

South Ayrshire Health and Social Care Partnership

REPORT

Meeting of South Ayrshire Health and Social Care Partnership	Integration Joint Board
Held on	16th November 2022
Agenda Item	5
Title	Budget Monitoring Period 6 – 30th September 2022
Summary: The purpose of this report is to advise the Integration Joint Board of the projected outturn for the year as estimated at Period 6 the 30 th of September 2022.	
Presented by	Lisa Duncan, Chief Finance Officer
Action required: It is recommended that the Integration Joint Board: <ul style="list-style-type: none"> (i) Note the projected financial outturn as at 30th September 2022; (ii) Note the projected outturn in relation to Lead Partnership services; (iii) Note the projected outturn within the Acute Services budget and Set Aside budgets; (iv) Note the progress made towards prior years savings; (v) Note the Covid-19 projected spend to 31st of March 2023 and direction to return uncommitted reserves to Scottish Government; (vi) Approve the earmarking of funds in Section 4.12; (vii) Approve the budget virements in Section 4.13; (viii) Note the key financial issues and risks for the IJB 	

Implications checklist – check box if applicable and include detail in report									
Financial	<input type="checkbox"/>	HR	<input type="checkbox"/>	Legal	<input type="checkbox"/>	Equalities	<input type="checkbox"/>	Sustainability	<input type="checkbox"/>
Policy	<input type="checkbox"/>	ICT	<input type="checkbox"/>						

Directions required to NHS Ayrshire & Arran South Ayrshire Council, or both	1. No Direction Required	<input type="checkbox"/>
	2. Direction to NHS Ayrshire and Arran	<input type="checkbox"/>
	3. Direction to South Ayrshire Council	<input type="checkbox"/>
	4. Direction to NHS Ayrshire and Arran and South Ayrshire Council	<input type="checkbox"/>

**SOUTH AYRSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP
INTEGRATION JOINT BOARD
16th November 2022
Report by Chief Finance Officer**

Budget Monitoring Period 6 – 30th September 2022

1. PURPOSE OF REPORT

- 1.1 The purpose of this report is to advise the IJB of the projected financial outturn for the financial year as at 30th September 2022. The report will also provide an update on the projected financial costs in the continued response to the Covid-19 pandemic, progress made against savings previously approved, movements on the annual approved budget for 2022-23. Request for approval on use of reserves and budget virements for approval are also included.

2. RECOMMENDATION

2.1 It is recommended that the Integration Joint Board;

- (i) Note the projected financial outturn as at 30th of September 2022;
- (ii) Note the projected outturn in relation to Lead Partnership services;
- (iii) Note the projected outturn within the Acute Services budget and Set Aside budgets;
- (iv) Note the progress made towards savings;
- (v) Note the Covid-19 projected spend to 31st March 2023 and direction to return uncommitted reserves to Scottish Government;
- (vi) Approve the earmarking of funds in Section 4.12;
- (vii) Approve the budget virements in Section 4.13;
- (viii) Note the key financial issues and risks for the IJB

3. BACKGROUND INFORMATION

The projected year end outturn as at end of September 2022 is an overall underspend of £5.057m. This includes the partnerships' share of the Lead Partnership underspends. The continued cost in responding to the Covid pandemic is included in the report based on the assumption that costs will be fully funded from carry forward reserves, full details are included in Section 4.6. The projected outturn is broken down as follows:

- Social care services delivered by South Ayrshire Council are projected to be underspent by £3.368m,
- Managed services delivered by NHS Ayrshire and Arran are projected to be underspent by £1.500m,
- Lead Partnership arrangements are projecting an underspend of £0.189m, this includes our share of East Ayrshire's underspend and North Ayrshire's overspend combined with their contribution to our lead partnership services overspend.

4. FINANCIAL COMMENTARY

The integrated budget for 2022-23 is £282.159m, with a projected underspend of £5.057m as at period 6, a favourable movement of £0.660m from Period 3, main movements are due to:

Care at Home Employee purchased and employee costs favourable movement of £0.675m, reflecting reduction in workforce capacity, this has been partially offset with an adverse movement of £0.554m in care home placements.

Allied Health professional's favourable movement of £0.378m due to slippage in recruitment.

Community Nursing favourable movement of £0.213m due to slippage in recruitment.

Appendix A provides the projected financial position for the partnership and highlights the variances in service expenditure. Appendix B provides detail per partner.

The following sections will provide an overview of the projected financial outturn and underlying assumptions. An explanation of budget movements in year along with use of uncommitted reserves and budget virements seeking approval. Progress on savings to be achieved, and a summary of Covid-19 financial impact. Reserves update and budget virements and use of reserves for approval.

4.1 **Community Health and Care – projected underspend of £1.616m**

Against a full year budget of £76.809m, there is a projected underspend of £1.616m (2.1%). The main reasons for the underspend are:

Purchased Care at Home Service projected underspend of £0.690m. The budget can afford 10,457 hours per week however due to capacity issues in the private sector we are only able to purchase 8,374 hours per week. This has reduced from 9,388 hours per week in Period 3, partially due to transfer of care hours from one care at home provider to internal provision.

The partnership continues to collaborate with providers to recruit into jobs in health and social care; For example, a number of in-person recruitment events have been held involving both in-house and private providers, but the results have been disappointing to date. The projection assumes a 10% increase in purchased care at home hours over the winter period.

Demand for care at home services at present exceeds the capacity available, with weekly information on unmet need collected, reviewed and presented to Scottish Government. The service have invested in Occupational Therapy Assistants in the Reablement Team to focus on working with service users who are not able to have their needs met. This team will focus on providing reablement support, optimise independence to reduce hospital admission and demand on mainstream care at home. Further investment in VASA to provide early intervention and preventative support to help reduce demand on services has also been approved.

Care at Home Employees including reablement team projected underspend of £0.675m due to in year vacancies offset with additional costs incurred in delivering

care hours handed back from two care at home providers. Current vacancies are 44 in care at home and 26 in reablement. Projection assumes 50% of these vacancies are filled from 1st December 2022 . Rolling advert on My Job Scotland for posts and monthly interviews set up to enable timely recruitment.

Appendix E highlights the trend in purchased care at home over the last twelve months along with the demand for care at home and the capacity available.

Allied Health Professionals – projected underspend of £0.713m, favourable movement of £0.378m due to budget allocated from approved investment of £0.299m in budget 22-23, frailty and community rehabilitation funding approved from reserves. Projection based on estimated start dates for vacant posts approved for recruitment.

Intermediate Care and Rehab – projected underspend of £0.277m, adverse movement of £0.050m due to staff starting earlier than anticipated Projection assumes vacant posts are filled in remaining 6 months of the year.

Community Nursing – projected underspend of £0.145m, favourable movement of £0.213m due slippage in vacancies from winter pressures funding 2022-23. Community Nursing team continue to use bank and borrowed shifts to cover weekend working, staff sickness and maternity leaves.

Older People respite services projected underspend of £0.142m due to decrease in demand for residential and community based respite care.

The above underspends have been offset with overspends in the following services:-

Care Homes – projected overspend of £0.554m, budget available for 878 placements, as at end of September there was 879 people in care homes. In 2020 Pre-Covid care home placements were 67% Nursing and 33% residential. This ratio has now changed to 75% nursing and 25% residential, this has resulted in an overspend as cost of nursing is greater than residential care. This overspend has also been compounded by a decrease in self-funders and an increase in people receiving funding from the Council. In 2020 self-funders accounted for 43% of placements, this has reduced to 39%. Council are therefore funding 62% of placements compared to 57% in 2020. A review of costs increases and change in demand patterns will be factored into the budget for 2023-24.

Biggart Hospital – projected overspend of £0.230m, favourable movement of £0.078m due to increase in staffing establishment meaning reduction in use of bank and borrowed staff to support increase levels of one to one support required. As at 1st of November there were 40 delayed discharges in Biggart Hospital, 25 waiting on care at home services and 15 waiting on a care home. At present there are 83 beds in use, with an additional 12 beds commissioned to provide capacity in responding to Covid the costs of these £0.545m are included in the local mobilisation plan.

The future model for Biggart Hospital has been agreed with a greater focus on specialist rehabilitation, end of life care and step up beds requiring a far smaller bed portfolio however there are no immediate plans to reduce beds due to the current pressures on delayed discharges. The winter planning investment in the community workforce is intended to provide supports in the community to alleviate pressure on the hospital. This will not materialise until recruitment has been optimised and services are running with an increased workforce to meet demand. From a financial

perspective any overspends will be offset by underspends in community care staffing and if required reserves, this will be continually monitored during the year.

Income – a shortfall of £0.340m in income mainly due to delay in implementation of day care charging, shortfall in income from non-personal care charging and less than expected income from charging orders.

Physical Disabilities – projected overspend of £0.088m mainly due to increase in supported accommodation costs based on current spend profile to the remainder of the year.

Winter Planning Reserves – funding for additional care at home capacity £1.554m and interim care places £0.760m was earmarked for use in 2022-23. The current assumption is that any balances remaining will be used in the first instance to continue to support winter pressures for 2022-23, with any balance carried forward to support whole system in 2023-24, full details of spending plans are included in the [IJB Reserves Update 22-23](#) report approved on the 17th of August 2022.

4.2 **Children and Justice Services – projected underspend of £1.694m**

Against a full year budget of £25.817m, there is an underspend of £1.694m (6.56%), the main variances include underspends in:

Family Placements – projected underspend of £1.290m, £0.090m favourable movement from period 3. This projection includes internal foster placements currently 33 less than budgeted and projecting a £0.623m underspend. This reflects the budget investment made into internal placements and disinvestment in out with authority placements. Due to the focus on early intervention and prevention approaches through Signs of Safety and the Belmont First project the need to accommodate children has reduced significantly. Adoption fees and orders are projecting an underspend of £0.335m, income of £0.113m has been generated from completion of referrals from other local authorities in respect of adoption orders. Further underspend of £0.066m within carers in the community the budget can afford 31 placements based on average cost per week currently there are only 17 placements.

Outwith Authority Placements - projected underspend of £0.427m, adverse movement of £0.370m due to 1 new residential placement and one placement extended by 6 months to March 2023. This change provides a reminder of the potential risk from a financial perspective which a small number of placements can bring. There are currently 43 placements compared to a budget of 50 placements. The budget disinvestment included reducing out with authority foster placements over the course of the year this has been achieved.

Health Visiting – projected underspend of £0.098m, due to staff slippage, additional investment made this year as part of budget process.

Legal costs - projected underspend of £0.059m, based on current activity.

Unaccompanied Asylum Seekers - as part of the National Transfer Scheme, South Ayrshire Council have committed to the intake of unaccompanied asylum seeking children. To date, South Ayrshire Council have 7 young people in various placement types. A contribution towards the looking after of the young people is provided by the UK Border Agency this funds the costs of the placements and the staffing costs to provide support.

The above underspends have been offset with overspends in the following:-

SDS Options 1 and 2 - projected overspend of £0.146m due to full year effect of 21 new care packages from prior year.

A review of service provision and budget allocations has been carried out by the Head of Service and Service Managers and budget virements noted in Section 4.13 for IJB approval.

4.3 Mental Health Services – projected underspend of £0.973m

Against a full year budget of £33.444m, there is a projected underspend of £0.973m (2.91%). The main reasons for the overall underspend are:-

Learning Disabilities community care packages – projected underspend of £0.907m, as a result of full year effect of prior year savings. Projection based on 232 current service users to the end of the year.

Learning Disability respite care – projected underspend of £0.116m due to less demand for respite than budgeted, however there has been an increase in direct payments to provide alternative to residential respite.

Learning Disability residential care – projected underspend of £0.074m based on 37 current placements remaining until the end of the year.

Health Learning Disability Team – projected underspend of £0.081m based on the vacant posts at beginning of the year.

Health Addictions Team – projection underspend of £0.167m due to vacancy slippage

Mental Health Voluntary Organisations – projected underspend of £0.063m based on current contracts with voluntary organisations

The above overspends are offset with overspend in the following services:

Learning Disabilities SDS Options 1 and 2 – projected overspend of £0.350m, increase in SDS's options over the last two years, budget virement from community care packages is required to align demand to budgets.

4.4 Support Services projected underspend of £0.708m

Within the Council there is total projected underspend of £0.326m due to £0.550m funding received within the Budget 22-23 from Scottish Government to be invested in additional social work additional capacity, currently projecting an underspend of £0.420m due to recruitment and approval process. Winter pressures and Carer's act funding £0.350m underspent, work ongoing in reviewing carers services and commissioning proposals to be defined. Underspends have been offset with an under recovery of SDS reclaims £0.395m, further analysis is being undertaken to look at

profile of under recovery and changes in accumulated balances in Direct Payment accounts.

Within Health there is a projected underspend of £0.382m, of which £0.256m relates to staff vacancies in business admin and the balance due to less spend on supplies. Underspend of £0.107m, from financial pressure approved in budget 22-23 to meet our share of costs in Foxgrove the national secure adolescent inpatient facility approved in budget 22-23, this funding will not be required this year, as the facility will not be operational until 2023-24.

4.5 Hosted Services projected overspend of £0.143m

The Continence Team have a projected overspend of £0.095m due to an increase in purchase of supplies along with contract price increases and 0.5WTE additional to staffing establishment in the team to meet with demand pressures. A review of this service will be undertaken during the year to understand increase in demand and assess how to mitigate the financial pressure with new ways of working.

Community Equipment store is projecting an overspend of £0.103m as a result of contract increases to specific equipment purchases. Full details of volumes and prices have been requested and this will be factored into 2023-24 Budget Pressures.

Family nurse partnership are projecting an underspend of £0.049m, this is due to income received from NHS Education for Scotland (NES). Projection assumes Scottish Government funding allocation matches the cost of the posts recruited to in year. With full funding allocation anticipated next year.

4.6 Covid Expenditure

The partnership continues to respond to the covid pandemic following Scottish Government guidelines and legislation. Regular finance returns are submitted to the Scottish Government detailing the financial implications in responding to the pandemic.

The latest projected spend is £3.012m submitted by NHS Ayrshire and Arran finance on the 31st of October 2022 within Qtr2 Financial Performance Return (FPR). This projection is based on the current principles in place for provider sustainability until the 31st March 2023.

Local Mobilisation Plan	Projected Spend 22-23		
	NHS £'000	SAC £'000	Total £'000
Additional Community Hospital Bed Capacity	545	-	545
Additional Infection Prevention and Control Costs	0	-	-
Additional Staff Costs	350	300	650
Digital IT Costs	0	-	-
Additional Equipment and Maintenance	0	-	-
Additional PPE	0	100	100
Additional Capacity in Community	0	-	-
Social Care Provider Sustainability Payments	0	502	502
Social Care Support Fund Claims	0	1,135	1,135
Chief Social Work Officer	0	80	80
Children and Family Services	0	-	-
Unachievable Savings	0	-	-
Loss of Income	0	-	-
Projected Covid Costs Qtr 2 FPR	895	2,117	3,012

The costs include 12 additional community hospital beds at Biggart Hospital to relieve pressure on acute services and enable capacity at Ayr Hospital to be available. As mentioned earlier plans are in place to review the Biggart model and this will be dependent on the ongoing Covid recovery and response.

Staffing costs include additional staff to support the ongoing Covid response and recovery in meeting demand and backlogs and cover for Covid related staff absence.

Continued costs for sourcing PPE are expected to be recurring in nature, this has been highlighted to the Scottish Government. A PPE steering group has been set up to look at the ongoing supply of PPE with new arrangements to be decided. The current arrangements in place under the approved Memorandum Of Understanding are that we procure our own, with National Services Scotland providing a top up at no charge, this additional top up of PPE is distributed by the HSCP's PPE hub to personal assistants and unpaid carers to ensure they have an adequate supply at all times.

Provider sustainability principles are approved by the Scottish Government, the latest guidance includes an extension to the Social Care Staff Support Fund until 31st March 2023, this fund ensures staff are paid their expected income if absent or self-isolating due to Covid. Other financial support available to 31st of March 2023 is reimbursement of costs incurred in relation to testing and vaccination.

4.7 Covid Reserves

On the 12th September a letter was received from Scottish Government's Director of Health Finance, Corporate Governance and Value Directorate providing an update on Covid Reserves. The letter stated that due to a number of significant changes to Public Health policies in relation to Covid over the summer, resulting in a reduced profile of spending compared to when funding was provided to IJB's for Covid purposes. The

Scottish Government will reclaim surplus Covid reserves to be redistributed across the sector to meet current Covid priorities.

The latest Qtr2 FPR will be the basis on which the Scottish Government will reclaim any excess reserves. On this basis for South Ayrshire IJB excess reserves of £8.654m will be passed back to Scottish Government. This represents reserves of £11.666m less £3.012m projected spend. Confirmation has been received that all expenditure will be fully funded, a year end final spend submission will determine if any funding is due or a surplus to be paid back. The mechanism for paying back current surplus has still to be communicated.

This is an in year adjustment to reserves, and will not impact on future years. Work will continue on the national Covid Cost Improvement Programme, it is important that the Covid reserves held by IJBs are utilised in full in 2022-23. Future Covid related costs will need to be considered as part of the overall budget envelope that is agreed through the usual Scottish Government budget process in 2023-24 and beyond.

4.8 **Lead Partnerships projected underspend of £0.189m**

The table below shows recharges to East and North for services we host, with an expected income of £0.098m projected, being their share of our £0.143m overspend, as noted in Section 4.5 Hosted Services.

The recharges from other Partnerships is our share of East's projected underspend of £0.543m and North's expected overspend of £0.252m.

	Annual Budget 22/23	Projected Outturn	Variance (Over)/ Underspend
Recharges to other Partnerships	(2,389)	(2,487)	98
Recharges from other Partnerships	50,439	50,348	91

The table below shows how the over and underspends have been allocated to each partner based on the NRAC shares noted in the table. These figures have been agreed by Ayrshire Finance Leads.

Host IJB	Underspend/ (Overspend) 22/23 £'000	East Ayrshire NRAC Share £'000	North Ayrshire NRAC Share £'000	South Ayrshire NRAC Share £'000	NRAC Basis
East Ayrshire	543	173	201	169	Community - East 31.9%, North 37%, South 31.1%
North Ayrshire	(252)	(82)	(93)	(78)	Mental Health - East 32.4%, North 36.8%, South 30.8%
South Ayrshire	(143)	(46)	(53)	(44)	Community - East 31.9%, North 37%, South 31.1%
TOTAL	148	45	55	47	

East Ayrshire Health and Social Care Partnership lead on Primary Care services, the current projected underspend is £0.543m. The main underspends are due to:

- Primary Care and Out of Hours Services are projected to underspend by £0.301m, this due to Childsmile and the Dental Management Team both running with a number of vacancies. In addition, there are reduced costs within Primary Care Contracting and Support, largely due to vacant posts, as well as projected savings in Diabetic Retinopathy, East Ayrshire Community Hospital Medical and General Pharmaceutical.
- The Prison and Police Healthcare services are projected to underspend by £0.242m, due to reduced new contracts, however there is a review of the prison service being undertaken. It is expected that these funds will go towards improving the staff levels within the prison.

North Ayrshire Health and Social Care Partnership lead on Mental Health Services, and are projecting to be overspent by £0.252m. Within this position are the following variances:

- A projected underspend in Adult Inpatients of £0.036m, mainly due to the use of supplementary staff and staff in redeployment and reduced bed sale income offset with income in relation to the firestop works.
- UNPACS (Unplanned Activities) is projected to overspend by £1.2m based on current placements remaining until the year end. These placements are for individuals with very specific needs that require a higher level of security and/or care from a staff group with a particular skill set/competence. There are no local NHS secure facilities for women, people with learning disability or people with neurodevelopmental disorder. This can necessitate an (UNPACs) placement with a specialist provider which can be out-of-area. The nature of mental health UNPACS spend is that it is almost exclusively on medium or long term complex secure residential placements which are very expensive so a small increase in placements can have a high budgetary impact. Due to the complexity and risk involved, transitions between units or levels of security can take many months. Applications to approve a placement are made to the Associate Medical Director for Mental Health who needs to be satisfied that the placement is appropriate and unavoidable prior to this being agreed.
- A projected overspend in mental health pharmacy of £0.100m due to an increase in substitute prescribing costs.
- Learning Disability services projected to overspend by £0.250m. This is mainly due to high usage of supplementary staffing, cross-charging for a LD patient whose discharge has been delayed and redeployment staffing costs. Supplementary staffing costs relate to backfill for sickness, increase and sustained enhanced observations and vacancies. The enhanced observations are reviewed on a daily basis however, due to the individuals being acutely unwell at present, this level of enhanced observations has been maintained for a lengthy period of time. The projection assumes that we begin cross charging another HSCP for the ongoing costs of the person as detailed above where, despite giving extensive time to identify an alternative placement there has, as yet, been no solution identified.
- Elderly Inpatients are projected to overspend by £0.164m mainly due to the use of supplementary staffing.

The turnover target of £0.481m for vacancy savings is held within the Lead Partnership as this is a Pan-Ayrshire target. There is a projected over-recovery of the vacancy savings target of £1.187m. Main areas contributing to this over achievement are noted below:

- Adult Community Health services £0.192m
- CAMHS £0.546m
- Mental Health Admin £0.270m
- Psychiatry £0.100m
- Associate Nurse Director £0.020m
- Psychology £0.540m

South Ayrshire Health and Social Care Partnership lead on the community equipment store, family nurse partnership and the continence team. Included in the partnership managed budget is a projected overspend of £0.143m. Our share of this is £0.044m with the balance £0.099m received from the other Partnerships, reflected in the Recharges to other Partnerships line in the IJB financial report on Appendix A.

4.9 Acute Hospitals

The 2022-23 annual budget for Acute Services is £379.6m, which includes areas covered in the set aside budget. The current overspend at period 6 is £7.3m, this is a result of savings not expected to be achieved and overspends due to increase in drugs, supplies and equipment and medical pay.

There are now 196 delayed discharges across both hospital sites, 95 of these are at Ayr Hospital which represents almost a third of the total bed capacity of the site. 101 are Crosshouse. 196 delayed discharges is broadly 7 wards, each ward would cost around £1.5 million per annum in nursing if staffed at non premium rates. The real nursing cost of the beds occupied by patients with delayed transfer of care can reasonably be estimated as £1.0 million per month.

The “Set Aside Budget” as it is referred to in the Integration Scheme, represents the direct cost of six specialities and is focussed on unscheduled activity. The six areas of are Accident and Emergency, General Medicine, Geriatric Medicine, Respiratory Medicine, Rehabilitation Medicine and certain GP non-elective activity. The Integration Scheme makes provision for the Set Aside budget to be managed in year by the Health Board with any recurring over and underspends being considered as part of the annual budget setting process.

The set aside allocation within the 2022-23 budget was an allocation of £28.311m. This indicative allocation is used for the purposes of this financial monitoring report.

Work was undertaken last year to establish a system to calculate the baseline of resources for each partnership based on actual activity. The activity from 2019-20 is used for this purpose as it is the last full year available dataset reflecting actual activity and removes fluctuations experienced in 2020-21 as a result of the covid pandemic. This information will be reviewed on a quarterly basis as part of the Pan Ayrshire fair share pilot project and the use of directions to ensure that the delegated set aside budgets can be fully implemented from 2023-24.

The table below highlights South Ayrshire's use of resources with the latest information available as at year end 2021-22, this shows we are using more than our "fair share" as determined by NRAC.

All Ayrshire IJB	2021/22 NRAC Share %	2021/22 NRAC Share £	2021/22 Spend £	2021/22 Variance £
East	31.9%	27,715,990	24,565,779	3,150,211
North	36.8%	31,963,285	33,979,624	(2,016,339)
South	31.3%	27,177,478	28,311,351	(1,133,873)
Total	100%	86,856,753	86,856,753	0

4.10 Budget Movements

The budget was approved on the 16th of March 22, appendix C highlights the movement in the overall budget position from initial approval. Section 8.2.5 of the Integration Scheme states that *"Either party may increase its in year payment to the Integration Board. Neither Party may reduce the payment in-year to the Integration Board nor Services managed on a Lead Partnership basis without the express consent of the Integration Board"*.

Explanation on main budget movements:

1. Budget allocation of Aids and Adaptations to Council Social Services budget £0.790m
2. Transfer of earmarked budget from Reserves to Council of £15.930m, detail included in the appendix
3. NHS Set Aside budget of £28.311m based on 2021-22 allocation
4. Lead Partnership budget allocations for 2022-23
5. Transfer of budgets to Lead Partnerships for Pressures agreed in budget 22-23
6. Income budget created for Hospital at Home and Urgent Scheduled Care from carry forward 22-23
7. Prescribing adjustment of £0.403m

4.11 IJB Reserves Balance

In the IJB annual accounts for 2021-22 reserves balance of £28.706m were approved. As noted in the tables below. Total Earmarked reserves of £21.680m were approved and allocations have been made to Council side of the budget. The NHS Earmarked allocations including Lead Partnerships will be actioned by next period's reporting.

Description	Balance as at 31st March 22	Transfers Out 22-23	Balance as at 30th September 2022
	£000's	£000's	£000's
Earmarked Reserves			
ADP	502	(502)	0
East Lead Partnership PCIF	1,543		1,543
East Lead Partnership Primary Care Other	477		477
North Lead Partnership Action 15	182		182
North Lead Mental Health Recovery and Renewal	1,735		1,735
Covid- 19 Remobilisation	11,666	(11,666)	0
Covid-19 C&F MH and Wellbeing	47	(47)	0
Community Living Fund	410	(410)	0
Training SVQ	72	(72)	0
Adoption Orders Delayed	200	(200)	0
Fostering - Advertising for Carers	17	(17)	0
Community Care Assistant Post in Reablement Team	88	(88)	0
Mobile Attendants additional resource	27	(27)	0
SG Care at Home Additional Capacity	1,554	(1,554)	0
Whole Family Wellbeing Funding	63	(63)	0
Mental Health Officer Additional Capacity Funding	57	(57)	0
Unaccompanied Asylum Seeking Children National Transfer Scheme	11	(11)	0
SG Interim Care Funding	760	(760)	0
SG Unscheduled Care - interface carer programme	517	(517)	0
SG Hospital at Home Funding	607	(607)	0
SG 9 month Funding for AHP Front Door Posts	198	(198)	(0)
AHP Band 4 contract (April to June 22 costs)	8	(8)	(0)
Dementia Post Diagnostic Support Posts	79	(79)	0
SG School Student Nurses	25	(25)	0
SG Staff Wellbeing Funding	91	(91)	0
SG Winter Pressures for Multi-Disciplinary Teams	501	(501)	0
SG Funding to accelerate MDT Posts	80	(80)	0
CAP Technician 2 Band 5 for 6 months	36	(36)	0
Band 2/3 Health Care Assistants	127	(127)	0
TOTAL EARMARKED	21,680	(17,743)	3,937

The total General Fund Balance of £6.773m includes funding previously approved for specific change activity and investment in staffing following service reviews. Draw down of reserves will be actioned at year end with any carry forwards subject to approval as part of the year end process.

Description	Balance as at 31st March 22	Transfers Out 22-23	Balance as at 30th September 2022
	£000's	£000's	£000's
Funds Committed for Improvements			
Learning Disability Lead Practitioner	101		101
Learning Disability Champions Board Officer	40		40
Public Protection Policy Officer	113		113
Health Visiting investment in I-Phone	7		7
Young Carers Officer	50		50
Wallacetown investment	0		0
Adult Social Work Review	150		150
Commissioning team resource	40		40
District Nursing Workforce review	100		100
ADP Development Officer Post	70		70
Developing community capacity	0		0
Frailty capacity within MDT	131		131
AHP Capacity	200		200
Absence Management Officer	60		60
Carefirst Finance Project Officer to 31st March 23	53	(53)	0
SDS Support Officer to 31st March 23	53	(53)	0
Children and Families Belmont First Project	57	(57)	0
Champions Board extension of staff to 31st March 23	10	(10)	0
The Promise extension of posts to 31st March 23	30	(30)	0
Legal Costs incurred for Historic Child Abuse Inquiry	50	(50)	0
Four WTE Occupational Therapy Assistants to focus on Unmet Need	150	(150)	0
Microenterprise Pilot	53	(53)	0
Reablement Supervisor Level 9		49	49
Penumbra - DBI 12 month Funding to Aug 23		49	49
Uncommitted Reserves	5,508	105	5,613
TOTAL GENERAL FUND	7,026	(253)	6,773

4.12 Request for Earmarking

The General Fund currently has £5.613m of uncommitted reserves, as noted in Appendix F. The following earmark requests are for approval by the IJB:-

The new Community Care structure still to be implemented is expected to incur additional costs from early retirement proposals, approval is requested to earmark £0.200m to meet this commitment.

The Practice Development Team are rolling out a programme to “Grow our own” whereby existing staff will be provided with the opportunity to become qualified social workers, either through a post graduate scheme or undergraduate scheme. The full cost of this is £0.250m over a four year period. This will increase social work capacity by 16 FTE’s, 4 FTE in 2024, 6 FTE in 2025 and a further 6 FTE in 2026. Request for approval to earmark £0.250m to fund this programme.

The Community Mental Health team are required to carry out Electrocardiography ECG checks as part of routine health care and to allow prescription of specific medications. At present there is one machine in the Community Addictions Team. Outpatient appointments are made by the community mental health teams for ECG checks, these are not well attended. Request is made for £0.015m to purchase 3 ECG machines to increase capacity in teams to be able to get people started on medication sooner and enable timely annual reviews.

4.13 Virements for Approval

Following from the transformation activity within Children and Families and the resultant efficiencies realised, as noted in the [Transformation and Efficiency Update](#) report presented to IJB on 12th of October. Virements are now requested from the Family Placement budget, as noted below.

Therapeutic Interventions - £0.100m to be invested in recruitment of a Play Therapist to promote the health and wellbeing of looked after children and young people who have been impacted upon as a consequence of trauma, abuse and neglect. This would reduce breakdown of both kinship and foster care provision. The funding would be for a level 10 Social Worker and supporting service delivery costs. Full details of this proposal are included in Appendix F.

Children with Disability Team - Following from a review of performance and processes this year, a proposal to invest £0.183m in restructuring the Children with Disability Team to provide additional resource in assessing, supporting casework including and to champion Self Directed Support and additional resource to support statutory work. Additional resources would include 1FTE Team Leader and 2 FTE Family Carer Support roles and 1 FTE Family aid worker. Full details of this proposal are included in Appendix G.

Children’s First Contract - £0.100m to be transferred back to Education Directorate following a review of the contract and the removal of the educational element of the contract. The budget of £0.100m provided by Education from Early Years Funding needs to be returned.

4.14 Savings Targets

Savings targets of £0.267m remain from prior years, as noted in Appendix D.

The table below, summarises the savings by BRAG status, defined as B – Saving is complete, R – Not on Track requires action, A – Minor issues mitigation required, G – savings on track for completion.

BRAG Status	Total Approved Efficiencies	Achieved 22-23	Projected to be achieved	Balance Remaining
B	0.000	0.000	0.000	0.000
G	0.151	0.056	0.095	0.000
A	0.000	0.000	0.000	0.000
R	0.116	0.000	0.000	0.116
Total	0.267	0.056	0.095	0.116

The only saving within the red status requiring action is the review and implementation of a revised charging policy outstanding from prior year. Due to the pandemic this work was paused in 2020-21, as consultation process could not have been facilitated with ease. However, the Independent Review of Adult Social Care was published in February 2021 and includes recommendations to remove charging for non-residential social care support. Until we are clear on the recommendations to be taken forward this work will continue to be deferred.

4.15 Financial Risks

The financial risks within the IJB's delivery of health and social care services over the next financial year are:

- The levels of non-recurring funding for specific policies are reducing the level of flexibility in managing the finances locally and directing to areas of specific need;
- Ability to financially plan in medium to longer term is hindered by the levels of non-recurring funding and the financial settlement from Scottish Government on an annual basis;
- Implementation of recommendations from the Independent Adult Care Review specifically the removal of non-residential charging if not fully funded will be a risk to financial sustainability;
- Uncertainty in levels of demand as we move out of the pandemic, this is under constant review;
- Implementation of fair shares for the Set Aside budget, South Ayrshire are using more than their current NRAC share;
- Cost of living increases is impacting commissioned services, with uplifts agreed for 22-23 based on inflation as at September 21, increase in fuel and energy prices is proving a significant burden to commissioned services. This is a national issue and has been raised in national forums with COSLA and Scottish Government;
- The pay award has been agreed for LA staff, and funding of £140m revenue and £120.6m capital funding made available from the Scottish Government to fund, a letter was received on 19th of October clarifying this funding was also to support all staff including those services delegated to IJB's. Costs of the pay award and funding allocation are still to be provided by South Ayrshire Council;
- The NHS pay award is still under negotiation, assumption is that any award over and above the budgeted level will be funded by Scottish Government.

The above risks will continue to be monitored during the year through the budget monitoring process and operational performance reports. The IJB is in a position this year that reserves are available to help mitigate any financial challenges that arise,

however there is a balance that needs to be achieved in utilising reserves to support transformation and to assist in longer term financial sustainability.

5 STRATEGIC CONTEXT

- 5.1 The IJB is expected to operate within the resources available. This report contributes to the IJB Strategic Objective to “operate sound strategic and operational management systems and processes.”

6 RESOURCE IMPLICATIONS

6.1 Financial Implications

- 6.1.1 The financial implications for the IJB Integrated Budget are outlined within the report.

6.2 Human Resource Implications

- 6.2.1 There are no human resource implications arising from this report.

6.3 Legal Implications

- 6.3.1 There are no legal implications arising from this report.

7 CONSULTATION AND PARTNERSHIP WORKING

- 7.1 This report has been prepared in conjunction with colleagues from South Ayrshire Council and NHS Ayrshire and Arran.

8 RISK ASSESSMENT

- 8.1 The report sets out the financial risks.
- 8.2 The IJB Risk Management Strategy categorises the level of financial risk as high.

9 EQUALITIES IMPLICATIONS

- 9.1 There are no immediate equality implications arising from the report.

10 SUSTAINABILITY IMPLICATIONS

- 10.1 There are no environmental sustainability issues arising from the approval of this report by the IJB.

REPORT AUTHOR AND PERSON TO CONTACT

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BACKGROUND PAPERS

APPENIDX A

South Ayrshire Health & Social Care Partnership Financial Report as at 30th September 2022

Table 1	2022/23		
	Integrated		
	Budget	Projected Outturn	Variance (Over)/ Underspend
	£'000	£'000	£'000
Older People	53,187	52,379	808
Physical Disabilities	4,132	4,220	(88)
Biggart Hospital	4,877	5,107	(230)
Girvan Hospital	1,442	1,451	(9)
Community Nursing	3,584	3,439	145
Intermediate Care and Rehabilitation	1,655	1,378	277
AHPs	7,932	7,219	713
Total Community Care & Health	76,809	75,193	1,616
C&F Social Work Services	22,956	21,360	1,596
Justice Services	(4)	(4)	0
Health Visiting	2,865	2,767	98
Total Children and Justice Services	25,817	24,123	1,694
Learning Disabilities	24,305	23,486	819
Mental Health Community Teams	7,222	7,235	(13)
Addictions	1,917	1,750	167
Total Mental Health Services	33,444	32,471	973
Directorate	8,880	7,776	1,104
Other Services	753	1,149	(396)
Payroll management target	(1,068)	(1,068)	0
Total Support Services	8,565	7,857	708
Integrated Care Fund/ Delayed Discharge	1,073	1,054	19
Scheme of Assistance	790	790	0
Inter Agency Payments	0	0	0
Prescribing	24,483	24,483	0
General Medical Services	18,881	18,881	0
Total Primary Care	43,364	43,364	-
Community Store	930	1,033	(103)
TEC	-	(6)	6
Family Nurse Partnership	2,093	2,044	49
Continence Team	445	540	(95)
Total Hosted Services	3,468	3,611	(143)
Debt Repayment	802	802	0
COVID Expenditure	11,666	11,666	0
PARTNERSHIP TOTAL	205,798	200,930	4,868
Recharges from other Partnerships	50,439	50,348	91
Recharges to other Partnerships	(2,389)	(2,487)	98
Acute Hospitals	28,311	28,311	0
IJB Core Budget Total	282,159	277,102	5,057

APPENDIX B

South Ayrshire Health & Social Care Partnership Financial Report as at 30th September 2022

Table 1	2022/23			2022/23			2022/23				
	Council			NHS			Integrated			Prior Period Variance	Movement from Prior Year Favourable / (Adverse)
	Budget	Projected Outturn	Variance (Over)/ Underspend	Budget	Projected Outturn	Variance (Over)/ Underspend	Budget	Projected Outturn	Variance (Over)/ Underspend		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
Older People	53,187	52,379	808	0	0	0	53,187	52,379	808	559	249
Physical Disabilities	4,132	4,220	(88)	0	0	0	4,132	4,220	(88)	22	(110)
Biggart Hospital	0	0	0	4,877	5,107	(230)	4,877	5,107	(230)	(308)	78
Girvan Hospital	0	0	0	1,442	1,451	(9)	1,442	1,451	(9)	37	(46)
Community Nursing	0	0	0	3,584	3,439	145	3,584	3,439	145	(68)	213
Intermediate Care and Rehabilitation	0	0	0	1,655	1,378	277	1,655	1,378	277	328	(51)
AHPs	0	0	0	7,932	7,219	713	7,932	7,219	713	335	378
Total Community Care & Health	57,319	56,599	720	19,490	18,594	896	76,809	75,193	1,616	905	711
C&F Social Work Services	22,956	21,360	1,596	0	0	0	22,956	21,360	1,596	1,808	(212)
Justice Services	(4)	(4)	0	0	0	0	(4)	(4)	0	9	(9)
Health Visiting	0	0	0	2,865	2,767	98	2,865	2,767	98	(5)	103
Total Children and Justice Services	22,952	21,356	1,596	2,865	2,767	98	25,817	24,123	1,694	1,812	(118)
Learning Disabilities	23,828	23,091	737	477	395	82	24,305	23,486	819	1,067	(248)
Mental Health Community Teams	4,257	4,276	(19)	2,965	2,959	6	7,222	7,235	(13)	322	(335)
Addictions	838	838	0	1,079	912	167	1,917	1,750	167	27	140
Total Mental Health Services	28,923	28,205	718	4521	4266	255	33,444	32,471	973	1,416	(443)
Directorate	5,839	5,117	722	3,041	2,659	382	8,880	7,776	1,104	843	261
Other Services	753	1,149	(396)	0	0	0	753	1,149	(396)	(314)	(82)
Payroll management target	(1,068)	(1,068)	0	0	0	0	(1,068)	(1,068)	0	0	0
Total Support Services	5,524	5,198	326	3,041	2,659	382	8,565	7,857	708	529	179
Integrated Care Fund/ Delayed Discharge	388	380	8	685	674	11	1,073	1,054	19	0	19
Scheme of Assistance	790	790	0	0	0	0	790	790	0	0	0
Inter Agency Payments	(19,938)	(19,938)	0	19,938	19,938	0	0	0	0	0	0
Prescribing	0	0	0	24,483	24,483	0	24,483	24,483	0	0	0
General Medical Services	0	0	0	18,881	18,881	0	18,881	18,881	0	22	(22)
Total Primary Care	0	0	0	43,364	43,364	0	43,364	43,364	-	22	(22)
Community Store	0	0	0	930	1,033	(103)	930	1,033	(103)	(119)	16
TEC	0	0	0	0	(6)	6	-	(6)	6	0	6
Family Nurse Partnership	0	0	0	2,093	2,044	49	2,093	2,044	49	49	0
Continence Team	0	0	0	445	540	(95)	445	540	(95)	(101)	6
Total Hosted Services	0	0	0	3,468	3,611	(143)	3,468	3,611	(143)	(171)	28
Debt Repayment	802	802	0	0	0	0	802	802	0	0	0
COVID Expenditure	11,666	11,666	0	0	0	0	11,666	11,666	0	0	0
PARTNERSHIP TOTAL	108,426	105,058	3,368	97,372	95,873	1,500	205,798	200,930	4,868	4,514	354
Recharges from other Partnerships				50,439	50,348	91	50,439	50,348	91	(234)	325
Recharges to other Partnerships				(2,389)	(2,487)	98	(2,389)	(2,487)	98	117	(19)
Acute Hospitals				28,311	28,311	0	28,311	28,311	0	0	0
IJB Core Budget Total	108,426	105,058	3,368	173,733	172,045	1,689	282,159	277,102	5,057	4,397	660

APPENDIX C PARTNERHSIP BUDGET MOVEMENTS

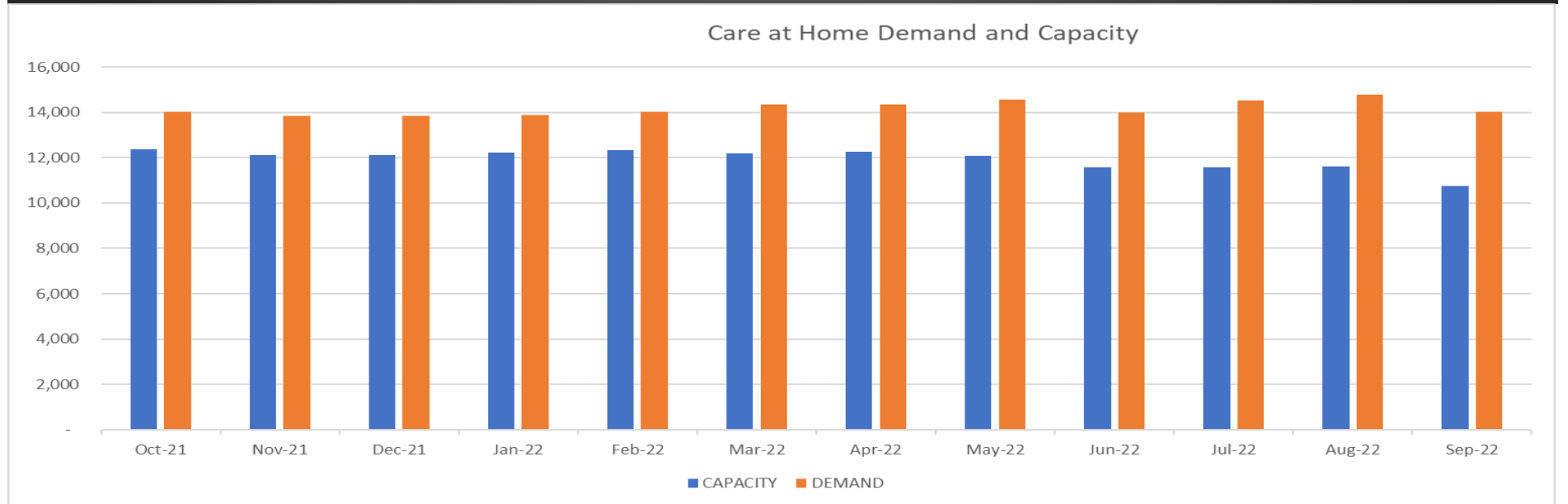
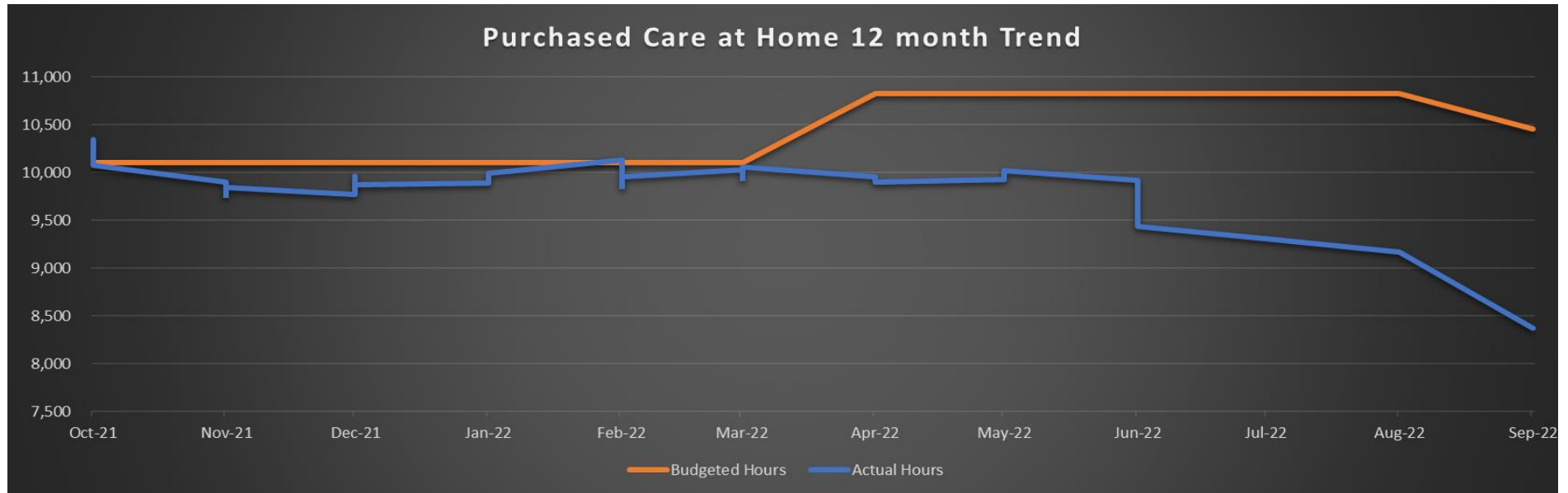
<u>Council</u>	Permanent or Temporary	£'000
Approved Budget		91,479
Aids and Adaptations		790
Transferred from Reserves:-		
ADP	502	
Covid- 19 Remobilisation	11,666	
Covid-19 C&F MH and Wellbeing	47	
Community Living Fund	410	
Training SVQ	72	
Adoption Orders Delayed	200	
Fostering - Advertising for Carers	17	
Community Care Assistant Post in Reablement	88	
Mobile Attendants additional resource	27	
SG Care at Home Additional Capacity	1,554	
Whole Family Wellbeing Funding	63	
Mental Health Officer Additional Capacity Funding	57	
Unaccompanied Asylum Seeking Children	11	
SG Interim Care Funding	760	
Carefirst Finance Project Officer to 31st March 23	53	
SDS Support Officer to 31st March 23	53	
Children and Families Belmont First Project	57	
Champions Board extension of staff to 31st March 23	10	
The Promise extension of posts to 31st March 23	30	
Legal Costs incurred for Historic Child Abuse Inquiry	50	
Four WTE Occupational Therapy Assistants to focus on Unmet Need	150	
Microenterprise Pilot	53	
Total Transferred from Reserves		15,930
Mediation Officer YPST		30
Signs of Safety		4
Belmont First Project		47
Insurance Budgets		15
Overmills Janitor		(11)
Janitors Childrens Houses		71
Social Security Learning Disability		71
Budget as at Period 6		108,426

<u>NHS</u>	Permanent or Temporary	£'000
Approved Budget		98,252
Set Aside	T	28,311
Lead Partnerships	P	48,050
Lead Partnership 22/23 Budget allocations	P	(162)
Resource Transfer Ailsa	P	46
Funding for Hospital at Home/Urgent Scheduled Care	T	(1,124)
AHP Clinical Admin Budget Transfer	P	(188)
Prescribing uplift/crest	T	403
BBV / Public Health Funding	T	138
ADP Funding to North PSST Support	T	8
Budget as at Period 6		173,733

APPENDIX D SAVINGS SCHEDULE

	£			£	£	£		
Saving Title	Partner	Approved	BRAG Status	Efficiencies	Achieved 22/23	Further achievement projected	Balance remaining	Comments
LD Day Services	SAC	2019-20	G	(55,900)	(55,900)	0	0	Prior Year Saving Ongoing - met on temp basis this year
Day care charging	SAC	2019-20	R	(116,000)	0	0	(116,000)	Not implemented - on hold awaiting the outcome of the Scottish Government recommendation to remove community charges.
Cunningham Place Children's House Development	SAC	2021-22	G	(95,000)		(95,000)	0	Due to Covid works on the house have been delayed, savings anticipated to be made through reduction in one residential placement.
Prior Year Efficiencies				(266,900)	(55,900)	(95,000)	(116,000)	

APPENDIX E CARE AT HOME 12 MONTH TREND



APPENDIX F

Proposal for the Recruitment of a Play Therapist

What the rational for a play therapist is?

Research tells us that Play Therapy promotes the health and wellbeing of looked after children and young people who have been impacted upon as a consequence of trauma, abuse, and neglect.

Access to services can be scarce and are not always targeted to supporting the Health and Wellbeing of children and young people. Accessing an independent Play Therapist can be costly, with long waiting times, is clinical and general would be positioned out with South Ayrshire.

According to Public Health Scotland there were 3654 children and young people receiving CAMHS treatment within NHS Ayrshire and Arran in June 2022. with 106 attending their first appointment that month. In the month of June 2022 alone CAMHS received 276 referrals, of which 252 were accepted which brought the total number of children and young people waiting for an appointment to 555. 90% of whom would wait 18 weeks before being seen.

Public Health Scotland produced a summary report in September 2022 which outlines the Scotland wide picture: [Child and Adolescent Mental Health Services Waiting Times in NHS Scotland \(publichealthscotland.scot\)](https://publichealthscotland.scot)

Furthermore, on 8th September 2021, Doctor Lisa Cameron, Member of Parliament for East Kilbride, Strathaven and Lesmahagow and chair of the All-Party Group on Psychology, tabled the following motion:

'That this House recognises the importance of play therapy in helping children who are experiencing mental illness or trauma and considers that therapy to be an essential component of the covid-19 recovery programme; notes that play therapy is an internationally recognised and highly cost effective health intervention for children for whom talking therapies like counselling are not always appropriate; further notes that play is essential to every child's social, emotional, cognitive, physical, creative and language developmental needs, assisting the learning process for all children and young people including those for whom verbal communication may be challenging; commends the role of organisations such as Play Therapy UK, Play Therapy International and the professional, highly-trained UK play therapist workforce who are currently supporting some of our most vulnerable children; and calls on the Government to acknowledge the vital role of play therapy in its covid-19 recovery programme and ensure that play therapy is one of the core services provided by the new and developing network of family hubs recently announced by the Minister for Children and Families.'
(Play therapy - Early Day Motions - UK Parliament)

This also applies to the Independent Care Review (2020) and Scotland's Promise which identifies there should be criteria free, community-based access to therapies that do not stigmatise but help support children and young adults to work through difficulties they are facing (The Promise, p51, as detailed in p22 of the Plan).

What they would bring to the FPT that is not currently available and what outcomes you would anticipate, for example, less placement break down, supporting children to process trauma through play etc.

Access to an in-house "therapeutic" intervention, such as, Play Therapy would provide timely and proportionate intervention to children and young people who have experienced adverse life events. This would address trauma linked to their mental wellbeing, emotional, social, and behavioural needs.

Play Therapy UK's (PTUK) systemic review of play therapy practice reviewed over 8000 cases between 2008 and 2011. The review found that positive change was observed in between 74% and 83% of children experiencing emotional, behavioural, and mental health problems. Play Therapy UK reports a current improvement level within the above range. [paperV1 \(playtherapy.hk\)](https://paperV1.playtherapy.hk)

Who would be the target group?

Evidence through experience and literature tells us that pre-school /school aged children benefit the most from early therapeutic intervention. However, it is also acknowledged that a child's developmental stage does not always "fit" with their chronological age.

On this basis, the suggested target group be children who are looked after away from in Foster Care and Kinship Care and are of pre and primary school age. There may well be young people over the age of 12 years old who would also benefit from Play Therapy, and this should not be overlooked.

Evidence around the merits of Play therapy. i.e. what do we know about its impact from evidence?

Children may struggle to understand their life experiences and to find the words to communicate what they have been through. This can affect their mental wellbeing, as well as their ability to regulate their emotions and behaviours.

Play Therapy would help children to:

- Process difficult life events
- Develop self-regulation skills
- Build self-esteem and self-confidence

Additionally, Play Therapy will assist the children's caregivers to support them with their responses to the children they look after, by providing coaching/mentoring in nurturing skills and how to play non-directively with their children.

How much would it cost?

It would be considered that the appointment of a Play Therapist post should be based on a Level 10 equivalent salary. The post holder would have responsibility for working directly with children who are looked after away from home and their carers (Kinship and Foster Care); to develop systems and process around criteria for referral and to collate data information to identify outcomes/gaps and trends (alongside Team Leader); offer a consultation to Social Workers where agreed referrals have been received; provide verbal and written assessments during and following completed intervention.

How would employing a Play Therapist reducing placement disruption costs?

There are both financial and emotional costs for looked after children associated with the employment of an internal Play Therapist. As Research highlights disruption in kinship placements is linked to the challenges associated with children's emotional and behavioural difficulties. *Hunt, J. (2020) Two decades of UK research on kinship care: An overview. London: Family Rights Group.*

This would also be considered applicable to children in foster care. Children in foster care mainly experience disruption during adolescence. Their lack of a coherent narrative regarding early life experiences with their curiosity surrounding family connections and separation also contributes significantly.

Through the provision of "therapeutic" intervention we would anticipate the benefits (as detailed above) would reduce breakdown in both kinship and foster care, reduce the need for short breaks, reduce the need for enhanced care provision (in some care arrangements) and increase the availability of carers who are providing singleton care placements to children and young people. There would be less reliance to identify "specialist" services out with the Local Authority.

In the longer term and as young adults with this support being provided at an early stage, they would benefit from more positive destinations, such as, ability to sustain and maintain relationships, access

to further and higher education, employment, and sustained housing accommodation. Many of our young people, without “therapeutic” intervention may find themselves in homeless accommodation and being involved in Justice Services.

Overall, the opportunity to have an in house Play Therapist would only serve to enhance and promote the life chances and outcomes for the looked after children and young people who have experienced significant trauma, loss and abuse.

APPENDIX G

CHILDREN WITH DISABILITIES TEAM PROPOSALS

INTRODUCTION

Over the last year there has been an opportunity to look at the performance and processes within Children with Disability Team (CWDT). While it functions well, it is felt that there are areas where, with some restructuring, could work better for the families that the team supports and allow alignment with the United Nations Conventions of the Rights of Children, Signs of Safety Approach and The Promise.

With the increase in complexity of Children who are living longer and an increasing number of Children with diagnosed and undiagnosed neurodevelopmental challenges. There is a need to reorganise the Children with Disability Team and provide additional leadership and capacity to be more responsive.

Local & National Drivers – The Scottish Strategy for Autism, Ayrshire Autism Strategy, The Accountability Gap, (draft) National Neurodevelopmental Service Specification and SIGN guidelines for ASD, FASD and ADHD, along with the work of National Autism Implementation Team, are policy drivers and best-practice clinical guidelines that highlight the need for robust, coordinated and structured support for neurodivergent individuals and families. These documents highlight the need for continuous focus and effort on the following areas: (i) information, (ii) community/services/education, (iii) assessment and (iv) support pathways/empowerment.

Local Demand – The number of children identified across Scotland's schools who have been identified as neurodivergent has more than doubled in the past 8 years. There are currently very significant numbers of children and young people awaiting a neurodevelopmental assessment across Ayrshire. Many children and their families, seek support from statutory services such as Social Work and Mental Health services that are not currently designed to provide this support, subsequently increasing pressure on the limited capacity of these services.

There are currently large waiting lists for children to be assessed by CAMHS and ASA paediatrics and often times, years can go by before an assessment is made, which results in an escalation of stressors and often family break down. This whole process can leave individuals and families stressed while at the same time building a largely false sense of expectation that a diagnosis will provide automatic relief and support.

With additional resource in South Ayrshire's Children's with disability team we believe that there will be a more coordinated structured approach to supporting Children and families with Neurodevelopmental needs, reducing the pressure in the family and the risk of family break down. Through providing Whole Family support, and enabling families to take control of what they can control and educating them on the nature of Neurodevelopmental conditions, we can reduce stress and empower families to be more in control of their supports.

Self Directed Support

The additionality to the CWDT would also enable there to be more support for families with Children with Disabilities to take up an Self Directed Support option, option one and two and increase the choice and control for families deciding what's best for their child.

CURRENT STRUCTURE

There are currently: 1 team leader, 5 social workers, 3 x 1.5 resource workers, 1 project worker. The team is also utilising 2 days per week sessional staff. The team each have statutory and non-statutory, resource only cases. They also cover duty on a rota basis.

Duty can lead to much ad hoc work, which can take time to complete.

PROPOSAL

The proposal is to split into 2 sections within the team:

Resource & Transition Support (including Neurodevelopmental needs) – which will assess and support cases, such as all overnight services, out of school supports, SDS, Ardfin, taxi services and neurodevelopmental children. This will be undertaken by our current resource workers. One resource worker will be responsible for shared carers including recruitment, training and supervision. The project worker will cover transitions from school to college including supporting parents and assessing for supports required, specifically where there are neurodevelopmental issues.

A social worker for transitions will be identified to take on all transitions planning between CWDT and Adult Services, including Mental Health, Community Care and Adult Learning Disability to ensure strong links and smooth transitions.

In addition to above, the proposal is to add a new team leader and 2 x level 8s who will review and reassess care packages and be available to support families, particularly where there is a neurodevelopmental concern on a duty basis. This would be costed at £155,000

Statutory Work – assess and supervise, intervene in child protection and any orders made by Children's Hearing. The current 4 x social workers will be involved in this part of the service, along with the present team leader.

It is proposed to add a level 5 post to support with family aid work, modelling, and additional need. This is costed at £28,000

This would be a total investment £183,000 which would hopefully be offset by a reduction over a few years of the packages of support as assessment and reviewing of need would be robust.

Expected Outcome

It is anticipated that this investment will streamline CWDT and allow a more efficient service for families. The additional funding required would be for a team leader, 2 x level 8 support assistants and 1 x level 5 family aid.

This investment in the Children with Disability service will enable there to be a more responsive and preventative approach to Neurodevelopmental concerns and reduce family stressors and the risk of family break down, requiring children to be accommodated.

The additionality will enable there to be link with Pan Ayrshire Autism supports and clearer accountability for those services within South Ayrshire who should be providing supports to children in South Ayrshire with Neurodevelopmental needs and to work up commissioning proposals for how we engage with the third sector to support this growing number of children. It will provide an advocacy approach as well as direct delivery for those who need it.

The additional resource will enable improved case planning for those Children who have complex needs and those who are at end of life, ensuring that there is clarity around the Social Work function and legal responsibility.

Increasing the options of Self-Directed Support will also be a significant benefit to family with Children with complex needs and those who require just a "light touch" intervention, gives control and power to children and families around what they believe would help them most, using option one and two of the SDS options. This aligns very much with the Childrens Rights and the Promise agendas and ensures that the services provided are driven by the voice of those who use those services and are proportionate to their needs.

Jackie Hamilton

Senior Manager Children Health Care and Justice

