

Health & Social Care Partnership

East Ayrshire Health & Social Care Partnership Integration Joint Board 14 December 2022 at 2pm MS Teams

Present:

- Councillor Reid, East Ayrshire Council (Chair)
- Ms Craig McArthur, Chief Officer
- Mr Alex McPhee, Interim Chief Financial Officer
- Councillor Neil Watts, East Ayrshire Council
- Councillor Maureen McKay, East Ayrshire Council
- Dr Alexia Pellowe, Clinical Director
- Ms Marion MacAulay, Chief Social Work Officer
- Mr Adrian Carragher, NHS Non-Executive Director
- Ms Irene Clark, East Ayrshire Advocacy
- Ms Lisa Cairns, CVO East Ayrshire
- Councillor Elaine Cowan, East Ayrshire Council
- Ms Arlene Bunton, Scottish Care Representative
- Mr Neil Kerr, ADP Independent Chair
- Ms Allina Das, Staff Side Representative

In Attendance:

- Dr Rohit Sabharwal, GP
- Ms Linda Boyd, Senior Manager Locality Health and Care
- Ms Joanne Anderson, Senior Nurse
- Ms Jo Gibson, Head of Wellbeing & Recovery
- Ms Fiona Smith, MacMillan Programme Lead
- Mr Ewan McGill, Communications Officer
- Ms Vicki Campbell, Head of Primary & Urgent Care
- Ms Amanda McInnes, Senior Manager Business Support
- Ms Catherine Adair, Governance & Communications Manager
- Ms Jim Murdoch, Senior Manager Planning, Performance & Wellbeing
- Ms Kathleen Winter, Public Health
- Ms Dale Meller, Senior Manager Public Protection & Learning
- Ms Aileen Anderson, Committee Secretary (Minutes)

Agenda	Discussion	Action
1.	<p>WELCOME & APOLOGIES</p> <p>Councillor Reid welcomed everyone to the meeting and noted apologies from Isobella Paton, Mahanth Manuel, Dalene Steele, Sukhomoy Das and Jenny Wilson.</p>	

2.	<p><u>GOOD NEWS STORY – LIFESTYLE PROJECT</u></p> <p>Dr Sabharwal delivered a presentation on the ‘Wee Changes Lifestyle Pilot’. The presentation highlighted the work involved and the success stories of patients involved in the group.</p> <p>Discussion took place regarding how this pilot could be replicated outside a medical setting and if a prescriber was required. Dr Sabharwal advised that the programme should have a prescriber attached due to the de-prescribing nature of the work however other aspects can be delivered by non-medical staff.</p> <p>Craig McArthur welcomed the presentation and noted that there was a willingness in the Partnership to see this work scaled up to cluster levels however it was acknowledged that this would be on a small phased approach.</p> <p>Dr Pellowe congratulated Dr Sabharwal on the work and the recent award and queried if there were any companies supporting the project. It was noted that funding had been allocated for a small pilot and there were no ongoing payments for the programme.</p>	
3.	<p><u>DECLARATION OF INTEREST</u></p> <p>There were no declarations of interest.</p>	
4.	<p><u>MINUTE OF PREVIOUS MEETING HELD ON 19 OCTOBER 2022</u></p> <p>The minutes of the previous meeting were agreed as an accurate record of discussions.</p>	
5.	<p><u>MATTERS ARISING</u></p> <p>The Unscheduled Care Report is on the agenda for discussion.</p> <p>An update on the financial clawback from Sottish Government was included in the Financial Management updates.</p>	
6.	<p><u>GOVERNANCE REPORT</u></p> <p>Mr Craig McArthur presented the report for consideration and approval of the Integration Joint Board meeting schedule for 2023.</p> <p>The proposed IJB schedule for shared for consideration and approval by members. Following approval, this will be issued to members with associated schedule of lodgement dates with the IJB report template and guidance. Diary requests have been issued in advance and can be amended if required.</p> <p>The Board note the report and approved the IJB meeting schedule for 2023.</p>	

7.	<p>Financial Management Report</p> <p>Mr Alex McPhee presented the report to provide details of the projected outturn position for the EAHSCP for 2022/23, based upon the current financial position as at 31 October 2022, including movements on the Annual Budget 2022/23 approved by the Board on 23 March 2022. The report provided an update on the current projected outturn position in relation to the Partnership's ongoing response to the Covid-19 pandemic and included progress against approved non-recurring cash releasing efficiency savings for 2022/23, as well as confirmation of funds within the IJB Reserve Balance. The report also provided a summary of the projected outturn on services managed under Lead Partnership/ Hosted Services arrangements, as well as information on Acute Services budgets in relation to the large hospital Set Aside resource within the scope of the Strategic Plan, and highlights underlying risk factors which have the potential to impact on the projected outturn position for 2022/23 and going forward.</p> <p>The month 7 Financial Management Report for the Partnership was compiled following financial analysis and budget monitoring at East Ayrshire Council and NHS Ayrshire & Arran. This is the second in-year Financial Management Report in the current financial year. In previous years, it has been possible to present the initial in-year report to the IJB at its August meeting however this was not possible this year, primarily due to East Ayrshire Council's month four reporting schedule.</p> <p>The consolidated projected outturn for the Partnership on directly managed services is an underspend of £7.359m. This represents 2.36% of the £312.149m directly managed services budget for the year and consists a projected underspend of £4.386m on services commissioned from East Ayrshire Council and a projected underspend of £2.973m on services commissioned from NHS Ayrshire & Arran.</p> <p>The projected outturn position makes allowance for anticipated additional payroll uplift costs in excess of the budget approved by the IJB on 24 March 2022, which was based on the Scottish Public Sector Pay Policy for 2022/23 for both Council and NHS employed staff. 6. The Scottish Government has announced that additional recurring revenue funding £140m (as well as a further £120.6m of capital funding for 2022/23 and 2023/24) will be made available to Councils to partially offset additional payroll costs. This funding enabled COSLA to agree a revised pay offer with staff. The funding provided is not sufficient cover the full cost of the agreed pay award. As a consequence, Councils will be required to identify additional funding from within existing resources in 2022/23 (and recurrently going forward). A letter dated 19 October from the Scottish Government Local Government and Communities Directorate to Local Government Directors of Finance confirmed that additional funding passed to Councils is intended to support all staff directly employed, including those staff currently delegated to IJBs.</p>	

Discussions remain ongoing at a national level via COSLA regarding the allocation of a share of this funding to IJBs in the current financial year, as well as 2023/24. If we assume that the IJB is to be allocated its "share" of this funding by East Ayrshire Council, the remaining shortfall will have to be funded from within existing IJB resources in the current year and going forward. The Public Sector Pay Policy assumed pay award for Council employees £1.376m was approved by the IJB on 23 March 2022. Based on the overall agreed uplift, there is an indicative unfunded element of £1.576m, which may be partially offset by a share of the additional funding provided to Councils. If a share of this additional funding is not forthcoming, the IJB will be required to identify alternative funding to offset any shortfall in the current year, as well as on a recurring basis. This would be additional to any 2023/24 pay award provision and represents a financial risk for the IJB at this stage.

A letter from the Chief Operating Officer, NHS Scotland to NHS Board Chief Executives and IJB Chief Officers, dated 14 July 2022, confirmed that Agenda for Change financial planning for 2022/23 had initially been based on the Scottish Public Sector Pay Policy. The letter highlights that the Agenda for Change pay offer exceeds these parameters, resulting in an additional cost which will require to be managed by the Health and Social Care Portfolio. The letter outlines that, for planning purposes, Boards should assume that funding will be provided based on the additional cost associated with the pay offer, with allocations to the confirmed following conclusion of pay negotiations. It is not clear at this stage if additional funding will be provided on a recurring basis. It is anticipated that, based on an anticipated uplift of 7%, there is an indicative unfunded element of £2.883m for 2022/23. This figure is subject to change, should the Agenda for Change pay award vary from the 7% uplift assumed in the Scottish Emergency Budget Review 2022/23. At the time of writing, no agreement had been reached with trade unions for 2022/23. As with the pay award for Council-employed staff, the uncertainty of funding in 2022/23 and going forward represents a financial risk for the IJB.

Similarly no additional provision is included for higher than budgeted cost of living increases in internally delivered services or services commissioned from external providers. Elderly residential and nursing care providers, alongside Scottish Care, have highlighted significant increases in energy costs in the sector, which has the real potential to impact on the sustainability of care provision. Scottish Care raised this issue with COSLA on 4 August and it is also subject to ongoing discussion at the IJB Chief Officers and Chief Finance Officers groups. A meeting with local care providers was held on 16 August and included discussions on demand management and energy efficiency. The key issue at this stage is affordability and it was agreed that a partnership approach is required to seek a national solution. It is understood that discussions are ongoing at a national level but no additional funding has been forthcoming at this stage for 2022/23. It is anticipated that the cost of care calculator underlying the National Care Homes Contract will be adjusted to reflect increased energy costs as part of the revised contract for 2023/24. 10. It is anticipated that the

outcome of public sector pay negotiations will also impact on external service providers who deliver services on behalf of the IJB (including the impact of Agenda for Change uplifts for qualified nursing staff within care homes). This has the real potential to drive cost increases for externally commissioned services in key service areas, including care at home, residential and nursing care and children's outwith authority placements.

As in the previous two financial years, Covid-19 projected costs are being partially offset by savings in some areas of the budget in the current year. In addition, projected costs are being offset by non-recurring Covid-19 recovery (RMP3 / RMP4) funding balances brought forward from 2021/22.

The initial directly managed services approved budget £290.006m which excludes Set Aside and Lead Partnership / Hosted Services adjustments has increased to £312.149m at 31 October 2022.

The £312.149m delegated budget for directly managed services decreases to £283.978m (on a population basis) when indicative shares of Lead Partnership / Hosted Services and Set Aside budgets are taken into account. These budgets are based on the NRAC "fair share". Each IJB is delegated their share of all services including inpatient Mental Health and Primary Care budgets, as well as a Set Aside budget for elements of Acute unscheduled care. Through Directions, the IJB commissions the Health Board to deliver these services and the Health Board through its scheme of delegation designates lead Health and Social Care Partnerships for specified services. At month 7, the impact of the Lead Partnerships has been calculated based on the average 2019/20 NRAC share which is the methodology applied in previous financial years and has been agreed by the Ayrshire Finance Leads group.

The 2022/23 Annual Budget was approved by the IJB on 23 March this year on a "business as usual" basis and made no allowance for additional costs associated with Covid-19. All Councils, Health Boards and IJBs take guidance from the Scottish Government on legislative requirements and spending priorities as part of the mobilisation planning process. Regular returns are submitted to the Scottish Government to provide details of the financial implications of the response to the pandemic.

The final outturn positions for 2020/21 and 2021/22 highlighted that all Covid-19 attributable costs included in the Local Mobilisation Plan (LMP) were fully funded.

The projected outturn position highlighted within this report is based upon the 2022/23 quarter 2 Local Mobilisation Plan return submitted to the Scottish Government at the end of October and projects additional costs of £4.521m.

Councillor McKay asked if funding was available to support Nursing Homes with the rising energy costs and it was noted that there had been no discussions locally around additional funding for these services. Craig McArthur noted that non-financial support had been offered to Care Homes/

	<p>Nursing Homes and they were being encouraged to seek funding opportunities as appropriate.</p> <p>Councillor McKay raised further concern around the Scottish Government ‘claw back’ of money and it was noted that the legal position around this was still being discussed and a report will be brought to the Board when this has been reviewed and discussed the Partnership’s legal advisors.</p> <p>The Board noted the report and agreed the following recommendations:</p> <ol style="list-style-type: none"> i. Note the projected outturn position for East Ayrshire Health and Social Care Partnership at 31 October 2022, including specific key actions on significant variances; ii. Note the current projected outturn position and underlying financial risk to the IJB in relation to the response to the Covid-19 pandemic; iii. Note the current position in respect of IJB Reserve balances, including the indicative drawdown requirement for 2022/23; iv. Note progress towards achievement of case releasing efficiency savings which have been approved on a non-recurring basis for 2022/23; v. Note the projected outturn position in respect of services managed under Lead Partnership/ Hosted Services arrangements; vi. Note the current position in respect of large hospital Set Aside budgets; and vii. Note underlying risk factors which will potentially impact over the course of 2022/23 and going forward. 	
8.	<p>Financial Outlook</p> <p>Mr Alex McPhee presented the report to focus on the immediate financial outlook on the Integration Joint Board in the forthcoming financial year and to consider financial resilience measures required to meet the indicative financial challenge in 2023/24 and going forward into future financial years.</p> <p>Since being formally established in 2015, the IJB has been able to demonstrate strong financial management, robust forward planning and alignment of strategic planning and budgeting to ensure that policy decisions can be achieved to meet the needs of patients and services users across the authority. This outcomes has been achieved against a backdrop of socio-economic and health inequalities prevalent in communities, increased demand for services alongside resources and the continued impact of Welfare Reform on the residents of East Ayrshire.</p> <p>The report set out the financial outlook alongside key financial risk impacting both in the short-term and going forward and set out the measures required to ensure that the IJB can continue to deliver person centred services within delegated resources in 2023/24 and beyond.</p>	

	<p>The current economic outlook UK-wide highlights a risk of financial pressures, with ongoing volatility and uncertainty. Public Sector budgets have been significantly impacted by cost of living increases, including soaring energy prices in the wake of Russia’s invasion of Ukraine. The UK inflation rate reached a 40 year high of 10.1% in September 2022. That month’s figures are typically used to set the rates for pensions and benefits the following April, while workers use it as a benchmark for pay awards. The rate increased further to 11.1% in October and while some economists say it is possible that inflation could have peaked and the rate of price rises will now start to slow down, the Office for Budget Responsibility has predicted that inflation will hit an average rate of 7.4% for 2023. Due to the aforementioned ongoing volatility and uncertainty, it is not possible to accurately predict the inflationary pressures position over the course of 2023/24.</p> <p>It is however important to recognise the impact of all potential pressures on the IJB and its partners and to plan accordingly in order to mitigate pressures as far as possible. It is important to note that the economic situation continues to be extremely fluid and current planning assumptions will require ongoing consideration and revision as part of the 2023/24 budget setting process and going forward. In the short-term, the focus is on being able to present a balanced budget proposal for the forthcoming financial year to the IJB on 29 March 2023 for formal approval.</p> <p>A presentation was delivered to the IJB Partnership Leadership Group on 06 October highlighting funding settlement scenarios; flat cash; flat cash plus 5%; or mid-point.</p> <p>The indicative budget gap based on each scenario ranges from £13m to £5m for 2023/24. Each scenario assumes that all Scottish Government ‘must-do’ initiatives will be fully funded. No growth has been applied to any area of the budget and it has been assumed that additional demand can be largely absorbed through re-design and delivery of services in a more efficient way.</p> <p>The Board noted the report and agreed the following recommendations:</p> <ul style="list-style-type: none"> i. Note the indicative 2023/24 financial challenge and associated financial risk impacting on the IJB; ii. Note that further work is required to test and refine funding costs and volume assumptions as further information becomes available; and iii. Note the actions being undertaken to mitigate financial risk in 2023/24. 	
9.	<p><u>SOCIAL WORK PRACTICE LEARNING INCOME PROPOSALS</u></p> <p>Ms Dale Meller presented the report to share updated proposals for the distribution of Social Work Practice Learning income.</p> <p>Support Social Work Student practice placements brings a modest level of income per student into the EAHSCP from Scottish Government via Higher</p>	

	<p>Educational Institutions. The majority of this incomes has historically been passed on directly to Practice Educators and Link Workers as additional responsibility payments for undertaking the significant tasks to effectively support Social Work Students.</p> <p>The income for each student is increasing from £18 per placement day to £28 per placement day. Due to this increase it is proposed to increase the payment made to practice educations and link workers and to introduce an additional responsibility payment to Peer Mentors who support Newly Qualified Social Workers during their first year in qualified practice as part of EAHSCPs Continuous Professional Learning Programme.</p> <p>While not all Local Authorities in Scotland make additional responsibility payments in respect of practice learning it is of note that North and South Ayrshire Councils do. North Ayrshire Council will be increasing their responsibility payments for Practice Educators to £1,500 per placement supported. It was therefore proposed to increase practice learning payments in line with our neighbouring authorities.</p> <p>The projected Practice Learning income to EAHSCP for 2023/24 based on 18 Social Work students' placements per year is £40,320.</p> <p>There are no direct financial implications for the Partnership as the proposed additional responsibility payments will be entirely funded through the Social Work Practice Learning income paid into the EAHSCP by Scottish Government through respective Higher Education Institutions. The remainder of the income will be deployed in supporting learning and development activities for Social Work students and in purchasing laptops and mobile phones for the student cohort.</p> <p>The Board noted the report and agreed the following recommendations:</p> <ol style="list-style-type: none"> i. Approve the proposal for the distribution of Social Work Practice Learning Income as outlined in the report. 	
<p>10.</p>	<p>Volunteer Expenses</p> <p>Mr Jim Murdoch presented the report to ensure reimbursement for any out of pocket expenses which may be incurred to allow members of the public, users of our services and carers to participate fully and volunteer within our services.</p> <p>In order to support the engagement of public, users and carers to participate or volunteer in the delivery or development of our services a Volunteer Expenses Policy and associated Claim Form had been developed. The intention being to ensure that those giving of their time are fairly reimbursed for expenditure necessarily incurred as a result of volunteer activities and that the process applied is as straightforward as possible.</p> <p>The IJB currently has a Members Expenses Policy (August 2015) however this is only applicable to those public, user or carer representatives that</p>	

	<p>attend the IJB. Additional, the section for Support for Carers' does not clearly outline the arrangements for substitutionary care.</p> <p>The current focus on Cost of Living necessitates that if we are asking people to give their time to support our areas of work then it is or even more importance that they are not out of pocket in doing so.</p> <p>As the policy outlines the rates reimbursed are in line with HMRC guidance it is difficult to accurately estimate costs at this stage however it is not anticipated that claims will be significant. It is anticipated that costs can be contained within existing resources within Regulation at this stage.</p> <p>The Board noted the report and agreed the following recommendations:</p> <ul style="list-style-type: none"> i. Review and approve the draft policy and claim process for implementation. 	
11.	<p>Unscheduled Care</p> <p>Mr Craig McArthur presented the report to provide an update to the report presented to the Board in June 2022 which highlighted the responsibilities of the IJBs in commissioning and oversight of performance in relation to Unscheduled Hospital Care in relation to the Acute Set Aside resource. Highlighting ongoing area of concern in relation performance and to seek regular updates on the programme of work to improve patient experience and outcomes.</p> <p>The report provided updated performance information and the movement since the previous report in June 2022.</p> <p>Since the report in June 2022 there have been a number of Discharge without Delay events to support the decongestion of the acute hospitals. These three and seven days events are held on both acute sites and involve both clinical and non-clinical staff, undertaking patient reviews and identifying issues blocking their progress through their treatment and a safe discharge.</p> <p>The Board noted the report and agreed the following recommendations:</p> <ul style="list-style-type: none"> i. Note the ongoing programme of work in relation to Unscheduled Care and specifically the improvements required in length of stay for patients and performance in relation to the ED compliance standard. The IJB should receive ongoing performance updates; and ii. Note that any additional resource required to facilitate performance improvement activity should be a spend to save methodology by closing all 138 additional acute hospital beds during 2022-23. 	
12.	<p><u>MACMILLAN CANCER</u></p> <p>Ms Claire McCamon presented the report to provide the Board with awareness of the vision and aim for the Macmillan Improving Cancer</p>	

	<p>Journey (ICJ) and seek approval of relevant recommendations to progress with the delivery model and service arrangements.</p> <p>The paper set out the proposed arrangements and opportunities for partnership working between MacMillan Cancer Support and East, North and South Ayrshire Health and Social Care Partnerships to deliver key objectives of the Scottish Cancer Plan and other Scottish Government strategies by implementing an ICJ model to help better meet the needs of people affected by cancer from the point of diagnosis across Ayrshire and Arran.</p> <p>This £1.1m programme will be delivered on a pan Ayrshire basis with an aim to develop and work with the HSCPs across Ayrshire and Arran, building on the learning from the two local Transforming Care After Treatment (TCAT) projects to provide holistic care solutions and improve the personalised experiences of all people affected by cancer. Together, Macmillan, in partnership with East, North and South HSCPs and working with local health providers, local authorities, third sector organisations, communities and people affected by cancer including family members and carers, will combine our expertise with the aim of ensuring everyone diagnosed with cancer can easily access all the support they need as soon as they need it to enable them to live as well and as independently as possible. In addition, there will be scope to consider the learning from the work and its transferability to other long term conditions to support the longer term sustainability of the work.</p> <p>NHS Ayrshire & Arran Health Bard is the host for the pan-Ayrshire led programme which will be delivered via East Ayrshire HSCP as the Lead HSCP for Primary Care with local delivery and governance arrangements in place.</p> <p>The Board noted the report and agreed the following recommendations:</p> <ol style="list-style-type: none"> i. Note the vision and aim for the Macmillan Improving Cancer Journey within East Ayrshire; ii. Support the development and delivery model proposed; iii. Approve the proposed governance and oversight arrangements; and iv. Issue a Direction to NHS Ayrshire and Arran to recruit staff for Programme delivery. 	
13.	<p><u>EACH MODEL OF CARE</u></p> <p>Ms Linda Boyd presented the report to provide an update regarding the implementation of the East Ayrshire Community Hospital (EACH) Model of Care.</p> <p>Three reports have previously been presented to the Board in 2021 on the implementation of the EACH Model of Care. The first report related to the implementation of Phase 1 of the Model of Care, focused on the human resource requirements, namely Allied Health Professionals (AHPs), Advanced Nurse Practitioners (ANPs), enhanced Intermediate Care Team</p>	

	<p>(ICT) and a Nurse Consultant to support the Model of Care within the current environment, that is to say a 24 bedded Ward.</p> <p>The second report related to further stakeholder engagement with GPs and practice teams in preparation for Phase 2 implementation and to ensure that the Model of Care would continue to meet the needs of all East Ayrshire residents. The third report focused on the outcome of the engagement.</p> <p>EACH is now accepting transfers for step down beds for all East Ayrshire residents and planning to commence step up care for all East Ayrshire residents from early 2023.</p> <p>The existing arrangements with Tarnyard and Ballochmyle GP Practices for step up and step down in patient care for their registered population continues and is being reviewed jointly with the Head of Service Primary Care. A named medical officer provided by NHS Ayrshire and Arran supports the nurse-led beds.</p> <p>Detailed information on the wider Cumnock and surrounding area Health and Wellbeing Programme which includes the EACH Model of Care, was provided to NHS Ayrshire and Arran Infrastructure Board for their meeting on 14 December 2021.</p> <p>During 2022, meetings were held on the Cumnock and surrounding area Health and Wellbeing programme to liaise with stakeholders such as schools and local projects. Further engagement activity for the EACH Model of Care and the Cumnock and surrounding areas Health and Wellbeing Programme is being planned for 2023 as part of the Local Conversation.</p> <p>The Ayrshire Hospice is currently occupying two in-patient wards in EACH. The original plan was for Ayrshire Hospice to be located in EACH until August 2023. Plans have required revision with the current proposal being that the Hospice will remain at EACH until December 2024, with the option to vacate earlier if possible from May 2024 and also to extend for a further 6 months.</p> <p>Mr Adrian Carragher advised that there had been links between sensory impairment and dementia and recognised the work which had been undertaken within in-patients at EACH and queried if there was scope to consider this in the outpatient areas. Ms Linda Boyd advised that there was a great range of outpatient services being delivered at present and further opportunities could be considered.</p> <p>The Board noted the report and agreed the following recommendations:</p> <ol style="list-style-type: none"> i. Receive the EACH Model of Care update report. 	
14.	<p><u>HOSPITAL AT HOME</u></p> <p>Ms Linda Boyd presented the report to seek Board approval for recurring investment in the Hospital at Home (HaH) model of care.</p>	

The report set out the operational context for HaH, provides a definition of the model of care, the staffing composition and related financial implications. The report also makes Direction to NHS Ayrshire & Arran in relation to the delivery of the HaH Service.

Hospital at Home is a service that provides acute, hospital-led care by a multi-disciplinary team of healthcare professionals in a home context for a condition that would otherwise require acute hospital inpatient care. There is a number of key characteristics of HaH including geriatrician led admission avoidance; multidisciplinary team; healthcare guided by the principals of Comprehensive Geriatric Assessment including virtual rounds; and direct access to acute-hospital based healthcare, such as diagnostics and transfer to hospital.

Systematic evaluations of HaH indicate lower levels of mortality and readmission. People receiving HaH are less sedentary and less prone to deconditioning. There is a lower level of admission to care homes from HaH. Evaluations also show high levels of satisfaction with the HaH model from those experiencing support from the service with 97 per cent recommending the HaH service and 99 per cent being satisfied or very satisfied with the model.

A review of HaH services published by Health Improvement Scotland showed that total cost per patient was £19,067 for HaH group compared with £21,907 inpatient care; a mean difference of £2,840.

The cost for HaH will be shared between Acute Service and East and South IJBs. The East Ayrshire IJB share of the total cost of the HaH Service is £0.294m and is to be funded from within the System Pressures Investment Plan envelope approved by the Board at its meeting of 09 February 2022.

Ms Marion MacAulay queried how many people the service was able to support over a year and it was noted that the services was not currently at full scale therefore it was difficult to project the number of patients however this can be reported at a future Board.

Ms Arlene Bunton advised that Care Homes have provided feedback on the excellent service and were pleased that this had prevented admission to hospital for residents where appropriate.

The Board noted the report and agreed the following recommendations:

- i. Note and comment on the contents of the HaH report;
- ii. Note the established evidence base for HaH;
- iii. Note the integrated community service context within East Ayrshire HSCP that HaH can contribute to;
- iv. Note and otherwise comment on the report; and
- v. Direct NHS Ayrshire and Arran to deliver the HaH service as set out in the report.

<p>15.</p>	<p><u>EQUALITY OUTCOMES AND MAINSTREAMING REPORT</u></p> <p>Jim Murdoch presented the report for consideration and approval.</p> <p>The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 requires Health and Social Care Partnerships to publish a report on how it has mainstreamed equality into the day-to-day operations and on its progress towards achieving its equality outcomes. The Equality Outcomes and Mainstreaming Progress Report demonstrates the work of the Partnership to fulfil these duties.</p> <p>The report outlines the commitment of the Partnership in promoting equality and provides an overview of our progress in mainstreaming equalities. It describes how we ensure that equality becomes part of everything we do, within our processes, structures, behaviours and culture as well as detailing out progress towards achieving the Ayrshire Shared Equality Outcomes.</p> <p>East Ayrshire, along with Health and Social Care Partnerships across Scotland, have been liaising with the Equality and Human Rights Commission who have been providing guidance and support on meeting our equality duties. In 2023, work will take place to develop focused equality outcomes for the HSCP while still aligning to the Ayrshire Shared Equality Outcomes as we understand the importance in taking forward this work in collaboration.</p> <p>The Board noted the report and agreed the following recommendations:</p> <ul style="list-style-type: none"> i. Note the comment on the draft Equality Outcomes and Mainstreaming Report 2020-22; ii. Endorse the content of the draft Equality Outcomes and Mainstreaming Report 2020-2022 subject to any amendments arising from (i). 	
<p>16.</p>	<p><u>Q2 WHISTLEBLOWING REPORT</u></p> <p>Ms Amanda McInnes presented the report to provide the Board with an update following the implementation of the National Whistleblowing Standards and Once for Scotland whistleblowing policy (the Standards).</p> <p>The Whistleblowing Standards were introduced on 01 April 2021 and have been implemented successfully across NHS Ayrshire & Arran and Health and Social Care Partnerships.</p> <p>The 2022-23 Quarter 2 report provided details of whistleblowing concerns raised across NHS Ayrshire & Arran by staff, and those who provide services on behalf of NHS Ayrshire & Arran, for the period July to 30 September 2022.</p> <p>The report noted that an anonymous whistleblowing concern was raised by the Chief Executive in Q2 and the matters raised were appropriate to be reviewed as whistleblowing. However, as anonymous concerns cannot be</p>	

	<p>reviewed under the Standards, or be considered by the INWO, it has therefore been taken forward following the Whistleblowing principals and investigated in line with the Standards. This anonymous concern will be recorded for management information purposes.</p> <p>As no other Whistleblowing Concerns were received in Q2 a detailed report was not possible.</p> <p>The Board noted the report.</p>	
17.	<p><u>GOVERNANCE PAPERS</u></p> <p>The minutes of the following Governance Groups were shared for information:</p> <ul style="list-style-type: none"> • Audit & Performance Committee – 04 October 2022 • Health, Safety & Wellbeing Group – 18 August 2022 • Partnership Forum – 18 August 2022 • Risk Management – 11 August 2022 	
18.	<p><u>AOCB</u></p> <p><u>Presentations on National Care Service Response and Position of IJB</u></p> <p>Mr Craig McArthur advised that the Board has send a joint response with East Ayrshire Council to the National Care Service Consultation; following this a request was made to provide evidence to Scottish Government and Mr Eddie Fraser did this on behalf of East Ayrshire Council and the Health and Social Care Partnership. Mr Eddie Fraser attended the Local Governance Committee; Health and Sport Committee; and the Finance Committee and reiterated the opinions of the National Care Service. A formal report summarising these Committees will be written and provided to the Board at a future meeting.</p>	
19	<p><u>DATE OF NEXT MEETING</u></p> <p>01 February 2022 at 2pm Council Chambers, Council HQ, London Road, Kilmarnock/ MS Teams</p>	