SUBMISSION FROM EAST AYRSHIRE COUNCIL

1. Highlighted below are examples of new ways of delivering services within East Ayrshire, which are underpinned by our robust Community Planning arrangements.

Co-location of Services

2. Local communities in East Ayrshire have benefited from the delivery of joined up services locally with the Council and wider Partnership leading the agenda on the co-location of public services, which sees staff from a range of public sector agencies co-located and working together in shared premises, with joint teams delivering joint services in joint premises. Cumnock Area Centre was completed and opened in February 2012, bringing the total number of co-location facilities established to nine, including: the award winning Dalmellington Area Centre and North West Kilmarnock Area Centre. The Council and its Community Planning Partners have overcome the obstacles and difficulties encountered in relation to financial matters primarily through creating a culture of trust, openness and commitment. This was recognised as long ago as 2007 by the Scottish Parliament’s Audit Committee in its 2nd Report, 2007 (Session 2) on Community Planning: an initial review. The Committee recorded that:

“The Committee’s visit to the North West Kilmarnock Area Centre demonstrated that issues such as: different insurance arrangements, building design standards, and VAT treatment and accounting procedures can be overcome with flexibility, energy and commitment from staff at all levels and strong senior management support”.

3. The Scotland-wide hub initiative, the national approach to the delivery of new community infrastructure, complements the work which we have taken forward locally, bringing community planning partners, including health boards, local authorities, police, and fire and rescue services, together with a private sector development partner to increase joint working and deliver best value through the shared delivery of sustainable community buildings.

Development of Older People Services

4. In East Ayrshire, we have recognised for a number of years the challenges of demographic change and that the status quo in terms of service delivery is not an option to either meet the aspirations of older people or be sustainable within available resources. Consequently, we have implemented a strategic direction to develop a health and social care infrastructure to support older people in our communities and reduce admissions to hospital.
5. Our partnership work already extends beyond community health and social care services and includes acute and primary health, housing, leisure and other vital stakeholders, including family carers and the independent, voluntary and community sectors. Notable successes include:

- meeting and often exceeding national balance of care targets for older people with intensive care needs;
- consistent achievement of the Delayed Discharge Target over a number of years;
- progression of the East Ayrshire Supported Accommodation Strategy for Older People, including new Council House provision prioritised to older people; and
- partnership arrangements with Independent Care Home Providers to deliver long term care for older people.

6. The development of our new Integrated Care and Enablement Service (ICES) has brought together and expanded our Home from Hospital, Rapid Response and Community Alarm services and increased our capacity to provide rehabilitation and reablement services to support people on discharge from hospital and prevent admission. This has already resulted in a 50% reduction in home care and a 20% increase in early supported discharge since April 2012. In addition, 98.2% of people who receive home care services receive personal care, which is aligned to our policy of reablement, supporting older people to remain independently at home. Approximately 24% of local people aged 75+ have a telecare package, the impact of which is seen in more older people achieving their chosen outcome to remain at home and significantly less admissions of older people to care homes both from home and directly from hospital.

7. Focused self-management and telehealth development work provides intensive, targeted support to people with chronic obstructive pulmonary disease (COPD) and reduces repeat hospital admissions. This pilot work in the community of Dalmellington will be evaluated in the New Year and rolled out thereafter.

8. Recognising that the majority of older people do not receive or require direct social care services, we are working to build capacity within the community including through:

- increased support to carers, through both direct and indirect supports;
- development of leisure/lifestyle/capacity building services;
- support to voluntary organisations/social enterprises to build future capacity;
- development of a Well-connected and Befriending Project, with the Voluntary Sector; and
- inclusive and preventative approaches such as Home Buddying, garden schemes, community transport and Alcohol Brief Interventions.

9. The Change Fund, hosted in the Community Health Partnership budget as a pooled budget for partners’ use, utilising the Integrated Resource Framework ‘financial driver’ models that support the implementation of joint budgets and commissioning, has provided an opportunity for whole system redesign to mitigate against these resource demands through Health Improvement and reinvestment of resources freed up from reduced dependency on institutional based services.

10. The Change Fund as a model is allowing the development of integrated services and the widening of this approach is welcomed. The additional funding allows services to be redesigned over time and minimises the impact on service users in the short term.
• How are opportunities for sharing services being identified? What is hindering moves toward developing shared and innovative service delivery models? In areas where moves to alternative service delivery models are not being pursued, what efforts are being made to standardise, streamline and simplify existing methods of delivery?

11. Within East Ayrshire such opportunities are identified through our Community Planning arrangements, which are recognised both nationally and locally as robust and effective. However, if the Community Planning Partnership (CPP) is to continue to deliver the services which our communities need in the current economic climate, we require to build on our existing strengths and successes to date, and reform how we work.

12. Moving towards further integration will require a step change in how all partners currently work. It is widely accepted, and highlighted by the Christie Commission that, in this climate of significantly reduced resources, real change will require a partnership approach to outcomes based planning and a move from reactive to preventative services. This approach will require single and fully integrated teams, pooled budgets, joined up resource allocation systems and single performance management frameworks. This a long term agenda which will require a change to process and culture at both a local and national level; however, it has the potential to make a significant impact locally.

13. Importantly, the integration we seek to deliver at a local level across all agencies requires to be mirrored in the priority setting and delivery arrangements of Scottish Government departments.

14. The focus of the East Ayrshire CPP going forward is on embedding an outcome-based approach to planning and resourcing services, which will necessitate changing not only what we deliver but also how we deliver both within and across partner organisations. This approach requires partners to reform how they work individually and as a partnership and, as discussed as part of the Public Sector Reform agenda and cited in Christie, would be facilitated by extending public sector duties and accountability to include the achievement of positive outcomes on the basis that what ultimately drives public bodies is what they have a duty to do.

15. Within the context of Community Planning in East Ayrshire, there has been a culture of early intervention and preventative spend, and a commitment over time to shifting the balance of care and resources to prevention across a range of services. The Getting it Right for Every Child (GIRFEC) programme is founded on the principles of early intervention and provides a framework for putting these principles into action for all children and young people at the individual level. Similarly, we are already some way down the road to putting these principles into action within the education system through Curriculum for Excellence and within the NHS through Health for all Children. These principles also underpin work in relation to Opportunities for All.

16. The development and implementation of Single Outcome Agreements (SOAs) in the context of Community Planning have provided a good starting point for working towards jointly agreed outcomes and the clear commitment by the Scottish Government to SOAs as the key framework for the delivery of outcomes is welcomed and will assist in building on what has been achieved to date and ensuring that all partners are focused on one set of key local outcomes linked to national outcomes. This would release the significant resources in all organisations which are necessary to servicing a range of other organisation specific planning and performance management frameworks and accountability arrangements.
17. There are challenges in moving further towards a more preventative approach to public services, in a time of reducing resources, not least maintaining necessary services to existing service user groups while increasing the focus on prevention/early intervention. It is recognised that the outcomes from preventative spend could be significant, as could the financial benefits. However, the tensions between preventative spend and spend on maintaining existing service levels requires to be recognised and fully addressed to allow further progress to be made. This will require additional investment, such as through Change Funding, and changes to current delivery models to free up resources going forward. All agencies need to be committed to the new approach and this can be difficult when the existing pressures also require to be met.

18. On a practical basis, systems would require to be put in place to look at the totality of public spending in an area and organisations would require to agree to fund evidence based interventions which would achieve jointly agreed outcomes for the area. In addition, there would require to be ‘buy in’ from national/local politicians and local communities.

- **How are the tensions between potential savings and possible job losses being resolved?**

19. It is recognised that a robust and effective outcomes focused approach will maximise the resources available to all partners and ensure a focus on key priority services to communities. However, the significant reductions in public sector budgets will mean that there will be job losses and reducing the workforce will require appropriate management and support for the staff affected. Consequently, we are putting in place good workforce planning arrangements to support succession planning and maintain our practice of minimising compulsory redundancies. In addition, the commitment to Trade Union involvement in East Ayrshire can be evidenced, for example, by their routine participation in the individual shared services proposals/teams and in the wider budget consultation process for the Council.

20. A change process of the magnitude required cannot take place without the full and continued engagement of our communities. The Council’s recent consultation on Future East Ayrshire, for example, was its most comprehensive and innovative budget consultation to date. Over 13,000 people read the proposals, 12% completed the budget survey and almost 400 people attended the budget consultation events. The formal consultation has ended but our conversations with our communities have just begun.

- **What legislative barriers are there to developing shared and innovative service delivery models to their full potential?**

21. It is recognised both nationally and locally that partnership working in East Ayrshire through the Community Planning process is robust and effective. However, if the Community Planning Partnership (CPP) is to continue to deliver the services which our communities need in the current economic climate, we require to build on our existing strengths and successes to date, and reform how we work.

22. Ensuring commitment to reform at the local level will require a matching commitment and a clear message at the national level. To work effectively together to make a difference in our communities, partners require to be working to achieve a jointly agreed set of outcomes and have the ability to effectively direct budgets at the local level. New governance arrangements that would facilitate elements of NHS and Local Authority targets and budgets being set jointly would improve integration and commitment. Such an approach would be more consistent with enhanced Community Planning arrangements.
The potential for the joint health and social care integration agenda to be developed around Community Planning Partnership boundaries has the potential to assist this process.

23. Pooled budgets and joined up resource allocation systems will require existing financial and governance arrangements to be reviewed and streamlined to facilitate/strengthen budget sharing arrangements. The ultimate responsibility for fiscal management still remains with the Chief Financial Officers of the respective organisations. Arrangements, therefore, require to be sufficient to satisfy each of these budget holders. This requires a complex governance structure that could be seen as stifling innovation.

24. Currently, through the Community Health Partnership, partners have aligned budgets and make joint spending decisions around the health and social care agenda. In relation to services for children, there is some alignment of budgets to meet the needs of the child through Integrated Children’s Services Plans.

25. As previously stated, however, what ultimately drives public bodies is what they have a duty to do. Consequently, careful consideration will be required in relation to the legislation which is put in place to facilitate public sector reform.

- What has been learned from elsewhere, for example Nottingham Early Intervention City or Birmingham total place initiative?
- In what ways can innovative delivery methods and collaborative arrangements (as mentioned, for example, in the Christie Commission report) help to improve outcomes and tackle embedded social problems?

26. Approaches such as Total Place allow the mapping of the totality of public spend and highlight duplication and gaps in provision across services and partners organisations. Where priority outcomes have been agreed, they facilitate the targeting of available resources to these outcomes. However, difficult decisions still require to be taken locally about services which should cease as they do not deliver on the identified outcomes. While it is recognised that early intervention/prevention models are the answer to addressing the deep seated problems facing our communities, resources are required to allow the transition and maintain necessary services to current service users. In this regard, as previously stated, models such as the Change Fund have much to offer.

- In what ways are CPPs being involved in driving the move toward new service delivery methods? What is hampering their involvement and how can it be overcome?

27. Within East Ayrshire such opportunities are identified and driven forward through our Community Planning arrangements. The comments made throughout this response are relevant to the Community Planning Partnership.