012-2014)	484.7	300.2

Young people living in the most income deprived quintile (2017)	47.9%	21.5%
Proportion of people earning less than the living wage (2017/18)*	21.40%	18.40%
Proportion of people aged 16+ underemployed (2017)** (Respondents who would like to work longer hours, given the opportunity)	11.8%	8.0%

Source: Scottish Public Health Information for Scotland
(https://scotland.shinyapps.io/ScotPHO_profiles_tool/)

*Source: Local Government Benchmarking Framework

**Source: Annual Population Survey (Jan to Dec)

Data and Mapping Approaches

Further to the information presented above, we have been developing a mapping approach to our data to allow us to identify small areas (postcode level) where there may be higher concentrations of poverty. This has been overlaid with other sources of data to build a visual representation of potential issues that could impact on our localities and residents.

This work is ongoing and will be reviewed as part of our ongoing activity. Also, we have planned activities that include the commitment to use our data sources in a more joined up approach.

An example of our mapping approach has been attached as Appendix 2. This is an example of how we can deploy spatially referenced data at the most disaggregated geography to generate additional insights. Overlaying multiple datasets at postcode level can be undertaken internally to help us identify patterns and relationships that would otherwise be less evident in tabular form.

3. North Ayrshire Strategic Context

North Ayrshire Community Planning Partnership is a strong and effective partnership of a wide range of organisations. We come together as we appreciate the benefits of sharing our resources, knowledge and skills to improve the lives of local people. All partners have a shared commitment and partnership vision – *North Ayrshire – A Better Life*.

Fair for All is our partnership strategy for promoting equity. This strategy and the pledges we are delivering on are available at www.northayrshire.community/about-us/fair-for-all/

The key pledge within Fair for All is: “North Ayrshire CPP pledges to tackle the root causes of child poverty and mitigate its impact to create a better life for local people.”

In our Local Outcomes Improvement Plan (LOIP) 2017-2022, we have increased our focus on child poverty. This is in response to very concerning local trends in child poverty levels.

Underpinning this we have four priority areas:

- A Working North Ayrshire
- A Healthier North Ayrshire
- A Safer North Ayrshire
- A Thriving North Ayrshire – Children and Young People

Our cross cutting themes influence our approach to these priorities:

1. Building stronger communities – by this we mean enabling communities to increase control over their lives, being supported to do things for themselves and having their voices heard in the planning and delivery of services.
2. Prevention – by this we mean tackling issues early to stop things from happening in the first place or from getting worse.

These do not operate in isolation. We draw from a range of partner plans to support these priorities. Our Locality Partnership and Connected Communities teams are fundamental to ensuring that plans are built on lived experience.

We recognise that high levels of inequality, particularly poverty exist in North Ayrshire. *Fair for All: A strategy to reduce inequalities in North Ayrshire* is our overarching strategy and focusses on the impact of poverty, and the opportunities, based on evidence, of where and how North Ayrshire Community Planning Partnership (CPP) partners can work to achieve the greatest effect in reducing inequality. Our key strategic plan, our [North Ayrshire Local Outcomes Improvement Plan](#), describes our approach in more detail.

A new Council Plan has been developed and a consultative draft was approved by Elected Members at a meeting of North Ayrshire Council on 27th March 2019. The new Council Plan has clear links to the Fair for All Strategy and places as emphasis on child poverty.

The Council's Vision and Mission in the draft Plan are:

Vision: **A North Ayrshire that is 'Fair For All'.**

Mission: **Working together to improve well-being, prosperity and equity in North Ayrshire.**

The draft Plan is constructed around three strategic themes. The first two are outward looking whilst the third sets out how this Council will work moving forward. This forms the basis of our approach to transformation.

- **Aspiring Communities** – A society where everyone has the same life chances to grow, prosper and have fulfilling and healthy lives.
- **Inspiring Place** – An enterprising, vibrant and sustainable environment, appealing to investors, attractive for visitors and a place our residents are proud to live and work in.
- **A Council for the Future** – Our Council is forward-thinking – motivated to transform and improve services for our communities through innovation, reshaping our approach and focusing investment to our priorities.

Some of the Priority Outcomes included in the draft plan are directly linked to Child poverty. For example priorities are –

- North Ayrshire's children and young people have the best start in life.
- North Ayrshire has an inclusive, growing and enterprising economy.
- North Ayrshire's residents and communities enjoy good, life-long health and wellbeing.

Our [Children's Services Plan](#) was launched by our North Ayrshire Children's Services Strategic Partnership in March 2016. This plan details how North Ayrshire Children's Services Strategic Partnership aims to give Children in North Ayrshire the best start in life and to make it the best place in Scotland to grow up.

The [Children's Services Plan](#) contains a clear action plan made up of promises, which keep the wellbeing of children at the centre. Although the plan is not exclusively written to address Child Poverty, there are a number of promises which work towards the ambition of addressing poverty and equality.

These promises strive to ensure that children in North Ayrshire have many opportunities to enable them to progress and break the cycle of poverty. The promises also focus on the support for parents to empower and enable them to provide the most positive start for a child and to improve their future life chances.

The Scottish Attainment Challenge focuses on closing the poverty-related attainment gap by providing targeted support to increase the attainment of children living in North Ayrshire's most highly concentrated areas of deprivation. North Ayrshire Council is one of nine Challenge Authorities supported through the Attainment Scotland Fund and is granted an allocation of this £750m fund to develop and deliver targeted initiatives and interventions to increase attainment in the highest concentrated areas of deprivation.

We became the first Child-Centred Council in Scotland, putting children and young people at the heart of everything we do and making sure that we give our young people the best possible start in life.

During 2017/18, we set up a Year of Young People Strategic Group to listen and engage with children and young people, individuals and communities. The Strategic Group included Year of Young People Ambassadors, elected members from all political groups, and officers.

In relation to poverty, the key proposal which emerged from the Year of Young People Strategic Group was a proposal to establish and brand a Young People's Commission to inform actions to address young people's experiences of poverty. This would be the first such commission in Scotland and would be informed from the ongoing Fair for All Commission in North Ayrshire.

Inclusive Growth/ Community Wealth Building

The Council has led in Scotland on the development of the inclusive growth agenda. We worked with the Scottish Government to develop and pilot the "inclusive growth diagnostic". The main purpose of the diagnostic was to identify constraints and opportunities for driving inclusive growth in North Ayrshire in order to prioritise actions to address them at a time of constrained public sector resources.

The findings from the Diagnostic have been used to inform the Council's investment decisions, for example in establishing a supported employment programme to help more disabled people access and sustain employment. The diagnostic has been rolled out on an Ayrshire Regional basis and its findings have been used to inform the priorities of the Ayrshire Regional Growth Deal.

Community Wealth Building

The Council and Community Planning partners are working to develop a Community Wealth Building strategy for North Ayrshire, and in collaboration with East and South Ayrshire for the Ayrshire region as a whole. A community wealth building approach seeks to provide resilience, local economic security, and to ensure that economic opportunity is widely spread and inclusive. Community wealth building provides a concrete and practical approach to help deliver on the aspiration of inclusive economy.

This strategy has five key elements or pillars:

- Employment
- Procurement
- Assets
- Ownership
- Financial Power

Over time, a successful Community Wealth Building strategy will help to grow the local business base, producing more and better jobs which can be accessed by the full range of people across our communities. Community Wealth Building is therefore key to the Council and Community Planning partnerships approach to tackling poverty and deprivation in North Ayrshire and, in particular, Child Poverty.

Ayrshire Regional Growth Deal

The Ayrshire Regional Growth Deal was agreed in March 2019 between the three Ayrshire local authorities and the Scottish and UK Governments. The Growth Deal represents a major investment in the Ayrshire economy, worth over £250 million over the next 10 years, with the aim of radically boosting the economic performance of the area- supporting the development and expansion of companies and the creation of thousands of new jobs across a range of key sectors. The Growth Deal has been informed by the opportunities and challenges identified by the Inclusive Growth Diagnostic.

In addition, the Growth Deal has allocated £3 million to support the development of a Community Wealth Building strategy across Ayrshire. This will be central to ensuring that the investment through the Growth Deal will benefit the whole Ayrshire community and play a major role on helping to tackle poverty in the region.

Adverse Childhood Experiences (ACES)

The Community Planning Board is committed to supporting pan-Ayrshire work on Adverse Childhood Experiences (ACEs) in conjunction with Community Justice Ayrshire. ACEs are stressful events that occur in childhood and can have a lifelong adverse impact on sustained health and behaviour. We have held screenings across our localities of “Resilience – The Biology of Stress and Science of Hope” documentary. Over 65 multi-agency screenings of the documentary took place in 2018, led by colleagues from Public Health and Police Scotland (Ayrshire Division). It is estimated that over 4,500 people across Ayrshire have attended a screening and panel discussion.

A follow up to the first Pan-Ayrshire conference on ACEs and trauma took place on 25 March 2019. The event was entitled “ACEs: Adversity is Not Destiny”. The morning session provided an opportunity to celebrate some of the work being done across Ayrshire, with the afternoon session focussing on what ACEs have to do with justice. We were delighted to welcome local, national and international speakers to the event.

Following a motion to Council for North Ayrshire Council to become ‘trauma informed’, the Director of the Health and Social Care Partnership convened a meeting to discuss a proportionate response to achieve this. Colleagues from Human Resources, Learning and Development, Community Planning, Community Justice and the Health and Social Care Partnership are now developing a plan to take this forward.

The Fair for All Advisory Panel

As part of our Fair for All Strategy, we have a dedicated Fair for All Advisory Panel. The panel includes experts in poverty and inequality from across Scotland and will make sure that the work that needs to be done is carried out in the best way possible to have the biggest impact on the areas that need it most.

The Panel provides governance and direction to the Partnership. It will drive the changes needed to achieve the pledges outlined in the strategy. The Panel will also act as a 'critical friend' for our Child Poverty Action Report to ensure that we achieve the best possible outcomes for our residents and will help to identify any gaps and further activity areas that can be introduced. We are confident that this approach will ensure our actions are robust and ambitious.

Fair for All Steering Group

The progress of our Fair for All Strategy is monitored and driven forward by the Fair for All Steering Group. The Group meets regularly and consists of Senior Officers from the Council, NHS and Partners. The progress on delivery of the Fair of All pledges is reported to and monitored by this group.

Fair for All Commission

Effective local action to reduce child poverty requires understanding the local picture, levels of need and how to address these. Generating a shared understanding of the issues, common priorities and strategic approach to planning will involve working with a range of partners with differing perspectives, including people with lived experience of poverty, and potentially diverse ways of using evidence.

North Ayrshire welcomed its first-ever Fair for All Commission Officer in 2018 to help make the area a fairer and more equal place to live. The appointment follows start-up funding provided by the Scottish Government to make sure the voices of people with direct experiences of poverty are heard locally. The role of the Fair for All Commission Officer, is to:

- Empower people, individually and collectively, to make positive changes in their lives and in their communities
- Embed engagement and participation practices and culture for those who experience poverty related issues and whose voices are least often heard
- Create and develop a Poverty Truth Commission organisation in North Ayrshire to address the barriers people face in life due to poverty. The group will gather evidence to create recommendations on how to make North Ayrshire 'Fair for All'
- Work with South and East Ayrshire, where appropriate, to ensure the successful advocacy of poverty issues to Scottish Government and other influences/partners

Over the next two years, this work will focus on 'giving a face to the facts' – ensuring that the movement to tackle poverty has those who experience it at its heart.

The Fair for All Commission Officer aims to establish 12 Community Commissioners – people who have or are experiencing poverty – who will share their stories and knowledge of the issues that affect them and others across North Ayrshire.

Working closely with them will be 12 Civic Commissioners – who can be anything from business leaders, policy developers, journalists, third-sector leaders – who can listen and try to find solutions to any of the issues that are encountered.

One of the anticipated outcomes for the Fair for All Commission is to improve sensitivity and effectiveness of the practices and services delivered by Community Planning Partners – bringing positive actions to address the causes and symptoms of poverty.

4. Monitoring of this plan

This report will be agreed and monitored by the Community Planning Partnership. Reporting will link to other strategic groups as required. An Action Plan and supporting Performance framework will be created and monitored using Pentana, the Councils Performance Management System. This will ensure consistency in reporting across all of our plans and strategies. We aim to report on our progress every six months to ensure the Child Poverty agenda is driven forward.

Figure 8: Community Planning Structure in North Ayrshire



5. Actions Approach

Our Action Plan has been developed in order to ensure clear links to our Fair for All Strategy. We have used this as a basis of our understanding of inequalities, its causes, and the most effective ways of responding. In this report we are looking at inequalities relating to Child Poverty.

Understanding Inequalities – Fair for All Approach

A range of factors which, when distributed unequally in society, result in inequality of outcomes across socio-economic groups.

Inequalities in individual outcomes are directly linked to wider socio-economic inequalities in society. The distribution of power, money and resources has a direct influence on environmental influences such as:

- availability of health enhancing work
- access to good quality and affordable housing
- social and cultural experiences
- transport
- education and learning opportunities
- availability and quality of services

While there will be some fundamental causes of poverty which are out with the control of North Ayrshire CPP, there are many areas where an impact can be made.

A review of the literature suggests that in order to be most effective, interventions need to be taken at all three levels:

- *undo* the fundamental causes
- *prevent* the wider environmental influences
- *mitigate* the individual experiences

In order to ensure links with our existing strategies we have decided to group our actions into these three levels.

As well as needing to ensure that our approach intervenes at all three levels described above, research also demonstrates that a combination of approaches across three areas of the population is essential to effectively tackle inequalities. These three approaches are:

1. Targeting - Targeting the worst off in society
2. Enhanced - Reducing the gap between groups
3. Universal - Reducing the gradient across the population

Our action plan will reflect these approaches where relevant.

6. Action Plan

Our key actions have been identified and included in Appendix 1. Our key actions can be linked to and summarised in terms of the key drivers of child poverty. We have included actions where the greatest impact will be made taking into account scale and pace.

Some of the key actions are highlighted below:

Income from Employment:

- Skills for Life programme
- Family Futures programme
- We Work for Families programme
- Focus on the poverty related attainment gap
- Vocational programmes and Activity Agreements in the Senior Phase
- Positive Steps initiative
- Supported Employment Team
- Employability Pipeline Services

Costs of living:

- Better Off North Ayrshire
- Money Matters
- Childcare – early years expansion
- Healthy Start Vouchers
- School Holiday Meals programme
- Period Poverty Initiative
- Transport initiatives
- Local Housing Strategy

Income from social security and benefits in kind:

- Better Off North Ayrshire
- Money Matters
- Discretionary housing payments
- Scottish Welfare Fund administration
- Referral tool for NHS staff to sign-post families to appropriate specialist services.
- North Ayrshire digital strategy
- Uptake of Free School Meals, Clothing Grants and Education Maintenance Allowance

The six priority groups (lone parents; families where a member of the household is disabled; families with three or more children; minority ethnic families; families where the youngest child is under one year old; and mothers aged under 25) have been considered in our actions and mentioned where appropriate. These priority groups will also be considered as part of the development of our future actions to ensure that the needs of these groups are met.

More details on our actions including how impact will be assessed and details of timescales can be viewed in our detailed action plan as attached at Appendix 1. This has been split into three tables.

Table 1 below shows a wide range of actions that are currently taking place and have a direct impact on the drivers of Child Poverty.

Table 2 shows the actions that are current but have a more indirect impact on the drivers of Child Poverty or are universal actions.

Tables 3 and 4 show future actions that are either planned or require further work / investigation to consider for future years that we consider will have an impact on the drivers of Child Poverty.

Appendix 1

Table 1 – Current Actions to address the Direct Drivers of Child Poverty (As shown in Fig. 1)

Action e.g. new services offered, increasing flexibility of existing services	Who action is carried out by (all those partners involved in action)	Poverty driver(s) the action is intended to impact	Level of Intervention	How impact has / will be assessed	Timescale for action	Approach and Group(s) the action is intended to reduce poverty amongst*	Link to North Ayrshire Strategy
Partnership working with Through Care Support Team to engage and support care leavers in making and maintaining claims for benefit, supporting with identifying training and employment opportunities.	NAC, DWP	Income from Employment Income from Benefits	Prevent	Q4 2018/19 – 54% of eligible YP are in Education, Employment or Training. The young people who are not in Education, Employment or Training fall into 4 other categories- Looking after Family, Long Term Illness, Short Term Illness or Due to other Circumstances	Ongoing	Targeted Looked after care leavers	North Ayrshire Local Employment Activity Action Plan
Skills for Life programme – intensive support for long term unemployed lone parents. Six month mentored vocational placement within the Council. Addresses many barriers.	In partnership with DWP, Ayrshire College and other partners.	Income from Employment	Prevent	Since April 2017, 45 people have taken part with 35 (78%) having a positive destination. 22 retained with Council, 8 private sector employment, 5 further education.	Ongoing	Targeted	North Ayrshire Local Employment Activity Action Plan
Family Futures – early years programme assisting parents with their journey to employment, education or training. Early engagement approach which can access additional support such as health interventions, life coaching and well-being support, welfare and money advice support.	NAC, Ayrshire College, CEIS Ayrshire, Better Off North Ayrshire and the Ayrshire Community Trust	Income from Employment Income from social security and benefits	Prevent	Numbers of participants and outcomes – TBC	Ongoing	Enhanced	North Ayrshire Local Employment Activity Action Plan

We Work for Families programme - provides 1-1 specialist employability and skills service for participants from vulnerable families. The programme includes assistance with debt advice, child care advice, and housing, supporting parents to address barriers to entering into meaningful employment or education.	NAC, The Lennox Partnership, North Ayrshire Health and Social Care Partnership & Universal Early Years	Income from employment Cost of Living Income from social security and benefits	Prevent and Mitigate	Since April 2017 to Feb. 2019, 146 client registrations, 133 have progressed through a range of support/ training/ education and employment, including: 27 into employment 5 completed FE course in 2017/18 13 started FE course in 2018/19 36 referred to SALUS for mental/ physical health support 2 clients completed Skills for Life 50 clients accessed funding for clothing, equipment, travel and childcare for education or employment	Ongoing	Targeted Gender	North Ayrshire Local Employment Activity Action Plan
Corporate Parenting - guarantees five Modern Apprenticeships every year for young people leaving care.	NAC	Income from employment	Prevent and Mitigate	5 Modern Apprenticeships for young people leaving care each year	Ongoing	Targeted Care Experienced Young People	North Ayrshire Corporate Parenting Plan
Better Off North Ayrshire provides advice, information and support to people by building financial capability and resilience through offering a package of support services, through key workers, to low income, workless and lone parent families including budgeting, benefits, debt and energy advice. (Immediate assistance) (Big Lottery Funding)	NAC, Community Housing Advocacy Project (CHAP), ANCHO Housing Association, Cunninghame Housing Association and 1st Alliance Credit Union	Cost of living Income from social security and benefits in kind	Mitigate	2216 people reached 1161 signed up to an Action/Support Plan <ul style="list-style-type: none"> 69% were 'workless' (unemployed or inactive) 16% low income employed 15% lone parents By end of February 2019, total financial gains for participants in the programme as a direct	Ongoing	Enhanced All Lone Parent Families including In work poverty	Better Off North Ayrshire

				<p>outcome from Better Off programme = £1,445,915</p> <p>Breakdown of above</p> <ul style="list-style-type: none"> • Energy debt written off/ grants/ efficiency savings £488,363 • Income maximisation £583,024 • Interest saved through debts written off/ high cost debts cleared = £287,117 • Savings built in credit union/ reduced outgoings = £87411 			
Better Off North Ayrshire – Longer term support and advice such as access to affordable loans and affordable furniture. (Big Lottery Funding)	Community Housing Advocacy Project (CHAP), ANCHO Housing Association, Cunninghame Housing Association and 1st Alliance Credit Union	Cost of living Income from social security and benefits in kind	Prevent	<p>1019 people received budgeting advice & support</p> <p>295 people granted affordable loans.</p> <p>£253 = Average <u>savings built per participant</u> who opened a savings account with CU at some time over last two years</p> <p>£1,305 = better off – average per person who received debt advice and support</p> <p>£482 – better off – average per person who received energy advice and support</p> <p>£596 better off (over a 12 month period) – average per person who received</p>	Ongoing	Enhanced All Lone Parent Families including In work poverty	<u>Better Off North Ayrshire</u>

				benefits advice and support			
Money Matters - All families with children under 5 years old will automatically be given access to money matters advice, unless they opt out of the support.	NAC	Cost of living	Mitigate	Total enquiries in 2018/19 – 3677 (331 families with children under 5) October 2018 to March 2019 – 1914 enquiries (489 families with Children) Financial gains for Money Matters Service Users - £9,526,758.64	Ongoing	Universal All	<u>Money Matters</u>
Maintain a specific focus on reducing the poverty related attainment gap and maximise the learning potential of specific groups of learners, including Looked After Children.	NAC		Mitigate	Average total tariff score by grouped deciles - Performance of pupils in the 20% most deprived areas – 692 in 2016/17 Target for 2032 is 750.	2032	Universal All	<u>LOIP</u>
Childcare/ Out of School Care Further roll out of 1140 Early Years Expansion with 7 pilot centres and classes throughout North Ayrshire to inform future roll out in the lead up to completion by 2020. Early Years expansion will offer provision from 8am to 6pm. As part of the expanded hours a funded lunch time meal and early evening meal is provided.	NAC (national programme)	Income from employment Cost of living	Mitigate	Number of children / families receiving 1140 hours ahead of 2020 9 ELC establishment and 3 funded partner nurseries delivering 1140 hours across North Ayrshire since January 2019	2020	Universal All	
Promote uptake of Healthy start vouchers by proactive targeting of vulnerable families providing practical support to complete application forms.	NAC (national programme)	Cost of living	Mitigate	2018/19 Average household uptake was 68%		Targeted All	<u>Universal Early Years</u>
Working in partnership with Ayrshire College a range of vocational programmes are on offer to pupils in the Senior Phase. Ayrshire	NAC, Ayrshire College	Income from employment	Prevent	25 pupils are working towards an FA qualification in	Ongoing	Universal All	NAC Education & Youth Employment

College also offer a new Foundation Apprenticeship (FA)				Engineering for children and young people.			National Improvement Framework
Activity Agreements - Activity agreements provide 1:1 support to help young people overcome barriers they may face when taking the next step to employment, training or further education.	NAC (<i>national programme</i>)	Income from Employment	Prevent	Percent of young people completing Activity Agreement that went on to a Positive Destination. Approx. 25 young people participating in Activity Agreements at one time. Over 70% of participants move onto an immediate positive destination with the remaining 30% continuing to have appropriate support and signposting by the most relevant post-school agency.	Ongoing	Targeted All	NAC Education & Youth Employment National Improvement Framework
Continue to encourage uptake of Free School Meals. In Primary schools we inform Head Teachers of children who are entitled to a free meal and not using this allowance to encourage schools to engage with families. We offer monthly Theme Days in all NAC schools to encourage uptake of meals. We engage with the young people on menu planning and tasting foods for new menus, this allows the young people to have voice on what they would like to see on the menu. Cashless catering is operated in all Primary schools this allows total anonymity to any child receiving a free school meal.	NAC	Cost of living	Mitigate	Uptake of Free School Meals – 2017/18 Secondary – 73.38% Primary – 85.52%	Ongoing	Targeted All	
Continue to encourage uptake of Free School Meals. In Secondary schools we engage with Guidance staff informing them of pupils not using their meal allowance to encourage engagement with the young people. Introduction of Pilot Healthy Breakfast service in 2 secondary schools where young	NAC	Cost of living	Mitigate	Uptake of Free School Meals – 2017/18 Secondary – 73.38% Primary – 85.52%	Ongoing	Targeted All	

people entitled to free school meals have a daily breakfast allowance added to their school meals account, giving a good start to the day free of charge, the Healthy Breakfast option is also available to all pupils who pay for lunch. Cashless catering is operated in all Secondary Schools this allows total anonymity to any child receiving a free school meal.							
Free School Meals and School Clothing and Footwear Grant - automated annual process whereby an email/ letter is issued to all previous applicants to allow them to simply confirm their details online and payment is then made directly into their account. A promotional campaign is carried out annually using Twitter, Facebook and the website to capture new customers who may eligible in order to maximise uptake.	NAC (<i>national programme</i>)	Cost of living	Mitigate	Volume of School Clothing Grants issued relating to each school Our school clothing grant is currently £100		Targeted All	
Education Maintenance Allowance - for young people between the ages of 16 and 19 to provide financial assistance to help those from low income households to stay on at school and continue their education. A new application must be completed each academic year and can be made online via the website. A promotional campaign is carried out annually using Twitter, Facebook and the website in order to maximise uptake.	NAC (<i>national programme</i>)	Cost of living	Mitigate	For the Academic Session 2018/2019, 828 EMA applications received to date. 715 young people have received at least one payment.		Targeted All	
School holiday meals programme - provides access to nutritious meals during school holidays when families would have struggled with this extra cost	NAC Place Directorate, NAC Economy and Communities Directorate	Cost of living	Mitigate	650 young people were involved in holiday meals and activity programme 22,005 meals served in 2017/18. Holiday Meal sessions were delivered 5 days per week over the 6 week school summer holiday period and estimate to have fed approx. 40 families per day.		Enhanced Approach All	<u>LOIP</u>

'Period Poverty' initiative – the first of its kind in Scotland – to give young women and girls struggling to afford basic sanitary products access to a free supply at their secondary school – and in all council buildings.	NAC (<i>national programme</i>)	Cost of living	Mitigate	Free sanitary products available in all eligible schools. Also available in all North Ayrshire Council Libraries, Cunninghame House Offices, Bridgegate House Offices, all Community Centres and Halls - mainland and on the Isle of Arran & Cumbrae in addition to NA KA Leisure premises. Also in Primary Schools as requested by the Head Teacher. So far 62,880 units have been provided.		Universal Gender	
Administering of Housing Benefits and Council Tax reductions to ensure accurate and quick payments are received to reduce the rent charge and council tax charge of families to sustain tenancies/ ownership or properties.	NAC (<i>national programme</i>)	Cost of living Income from Benefits	Mitigate	Number of households with children in receipt of Housing Benefit, Council Tax Reduction and Discretionary Housing Payments. Speed of processing Housing Benefits and Council Tax Reduction claims	Ongoing	Universal All	
Discretionary Housing Payments (DHP) are available to families with children where they have a rent liability but the amount of benefit received doesn't cover their rent charge. DHP is awarded to prevent hardship and to sustain tenancies	NAC (<i>national programme</i>)	Cost of living Income from Benefits	Mitigate	Number of children in households affected by the Benefit Cap	Ongoing	Universal All	

Scottish Welfare Fund provides payment of crisis grants and community care grants. A crisis grant is where there is an emergency and immediate need for financial help for example no income. Payments are made to families to prevent hardship and to provide financial support. Community Care Grants are paid by the provision of household goods / white goods instead of cash and are used to help families sustain living in the local community. This can include the provision of beds, carpets, curtains, cookers and washing machines etc.	NAC (<i>national programme</i>)	Cost of living Income from Benefits	Mitigate	Age of children in household; Number of children living with young parents aged under 25; Number of children living with a disabled adult; Number of children living in a large family with three or more children; and Number being pregnant, recent childbirth or adopting a child.	Ongoing	Universal All	
The council tax debt recovery team works with families to reduce their council tax arrears and will make affordable payment arrangements to spread payments over a longer period of time and prevent hardship.	NAC	Cost of living	Mitigate	136 households including families have payment arrangements at present.	Ongoing	Universal All	
Reduce transport poverty by ensuring that local communities and families have sustainable and active travel opportunities to enable them to easily access services, facilities, employment and school.	NAC, Transport Scotland, Strathclyde Partnership for Transport, Sustrans Scotland	Cost of living Income from employment	Mitigate	TBC	Ongoing	Universal All	
Travel Smart project aims to promote sustainable and active travel and reduce transport poverty in local communities. Includes bike maintenance, training sessions, materials to support active travel, the provision of bikes to schools and educational activities. Also offers free personalised travel planning for local residents. Aims to save money on everyday journeys to reduce the cost of travel and its impact on finances.	Part funded by Transport Scotland's Smarter Choices Smarter Places	Cost of living	Mitigate	TBC	Ongoing	Universal All	
Developed referral tool to enable NHS staff to sign-post families in need to appropriate specialist services.	NHS A&A Public Health	Income from Benefits Costs of Living	Mitigate	Referral Rates to income maximisation services	Ongoing	Targeted Approach	

Table 2 – Current Actions to address indirect factors of Child Poverty/ Universal Approaches

Action e.g. new services offered, increasing flexibility of existing services	Who action is carried out by (all those partners involved in action)	Poverty driver(s) the action is intended to impact	Level of Intervention	How impact has / will be assessed	Timescale for action	Approach and Group(s) the action is intended to reduce poverty amongst*	Link to North Ayrshire Strategy
Implementation of the Local Housing Strategy including – <ul style="list-style-type: none"> alleviating fuel poverty through our new build Council housing programme (latest insulation standards, use of renewable and energy efficiency technologies) solar panel retrofit programme for 500 existing Council homes to provide free electricity to reduce household energy bills 	NAC	Cost of living	Mitigate	<p>Aims to deliver 1700 high quality, affordable and energy efficient social houses</p> <p>500 council homes installed with rooftop solar panels in 2018/19, reducing household energy bills by up to £115 in the first year alone.</p> <p>Number of households in Fuel Poverty Baseline within LHS: 2012-2014 Extreme fuel poverty 9% (approx. 6,000)</p>	<p>2022</p> <p>2018/19</p> <p>Reduce by 2000 by 2032</p>	<p>Enhanced</p> <p>All groups</p>	<p>LOIP</p> <p>North Ayrshire Local Housing Strategy 2018-22</p>
Focus on keeping our Council housing rent levels affordable	NAC	Cost of living	Mitigate	Weekly rent rates compared to the Scottish Average	Ongoing	<p>Enhanced</p> <p>All groups</p>	North Ayrshire Local Housing Strategy 2018-22
Domestic Violence integrated approach – action TBC	NAC, Police Scotland		Mitigate	<p>Reduction in domestic violence crimes (4.1% reduction in 2017/18)</p> <p>Detection rate for domestic abuse (73.9% in 2017/18)</p>	Ongoing	<p>Universal</p> <p>All groups</p>	LOIP
Homelessness Prevention – Housing Options approach	NAC Place Directorate	Cost of Living	Prevent	350 household with children presented in 2018. 59.7% (209) did not make a homeless application and were able to sustain current	Ongoing	<p>Enhanced</p> <p>All groups</p>	LOIP

				accommodation or secure an alternative.			
Homelessness - Rapid re-housing	NAC Place Directorate	Cost of Living	Mitigate	Q2 2018/19 – 33 children within dispersed accommodation and Women's Aid Refuge.	Ongoing	Enhanced All groups	LOIP
Positive Steps Initiative – partnering with The Ayrshire Community Trust, employability programme to remove barriers to meaningful employment	NAC, Ayrshire Community Trust	Income from Employment	Prevent	2018/19 – 89 beneficiaries completed STEPS to Excellence programme	Ongoing	Enhanced All	North Ayrshire Local Employment Activity Action Plan
Supported Employment team – part of the employability pipeline services will be launched in 2019/20. Bespoke service to help disabled people get a job and, critically, sustain their employment. <i>(£500,000 from the Challenge Poverty Fund, matched with European Funding)</i>	NAC HSCP	Income from Employment	Prevent	Employment rate (%) aged 16-64 EA core or work-limiting disabled. Baseline: Apr 2015-Mar 2016: 40.1%, 26 th Once programme is at full capacity it will support 200 people per year.	Starting in 2019/20	Enhanced Disability	North Ayrshire Local Employment Activity Action Plan
The HSCP provides a specialist employability service for people with long term mental health problems, the IPS service (Individual Placement and Support) is delivered by SAMH on behalf of the HSCP and has proved successful in getting people with long term mental health problems back into work.	NAC HSCP	Income from Employment	Prevent	Number of participants/ compared to population	Ongoing	Enhanced Mental Health	
North Ayrshire Council is the largest accredited Living Wage employer in the area and 70.7% of our workforce are female.	NAC (<i>national programme</i>)	Income from Employment	Mitigate	NAC employs 5,800 people (FTE) 4,100 or 70.7% of whom are female. Staff are paid at least the real Living wage, which is currently £9 an hour, this is £1.17 an hour above the level of the "National Living Wage", or 13% an hour more.	Ongoing	Universal All	
Team North Ayrshire – supporting the creation of new jobs by local businesses	NAC	Income from employment	Prevent	Business Development have supported businesses in creating 1,243 jobs since April	2019/20	Universal All	

				2016, with 588 of these created in 2017/18 Target of 450 for 2019/20			
Scottish Attainment Challenge funded initiatives to raise attainment and reduce the poverty related attainment gap. (There are 6 workstreams & various partnership initiatives)	NAC (<i>national programme</i>)	Income from Employment	Prevent	Attainment levels Tariff Score broken down by SIMD Quintile	Long Term	Enhanced Children and Young people in deprived areas	<u>South West Educational Improvement Collaborative Annual Plan</u>
Family Learning Team funded to work in partnership with schools and the extended community to engage and support parents and families in their children's learning at school and at home which will lead to a positive impact on achievement and attainment.	Family Learning Team	Poverty related attainment gap	Prevent	% of families involved in learning programmes	2020	Universal Targeted for children, young people and families living in deprived areas	<u>Parental Involvement Strategy</u>
<p>YoungScot - Scottish Attainment Challenge funded pilot project to reduce the poverty related attainment gap:</p> <ul style="list-style-type: none"> • Issuing £1.50 breakfast allowance to all pupils entitled to Free School Meals (S1-S4) at Garnock Community Campus & Auchenhavrie Academy in the current academic year. • Issuing both schools with a small discretion fund to purchase school clothing & equipment in the current academic year. • Offering 30 Young People in each school a KA leisure membership from January 19 - June 19. (not strictly FSM pupils but the majority of pupils would otherwise be unable to fund this). 	NAC (<i>national programme</i>)	Cost of living	Mitigate	<p>Uptake of breakfast allowance</p> <p>Uptake of KA leisure membership</p> <p>Data will be available in June 2019.</p>	2019/20	Enhanced All	
Developing the Young Workforce (DYW) - All North Ayrshire schools are broadening the range of wider qualifications and experiences available in secondary schools. This is part of North Ayrshire's Developing the Young Workforce (DYW) approach which builds on skills for learning, life and work.	NAC Schools, local employers (<i>national programme</i>)	Income from employment	Prevent	TBC	Ongoing	Universal All	<p>DYW Ayrshire Annual Report</p> <p>NAC Education & Youth Employment National Improvement Framework</p>

Strengthen the links between schools and partnership organisations and employers	NAC Family Learning Team, Ayrshire College, Ayrshire Chamber of Commerce, Skills Development Scotland	Income from employment	Prevent	SDS Annual Participation Measure for 16-19 Year olds – 90.3% in 2016/17 School Leavers entering positive destinations – 93.4% in 2016/17	Ongoing	Universal All	NAC Education & Youth Employment National Improvement Framework
Implementing 'Smarter Ways of Working: a digital strategy for North Ayrshire', recognising the importance of digital participation. <ul style="list-style-type: none"> Assisting with benefits claims Assisting with digital upskilling 	NAC	Income from Benefits Income from employment	Mitigate	Since November 2017, 179 housing tenants have been provided with face to face Universal Credit digital support. Better Off North Ayrshire has provided digital upskilling and support for online benefits applications – 2017/18 - 215 2018/19 - 831	Ongoing	Universal All	<u>LOIP</u>
Delivery of supported online sessions in local libraries to increase digital participation	NAC	Income from employment	Prevent	Over 3000 sessions delivered in 2017/18	2018/19	Universal All	<u>LOIP</u>
Improve local awareness of and access to food related opportunities to address Household Food Insecurity (HFI)	NAC	Cost of living	Mitigate	An increase in the number of food related opportunities available for signposting in communities and schools An increase in the number of food related opportunities taken up by individuals and communities in priority areas In 2018/19 there were 114 Community Food opportunities. (12 additional supported/ created/ developed)	Ongoing	Universal All	<u>LOIP</u>

Develop Health Inequalities Impact Self-Assessment tool (HISA) to raise awareness of teams within NHS on potential impact of social determinants of health on practice.	NHS A&A Public Health	Costs of living	Prevent All HSCP teams to use this development tool.	Referral Rates to income maximisation services – split by organisational group?	Ongoing	Enhanced All	
Lead role in raising awareness amongst partners of the impact of ACEs on children's health and wellbeing, and interaction with child poverty	NHS A&A Public Health ICYP transformational change Programme Board, Community Justice Ayrshire	Income from benefits Costs of Living	Mitigate	Number of screenings of Resilience movie locally Attendance levels at screenings of film. ACEs awareness-raising events held	Ongoing	Enhanced All	
Adult and Child Protection referral pathways – utilised to highlight cause for concern in relation to poverty	NAC, CPP Partners		Mitigate	N/A	Ongoing	Targeted All	
Campus Police Officers – opportunities to highlight child poverty and raise awareness	NAC, Police Scotland		Mitigate	N/A	Ongoing	Targeted All	
<i>Corra Foundation</i> in Kilwinning – community based projects including school uniform clothing bank and Picnic in the Park			Mitigate	N/A	Ongoing	Universal All	
<i>Link Up</i> in Saltcoats			Mitigate	N/A	Ongoing		
<i>Our Place</i> in Ardrossan Community Renewal are working with the community to facilitate, build capacity and support the neighbourhood focusing on three outcomes: <ul style="list-style-type: none"> Communities have more influence on decisions taken locally Communities have more sustainable services and facilities that reflect their local priorities People say their community is a better place to live 			Mitigate	N/A	Ongoing	Universal All	
Create local community signposts and directories to enable and promote community opportunities and access to services	NAC, HSCP, TACT		Prevent	Uptake of services	Ongoing	Universal	Link to Council Plan
Support development of early literacy through management of Bookbug in libraries and communities, provision of training for	NAC		Prevent	Number of bags distributed by families	Ongoing	Universal	Children's Services Plan

partners and staff and provision of four Scottish Book Trust story bags each year from birth to Primary 1 for all children				living in most deprived areas Attendance at Bookbug by families living in most deprived areas			
Providing pathways to Modern Apprenticeship Programmes through pre-apprenticeship opportunities	NAC	Income from Employment	Prevent	Number of young people	Ongoing	Targeted	DYW

Table 3 – Future Actions to address the Key Drivers of Child Poverty (As shown in Fig. X)

Action e.g. new services offered, increasing flexibility of existing services	Who action is carried out by (all those partners involved in action)	Resources allocated	Poverty driver(s) the action is intended to impact	Preventative or Mitigating Actions*	How impact has / will be assessed	Timescale for action	Approach and Group(s) the action is intended to reduce poverty amongst*	Link to North Ayrshire Strategy
Develop a whole systems approach workstream to include collaborative leadership	NAC	Existing Resources	General/ Policy		TBC	Ongoing		
Investigate and develop potential work stream to explore collaborative data analysis and sharing. In particular, develop a collaborative approach to Community Planning Partners sharing data to investigate resource requirements associated with poverty in communities.	NAC, Community Planning Partners	Existing Resources	General/ Policy		TBC	Ongoing		
Continue to share and learn from good practice examples across Scotland including attending national events.	NAC	Existing Resources	General/ Policy		TBC	Ongoing		
Continue to develop the North Ayrshire Kindness approach		Existing Resources	General/ Policy		TBC	Ongoing		

Further development of the “Community Book” approach. This involves working across systems to share information in local communities where people can access very local support e.g. food, health info etc.	NAC	Existing Resources	General/ Policy		TBC	Ongoing		
Establish a Young People’s Commission and action plan to address Poverty	NAC	Existing Resources	General/ Policy		TBC			Year of Young People Legacy
Work with partners to understand and promote vocational options in schools and the support available for these choices	NAC	Existing Resources	General/ Policy		TBC			Year of Young People Legacy
Develop opportunities for financial literacy and promote the availability of financial support for young people in North Ayrshire.	NAC	Existing Resources	General/ Policy		TBC			Year of Young People Legacy
Work with Scottish Government as a trailblazer site for the whole systems approach to diet and healthy weight (public health priority) <ul style="list-style-type: none"> • Increase focus on early years nutrition • Improve the food and physical activity environment through the lens of young people 	NAC	Existing Resources	General/ Policy		TBC			Link to New Council Plan
Work with communities to provide opportunities for participation, volunteering and employment through physical activity and sport <ul style="list-style-type: none"> • Design and deliver the “special partnership” project with sportscotland, to address inactivity and healthy weight in children and families, as identified through a data led approach, using the Active Schools programme and Community Sport Hub approach • With communities and partners, develop and increase the impact of community sports hubs. • Develop and promote opportunities for involvement in communities, 	NAC	Existing Resources	General/ Policy		TBC			Link to New Council Plan

including volunteering and peer support								
<p>Improve emotional and mental health and wellbeing through physical and social participation in community activities, including for young people.</p> <ul style="list-style-type: none"> Promote the Young People's Mental Health Toolkit and other approaches to improving emotional health Create safe spaces for young people in our communities Implement the YOYP Legacy actions 	NAC	Existing Resources	General/ Policy		TBC			Link to New Council Plan
<p>Ensure our locality partnerships make maximum impact on the health and wellbeing of local communities through addressing local priorities together</p> <ul style="list-style-type: none"> Pilot in Arran and ensure closer working between Locality Planning Partnerships and HSCP Locality Forums 	NAC	Existing Resources	General/ Policy		TBC			Link to New Council Plan
Work is currently underway to develop activities to support public transport use and deliver a wider range of community activities.	NAC	Existing Resources	General/ Policy		TBC			Transport Strategy
Corporate Parent strategy employability sub-group will investigate a "family firm" approach to help support care experienced young people into employment with the Council.	NAC	Existing Resources	Income from Employment	Prevent	Numbers of young people supported	Ongoing	Enhanced Care experienced young people	LOIP
<p>Universal Basic Income pilot to assess what the likely impact will be of Universal basic Income.</p> <p>The council has submitted a joint application to the Scottish Government alongside City of Edinburgh Council, Glasgow City Council and Fife Council to undertake a Basic Income Pilot Feasibility Study.</p>	NAC	Scottish Government Funding	Income from employment Income from benefits	Prevent	Impact on different groups will be assessed.	Ongoing	Targeted All	LOIP
Develop a network of community hubs, to provide timely and preventative local access to information and support	NAC	AGD	Income from employment	Mitigate	Impact on different groups will be assessed.	TBC	Targeted	Link to New Council Plan

Development of a Community Wealth Building Strategy across 4 key strands- Employment, procurement, assets and ownership. This means generating more and better jobs in the local economy. A key indicator is the proportion of people earning the real living wage.	NAC	Existing Resources	Income from Employment	Mitigate	21.4% of employees in North Ayrshire earn less than the real living wage in September 2018 (NOMIS data source). This equates to 12,500 people.	Ongoing	Universal All	LOIP
Reconsideration of free school meals for all primary school children. Also consider making school meals more engaged in curriculum time or increasing meal time.	NAC		Cost of living	Mitigate	Uptake of Free School Meals/ uptake of school meals			
Cohesive approach to reviewing the cost of the school day	NAC Education NHS A&A – Public Health	Costs of Living		Mitigate	Monitoring impact of cost of school day project		Universal Age, Disability	
Maternity Services & Income maximisation joint service	NAC Specialist financial inclusion services NHS Maternity Services NHS Public Health ICYP transformational Change Programme Board	Scottish Government funding	Income from benefits	Mitigate	Monitoring of additional income to recipients	Commence detailed planning November 2018	Universal Pregnant women Women with young families	
Support roll-out of Best Start Grant (BSG) including awareness raising sessions	NHS Maternity Services NHS Public Health HSCP Children's Services: Health Visitors and Early Years staff	Scottish Government funding: Social Security Scotland	Income from benefits	Mitigate	Monitoring of take-up of additional income to recipients (via SSS) Awareness raising sessions attendances	From November 2018	Targeted Pregnant women Women with young families Families with early year or primary school-aged children	
Cost of Pregnancy Project	NHS Maternity Services NHS Public Health	Health Scotland	Cost of Living	Mitigate Prevent	Defined research project to identify mitigation opportunities by maternity staff	Planning commence November 2018	Targeted Pregnant Women from Rural areas	

	NHS Greater Glasgow & Clyde Public Health							
Encourage use of locally developed referral tool to enable NHS staff to sign-post families in need to appropriate specialist services, and incorporate this into routine practice.	NHS Public Health NHS O&HRD (training) NHS Service Leads	Existing Resources	Income from benefits	Mitigate	Referral rates to benefits advice and income maximisation services	From April 2018	Targeted Pregnant women Women with young families Families with disabilities	
Increase awareness amongst NHS staff about the impact that child poverty has on access to services	NHS A&A Public Health NHS A&A O&HRD (training) NHS A&A Service Leads Health Scotland	Existing Resources	Income from benefits Cost of Living (eg travel costs)	Mitigate	Referral rates to benefits advice and income maximisation services	NHS Board Approval December 2017 Planning from May 2018	Universal All service users, including: pregnant women, families, disability-affected families. Children affected by ACEs too	
Develop a child poverty impact assessment tool for strategies, policies and service improvement	NHS A&A Public Health West of Scotland Public Health Child Poverty Leads (GGC, D&G and Lanarkshire)	Existing Resources	Income from benefits Cost of Living (eg travel costs)	Mitigate	Referral rates to benefits advice and income maximisation services	From October 2018	Universal All service users, including: pregnant women, families, disability-affected families. Children affected by ACEs too	
Support use of Health Inequalities Impact Self-Assessment tool (HISA)	NHS Public Health NHS O&HRD (training) NHS Service Leads NAC children services teams	Existing Resources	Cost of Living (eg travel costs)	Mitigate	Uptake rates of the on-line HISA tool	From April 2018	Universal All service users, including: pregnant women, families, disability-affected families.	
Develop a communications plan for Child Poverty for NHS staff, Council Staff and Partners	NHS Public Health NHS Communications Department	Existing Resources	Income from benefits Cost of Living (eg travel costs)	Mitigate	Referral rates to benefits advice and income maximisation services	Planning beginning October 2018	Universal	

	NAC Communications Department ICYP transformational Change Programme Board							
Support implementation of trauma-informed practice	NAC, NHS Public Health ICYP transformational Change Programme Board	Existing Resources	Related to increasing income from benefits and reducing cost of living.	Mitigate	TBC	April 2018	Universal Children affected by adverse Childhood Events (ACEs)	

Table 4 - Possible areas for consideration and further development beyond first year

Possible area of development	Who would be involved	Poverty driver(s) the action is intended to impact	Why?	Group(s) the action is intended to reduce poverty amongst e.g. who would service be targeted at?
Quality Assured local database of health and social intelligence resources to inform service provision	NHS A&A – Public Health Health Scotland NSS – ISD North HSCP	Income from benefits and Cost of Living	To gather and utilise local intelligence in order to direct services to areas and families of greatest need.	All groups with protected characteristics and all priority groups

Case Studies

We Work for Families – Case Study 1

Mum was registered with We Work for Families October 17. At time of registration she was in a Woman's Refuge with her 3 year old daughter. The main barriers were identified as housing issues, low confidence and she had debts she needed help getting sorted. Through one to one appointments, help was accessed via Better Off North Ayrshire for debt issues. Access to food provision was provided through Centrestage as well as Hill House provision for clothing for her daughter. Support was provided for housing issue through telephone calls and support to attend housing appointments.

When mum secured her new tenancy she accessed funding through 1st Alliance to help her furnish her house. At this stage she felt an increase in confidence and positive about making steps to move into work.

Mum attended We Work for Families Pre- Employability Training workshops in January 2018 where her CV, cover and speculative letters were revamped, as well as covering topics such as introducing yourself to an employer, benefits of working, identifying key skills and competency based interviews. During the workshops mum had a foot injury and rather than her not attend, We Work for Families funded taxis for her; this kept her momentum to progress towards her goal of employment.

Help was provided with speculative calls to employers and job searching where mum identified she would like to work. Mum secured an interview with NHS in March 2018. We carried out interview preparation with her and accessed funding to allow her to purchase new interview clothing. Mum was successful at her interview and started work with NHS in May 2018. We Work for Families funded travel costs for her to attend her training. Mum described the support from We Work for Families as *"uplifting, very helpful, supportive and good for mental health being independent"*.

We Work for Families – Case Study 2

Mum of 2 living in a jobless household with her partner and the family in receipt of Job Seekers Allowance. The main barriers were identified as long term unemployment, mental and physical health problems, low skills and being the primary carer for her two children. Mum stated she wanted to do more with her life but was unsure what this was. Due to a hectic day to day life, she thought initially this was to move into employment but she was unsure about the financial implications. A better off in work calculation was carried out and a CV was compiled.

We had a number of one to one appointments with mum, initially in her home then progressed to meeting her at the local primary school where she had joined the parents group. Mum attended the We Work for Families confidence building workshops which gave her confidence to take the step to move into full time education.

“Without the support from We Work for Families I would not have had the confidence and motivation to go to college and have now Completed Level 5 Creative style Hair and Make-up. I am nominated for hard work and excellence award at Ayrshire College excellence awards and am moving on to study HNC Hairdressing”.

As well as one to one support and workshops mum has also had financial support to buy a warm jacket and boots to wear to college throughout the winter months. Mum feels her life has turned around and is more positive in herself and about her future and also feels her mental health has improved.

Skills for Life programme: North Ayrshire Council

Skills for Life is an innovative programme that offers intensive support for long term unemployed lone parents. The programme is built around a 6 month mentored vocational placement within the council. The Programme is delivered in partnership with DWP, Ayrshire College and other local partners.

Lone parent families are one of the priority groups for addressing child poverty, with 36% of children in lone parent families in Scotland being in relative poverty. 90% of the participants on the programme were women. The parents who have participated in the Skills for Life programme faced a range of barriers to entering and sustaining employment, challenges including childcare, the cost of travel and low levels of self-confidence. The initial Skills for Life Programme provided 21 placements to lone parents. Nearly half of the participants, approximately 48%, lived in the most deprived communities in North Ayrshire. 70% of the participants were aged over 30 and there was a total of 35 dependent children.

Skills for Life has a three-stage approach. At each stage intensive support is provided to the participants to ensure that they can fully take part in the programme and that their worries and challenges are addressed in a way that maintains their dignity and helps boost their confidence. The mentoring support provided by the programme, and the wider range of services provided to participants at all three stages accentuate the importance of treating participants in an unconditionally positive manner and that their needs are met, and barriers are removed. The mentor works with participants on a one to one basis and in group sessions to provide the support they need in a format that they are comfortable with.

The Council has adapted its employment policies to be more flexible to meet the needs of Skills for Life participants, for example around 16 – 20-hour posts and in shift patterns for the care at home service. This increased flexibility allows us to meet the employment needs of participants rather than simply suiting the needs of the authority.

As an employability programme, Skills for Life addresses two of the key drivers of child poverty, unemployment and the consequent reliance on welfare benefits which are insufficient to lift families out of poverty. At the outset of the programme, participants receive a “better off” calculation

from welfare/ money advisors which shows the difference taking paid employment will make to their household income. For the initial cohort of participants the average increase in weekly income was £93, which had the effect of lifting their household out of relative poverty.

There has been an internal evaluation of the initial Skills for Life Programme. This evaluation consisted of a review of the outcomes of the Programme and a qualitative survey of participant's views of the programme, prior to starting the programme, immediately on completion and at a 6 month follow up.

The evaluation demonstrates considerable success to date. Of the first cohort of participants that went through the programme, 20 of the 21 progressed after the 26-week work placement, as follows:

- 12 were retained by North Ayrshire council
- 6 found work in the private sector
- A further 2 participants went into further education to do early years care and professional cookery.

Skills for Life is demonstrably a successful programme. In the 6 month follow up of the programme:

- 92% said their children were a lot happier
- 62% said they were financially a lot better off
- 69% reported better mental health
- 85% reported they were a lot happier
- 85% said they felt more positive

The Programme has been developed by the Employability team in the Council and has been supported by directorates which have provided the work placements for participants. The key partnership is with Ayrshire College, which provides the six-week pre-employment course at stage 1 of the process.

Several partners refer into the Skills for Life programme. These include:

- **We work for families-** this programme provides 1-1 specialist employability and skills service for participants from vulnerable families. Referrals are made through a health visitor to provide in depth support to parents wishing to return to work. Support is given with, debt, other money issues, childcare and housing advice. The programme helps participants understand the process of returning to work and develops personal return to work plans.
- **Housing support employability programme-** engages with parents in temporary accommodation to engage with an employability and skills programme. This is a 14-week accredited programme.

- **Family Futures-** This is an early years programme, operating in our nurseries to assist parents with their journey to employment education or training. This is a three-stage model of support for parents, the majority of whom have never been in employment. It is an early engagement “soft” approach which can access additional support such as SALUS health interventions, life coaching and well-being support, welfare reform and money advice support.
- **Youth Justice-** Referrals are made to Skills for Life for parents involved in the youth justice system.

In addition the DWP can refer claimants onto Skills for Life on a non-mandatory basis. All these programmes are part of our employability pathway, supporting people who are very far from the labour market. The Skills for Life programme is the final stage of parent’s employability journey, giving the access to a paid work placement with the Council, and ultimately a job.

Ardrossan Community Association tackling child poverty.

Since April 2014 the community association, who have a wide range of community volunteers have been focused on tackling child poverty. They describe it as their main priority of the association. Ensuring that all services delivered put the child at the centre and are informed by the lived experiences of the community. They have secured funding for a cook and a development worker.

The association provide a wide range of projects, activities to support their community including:

- **Junior youth group**

This was developed after a gap was identified and raised by the community for primary 4-7s. They can attend a weekly youth group run by volunteers, snacks and trips are provided. This is free at the point of access for all children.

- **Community events**

These include summer gala, fireworks, summer family trips, Christmas parties, Halloween parties, junior discos and pantomimes. These are either free, or a minimal charge and the association subsidises the cost to family allowing local families the benefits of these being affordable for them to enjoy.

- **School meal programme.**

NAC supplies the free school meal for children during school holidays, the association provide an activity from their volunteer youth workers, for the children to enjoy.

- **Centrestage cooking programmes**

The association is also building families' cooking skills to promote good value and healthy cooking for families. They work with Centrestage to provide Food with dignity. Centrestage deliver food weekly for any families facing food poverty. Under their 'pay what you can' policy families can receive up to and 3 meals weekly.

- **Community café**

Affordable food available daily at the community café from before the start of school until after lunch time.

- **Parent group**

Offers parents and carers of preschool aged children safe place and a support network, which includes and access to training and information for parents and careers including benefits and access to financial advice.

- **Food bank parcels**

In partnership with community facilities, the volunteers provide a service to enable food bank collections.

Redburn Community Breakfast Club.

The Irvine Neighbourhood Youth Forum launched a Community Saturday morning Breakfast Club drop in fortnightly on Saturday 26th January 2019 after receiving funding from Participatory Budgeting and Nurturing Excellence funds.

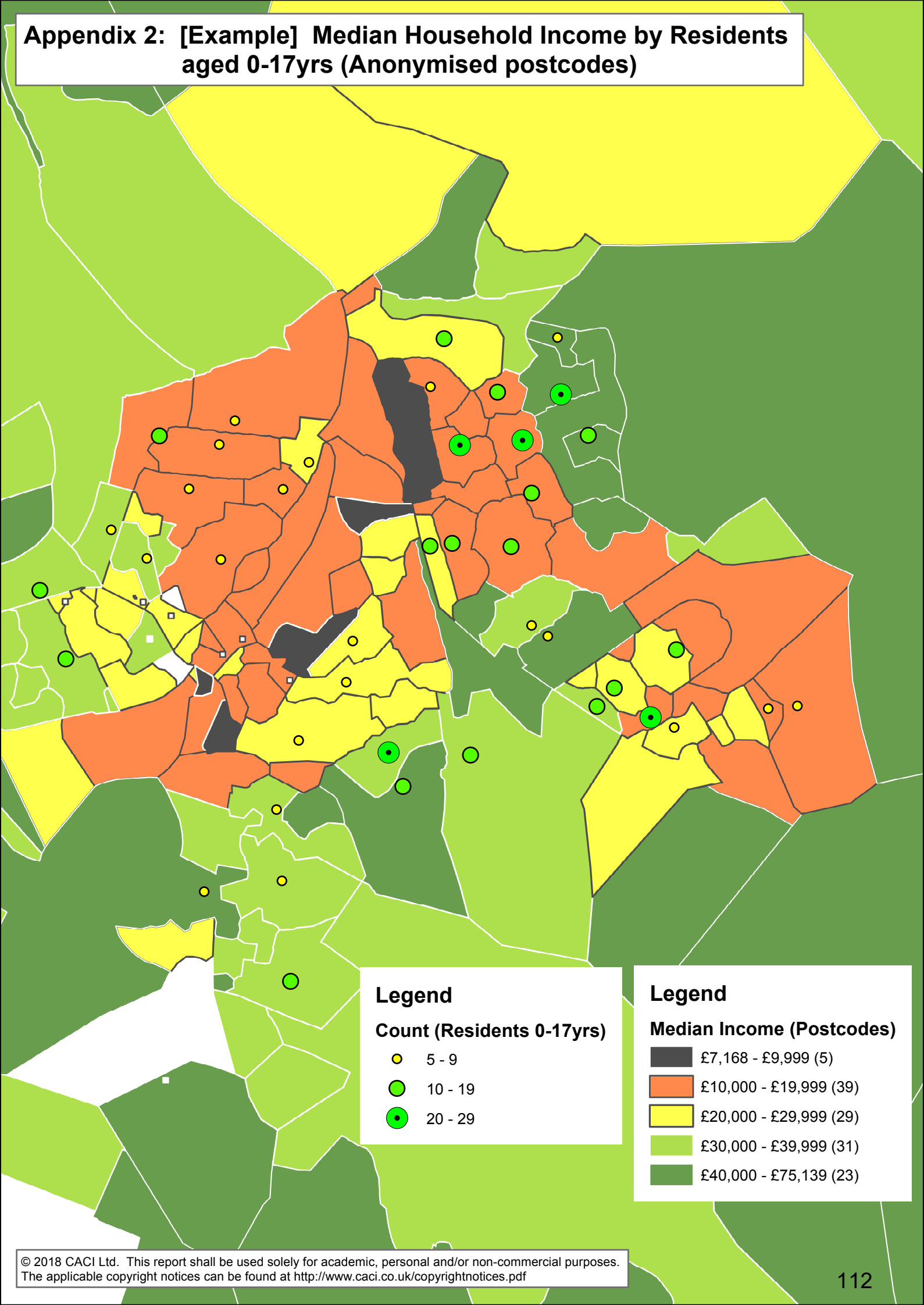
To date there have been 7 sessions completed with a total of 252 engagements. During the Easter school holidays, the club was open each weekend.

The club has a wide range of volunteers from the local community council and also the Irvine Neighbourhood Forum, the vision is to reduce social isolation, address poverty through free food, informal chats and activities for children and young people. Initial evaluations from the community express the benefit and the positive impact of this community-based facility. Additional funding has been sourced to provide toiletries in a dignified way.

The link to local outcome improvement plan is evident as children's health and wellbeing is clearly improved by breaking the cycle of poverty, inequality and poor outcomes.

There is a clear link to the locality partnership priorities of influence and sense of empowerment, via the range of volunteers who ensure that the needs of the community are central to the activity.

Appendix 2: [Example] Median Household Income by Residents aged 0-17yrs (Anonymised postcodes)



Integration Joint Board
20th June 2019

Subject:	Implementation of New General Medical Services Contract - Primary Care Improvement Plan
Purpose:	The purpose of the report is to present to Integration Joint Board (IJB) for approval the review of Year 1 of the Primary Care Improvement Plan (PCIP 2018-20) with an indicative plan for 2019-20, along with the proposed arrangements for 2020-22 to deliver on the commitments set out in the new General Medical Services (GMS) contract.
Recommendation:	Integration Joint Board members are asked to: <ul style="list-style-type: none"> (i) Receive an update on the PCIP to date and be assured on the progress; (ii) To approve the actions set out for 2019/20; (iii) To note the Primary Care Improvement Fund 2018/19 end of year position and approve the 2019/20 projections; and (iv) To approve the proposal and timelines for developing PCIP 2020-2022 for sign off in December 2019

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
GMS	General Medical Service
PCIP	Primary Care Improvement Plan
GP	General Practitioner
EMG	Expert Medical Generalist
SGPC	Scottish General Practitioner Committee
BMA	British Medical Association
MoU	Memorandum of Understanding
MDT	Multi-disciplinary Team
PCIF	Primary Care Improvement Fund
CPPs	Community Planning Partners

1.	EXECUTIVE SUMMARY
1.1	The purpose of the report is to present to Integration Joint Board (IJB) for approval the review of Year 1 of the Primary Care Improvement Plan (PCIP 2018-20) with an indicative plan for 2019-20, along with the proposed arrangements for 2020-22 to deliver on the commitments set out in the new General Medical Services (GMS) contract.

2.	BACKGROUND
2.1	<p>Following the approval of a new GMS Contract in January 2018, the PCIP which sets out how we plan to implement the new contract in Ayrshire and Arran, was approved at the three IJBs and the NHS Board in June 2018, and was then submitted to Scottish Government on the 28 June 2018.</p> <p>It was agreed progress of the plan would be reported every 6 months to the IJBs, GP Sub Committee, and the NHS Board with a full review taking place at the end of Year 1 (2018/19), as well as setting out a detailed plan to achieve the actions set out for Year 2 (2019/20).</p>
3.	PRIMARY CARE IMPROVEMENT PLAN 2018-2021
	<p>The new 2018 Scottish GMS Contract came into effect from 1 April 2018. The contract facilitates a refocusing of the GP role as Expert Medical Generalist (EMG). This role builds on the core strengths and values of General Practice. The national aim is to enable GPs to use other skills and expertise to do the job they train to do. This refocusing of the GP role will require some tasks currently carried out by GPs to be carried out by additional members of a wider primary care multi-disciplinary team – where it is safe, appropriate, and improves patient care. Integration Authorities, the Scottish GP Committee (SGPC) of the British Medical Association (BMA), NHS Boards and the Scottish Government have agreed priorities for transformative service redesign in primary care in Scotland over a three year planned transition period. These priorities include vaccination services, pharmacotherapy services, community treatment and care services, urgent care services and additional professional services including acute musculoskeletal physiotherapy services, community mental health services and community link worker services. GPs will retain a professional role in these services as the Expert Medical Generalist.</p>
	<p>The Ayrshire & Arran PCIP was the initial plan setting out how the three IJBs and NHS Board aimed to implement and deliver the new 2018 GMS contract on a pan Ayrshire basis. It describes the discussions and actions that were agreed, and there was always recognition and understanding that further work would be required during implementation for each element at a Health and Social Care Partnership (HSCP) level. The new model for General Practice and primary care describes how clinical pathways, the role of the GP and other health and care professional roles and their workload will be redesigned to enable consultation and treatment by the right professional.</p>
	<p>Each priority as detailed within the national MoU has been addressed throughout implementation action plans within the PCIP. Where advantageous, there was agreement that implementation would be taken forward on a Once for Ayrshire model that delivers a core framework across Ayrshire and Arran. It was anticipated that alongside the core framework for delivery, different areas across Ayrshire and Arran will deliver at different times, and at a different pace depending on their starting point. It was essential that local teams and professionals were involved as members on the Implementation Groups and key sub groups in developing detailed plans based on what works best for that HSCP community.</p>
4.	REVIEW OF YEAR 1 2018/19
4.1	<u>Governance and Oversight</u>
	<p>The pan Ayrshire Primary Programme and implementation of the new GMS contract are governed by the following documents:</p>

	<ul style="list-style-type: none"> • The new GMS (2018) contract which sets out the requirements on GPs, IJBs, and NHS Board to comply with the contract. • The national Memorandum of Understanding (MoU) between The Scottish Government, the Scottish General Practitioners Committee of the British Medical Association, Integration Authorities and NHS Boards which builds on the statutory role (set out in the Public Bodies (Joint Working) (Scotland) Act 2014) (“the Act”) of Integration Authorities in commissioning primary care services and service redesign to support the role of the GP as an expert medical generalist. • Ayrshire & Arran PCIP 2018 – 2020. Version 2 (2020-2022) will be developed by June 2019. • This framework to Support Implementation of the General Medical Services Contract (2018) in Ayrshire and Arran which describes the decision making process
	<p>The national MoU represents a landmark statement of intent, recognising the statutory role (set out in the Public Bodies (Joint Working) (Scotland) Act 2014) (“the Act”) of Integration Authorities in commissioning primary care services and service redesign to support the role of the GP as an expert medical generalist.</p>
	<p>In line with the Public Bodies (Joint Working) (Scotland) Act 2014) it reinforces that IJBs are responsible for the planning and commissioning of primary care services. Within Ayrshire and Arran, each of the IJBs delegated planning and redesign of Primary Care services through the NHS Board to the East HSCP as the lead HSCP for Primary Care. This will be supported by commissioning directions.</p>
	<p>The local PCIP, this framework provides the basis for IJBs to develop and set out how, as part of their statutory Strategic Planning responsibilities, additional funding will be used and the timescales for the reconfiguration of services currently delivered under GMS contracts. Plans will have a specific focus on the key priority areas with the aim of transitioning their delivery by the wider MDT between 2018 and 2021.</p>
	<p>The 7 key principles below were outlined in the Ayrshire and Arran PCIP, linked to the West of Scotland regional principles that underpin the transformation programme, and align to IJB Strategic Plans. These principles should be referred to during all decision making process to ensure any changes or developments are in line with the underpinning aims of the new contract.</p> <ol style="list-style-type: none"> 1. We will encourage and empower our citizens and carers to take control of their own health and wellbeing by ensuring a ‘do it with’ and not ‘do it to approach within our communities and Services. 2. We aim to deliver outcome-focused and responsive services for the population of Ayrshire and Arran. 3. Service developments will aim to improve patient health and the patient journey aligned with the goal of supporting the continuous improvement and sustainability of Primary Care. 4. Development of service delivery will, where practical, have clear alignment to the requirements stated within the Memorandum of Understanding and General Medical Services Contract (2018), striving to ensure continuity of team members to allow teams to develop and grow. 5. Service changes will, by default, be delivered to meet local needs and

	<p>make best use of services available within localities and neighbourhoods recognising there will be times when, for good practical and clinical/financial governance sense, will remain pan Ayrshire.</p> <p>6. Seek to ensure a balance between operating as a consistent, equitable service across Ayrshire and Arran alongside appropriate local flexibility to include the aspirations of local communities and professionals.</p> <p>7. Within the context of a pan-Ayrshire improvement plan, we will support a reasonable, proportionate and consistent approach across each of the Health and Social Care Partnerships within Ayrshire and Arran</p>
	Following the sign off in June 2018, a 6 month update report on progress was presented to each IJB between November 2018 and January 2019.
	The Primary Care Programme Board and GP Sub Committee have been provided with a detailed progress update at every meeting, with the local Oversight Group monitoring progress of the actions and timescales, providing linkages with the National GMS Implementation Oversight Group and other national groups to progress work in line with the national direction of travel.
	The Writing Group has met bi-monthly throughout the year to provide oversight, leadership, and direction on work required to take the high levels action set out within the PCIP to more focussed project work through the Implementation Groups.
	The Implementation Groups continue to have pan Ayrshire memberships and co-chaired by a pan Ayrshire lead along with a member of the GP Sub Committee Executive. Until January 2019 the Groups met monthly, with 3 of the 4 Groups now meeting bi-monthly due to detailed work now being taken forward through project sub groups that report into the Implementation Groups.
	The Implementation Progress Tracker from the Scottish Government National Oversight Group is required to be submitted every 6 months. The first report was returned in May 2019 covering the period October 2018- March 2019 signed off by Programme Board and GP Sub Committee.
4.2	<u>Engagement and Communication</u>
	There is an ongoing commitment to redesign our Primary Care services, engaging fully with GP colleagues, the public, along with all other stakeholders and partners. Since the development of the PCIP there have been a series of engagement events with GP Practices, Clusters and discussions at HSCP GP Locality Forums, where there has been opportunity to involve GP Practices in plans and decision making. HSCPs have included primary care as part of the engagement with the public for their strategic plans. In undertaking the review, the Implementation Support Team have noted a need to strengthen regular updated communication to all stakeholders and this will be in the form of a snap shot newsletter each month from the team.
	The pan Ayrshire Engagement and Communication Group, chaired by the Head of Primary Care and Out of Hours Community Responses, have produced a Communication Plan for the duration of the PCIP. The communication objectives of the plan are to ensure:

	<p>Pathways to Access Care:</p> <ul style="list-style-type: none"> • Engaging and informing the public and professionals of new pathways of care within Primary Care to ensure people access the right service at the right time • Contributing to pan Ayrshire work to informed self-care, self-management and supportive and connected communities. • Linking with pan Ayrshire health and social care work communicating new pathways of care <p>Engagement:</p> <ul style="list-style-type: none"> • Continuous engagement, including mapping all our stakeholders • Regular stakeholder engagement events with specific services as well as overall informative sessions <p>Communications</p> <ul style="list-style-type: none"> • Internal and external communications • An online and social media presence • Opportunities to share best practice, news and invite feedback
	<p>The communication plan will also link to each of the HSCP communication plans as well as the NHS Ayrshire & Arran communication plan.</p>
	<p>In May 2019 a wide social media campaign commenced through various platforms to inform the public of the changes and new ways of working within GP Practices. This material was created working closely with GP Practices to ensure the right messages, and has also been supported and shared with a variety of patient and public involvement groups, stakeholder groups and self - management groups across Ayrshire and Arran.</p>
4.3	<p><u>Progress with Implementation in 2018/19</u></p> <p>Appendix 1 shows an update against each of the actions set out within the PCIP. As specific projects commence to develop the actions set out within the PCIP these are progressed using a detailed project specification agreed by the Implementation Groups. All projects are programme managed through to implementation using the tools and methodologies in place.</p>
	<p>Through innovative successful recruitment campaigns there have been a large number of additional workforce recruited in support of implementation across each of the workstreams from July 2018-May-2019. These include:</p> <ul style="list-style-type: none"> • Midwives to deliver vaccinations – 2.5 whole time equivalent (wte) • Primary Care Nurses – 9 wte • GP Clinical Pharmacists – 15.6 wte (total now 36.8 wte) • Pharmacy Technicians – 13 wte (total now 21 wte) • Advanced Muscular Skeletal (MSK) Physiotherapists – 9 wte (total now 11 wte) • Mental Health Practitioners – 17 wte (total now 18.8 wte) • Community Link Workers – 1.5 wte (total now 25.5)

Action set 2018/19	Action Taken 2018/19	Work being undertaken 2019/20
Pharmacotherapy		
<ul style="list-style-type: none"> Recruit a total of 29 new wte staff members to roll out service Establish a training academy model Serial prescribing - establish a systemic and standard approach for phased implementation and roll out plan. 	<ul style="list-style-type: none"> Recruited to all by December 2018. Every GP Practice now has access to some pharmacotherapy resource. A Training Academy Group has been developed including all MDT professions to ensure oversight and training models for all disciplines to grow the workforce in Ayrshire and Arran. A roll out plan and coordinated approach in place for across HSCPs where uptake numbers are being monitored in support of the Pharmacotherapy implementation. 	<ul style="list-style-type: none"> Recruit to remaining skill mix of staff to complete pharmacotherapy model in all GP Practices. Monitor performance and qualitative measures being established to demonstrate and ensure task transfer and correct skill mix Continue to develop approach to training linking with national groups and workforce planning Continue to roll out as per timelines in plan and monitor impact on workload.
Primary Care Nurse Service		
<ul style="list-style-type: none"> Recruit to 9 nurse graduate roles to develop Primary Care Nurse role Design proposed workforce model for delivering community treatment and care (CTAC) for consultation with services and stakeholders. 	<ul style="list-style-type: none"> 9 nurses in post Jan 19 (3 in each HSCP) Initial scoping took place end of 2018/19 to determine what workforce was currently in place within GP Practices carrying out Community Treatment and Care Tasks. 	<ul style="list-style-type: none"> A vision for CTAC linked to wider community nursing to be agreed between stakeholders at design event June 2019 A focussed project group taking forward under the Community Treatment and Care Project (CTAC) Group. Model due to be presented for consultation August 2019.

Action set 2018/19	Action Taken 2018/19	Work being undertaken 2019/20
Vaccination Transformation Programme		
<ul style="list-style-type: none"> • Preschool Programme – scope and cost pan Ayrshire model • Travel vaccinations – await national guidance for safe delivery requirements • Influenza Programme – scope the use of nurse bank • At risk group – focus on pregnant ladies. Vaccines to be delivered at 20 week scan or by community midwife 	<ul style="list-style-type: none"> • Different options were scoped for each HSCP as well as a pan Ayrshire model. Not all HSCTs have an agreed model and work will continue to scope options for delivery. • National delivery model being developed with a view to providing a joined up approach with other Health Boards. • Being discussed through CTAC – confirmation required for vaccine ordering process • Service transferred 1 October 2018 	<ul style="list-style-type: none"> • Model to be agreed by August 2019 with service being implemented end of 2019 – rolled out until 2021. • Agree timelines and approach between 2019 and 2021 to progress preschool, travel, influenza, and other at risk groups. • Will be progressed through CTAC model design.
Urgent Care		
<ul style="list-style-type: none"> • Maintain and maximise Pharmacy First and Eyecare Ayrshire • Provide infrastructure /pathways for consistent signposting and navigation to alternative services • Undertake social media/communication campaign for right care, right person • Seek to become test of change site for Advanced Paramedics 	<ul style="list-style-type: none"> • Services continue to be invested in and utilised • Continues to be rolled out with focus on specific sites to maximise approach. Training provided to over 200 reception staff during 2018 and will continue in 2019 to support practices with support and training. • Communication plan and public campaign messages being taken forward through the Communications Group for launch by end of April 2019. • Test commenced late 2018 in GP Practice • Meetings have taken place with Healthcare Improvement 	<ul style="list-style-type: none"> • Establish Standardised Pathways for Advanced Practitioners linked to MDT. • Support Implementation of NHS 24 Practice Websites • Work will continue with HIS and local programme team to develop national

Action set 2018/19	Action Taken 2018/19	Work being undertaken 2019/20
<ul style="list-style-type: none"> • Create local collaborative with clusters to undertake quality improvement activity • Scope home visit activity and share best practice/protocols 	<ul style="list-style-type: none"> • Scotland (HIS) to gain support and will be developed early 2019/20 • Has been scoped and data being used with Clusters to inform advanced practitioner model for home visits 	<ul style="list-style-type: none"> • initiatives and projects being carried out. • Will be progressed with Clusters and GP Practices to inform an advanced practice model by August 2019
Multi-disciplinary Team (MDT) in General Practice		
<ul style="list-style-type: none"> • MSK Physio - Recruit to an additional 7 MSK Advanced Physio roles • Primary Care Mental Health Services - Continue to invest in Community Mental Health and scope pathways/models • Community Link Workers - sub Group established to scope roles and try ensure consistency of approach • ANP Academy: • Cohort 1 – 14 from Sept 2017 to complete in 2019 • Cohort 2 – 10 commenced September 2018 	<ul style="list-style-type: none"> • All recruited by December 2018 • Invested in two workers per HSCP as well as additional posts through Action 15 monies. Pan Ayrshire model and pathways being defined through sub group • An additional 1.5 wte was recruited to ensure all HSCPs had adequate cover for all practices (total 25.5 wte) • Report produced on outcomes and MDT Group agreeing next steps • 11 due to complete in 2019 • 3 commenced in September 2018 	<ul style="list-style-type: none"> • Work with core service to review and refine model, identifying where further resource can be added. • Continue to develop pan Ayrshire model and seek further additional investment from Action 15 • Evaluate the models across the HSCP and support a consistency of service the Community Link Workers provide across Ayrshire and Arran • Cohort 3 to commence September 2019

	These new staff have been embedding in GP Practices throughout the year with all Practices now having access to Pharmacotherapy Support.
	Development of the other services is progressing with a large number of practices now having access to an Advanced MSK Physiotherapist and Mental Health Practitioner to see patients as first point of contact.
	The responsibility for providing vaccinations to pregnant women has now transferred from GPs to the Midwifery Service.
5.	THEMES OF FEEDBACK FROM YEAR 1
	Over the year there has been a range of feedback from all stakeholders. These have been captured below along with a commitment to try and improve where possible. An event is scheduled to take place in June 2019 with all GP Practices, Estates, Digital and HSCP teams to discuss current challenges with multidisciplinary team (MDT) working. This will be an opportunity to identify where there could be solutions in the immediate future, but also to look towards a whole system clinical model wrapped around the population and GP Practices maximising digital solutions and reviewing the estate across Ayrshire and Arran.
	<ol style="list-style-type: none"> 1. Premises – Ayrshire and Arran have been successful in all recruitment stages so far, but many GP Practices are struggling to identify appropriate space to accommodate the new team members. There is currently a scoping exercise being undertaken locally to establish a small grant scheme for NHS Ayrshire and Arran to support GP Practices in carrying out small adaptations that would free up capacity to accommodate the new team members.
	<ol style="list-style-type: none"> 2. IT/Systems - IT systems across all GP Practices are inconsistent and not adaptable to new ways of working. A local area network has been introduced to some practices over the last 18 months, but there continues to be infrastructure issues relating to individual practices. A local vision is being developed for Digital Services and system to assist with addressing these challenges whilst work continues nationally to develop and agree a Scotland GP IT system. Local solutions are also being introduced on a case by case basis to assist with MDT working.
	<ol style="list-style-type: none"> 3. Data sharing – Many of the additional MDT members will work across various practices or work remotely to access other sites. As GP Practices continue to be data controller for patient data this has brought challenges for staff working across systems and sites. It is hoped the national data sharing agreement is imminent and this will assist effective and efficient team working
	<ol style="list-style-type: none"> 4. Allocation new resource – With the amount of resource that has become available at the different phases throughout the year, there has been a reality that the numbers of new staff with current available funding will not spread across all practices. A Framework Allocation document has been agreed in Ayrshire and Arran which outlines the principles and processes for allocating new resource fairly and transparently. This has included involving clusters and practices in discussions with HSCP teams to allocate resource in the most effective way possible taking a range of factors into account including, demand, demographics, accommodation available, along with the appropriate mentorship and supervision can be put in place. This has enabled discussions to reach agreed placements with clusters and it is hoped that the support with premises and addressing additional support with mentorship and supervision across practices will assist with placements in the next phase of recruitment.

	<p>5. Development Support – This is a new way of working for HSCPs, service teams, and staff within the GP Practices. It is recognised that each will require support in developing these new ways of working over the next 2 – 3 years. A range of sessions have been planned across June 2019 to understand what is required to ensure we can support services and GP Practices to embed and support new MDTs effectively. This will require ongoing support, particularly for Practice Managers, who will be responsible for the oversight and coordination of the new additional team members. This is being progressed through the Centre of Excellence to provide the training and support identified. The Implementation Support Team are also represented at local Practice Manager meetings to provide regular information and assistance on issues as they arise.</p>
6.	<p>PRIMARY CARE IMPROVEMENT FUND 2018 – 2020</p>
	<p>The changes and pace required to reform Primary Care has been supported with significant investment nationally in workforce, estate, and infrastructure. Scottish Government announced its commitment through a Primary Care Improvement Fund (PCIF) allocated to HSCPs through NHS Boards. The Ayrshire and Arran allocation set out in the PCIP for years 2018-2020 was £3,389,685 investment in 2018/19 and £4,074,685 (£685,000 additional) in 2019/20.</p>
	<p>Additional investment has also been committed to IJBs as part of the monies allocated to support the Mental Health Strategy Action 15 document. Planning and development for the share of this allocation for Mental Health workers in General Practice has been planned and rolled out under the Multidisciplinary Team in General Practice Implementation workstream within the Primary Care Programme.</p>
	<p>The additional resource for 2018/19 and 2019/20 was costed on an 18 month funding profile, with recruitment phased accordingly through the workforce plans for each implementation group. The workforce numbers and costs were outlined within the PCIP against the two year funding profile of investment and year of recruitment.</p>
	<p>As stated within the funding allocation section, future additional allocations of a larger sum will be received in 2020/21 and 2021/22. The implementation plans detail the scoping and design work that will be carried out 2019-20 to understand how this resource will be invested. It is noted that initially pan Ayrshire proposals will be an equal NRAC split across the IJBs, with other proposals specific to the relevant IJB.</p>
	<p>Appendix 2 details the final year position for 2018/19 by IJB budget. As the PCIP was not approved until June 2018, many costs were part year effect. The phasing of recruitment and spend was managed in conjunction with the HSCP leads.</p>
	<p>To note the variance on the Pharmacotherapy spend across the IJBs is due to well established test sites being in place across North and South Ayrshire HSCP where staff remained in post when the service was introduced. This resulted in a full year impact on the budget compared to East HSCP spend, where many staff started later in the year.</p>
	<p>Scottish Government wrote to all IJBs advising that only 70% of funding would be issued in 2018/19 unless it could be demonstrated 100% of funding would be spent. Ayrshire and Arran confirmed that only 70% would be required in line with financial projections that had been made within the PCIP.</p>

	<p>Appendix 3 details the projected spend for 2019/20 based on actions and workforce plans previously agreed within the PCIP. Recruitment will be phased per HSCP until December 2019 based on funding available. Any underspend noted from 2018/19 will flow through to 2019/20 as projected within the original 18 month funding profile. Spend will monitored closely against recruitment in the last Pharmacotherapy recruitment spend. Any underspends that emerge will be discussed with HSCHPs to bring forward planned spend for 2020/21 to increase additional services quicker.</p>
	<p>All PCIF in-year allocations are considered as earmarked recurring funding. It should be assumed therefore that staff may be recruited on a permanent basis to meet the requirements set out in the MoU. Scottish Government will be engaging with the IJBs and NHS Boards over the three years on any plans to baseline these funds.</p>

Appendix 2

Primary Care Improvement Fund 2018/19

Total Allocation 2018/19	
70% of allocation	£2,543,570
Actual Spend 2018/19	£2,216,181
Underspend for 2019/20 projects	£272,869

32.80%	
East HSCP - NRAC Split of 70% =	£839,378
Pharmacotherapy	278,975
MSK Physio	67,460
ANP Academy	23,667
Eyecare Ayrshire	33,495
Pharmacy First	23,627
Primary Care Nurses	26,880
Maternity Vaccines	23,430
Community Connectors/MH Workers	99,661
Programme Delivery	36,735
Redirection Campaign	4,851
TOTAL SPEND	618,782
Underspend for 2019/20 Projects	220,596

36.70%	
North HSCP NRAC Split of 70% =	£941,120
Pharmacotherapy	492,096
MSK Physio	77,439
ANP Academy	26,481
Eyecare Ayrshire	37,478
Pharmacy First	26,436
Primary Care Nurses	30,076
Maternity Vaccines	26,216
Community Link Workers & 2 x MH Workers (part year)	139,771
Programme Delivery	41,103
Redirection Campaign	5,274
TOTAL SPEND	902,371
Underspend for 2019/20 Projects	38,749

30.44%	
South HSCP NRAC Split of 70% =	£763,071
Pharmacotherapy	398,735
MSK Physio	98,043
ANP Academy	21,963
Eyecare Ayrshire	31,085
Pharmacy First	21,927
Primary Care Nurses	24,946
Maternity Vaccines	21,745
Community Link Workers/MH Workers	92,614
Programme Delivery	34,092
Redirection Campaign	4,398
TOTAL SPEND	749,548
Underspend for 2019/20 Projects	£13,523

Total Overall	
	1,169,806
	242,942
	72,111
	102,059
	71,991
	81,901
	71,391
	332,046
	111,931
	14,523
TOTAL SPEND	2,270,700
Underspend for 2019/20 Projects	272,869

Appendix 3

Primary Care Improvement Fund 2019/20

Allocation 2019/20	
2019/20 Full allocation (includes 30% from 2018/19 budget)	£4,921,116
Underspend available from 2018/19	£272,868
Total	£5,193,985

32.80%		36.70%		30.44%		Total Overall
East HSCP - NRAC Split =		North HSCP NRAC Split =		South HSCP NRAC Split =		4,918,163
£1,614,126		£1,806,050		£1,497,988		
Pharmacotherapy	1,100,000	Pharmacotherapy	1,000,000	Pharmacotherapy	970,000	3,070,000
MSK Physio	181,364	MSK Physio	200,000	MSK Physio	168,314	549,678
ANP Academy	17,121	ANP Academy	19,157	ANP Academy	15,889	52,167
Eyecare Ayrshire	32,800	Eyecare Ayrshire	36,700	Eyecare Ayrshire	30,440	99,940
Pharmacy First	5,576	Pharmacy First	6,239	Pharmacy First	5,174	16,989
Primary Care Nurses	111,243	Primary Care Nurses	120,000	Primary Care Nurses	103,239	334,482
Maternity Vaccines	42,247	Maternity Vaccines	47,270	Maternity Vaccines	38,261	127,778
Community Connectors/MH Workers	125,000	2 x MH Workers	105,542	Community Link Workers/MH Workers	92,706	323,248
Programme Delivery	73,709	Community Link Workers	217,000	Programme Delivery	68,405	224,587
Redirection Campaign	4,920	Programme Delivery	82,473	Redirection Campaign	4,566	14,991
		Redirection Campaign	5,505			
TOTAL SPEND	1,693,980	TOTAL SPEND	1,839,886	TOTAL SPEND	1,496,994	5,030,860
Balance	-79,854	Balance	-33,836	Balance	£994	-112,697
Underspend available from 2018/19 -		220,596		38,749		272,868
Final balance available if we were to deliver on all projected workforce within each HSCP		140,742		4,913		160,171

	<p>Whilst carrying out detailed work on allocation to GP Practices it is noted that although the funding for each IJB is allocated on an NRAC basis, there are instances of cross boundary practices across Ayrshire where one IJB area could be providing services for a population within another IJB area. This will need explored in more detail during 2019/20 with IJBs to explore full impact of GP Practice based and other community MDT services.</p>
7.	WHAT NEXT FOR 2019/20
	<p>Work will continue throughout 2019/20 to complete the actions committed to by March 2020 as outlined in Appendix 1.</p>
	<p>Whilst the focus of MDTs can be seen from a perspective of professional systems, the three Ayrshire HSCPs and NHS Ayrshire & Arran are all active and significant Community Planning Partners (CPPs). Building the resilience of communities to support themselves is at the heart of the three CPPs with increasing emphasis on agendas such as Connected Communities and Vibrant Communities. It is recognised that the emergence of strong community-based local supports has a positive impact on the demands on health and social care systems.</p>
	<p>In all our proposals for MDT working we work with third sector colleagues and communities directly to create an environment where resilience can flourish. Proposals are being considered to provide dedicated resource and local leadership of MDT development within the Primary Care Implementation Support Team to work as part of the Primary Care Programme but be clearly aligned to the each IJB area. Their purpose will be to work directly with clusters and partnerships to develop MDT working whilst providing a conduit to the pan Ayrshire programme to ensure the consistency that is anticipated from this programme.</p>
	<p>A key priority during 2019/20 is to evaluate the current models in place to ensure services are providing the anticipated patient outcomes, reducing GP Practice workload and adding the most value to primary care services. This will be carried out in detail to inform the 2020-2022 planning process.</p>
8.	PLANS FOR PCIP 2020-2022
	<p>It is proposed that the next PCIP is developed through an iterative process, involving all clusters and localities to understand the different priority needs within each HSCP. A suggested process and time line for this is listed below:</p>
	<ul style="list-style-type: none"> • June – August 2019 A series of workshops with a stakeholders to learn from current changes and determine future service models as outlined in the new contract <ul style="list-style-type: none"> ○ Stakeholder workshop to design Community Treatment and Care service ○ All GP Practices to attend workshop to inform effective practice based MDT working and influence the whole system clinical model ○ Stakeholder workshop to design a preferred model for advanced practice assisting with on the day demand in General Practice.

	<ul style="list-style-type: none"> • August – October 2019 <ul style="list-style-type: none"> ○ HSCPs are provided with information on their expected allocated funding, along with the range priorities agreed through the workshop sessions. ○ Clusters consider where they think gaps are and what would assist them to deliver the new contract ○ Clusters have a joint discussion with their HSCP to form a Partnership wide view aligned to the HSCP strategic priorities ○ Pull together into a pan Ayrshire proposal which then goes through the relevant Implementation Groups for detailed design and project planning
	<ul style="list-style-type: none"> • October 2019 <ul style="list-style-type: none"> ○ Present proposals and outcomes of discussions for further consideration or further information required with HSCPs and Clusters.
	<ul style="list-style-type: none"> • November/December 2019 Final PCIP 2020-2022 prepared and presented to IJBs, LMC and NHS Board: 27 November – East Ayrshire IJB 2 December – Ayrshire and Arran NHS Board 11 December – South Ayrshire IJB 17 December – GP Sub Committee/ Local Medical Committee 19 December – North Ayrshire IJB
	All of the previously agreed governance structures will remain in place throughout the production of PCIP 2020-2022 with all key stakeholders represented throughout the Implementation Groups, Writing Group and Primary Care Programme Board.
9.	CARER/ PEOPLE WHO USE SERVICE IMPLICATIONS
	<p>The purpose of the work underway is to help people access the right person, at the right place, at the right time in line with the Scottish Government Primary Care Vision and Outcomes.</p> <ul style="list-style-type: none"> • Maintaining and improving access; • Introducing a wider range of health and social care professionals to support the Expert Medical Generalist (GP); • Enabling more time with the GP for patients when it is really needed, and • Providing more information and support for patients.
10.	STRATEGIC CONTEXT
	<p>The strategy and programme outlined in this report will assist the IJB to deliver the following Strategic Objectives from its Strategic Plan to:</p> <ul style="list-style-type: none"> • Support people to live independently and healthily in local communities. • Develop local responses to local needs. • Operate sound strategic and operational management systems and processes. • Communicate in a clear, open and transparent way. • The development and delivery of sustainable Primary Care and

	Community Health and Care Services supports the ambitions of the National Health and Care Delivery Plan.
10.1	<u>Anticipated Outcomes</u>
	To facilitate and implement the actions outlined in the new GMS contract aligned to each of the IJB strategic priorities.
10.2	<u>Measuring Impact</u>
	<p>A Measurement Framework is being developed and will be in place by the end of October 2019. Where new services / staff have been established measures are being agreed and collated to measure impact.</p> <p>This will ensure there is a clear framework in place to assess the overall impact the plan is making against the outcomes of the strategy.</p>
11.	IMPLICATIONS

Financial:	The implementation of the 2018 General Medical Services Contract for Scotland will see additional investment of £250m per annum in support of General Practice by the end of this Parliament. This is part of an overall commitment of £500million per annum investment in Primary and Community Health and Care services by the end of this Parliament
Human Resources:	<p>The programmes of work will support the development of new roles within multi-disciplinary teams working in and alongside GP Practices. The contract also plans the transition of the GP role into an Expert Medical Generalist. These changes will require local and national workforce planning and development.</p> <p>Additional capacity as outlined within the PCIP will be deployed over the period of the plan to ensure effective delivery.</p>
Legal:	The central purpose of the 2018 GMS contract is to provide better service to patients by providing stability and sustainability to General Practice. In so doing it also provides an environment that supports the wider policy aim of delivering care and support close to home when possible.
Equality:	<p>Our aim through reformed primary care services is not just to extend life, but also reduce the time spent in poor health. Implementing the new GMS contract is an opportunity to mitigate health inequalities where possible. In support of the national 'Every Child, Every Chance, particular consideration will be given to:</p> <ul style="list-style-type: none"> • Lone Parents • Families with three or more children • Families where the youngest child is under one • Mothers aged under 25 • Children and families whose lives have been impacted by Adverse Event Childhood Experiences

Children and Young People	Consider the impacts on children and young people in North Ayrshire.
Environmental & Sustainability:	Provide details of any environmental or sustainability issues arising as a result of the report.
Key Priorities:	Consider the impacts on key priorities and plans.
Risk Implications:	A key risk will be the availability of the identified additional professional staff to fill the new roles. By working in partnership within the professional groups we will seek to make the posts attractive and that Ayrshire and Arran becomes a workplace of choice. A second key risk is the continued sustainability of GP practices while the new GMS contract is being implemented.
Community Benefits	The Wellbeing of people and communities is core to the aims and successes of Community Planning. Primary Care Improvement Plan, delivered as an integral part of the Wellbeing Delivery Plan, Integration Authorities Strategic Commissioning Plans and the Transformation Plan of both the NHS and Council, will contribute to support this wellbeing agenda.

Direction Required to Council, Health Board or Both <i>(where Directions are required please complete Directions Template)</i>	Direction to :-	
	1. No Direction Required	
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	x
	4. North Ayrshire Council and NHS Ayrshire & Arran	

5.	CONSULTATION
5.1	Consultation has taken place with all GPs and HSCPs throughout the development of the work that is presented to members. This paper will also be shared with each IJB, NHS Board and local GP Sub Committee prior to submission to Scottish Government to update them on progress.
6.	CONCLUSION
6.1	<p>Integration Joint Board members are asked to:</p> <ul style="list-style-type: none"> • Receive an update on the PCIP to date and be assured on the progress; To approve the actions set out for 2019/20; • To note the Primary Care Improvement Fund 2018/19 end of year position and approve the 2019/20 projections; • To approve the proposal and timelines for developing PCIP 2020-2022 for sign off in December 2019.

For more information please contact:

Vicki Campbell on 01292 616816 or vickicampbell1@nhs.net

Background Paper

Ayrshire and Arran Primary Care Improvement Plan 2018-2020

<https://www.east-ayrshire.gov.uk/Resources/PDF/A/Ayrshire-and-Arran-Primary-Care-Improvement-Plan.pdf>

Integration Joint Board
20 June 2019

Subject:	2018-19 Year-end Financial Performance
Purpose:	To provide an overview of the IJB's financial performance for the year 2018-19 and the implications for the IJB's overall financial position.
Recommendation:	<p>It is recommended that the IJB:</p> <ul style="list-style-type: none"> (a) notes the overall integrated financial performance report for the financial year 2018-19 and the overall reported year-end underspend of £0.945m; (b) approves the budget changes outlined at section 2.9; (c) approves the earmarking of £0.277m of reserves to reinstate specific ring-fenced Scottish Government funding and to allocate the remaining uncommitted surplus balance of £0.668m to commence repayment of the outstanding debt to North Ayrshire Council; and (d) notes the positive improvement in the IJB financial position and the plans to improve the financial projections for social care services.

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

1.	EXECUTIVE SUMMARY
1.1	This report provides an overview of the financial position for the partnership and outlines the unaudited year-end outturn position for 2018-19. The outturn is an overall year-end underspend of £0.945m. This position includes the £1.486m budget being held on behalf of the IJB by the Council for debt repayment, as this required to be transferred back to the IJB at the financial year-end. Prior to this transfer overall the IJB would have been overspent.

1.2	The overall underspend of £0.945m is prior to earmarking £0.277m of ring-fenced funds for future use, these funds will be held in IJB reserves. This results in a remaining uncommitted surplus balance of £0.668m which can be used to commence repayment of the debt owed to North Ayrshire Council for prior year deficits.
1.3	Prior to the £1.486m set aside for debt repayment being reallocated to the partnership the IJB were working towards financial balance in-year which would have enabled the full amount to be allocated towards the debt at the year-end. The full repayment was not possible due to variations between financial projections and actual costs for social care services at the year-end. There are discrete areas of focus to improve financial projections in future years to ensure this situation does not re-occur, a summary of actions is included in this report with a more detailed plan being remitted to the Performance and Audit Committee.
1.4	Overall the main pressure areas continue to be care homes, looked after children, learning disability care packages, elderly and adult inpatients within the lead partnership and the unallocated NHS CRES savings. The approved balanced IJB budget for 2019-20 includes plans to address a number of areas of overspend and in some areas the work undertaken during 2018-19 to improve the financial position will have a greater impact on future years.
1.5	The final unaudited IJB outturn position is adjusted to reflect the impact of Lead Partnership services. During 2018-19 agreement was reached that the outturn for all Lead Partnership services would be shared across the 3 partnerships on an NRAC basis. Prior to any reallocation across the Lead Partnerships, on a managed basis the North Ayrshire HSCP delivered an overall underspend of £1.5m for the services the HSCP are operationally responsible for delivering. The underspend in relation to North Lead Partnership services is not be 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.
1.6	<p>It is essential that the IJB operates within the delegated budget and commissions services from the Council and Health Board on this basis. Financial balance has not been delivered in previous years, significant progress has been made during 2018-19 to ensure the ongoing financial sustainability of the partnership. This work will continue and be built upon going into 2019-20. Key successes include:</p> <ul style="list-style-type: none"> • Repayment of the outstanding debt to the Council has commenced, although less than the planned £1.5m there remains a substantial contribution to the outstanding debt; • On an HSCP managed basis the partnership delivered an underspend of £1.5m, this reflects the impact of financial management arrangements and controls across all services directly managed by the HSCP; • 2018-19 is the first year where the year-end IJB position has been accounted for in a truly integrated way with resource shifting from the NHS budget to offset Social Care pressures; • Overall reported surplus allows for the earmarking and protection of ring-fenced funding for Scottish Government priorities; • Savings totalling £4m were delivered in-year, against an approved plan of £4.9m and delivering more against the red risk status savings than anticipated at the start of the year; • Progress with reducing financial overspends in 2018-19 which will have an impact on the financial plans and sustainability for future years.

2.	2018-19 UNAUDITED BUDGET OUTTURN POSITION
2.1	<p>The report provides an overview of the financial position for the partnership and outlines the unaudited year-end outturn position for 2018-19.</p> <p>The report includes the following:</p> <ul style="list-style-type: none"> • Explanations of main areas of variance; • Movement in projected outturn position and plans to improve projections; • Update on progress with savings delivery and the financial recovery plan; • Budget changes requiring IJB approval; • Impact of the outturn on IJB reserves position; • Lead partnerships and the impact of risk sharing; and • Updated information on the usage of set-aside resource.
	FINANCIAL OUTTURN
2.2	<p>Against the full-year budget of £237.795m there is a reported underspend of £0.945m (0.4%), consisting of a year-end underspend of £0.389m in social care services and an underspend of £0.556m in Health delivered services. The position for social care services includes the £1.486m being held on behalf of the IJB by the Council for debt repayment, as this required to be transferred back to the IJB at the financial year-end. Prior to this transfer overall the IJB would have been overspent, specifically social care services would have been £1.097m overspent. This reported position is also prior to the earmarking of funds for use in future years.</p> <p>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, with funding losing its identity once delegated to the partnership. The 2018-19 financial year-end is the first where the IJB have been in a position to treat the budget in a truly integrated way with a demonstrable shift of resources from the NHS budget to offset Social Care costs.</p> <p>Appendix A provides the financial overview of the partnership position, this details the outturn on an HSCP managed basis, on an IJB delegated basis (following Lead Partnership recharge adjustments) and the final uncommitted surplus balance after accounting for new earmarked reserve balances.</p> <p>The sections that follow outline the significant variances in service expenditure compared to the approved budgets with detailed analysis provided in Appendix B.</p>
2.3	Health and Community Care Services – Overspend £0.052m
	<p>Against the full-year budget of £65.900m there is an overspend of £0.052m (0.1%). Although a very small overall variance there are significant variances across services, the main variances are:</p> <ol style="list-style-type: none"> a) Care home placements are overspent by £0.793m. This position significantly improved during 2018-19 when in period 3 a projected overspend of £1.4m was forecast. The recurring reduction in the number of places supported to align with the budget available will have a significant impact on the ongoing financial commitment for 2019-20.

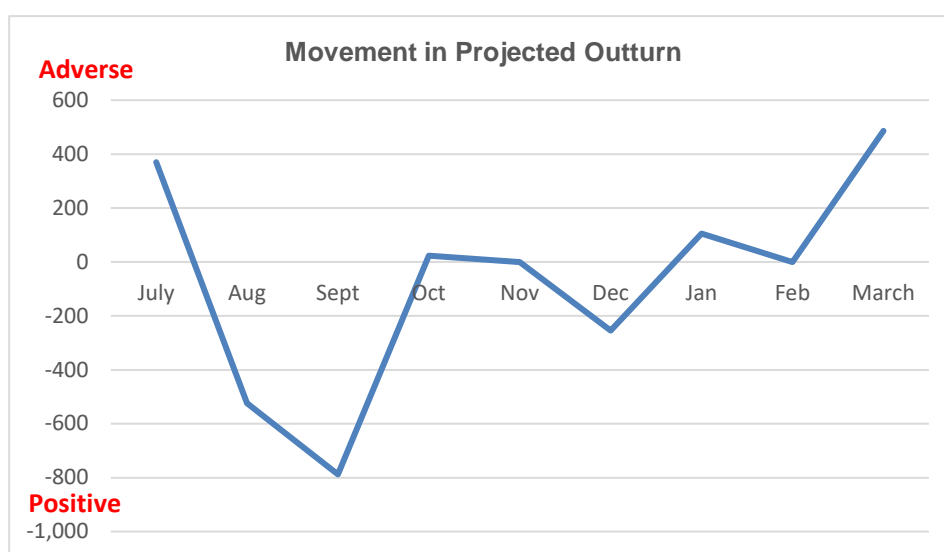
	<p>b) Care home respite is within budget but this is after an allocation of one off funding from the uncommitted element of Carers Act funds. This is a non-recurring allocation so a reduction to the level of respite delivered or a plan to fund the current service provision will require to be in place for 2019-20 to ensure this can be delivered within budget.</p> <p>c) Independent Living Services are overspent by £0.187m which is a favourable movement of £0.289m. The overspend and the favourable movement is mainly within physical disability care packages where in-year projections were made for services that had terminated.</p> <p>d) Over-recovery of Charging Order income of £0.263m, an over recovery was projected during the year, it is difficult to project charging order income with accuracy, improving the basis of projections will be explored for future years.</p> <p>e) Equipment and Adaptations are underspent by £0.208m in line with the mitigation action approved in period 4.</p> <p>f) Packages of care overspent by £0.148m due to the use of supplementary staffing, this overspend position improved towards the year-end.</p> <p>g) Care at home (purchased and in house) underspend of £0.291m. Within the service there are overspends on transport and admin which moving forward will be addressed by realigning the overall care at home budget to ensure the overall position does not move into an overspend.</p> <p>h) Long Term Conditions (Ward 1), overspend of £0.387m which is mainly due to an overspend in employee costs to ensure staffing levels are at a safe level. This is a recurring pressure which will be met by considering the total resources for Ward 1 and the wards (Douglas Grant and Redburn) which are being transferred to the partnership from acute services. Operational management responsibility for these wards transferred to the IJB from 1 April 2019, confirmation will be sought from the Health Board re the plans to address overspends in these acute wards prior to the transfer of financial responsibility to the IJB.</p> <p>i) District Nursing is underspent by £0.183m due to vacant posts.</p> <p>j) Adaptations is underspent by £0.136m partly due to a backlog of OT assessments, the service has plans to address the delays.</p>
2.4	<p>Mental Health Services – Underspend £0.326m</p> <p>Against the full-year budget of £73.308m there is an underspend of £0.326m (0.4%). The main reasons for the underspend are:</p> <p>a) Learning Disabilities is overspent by £1.647m (adverse movement of £0.790m) of which £1.344m is in relation to care packages and £0.278m for direct payments. This is an adverse movement of £0.694m in the position at the financial year-end of which £0.430m relates to historic invoices, £0.141m relates to a service billed for the year end which was not included in the projections and unachieved savings of £0.148m. These areas are specifically picked up in the action plan to improve financial projections.</p>

	<p>b) Community Mental Health is underspent by £0.864m mainly due to vacancy savings and an underspend in care packages. The underspend in care packages includes funding that was set aside for patients expected to be discharged from hospital into the community during 2018-19, they are now planned for discharge in 2019-20.</p> <p>c) Addictions is underspent by £0.192m of which £0.131m relates to the ADP and will be carried forward in earmarked reserves.</p> <p>d) Lead Partnership – overall underspend of £0.917m, the main variances are noted below:</p> <p><i>Overspends:</i></p> <ul style="list-style-type: none"> • Adult inpatients £0.633m mainly due to the delay in generating income from other areas in respect of forensic beds. All of the planned beds are now sold so this should not recur in 2019-20. • Psychiatry £0.077m primarily due to locum costs, an unfunded EMH liaison post and a reduction in funding for trainee psychiatrists. There is an increased use of locum staff in the absence of being able to recruit to permanent posts. • Elderly Inpatients £0.226m due to the use of supplementary staffing which has reduced substantially since month 7 and will continue to reduce as part of the plans to re-design Elderly Mental Health Inpatient services. • CRES £0.986m - lead partnership share of the unachieved CRES carried forward, this element of the historic CRES will remain aligned to the Mental Health lead partnership and will be addressed as part of the budget plans for 2019-20. <p><i>Underspends:</i></p> <ul style="list-style-type: none"> • UNPACS £0.211m due to the delay in the two new care packages assumed to commence in year. The underspend is also partly attributable to the availability and use of beds in ward 6 which have prevented more costly external placements. • Learning Disabilities £0.184m due to a delay in the transfer of an UnPACs patient, this transfer has now taken place. • CAMHS £0.468m due to vacancies and delays with recruitment. • Psychology £0.697m due to vacancies and delays with recruitment. • Adult Community Mental Health £0.230m due to vacancies and the allocation of the Crisis Response Team to Action 15 funding.
2.5	Children Services & Criminal Justice - Overspend £0.114m
	Against the full-year budget of £35.591m there is an overspend of £0.114m (0.3%). The main reasons for the overspend are:

- a) Residential Schools and Community Placements overspend of £1.152m of which £0.848m related to secure placements. There was an adverse movement in the position at the year-end due to increased costs for a care package and a placement no longer being jointly funded with Education. At month 12 there were 19 residential placements and 5 secure placements.
- b) Looked After Children Placements – underspend of £0.449m due to the current demand for fostering, adoption and kinship payments. These budgets have been realigned for 2019-20.
- c) Early Years underspent by £0.406m mainly due to the level of vacancies in health visiting services.

2.6 Projected Outturn Movement

The projected outturn position has moved significantly through the year, the monthly movement is illustrated in the chart below:



The position has fluctuated over the year to partly due to the demand driven nature and high cost of some services. In addition some notable specific reasons are:

- August/September – timing of IJB approval of Financial Recovery Plan and actions taken by services to bring the projected overspend position back into balance;
- December – position reported on a managed basis until this point when agreement reached with other two Ayrshire partnerships on NRAC risk sharing for Lead Partnership services;
- March – issues with financial projections in-year picked up at year-end which identified financial commitments which had been excluded from the position.

The main unexpected year-end movements relate to Learning Disability and Children's Services where due to invoicing delays there were historic financial commitments accounted for in 2018-19, and where the links between the front-line services and the social care finance team did not pick up all financial commitments.

The finance team and services have together agreed a detailed action plan to ensure the future accuracy of projections, this plan will be remitted to the IJB Performance and Audit Committee.

The main themes are:

- more regular reporting and sharing of information;
- system improvements in relation to recording of services and reconciliations;
- strengthening relationships and communication with service providers;
- processing of recharges during the financial year;
- improve process for projecting vacancy savings.

The Social Care Finance Team moved across to the partnership during 2018-19 to facilitate improved communication and joint working with front line HSCP colleagues. This has provided the HSCP with an opportunity and full control to strengthen financial management arrangements, including the reliability and accuracy of financial projections and financial processes.

2.7 Primary Care and Prescribing

It is the responsibility for the Health Board to fund prescribing as under the terms of the Integration Scheme the Health Board underwrites the prescribing risk across all three Ayrshire IJBs. In the previous financial year NHS Ayrshire and Arran delegated additional funding (£2.5m across the three IJBs) to offset prescribing overspends. Prescribing is a volatile budget and the current agreed approach is to minimise the risk exposure to variation and fluctuation across years with the Health Board retaining responsibility for any under or overspends.

2.8 Savings Progress

- a) The 2018-19 budget included £4.003m of savings plus £2.557m of carried forward NHS CRES savings (total £6.560m). A further workforce saving of £0.055m was approved during the year making the total requirement £6.615m.

BRAG Status	Position at Budget Approval £m	Position at Period 12 £m
Red	3.148	2.572
Amber	0.519	0.000
Green	2.893	0.000
Blue	0.000	4.043
TOTAL	6.560	6.615

- b) The year-end outturn position reflects the overall progress with savings delivery during the year, the Red savings were not delivered as planned. These are:

- Reduction in care home places £0.391m
- Challenge Fund - physical disability care packages £0.200m
- Capping of respite - £0.070m
- NHS CRES savings - £1.723m
- Reduction in mileage - £0.040m
- MH Challenge Fund Projects - £0.148m

Appendix C provides detail on the full programme of savings.

Progress with delivering on the carried forward NHS CRES is noted in the table below:

	Perm/Temp	£m
Opening CRES Saving (inc workforce saving)	P	2.612
Arrol Park employee costs	T	(0.250)
Payroll turnover target increase	T	(0.215)
Additions	P	(0.364)
Children's services employee costs	P	(0.060)
Closing Balance		1.723

The CRES balance of £2.188m is carried forward into 2019-20. This is the closing balance of £1.723m plus the temporary achieved CRES of £0.465m. The approved 2019-20 budget included savings to fully address this legacy CRES

The IJB approved a financial recovery plan in August 2018 and progress against this is provided in appendix D. The impact of the plan was to improve the financial position by £0.835m. Some actions were not fully delivered in 2018-19 but will deliver further financial benefits and support savings delivery in 2019-20 e.g. the implementation of the new charging policy and review of transition cases.

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

2.9 Budget Changes

The Integration Scheme states that *“either party may increase it's in year payment to the Integration Joint Board. Neither party may reduce the payment in-year to the Integration Joint Board nor Services managed on a Lead Partnership basis.....without the express consent of the Integration Joint Board”*.

Appendix E highlights the movement in the overall budget position for the partnership following the initial approved budget.

Reductions Requiring Approval:

The specific reductions that the IJB are required to approve are:

- Models of Care Workforce Turnover £0.085m – temporary reduction as not all posts have been filled.
- Medical Training Grade adjustment £0.008m - NES have reduced the number of posts being funded by 1.3 WTE throughout the year.
- Procurement Saving £0.004m – in relation to leased car savings.
- Senior Manager – Children's services and QI £0.012m – contribution to a post that sits under the Director of Nursing.
- Enhanced GP Service at Arrol Park £0.007m – transferred to Primary Care – LD Enhanced service provided by Alloway Place funding transferred non-recurring in 2017-18 but should have been recurring.
- Primary Care ABI £0.014m – contribution from ADP funding
- West of Scotland CAMHS £0.035m – allocation correction, funding and expenditure was transferred to NHS Lothian.

It is recommended that the IJB approve the budget reductions outlined above.

2.10 Reserves

The IJB is established as a Local Government body therefore has the ability to hold reserve balances. Reserve balances can be held for the below purposes:

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

The position in North IJB is unique in that we hold a negative reserve balance which has been accumulated from previous year overspends, the negative reserve balance is offset by a creditor on the IJB balance sheet reflecting the debt owed to North Ayrshire Council.

There is £1.486m of resource set aside outwith the IJB delegated budget to repay the debt to the Council, at the financial year-end this budget was transferred back to the IJB with the remaining uncommitted surplus available to contribute towards debt repayment.

There were funds specifically provided by the Scottish Government for priority areas for investment and there is a requirement to ring-fence these funds to be used for the purpose allocated, regardless of the timing of expenditure. A total of £0.277m requires to be earmarked within IJB reserves for the following:

- Alcohol and Drugs Partnership - £0.131m
- Mental Health Action 15 - £0.116m
- Primary Care Improvement Fund - £0.030m

These funds require to be earmarked for future use. For the Lead Partnership services the IJBs have been allocated the appropriate share of unspent funds at the year-end to carry forward in respective IJB reserves.

The IJB are recommended to use the year-end underspend to earmark the funds outlined above and to allocate the remaining £0.668m to commence the repayment of the outstanding debt to North Ayrshire Council. The overall impact on reserves is summarised in the table below:

Opening Balance 1 April 2018 £m	Reserve Balance	Transfer s Out £m	Transfers In £m	Closing Balance 31 March 2019 £m
0	Earmarked	-	0.277	0.277
(5.807)	Unallocated General Fund	-	0.668	(5.139)
(5.807)	TOTAL	-	0.945	(4.862)

The £1.486m will continue to be set aside in future years to continue to support the debt repayment.

2.11	Lead Partnerships
	<p>The final unaudited IJB outturn position is adjusted to reflect the impact of Lead Partnership services. During 2018-19 agreement was reached with the other two Ayrshire partnerships that in the absence of any service activity information and alternative agreed risk sharing arrangements that the outturn for all Lead Partnership services would be shared across the 3 partnerships on an NRAC basis. The underspend in relation to North Lead Partnership services is not fully attributed to the North IJB as a share has been allocated to East and South partnerships, similarly the impact of the outturn on East and South led services has been shared with North.</p>
	<p><i>North Ayrshire HSCP</i></p> <p>Services managed under Lead Partnership arrangements by North Ayrshire Health and Social Care Partnership are underspent by £0.889m, this includes the lead partnership share of the unachieved CRES target carried forward. Full detail on the underspend is given in section 2.4 above and Appendix B.</p>
	<p><i>South Ayrshire HSCP</i></p> <p>Services led by the South Partnership were £0.072m underspent. The community Equipment Store overspent by £0.160m as a result of increase demand for the service. This was more than offset by underspends on other services including the Family Nurse Partnership, continence services and Technology Enabled Care.</p> <p>The NRAC share of the underspend was returned to partner IJBs in East and North as part of the final accounts process.</p>
	<p><i>East Ayrshire HSCP</i></p> <p>East HSCP acts as the lead partner for Primary Care and Out of Hours Community Response Services. After excluding the Primary Care Improvement Fund (PCIF) unspent element, the net position is a marginal overspend of £0.270m. All three IJBs have been allocated an NRAC fair share of the additional costs in 2018-19. The overspend position is mainly due to GP Practices in difficulty which have handed back contracts and which are being run by the Health Board under 2c contracts. These additional costs have been partly offset by non-recurring recruitment savings in Dental and general staff turnover.</p>
2.12	<p>Set Aside</p> <p>The Integration Scheme makes provision for the Set Aside Budget to be managed in-year by the Health Board with any recurring over or under spend being considered as part of the annual budget setting process. The 2018-19 set aside budget for North HSCP was estimated to be £28.055m, based on expenditure in 2017-18. The acute directorate, which includes the areas covered by the set aside budget, overspent by £9.3m during 2018-19.</p> <p>129 additional and unfunded beds were open at the 31st March 2018, these reduced materially in a phased manner throughout the year whilst ensuring continuation of service and patient safety. There are no unfunded beds at 1st April 2019, although service pressure is building.</p>

	<p>During 2018-19 the North Partnership's use of the set aside resources was £30.114m against the NRAC 'fair share' of £28.994m which is £1.120m above the 'fair share'. The £30.114m is fully funded by NHS Ayrshire and Arran in line with the Integration Scheme. There is an expectation that the North Partnership will move towards its 'fair share'. The Models of Care programmes including the Intermediate Care and Rehab investment and the Palliative End of Life proposals being developed represent agreed or potential investment by NHS A&A to invest in community services with a view to reducing acute beds. This is in effect a mechanism to reduce the set aside resources.</p> <p>There is an expectation by the Scottish Government, supported by the proposals contained within the national Review of Progress of Integration, that from 2019-20 the set aside arrangements are fit for purpose and enable an approach to planning across the whole unplanned care pathway. The Scottish Government will work with IJBs, Health Boards and Local Authorities to ensure the legislation and statutory guidance on hospital specialties delegated to Integration Authorities, particularly in relation to set aside budgets, is put into practice. This does not change the balance of risk, which remains shared between IJBs and Health Boards and can only be delivered in partnership, but it recognises the lead role of the IJB in planning for the unscheduled care pathway set out in the legislation.</p> <p>Working with the Scottish Government, Ayrshire and Arran are acting as a test area for further work to be on Directions and Set Aside resources. The pan-Ayrshire work is being taken forward with Scottish Government support, this work has started and is at the early planning stages.</p>
3.	PROPOSALS
3.1	<u>Anticipated Outcomes</u>
	<p>The IJB require to closely monitor and manage the financial position to ensure the partnership can deliver services from within the available resource, thereby limiting the financial risk the funding partners, i.e. NAC and NHS AA. The IJB delegated budget is treated in an integrated way, with a view to achieving financial balance using the entirety of the resource available without consideration of the funding source.</p> <p>Implementing the action plan should improve the accuracy of financial projections in the future, provide assurance to the IJB over the projected position and support better decision making on any corrective action where required.</p> <p>The IJB will start making progress towards repayment of the debt to North Ayrshire Council, with a plan to continue progressing addressing the remaining balance from 2019-20 onwards. The delivery of financial balance and progress towards repaying and eliminating the debt to the Council will ensure the ongoing financial sustainability of the partnership.</p>
3.2	<u>Measuring Impact</u>
	<p>The position reported is the unaudited year-end outturn position for 2018-19, further information will also be contained within the unaudited IJB annual accounts. Ongoing updates to the financial position will be reported to the IJB throughout 2019-20.</p>

4.	IMPLICATIONS
Financial:	The outturn is a year-end underspend of £0.945m prior to earmarking £0.277m of funds for future use. This results in an uncommitted surplus of £0.668m which can be used to commence repayment of the debt owed to North Ayrshire Council for prior year deficits.
Human Resources:	None
Legal:	None
Equality:	None
Children and Young People	None
Environmental & Sustainability:	None
Key Priorities:	None
Risk Implications:	Within the outturn there are various over and underspends including the non-achievement of savings which have been taken into consideration in financial planning for 2019-20.
Community Benefits:	None

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

4.	CONSULTATION
4.1	This report has been produced in consultation with relevant budget holders and the Partnership Senior Management Team. The report is shared with the Director of Finance for NHS Ayrshire and Arran and the Executive Director Finance and Corporate Support for North Ayrshire Council.
5.	CONCLUSION
5.1	<p>It is recommended that the IJB:</p> <p>(a) notes the overall integrated financial performance report for the financial year 2018-19 and the overall reported year-end underspend of £0.945m;</p> <p>(b) approves the budget changes outlined at section 2.9;</p> <p>(c) approves the earmarking of £0.277m of reserves to reinstate specific ring-fenced Scottish Government funding and to allocate the remaining uncommitted surplus balance of £0.668m to commence repayment of the outstanding debt to North Ayrshire Council; and</p> <p>(d) notes the positive improvement in the IJB financial position and the plans to improve the financial projections for social care services.</p>

For more information please contact:

Caroline Whyte, Chief Finance & Transformation Officer on 01294 324954 or carolinewhyte@north-ayrshire.gcsx.gov.uk

Eleanor Currie, Principal Manager – Finance on 01294 317814 or eleanorcurrie@north-ayrshire.gcsx.gov.uk

2018-19 Budget Monitoring Report–Objective Summary as at 31 March 2019

Appendix A

Partnership Budget - Objective Summary	2018/19 Budget									2018/19	
	Council			Health			TOTAL			Over/ (Under) Spend Variance at Period 10 £'000	Movement in budget variance from Period 10 £'000
	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		
COMMUNITY CARE AND HEALTH	53,802	53,706	(96)	12,098	12,246	148	65,900	65,952	52	436	(384)
: Locality Services	25,275	25,690	415	4,231	4,228	(3)	29,506	29,918	412	781	(369)
: Community Care Service Delivery	25,847	25,554	(293)	0	0	0	25,847	25,554	(293)	(220)	(73)
: Rehabilitation and Reablement	1,151	912	(239)	1,794	1,658	(136)	2,945	2,570	(375)	(297)	(78)
: Long Term Conditions	1,189	1,208	19	4,315	4,662	347	5,504	5,870	366	247	119
: Integrated Island Services	340	342	2	1,758	1,698	(60)	2,098	2,040	(58)	(75)	17
MENTAL HEALTH SERVICES	23,907	24,974	1,067	49,401	48,008	(1,393)	73,308	72,982	(326)	(414)	88
: Learning Disabilities	18,200	19,984	1,784	477	340	(137)	18,677	20,324	1,647	858	789
: Community Mental Health	4,290	3,705	(585)	1,631	1,352	(279)	5,921	5,057	(864)	(710)	(154)
: Addictions	1,417	1,285	(132)	1,209	1,149	(60)	2,626	2,434	(192)	(122)	(70)
: Lead Partnership Mental Health NHS Area Wide	0	0	0	46,084	45,167	(917)	46,084	45,167	(917)	(440)	(477)
CHIDREN'S AND JUSTICE SERVICES	31,946	32,313	367	3,645	3,392	(253)	35,591	35,705	114	(61)	175
: Intervention Services	3,827	3,674	(153)	303	330	27	4,130	4,004	(126)	(85)	(41)
: Looked After & Accomodated Children	16,264	17,045	781	0	0	0	16,264	17,045	781	667	114
: Fieldwork	4,616	4,550	(66)	0	0	0	4,616	4,550	(66)	0	(66)
: CCSF	304	235	(69)	0	0	0	304	235	(69)	(67)	(2)
: Justice Services	2,740	2,735	(5)	0	0	0	2,740	2,735	(5)	0	(5)
: Early Years	321	223	(98)	2,969	2,661	(308)	3,290	2,884	(406)	(468)	62
: Policy & Practice	3,874	3,851	(23)	0	0	0	3,874	3,851	(23)	(116)	93
: Lead Partnership NHS Children's Services Area Wide	0	0	0	373	401	28	373	401	28	8	20
PRIMARY CARE	0	0	0	48,916	48,839	(77)	48,916	48,839	(77)	(86)	9
ALLIED HEALTH PROFESSIONALS				4,636	4,588	(48)	4,636	4,588	(48)	(91)	43
MANAGEMENT AND SUPPORT COSTS	6,372	4,779	(1,593)	449	1,191	742	6,821	5,970	(851)	229	(1,080)
CHANGE PROGRAMME	1,400	1,266	(134)	1,223	1,024	(199)	2,623	2,290	(333)	(199)	(134)
OUTTURN ON A MANAGED BASIS	117,427	117,038	(389)	120,368	119,288	(1,080)	237,795	236,326	(1,469)	(186)	(1,283)
Return Hosted Over/Underspends East	0	0	0	0	50	50	0	50	50	256	(206)
Return Hosted Over/Underspends North	0	0	0	0	291	291	0	291	291	273	18
Return Hosted Over/Underspends South	0	0	0	0	(26)	(26)	0	(26)	(26)	0	(26)
Allocation of PCIF from East	0	0	0	0	(30)	(30)	0	(30)	(30)	0	(30)
Allocate the Action 15 underspend to East and South	0	0	0	0	239	239	0	239	239	0	239
OUTTURN ON AN IJB BASIS	117,427	117,038	(389)	120,368	119,812	(556)	237,795	236,850	(945)	343	(1,288)
<i>Less Earmarking</i>											
PCIF	0	0	0	0	30	30	0	30	30	0	30
Action 15	0	0	0	0	116	116	0	116	116	0	116
ADP	0	131	131	0	0	0	0	131	131	0	131
FINAL OUTTURN POSITION	117,427	117,169	(258)	120,368	119,958	(410)	237,795	237,127	(668)	343	(1,011)

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
COMMUNITY CARE AND HEALTH	65,900	65,952	52	
Locality Services	29,506	29,918	412	<p>Older People permanent care homes - overspend of £0.783m based on 797 placements (544 Nursing and 253 Residential) which is a reduction of 12 from month 10. Respite care is online after an allocation from the Carers Act funding of £0.415m.</p> <p>Independent Living Services :</p> <ul style="list-style-type: none"> * Direct Payment packages underspend of £0.046m on 61 packages. * Indirect Payment packages underspend £0.056m as there was no spend in 2018/19. * Adult respite care is online after an allocation from the Carers Act funding pf £0.049m. * Residential Packages of £0.109m based on 37 packages. * Community Packages (physical disability) overspend of £0.180m based on 52 packages <p>Equipment Budget - £0.088m underspend in line with approved mitigation.</p> <p>Employee costs - £0.180m underspend: Money Matters structure approved resulting in part year vacancies.</p> <p>NHS Packages of Care - overspend of £0.148m due to high use of supplementary staffing.</p> <p>District Nursing - underspend of £0.183m due to vacancies.</p> <p>Income from Charging Orders - over recovery of £0.263m as some additional income came in at the year end.</p>
Community Care Service Delivery	25,847	25,554	(293)	<p>Care at home</p> <ul style="list-style-type: none"> - in house service - underspend of £0.248m. The cost of recruiting 30 staff in October and November was funded by a reduction in casual and overtime costs. - Purchased Care at home - overspend of £0.043m. <p>Direct Payments - underspend of £0.034m based on 29 package less 10% expected recovery from underspent balances.</p> <p>Transport costs - overspend of £0.091m due to increase in staff mileage within care at home and ferry charges.</p> <p>Admin costs - overspend of £0.087m mainly due to mobile phone equipment.</p> <p>Voluntary Organisations - overspend £0.088m mainly in relation to the Alzheimer service.</p> <p>Income - over recovery £0.058m mainly in relation to Community Alarm income.</p>

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
Rehabilitation and Reablement	2,945	2,570	(375)	Employee costs - underspend £0.167m due to vacancies. Adaptations Budget - £0.231m underspend which is higher than the approved mitigation.
Long Term Conditions	5,504	5,870	366	Ward 1 - overspend of £0.387m due to the use of supplementary staffing. Ward 2 - underspend of £0.009m, after £0.504m of nursing costs were transferred to East HSCP in relation to Kirklandside patients. Elderly CMHT - underspend of £0.066m due to vacancies.
Integrated Island Services	2,098	2,040	(58)	Patient Transport - underspend as the project commenced later than budgeted.
MENTAL HEALTH SERVICES	73,308	72,982	(326)	
Learning Disabilities	18,677	20,324	1,647	Residential Packages - overspend of £0.241m based on 40 packages. Community Packages - overspend of £1.344m. This includes £0.430m of payments relating to 2016/17 and 2017/18, £0.141m of unprojected annual costs which were invoiced at the year end and £0.150m of unachieved savings. Direct Payments - overspend of £0.278m based on 39 packages. Employee costs - underspend £0.178m mainly due to vacant posts Income - under recovery of £0.075m based on receipts and no income from other local authorities for use of Taigh Mor respite service as this is being fully utilised to meet the respite needs of North service users.
Community Mental Health	5,921	5,057	(864)	Community Packages - underspend of £0.517m based on 107 packages. This underspend includes £0.238m for hospital discharges which have not yet taken place. Employee costs - underspend £0.262m mainly due to vacant posts
Addictions	2,626	2,434	(192)	Employee costs - underspend £0.050m due to vacant posts ADP - underspend of £0.131m which will be carried forward for use in 2019/20.

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
Lead Partnership (MHS)	46,084	45,167	(917)	<p>Adult Community - underspend of £0.230m due to vacancies and the cost of the crisis team being met by Action 15 funding.</p> <p>Adult Inpatients- overspend of £0.633m due to a delay in bed sale income and use of supplementary staff.</p> <p>UNPACs - underspend of £0.211m which reflects the corrected charge for the Forensic Services SLA.</p> <p>LDS - underspend of £0.184m due to delay in UNPACs transfer.</p> <p>Elderly Inpatients - overspend of £0.226m due to use of supplementary staff which has reduced in recent months.</p> <p>CAMHS - underspend is £0.468m due to vacancies.</p> <p>MH Admin - underspend of £0.113m. This is after the transfer of services to East and South.</p> <p>Psychiatry - overspend of £0.077m, primarily due to locums and a reduction in Dean funding. EMH Liaison post remains unfunded.</p> <p>MH Pharmacy - underspend of £0.300m mainly within substitute prescribing of which £0.065m is from the over-accrual in 2017-18.</p> <p>Psychology- underspend of £0.697m due to vacancies.</p> <p>CRES target - overspend of £0.986m in relation to savings still to be identified. These are addressed as part of the approved 2019/20 budget.</p> <p>Underspends in other areas - include Associate Nurse Director budgets £0.064m, slippage on mental health allocations of £0.070m and resource transfer reserve £0.015m.</p>
CHIDREN'S SERVICES AND CRIMINAL JUSTICE	35,591	35,705	114	
Intervention Services	4,130	4,004	(126)	<p>Employee costs - underspend of £0.217m mainly due to vacant posts.</p> <p>Supported Carers Scheme - overspend of £0.032m based on 5 carers supporting 6 children.</p>

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
Looked After & Accom Children	16,264	17,045	781	<p><u>Looked After Children placements - underspend of £0.449m based on the following:-</u></p> <p>Kinship - overspend of £0.200m. Budget for 302 placements, currently 321 placements.</p> <p>Adoption - underspend of £0.040m. Budget for 78 placements, currently 68 placements.</p> <p>Fostering - underspend of £0.352m. Budget for 140 placements, currently 115 placements.</p> <p>Fostering Xtra - underspend of £0.105m. Budget for 32 placements, currently 25 placements.</p> <p>Private fostering - underspend of £0.143m. Budget for 16 placements, currently 9 placements.</p> <p>Fostering respite - overspend of £0.002m.</p> <p>IMPACCT carers - underspend of £0.010m based on 3 carers providing support for full year.</p> <p>Adoption Fees - overspend of £0.052m due to external agency fees and 2 placements from other Councils.</p> <p>Residential School placements including community packages - overspend of £1.152m. At the end of the year there are 19 residential and 5 secure placements. All remand placements had ended.</p> <p>Employee Costs - underspend of £0.027m due to vacancies.</p>
Fieldwork	4,616	4,550	(66)	Employee costs - underspend of £0.080m due to vacancies.
CCSF	304	235	(69)	Employee costs - underspend of £0.029m due to vacancies.
Criminal Justice	2,740	2,735	(5)	Outwith the threshold for reporting
Early Years	3,290	2,884	(406)	<p>Employee costs - underspend of £0.364m due to vacancies.</p> <p>CAMHS budget - underspend of £0.056m</p>
Policy & Practice	3,874	3,851	(23)	Outwith the threshold for reporting
Lead Partnership (CS & CJ)	373	401	28	Outwith the threshold for reporting

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
PRIMARY CARE	48,916	48,839	(77)	Prescribing - underspend of £0.077m.
ALLIED HEALTH PROFESSIONALS	4,636	4,588	(48)	Outwith the threshold for reporting
MANAGEMENT AND SUPPORT	6,821	5,970	(851)	Debt Repayment - additional budget of £1.486m is held in Management and Support to support the repayment of historic debt. CRES savings - overspend of £0.682m re CRES savings still to be identified and £0.055m in relation to workforce savings.
CHANGE PROGRAMME & CHALLENGE FUND	2,623	2,290	(333)	ICF - slippage on some projects.
TOTAL	237,795	236,326	(1,469)	

Threshold for reporting is + or - £50,000

North Ayrshire Health and Social Care Partnership
2018/19 Savings

Appendix C

Council Commissioned Services

Service	Description	RAG Status at budget setting	Updated Rag Status	Gross Saving 2018/19 £000's	Net Saving 2018/19 £000's	Net Saving Achieved at Period 12 £000's	Shortfall
Children & Criminal Justice	Children & Criminal Justice Challenge Fund Projects - Investment in Universal Early Years	Green	Blue	100	47	47	-
Children & Criminal Justice	Children & Criminal Justice Challenge Fund Projects - School-based Approach to Reducing Looked After (LAC)/Looked After and Accommodated Numbers(LAAC)	Green	Blue	200	106	106	-
Children & Criminal Justice	Children & Criminal Justice Challenge Fund Projects - Reduction in Needs for Residential School placements enhancing our community supports with a new team.	Green	Blue	536	340	340	-
Children & Criminal Justice	Children & Criminal Justice Challenge Fund Projects - Expansion of the Multi Agency Assessment and Screening Hub (MAASH)	Green	Blue	37	26	26	-
Children & Criminal Justice	Reallocation of Partnership Forum budget with associated savings	Green	Blue	40	40	40	-
Children & Criminal Justice	To reduce the Learning and Development team	Amber	Blue	75	75	75	-
Children & Criminal Justice	Reduction in Staffing	Green	Blue	25	25	25	-
Children & Criminal Justice	To discontinue the mentoring project for young people	Green	Blue	25	25	25	-
Community Care & Health	Community Care & Health Challenge Fund Projects - Physical Disabiliites	Green	Red	200	200	-	200
Community Care & Health	Community Care & Health Challenge Fund Projects - Reablement	Green	Blue	228	181	181	-
Community Care & Health	Reduction in staff from the Arran social work team	Amber	Blue	13	13	13	-
Community Care & Health	Withdrawal of funding to Crossroads, Largs	Green	Blue	14	14	14	-
Community Care & Health	Additional projected income	Green	Blue	155	155	155	-
Community Care & Health	WRVS saving	Green	Blue	8	8	8	-
Community Care & Health	Reduction in Care Home Placements - proposal to reduce 25 placements.	Red	Red	391	391	-	391
Community Care & Health	Reduction in Care at Home	Red	Blue	200	200	200	-

Service	Description	RAG Status at budget setting	Updated Rag Status	Gross Saving 2018/19 £000's	Net Saving 2018/19 £000's	Net Saving Achieved at Period 12 £000's	Shortfall
Mental Health	Mental Health - Challenge Fund Projects	Green	Blue / Red	226	226	78	148
Mental Health	Redesign and recommission a mental health support service at a reduced cost.	Amber	Blue	30	30	30	-
Mental Health	Reduction in Caley Court Learning Disability Team.	Amber	Blue	48	48	48	-
Mental Health	Reduction in staff at Hazeldene Day service	Amber	Blue	35	35	35	-
Management & Support	Review all support secondments/posts which could be provided by parent organisations to the HSCP.	Amber	Blue	50	50	50	-
Management & Support	Operational savings generated by the business support review.	Amber	Blue	150	150	150	-
Management & Support	Planning and Performance Team - reduction in staffing	Green	Blue	37	37	37	-
Cross Service	Pilot Sickness Absence Taskforce within the HSCP	Green	Blue	100	75	75	-
Cross Service	Staff Mileage - 10% reduction across the partnership	Green	Red	40	40	-	40
Cross Service	Bring forward phase 2 Challenge Fund savings from 2019/20 to 2018/19	Green	Blue	250	250	250	-
Cross Service	Cap respite across all services to 35 days	Green	Blue / Red	200	200	130	70
Change and Improvement	Change Team Restructure	Green	Blue	108	108	108	-
Change and Improvement	Integrated Care Fund - reduction in spend and discontinued projects	Green	Blue	218	218	218	-
TOTAL				3,739	3,313	2,464	849

Service	Description	RAG Status at budget setting	Updated Rag Status	Gross Saving 2018/19 £000's	Net Saving 2018/19 £000's	Net Saving Achieved at Period 12 £000's	Shortfall
Change and Improvement	Integrated Care Fund - reduction in spend and discontinued projects	Green	Blue	242	242	242	-
Planning and Performance	Change Team Restructure	Green	Blue	108	108	108	-
Mental Health	Review of Psychology Services - Phase 2	Green	Blue	47	47	47	-
Mental Health	Prescribing - Secondary 1%	Amber	Blue	7	7	7	-
Mental Health	Add UNPACS 1%	Amber	Blue	23	23	23	-
Mental Health	Psychiatry 1%	Amber	Blue	55	55	55	-
Mental Health	Addictions 1%	Amber	Blue	13	13	13	-
Community Care & Health	Arran	Amber	Blue	20	20	20	-
Community Care & Health	Delayed Discharge Funding	Green	Blue	53	53	53	-
Community Care & Health	District Nursing Supplies	Green	Blue	7	7	7	-
Community Care & Health	Reduction in staffing - Arran	Green	Blue	30	30	30	-
Cross Service	Supplies	Green	Blue	80	80	80	-
Cross Service	Transport	Green	Blue	5	5	5	-
Cross Service	Savings carried forward from 2017/18	Red	Red	2,557	2,557	889	1,668
Cross Service	Workforce saving allocation	Red	Red	55	55	-	55
TOTAL				3,302	3,302	1,579	1,723
GRAND TOTAL				7,041	6,615	4,043	2,572

Ref	Service Area	Recovery Action Proposed	Estimated Benefit £ 000's	Achieved £ 000's	Shortfall £ 000's	Responsible Officer
1	Care Homes	Phased reduction in care home numbers as more people will be supported at home. This would focus on a reduction in residential care placements by utilising the capacity in community services (eg care at home, district nursing) to support people to remain supported in their own homes.	200	200	-	Stephen Brown
2	Learning Disability	From September there will be a full time care manager seconded to a dedicated learning disability review team. This will assist in achieving the planned Challenge Fund savings and contribute to the financial recovery plan.	100	70	30	Thelma Bowers
3	Learning Disability	Sleepovers - the current sleepovers are being reviewed to assess which could be provided using the existing out of hours responder service. There is not currently a savings target aligned to sleepover services.	100	-	100	Thelma Bowers
4	Learning Disability	Review of all 2:1 supports for clients, from reviews already undertaken a reduction has been delivered, plan to review remaining supports.	75	25	50	Thelma Bowers
5	Cross Service	Review of all transition cases (e.g. LD adults aged 65+) to ensure the appropriate care is provided (saving is estimate net of alternative care provision).	150	-	150	Thelma Bowers
6	Cross Service	Audit of compliance with the charging policy to ensure consistency of application across services.	50	-	50	Caroline Whyte
7	Carers	Increased demand for Respite services, contributing to overall overspend, use element of Carers Act funding for support for respite. Non recurring basis for 2018-19, reviewed as part of 2019-20 budget in line with plan for Carer's Act funding and implementation.	300	300	-	Stephen Brown
8	Equipment	Temporary reduction (2018-19 only) in the equipment budget due to the Challenge Fund investment being used to clear the waiting list. This will be kept under review together with any waiting lists and impact on delivery of community based services.	100	100	-	Stephen Brown
9	Adaptations	Temporary reduction (2018-19 only) in the adaptations budget. This will be kept under review together with any waiting lists and impact on delivery of community based services.	100	100	-	Stephen Brown
10	MH Inpatients	Current plans assume 4 bed sales to support service costs, actively market a 5th bed.	40	-	40	Thelma Bowers
11	Learning Disability	Cease payment of Resource Transfer for a historic arrangement in relation to one patient moving outwith NHS A&A.	40	40	-	Thelma Bowers
TOTAL			1,255	835	420	

Other actions being taken:

Ref	Service Area	Action	Responsible Officer
1	Learning Disability	Extension of CM2000 to adult services which will enable payment to care providers based on actual service delivered. Greatest potential impact will be from 2019-20.	Thelma Bowers
2	Learning Disability	Developing alternative approaches to personal assistant provision to accompany service users to social events	Thelma Bowers
3	Learning Disability	Developing alternative approaches to transport for service users to social events.	Thelma Bowers
4	Cross Service	The partnership vacancy scrutiny group continues to review all vacant posts which leads to non-recurring savings. This has been added to by the NHS also undertaking a workforce management review group.	Stephen Brown
5	Cross Service	The absence pilot approved by the IJB in August may lead to reduced sickness rates and associated reduced absence related costs.	Julie Davis
6	Mental Health	A review and redesign of Elderly Mental Health wards is being undertaken. There will be no savings in 2018-19 but there will be an impact in 2019-20.	Thelma Bowers
7	Commissioned services	Review all outstanding contractual uplifts	Caroline Whyte

2018/19 Budget Reconciliation

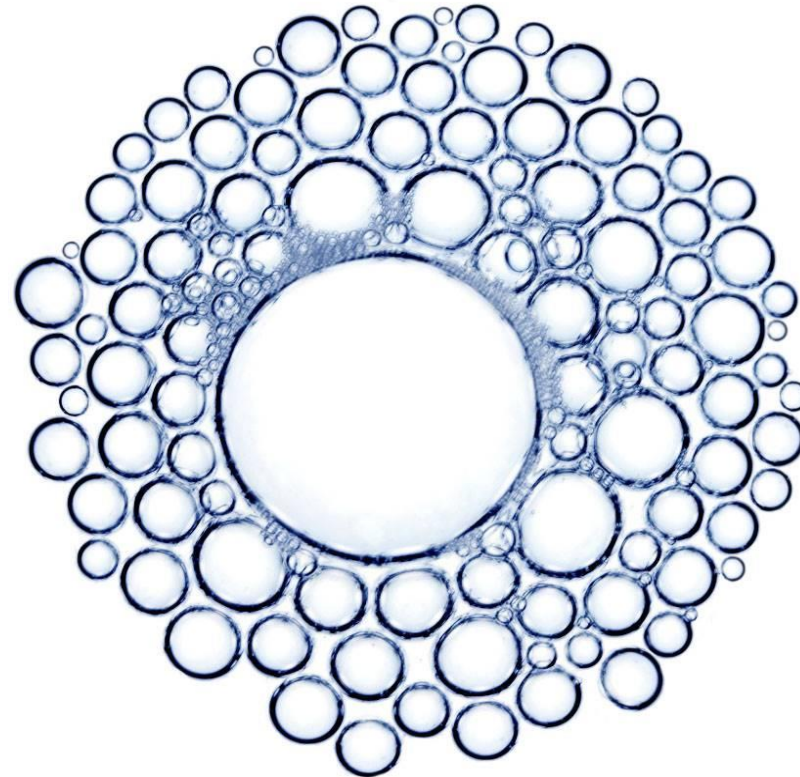
Appendix E

COUNCIL	Period	Permanent or Temporary	£
Initial Approved Budget	2		92,353
Resource Transfer	2	P	22,257
ICF Procurement Posts - Transfer to Procurement	2	T	(89)
Additional Pension Costs	4	P	(7)
Reduction in CJ Settlement for 18/19	4	P	(244)
Budget from Education - Activity Agreements (Rosemount)	6	T	29
Transfer of Finance staff from Corporate to HSCP (part year budget)	9	P	309
Increase in Commercial Refuse Collection (corrected in period 10)	9	T	21
Challenge Fund	12	T	738
1.5% Pay Award	12	P	352
Insurance Premium	12	T	99
Debt Repayment Funds	12	T	1,486
Criminal Justice	12	P	79
Bad Debt Provision	12	T	30
Increase in Property and Liability Insurance Excess	12	T	14
Period 12 reported budget			117,427

HEALTH	Period	Permanent or Temporary	£
Initial Approved Budget (includes estimated pay award)	2		137,143
Resource Transfer	2	P	(22,257)
Girfec-HV S-Bar	3	P	46
Specialist Pharmacist Upgrade	4	T	12
Pay Award	4	P	1,462
MH Admin – transfer to East and South	5	P	(1,198)
NES junior doctor funding	5	P	(80)
HD424 - NMAHP Clinical Lead	5	P	16
Allocation of the AHP budget	6	P	4,570
Mental Health Strategy - Action 15	6	P	571
ADP	6	P	463
Medical Pay Award	6	P	204
Medical Training Grade Adjustment	6	P	49
Band 3 Admin funding transferred from East	6	P	14
Breast Feeding Programme - Health Visitor	6	P	9
Mental Health Admin Split to South/East(Supplies)	6	P	(71)
Prescribing Reduction	6	P	(567)
Veterans Funding – reallocation from East	6	P	150
Biggart Ward Closure 2017 - North Split	7	P	10
Medical Pay Award Correction	7	P	(64)
Ailsa Hairdressing transferred to South	7	P	(11)

Medical Training Grade Adjustment	7	P	(9)
Workforce saving allocation	7	P	(55)
Models of Care Funding	8	P	316
Split out of AHP Vacancies and Salaries	8	P	99
Health & Wellbeing Post and Veterans First to North	8	P	29
V1P Allocation Split East	8	P	27
Redistribution of AHP workforce saving allocation	8	P	(33)
Medical Training Grade Adjustment	9	P	15
Models of Care - Turnover Adjustment	9	T	(13)
Medical Training Grade Adjustment	10	P	36
Winter Plan 18/19	10	T	40
Models of Care - Turnover Adjustment	10	T	(15)
Prescribing Reduction	10	P	(478)
Medical Training Grade Adjustment	11	P	(7)
Models of Care - Turnover Adj	11	T	(30)
Procurement Saving	11	P	(4)
Senior Manager-Children's Services and Quality Improvement Upgrade	11	P	(12)
Prescribing Adjustment	12	P	86
Return Public Health Development Post to ADP	12	T	15
Medical Training Grade Adjustment	12	P	(1)
Enhanced GP Service Arrol Park transfer to Primary Care	12	P	(7)
PC ABI Contribution from ADP funding	12	T	(14)
WOS CAMHS Allocation correction	12	T	(35)
Models of Care - Turnover Adj	12	T	(55)
Roundings			2
Period 12 reported budget			120,368

GRAND TOTAL	237,795
--------------------	----------------



North Ayrshire Integration Joint Board

Interim Report to the Members of the North Ayrshire IJB
on the audit for the year ended 31 March 2019

Issued 6 June 2019 for the meeting on 20 June 2019

Contents

01 Our report

Introduction	3
Financial sustainability	6
Financial management	10
Governance and transparency	14
Value for money	19
Other specific risks	21

02 Appendices

Purpose of our report and responsibility statement	23
Action plan	24

Introduction

The key messages in this report

I have pleasure in presenting our report to the members of the North Ayrshire Integration Joint Board (the IJB) as part of our 2018/19 audit responsibilities. I would like to draw your attention to the key messages from this paper:

Background

As set out in our plan which was presented to the Performance and Audit Committee in March 2019, the Code of Audit Practice sets out four audit dimensions which set a common framework for all public sector audits in Scotland.

Our audit work has considered how the IJB is addressing these and our conclusions are set out within this report.

As part of this review we met with Chief Officer, Chief Finance and Transformation Officer and Chair of the Performance and Audit Committee. We also observed a Performance and Audit Committee meeting in March 2019.

We then reviewed supporting evidence to support our judgements and conclusions which are contained within this report.

Scope of audit

Our audit work covered the four audit dimensions as follows:

- Financial sustainability;
- Financial management;
- Governance and transparency; and
- Value for money.

The audit incorporated the specific risks highlighted by Audit Scotland, in particular, the impact of EU withdrawal, the changing landscape for public financial management, dependency on key suppliers and increased focus on openness and transparency.



Introduction (continued)

The key messages in this report (continued)

Overall conclusions

Financial sustainability – The IJB expects to achieve short-term financial balance in 2018/19. This is a significant improvement and the first time a balanced position will have been achieved. A balanced budget has been set for 2019/20, however, this includes significant efficiencies and service transformation programmes to be delivered.

As reported in our 2017/18 annual report, the IJB closed 2017/18 with a cumulative deficit position of £5.807m which needs to be recovered in future years. It is positive that the IJB will repay a sum of £0.668m towards this debt to North Ayrshire Council in 2018/19, with the remainder being repaid in future years. There was a plan agreed during 2018/19 for £1.5m of repayment to be made, however a surplus of this value was not generated due to variations between projections and actual costs at the financial year-end. The year-end financial monitoring report to the IJB will include a plan to improve future financial projections.

In the medium-term, the IJB is faced with a challenging financial position as the current level of service provision is not financially sustainable. In response to this, the Medium Term Financial Plan (MTFP) is due to be updated in 2019/20, with the Transformation Board driving the delivery of transformational change.

As part of the 2019/20 transformation programme, the IJB are launching a “Thinking Different, Doing Better” programme aimed at educating staff and the wider public on the role of the partnership and of the case for change. This is a significant commitment but should be highlighted as a good practice example of engaging with key stakeholders to inform future decision making and drive towards shifting the balance of care from a hospital to a community setting.

Financial management – The expected underspend position for 2018/19 is a significant improvement on the overspend position that was expected earlier in the year, particularly given historical overspends in previous years. Improvements have been made to the quality and frequency of financial monitoring reports and there is now an effective integrated budget monitoring arrangement in place.

The Social Care Finance Team moved across to the partnership during 2018/19 to facilitate improved communication and joint working with front line HSCP colleagues. This has provided an opportunity to strengthen financial management arrangements, including the reliability and accuracy of financial projections and financial processes.

It is positive to note that work is ongoing nationally, with Ayrshire and Arran acting as the test area for further work to be on “Directions” and Set Aside resources as part of the national Review of Progress of Integration of Health and Social Care.

Governance and transparency – In general, the IJB has a good attitude to openness and transparency and there is a supportive culture that underpins this. This could be further enhanced by publishing the papers and minutes of the Performance and Audit Committee online.

There are a number of key governing documents (Financial Regulations, Scheme of Delegation, Reserves Strategy) which have not been reviewed or refreshed by the Board since 2015. We recommend that these are reviewed to ensure that they are still fit for purpose.

It is positive to note that the Board, along with its NHS and Council partners, are reviewing and updating the governance arrangements for the IJBs to take cognisance of the experience from early integration.

Value for money – The IJB has a performance management framework in place, with performance regularly considered by management, and the Performance and Audit Committee. It clearly reports on its contribution towards the national outcomes through its quarterly and annual performance reports.

While there is a general decline in performance, the Partnership Performance Reports set out how the IJB intends to address each area of under performance. In particular, there is a focus on trying to shift the balance of care from a hospital to a community setting.

Our detailed findings and conclusions are included on pages 6 to 21 of this report.

Introduction (continued)

The key messages in this report (continued)

Next steps

An agreed Action Plan is included at page 24 of this report. We will consider progress with the agreed actions and provide an update on any significant changes in our annual audit report to the Committee in September 2019.

Added value

Our aim is to add value to the IJB by providing insight into, and offering foresight on, financial sustainability, risk and performance by identifying areas for improvement and recommending and encouraging good practice. In so doing, we aim to help the IJB promote improved standards of governance, better management and decision making, and more effective use of resources.

We have provided our separate “Sector Developments” report, where we have shared our research, informed perspective and best practice from our work across the wider public sector that are specifically relevant to the IJB. We would encourage the Board to consider this as part of the ongoing development of the Partnership.

Pat Kenny
Audit Director

Financial sustainability

Overview

Financial sustainability looks forward to the medium and longer term to consider whether the body is planning effectively to continue to deliver its services or the way in which they should be delivered.



Audit risks

Within our audit plan we identified a number of risks as follows:

- The IJB fails to take sufficient action to reach a financially sustainable position; and
- The IJB's medium-term financial planning is inconsistent with the Scottish Government's five-year plan.

The following pages summarise our findings and conclusions to address the above risks.

Financial sustainability (continued)

Short to medium term financial position

2019/20 budget

The IJB approved a balance budget of £270.592m for 2019/20 on 21 March 2019 as set out below.

	Council Delegated Budget (£'000)	NHS Delegated Budget (£'000)	Total Budget (£'000)
Baseline budget	92,929	143,105	236,034
Baseline funding increase	1,389	2,319	3,708
SG funding adjustment	756	-	756
2019/20 excluding set aside	95,074	145,424	240,498
Set aside	-	30,094	30,094
2019/20 budget	95,074	175,518	270,592
Baseline funding increase	1,389	2,319	3,708
Funded pressures	(5,093)	(2,561)	(7,654)
Budget gap	(3,704)	(0,242)	(3,946)
Add historic cash releasing efficiency savings	-	(2,188)	(2,188)
Total savings required	(3,704)	(2,430)	(6,134)
Savings Plans in place	3,704	2,430	6,134
Balanced budget	0	0	0

The budget allocations from the Council and NHS includes the IJBs share of the Scottish Government integration funding allocated to improve outcomes in social care routed to IJBs via Councils and the additional funding to support additional investment by NHS Boards announced in December 2018 which required a real term uplift in baseline funding of 2.6%.

Whilst the overall funding for the IJB has increased year on year, this increase is not keeping pace with the cost and demand pressures required to be funded which results in a significant budget gap. In addition, the IJB are carrying legacy CRES savings targets from previous years which require to be addressed on a recurring basis.

This balanced position includes achievement of cash releasing efficiency savings of £6.134m, which represents a significant financial risk for the IJB at a time of significantly increasing demand for services. A range of cash releasing efficiency savings proposals for the £6.134m have been agreed by the Board as part of the service redesign work being taken forward to ensure that a balanced budget is maintained which includes addressing all legacy CRES targets.

In setting its budget, the IJB recognised that, whilst projecting to achieve short term financial balance, a number of risks exist, including:

- high risk areas of low volume / high cost services areas e.g. Learning Disability care packages, children's residential placements, complex care packages;
- care packages, children's residential placements, complex care packages;
- progress with the work to develop set aside arrangements and the risk sharing arrangements agreed as part of this;
- mitigating the costs and impact of the outlined unfunded pressures;
- implementation costs of the Scottish Government policy directives, for example Free Personal Care for under 65's;
- Potential re-grading of posts due to erosion of grade differentials;
- Lead / hosted service arrangements, including managing pressures and reporting this across the 3 IJBs; and
- the impact on Lead partnership and acute services from decisions taken by other Ayrshire areas.

Financial sustainability (continued)

Short to medium term financial position

Reserves

The IJB has adopted a Reserves Strategy which was approved in March 2016, where it agreed that it should hold no more than 2% - 4% of net expenditure, based on the lower value this would be £5.0m.

As reported in the budget report to the IJB in March 2019, it recognised that given the significant financial pressures facing the Partnership and the requirement to deliver significant cash releasing efficiency savings, this optimum reserves balance is aspirational. No recommendations were made as part of the 2019/20 budget to allocate any resources to reserves however, consideration may be given to this in future to allow greater flexibility to manage demand fluctuations and to support financial planning over the medium to longer term.

The reserves position in the North Ayrshire IJB is unique in that the Board hold a negative reserve balance which has accumulated from previous year overspends, the negative reserve balance is offset by a debtor on the balance sheet reflecting the debt due to North Ayrshire Council. The Audit Scotland Technical Bulletin 2019/1 states that the IJB should make every effort to remedy the funding situation in year to prevent this position arising. There is currently £1.486m of resource set aside per annum out with the IJB delegated budget to repay this debt within a 4 year period. The IJB are projecting a payment of £0.686m for 2018/19 with the remainder paid over the following years. Going forward, the Board will budget to breakeven each year to ensure that the negative reserve position does not recur.

The estimated reserves position is noted below:

	Total Reserves (£'000)
Balance 31 March 2018	(5,807)
Actual repayment	668
Projected outturn (breakeven)	-
Estimated balance 31 March 2019	(5,139)
Planned repayment	1,486
Estimated balance 31 March 2020	(3,653)

Medium term financial planning

The IJB recognise that the delivery of services in the same way is neither financially or operationally sustainable. The updated Strategic Plan, approved for 2018-2021, is underpinned by the need to transform care models to provide sustainable services to the local community over the medium term.

A Medium Term Financial Plan (MTFP) was approved in 2017 to cover the period 2017/18 to 2019/20. The intention was to bring a refreshed three year MTFP to the IJB at its meeting in March 2019 for approval, however this was delayed pending clarification on the NHS funding position for 2019/20. As the funding position has now been resolved, the plan is to bring a refreshed three year MTFP to the Board meeting in August 2019 for approval.

As part of this plan, we would expect it to include:

- Scenario planning to assess the funding gap when key assumptions are adjusted;
- Detailed savings plans are identified in order to reduce the projected funding gap;
- A fully integrated budget to allow effective resource planning; and
- Integration of the set aside budget.

This update is also expected to take account of issues set out in the Scottish Government Health and Social Care Medium Term Financial Framework published in October 2018 as well as the work of the Transformation Board in place. This should also take into account the national performance framework which require the IJB to demonstrate how it contributes towards the national outcomes.

Financial sustainability (continued)

Medium to long term financial sustainability

Transformation work

The IJB recognise that redesign and transformation is required to enable services to be provided in the most cost effective manner and within the resource available and to achieve the ambition of the Strategic Plan.

In response to the challenges that the IJB faces, it has put in place a Transformation Board. This is officer led and is tasked with oversight and development of the programme of transformational change and efficiency savings to ensure the financial sustainability of the organisation.

The Transformation Board meets monthly to oversee the change programme, the group is solutions focussed with a view to identifying and implementing actions to get any off track plans back on target and has seen positive results through the achievement of a breakeven position for 2018/19. The planned 2019/20 transformation and savings plans have been reviewed and the change team resource has been aligned to the delivery of these plans and these will be monitored through the Transformation Board.

As part of the drive towards transformational change, a £4m Challenge Fund was supported by North Ayrshire Council aimed at the investment required to transform services. To date £2m of this has been used with recurring savings now being recognised as a result of these projects. The remainder of the Change Fund has been removed due to other competing financial pressures. Any future investment will require to be identified from within the recurring IJB budget.

As part of the 2019/20 transformation programme, the IJB are launching a “**Thinking Different, Doing Better**” programme aimed at educating staff and the wider public on the role of the IJB. Funding has been set aside to pay for temporary cover to ensure that all staff can attend these sessions without having an adverse impact on the day to day health and social care operations.

“Thinking Different, Doing Better” programme

- Dedicated accommodation for sessions over 6-9 months
- 150 sessions
- Interactive workshops
- Q&A sessions with Chief Officer

Attendees:

- 3,500 health and social care partnership staff
- All IJB members
- Locality Planning Groups
- Community Councils
- CPP Partners
- NHS Board members
- Community groups

The aim of this programme is to reinforce the partnership vision and values, to stimulate conversation with staff on the need for change, promoting a cultural shift in how the partnership operates, to seek the views of key stakeholders and help inform future operational planning. This is seen as a good practice example of engaging with key stakeholders to inform future decision making and drive towards shifting the balance of care from a hospital to a community setting.

Deloitte view – Financial sustainability

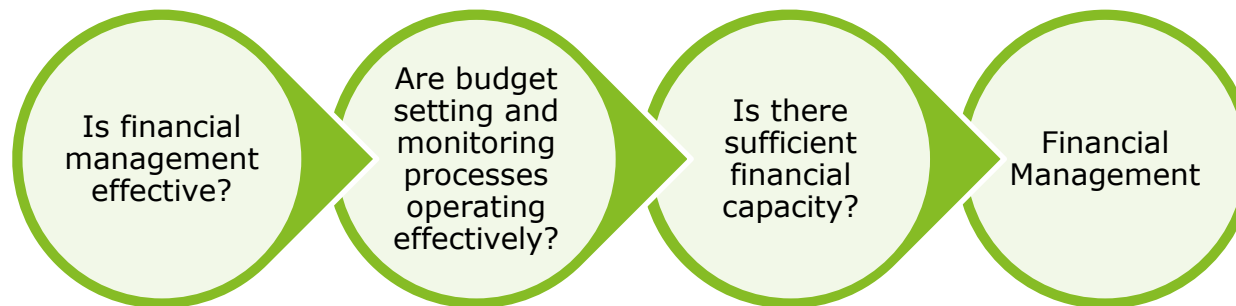
The IJB expects to achieve short-term financial balance in 2018/19 and to start repayment of the historic debt outstanding to North Ayrshire Council. A balanced budget has been set for 2019/20, however, this includes significant efficiencies and service transformation programmes that need to be achieved in order for a balanced budget to be maintained.

In the medium-term, the IJB is faced with an extremely challenging financial position as the current level of service provision is not financially sustainable. The Transformation Board has been established to drive the delivery of transformational change at the required scale and pace to set the direction for the Strategic Plan 2018-21. A Medium Term Financial Plan is in place covering the period 2017/18 to 2019/20, which sets out the key demand pressures and funding assumptions over the five year period. This is due to be updated in 2019/20 and should to take account of issues set out in the Scottish Government’s five-year Medium Term Financial Strategy, its Health and Social Care Medium Term Financial Framework and the work of the Transformation Board.

Financial management

Overview

Financial management is concerned with financial capacity, sound budgetary processes and whether the control environment and internal controls are operating effectively.



Audit risks

Within our audit plan we identified a number of risks as follows:

- A lack of appropriate financial management could result in the IJB not achieving its financial targets; and
- The underlying financial performance of the IJB is not transparently reported.

The following pages summarise our findings and conclusions to address the above risks.

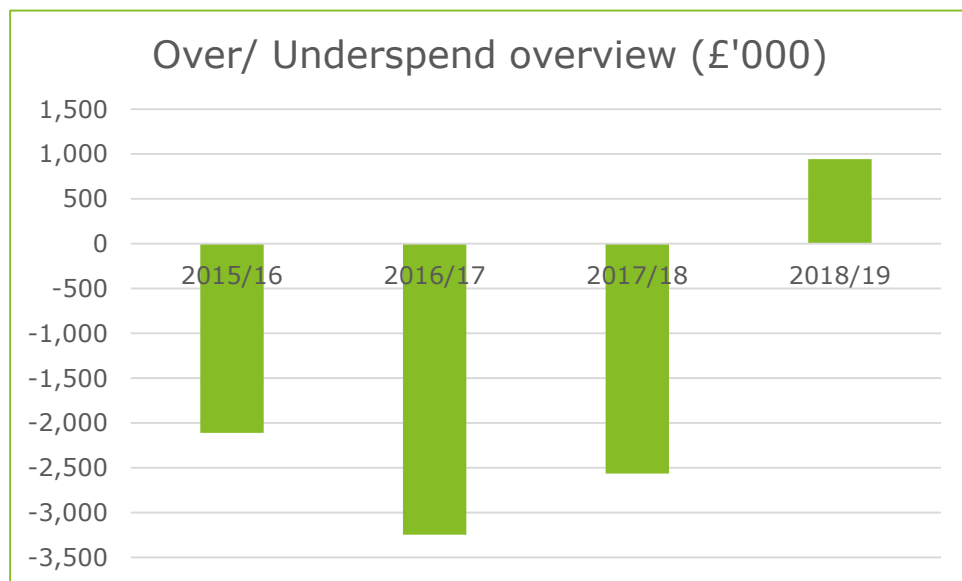
Financial management (continued)

Financial performance

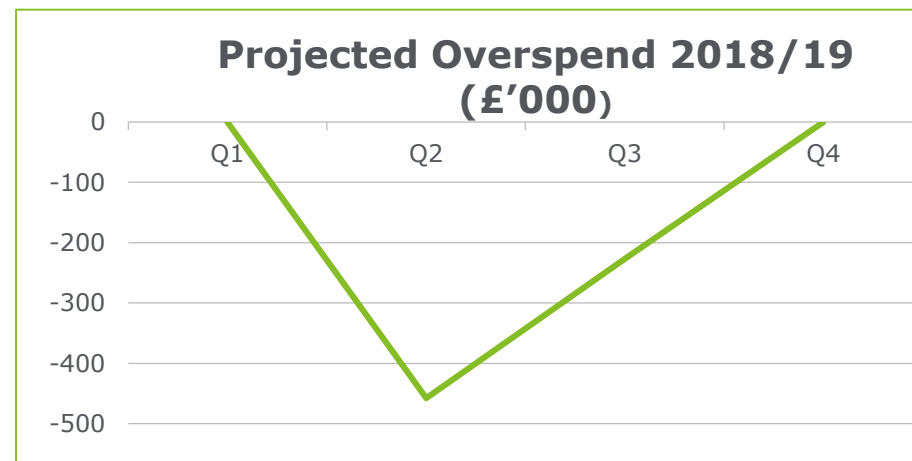
2018/19 projected outturn

The IJB is expected to end the year with an overall underspend of £0.945m. After accounting for earmarked ring-fenced funding of £0.277m there is an underspend of £0.668m transferred to general reserves which will be allocated to reduce the outstanding debt to North Ayrshire Council for previous year overspends. This position is a significant improvement from the position as at 30 September 2018 which forecast an overspend of £0.458m and the first time that the IJB has been in a position to commence repayment of the outstanding debt to the Council. In August 2018, a recovery plan was approved by the Board to address the projected overspend. The impact of the plan so far has been to improve the financial position by £0.765m. As a result, this is the first time that a balanced position will have been achieved.

This has been achieved as a result of good financial management and the work of the Transformation Board to help deliver transformational change.



The overspend reported to the Board during the year is illustrated as follows:



The key reasons for the variances as at 31 December 2018, which net to an projected overspend of £0.227m were:

- Health and Community Care Services (overspend of £0.308m) - Care home placements including respite placements projected to overspend by £0.718m due to increase permanent placements. This is offset by a projected underspend of £0.400m in Care at home services.
- Management and Support Costs (overspend of £0.228m) - There is a projected overspend of £0.682m relating to Cash Releasing Efficiency Savings (CRES) savings still to be identified and £0.055m in relation to workforce savings. This is partially offset by an underspend in contract inflation of £0.150m and a number of other small underspends.

Financial management (continued)

Financial performance and systems of internal financial control

Savings Plans

The 2018/19 budget included £4.003m of savings plus £2.557m of carried forward NHS CRES savings (total £6.560m). A further workforce saving of £0.055m was approved in period 6 taking the total savings required to £6.615m for 2018/19.

BRAG Status	Position at Budget Approval (£'000)	Position at period 9 projections (£'000)
Red	3,148	2,424
Amber	519	649
Green	2,893	226
Blue	0	3,316
TOTAL	6,560	6,615

The projected year-end outturn position assumes that the Red savings would not be delivered as planned and this was reflected in the overall projected outturn position. However, the IJB is now forecasting that an overall underspend position will be delivered for 2018/19 with unachieved savings being offset by a number of operational underspends and a transfer of £1.5m held by the Council on behalf of the IJB. It is encouraging that the level of savings with red status has reduced since the budget was approved, recognising a greater level of confidence of delivery and the progress made so far with identifying savings against the CRES target.

Financial reporting

The IJB has effective financial planning and management arrangements in place. Senior management and board members regularly review progress. The Board reviews financial performance at each meeting.

We note that the quality of financial monitoring reports has improved and now include detailed information on the Lead Partnership and set aside, and the IJB operates on the basis of an integrated budget. Amendments to the budget during the year are transparently reported in the financial monitoring reports.

We are also pleased to note that work is ongoing nationally, with Ayrshire and Arran acting as the test area for further work to be on Directions/ Set Aside resources as part of the national Review of Progress of Integration of Health and Social Care. Currently, projected variances are included within the host Partnership's accounts on a directly managed service basis with an assumption of NRAC risk-sharing arrangement, however, the pan-Ayrshire work will analyse cost and activity data to identify true fair shares.

We have, however, recommended the following improvements to the budget setting process:

- There needs to be a link between the budgeted spend and the IJB's priorities as set out in the Strategic Commissioning Plan.
- There needs to be improved links between the budget and outcomes: there is no information of the outcomes the IJB expects to be progressed (and to what extent) by the budget, which makes it difficult for the IJB to assess to what extent budgetary decisions are impacting on outcomes achieved.

Financial management (continued)

Systems of internal financial control

Financial capacity

The finance team is led by the Chief Finance and Transformation Officer who was appointed to her role in July 2018. She has experience in local government finance roles for a number of years including undertaking the role of S95 officer for another IJB previously. She has sufficient status to be able to deliver good financial management. The appointment of the new Chief Finance and Transformation Officer has been pivotal in the significant improvement in the IJB's financial position, with the increased focus on financial management. The fact that this position is a dedicated IJB role, with complete autonomy from both the Council and NHS, has helped ensure that the needs of the IJB are kept at the forefront. This has been demonstrated through the move towards a truly integrated view of resources at the financial year-end and through the budget process for 2019/20.

The Social Care Finance Team moved across to the partnership during 2018/19 to facilitate improved communication and joint working with front line HSCP colleagues. This has provided an opportunity to strengthen financial management arrangements, including the reliability and accuracy of financial projections and financial processes.

Internal audit

North Ayrshire Council's Chief Internal Auditor provides the Internal Audit function for North Ayrshire IJB.

During the year, we have reviewed all internal audits presented to the Audit and Performance Committee and the conclusions have helped inform our audit work, although no specific reliance has been placed on the work of internal audit.

Standards of conduct for prevention and detection of fraud and error

We have reviewed the IJB's arrangements for the prevention and detection of fraud and irregularities. Overall we found the IJB's arrangements to be operating effectively.

Deloitte view – financial management

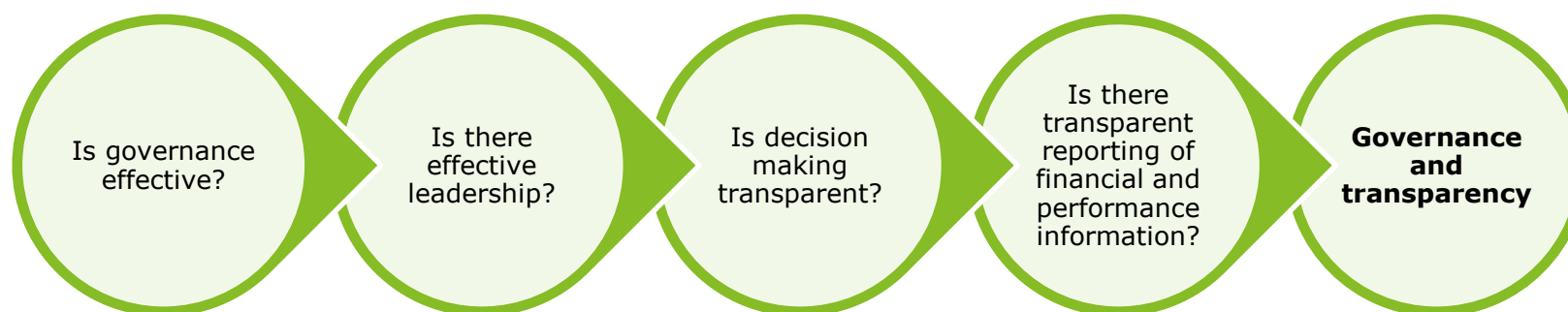
The IJB is forecasting to underspend in 2018/19, after £1.5m is transferred back from North Ayrshire Council which was held on behalf of the IJB. The IJB will repay a sum of £0.668m towards the outstanding debt to the Council. It was envisaged that during the year the first instalment of the repayment would be £1.5m, however, a surplus of that value was not generated due to variations between projections and actual costs at the financial year-end. The final outturn position is a significant improvement on the overspend position that was expected earlier in the year, particularly given historical overspends in previous years. Improvements have been made to the quality and frequency of financial monitoring reports and there is now an effective integrated budget monitoring arrangement in place. The appointment of the Chief Finance and Transformation Officer has been pivotal in the significant improvement of the IJB's financial position.

It is positive to note that work is ongoing nationally, with Ayrshire and Arran acting as the test area for further work to be on Directions/ Set Aside resources as part of the national Review of Progress of Integration of Health and Social Care.

Governance and transparency

Overview

Governance and transparency is concerned with the effectiveness of scrutiny and governance arrangements, leadership and decision making, and transparent reporting of financial and performance information



Audit risks

Within our audit plan we identified a number of risks as follows:

- There is a risk that governance arrangements between the IJB and its funding partners are not consistent; and
- The IJB's approach to openness and transparency is not keeping pace with public expectations and good practice.

The following pages summarise our findings and conclusions to address the above risks.

Governance and transparency (continued)

Openness and transparency

Openness and transparency

Taking an **open approach** to business can support good governance.

It is about behaviours, centred on a preference for sharing information about how and why decisions are made. In the public sector, this is based on the recognition that public services are delivered for the public good using public money.



Transparency can be seen as a process. Access to information provides insight into decision-making and how the organisation works. Transparency in the public sector is supported by statutory requirements and regulations. These are minimum requirements and it is for individual organisations to decide whether the content and volume (in terms of quantity and amount of detail) of the information that they make available contributes to increased understanding. There are judgements to be made, and an approach designed to increase transparency rather than comply with minimum standards is more likely to satisfy the good governance test.

Openness and transparency are individually important, and working well together they help demonstrate that public organisations are acting in the public interest.

We have considered the IJB's approach to openness and transparency, how good the IJB's information is; and its commitment to improving openness and transparency.

In general, the IJB has a good attitude to openness and transparency and there is a supportive culture that underpins this.

All Board meetings are held in public, with items on sensitive matters considered in private. Access to all papers and minutes of Board meetings, as well as key governance documents, are available on the IJB's website. However, Performance and Audit Committee papers and minutes for the IJB are not routinely made available online.

Minutes of meetings clearly outline decisions made, who made them and the rationale behind the decisions.

All voting members are required to complete and update their register of interests. These are maintained by the IJB and are available on the IJB website.

A Participation and Engagement Strategy is in place, recognising the range of participation and engagement in local communities and sets out how the partnership and IJB representation and stakeholder involvement can be further developed



Governance and transparency (continued)

Leadership, vision and governance arrangements

Governance and scrutiny arrangements

The IJB is supported in its role by the Performance and Audit Committee. From a review of Board minutes, it was evident that there is an appropriate level of challenge and scrutiny provided by Members.

The Performance and Audit Committee provides a scrutiny role and regularly monitors the performance of the IJB. During the year, the Committee reviewed and updated its terms of reference to ensure that it is delivering on its key aims and objectives. From a review of committee minutes, it was evident that there is an appropriate level of challenge and scrutiny provided by Members. However, we noted that Performance and Audit Committee papers and minutes are not made routinely available on the Board's website. Consideration should be given to making these publicly available to enhance transparency.

The IJB has a number of key governing documents (Financial Regulations, Scheme of Delegation and Reserves Strategy) which have not been reviewed or refreshed since 2015. The IJB should carry out a periodic review of its key governing documents to ensure that they are still fit for purpose.

A report was considered by the IJB in June 2018 setting out the findings from a first stage review of the Integration Scheme (along with that of East Ayrshire). The review process confirmed that a number of areas needed to be addressed in order to improve planning, governance and delivery of Health and Social Care Services in Ayrshire. It also identified that the full powers of the current Integration Scheme have not been utilised and there is further scope to take action within current arrangements. These include:

- **Collaboration across Ayrshire** – There is strong alignment across all 3 partnerships and Lead Partnership arrangements are in place. These arrangements are, however, complex, human resource intensive and can be slow in decision making.
- **Decision making** being made by one IJB which impact on the other two IJBs without due regard or consultation with the other areas. This is exacerbated in lead partnerships .

- **Financial governance** – the arrangements for financial accountability between IJBs in relation to Lead Partnership arrangements requires review. There is potential for conflict over budget setting, detrimental impact of decisions by IJBs and overspends.
- **Performance governance** – Legislation requires that decisions made by an IJB that have an impact on neighbouring IJBs require to be consulted upon. In the lead partnership model this is even more evident as decisions made by a Lead Partnership IJB have direct impact on services in other areas and on Acute services. These issues are not limited to lead partnership arrangements and can include strategic service and finance decisions of an IJB that impact adversely on residents of another area.
- **Financial context** – on an annual basis, the IJBs are required to agree that the finance available from NHS/ Councils is sufficient to deliver on the Strategic Plan. With increasing demand and restrictions on public sector finding, this is increasingly difficult. This presents a risk to early intervention and preventative services.

As a result of the above review the following changes were made to the governance arrangements:

- To consider the potential conflicts in financial governance around the lead partnership model, it was agreed to move to more "fair share" commissioning, based on the National Resource Allocation Committee (NRAC).
- It was agreed to utilise mental health as the initial example of this commissioning model, to bring financial commitments to be in line with usage. Unscheduled care and set aside will also require similar considerations but are more complex.
- Some changes were made to how services are devolved, including Allied Health Professionals, Family Nurse Practitioner Services and Telehealth and United for Health and Smartcare European Programme.

Governance and transparency (continued)

Leadership, vision and governance arrangements

Governance and scrutiny arrangements (continued)

In response to the need to improve the financial and performance governance arrangements, NHS Ayrshire and Arran and the three Partnerships are working with the Scottish Government on a pilot project to review Directions. It is recognised that while the Scottish Government Good Practice Note on Directions, issued in April 2016, clearly sets out that in the case of an IJB, a direction must be given in respect of every function that has been delegated to the IJB, there is no consistency on how Directions are implemented. The purpose of this pilot project is to develop an exemplar set of directions to make commissioning more transparent and to inform any update to the Scottish Government guidance.

It is positive to note that the IJB is reviewing and updating the governance arrangements to take cognisance of the experience from early integration.

Strategic Plan

The Strategic Plan 2018 – 2021 was approved by the Board in April 2018. This notes that all of the work being taken forward continues to be done within the context of a challenging financial and operational environment.

The Partnership is committed to assessing how it is performing, examining where there are particular strengths to be built upon and where there is scope for improvement. This approach will form one of the key pillars in the drive for continuous improvement and transformational change in order to achieve the Board's objectives.

Leadership

The IJB has strong leadership and, with its partners, has a clear vision for what it wants to achieve for the people of North Ayrshire. Board members and staff support the vision.

The Partnership is governed by the IJB comprising eight voting members appointed by North Ayrshire Council and the NHS Ayrshire and Arran Board. The voting membership of the Board comprises four elected members from North Ayrshire Council and four non-executive members from NHS Ayrshire & Arran. Representatives from other Sectors including the 3rd Sector, Independent Sector, staff representatives and others representing the interests of patients, service users, carers and professionals also sit on the Board and contribute to its work.

During the year, there has been two changes to the voting membership of the IJB. Despite this change, we still consider there to be sufficient diversity to provide effective balance and scrutiny in leadership. At its meeting in May 2019, the Board appointed a new Chair and Vice Chair of the IJB and a new voting member was appointed following a resignation in March 2019.

Governance and transparency (continued)

Leadership, vision and governance arrangements

Members training

In our 2017/18 annual audit report, we recommended that appropriate training be provided to members to ensure they fully understand reports presented. During 2018/19, the IJB has continued with its development days, with a number of briefing sessions held during the year. The programme for these sessions were developed in consultation with IJB members and included sessions focussed on set aside, financial management and performance.

The IJB are in the process of undertaking a self-evaluation following up on the findings from the Audit Scotland and Ministerial Strategic Group findings of progress in integration. The IJB have plans in place to carry out a skills-gap self assessment following the appointment of its new Members, Chair and Vice Chair. The aim of this is to identify any gaps in Members knowledge and put in place a development plan to address any areas of concern.

Best value (BV)

It is the duty of the IJB to secure BV as prescribed in Part 1 of the Local Government Scotland Act 2003. We have considered the accountable officers' duty to secure BV as part of our audit work and are satisfied that there are appropriate arrangements in place for securing best value.

Deloitte view – Governance and transparency

In general, the IJB has a good attitude to openness and transparency and there is a supportive culture that underpins this. This could be further enhanced by publishing the papers and minutes of the Performance and Audit Committee online.

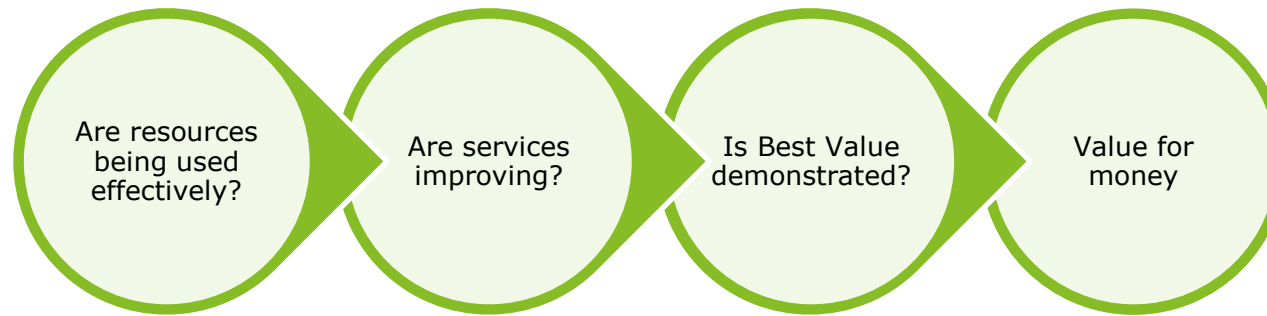
There are a number of key governing documents which have not been reviewed or refreshed by the Board since 2015. We therefore recommend that these are reviewed and refreshed on a periodic basis to ensure that they are still fit for purpose.

It is positive to note that the Board, along with its NHS and Council partners, are reviewing and updating the governance arrangements for the IJBs to take cognisance of the experience from early integration.

Value for money

Overview

Value for money is concerned with using resources effectively and continually improving services.



Audit risks

Within our audit plan we identified a number of risks as follows:

- The IJB does not allocate resources effectively; and
- The IJB does not clearly report on its contribution towards the national outcomes.

The following pages summarise our findings and conclusions to address the above risks.

Value for money (continued)

Performance management

Performance management

The IJB has embedded a performance management culture throughout the Partnership. It has created a wider range of performance information to manage services and target improvements for the people of North Ayrshire. This is supported by its performance management systems which analyse data, track progress and identify actions.

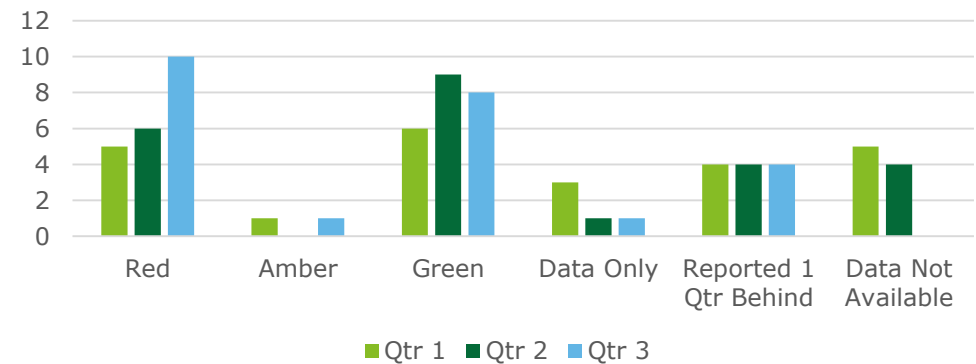
The 2019/20 budget recognises the need to link expenditure to anticipated outcomes but as outlined on page 12, there needs to be improved links between the budget and outcomes.

Regular performance information is provided to the Performance and Audit Committee, IJB members and operational managers. Benchmarking is used to compare performance with other organisations to support change and improvement. Our 2017/18 annual report recommended that performance information is made more publicly available to enhance openness and transparency. However, public reporting of performance information is limited to the Annual Performance Report. As such, this recommendation is yet to be implemented.

Performance data

From our analysis of performance indicators during the year, we note that between the period April 2018 to December 2018 overall performance has declined. There has been an increase in the number of 'red' indicators reported from 5 to 10. The Partnership Performance Reports sets out how the IJB intends to address each area of under performance. In particular, there is a focus on trying to shift the balance of care from a hospital to a community setting. It is not possible to identify whether the decline in performance is linked to the financial constraints or increase in demand. This re-enforces our recommendation that there needs to be increased links between financial budgets and outcomes to allow the Board to monitor the impact of its decisions.

Performance Indicators - Overview



Deloitte view – Value for money

Best Value duties apply to accountable officers across the public sector. One of the key principles of the IJB integration scheme is making best use of public money by providing services that are efficient, effective and sustainable, and best value is a visible theme throughout IJB reports. One mechanism for the IJB ensuring Best Value is through the preparation of the annual performance report, the report assesses performance in relation to best value.

The IJB clearly report on its contribution towards the national outcomes through its quarterly and annual performance reports. The budget also recognises the need to link expenditure to outcomes, but there is still a need to improve the links between budget and outcomes.

Other specific risks

As set out in our Audit Plan, Audit Scotland identified a number of areas as significant risks faced by the public sector. We have considered these as part of our audit work on the four audit dimensions and summarised our conclusions below.

Risk	Areas considered	Conclusion
EU Withdrawal	We have assessed what work the IJB has done to prepare for the impact of EU withdrawal, specifically considering people and skills; finance; and rules and regulations.	<p>The IJB is reliant on the NHS and Council to prepare for EU withdrawal to minimise the impact on the IJB. While there has been no formal reporting to the IJB, the Chief Officer is actively involved in both the NHS and Council work and can therefore take assurance from this.</p> <p>From our audit work on North Ayrshire Council and NHS Ayrshire and Arran, we are satisfied that both partners are sufficiently prepared for the impact of EU withdrawal. A number of areas, particular for the NHS, including risks relating to prescribing costs, are being considered nationally.</p>
Changing landscape for public financial management	As part of our audit work on financial sustainability (see page 6) we have considered how the IJB has reviewed the potential implications of the Scottish Government's Medium Term Financial Strategy for its own finances, including long term planning.	The Scottish Government Medium Term Financial Strategy and the Scottish Government Health & Social Care Medium Term Financial Framework has not been reviewed or discussed at Board level. We note that this will be considered as part of the planned update to the IJB's MTFP in 2019/20.
Dependency on key suppliers	We obtained a detailed breakdown of expenditure by supplier and performed an analysis to identify if there were any risks of dependency on key suppliers.	As the IJB does not directly engage with suppliers but instead commissions the Council and NHS to provide services, we have not identified a specific risk associated with the IJB. We have considered this risk as part of our audits of the Council and NHS and no issues identified which would indirectly impact on the continuity of health and social care services.
Openness and transparency	We have considered the IJB's approach to openness and transparency as part of our audit work on governance and transparency (see page 15).	From our audit work, we are satisfied that the IJB is appropriately open and transparent in its operations and decision making. We have identified some minor improvements to the availability of Performance and Audit Committee papers and minutes.

Appendices



Purpose of our report and responsibility statement

Our report is designed to help you meet your governance duties

What we report

Our report is designed to help the Members of the IJB discharge their governance duties.

Our report includes the results of our work on the following:

- Financial sustainability
- Financial management
- Governance and transparency
- Value for money.

What we don't report

As you will be aware, our audit is not designed to identify all matters that may be relevant to the IJB.

Also, there will be further information you need to discharge your governance responsibilities, such as matters reported on by management or by other specialist advisers.

This report has been prepared for the Members of the IJB, as a body, and we therefore accept responsibility to you alone for its contents.

We accept no duty, responsibility or liability to any other parties, since this report has not been prepared, and is not intended, for any other purpose.

We welcome the opportunity to discuss our report with you and receive your feedback.



for and on behalf of Deloitte LLP
Glasgow

6 June 2019

Action plan

Recommendations for improvement

Area	Recommendation	Management Response	Responsible person	Target Date	Priority
<i>Performance and Audit Committee Papers and Minutes</i>	The IJB should consider publishing the papers and minutes of the Performance and Audit Committee online. (see page 15 for details)	The Terms of Reference for PAC includes a requirement to submit copies of minutes to the IJB for review. The partnership will publish quarterly performance reports online during 2019-20.	Chief Finance and Transformation Officer	September 2019	Medium
<i>Review of Governing Documents</i>	The key governing documents of the IJB should be reviewed and refreshed on a periodic basis to ensure that they are still fit for purpose. (see page 16 for details)	A schedule of key governance documents including review timescales and responsible officers will be submitted to PAC in June 2019. Thereafter progress with document reviews will be monitored through PAC.	Chief Finance and Transformation Officer	March 2020	Medium
<i>Scottish Government Medium Term Financial Strategy</i>	The planned update to the Board's Medium Term Financial Plan should take account of the financial implications of the Scottish Government five-year Medium Term Financial Strategy. (see page 9 for details)	Updated MTFP will be presented to the IJB in August 2019 for approval.	Chief Finance and Transformation Officer	August 2019	Medium

Action plan (continued)

Recommendations for improvement (continued)

Area	Recommendation	Management Response	Responsible person	Target Date	Priority
<i>Budgeting process</i>	<p>We recommended the following improvements to the budget setting process:</p> <ul style="list-style-type: none"> • There needs to be a link between the budgeted spend and the IJB's priorities as set out in the Strategic Commissioning Plan. • There needs to be improved links between the budget and outcomes: there is no information of the outcomes the IJB expects to be progressed (and to what extent) by the budget, which makes it difficult for the IJB to assess to what extent budgetary decisions are impacting on outcomes achieved. <p>(see page 12 for details)</p>	<p>The service change programme approved as part of the 2019/20 budget aligned the service change to the IJB priorities and impact on service delivery is taken into consideration.</p> <p>Consideration will be given to how this can be more explicit across the entirety of the IJB budget as part of the development of the MTFP.</p> <p>Recognition nationally (by the SG Health and Sport Committee) that there is difficulty in attributing budgets to the National Health and Wellbeing outcomes.</p>	Chief Finance and Transformation Officer	March 2020	Medium

Action plan (continued)

Follow-up 2017/18 action plan

We have followed up the recommendations made in our 2017/18 annual report in relation to the wider scope areas and are pleased to note that four of the total seven recommendations made have been fully implemented. The following recommendations have either not been implemented or are only partially implemented. We will continue to monitor these as part of our audit work.

Area	Recommendation	Management Response	Responsible person	Target Date	Priority	2018/19 Update
Medium Term Financial Plan	<p>The Medium Term Financial Plan (MTFP) should be refreshed to determine the current expected funding gap. As part of this plan, we would expect it to include:</p> <ul style="list-style-type: none"> Scenario planning to assess the funding gap when key assumptions are adjusted. Detailed savings plans are identified in order to reduce the projected funding gap. A fully integrated budget to allow effective resource planning. Integration of the set aside budget. 	<p>Budget outlook to be presented to the IJB to inform planning for 2019-20 to 2021-22. Medium Term Financial Plan for the same period will be presented to IJB to align the resources available with the service change required to deliver success within the available budget.</p> <p>The integration of set-aside will require to be taken forward separately pan-Ayrshire with the support of the Health Board.</p>	Chief Finance and Transformation Officer	March 2019	High	<p><i>Partially implemented:</i> The MTFP will be refreshed during 2019/20.</p> <p>Updated management response: The 2019/20 budget was approved by the IJB in March 2019 with the MTFP to follow. Unable to present estimate for more than one year at that time due to protracted negotiations over funding. MTFP to be refreshed over coming months and plan to take to IJB in August 2019. The MTFP has been delayed due to uncertainty around the level of funding being provided by NHS Ayrshire and Arran which has an impact of the scenario planning for the MTFP. The work in relation to set aside is being progressed on a pan-Ayrshire basis with SG support, this work is at the early stages with two planning meetings which have taken place focussing on Directions and data.</p> <p>Updated target date: August 2019 (follow up with savings approval March 2020)</p>

Action plan (continued)

Follow-up 2017/18 action plan (continued)

Area	Recommendation	Management Response	Responsible person	Target Date	Priority	2018/19 Update
Strategic / Transformational Planning	<p>There should be a clear link between the Board's Strategic Plan and the MTFP to demonstrate what transformational work is to be carried out to achieve long term financial sustainability. A corporate workforce plan needs to be integral to this strategy.</p> <p>A change management programme should then be put in place, with appropriate tools and templates to allow the IJB to demonstrate that the benefits are being achieved.</p>	<p>Service change will be aligned with the delivery of Strategic Plan outcomes as part of the development of the MTFP for 2019-22.</p> <p>An approach to workforce planning is emerging, building on the work that the Council and NHS are undertaking, acknowledge that an integrated workforce plan should be developed alongside, however this is likely to take longer to develop.</p> <p>A consistent approach to project and change management is in place and Transformation Board recently established to ensure governance and accountability.</p>	Chief Finance and Transformation Officer	March 2019 (integrated workforce plan TBC)	High	<p><i>Partially implemented:</i> The MTFP will be refreshed during 2019/20 and a Workforce Plan to be presented to the Board in May 2019.</p> <p>Updated management response:</p> <p>Service change proposals for 2019-20 were aligned to the SP priorities. The Workforce Plan is to be presented to the IJB in May 2019. The MTFP will be refreshed over the coming months, plan to present to IJB in August to commence formal planning for 2020-22 budget proposals. The Change Management Programme is monitored via the Transformation Board. The Change Team support has been reviewed. Meetings with the approved lead, change team planning managers, finance lead takes place in March 2019 to agree timescales, milestones and savings trajectories.</p> <p>Updated target date:</p> <p>August 2019</p>

Action plan (continued)

Follow-up 2017/18 action plan (continued)

Area	Recommendation	Management Response	Responsible person	Target Date	Priority	2018/19 Update
Openness and Transparency	Whilst decision making is transparent and subject to scrutiny and challenge, we recommend that the IJB consider how performance information could be made more publicly available on the IJB's website. This would improve levels of openness and transparency.	The Annual Performance Report is published each year. The Performance and Audit Committee receive quarterly reports on performance, however these are not publicly available as the Performance and Audit Committee papers are not published. The IJB are not currently able to publish these due to NHS information which is not currently in the public domain. Consideration will be given to elements of the performance and audit information which could be more openly shared and published to further support and approach to openness and transparency.	Chief Officer / Chief Finance and Transformation Officer	December 2018	Low	<p><i>Not implemented:</i> Performance information is yet to be made publicly available.</p> <p>Updated management response: The key points from PAC meetings will be highlighted at the IJB in due course and agreed measures that link across statutory reporting and other plans that the HSCP input to will be publicised as a matter of course e.g. Council Plan updates, LOIP, MSG objective setting, CLAS, CP and Justice statutory returns, APR, etc. Further specific updates stemming from the monitoring of the change programme works will be presented to the IJB as required. Statutory information is currently in the public domain as is the council plan, LOIP and MSG objectives to date. Again, any significant changes to these that the HSCP feed into will be highlighted to the IJB at future meetings. PAC ToR updated to reflect a requirement for the minutes of PAC meetings to be taken to the IJB for information.</p> <p>Updated target date: September 2019</p>

Deloitte LLP does not accept any liability for use of or reliance on the contents of this document by any person save by the intended recipient(s) to the extent agreed in a Deloitte LLP engagement contract.

If this document contains details of an arrangement that could result in a tax or National Insurance saving, no such conditions of confidentiality apply to the details of that arrangement (for example, for the purpose of discussion with tax authorities).

Deloitte LLP is a limited liability partnership registered in England and Wales with registered number OC303675 and its registered office at 1 New Street Square, London, EC4A 3HQ, United Kingdom.

Deloitte LLP is the United Kingdom affiliate of Deloitte NWE LLP, a member firm of Deloitte Touche Tohmatsu Limited, a UK private company limited by guarantee ("DTTL"). DTTL and each of its member firms are legally separate and independent entities. DTTL and Deloitte NWE LLP do not provide services to clients. Please see www.deloitte.com/about to learn more about our global network of member firms.



Contents

Sharing our research, informed perspective and best practice

Introduction	3
Keeping pace?: Government's technology transformation	4
Best practice case studies	7
Deloitte perspectives	10
Health and social care integration	11

Introduction

Sharing our research, informed perspective and best practice

As part of our “added value” to the audit process, we are sharing our research, informed perspectives and best practice from our work across the wider public sector. In particular, we have included the following within this report:

1. Keeping pace? Government’s technology transformation – Research (pages 4-6)

Technology is a key driver for public sector transformation, making government departments more effective and public services accessible for those who rely on them.

Snapshot research with 815 civil servants has identified their views on the role and adoption of technologies, skills and training, as well as confidence levels in dealing with cyber-attacks. Whilst the results tell us that there is an appreciation of the impact and risks of technology developments, and progress is underway, the public sector appears to be struggling to keep pace.

2. Best practice case study (pages 7-9)

We have provided some case study data where Deloitte have been involved in transformational work within England.

4. Deloitte Perspective (page 10)

We have shared our perspectives and insights which are informed through our daily engagement with companies large and small, across all industries and in the private and public sectors.

5. National reports (pages 11 – 14)

We have summarised the recommendations and proposals from recent Audit Scotland and the Ministerial Strategic Group’s review on progress with integration which should be considered by the IJB as part of the ongoing development of the Partnership.

Keeping Pace?

Government's technology transformation

Technology is a key driver for public sector transformation, making government departments more effective and public services accessible for those who rely on them.

Snapshot research with 815 civil servants has identified their views on the role and adoption of technologies, skills and training, as well as confidence levels in dealing with cyber-attacks. Whilst the results tell us that there is an appreciation of the impact and risks of technology developments, and progress is underway, the public sector appears to be struggling to keep pace.

Area	Survey results	Action
Role of technology in government	<p>Respondents were asked which technologies have the most potential to impact on their department and on service delivery. Transformation of existing IT (88 per cent), cyber security (81 per cent) and data analytics (73 per cent) were the top three for greatest effect on the department. For service delivery, online interaction with citizens and cyber security were joint first (72 per cent), followed by transformation of existing IT (63 per cent) and mobile technology (60 per cent).</p> <p>On the other hand, digital currencies, blockchain, Internet and augmented reality are viewed as the least likely to impact either department operations or service delivery. These new technologies may have the power to revolutionise how we do things, however, our survey suggests that while IT professionals in the public sector are aware of them, they perceive them to be well down the list of priorities.</p> <p>But is there a need for the public sector to be at the 'leading edge' or at least be 'faster followers'? Transforming existing IT, the clear priority for survey respondents, and a focus of existing investment is arguably more likely to generate service improvements for citizens and drive savings internally.</p> <p>Equally the use of advanced data analytics to drive better insights for example, is now well established and delivering real benefits for many public sector organisations.</p>	<p>It will be important of course for public sector CIOs to keep a 'watching brief' on new technology. Technology that was new one year can become mainstream the next as functionality matures and the price point reduces.</p>

Keeping Pace? (continued)

Government's technology transformation (continued)

Area	Survey results	Action
Adoption of technology	<p>When asked which technologies they had explored for adoption, respondents highlighted those which might be considered more 'mainstream': transformation of IT (78 per cent), cyber security (64 per cent), cloud computing (59 per cent), mobile technology (56 per cent) and data analytics (54 per cent).</p> <p>Interestingly, while 72 per cent felt that online interaction with citizens had potential for the greatest impact on service delivery, only 46 per cent have explored the area for adoption.</p> <p>It's a well-worn stereotype that people working within the public sector believe they are behind the private sector in many areas. Our survey backs up this perception in relation to the adoption of new technologies; whilst 35 per cent felt they were behind others in the public sector, 64 per cent felt they were behind private sector organisations.</p> <p>Barriers highlighted include lack of budget (82 per cent), perceived cost (74 per cent) and 'fear of failure' culture (42 per cent).</p>	<p>The key lessons from our experience that helps accelerate technology adoption:</p> <ul style="list-style-type: none"> • Develop a coherent business case that clearly describes the benefits from the investment. This can help achieve buy-in and ensure the project is appropriately prioritised. • Have a clear Digital Strategy that supports the delivery of the business strategy: leadership and direction are at the core of driving successful technology adoption. • Involve citizens and service users in the design and delivery of new technology. This is critical for realising benefits and delivering 'fit for purpose' solutions. • Work closely with procurement teams to encourage technology innovation and accelerate the procurement process.
Cyber Security	<p>The survey was conducted approximately one month after one of the biggest cyber-attacks ever within the UK public sector with the WannaCry attack on the NHS.</p> <p>The survey presents a conflicting message in the response to questions of cyber security.</p> <p>When asked which technology developments have the greatest potential to impact on the department and service delivery, cyber security was flagged by 81 per cent and 71 per cent respectively. This shows a significant realisation of the real and present threat and potential for impact.</p> <p>However almost half (44 per cent) are not sure or do not have confidence in their organisation's ability to withstand a cyber-attack. Interestingly the more senior civil servants are, the more likely they are to express confidence. This could be due to the senior group having more visibility of what the department is doing organisation-wide to reduce the risk of cyber-attack, or it could be down to this group having less awareness of the risks and exposure that exists.</p> <p>The survey showed that 56 per cent were confident which could be attributed to an increased awareness amongst users, strengthening of cyber security policy across government and more stringent compliance requirements e.g. GDPR and NIS Directive.</p>	<p>It is clear that the public sector understands the importance of strong and robust cyber security technology.</p> <p>We would encourage organisations to adopt a holistic approach to cyber security including people, processes and technology, and use the clear interest in cyber security to promote awareness amongst staff.</p>

Keeping Pace? (continued)

Government's technology transformation (continued)

Area	Survey results	Action
Skills and training	<p>Skills Digital skills gaps provide a barrier to adoption according to 68 per cent of respondents. For many CIOs, figuring out the answer as to where to invest in skills can be challenging. The IT industry is constantly morphing with skills that were readily available a month ago being in short supply today. There is a clear move within the public sector towards user-centred design and data analytics, and it is perhaps not surprising that these figure large in terms of skills gaps in the survey.</p> <p>In our experience an added complication is the disparity in salaries between IT staff in the public and private sector. There is a fear factor of training people up only for them to get a better paid job elsewhere.</p> <p>Beyond the IT team, digital skills for the entire workforce need to be considered and addressed. One respondent suggested that there is a need for a standardised set of digital skills for all staff while another pointed to the need for more structured programmes to support upskilling.</p> <p>Investment in skills, for both the IT team and wider workforce, needs to be linked to the organisation's IT Strategy. Once an organisation has established what it wants to achieve, it can then establish a plan, including the volume and type of skills required. This will typically be a mix of in-house and outsourced resource dependent upon the nature of the project.</p> <p>Training 'On the job' training continues to be the most important means through which civil servants acquire the digital skills they need to perform their job effectively (64 per cent).</p> <p>Given the pervasiveness of technology in the workplace and at home, a potential working assumption is that all staff have, or will acquire on the job, the digital skills they need. This a potentially dangerous assumption. There are still many people within the workplace who are uncomfortable with technology. If they have not been given the right support and training, the risk is that they will become less effective in the workplace and the benefits of the organisation's investment in technology will not be fully realised.</p>	<ul style="list-style-type: none"> • Involve HR professionals in skills analysis, including the digital skills required for the entire workforce as well as the more specific skills for the IT team. The principles behind training needs analysis are still as relevant as they ever were: identifying people's current skill levels and any gaps is crucial to IT benefits delivery. • Embed a structured training programme based on the skills analysis. • Consider partnerships with universities, local employers and trusted suppliers. Some of the skills needed in the public sector can be accessed in small bites. For example, skills necessary with particular new technologies do not require long-term continuity of resource. External resources can deliver pace, capability and, with larger suppliers, an element of risk transfer that justifies the higher cost in the short and medium term. • In-house academies and training programmes can be used to upskill the existing workforce. Well-designed programmes can have a big impact on culture and levels of buy-in. Delivering programmes or partial programmes via e-learning will be time efficient and help to keep skills up-to-date

Best practice case studies

Our teams have worked with a number of English Council to support them through transformation programmes. We have set out on pages 8 and 9 two specific case studies that formed part of this work, including how they have applied demand management to transform services, and the outcomes achieved which are relevant to the Health and Social Care Partnership.

- **New Adult Services front door** – this increased contact centre capabilities and resolution at the first point of contact.
- **Re-defining the care offer within its Social Care service** - this included planning and delivering targeted reviews of care packages, re-defining the care offer and rolling out strength based approaches as well as a new contact model.

Best practice case studies (continued)

Council– New Adult Services front door

Overview

In 2015, an English Council embarked on a £100m efficiency programme. Adult Social Care directorate was expected to contribute £43.1m to this target, approximately 15% of their operating budget. This is in the context of an ageing population with increasing social care needs, workforce pressures and a complex provider marketplace.

The challenge

To improve demand management at the 'front door'. This is needed to reduce pressures on front line operational teams through an enhanced contact centre function and a new digital service.

What we did

We set up a project team that combined experienced operating model practitioners from Deloitte with Adult Services staff to bring deep operational expertise:

- As part of a department wide operating model the team defined a channel strategy that described how Adult Services would interact with customers and professionals.
- We worked with the leadership team to agree an agile approach to developing a new contact and assessment team to shift operational activity to the phone channel.
- Starting with a high level design of the contact centre, the team worked through three test cycles to design and implement: new processes; changes to internal policy around information management and financial delegation; an organisation structure with new capabilities; enhanced management information; and a transparent governance structure.
- The team collaborated with digital developers to design a new digital service to improve customers' access to information and advice and transform the processes that describe how they interact with Adult Services.

Outcomes

The bespoke digital service and contact centre:

- Increased the contact centre resolution rate from 30% to 70%; and
- Reduced the cost to serve customers by 25%.

Adult Services have been able to make a compelling business case for investing in the contact centre to deliver longer term savings across their front line teams.

Best practice case studies (continued)

Council – Re-defining the care offer

Overview

The Council was facing a significant funding gap, which was challenging the future sustainability of the Council. This was in the context of an aging population and increased demand for adult social care services.

The challenge

To identify and deliver a number of change initiatives across Adult Services to reduce spend and better manage projected increased demand. As part of this there was a need to address inconsistency in social work practice and inequity of care packages.

What we did

Re-defined the care offer: jointly with staff we developed a strengths based, tiered model to promote a consistent approach among social care practitioners. The approach promotes reablement and considers alternative creative approaches to meeting need which draws on a person's natural support.

A framework was developed to guide staff in their practice and we then delivered training and communications to upskill staff and promote the new approach. This was supported by a benefits tracking system to monitor progress across the service and to address variance between teams.

Targeted reviews: through a diagnostic of the social care data, we prioritised a number of service user reviews (adults and children with disabilities). We worked with the Council to put in place a dedicated team and support them to undertake strengths based reviews which included preparing and delivering an induction programme; putting in place a benefits tracking system; and undertaking regular reporting and team meetings to discuss progress and unblock issues.

New front door: We supported the Council to put in place a new approach for managing demand at the front door, redesigning the customer journey including the promotion of digital channels. We redesigned processes and increased the skills and delegated authorities of call handlers in the contact centre to improve resolution at the first point of contact.

Outcomes

The Council had a savings target for the whole council that they asked us to help them jointly achieve of £10.5m over 2 years. We helped them deliver £15.5m over 3 years. £9m of this was from adult and children with disabilities services and the remaining on procurement initiatives (see other case study).

Deloitte perspectives

Talking Public Sector: Our podcast series on government and public services

Our podcast explores the big challenges facing the public sector, how citizens want the public services to be run and what the future holds by drawing on expert opinion and exclusive research. Aimed at anyone who works in or with the public sector, this podcast brings together leaders from government and the public services, industry experts and commentators to provide an insights on the big issues facing public bodies in the UK and around the world.

Listen and subscribe to Talking Public Sector:

<https://www2.deloitte.com/uk/en/pages/public-sector/articles/talking-public-sector.html>

Tech Trend 2019: A Government and Public Services Perspective

Our recently published 10th edition of the Tech Trends report reflects on a decade of disruptive change and demystifies the future of digital transformation. The story of technology trends is inseparable from the story of the public sector.

Technology can help make government more effective by protecting and maintaining infrastructure, creating more personalised and secure citizen interactions, or automating tasks so workers can focus on more value-added jobs.

As leaders work to reshape their organisations and realise these possibilities, they rely on fresh, relevant insights. We are delighted to share [our perspective](#) which provides a UK Government and Public Services lens on Deloitte's *Technology Trends 2019: Beyond the digital frontier*.

<https://www2.deloitte.com/uk/en/pages/public-sector/articles/public-sector-tech-trends.html>

Digital government: It's all about the people *a view from Government and Public Sector Lead Partner, Rebecca George*

Deloitte has published our third Digital Disruption Index. Based on a survey of the UK's most senior digital leaders from both private and public sectors, the index explores levels of digital maturity in their organisations. The results reinforce my belief that the defining factor in getting digital right is not the technology – which of course needs to deliver – but is people: the people who lead digital transformation and the people with the skills to make it happen.

Read Rebecca's full view at:

<https://www2.deloitte.com/uk/en/pages/public-sector/articles/digital-government-all-about-people.html>

The Digital Disruption Index is available online:

<https://www2.deloitte.com/content/campaigns/uk/digital-disruption/digital-disruption/digital-disruption-index.html>

One of the key insights is around Artificial Intelligence (AI) which is increasingly a strategic priority. After Cloud, Cyber-security and Data analytics – three foundational digital pillars – respondents to our survey rated AI as the most important technology to their digital strategy.

The use of advanced data science, whether explicitly AI or a combination of AI, Robotic & cognitive automation (RCA) and Data analytics, is at the centre of much current debate about ethics and the societal impact of digital technology. A significant number of senior leaders seem unaware of these ethical considerations. We believe that what is unethical in the real world is unethical in the digital world, and we explore how organisations are able to make AI decision-making as transparent as human decision-making.

We have recently been engaged with NHS Lothian where we have gone live, as part of a data gathering and piloting phase, with two unattended and six attended robots. These are helping clinicians to triage referrals quicker and are also automating the invoice raising process in the finance department.

Health and social care integration

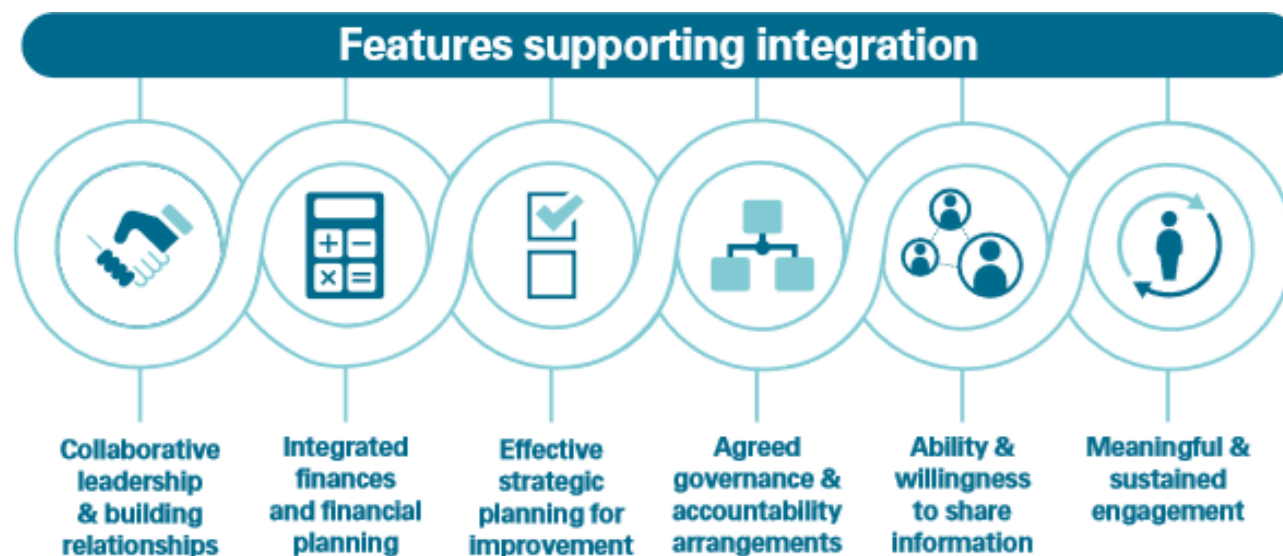
Audit Scotland and the Ministerial Strategic Group have both reviewed progress with integration

Overview

Audit Scotland issued its latest progress report on Health and Social Care Integration in November 2018 as part of its health and social care series. It reported that while some improvements have been made to the delivery of health and social care services, Integration Authorities (IA), Councils and NHS Boards need to show a stronger commitment to collaborative working to achieve the real long-term benefits of an integrated system. While some progress was noted, the remaining challenges are significant. It found that success will depend on long term integrated financial planning and stable and effective leadership. All bodies involved (being IAs, Councils, NHS Boards, the Scottish Government and COSLA) need to tackle these issues as a matter of urgency in order to transform the way services are provided for Scotland's ageing population.

The Ministerial Strategic Group (MSG) issued its progress review in February 2019. The report referred to evidence emerging of good progress in local systems and referred to Audit Scotland's report which highlighted a series of challenges that need to be addressed. The pace and effectiveness of integration need to increase.

Both reports highlighted six areas must be addressed if integration is to make a meaningful difference to people in Scotland.



Next steps

The IJB, in partnership with the NHS and the Council consider how these issues identified in these reports will be addressed as part of the development of the Partnerships.

Health and social care integration (continued)

Audit Scotland and the Ministerial Strategic Group have both reviewed progress with integration (continued)

Key findings	Audit Scotland conclusion	Audit Scotland recommendations (for IJBs)	MSG proposals
Collaboration leadership and building relationships	A lack of collaborative leadership and cultural differences are affecting the pace of change	<p>No specific recommendations for IJBs. The Scottish Government and COSLA should:</p> <ul style="list-style-type: none"> Ensure that there is appropriate leadership capacity in place to support integration Increase opportunities for joint leadership development across the health and social care system to help leaders to work more collaboratively. 	<ul style="list-style-type: none"> All leadership development will be focused on shared and collaborative practice. Relationships and collaborative working between partners must improve. Relationships and partnership working with the third and independent sector must improve.
Integrated finances and financial planning	Longer term, integrated financial planning is needed to deliver sustainable service reform.	<p>The Scottish Government, COSLA, Councils, NHS Boards and IA's should work together to:</p> <ul style="list-style-type: none"> Support integrated financial management by developing a longer-term and more integrated approach to financial planning at both a national and local level. All partners should have greater flexibility in planning and investing over the medium to longer term to achieve the aim of delivering more community based care. <p>IAs, Councils and NHS bodies should work together to:</p> <ul style="list-style-type: none"> View their finances as a collective resource for health and social care to provide the best possible outcomes for people who need support. 	<ul style="list-style-type: none"> Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration. Delegated budgets for IJBs must be agreed timeously. Delegated hospital budgets and set aside requirements must be fully implemented. Each IJB must develop a transparent and prudent reserves policy. Statutory partners must ensure appropriate support is provided to IJB S95 Officers. IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.

Health and social care integration (continued)

Audit Scotland and the Ministerial Strategic Group have both reviewed progress with integration (continued)

Key findings	Audit Scotland conclusion	Audit Scotland recommendations (for IJBs)	MSG proposals
Effective strategic planning for improvement	Good strategic planning is key to integrating and improving health and social care services	IA's, Councils and NHS Boards should work together to: <ul style="list-style-type: none"> • Ensure operational plans, including workforce, IT and organisational change plans across the system, are clearly aligned to the strategic priorities of the IA • Monitor and report on the Best Value in line with the Public Bodies (Joint Working) (Scotland) Act 2014. 	<ul style="list-style-type: none"> • Statutory partners must ensure that Chief Officers are effectively supported and empowered to act on behalf of the IJB. • Improved strategic inspection of health and social care is developed to better reflect integration. • National improvement bodies must work more collaboratively and deliver the improvement support partnerships require to make integration work. • Improved strategic planning and commissioning arrangements must be put in place. • Improved capacity for strategic commissioning of delegated hospital services must be in place.
Agreed governance & accountability arrangements	It is critical that governance and accountability arrangements are made to work locally.	The Scottish Government, COSLA, Councils, NHS Boards and IAs should work together to: <ul style="list-style-type: none"> • Agree local responsibility and accountability arrangements where there is disagreement over interpretation of the Public Bodies (Joint Working) (Scotland) Act 2014 and its underpinning principles. Scenario or examples of how the Act should be implemented should be used which are specific to local concerns. There is sufficient scope within existing legislation to allow this to happen. 	<ul style="list-style-type: none"> • The understanding of accountabilities and responsibilities between statutory partners must improve. • Accountability processes across statutory partners will be streamlined • IJB chairs must be better supported to facilitate well run Boards capable of making effective decisions on a collective basis • Clear directions must be provided by IJBs to Health Boards and Local Authorities • Effective, coherent and joined up clinical and care governance arrangements must be in place.

Health and social care integration (continued)

Audit Scotland and the Ministerial Strategic Group have both reviewed progress with integration (continued)

Key findings	Audit Scotland conclusion	Audit Scotland recommendations (for IJBs)	MSG proposals
Ability & willingness to share information	IAs are using data to varying degrees to help plan and implement changes to services but there are still gaps in key areas.	<p>The Scottish Government, COSLA, Councils, NHS Boards and IAs should work together to:</p> <ul style="list-style-type: none"> • Share learning from successful integration approaches across Scotland. • Address data and information sharing issues, recognising that in some cases national solutions may be needed. • Review and improve the data and intelligence needed to inform integration and to demonstrate improved outcomes in the future. They should also ensure mechanisms are in place to collect and report on this data publicly. 	<ul style="list-style-type: none"> • IJB annual performance reports will be benchmarked by Chief Officers to allow them to better understand their local performance data. • Identifying and implementing good practice will be systematically undertaken by all partnerships. • A framework for community based health and social care integrated services will be developed.
Meaningful & sustained engagement	Meaningful and sustained engagement will inform service planning and ensure impact can be measured.	<p>IAs, Councils and NHS Boards should work together to:</p> <ul style="list-style-type: none"> • Continue to improve the way that local communities are involved in planning and implementing any changes to how health and care services are accessed and delivered. 	<ul style="list-style-type: none"> • Effective approaches for community engagement and participation must be put in place for integration. • Improved understanding of effective working relationships with carers, people using services and local communities is required. • We will support carers and representatives of people using services better to enable their full involvement in integration.

Deloitte LLP does not accept any liability for use of or reliance on the contents of this document by any person save by the intended recipient(s) to the extent agreed in a Deloitte LLP engagement contract.

If this document contains details of an arrangement that could result in a tax or National Insurance saving, no such conditions of confidentiality apply to the details of that arrangement (for example, for the purpose of discussion with tax authorities).

Deloitte LLP is a limited liability partnership registered in England and Wales with registered number OC303675 and its registered office at 1 New Street Square, London, EC4A 3HQ, United Kingdom.

Deloitte LLP is the United Kingdom affiliate of Deloitte NWE LLP, a member firm of Deloitte Touche Tohmatsu Limited, a UK private company limited by guarantee ("DTTL"). DTTL and each of its member firms are legally separate and independent entities. DTTL and Deloitte NWE LLP do not provide services to clients. Please see www.deloitte.com/about to learn more about our global network of member firms.

**Minutes of North Ayrshire Strategic Planning Group Meeting****Held on Wednesday 17th April 2019, 10.00am****Andy Murray Room, Greenwood Conference Centre, Dreghorn, Irvine****Present:**

Councillor Robert Foster (Chair)

John Rainey (Vice Chair)

Caroline Whyte, Chief Finance and Transformation Officer, NAHSCP

Brenda Knox, Health Improvement Lead, NHS A&A

Norma Bell, Manager, Planning & Performance, Mental Health, NAHSCP

Fiona Thomson, Service User Representative

Jacqui Greenlees, Policy & Community Planning Officer

Dalene Sinclair, Senior Manager, Universal Years, NAHSCP

Fiona Comrie, KA Leisure

David Bonellie, Optical Representative

Dr Paul Kerr, Clinical Director, NAHSCP

Sharon Bleakley, Scottish Health Council

Lorna McGoran, Primary Care Manager, NAHSCP

Heather Molloy, Independent Sector Representative

Andrew Keir, GIRFEC Team Manager, Three Towns Locality Planning Representative

Barbara Conner, Interim Irvine Locality Planning Lead

Scott Bryan, Strategic Planning, Policy and Inequalities Officer, NAHSCP

Simon Morrow (Dentist)

Louise Gibson, Dietetic lead, Integrated Services, NHS A&A

Eleanor Currie, Principal Finance Manager

Lynne McNiven, Public Health

Louise Harvie, Governance Assistant (Minutes) NAHSCP

In Attendance:

Gillian Jennings, Health Improvement Officer

Rebecca Strofton, North Ayrshire Green Health Partnership (GHP)

Apologies Received:

Donna McKee, Head of Service, Children & Families and Justice Services, NAHSCP

Thelma Bowers, Head of Service, Mental Health, NAHSCP

Councillor John Sweeney, Three Towns Locality Representative

Michelle Sutherland, Strategic Planning & Transformational Change Lead, NAHSCP

David MacRitchie, Chief Social Work Officer & Senior Manager, Justice Services, NAHSCP

David Hammond, Senior Manager, Housing

David Thomson, Associate Nurse Director/Lead Nurse, NAHSCP

Betty Saunders, Procurement Manager, NAHSCP

David Donaghey, Partnership Representative, NAHSCP

Louise McDaid, Staff Representative

Laura Barrie, KA Leisure

Lorna McGoran, Primary Care Development Manager

Ruth Betley, Senior Manager, Island Services, NAHSCP

Alistair Reid, Allied Health Professions Lead, NAHSCP

Christine Speedwell, Care Centre Manager

Eleanor McCallum, Partnership Communication & Engagement Officer, NAHSCP

Sam Falconer, Community Pharmacist NHS A&A, Kilwinning Locality Planning Lead

Dr Janet McKay, Garnock Valley Locality Planning Lead



1.	WELCOME & APOLOGIES	
1.1	Councillor Foster welcomed all to the meeting. Apologies were noted and accepted.	
2.	MINUTES/ACTION NOTE OF PREVIOUS MEETING (05 March 10)	
2.1	Minutes of the previous meeting dated 05 March 2019 were approved as accurate with no amendments required.	
3.	MATTERS ARISING	
3.1	<u>Change of Chair</u> Councillor Foster reported that he takes over as Chair of the IJB from June 2019, meaning he will no longer chair the SPG. Following appointment of the new SPG Chair, they will take this role forward in June 2019.	
4.	Integration Joint Board (IJB) - Feedback	
4.1	Agreed that relevant items from IJB meetings would be shared with group on future basis. <u>Budget</u> Item covered within agenda.	
Focus on: Budget 2019/20		
5.	Partnership Budget 2019/20	
5.1	Caroline Whyte provided a presentation on the Budget for 2019/20. This involved an update on the financial settlement implications for the Partnership and outlining the approved budget.	
5.2	Presentation slides included: - <ul style="list-style-type: none"> o Strategic Plan Priorities o Risks and Challenges o Scottish Government Finance Settlements o 19/20 Pressures o Budget Gaps o 19/20 Savings/Highlights o Budget Risks o Next Steps o Transformation and Delivery o Medium Term Financial Plan 	
5.3	Following Caroline's presentation, the group had the opportunity to ask questions pertaining to the 19/20 Budget. A lively group discussion took place: <ul style="list-style-type: none"> ▪ Agreed that the Medium Term Financial Plan would be tabled at SPG before presenting at IJB ▪ Acknowledged identified savings are on target ▪ Recognised benefits and importance of Objectives Report tabled at IJB monthly as opposed to quarterly – meaning able to act quicker ▪ Acknowledged Social Work side is more demand driven – massive risks attached to this e.g. Secure Care/Residential Care for Young People. Fluctuation of risks discussed. ▪ Recognised benefits of Social Work Finance Team sitting within Partnership (closer working) - Improvement Plans identified for certain areas of risk. ▪ Acknowledged role of LPF's in terms of reinforcing budget situation within Communities. 	
Focus on: Locality Planning Forums		
6.	Actioning Priorities	



6.1	Scott Bryan provided a presentation on the purpose of Locality Planning Forums and methods to implement change.	
6.2	The presentation covered the following areas: - <ul style="list-style-type: none"> o Governance Structure o Progressing a Priority o Legislation o LPF Locality Priorities o Review Opportunities o Progressing Actions o IJB Considerations o Action Process o Next Steps 	
6.3	A group discussion took place:- <ul style="list-style-type: none"> ▪ Work is ongoing to look at the format of LPF meetings and how these should look – Template currently in draft format. ▪ Acknowledged LPF meetings are not public events although recognised we need to raise profile to receive feedback. ▪ CPP are working on 'promoting community' stage – agreed it would be useful for SPG to receive an input on CPP Activity. Jacqui Greenless will take this forward. 	Future Agenda J Greenlees
Focus on: Locality Updates		
7.	Update from LPF Leads	
7.1	<u>North Coast</u> No update from North Coast locality as no representative in attendance. Update required at next meeting.	L McDaid
7.2	<u>Irvine</u> Barbara Conner provided an update on the Irvine Locality Planning Forum. The first Engagement Plan meeting was held last week (week commencing 08/04), where the initial stages of the plan were established. Barbara reiterated, to avoid duplication of conversations/questions, the Irvine LPF will link in with the 'Chit Chat Sessions' hosted within the area. Hoping to organise meeting with Elaine Baxter, Irvine Locality Coordinator, to consider how health data is obtained from these sessions. The forum is also looking at the scheduled 'What Matters to You' day as a way of engaging with the Irvine Community.	
7.3	The group recognised the importance of engaging with vulnerable members of the Community. Barbara noted that services including the District Nursing service and Care at Home Service etc, have a role in targeting these individuals. These existing services support these conversations due to already established relationships. Elaine Young highlighted that the 'Thinking Different' sessions will support this aim by inviting staff to rethink these particular conversations. Scott Bryan to assist in capturing these discussions and collating feedback.	S Bryan
7.4	<u>Arran</u> No update from Arran locality as no representative in attendance. Update required at next meeting.	V Yuill
7.5	<u>Garnock Valley</u> No update from Garnock Valley locality as no representative in attendance. Update required at next meeting.	J McKay
7.6	<u>Three Towns</u> No update from Three Towns locality as no representative in attendance. Update required at next meeting.	J Sweeney/ A Keir



7.7	<u>Kilwinning</u> No update from Kilwinning locality as no representative in attendance. Update required at next meeting.	S Falconer
Focus on: Public Health		
8.	Green Partnership	
8.1	Rebecca Strofton, North Ayrshire Green Health Partnership (GHP) Team Leader and Gillian Jennings, Health Improvement Officer attended the SPG to promote North Ayrshire's Natural Health Service.	
8.2	<p>Rebecca and Gillian provided a presentation and short video, covering the following:-</p> <ul style="list-style-type: none"> ○ Short clip on Natural Health Service ○ Scotland's natural environment as a valuable health-promoting asset ○ Responding to the pressures of an ageing population, widespread chronic illnesses, multiple conditions via nature-based solutions to deliver health outcomes ○ Increase public awareness of the use and benefits of green exercise ○ Links between Public Health and Health & Social Care ○ Strategic Interventions ○ The Vision of 'Green Health Partnership' ○ Supports ○ Evidence & Research ○ Knowledge Exchange ○ Funding & Expectation of local contribution ○ Organisations involved ○ KA Leisure ○ Ayrshire College ○ Ayrshire Community Trust ○ Public Health ○ Scottish National Heritage ○ Scottish Wildlife Trust ○ GHP and Public Health Priorities ○ GHP so far ... ○ GH Activity ○ Developing Referral Pathways/Signposting ○ Building Capacity – Development Fund ○ Information & Communication ○ Monitoring & Evaluation 	
9.	Question & Answer	
9.1	<p>Following the presentation, the group had the opportunity to ask questions.</p> <p>A lively group discussion took place:</p> <ul style="list-style-type: none"> ▪ Agreed it would be beneficial to brief LPF's on the mapping and work involved in GHP ▪ Acknowledged positive links with Fairer Food ▪ Recognised the need for potential opportunities in developing green space within scheme areas and how this can be influenced. 	
9.2	Overall, the group praised the work involved in the Natural Health Service and North Ayrshire Green Health Partnership.	
Focus on: Joint Inspection of Adult Services		
10.	Review of published report Care Inspectorate and Health Improvement Scotland	
10.1	Item tabled at IJB meeting on 18 th April 2019, therefore defer to future SPG agenda.	Future Agenda



11.	AOCB	
11.1	There was no other business to be discussed, therefore the meeting was closed.	
11.2	<p><u>Future Agenda Items</u></p> <p>Any agenda items to be forwarded to Scott Bryan or Louise Harvie for inclusion within future agenda.</p> <p>Agenda items received to date:</p> <ul style="list-style-type: none"> • Performance Review 2018/19 • Social Enterprise and Community Benefits • Input from Gamblers Anonymous • Community Planning Partnership 	
11.3	There was no other business to be discussed, therefore the meeting was closed.	
12.	Future Meetings	
12.1	Wednesday 29 th May 2019, at 10:00am within Greenwood Conference Centre, Dreghorn, Irvine.	

DRAFT

