Integration Joint Board Meeting

NORTH AYRSHIRE
Health and Social Care Partnership

Thursday, 17 December 2020 at 10:00

Arrangements in Terms of COVID-19
In light of the current COVID-19 pandemic, this meeting will be held remotely in accordance with the provisions of the Local Government (Scotland) Act 2003. Where possible, the meeting will be live-streamed and available to view at https://north-ayrshire.public-i.tv/core/portal/home. In the event that live-streaming is not possible, a recording of the meeting will instead be available to view at this location.

1 Apologies

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

3 Minutes/Action Note
The accuracy of the Minutes of the meeting held on 19 November 2020 will be confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973 (copy enclosed).

3.1 Matters Arising
Consider any matters arising from the minutes of the previous meeting.

4 Community Wealth Building
Receive a presentation by the Leader of the Council on Community Wealth Building.

5 Director's Report
Submit report on developments within the North Ayrshire Health and Social Care Partnership (copy enclosed).

6 Financial Performance

Submit report by Caroline Cameron, Chief Finance & Transformation Officer on the financial position of the North Ayrshire Health and Social Care Partnership (copy enclosed).

7 Budget Outlook 2020/21

Submit report by Caroline Cameron, Chief Finance & Transformation Officer on the Budget Outlook for 2020/21 (copy enclosed).

8 Ayrshire and Arran CAMHS Reform

Submit report by Thelma Bowers, Head of Service (Mental Health) on the Ayrshire and Arran CAMHS Reform and progress against the Scotland wide commitment to children and young people's mental health (copy enclosed).

9 Distress Brief Intervention Update

Submit report by Thelma Bowers, Head of Service (Mental Health) on the progress of Implementation of the Distress Brief Intervention Service (copy enclosed).

10 National Secure Adolescent Inpatient Service (NSAIS)

Submit report by Mhairi McCandless (put in job title) on the proposed name for the National Secure Adolescent Inpatient Service (copy enclosed).

11 Urgent Items

Any other items which the Chair considers to be urgent.

Webcasting
Please note: this meeting may be filmed for live and subsequent broadcast via the Council's internet site. At the start of the meeting, the Chair will confirm if all or part of the meeting is being live-streamed/webcast.

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Integration Joint Board

Sederunt

Voting Members

Councillor Robert Foster (Chair)	North Ayrshire Council
Bob Martin (Vice-Chair)	NHS Ayrshire & Arran
Councillor Timothy Billings	North Ayrshire Council
Adrian Carragher	NHS Ayrshire and Arran
Councillor Anthea Dickson	North Ayrshire Council
Jean Ford	NHS Ayrshire and Arran
John Rainey	NHS Ayrshire and Arran
Councillor John Sweeney	North Ayrshire Council

Professional Advisors

Alison Sutherland	Interim Chief Officer
Caroline Cameron	Chief Finance and Transformation Officer
Vacancy	Clinical Director
David MacRitchie	Chief Social Work Officer – North Ayrshire
Dr. Calum Morrison	Acute Services Representative
Alistair Reid	Lead Allied Health Professional Adviser
David Thomson	Associate Nurse Director/IJB Lead Nurse
Dr Louise Wilson	GP Representative

Stakeholder Representatives

David Donaghey	Staff Representative – NHS Ayrshire and Arran
Louise McDaid	Staff Representative – North Ayrshire
Marie McWaters	Carers Representative
Graham Searle	Carers Representative (Depute for Marie McWaters)
Clive Shephard	Service User Representative
Jackie Weston	Independent Sector Representative
Glenda Hanna	Independent Sector Rep (Depute for Jackie Weston)
Vicki Yuill	Third Sector Representative
Sam Falconer	IJB Kilwinning Locality Forum (Chair)
Janet McKay	IJB Garnock Valley Locality Forum (Chair)
Vacancy	IJB Irvine Locality Forum (Chair)

North Ayrshire Health and Social Care Partnership

Minute of the Virtual Integration Joint Board meeting held on Thursday 19 November 2020 at 10.00 a.m.

Present

Councillor Robert Foster, North Ayrshire Council (Chair)
Bob Martin, NHS Ayrshire and Arran (Vice-Chair)
Councillor Timothy Billings, North Ayrshire Council
Adrian Carragher, NHS Ayrshire and Arran
Councillor Anthea Dickson, North Ayrshire Council
Jean Ford, NHS Ayrshire and Arran
John Rainey, NHS Ayrshire and Arran
Councillor John Sweeney, North Ayrshire Council

Alison Sutherland, Interim Chief Officer
Caroline Cameron, Head of Service (HSCP Finance and Transformation)
David MacRitchie, Chief Social Work Officer
David Thomson, Interim Head of Service (Health and Community Care)
Dr. Louise Wilson, GP Representative

David Donaghey, Staff Representative (NHS Ayrshire and Arran)
Louise McDaid, Staff Representative (North Ayrshire Council)
Graham Searle, Carers Representative (Depute for Marie McWaters)
Clive Shephard, Service User Representative
Vicki Yuill, Third Sector Representative
Janet McKay, Chair, Garnock Valley HSCP Locality Forum

In Attendance

Thelma Bowers, Head of Mental Health
Janet Davies, IJB Professional Lead for Psychology
Eleanor Currie, Manager (HSCP Finance and Transformation)
Neil McLaughlin, Manager (Performance and Information Systems)
Karen Andrews, Team Manager (Governance)
Angela Little, Committee Services Officer

Apologies for Absence

Marie McWaters, Carers Representative

1. Chair's Remarks

The Chair welcomed Alison Sutherland, Head of Service (Children, Families and Criminal Justice) to her new role as Interim Chief Officer for the Integration Joint Board.

He advised that the recruitment process for the Director post is well underway. The Recruitment Panel will meet this week to shortleet and select candidates for interview, with interviews being arranged thereafter.

2. Declarations of Interest

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

3. Minutes/Action Note

The accuracy of the Minutes of the meeting held on 22 October 2020 were confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973.

4. Director's Report

Submitted report by the Interim Chief Officer on developments within the North Ayrshire Health and Social Care Partnership.

The report provided an update on the following areas:-

- Impact of Covid19 on children and young people in contact with Youth Justice Services including secure care;
- Revised National Guidance for Child Protection in Scotland;
- Independent Review of Adult Social Care;
- Redesign of Urgent Care;
- MH Unscheduled Care and Flow Navigation Hubs;
- Extreme Teams CAMHS;
- Dirrans Centre: Investors in People Awards Finalists;
- Covid Update and general updates;
- Adult Social Care Preparedness Plan; and
- Flu Immunisation Programme.

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

- The provision of a report on Flow Navigation Hubs to a future meeting;
- A restock of vaccine supplies that has enabled a re-start of the Flu Immunisation Programme; and
- HSCP submission on the Independent Review of Adult Social Care that will be circulated to IJB members and the findings of the review that will be published in January 2021 and reported to the IJB thereafter.

The Board agreed (a) that the Head of Service (HSCP Finance and Transformation) circulate to Members, the HSCP submission on the Independent /Review of Adult Social Care; (b) to receive reports on the Flow Navigation Hubs and the findings of the Independent Review of Adult Social Care at a future meeting; and (c) to congratulate the Dirrans Centre on reaching the finals of the Investors in People Awards 2020.

5. Financial Performance: Period 6

Submitted report by Caroline Cameron, Chief Finance & Transformation Officer on the financial position of the North Ayrshire Health and Social Care Partnership.

Appendix A to the report provided the financial overview of the partnership position, with detailed analysis provided in Appendix B. Details of the savings plan were provided at Appendix C. Appendix D outlined the movement in the overall budget position for the partnership following the initial approved budget and the mobilisation plan submission was provided at Appendix E to the report.

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

- Funding allocations that will be published by the Scottish Government on 28 January 2021;
- Robust workforce plans that are in place to examine skills mix, hard to fill and specialist vacancies and savings from staff turnover to ensure structures are reviewed in line with budget gaps;
- Phase 3 Mobilisation Plan that will include a review of capacity to provide rehabilitation and long Covid; and
- Two national benchmarking groups that examine the National Resource Allocation Committee split.

The Board agreed to (a) note (i) the overall integrated financial performance report for the financial year 2020-21 and the overall projected year-end underspend of £0.377m at period 6; (ii) the estimated costs of the Covid mobilisation plan of £7.656m, including savings delays, and the associated funding received to date; and (iii) the financial risks for 2020-21, including the impact of Covid 19, and that there is no recommendation at this time to implement a formal Financial Recovery Plan for the IJB; and (b) approve the budget changes outlined at section 2.8 of the report.

6. Chief Social Work Officer Annual Report

Submitted report by David MacRitchie, Chief Social Work Officer on the Annual Report of the Chief Social Work Officer to the local authority covering the period April 2019 to March 2020. Appendix 1 to the report detailed the statutory, governance and leadership functions of the role and highlighted:-

- the most recent SIMD figures (2020) which reaffirmed the challenges faced by many communities in North Ayrshire in the domains of Income, Employment, Education and Housing;

- the impact of Covid19 on people and communities in North Ayrshire, which saw an initial reduction in referrals in child and adult protection, an increase in referrals to helplines such as Parentline, the National Domestic Abuse Helpline and Breathing Space and an increase in referrals in all aspects as lockdown restrictions became less stringent; and
- the new Health and Social Care Partnership structures including examples of innovative service delivery approaches to the delivery of Social Work Services.

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

- Wellbeing Hubs and a Staff Wellbeing Listening Service that are in place to provide support to staff;
- Suicide prevention work by the Strategic and Operational Group;
- Work with schools and young people on mental health issues, including suicide prevention;
- Monitoring of overdose and suicide trends prior to and throughout the pandemic and the provision on a report on trends to a future meeting;
- A reduction in referral rates and a restructure of staff to focus on preventative work and protection services;
- Community Mental Health and Wellbeing funding for Councils and further funding to support young people through Covid and beyond.

The Board agreed (a) to note and endorse the Chief Social Worker's Annual Report; and (b) that the Interim Head of Service (Health and Community Care) provide a report on trends around overdose/suicide to a future meeting.

7. Delivering Care at Home and Housing Support Services during the COVID-19 Pandemic: Care Inspectorate Inquiry into Decision Making and Partnership Working

Submitted report by David MacRitchie, Senior Manager on an inquiry led by the Care Inspectorate into decision making and partnership working for care at home and housing support services during the COVID-19 pandemic between March 2020 and August 2020. The Care Inspectorate recommendations, and the proposed actions were attached at Appendix 1 to the report. Appendix 2 provided the full Care Inspectorate Report.

The Board agreed to (a) note the recommendations identified by the Care Inspectorate inquiry; and (b) approved the actions proposed in response to the recommendations as outlined in Appendix 1 to the report

8. Strategic Plan

Submitted report by Michele Sutherland, Partnership Facilitator on progress in creating a bridging strategic plan to April 2021 with a supporting vision to 2030. The report highlighted the outcomes of a review of the existing strategic priorities, areas of focus and review, findings from an initial analysis of needs and the commencement of the North Ayrshire Wellbeing Conversation.

The Board agreed to (a) note the progress in creating the bridging Strategic Plan; (b) approve the undertaking of further needs assessment work to promote the North Ayrshire Wellbeing Conversations across their networks; and (c) receive a first draft of the bridging plan in February 2021.

9. Health and Social Care Clinical and Care Governance Group Update

Submitted report by David Thomson, Associate Nurse Director/IJB Lead Nurse which provided an update and overview on governance activity for the period April – September 2020 and reflected on specific issues that have been requested for presentation by the Clinical Care Governance Group (CCGG) to ensure appropriate challenge is made and assurance provided.

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

- The establishment of an NHS management group to examine a sustainable service and areas such as including staff wellbeing; and
- Three year funding that has been awarded for clinical psychology input and allowed the creation of a new psychologist post to assist in meeting increasing demand.

The Board agreed to note the report.

10. Scottish Government Waiting Times Standard for Psychological Therapies

Submitted report by Janet Davies, IJB Professional Lead for Psychology on the progress of the Ayrshire and Arran Psychological Therapies performance against the waiting times standard in the context of Covid-19 and advised that improvement actions and trajectories are currently being reviewed in the context of current demand, capacity and Covid constraints.

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

- An increased range of Scottish Government supported digital options and a pilot that will allow computer based cognitive behavioural therapy for children;
- Positive feedback from families and clinicians on remote and digital delivery of services.

The Board agreed to note the waiting times compliance and the improvement plans.

11. Strategic Planning Group Minutes

Submitted the Minutes of the Strategic Planning Group meeting held on 22 September 2020.

Noted.

The meeting ended at 11.55 a.m.

North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 19 November 2020

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	Community Alarm/Telecare Services Transition from Analogue to Digital	26/9/19	That an update report on progress be submitted to a future meeting.	Submit to meeting in 2021	Senior Manager
2.	UK Care Home Industry	19/12/19 13/2/20	Receive a further report examining the issues raised in the Plugging the Leaks in the UK Care Home Industry report from a North Ayrshire context, including the lessons learned from care home closures and in consultation with both staff, independent and third sectors. Agreed that the Care Home Providers be consulted at an early stage in the work to examine the issues raised in the Plugging the Leaks in the UK Care Home Industry report from a North Ayrshire context.	Submit to meeting in April/May 2021	Director
3.	Director's Report	24/9/20	The Board agreed (a) an update be provided to a future meeting on the National Digital Strategy; and (b) to otherwise note the report.		David Thomson
4.	Director's Report	22/10/20	The Board agreed to (a) consider a report		Director

			on the Public Health Scotland Locality Profiles report at a future meeting.		
5.	Director's Report	19/11/20	The Board agreed (b) to receive reports on the Flow Navigation Hubs and the findings of the Independent Review of Adult Social Care at a future meeting.		Caroline Cameron
6.	Chief Social Work Officer Annual Report	19/11/20	The Board agreed (b) that the Interim Head of Service (Health and Community Care) provide a report on trends around overdose/suicide to a future meeting.		David Thomson
7.	Strategic Plan	19/11/20	The Board agreed to (c) receive a first draft of the bridging plan in February 2021.		Michelle Sutherland

Agenda Item 5

Integration Joint Board
17 December 2020

Subject:	**Director's Report**
Purpose:	To advise members of the North Ayrshire Integration Joint Board (IJB) of developments within the North Ayrshire Health and Social Care Partnership (NAHSCP).
Recommendation:	That members of IJB note progress made to date.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
FVCV	Flu Vaccination and COVID Vaccination Programme

1.	**EXECUTIVE SUMMARY**
1.1	This report informs members of the Integration Joint Board (IJB) of the work undertaken within the North Ayrshire Health and Social Care Partnership (NAHSCP) nationally, locally and Ayrshire wide.
2.	**CURRENT POSITION**
	National Developments
2.1	Flu Vaccination & COVID Vaccination Programme (FVCV)
	Scotland is currently putting plans in place to deliver a programme of COVID-19 vaccination to 4.45million people, when a vaccine becomes available. The Scottish Government's Flu Vaccination and COVID Vaccination Programme (FVCV) (Appendix 1) is overseeing national planning, and working with all local health boards, to get ready to deliver what will be Scotland's most ambitious (and most anticipated) mass vaccination programme. They have issued the attached communication to update on the work that is underway.

	North Ayrshire Developments
2.2	Spreading some Festive Cheer with the Ghillie Dhu Crew
	Young people from the Ghillie Dhu Foster Group are preparing to spread some festive cheer by sending cards to socially isolated older people in our communities this Christmas.
	Children and their carers have been busy working on hand-made cards, which will be sent out to the elderly pen friends they have been paired with by local charity CLASP during the pandemic.
	Children and Families staff, carers and volunteers are also gearing up for this year's festive social media campaign, which will follow the adventures of the 'Ghillie Dhu Christmas Coos', aptly named 'San' and 'Tizer' by members of the group.
	Follow 'North Ayrshire Fostering and Adoption' on Twitter and Facebook to keep up to date with their antics throughout December.
	The Ghillie Dhu group, named after a Scottish fairy who looks after children, was set up three years ago and provides a safe space for children and young people in foster care to meet up on a weekly basis.
	Staff from the Family Placement Team have provided ongoing support to foster carers and children throughout the pandemic, organising various online activities for the young people, including songs, games, crafts, stories and dressing up.
2.3	Connecting Scotland
	Our application for devices through the Connecting Scotland initiative has been successful! We will be granted all of the 67 devices that we requested, as well as dongle devices that will allow free internet access for two years. A delivery date hasn't been confirmed yet, but we are hoping to get them out before Santa comes.
2.4	Christmas Presents Appeal
	The North Ayrshire Toy Appeal commenced a few weeks ago. The HSCP have joined forces with the Communities directorate to organise the safe collection and distribution of presents to support some of our families impacted by poverty and hardship. All NAC libraries are providing safe drop off points where gifts can then be quarantined and redistributed safely to families.
	Significant logistical steps and hard work from a number of teams across North Ayrshire Council was required to make this possible. This ranged from libraries and communities staff for the organising collecting and sorting of these gifts, admin within HSCP who coordinated lists of families requiring support, Social Services and health staff in identifying and distributing these gifts.
	Lastly and most importantly, recognition to our communities, from individuals to community groups, to local unions and local businesses, their generosity has been

	immense. The appeal has been a success, despite the current restrictions and will enable us to ensure that children and young people within our area can enjoy the Christmas they deserve by waking up with gifts under the tree.
	We know that there are strong pre-existing community supports that have continued year upon year to provide gifts for children in need. This year has been no exception and there has been significant generosity evidenced.
2.5	Mental Welfare Commission Announced Visit
	The Mental Welfare Commission has published a local visit report following their visit to Ward 7a, Woodland View, Irvine. This is a ward for people with learning disability and complex needs at Woodland View Hospital in Irvine. The report highlights the positive findings from the visit with no recommendations required. The report can be access via this link.
	The local visits were undertaken using a combination of telephone contact with staff and managers prior to, and after, the visits and interviews, in person with patients where possible, and with ward staff. The Commission is undertaking a phased return to its visit programme following the recommendations in the Scottish Government's routemap to recovery.
2.6	Dirrans Centre : Investors in People Awards
	Congratulations go to our team at the Dirrans Centre in Kilwinning, who this week **won** the Platinum Employer of the Year title at the Investors in People Awards 2020. As The centre had been shortlisted alongside nine other Platinum-rated employers for the Employer of the Year title and was announced the winner at a virtual ceremony on Wednesday. The Platinum Award is the highest accolade available through the internationally recognised Investors in People scheme, so to reach this level is a fantastic achievement in itself and is testament to the hard work and commitment of the management and staff at the centre. The centre has held the Platinum Award since 2017.
2.7	COVID Update
	This update offers assurance to IJB on the HSCP's continued response to the COVID-19 pandemic. The partnership's response to the pandemic continues to be recorded through it's "mobilisation plan" which was submitted to the Scottish Government in July. The partnership, along with NHS and NAC continue to operate on an "emergency" footing with all public facing offices remaining closed. Where staff are required to attend offices, these have been fully risk assessed and appropriate measures put in place such as face coverings, social distancing etc. The Partnership Leadership Team meet weekly and the wider PSMT meeting on a fortnightly basis. The Council and NHS have also reintroduced their senior management and governance meetings on a virtual basis.

	Updates since last IJB 1. Care Home Oversight Group continues to meet on a daily basis to provide oversight of the quality of care in each care home in North Ayrshire. Public Health report on the current outbreak status within care homes. All care homes subject to outbreaks are closed to visiting and admissions. 2. Delayed Discharge figures are increasing nationally, but North Ayrshire HSCP is focussed on sustaining and improving our performance. This is being considered alongside our capacity requirements for social care over the winter period. 3. Services within the partnership continue to operate well and with appropriate staffing levels. 4. PPE Hub continues to operate well, supporting providers and carers. There are sufficient stock levels for 2-3 months' supply and increased stock has been secured from the National Hub to ensure sufficient stock levels over the winter period.
2.8	Testing Expansion Plan
	Following the Cabinet Secretary's announcement of the Testing Expansion Plan for Covid-19 Testing in Parliament on 25 November, NHS Ayrshire & Arran is planning for the implementation of all changes advised. The Scottish Government Expansion Plan details significant changes to the availability and frequency of testing for staff, patients, education establishments and designated visitors to care homes. The timescales for implementation of all elements of the Testing Expansion Plan are challenging, nevertheless our robust local project planning will ensure all areas are prioritised and implemented accordingly.
	The Scottish Government Testing Expansion Plan is extensive and the timescales for implementation are challenging. Nevertheless, clear governance and whole systems working relationships are already in place to ensure NHS Ayrshire and Arran, each of our Integrated Health and Social Care Partnerships, Local Authorities and Resilience Partners are able to react quickly and implement additional testing policy in an effective, efficient and timely manner. Initial progress summary below: 1. **Hospital Admissions – emergency** Commencing Monday 30th November. 2. **Hospital Admissions – planned** Commencing W/C 14th December. 3. **Healthcare Workers** Commencing early December 2020. **Social Care - Care Home Visitors** Initial roll out to maximum of 12 early adopt care homes across 4 local authority areas commencing 7th December 2020. North Ayrshire is one of the early adopter sites. Subject to successful delivery there will be a further roll out to additional 7 local authority areas by 21 December and a full roll out week commencing 11 January 2021. 4. **Social Care - Visiting Professionals** • All NHS Professionals: twice weekly, self-testing commencing W/C 14th December. • All non-NHS Professionals: self-testing commencing W/C 11th January.
	5. **Social Care – Care at Home** • Sheltered Housing and Residential settings: self-testing commencing W/C 11th January.

	• Care at Home Services: self-testing commencing W/C 18th January, Lateral Flow Test kits 6. **Higher & Further Education Students** • Self-testing commencing w/c 30th November prior to Students returning home for Christmas. • Further phase of testing commencing January 2021 new term. 7. **Community Asymptomatic Testing** • Commencing W/C 30th November across four sites commencing in East and South Ayrshire: Stewarton, Dalmellington, Girvan and Dalmilling. • Plans for expansion in place with sites being identified in North Ayrshire with plans to expand from January 2021 8. **School (staff)** • From January 2021
2.9	<u>Care Home Visitor Testing – Early Adopter Sites</u>
	As mentioned above, North Ayrshire will be involved as an early adopter site for the testing of visitors for care homes. Scottish Government asked if North Ayrshire, as a Tier 3 area, could identify a small number of care homes (3) to be involved in implementing testing for family visitors. Nationally, the Scottish Government were looking for 8-10 care homes, across 2-3 HSCPs (level 0-3) areas, who will pave the way for a full roll out in the new year. Level 4 areas are not being included as early adopter sites at this stage.
	It is proposed that lateral flow testing is used with confirmatory PCR tests for all positive cases identified. Working across 8-10 early adopter / pathfinder care homes, the aim would be to test 300-500 designated visitors per week. The sites are likely to begin w/c 7 December over two weeks.
2.10	<u>Social Care COVID19 Bonus Payment</u>
	The Scottish Government announced on 30th November 2020 the provision of a one off pro-rata £500 bonus payment in recognition of the response to the ongoing COVID 19 pandemic by NHS and health and social care staff.
	The payment arrangements for this bonus are being finalised across all HSCPs/NHS and will be made as soon as possible.
2.11	<u>Sustainability Payments – Care Homes</u>
	The Scottish Government and COSLA have agreed the arrangements for financial support to Social Care Providers to support the sector with additional costs related to the COVID-19 pandemic from December 2020 to March 2021. Support principles and arrangements have been in place throughout the pandemic, it was agreed that a review of the arrangements was required to provide more targeted support to the sector, this work was undertaken with stakeholders to consider the evidence for a new arrangement from December. The group of stakeholders focussed on three main areas: overall aim of funding support for the sector during the pandemic; clarity around additional costs that may be met; and streamlining the mechanism of payments and ensuring consistency in approach across the country. Arrangements for support have been agreed alongside guidance which sets out the criteria that need to be met for financial support, the approach for payment for care that cannot be delivered, the categories

	of additional costs which may be met, the approach to evidencing additional costs and key principles for requesting and making payments. Guidance has been developed that sets out: • The overall approach to financial support for social care providers relating to the COVID-19 pandemic from December 2020 to March 2021 • The criteria that need to be met for financial support for care and support that cannot be delivered as a direct result of the COVID-19 pandemic • The approach to payment for financial support for care and support that cannot be delivered as a direct result of the COVID-19 pandemic • Categories of additional costs that may be met, where not met by other funding sources or payments for care and support that cannot be delivered as a direct result of COVID-19 • Details of the approach to providing supporting evidence for costs • Key principles for providers and commissioners relating to requesting and making payments The North Ayrshire HSCP have shared this guidance with providers together with further information on the implications for services in North Ayrshire, we will continue to support our commissioned Social Care providers over the period to ensure they receive the appropriate level of financial support in line with the agreed sustainability principles.
3.	**PROPOSALS**
3.1	**Anticipated Outcomes**
	Not applicable.
3.2	**Measuring Impact**
	Not applicable
4.	**IMPLICATIONS**

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

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

4.	**CONSULTATION**

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

For more information please contact Chief Officer on 01294 317723 or cohscp@north-ayrshire.gov.uk

ACTIVATE

Scotland's Readiness Headlines – preparing to deliver a national COVID-19 vaccine

26 November 2020

Following the recent Cabinet Secretary Statement regarding Scotland's preparations for the national roll-out of a COVID-19 vaccination programme, the Scottish Government wishes to follow on from that communication, to provide a wider operational update to health and social care leaders, on Scotland's current readiness status.

This communication will be the first of a number of regular updates, and it is intended to provide real-time information on the progress of Scotland's planning for delivery of the first COVID-19 vaccines, to the people of Scotland.

It is strongly encouraged that information shared with you, in this document, is filtered into existing board communications as appropriate, for onward sharing with your professional Health and Social Care colleagues.

"This is a national vaccination programme which sets out clearly the parameters within which NHS Boards will lead local delivery. Nationally, the Scottish Government will set out the policy direction, a delivery framework accompanied by a service delivery guide, a national workforce model, national training, procurement and logistics, national information and advice, tools to record data about vaccinations when they take place, and from phase 2, a national booking service

"NHS Boards will then lead local delivery identifying acceptable and accessible locations both for mass vaccination and for local access, taking account of their population and geography, recruitment and deployment of staff and the management of local vaccination clinics."

Cabinet Secretary for Health and Sport, Jeane Freeman
19 November 2020

HEADLINES:

- Following recent encouraging news on the potential first COVID-19 vaccines in phase 3, it is anticipated that the UK's **Joint Committee on Vaccination and Immunisation** (**JCVI**) will soon meet to further discuss and advise on a formal approach to prioritisation of groups and communities, to receive the first COVID-19 vaccinations, as they become available.

The current interim JCVI advice on prioritisation was published on 25 September, and this has formed the basis for a number of vaccination planning assumptions by The Scottish Government and Health Boards, as well as four nations partners. Details on this interim advice can be found here.

- The JCVI is an independent expert advisory committee which advises the UK Government and its departments, on making recommendations concerning vaccination schedules and vaccine safety.
- The formalisation of the JCVI advice, once available, will help further Scotland's overall planning efforts for what will be our largest ever mass vaccination programme.
- A programme of this size will take time to roll out, but even now, NHS Scotland is well advanced in preparations
- As an initial communication, this overview will provide a summary of our current preparations. Further details will be shared following JCVI advice.

Current national planning status as follows:-

Weekly Planning Forums:

- The Flu Vaccination and COCIV Vaccination (FVCV) Programme has an established Planning Forum in place, lead by NSS Service Delivery leads, bringing together COVID Vaccination planners from across NHS Boards and other colleagues including Health and Social Care Partnerships.
- The forum has been meeting weekly, and has a dedicated Teams channels for ongoing discussion, information sharing, and questions.
- Key planning information decisions and assumptions for the programme, are shared via this group.
- All board planning will be supported by a national service delivery guide, which will set out detailed guidance to help and support overall board planning.
- Naturally, each board will have to plan based on some specific local needs. However the manual is designed to take account of this whilst offering a level of guidance to support consistency in planning decisions, based on needs.

Workforce:

- The planning assumption is that Scotland will need over 2000 vaccinators and support staff by the end of January.
- To deliver the resourcing needs, boards are putting all options on the table, and efforts are underway across the country to recruit and deploy the staff necessary to support the level of workforce required
- The Scottish Government is also already looking at military support in some capacity. From late November, 11 Military planners are being deployed to help support and bolster workforce planning and delivery needs.
- To further support boards in their efforts, the Scottish Government's Workforce Directorate is in the process of finalising a workforce modelling tool to guide local planning.
- The Scottish Government has also very recently concluded an agreement with the BMA on terms and conditions for GPs' involvement in the programme and are now working through agreements with other independent NHS contractors.
- Health and Care Support Workers have also been approved for use as vaccinators, and a job description is rapidly being progressed. It is worth noting that HCSWs will not be able to take consent or check someone is suitable to be vaccinated, but they will be able to deliver vaccinations and support other needs.
- Naturally, the preparation of staff with appropriate knowledge and skills is a critical dependency for the vaccination programme and colleagues within NHS Education for Scotland and Public Health Scotland are working to provide a suite of workforce education resources specific to Covid-19 vaccines as soon as possible.
- Boards are being asked to collectively plan to deliver enough trained vaccinator capacity to deliver 160,000 vaccine doses per week in the initial weeks of the programme, with further ramp-up planned throughout the remainder of December and early 2021.

HEADLINES (continued):

Supply and logistics:

- There are a number of logistical challenges associated with the properties of some of the initial vaccines including storage (at ultra-cold temperatures for the Pfizer BioNTech vaccine) and 'packing down' to appropriate volumes and stability in transportation.
- Issues like this with the first anticipated vaccine (Pfizer BioNTech), could impact the ability to vaccinate in smaller locations (e.g. Care Home or GP Practices).
- This remains to be confirmed, but the programme aim is to ensure a person-centred approach.
- Working with health boards, planning will continue to work through all the options available, no matter how difficult, in order to ensure that safe, effective, and efficient patient care is front of mind when looking at all possibilities.

An end-to-end digital approach:

- A significant level of work is happening to put in place a digital solution which allows end-to-end system efficiency - from scheduling to data outputs - and one which is accessible and user-intuitive for vaccination staff.
- Part of this will be a new National Vaccination Management Tool (an online App) that has been developed to capture details around vaccination uptake and administration.
- Because it is anticipated that more than one vaccine will be approved for use in the UK, it is essential that detailed and consistent information is collected including who has had the vaccine, how many doses, from which batch, and in what setting in order to inform assessments of effectiveness in addition to performance management data.
- This App is being trialled with good results in some vaccination centres. It will report data in 'real time' giving an uptake rate to enable visibility and uptake confidence amongst all of Scotland's health boards.
- **The Scottish Government will be mandating use of this app, in order to get clear consistent data.** The only exception being in GP surgeries where the data will be gathered by GPIT (unless the GP Practice feel able to use the app which we strongly encourage).
- In addition, a national approach to scheduling via a national scheduling tool will be in place by wave 2.
- In the meantime for wave 1, the requirement will be that Local Health Boards schedule their own appointments (wave one) Please note that SIRS will not be used during the COVID-19 vaccination programme.

National call centre operations

- The FVCV Programme is working on a national Freephone number to provide advice for public enquiries. This is to prevent undue pressure on other local numbers e.g. GP Practices.
- It is hoped that this will be available at the time of the first vaccination to members of the public.
- The helpline proposals are also exploring how a national helpline can offer support around scheduling and booking enquiries, but only as delivery moves into Wave 2.
- Any scheduling required for Wave 1, will be managed locally by health boards.

National Public Health information campaign

- A Scotland-wide Marketing campaign will start in early 2021 as more vaccines become available and the programme of vaccination becomes well underway.
- In the interim, public health information toolkits will be made available online to download from NHS Inform.

An update on the status of all vaccines on trial is available in the public domain for anyone interested in finding out more. Click here for more information.

Derek Grieve
Interim Deputy Director,
Vaccines Division
COVID Public Health Directorate

"Scottish Ministers will make the final decision as to our readiness to go live with the vaccination programme advised by the FVCV Programme Board.

"Our Programme board is made up of representatives from across Health and Social Care, importantly including lead clinicians in Scottish Government, and Directors of Public Health."

"Over the coming weeks and months, we will be sending information to everyone across Scotland explaining what the vaccine is, how we are prioritising who gets it, what to expect when vaccinated and so on. Those in the first wave of the programme will be contacted during December and January either by mail or, for health and social care workers, by their employer. They will be told where they will receive their vaccine, how to make an appointment and what they need to know.

"In truth, the programme is a major public service exercise. We need the expertise and resources that our local authorities, community planning partnerships and the third sector can bring, and we need locations—both fixed and mobile—so that we can make the mass vaccination programme as accessible as possible wherever someone lives in Scotland and whatever their circumstances."

Cabinet Secretary for Health and Sport, Jeane Freeman
19 November 2020

Brought to you by The Scottish Government's Flu Vaccination and COVID Vaccination (FVCV) Programme

NHS SCOTLAND

Agenda Item 6

Integration Joint Board
17 December 2020

Subject:	**2020-21 – Month 7 Financial Performance**
Purpose:	To provide an overview of the IJB's financial performance as at Period 7 including an update on the estimated financial impact of the Covid-19 response.
Recommendation:	It is recommended that the IJB: (a) notes the overall integrated financial performance report for the financial year 2020-21 and the overall projected year-end underspend of £0.807m at period 7; (b) notes the updated estimated costs of the Covid mobilisation plan of £8.5m, including savings delays, and the associated funding received to date; and (c) note the financial risks for 2020-21, including the impact of Covid 19, and that there is no recommendation at this time to implement a formal Financial Recovery Plan for the IJB.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
MH	Mental Health
CAMHS	Child & Adolescent Mental Health Services
RAG	Red, Amber, Green
UNPACS	UNPACS, (UNPlanned Activities) – Extra Contractual Referrals
NRAC	NHS Resource Allocation Committee
GAE	Grant Aided Expenditure
PAC	Performance and Audit Committee

1.	**EXECUTIVE SUMMARY**
1.1	The report provides an overview of the financial position for the partnership and outlines the projected year-end outturn position informed by the projected expenditure and income commitments, these have been prepared in conjunction with relevant budget holders and services. It should be noted that although this report refers to the position at the October period end that further work is undertaken following the month end to finalise projections, therefore the projected outturn position is as current and up to date as can practicably be reported.
1.2	The projected outturn, before the impact of Covid-19, is a year-end underspend of £0.807m for 2020-21 which is a favourable movement of £0.430m. There is scope for this position to fluctuate due to in-year cost and demand pressures and assumptions in

	relation to funding and the achievement of savings. The position has been adjusted to reflect the potential impact of Lead Partnership services. In the absence of any alternative risk sharing agreement for lead partnership services an NRAC share of the projected position has been assumed as this would be in line with the allocation in previous years.
1.3	From the core projections, overall the main areas of pressure are learning disability care packages, looked after children and adult in-patients within the lead partnership. However, there has been significant progress to reduce the pressures in these areas. The financial position demonstrates that the work started before the pandemic to ensure the IJB moved into the new financial year in a financially sustainable position has not been reversed by the Covid-19 response. If this position can be sustained as we move through the year, and assuming all Covid-19 costs are fully funded, the IJB will secure financial balance and repay £1.5m of the debt to North Ayrshire Council as planned.
1.4	The most up to date position in terms of the mobilisation plan for Covid-19 based on the return to the Scottish Government in November projects £8.5m of a financial impact, which is split between additional costs of £7.4m and anticipated savings delays of £1.1m. The impact of savings delays has been built into the core financial projection above on the basis that there is less confidence that funding will be provided to compensate for this. There are financial risks associated with Covid-19 as the IJB has yet to receive confirmation of the full funding allocation. To date North Ayrshire have been allocated funding totalling £6.3m.
1.5	Pending full funding for Covid-19 being confirmed there is a risk that there may be a shortfall to fully compensate the North Ayrshire IJB for the additional costs. Currently there is a balance of £1.1m of estimated costs for which funding has not yet been allocated. However, there is no recommendation at this time to implement a Financial Recovery Plan on the basis that: • There is increasing confidence that additional costs will be funded based on the recently received and future expected funding allocations, for both health and social care costs only 70% of estimated costs to March have been funded to date, further allocations are expected in January; • Offsetting reductions of £0.5m have not been included in the overall funding allocation and also have not been factored into the HSCP financial projections, therefore at this stage these would potentially remain available for North to re-direct to any funding shortfall; • The most significant area of additional Covid costs are the purchase of PPE for social care and sustainability payments for commissioned social care providers (£3.8m in total). Both areas have been implemented with an assurance that the actual costs will be fully reimbursed; • The period 7 position projects an underspend position (excluding Covid) and this does not include any assumption re the £1.5m held by the Council towards the IJB debt, this position assumes the debt repayment is made as planned, this position also incorporates estimated delays with savings delivery. The financial position will continue to be reported to the IJB at each meeting, these reports will outline the monthly financial projections and the updated position in relation to estimates for Covid costs. This will include the ongoing consideration of whether a Financial Recovery Plan may be required in the future.
2.	**CURRENT POSITION**

2.1	The report includes an overview of the financial position including commitments against the available resource, explanations for the main budget variances, an update on progress in terms of savings delivery and plans to work towards financial balance. The report also includes detail of the estimated costs and potential financial impact of the Covid-19 response.
	FINANCIAL PERFORMANCE – AT PERIOD 7
2.2	The projected outturn position at period 7 reflects the cost of core service delivery and does not include the costs of the Covid 19 response as these costs are considered separately alongside the funding implications. Against the full-year budget of £257.502m there is a projected year-end underspend of £0.807 (0.3%). The Integration Scheme outlines that there is an expectation that the IJB takes account of the totality of resources available to balance the budget in year. Following this approach, an integrated view of the financial position should be taken, however it is useful to note that this overall position consists of a projected overspend of £0.371m in social care services offset by a projected underspend of £1.178m in health services. As highlighted at the end of last year the payroll turnover target was to be centralised for future years as the approach in previous years left some service areas with unachievable targets whilst other areas were able to overachieve, it was agreed that a more transparent approach would be to manage the payroll turnover and vacancy savings centrally. This approach has been adopted for 2020-21, this has helped to de-clutter the financial report and to make it more transparent re the overall turnover target and the progress towards achieving this across the partnership. Section 2.6 highlights progress with the partnership vacancy target. Appendix A provides the financial overview of the partnership position. The sections that follow outline the significant variances in service expenditure compared to the approved budgets with detailed analysis provided in Appendix B.
2.3	**Health and Community Care Services**
	Against the full-year budget of £69.373m there is an underspend of £0.939m (1.35%) which is an adverse movement of £0.034m. The main variances are: a) Care home placements including respite placements (net position after service user contributions) – underspent by £0.510m (adverse movement of £0.138m). The care home budget moved into a sustainable position towards the end of 2019-20 and the opening position for the budget for 2020-21 was expected to be an underspend position as at that time we set the budget at a level to fund 810 places and we were funding 782. The occupancy in care homes has fallen further in the first half of 2020-21 and as at 4th November we were funding 746 placements. Therefore, there are significant vacancies in care homes, the projected underspend includes a steady net increase of 10 placements per month until the year-end. The main reason for the adverse movement is the impact of catching up with funding of placements under the improved funding process implemented by the service partly offset by a reduction in respite spend. b) Independent Living Services are overspent by £0.261m (adverse movement £0.041m) which is due to an overspend on physical disability care packages within the community and direct payments. There will be further work undertaken with the

	implementation of the Adult Community Support framework which will present additional opportunities for reviews and will ensure payment only for the actual hours of care delivered. The roll out of the CM2000 system for Adult services was postponed towards the year-end due to the Covid response and will be implemented early in the new year. c) Care at home are reporting a balanced position, whilst there is a projected overspend on the budget due to additional capacity for Covid this remains below the costs included in the Covid funding plan and the additional monies received for winter capacity. Bank staff are being offered contracts, the service are recruiting additional staff for the in-house service and also engaging with new providers to bring them onto the framework for commissioned services. The cost of these plans remains in line with the level of Covid resources requested. d) Aids and adaptations projected underspend of £0.150m (£0.075m adverse movement). There have been significant delays with carrying out assessments and providing equipment and adaptations during lock down. The final outturn depends on the level of assessments that can be undertaken in the coming months however this cannot be determined at this stage in the year. The service are actively working on plans to re-mobilise these services and address the waits for assessment and delivery of equipment and adaptations. e) Carers Act Funding is projected to underspend by £0.443m (no movement) based on the currently committed spend and delays with taking forward new developments to support carers. The total uncommitted budget is £0.560m so this projected position assumes there will be carers' support plans undertaken and a level of demand/services identified from these plans to be delivered later in the year. The service plan to undertaken positive promotion of the services available to carers and are currently reviewing the process for a carers assessment to make this more accessible to individuals requiring support.
2.4	**Mental Health Services**
	Against the full-year budget of £77.927m there is a projected overspend of £0.586m (0.75%) which is a favourable movement of £0.158m. The main variances are: a) Learning Disabilities are projected to overspend by £1.796m (favourable movement of £0.524m), included within this is £1.249m (£0.071m favourable movement) in relation reviews undertaken for community care packages and £0.285m for residential placements (£0.271m favourable movement) due to a placement returning to children's services. The 2020-21 budget for all adult care packages (LD, PD and MH) were realigned with any projected underspends in other areas being used to reduce the LD projected overspend. 2020-21 savings relating to the implementation of the Adult Community Support Contract are delayed as the full implementation of the CM2000 system has been postponed as the focus for providers has been on the response to COVID-19. This will commence with a phased roll out from January 2021, the financial benefits of the system are included in the projection later in the year but at a reduced level. Community Learning Disability Care packages are proving to be one of the most challenging areas to address overspends. The current projection assumes the current level of commissioned support will continue for the year, there are opportunities to reduce this commitment as a significant number of these care packages were reduced or suspended during lock down, these will be reviewed when services are re-started to ensure support is re-started at the appropriate level, this may potentially reduce

the year-end projected position and the opening projections for next year which are currently being collated to inform budget planning for 2021-22.

b) Community Mental Health services are projected to underspend by £0.182m (£0.057m adverse movement) mainly due to an increase in care packages. There has been a reduction in the number of care packages since the start of the year and there have been some temporary reductions to care packages during lock-down, currently these are assumed to be temporary reductions, these will also be reviewed when brought back online.

c) The Lead Partnership for Mental Health has an overall projected underspend of £1.039m (adverse movement of £0.309m) which consists of:

- A projected overspend in Adult Inpatients of £0.583m (no movement). The overspend is mainly due to the delay in closing the Lochranza ward on the Ailsa site. The ward closed during August 2020 but there remain staff to be re-deployed, the overspend may reduce if alternatives can be identified for displaced staff sooner.
- UNPACS is projected to overspend by £0.069m (£0.109m adverse movement) based on current placements. The adverse movement is due to a further new placement being made.
- Learning Disabilities are projected to overspend by £0.050m which is an adverse movement due to continued increased use of supplementary staffing for enhanced observations.
- A projected underspend of £0.050m (£0.150m adverse movement) in Elderly Inpatients due to the completion of the work to reconfigure the Elderly Mental wards, this represents the part-year saving with the full financial benefit being available in 2021-22. The part year reduction for 2020-21 has been reduced due to staffing levels for wards, the workforce tool for the wards is being run which will determine the final staffing.
- A projected underspend in MH Pharmacy of £0.220m (no movement) due to continued lower substitute prescribing costs.
- The target for turnover or vacancy savings for the Lead Partnership is held within the Lead Partnership as this is a Pan-Ayrshire target. There is a projected over-recovery of the vacancy savings target of £1.268m in 2020-21, further information is included in the table below:

Vacancy Savings Target	(£0.400m)
Projected to March 2021	£1.668m
Over/(Under) Achievement	£1.268m

The current projection to the year-end is informed by the recruitment plans and the confidence in recruitment success and realistic timescales for filling individual vacancies.

The main areas contributing to this position are noted below:

- Adult Community Health services £0.133m
- Addictions £0.020m
- CAMHS £0.295m
- Mental Health Admin £0.330m
- Psychiatry £0.440m
- Psychology £0.383m
- Associate Nurse Director £0.067m

2.5	**Children Services & Criminal Justice**
	Against the full-year budget of £36.003m there is a projected overspend of £0.255m (0.7%) which is an adverse movement of £0.336m. The main variances are: a) Looked After and Accommodated Children are projected to overspend by £0.474m (adverse movement of £0.017m). The main areas within this are noted below: • Children's residential placements are projected to overspend by £0.736m (adverse movement of £0.074m due to extended end dates of placement and contract inflation above the budgeted level). At period 7 there are 15 placements with plans to reduce this by 2 by mid-January and an assumption that there will be no further placements during the year. Budget plans for 2020-21 were based on starting the year with 18, reducing to 14 by the end of Q1 and to 10 places by the end of Q2 and for the remainder of the year. Progress with plans to move children from residential placements have been impacted by Covid-19 as there has been an impact on Children's Hearings and this has limited the availability of tenancies. Children's services are working towards further improving the position as we move through the year as starting the 2021-22 financial year with 13 placements will impact on the savings planned for next year. • Fostering placements are projected to overspend by £0.112m (£0.017m adverse movement) based on the budget for 129 places and 133 actual placements since the start of the year. The fostering service is an area we are trying to grow, and a recruitment campaign was undertaken early in the new year to attract more in-house foster carers to limit the ongoing requirement for external foster placements. There are a number of additional fostering placements attributed to Covid-19 which are out with these numbers as the costs have been included on the Covid-19 mobilisation plan. Respite foster placements is projected to underspend by £0.073m (£0.013m favourable movement) as placements have not taken place due to Covid-19 restrictions. • Kinship placements are projected to underspend by £0.166m (adverse movement of £0.017m) based on the budget for 370 places and 343 actual placements since the start of the year. b) Children with disabilities – residential placements are projected to overspend by £0.091m (£0.287m adverse movement due to a child returning from adult services as they are placed under continuing care legislation). Community packages (inc direct payments) are projected to underspend by £0.106m (£0.019m adverse movement) based on current placements and an assumed increase in direct payment cases. c) Respite is projected to underspend by £0.098m (£0.009m adverse movement) due to respite not taking place due to COVID. d) Transport costs – projected underspend of £0.119m (favourable movement of £0.038m) due to reduced mileage costs**.**
2.6	**Turnover/Vacancy Savings**

The payroll turnover target has been centralised for 2020-21. The turnover target for the North Lead Partnership for Mental Health services is detailed within the Lead Partnership information at section 2.4.

The turnover targets and projected achievement for the financial year for Health and Social Care services out with the Lead Partnership is noted below:

	Social Care	Health Services
Vacancy Savings Target	*(£1.957m)	(0.645m)
Projected to March 2021	£1.957m	1.044m
Over/(Under) Achievement	0	0.399m

(*the target for social care services has been increased on a non-recurring basis for 2020-21 only by £0.110m to offset the saving for the roll out of Multi-Disciplinary Teams, as no permanent reductions to the structure can be identified at this time but will be by the service from 2021-22 onwards)

The position in the table above reflects the assumption in the current financial projections. For social care there have been significant vacancy savings to period 7 due to delays with recruitment and a total of £1.289m has been achieved to date. It is not anticipated that the level of vacancies will continue at this rate to the financial year-end, the full annual target is expected to be achieved on the basis that there will vacancies sustained at around 72% of that level. We may potentially exceed the target, as was the case in previous years, but the likelihood of this will not be known with confidence until services and recruitment re-starts fully over the coming months.

The Health vacancy projection to the year-end is informed by the recruitment plans and confidence in recruitment to posts for the remainder of the year.

The main areas contributing to the health and social care vacancy savings are spread across a wide range of services with vacancy savings being achieved in most areas, the most notable in terms of value being social worker posts (across all services), the Community Mental Health Teams and Allied Health Professionals.

2.7 **Savings Progress**

a) The approved 2020-21 budget included £3.861m of savings.

RAG Status	**Position at Budget Approval £m**	**Position at Period 6 £m**
Red	-	0.274
Amber	2.801	1.801
Green	1.060	1.786
TOTAL	**3.861**	**3.861**

	b) The main areas to note are: i) Red savings of £0.274m relating to reducing LD sleepovers and the review of Adoption Allowances, both of which have been impacted by Covid-19, the delays in these savings have been included in the overall projected outturn position; ii) Whilst all savings remain on the plan to be delivered there are delays with some savings with delays in implementation due to Covid-19, for example the implementation of the Adult Community Support Framework as the introduction of the CM2000 system is delayed as providers were focussing on COVID related service and staffing issues and further internal implementation work is required; iii) The confidence with some savings has increased since the budget was set due to the progress made towards the end of 2019-20, for example with freeing up additional capacity for Care at Home services by reducing care home placements. Appendix C provides an overview of the savings plan, this highlights that during 2020-21 it is anticipated that a total of £2.483m of savings will be delivered in-year, with £1.378m of savings potentially delayed or reduced. The delays are mainly due to Covid-19 and have been included in the mobilisation plan return to the Scottish Government, but at this stage they have also been reflected in the overall projected outturn position as there is less confidence that the impact of savings delays will be compensated with additional funding. The Transformation Board is in place to provide oversight and governance to the programme of service change. A focus of the Board is to ensure plans are in place to deliver savings and service change, with a solution focussed approach to bringing programmes back on track. Whilst some of our plans were put on hold due to Covid, the transformation plans are being re-mobilised at pace to ensure we taken any opportunities to join up the re-design services as they come back online. The Transformation Board re-started in July and there will be a concerted effort to ensure the maximum savings delivery can be achieved in-year, to assist with the current year position and to ensure there is no recurring impact moving into 2021-22.
2.8	**Budget Changes**
	The Integration Scheme states that *"either party may increase it's in year payment to the Integration Joint Board. Neither party may reduce the payment in-year to the Integration Joint Board nor Services managed on a Lead Partnership basis….without the express consent of the Integration Joint Board".* Appendix D highlights the movement in the overall budget position for the partnership following the initial approved budget. ***Reductions Requiring Approval:*** The are no specific reductions to the overall budget that the IJB are required to approve. The IJB are asked to note a transfer of £0.5m of funding from health to social care resources. This reflects the previously approved investment in unscheduled care being allocated for 2020-21 only to assist with social care costs incurred which have contributed to the sustained reduction in delayed discharges. **Future Planned Changes:**

	An area due to be transferred in the future are the Douglas Grant and Redburn rehab wards from acute services to the North HSCP. The operational management of these wards has already transferred to the partnership, but the due diligence undertaken on the budget has highlighted a funding shortfall. It has been agreed with NHS Ayrshire and Arran that the financial responsibility will not transfer until balance is found. In the meantime, we are managing services and plans are well progressed to reduce the projected overspend prior to any transfer.
2.9	**NHS – Further Developments/Pan Ayrshire Services**
	<u>Lead Partnerships:</u> The IJB outturn position is adjusted to reflect the impact of Lead Partnership services. During 2019-20 agreement was reached with the other two Ayrshire partnerships that in the absence of any service activity information and alternative agreed risk sharing arrangements that the outturn for all Lead Partnership services would be shared across the 3 partnerships on an NRAC basis. This position is currently the default for 2020-21 as the further work taken forward to develop a framework to report the financial position and risk sharing across the 3 partnerships in relation to hosted or lead service arrangements has been delayed by the requirement to focus efforts on the Covid response. The underspend in relation to North Lead Partnership services is not fully attributed to the North IJB as a share has been allocated to East and South partnerships, similarly the impact of the outturn on East and South led services will require to be shared with North. At month 7 the impact on NA IJB is a £0.338m underspend (£0.353m underspend for East and £0.015m overspend for South). There is no movement from month 6 as neither East nor South report at month 7. The information below is a recap of the month 6 variances. **East HSCP** – projected underspend of £0.981m (£0.353m NRAC share for NA IJB). The main areas of variance are: a) Primary Care and Out of Hours Services (Lead Partnership) - there is a projected underspend of £0.741m (favourable movement of £0.656m). This reflects detailed work undertaken to analyse year-to-date costs and anticipated activity over the remainder of the financial year. This includes reduced projected costs on Dental Services where there have been a number of services cancelled for the year-to-date. These services are expected to restart in the final quarter of the 2020 calendar year, with an anticipated increase in staffing costs going forward. In addition, work has been undertaken to update cross charging against for Ayrshire Urgent Care Services (AUCS) costs related to the Covid-19 pandemic. It is anticipated that the current level of Covid-related GP activity will continue until the end of December at this stage. In addition, increased staff turnover savings are projected for AUCS, with posts to be recruited to in the final quarter of the financial year. It is anticipated at this stage that the Primary Care Improvement Fund will outturn on budget. The Primary Care budget has increased from £79m at month 4 to £86m at month 6 and is due to confirmation of funding allocations from the Scottish Government, including Primary Care Transformation Funding, Family Health Services Covid-19 funding, Dental funding and an increase to the global sum. b) Prison and Police Healthcare (Lead Partnership) - £0.233m projected underspend (favourable movement of £0.279m). This relates to drugs costs

	which were previously charged to the prison have correctly now been charged against Covid-19 and additional staffing savings. **South HSCP** – projected overspend of £0.041m (£0.015m NRAC share for NAHSCP). The overspend is mainly due to an overspend in the community store. **Set Aside:** The budget for set aside resources for 2020-21 is assumed to be in line with the amount for 2019-20 (£30.094m) inflated by the 3% baseline uplift, this value was used in the absence of any updated information on the share of resources and is £30.997m. At the time of setting the IJB budget it was noted that this may require to be updated following the further work being undertaken by the Ayrshire Finance Leads to establish the baseline resources for each partnership and how this compares to the Fair Share of resources. It was anticipated that 2020-21 would be used as a shadow year for these arrangements, however this work has been delayed due to the Covid-19 response. A further update will be provided to IJBs as this work progresses. The annual budget for Acute Services is £355.1m. The directorate is underspent by £5.4m following allocation of the COVID-19 funds received from Scottish Government. The year to date underspend of £5.4m is a result of: • £7.9m of "offset savings". These are the underspends resulting from low outpatient and elective activity in the year to date. • £2.5m of unachieved savings. The IJBs and the Health Board have submitted a remobilisation plan outlining how activity will return to normal as far as is possible and are working together to ensure patients are looked after in the most suitable environment.
	COVID-19 – FINANCE MOBILISATION PLAN IMPACT
2.10	**Summary of position**
	From the outset of the pandemic the HSCP acted very swiftly to respond and developed a mobilisation plan detailing the additional activities to support our response, alongside the estimated financial impact. Financial returns have been submitted to the Scottish Government on a regular basis, on the premise that any additional costs aligned to mobilisation plans would be fully funded. There is a risk that if the full cost of the Covid-19 response is not funded that the IJB may require to recover any overspend in-year. The IJB were updated in November outlining the cost estimates, the financial year-end projections and any potential funding gap based on scenarios re Covid-19 funding. The IJB also need to consider any action required to recover the financial position in-year.
2.11	**Mobilisation Plan Cost**
	The most recent mobilisation plan cost submission submitted in November estimates the costs to be £8.508m to March 2021. The costs remain estimates as the situation continually evolves and there have been several iterations of the financial plan. The

financial returns are submitted alongside the Health Board financial returns to the Scottish Government, this was to move to a quarterly basis but has been kept under review to ensure timely updates can be made to ensure funding allocations can be made.

The majority of the additional costs for the HSCP relate to the provision of social care services and the most significant areas are PPE, additional staff costs for staff absence and student nurses, loss of income due to closed services, additional care home placements, payments to commissioned care providers to ensure future sustainability and the impact on our approved savings programme.

The local finance mobilisation plan submission is included as Appendix E. The main areas of cost together with the movement over the period are summarised below:

Service Area	August Return £m	October Return £m	November Return £m	Change
Payments to Providers	1.655	1.683	2.103	0.420
Personal Protective Equipment (PPE)	2.052	1.693	1.698	0.005
Savings Delays	1.115	1.132	1.132	0.000
Nursing – Students and Bank Staff	0.733	0.685	0.714	0.029
Care at Home Capacity	0.416	0.416	0.416	0.000
Loss of Income	0.442	0.531	0.576	0.044
Staff Cover	0.425	0.401	0.477	0.076
Care Home Beds – Delayed Discharges	0.396	0.396	0.396	0.000
Fostering Placements	0.196	0.196	0.285	0.089
Delayed Discharges - Other Measures	0.000	0.087	0.114	0.027
Other staff costs	0.000	0.615	0.685	0.070
Winter Planning	0.000	0.118	0.000	(0.118)
Other costs	0.311	0.233	0.442	0.209
Offsetting cost reductions	(0.530)	(0.530)	(0.530)	0.000
TOTAL	**7.211**	**7.656**	**8.508**	**0.852**

Further information on the elements of the plan are included in previous IJB reports. The most recent changes to estimated costs are in relation to:

- Increased sustainability payments to providers based on more accurate information on the level of claims being made by providers and the extension of transitional arrangements for support to November,
- Winter planning funding being allocated separately outwith the mobilisation plan process; and
- Further information on the costs for care at home capacity over winter to increase capacity and cover Covid related absence.

The next submission is expected to be due in January 2021.

2.12 **Covid-19 Funding Position**

At the outset of the pandemic there was an assurance that subject to any additional expenditure being fully aligned to local mobilisation plans, including the IJB responses, reasonable funding requirements will be supported. This was on the basis that a process would be developed for these to be accurately and immediately recorded and

shared with the Scottish Government. The basis of this reporting was drawn up and agreed with COSLA and Health and Social Care Partnerships.

Previous finance reports to IJB have outlined the chronology of funding through the year and the period 6 finance report outlined that £5.491m of funding was agreed at that time to be allocated for North Ayrshire delegated services. Following this there was a commitment to review the social care allocations in December following the change to the support through provider sustainability payments and also to pick up any potential shortfalls as there had initially been a 50% allocation for social care services due to greater uncertainty over costs (70% of estimated costs for health services were previously funded). In addition, the Health allocations for Primary Care and Mental Health Services were re-visited for HSCPs to remove the NRAC cap on allocations for these two areas, alongside this the North HSCP requested additional resources for capacity in Community Mental Health services and this has also been funded.

The funding allocations are noted below:

	Social Care £000	**Health £000**	**Total North £000**
Q1 Allocation	2,579	431	3,010
Q2-Q4 Allocation	1,869	612	2,481
Total allocation by November 2020	**4,448**	**1,043**	**5,491**
Additional Funding December 2020	796	(21)	775
TOTAL FUNDING TO DATE	**5,244**	**1,022**	**6,266**

The Adult Social Care Winter plan outlines a further £112m of investment in the sector to support over winter, including:

- £50 million to support the additional costs of restricting staff movement across care settings;
- £50 million for the Social Care Staff Support Fund and winter sustainability funding, through to the end of March 2021;
- up to £5 million for additional oversight and administration costs associated with responding to the pandemic and outbreak management;
- enhanced infection prevention and control, with £7 million for Health Boards to invest in Nurse Director teams;
- up to £500,000 will be available to all care homes to provide access to digital devices, connectivity and support to help manage conditions from home or connect those receiving care with their loved ones.

A further funding allocation for this additional investment is anticipated during December, it is expected that the full amount will not be allocated as elements of these costs are already included in the mobilisation plan funding requests.

	The Scottish Government are continuing to work with Health Boards and IJBs to review and further revise financial assessments and intend to make a further substantive funding allocation in January. This will allow identification of the necessary additional support required, and realignment of funding in line with actual spend incurred with an expectation that an allocation to bring funding up to 100% will be provided.
2.13	**Covid – Financial Risk**
	Overall at this time the financial risk to the IJB has been reduced significantly by the recent funding announcement and subsequent allocation. The table below summarises the overall estimated Covid-19 costs for the North HSCP alongside the funding received to highlight the potential gap:

	£m
Mobilisation Plan Costs (at November)	8.508
FUNDING TOTAL	**(6.266)**
Shortfall	2.242
Shortfall (excluding savings)	**1.110**

The estimated additional costs to March 2021 compared to the funding received to date leaves an estimated balance of £1.110m for which funding has not yet been received or allocated.

In terms of the overall risk of currently unfunded elements of the plan:

- There is increasing confidence that additional costs will be funded based on the recently received and future expected funding allocations, for both health and social care costs only 70% of estimated costs to March have been funded to date, further allocations are expected in January;
- we have assumed through our core budget monitoring projections that the delays in savings will not be funded and these are included in financial projections, as noted in this report we are projecting breakeven on that basis;
- Offsetting reductions of £0.5m have not been included in the overall funding allocation and also have not been factored into the HSCP financial projections, therefore at this stage these would potentially remain available for North to re-direct to any funding shortfall;
- The most significant area of additional Covid costs are the purchase of PPE for social care and sustainability payments for commissioned social care providers (£3.8m in total). Both areas have been implemented with an assurance that the actual costs will be fully reimbursed;
- The period 7 position projects an underspend of £0.8m (excluding Covid) and this does not include any assumption re the £1.5m held by the Council towards the IJB debt, this position assumes the debt repayment is made as planned, this position also incorporates estimated delays with savings delivery.

The financial position will continue to be reported to the IJB at each meeting, these reports will outline the monthly financial projections and the updated position in relation to estimates for Covid costs. This will include the ongoing consideration of whether a Financial Recovery Plan may be required in the future, at this stage this is not recommended to be considered.

2.14	**Provider Sustainability Payments and Care Home Occupancy Payments**

COSLA Leaders and Scottish Government have agreed an approach to supporting the social care sector to ensure that reasonable additional costs will be met.

We have been making payments to commissioned social care providers in line with the agreed National principles for sustainability and remobilisation payments to social care providers during COVID 19.

Care Home Occupancy Payments - we have engaged with older people's care homes in relation to care home occupancy payments and make regular monthly payments to care home providers with emergency faster payments being made if required. Meetings are being held with each care home to discuss ongoing sustainability and to provide support.

Sustainability payments - providers are responsible for submitting a claim for additional support to the Partnership for sustainability payments and this is assessed as to what support is required on a case by case basis based on the supporting evidence provided. Each case is assessed by the same group to ensure equity and consistency across providers.

In general, all payment terms have been reduced and once any payment is agreed it is being paid quicker to assist the cash flow position of providers. The assessment of some claims has been difficult due to delays with additional information and supporting evidence being submitted to support claims, hence there are a number of claims that are in process.

The sustainability payments are estimated to be a significant cost in our mobilisation plan and the timely submission and assessment of claims is key to ensuring we can accurately estimate the financial cost and ensure the costs are reclaimed from the Scottish Government.

Providers in North Ayrshire are not all strictly adhering to these timescales and we are still receiving claims dating back to the start of the pandemic, the commissioning team are working with providers to support them to submit claims.

The tables below show the support provided to date and the outstanding claims as at the end of October.

PROVIDER SUMMARY	NCHC Care Homes	Other	Total
Total Number of Providers	17	48	65
Number in contact for support	16	27	43
Providers Supported to date	11	21	32

OUTSTANDING CLAIMS	NCHC Care Homes	Other	Total
Total Number of Claims	5	6	11
Value of Claims	£477,887	£95,853	£573,740

SUPPORT PROVIDED	NCHC Care Homes £	Other Services £	TOTAL £
Occupancy Payments *	£1,203,196	n/a	£1,203,196

Staffing	£61,769	£50,860	£112,629
PPE, Infection Control	£92,795	£31,390	£124,185
Other	£11,600	£273	£11,873
TOTAL	**£1,369,360**	**£82,284**	**£1,451,883**

** payments to end of October*

A significant level of financial support has been provided to our commissioned providers, in particular older people's care homes.

Due to concerns re the sustainability of the social care sector the Scottish Government agreed to sustain the levels of support in November at the same level as October, i.e. for care homes paying for 50% of vacancies during the month and to continue with a planned care approach. This was agreed on the basis that a review of transitional arrangements was required to provide more targeted support to the sector, this work was undertaken with stakeholders to consider the evidence for a new arrangement from December. The group of stakeholders focussed on three main areas: overall aim of funding support for the sector during the pandemic; clarity around additional costs that may be met; and streamlining the mechanism of payments and ensuring consistency in approach across the country.

Arrangements for support have been agreed alongside guidance which sets out the criteria that need to be met for financial support, the approach for payment for care that can not be delivered, the categories of additional costs which may be met, the approach to evidencing additional costs and key principles for requesting and making payments.

The key principles of this ongoing support include:

- Understanding the reasons why care cannot be delivered, only Covid related impacts can be funded through sustainability payments;
- The 'planned care' approach of continuing to pay for undelivered care has been removed and providers and HSCPs will be required to explore opportunities for creatively delivering services in a different way, temporarily re-deploy staff into other HSCP services (voluntarily), where this is not possible providers will be required to access national supports in the first place, including the potential to furlough staff;
- Where payment for undelivered care is agreed as the only option this will be at a reduced level depending on the type of service, for example for care homes subject to the NCHC occupancy payments will be made at 80% of the rate for all vacancies, this is dependant on care homes continuing to admit new residents where it is clinically safe to do so;
- The Social Care Staff Support Fund will remain in place to ensure all staff receive their full pay during a Covid related absence; and
- Additional reasonable costs that are incurred as a result of Covid which cannot be covered from other funding sources will be reimbursed, including for example PPE, infection prevention control and additional staffing costs.

3.	**PROPOSALS**
3.1	**<u>Anticipated Outcomes</u>**
	Continuing to closely monitor the financial position will allow the IJB to take corrective action where required to ensure the partnership can deliver services in 2020-21 from

	within the available resource, thereby limiting the financial risk the funding partners, i.e. NAC and NHS AA. The estimated costs and funding in relation to the Covid-19 response also require to be closely monitored to ensure that the IJB can plan for the impact of this and to ensure that the IJB is in the position to re-claim funding to compensate for the additional costs.
3.2	**Measuring Impact**
	Ongoing updates to the financial position will be reported to the IJB throughout 2020-21.
4.	**IMPLICATIONS**

Financial:	The financial implications are as outlined in the report. Against the full-year budget of £257.502m there is a projected underspend of £0.807m (0.3%). The report outlines the main variances for individual services. There are a number of assumptions underpinning the projections which could change as we progress through the year. We will continue to work with services to ensure the most accurate and reliable position is reported. One of the main areas of risk is the additional costs related to the Covid-19 response and these are detailed in the report together with an updated position in relation to funding.
Human Resources:	None
Legal:	None
Equality:	None
Children and Young People	None
Environmental & Sustainability:	None
Key Priorities:	None
Risk Implications:	Within the projected outturn there are various over and underspends including the non-achievement of savings. The greatest financial risk for 2020-21 is the additional costs in relation to Covid-19.
Community Benefits:	None

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

4.	**CONSULTATION**
4.1	This report has been produced in consultation with relevant budget holders and the Partnership Senior Management Team.

	The IJB financial monitoring report is shared with the NHS Ayrshire and Arran Director of Finance and North Ayrshire Council's Head of Finance after the report has been finalised for the IJB.
5.	**CONCLUSION**
5.1	It is recommended that the IJB: (a) notes the overall integrated financial performance report for the financial year 2020-21 and the overall projected year-end underspend of £0.807m at period 7; (b) notes the updated estimated costs of the Covid mobilisation plan of £8.5m, including savings delays, and the associated funding received to date; and (c) note the financial risks for 2020-21, including the impact of Covid 19, and that there is no recommendation at this time to implement a formal Financial Recovery Plan for the IJB.

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2020-21 Budget Monitoring Report–Objective Summary as at 31st October

Appendix A

Partnership Budget - Objective Summary	2020/21 Budget									Over/ (Under) Spend Variance at Period 6	Movement in projected variance from Period 6
	Council			Health			TOTAL				
	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
COMMUNITY CARE AND HEALTH	**55,891**	**54,808**	**(1,083)**	**13,482**	**13,626**	**144**	**69,373**	**68,434**	**(939)**	**(973)**	**34**
: Locality Services	23,264	22,842	(422)	4,724	4,794	70	27,988	27,636	(352)	(310)	(42)
: Community Care Service Delivery	27,508	27,289	(219)	0	0	0	27,508	27,289	(219)	(95)	(124)
: Rehabilitation and Reablement	1,958	1,833	(125)	1,555	1,538	(17)	3,513	3,371	(142)	(256)	114
: Long Term Conditions	1,763	1,360	(403)	5,098	5,189	91	6,861	6,549	(312)	(324)	12
: Integrated Island Services	1,398	1,484	86	2,105	2,105	0	3,503	3,589	86	12	74
MENTAL HEALTH SERVICES	**24,793**	**26,461**	**1,668**	**53,134**	**52,052**	**(1,082)**	**77,927**	**78,513**	**586**	**744**	**(158)**
: Learning Disabilities	18,639	20,433	1,794	446	448	2	19,085	20,881	1,796	2,320	(524)
: Community Mental Health	4,689	4,552	(137)	1,681	1,636	(45)	6,370	6,188	(182)	(239)	57
: Addictions	1,465	1,476	11	1,351	1,351	0	2,816	2,827	11	11	0
: Lead Partnership Mental Health NHS Area Wide	0	0	0	49,656	48,617	(1,039)	49,656	48,617	(1,039)	(1,348)	309
CHILDREN & JUSTICE SERVICES	**32,178**	**32,433**	**255**	**3,825**	**3,825**	**0**	**36,003**	**36,258**	**255**	**(81)**	**336**
: Irvine, Kilwinning and Three Towns	3,184	3,036	(148)	0	0	0	3,184	3,036	(148)	(157)	9
: Garnock Valley, North Coast and Arran	1,268	1,155	(113)	0	0	0	1,268	1,155	(113)	(116)	3
:Intervention Services	2,035	2,019	(16)	315	315	0	2,350	2,334	(16)	(19)	3
: Looked After and Accommodated Children	17,768	18,242	474	0	0	0	17,768	18,242	474	457	17
: Quality Improvement	4,311	4,375	64	0	0	0	4,311	4,375	64	(237)	301
: Public Protection	651	648	(3)	0	0	0	651	648	(3)	(6)	3
: Justice Services	2,508	2,508	0	0	0	0	2,508	2,508	0	0	0
: Universal Early Years	453	450	(3)	3,120	3,120	0	3,573	3,570	(3)	(3)	0
: Lead Partnership NHS Children's Services	0	0	0	390	390	0	390	390	0	0	0
PRIMARY CARE	0	0	0	51,024	51,024	0	51,024	51,024	0	0	0
ALLIED HEALTH PROFESSIONALS			0	5,577	5,502	(75)	5,577	5,502	(75)	(75)	0
MANAGEMENT AND SUPPORT COSTS	13,116	12,647	(469)	2,427	1,943	(484)	15,543	14,590	(953)	(508)	(445)
COVID - NHS				1,043	1,043	0	1,043	1,043	0	0	0
CHANGE PROGRAMME	1	1	0	1,011	1,011	0	1,012	1,012	0	0	0
OUTTURN ON A MANAGED BASIS	**125,979**	**126,350**	**371**	**131,523**	**130,026**	**(1,497)**	**257,502**	**256,376**	**(1,126)**	**(893)**	**(233)**
Return Hosted Over/Underspends East	0	0	0	0	337	337	0	337	337	442	(105)
Return Hosted Over/Underspends South	0	0	0	0	320	320	0	320	320	412	(92)
Receive Hosted Over/Underspends South	0	0	0	0	15	15	0	15	15	15	0
Receive Hosted Over/Underspends East	0	0	0	0	(353)	(353)	0	(353)	(353)	(353)	0
OUTTURN ON AN IJB BASIS	**125,979**	**126,350**	**371**	**131,523**	**130,345**	**(1,178)**	**257,502**	**256,695**	**(807)**	**(377)**	**(430)**

2020-21 Budget Monitoring Report – Detailed Variance Analysis

Appendix B

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
COMMUNITY CARE AND HEALTH	**69,373**	**68,434**	**(939)**	
Locality Services	27,988	27,636	(352)	**Older People care homes inc respite -** underspend of £0.510m based on 746 placements and including an under recovery of income from Charging Orders of £250k. **Independent Living Services :** * Direct Payment packages- overspend of £0.079m on 62 packages. * Residential Packages - underspend of £0.029m based on 37 packages. * Community Packages (physical disability) - overspend of £0.153m based on 49 packages .
Community Care Service Delivery	27,508	27,289	(219)	**Care at Home** (inhouse & purchased) - projected to overspend by £0.086m due to increased demand in Inhouse services (projected overspend £302k) which has been funded by an allocation of Covid funding. **Direct Payments** - underspend £0.135m to year end on 30 packages, including some spend to work towards clearing current waiting list.
Rehabilitation and Reablement	3,513	3,371	(142)	**Aids and Adaptations** - underspend of £0.150m an adverse movement from P6 of £0.105m based on ability to enter service user's homes to begin assessments and carry out works.
Long Term Conditions	6,861	6,549	(312)	**Carers Centre** - projected underspend of £0.443m **Anam Cara** - projected overspend in employee costs of £0.050m due to pilot of temporary post with a view to making longer term savings in bank & casual hours.
Integrated Island Services	3,503	3,589	86	**Employee Costs - Montrose House** now reported under Arran Servcies with a projected overspend of £0.063m.

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
MENTAL HEALTH SERVICES	**77,927**	**78,513**	**586**	
Learning Disabilities	19,085	20,881	1,796	**Residential Packages**- overspend of £0.285m based on 41 current packages. **Community Packages (inc direct payments)** - overspend of £0.870m based on 32 current packages.
Community Mental Health	6,370	6,188	(182)	**Community Packages (inc direct payments) and Residential Packages** - underspend of £0.101m based on 96 community packages, 12 Direct Payments and 29 residential placements.
Addictions	2,816	2,827	11	Outwith the threshold for reporting
Lead Partnership (MHS)	49,656	48,617	(1,039)	**Adult Community** - underspend of £0.143m due to vacancies. **Adult Inpatients**- overspend of £0.583m due to a delay in closing the Lochranza wards, revised assumptions on redeployed staff and an under recovery of bed sale income. **UNPACs** - overspend of £0.069m based on current placements and assumed service level agreement costs. **Elderly Inpatients** - underspend of £0.050m which includes the part year impact of thr £0.934m of unallocated funding following the elderly MH review. **CAMHS** - underspend of £0.305m due to vacancies. **MH Admin** - underspend of £0.390m due to vacancies. **Psychiatry** - underspend of £0.490m due to vacancies. **MH Pharmacy** - underspend of £0.220m mainly within substitute prescribing. **Psychology**- underspend of £0.450m due to vacancies.

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
CHIDREN'S AND JUSTICE SERVICES	**36,003**	**36,258**	**255**	
Irvine, Kilwinning and Three Towns	3,184	3,036	(148)	**Transports costs** - Projected underspend of £0.038m due a reduction in spend in Staff Mileage costs **Cornerstone Respite** - Projected underspend of £0.065m due to respite services not taking place due to COVID
Garnock Valley, North Coast and Arran	1,268	1,155	(113)	**Employee Costs** - Projecting £0.059m underspend due to a substantive post being vacant . This will be offsetting an overspend in employee Costs within Quality Improvement. **Transports costs** - Projected underspend of 0.008m due a reduction in spend in Staff Mileage costs. **Cornerstone Respite** - Projected underspend of £0.033m due to respite services not taking place due to COVID.
Intervention Services	2,350	2,334	(16)	Outwith the threshold for reporting
Looked After and Accommodated Children	17,768	18,242	474	**Looked After Children placements - Projected underspend of £0.129m, favourable movement of £0.006m which is made up of the following:-** **Kinship -** projected underspend of £0.166m. Budget for 370 placements, currently 343 placement but projecting 347 placements by the year end. **Adoption -** projected overspend of £0.045m. Budget for 69 placements, currently 73 placements. **Fostering -** projected overspend of £0.112m. Budget for 129 placements, currently 133 placements and projecting 137 placements by the year end. - **Fostering Xtra** - projected online. Budget for 32 placements, currently 29 placements but projecting 28 placements by the year end. **Fostering Respite** - Projected underspend of £0.110m which is due to respite services not taking place due to COVID **Private fostering -** projected underspend of £0.018m. Budget for 10 placements, currently 10 placements. **IMPACCT carers** - projected online Budget for 2 placements, currently 2 placements. **Residential School placements -** Projected overspend £0.736m, current number of placements is 15, assumption that 2 ending in January and no further new admissions resulting in 13 placements at the year end. No secure placements.
Quality Improvement	4,311	4,375	64	**Employee Costs -** Projected Overspend £0.114m of which £0.070m relates to employee acting up to Senior Manager which will being offset with her vacant post within the Irvine Locality. **Transports costs** - Projected underspend of £0.012m due a reduction in spend in Staff Mileage costs, now basing mileage projection on actual spend this year. **Community Packages -** Projected underspend of £0.074m, 108 Community Packages on establishment list. **Direct Payments -** Projected Underspend £0.032m Current number of packages in place is 42 and projecting an increase of further 3 packages until end of the year. **Children's Residential Placements -** Projected underspend of £0.0196m. Currently 10 Residential Placements
Public Protection	651	648	(3)	Outwith the threshold for reporting
Justice Services	2,508	2,508	0	Outwith the threshold for reporting
Universal Early Years	3,573	3,570	(3)	Outwith the threshold for reporting
: Lead Partnership NHS Children's Services	390	390	0	Outwith the threshold for reporting
PRIMARY CARE	51,024	51,024	0	Outwith the threshold for reporting
ALLIED HEALTH PROFESSIONALS	5,577	5,502	(75)	Projected underspend in supplies.
MANAGEMENT AND SUPPORT	15,543	14,590	(953)	Over recovery of payroll turnover on health services and the allocation of unscheduled care funding.
CHANGE PROGRAMME & CHALLENGE FUND	1,012	1,012	0	Outwith the threshold for reporting
TOTAL	**256,459**	**255,333**	**(1,126)**	

Threshold for reporting is + or - £50,000

2020-21 Savings Tracker

Appendix C

Savings reference number	Description	Deliverability Status at budget setting	Approved Saving 2020/21 £m	Deliverability Status Month 6	Saving Delivered @ Month 6 £m	Projected to Deliver during Year £m	Projected Shortfall £m	Comment
Children, Families & Criminal Justice								
1	Children and Young People - External Residential Placements	**Amber**	0.583	**Amber**	-	0.297	0.286	Currently projecting an overspend. Some plans to move children have been impacted by COVID. Expect to have 13 places at the year-end when the original plan was to have 10 places, will impact on savings for 2021-22.
2	Adoption Allowances	**Amber**	0.074	Red	-	-	0.074	Current projected overspend but outcome of the adoption review still to be implemented
3	Children's Services - Early Intervention and Prevention	**Amber**	0.050	**Green**	0.050	-	-	Fully achieved, met through efficiencies across Children's services
4	Fostering - Reduce external placements	**Green**	0.036	**Green**	0.036	-	-	An underspend is projected at month 6.
5	Community Support - Children's Care Packages	**Amber**	0.008	**Green**	0.008	-	-	Tender delayed, saving can be met through budget underspend for 2020-21. Tender due to be implemented February 2022.
Mental Health and LD Services								
6	LD - Reduction to Sleepover Provision	Amber	0.200	Red	-	-	0.200	Cluster sleepover models centred around core supported accomodation are being considered but will be delayed. The supported accomodation build timescales have slipped due to COVID.
7	Learning Disability Day Services	Amber	0.279	Amber	-	0.050	0.229	The provision of day care is being reviewed to ensure it can be delivered safely. This will include a review of the staffing, a new staffing structure has been planned which will deliver the full year saving in future years but will be delayed until January 2021.
8	Trindlemoss	Green	0.150	Amber	0.150	-	-	Fully achieved but two tenancies still to take up their place and the final tenancy has to be decided.
9	Mental Health - Flexible Intervention Service	Green	0.008	Green	0.008	-	-	Fully achieved, slightly over-delivered (£10k)
Health and Community Care								
10	Roll out of multidisciplinary teams - Community Care and Health	Amber	0.110	Green	-	0.110	-	For 2020-21 only this saving has been added to the vacancy savings target to be met non-recurringly. There are a number of vacancies across Community Care and Health but at this stage the service can not identify posts to be removed on a permanent basis, will be formalised and removed from establishment from 2021-22.
11	Carers Act Funding - Respite in Care Homes	Green	0.273	Green	0.273	-	-	Fully achieved
12	Care at Home - Reablement Investment	Amber	0.300	Green	-	0.300	-	Expect to fully achieve but there is a projeced overspend due to additional TUPE costs and an increased level of service.
13	Care at Home - Efficiency and Capacity Improvement	Amber	0.135	Green	-	0.135	-	Expect to fully achieve but there is a projeced overspend due to additional TUPE costs and an increased level of service.
14	Day Centres - Older People	Amber	0.038	Amber	-	-	0.038	Day centres are currently closed and staff have been re-deployed, will look for opportunities to release savings when the services re-open.
15	Charging Policy - Montrose House	Amber	0.050	Green	0.025	0.025	-	New charging policy in place and additional income projected to be achieved.
Whole System								
16	Adults - New Supported Accommodation Models	Amber	0.063	Amber	-	0.025	0.038	Project has slipped. Expected completion date is early 2021. Saving was based on 5mths, Assume only 2mths are achieved
17	Adult Community Support - Commissioning of Services	Amber	0.638	Amber	-	0.150	0.488	Implementation of CM2000 was delayed due to Covid, expect to bring system on line for Adult providers from mid February 2021.
18	Charging Policy - Inflationary Increase	Green	0.050	Amber	-	0.025	0.025	Charging has been suspended during COVID 19, with the exception of care homes and community alarms, expect to bring back on line in October.
TOTAL SOCIAL CARE SAVINGS			**3.045**		**0.550**	**1.117**	**1.378**	

Health:

Savings reference number	Description	Deliverability Status at budget setting	Approved Saving 2020/21 £m	Deliverability Status Month 6	Saving Delivered @ Month 6 £m	Projected to Deliver during Year £m	Projected Shortfall £m	Comment
19	Trindlemoss	Green	0.120	Green	0.120	-	-	Fully achieved
20	Packages of care	Green	0.100	Green	0.100	-	-	Fully achieved
21	Elderly Mental Health inpatients (lead partnership)	Green	0.216	Green	0.216	-	-	Fully achieved
22	MH Payroll Turnover (lead partnership)	Green	0.100	Green	0.100	-	-	Fully achieved
23	North Payroll Turnover	Green	0.280	Green	0.280	-	-	Fully achieved
TOTAL HEALTH SAVINGS			**0.816**		**0.816**	**0.000**	**0**	
TOTAL NORTH HSCP SAVINGS			**3.861**		**1.366**	**1.117**	**1.378**	

2020-21 Budget Reconciliation

Appendix D

COUNCIL	Period	Permanent or Temporary	£
Initial Approved Budget			96,963
Rounding error			4
Error in budget			1,299
Resource Transfer			22,769
WAN Circuits Budget Transfer - Kyle Road - New data Connection (Store Costs)	1	P	(1)
British Sign Lanaguage funding transferred to Democratic Services	3	P	(5)
Child Abuse Enquiry costs - Budget from Corporate	5	T	58
Corporate Procurment Posts 313490 & 313106	6	P	(76)
COVID funding	7	T	4,448
Unscheduled Care Allocation	7	T	500
Commercial Waste Virement	7	P	20
Budget Reported at Month 7			**125,979**

HEALTH	Period	Permanent or Temporary	£
Initial Approved Budget			149,830
Resource Transfer			(22,769)
Adjustment to base budget	1	P	(90)
2019/20 Month 10-12 budget adjustments	1	P	3,999
Non recurring Funding 19/20	3	T	(298)
Full Year effect of Part Year Reductions	3	P	(54)
Additional COVID funding	3	T	1,339
Additional living wage funding	3	P	186
V1P Funding 20/21	3	T	105
Primary Care Prescribing - Uplift	3	P	2,060
Primary Care Prescribing - CRES	3	P	(756)
Outcomes Framework - Breast Feeding	3	T	33
South HSCP V1P contribution	3	T	20
ANP Allocation - MIN	3	T	20
Training Grade Funding	3	P	49
Funding transfer to Acute (Medical Records)	3	T	(33)
Public Health Outcomes Bundle	3	T	235
Specialist Pharmacist in Substance Misuse	3	T	12
Prescribing Reduction - COVID	3	T	(540)
Lochranza Discharges to South HSCP	3	P	(170)
Precribing Reduction	4	P	(1,497)
Training Grade Funding	4	T	36
TEC Contribution	4	T	(53)
Admin posts from South HSCP	4	P	54
Uplift Adjustment	4	P	21
Additional COVID funding	5	T	2,170
Training Grade Funding	5	P	6
Lochranza Discharges to South/East HSCP	5	P	(232)
Arrol Park Discharges to South HSCP	5	P	(107)
Trindlemoss resource transfer adjustment	5	P	(248)
Training Grade Funding	6	P	9
Diabetes Prevention Psychologist Post NR	6	T	11
Re-parent Parkinson Nurse Nth to Sth	6	P	(109)
Arrol Park Discharges to South HSCP	6	P	(24)
Medical Pay Award - Junior Doctors	6	P	31
COVID funding	7	T	(4,448)
Training Grade Funding	7	P	19
Tranche 4 Social Care Covid	7	T	939
ADP Funding 20/21	7	T	212
Trauma Network Funding	7	P	263
NMAHP Clinical Lead	7	T	16
Antcipated Action 15 increase	7	T	414
Perinatal Funding 20/21	7	T	196
Multiple Sclerosis Nrs fr Acute	7	P	123
Unscheduled care allocation	7	T	(500)
COVID funding - NHS	7	P	1,043
Budget Reported at Month 7			**131,523**

COMBINED BUDGET	**257,502**

Mobilisation Submission – November 2020

	Revenue												Revenue	Capital
Consolidated HSCP costs	**Apr-20**	**May-20**	**Jun-20**	**Jul-20**	**Aug-20**	**Sep-20**	**Oct-20**	**Nov-20**	**Dec-20**	**Jan-21**	**Feb-21**	**Mar-21**	**2020/21**	**2020/21**
Additional Hospital Bed Capacity/Costs - Maintaining Surge Capacity	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Delayed Discharge Reduction- Additional Care Home Beds	82,102	78,564	78,564	78,564	78,564	-	-	-	-	-	-	-	396,358	-
Delayed Discharge Reduction- Additional Care at Home Packages	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Delayed Discharge Reduction- Other measures	65,604	4,362	4,362	4,362	4,362	4,362	4,362	4,362	4,362	4,362	4,362	4,362	113,586	-
Personal protective equipment	185,330	185,330	199,650	173,716	204,565	188,626	97,704	92,665	92,665	92,665	92,665	92,665	1,698,247	-
Deep cleans	-	-	-	-	-	-	-	-	-	-	-	-	-	-
COVID-19 screening and testing for virus	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Estates & Facilities cost including impact of physical distancing measures	-	-	8,339	391	132	392	9,497	-	-	-	-	-	18,750	-
Additional staff Overtime and Enhancements	70,596	43,682	47,882	19,489	57,510	34,153	37,027	33,269	33,269	33,269	33,269	33,269	476,684	-
Additional temporary staff spend - Student Nurses & AHP	-	-	369,226	101,111	139,650	74,733	29,395	-	-	-	-	-	714,114	-
Additional temporary staff spend - Health and Support Care Workers	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Additional temporary staff spend - All Other	-	-	41,206	45,673	253,332	35,198	59,693	50,000	50,000	50,000	50,000	50,000	685,103	-
Social Care Provider Sustainability Payments	-	-	265,244	223,944	314,525	313,608	288,857	247,300	112,500	112,500	112,500	112,500	2,103,478	-
Social Care Support Fund- Costs for Children & Families Services (where delegated to HSCP)	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other external provider costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Additional costs to support carers	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health Services	-	-	-	-	-	-	-	-	40,328	40,328	40,328	40,329	161,313	-
Additional payments to FHS contractors	-	-	-	28,370	4,820	-	6,742	5,000	5,000	5,000	5,000	5,000	64,932	-
Additional FHS Prescribing	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Community Hubs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other community care costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Loss of income	88,500	88,500	88,500	88,500	88,500	88,500	44,250	-	-	-	-	-	575,250	-
Staff Accommodation Costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Additional Travel Costs	-	-	5,857	1,755	1,567	1,028	1,019	-	-	-	-	-	11,226	-
Digital, IT & Telephony Costs	-	-	937	(877)	16,810	6	6	-	-	-	-	-	16,882	-
Communications	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Equipment & Sundries	-	59,055	16,479	22,141	(10,294)	1,033	3,290	-	-	-	-	-	91,704	-
Homelessness and Criminal Justice Services	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Children and Family Services	6,952	12,166	20,856	34,760	34,760	34,760	29,546	29,546	29,546	17,380	17,380	17,380	285,032	-
Prison Healthcare Costs	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Hospice - Loss of income	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Staffing support, including training & staff wellbeing	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Resumption & redesign of primary care/contractor services to support access to urgent care in hours and OOH	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Costs associated with new ways of working- collaborative	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Winter Planning	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other - Please update narrative	38,845	38,845	38,845	38,845	38,845	31,649	31,649	31,649	31,649	31,649	31,649	31,649	415,768	-
Other - Please update narrative	-	13,555	7,673	7,673	7,673	7,673	-	-	-	-	-	-	44,247	-
Other - Please update narrative	-	-	-	-	-	-	-	6,600	6,600	6,600	6,600	6,600	33,000	-
Other - Please update narrative	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other - Please update narrative	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other - Please update narrative	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other - Please update narrative	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other - Please update narrative	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other - Please update narrative	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Other - Please update narrative	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Offsetting cost reductions - HSCP	(108,007)	(108,007)	(108,007)	(68,583)	(68,583)	(68,583)	-	-	-	-	-	-	(529,770)	-
Total	**429,922**	**416,052**	**1,085,613**	**799,832**	**1,166,738**	**747,138**	**643,037**	**500,391**	**405,919**	**393,753**	**393,753**	**393,754**	**7,375,903**	**-**
												Subtotal		**7,375,903**
Expected underachievement of savings (HSCP)	141,500	141,500	141,500	141,500	141,500	141,500	47,167	47,167	47,167	47,167	47,167	47,167	1,132,000	-
Total	**571,422**	**557,552**	**1,227,113**	**941,332**	**1,308,238**	**888,638**	**690,204**	**547,558**	**453,086**	**440,920**	**440,920**	**440,921**	**8,507,903**	**-**
												Total		**8,507,903**

Integration Joint Board
17 December 2020

Subject:	**IJB 2021-22 BUDGET OUTLOOK**
Purpose:	To update the IJB on the budget outlook for the partnership for 2021-22.
Recommendation:	That the Board notes the potential budget outlook for 2021-22 for North Ayrshire HSCP noting the work ongoing to develop plans to allow a balanced budget to be presented to the IJB in March 2021.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
IJB	Integration Joint Board
NAHSCP	North Ayrshire Health and Social Care Partnership
NAC	North Ayrshire Council
ADP	Alcohol and Drugs Partnership
NRAC	NHS Resource Allocation Committee

1.	**EXECUTIVE SUMMARY**
1.1	The report outlines the budget outlook for 2021-22 to provide the IJB with information in relation to the scale of any potential budget gap prior to the budget being submitted to the IJB for approval in March 2021. The information includes three different scenarios for the potential budget gap, based on different funding assumptions and service pressures and services will develop potential plans to address the budget gap with further detail on any savings proposals being shared with the IJB in January 2021. The report also provides an updated position in terms of reserves, highlights the associated risks and the timetable for setting next year's budget. The potential budget gap is estimated to be between £2.3m and £7.6m for next year. Savings plans are being developed by the HSCP in line with these estimates and progress with this will be shared at the IJB budget briefing in January 2021.
1.2	The potential ongoing additional costs in relation to the response to the Covid pandemic have not been included in the position as this stage, as estimates are being developed but are very much dependant on Scottish Government policy directives and the position in terms of the pandemic response as we move into the new financial year. At this stage it is assumed that these additional costs will be funded, further information will be provided to the IJB in the coming months.
2.	**BACKGROUND**
2.1	The Integration Scheme outlines a process of planning for budgets in future years where the Chief Officer and the Chief Finance Officer develop the funding requirements for the

	Integrated Budget based on the Strategic Plan and present it to the Parties for consideration as part of the annual budget setting process. This includes consideration of pay awards, contractual uplifts, resource transfer and ring-fenced funds. The IJB are then required to balance the overall resource provided by funding partners to deliver a balanced budget. The North Ayrshire IJB have approved a balanced budget for the last two years and work is ongoing to develop proposals to address any potential budget gap for next year.
3.	**PREVIOUS FUNDING PRINCIPLES AND CONDITIONS**
3.1	The process as outlined in the Integration Scheme has been eroded in recent years with Scottish Government directives and expectations in relation to funding levels to be passed on to IJBs. Whilst the IJB are required to engage with the partner bodies in relation to budget pressures and savings the overall funding allocation could reflect an element of protection and ring fencing of funds for IJBs. The 2020-21 Scottish Government finance settlement set out a number of conditions and requirements for Health Boards and Councils in relation to funding delegated to Integration Authorities, building on similar conditions introduced in 2019-20. There is potential for similar requirements to be included in the 2021-22 finance settlement. The specific requirements in 2020-21 were as follows: • In 2020-21, NHS payments to Integration Authorities for delegated health functions must deliver an uplift of at least 3% over 2019-20 recurring budgets, representing a pass through of the baseline uplift for Territorial Health Boards. • In addition to this and separate from the Board Funding uplift, the Health Portfolio will invest a further £100m in Local Authorities for investment in health and social care integration, and continued support for school councillors. • The additional £100m for local government includes funding to continue the delivery of the Living Wage (£25m), uprating of free personal and nursing care payments (£2.2m), the implementation of the Carer's Act (£11.6m), along with further support for school counselling support (£4m). • The funding allocated from Councils should be additional and not substitutional to the 2019-20 recurrent budgets for social care services that are delegated. Local Authority social care budgets for allocation to Integration Authorities and funding for school counselling services must be £100m greater than 2019-20 recurring budgets. • In addition to the baseline funding uplift, a total of £461m will be invested to improve patient outcomes during 2020-21 including in Primary Care, Waiting Times Improvement, Mental Health and CAMHS and Trauma Networks. • An additional £12.7m being made available nationally to tackle the harm associated with drugs and alcohol. In addition to this, investment by Health Boards and Integration Authorities will increase by 3% over and above the 2019-20 agreed recurring budgets for alcohol and drugs services. • On 28 February 2020 the Scottish Government announced that similar to 2019-20, flexibility would again be available to Local Authorities to offset their adult social care allocations to Integration Authorities by up to £50m in 2020-21 based on local need (a reduction of up to 2% of adult social care allocations). The financial settlement for 2020-21 for the North Ayrshire IJB was in line with these conditions and resulted in the following funding increases and budget gap:

	Social Care (NAC) £m	Health (NHS A&A) £m	Total £m
Funding Increase *	1.612	2.894	4.506
Funded Pressures	(4.657)	(3.710)	(8.367)
Budget Gap	**(3.045)**	**(0.816)**	**(3.861)**
% Baseline Budget	3.1%	0.6%	1.6%

For 2020-21 the IJB approved a savings plan for £3.861m to fully address this budget gap.

4. 2021-22 FUNDING SCENARIOS

4.1 The draft Scottish Government will not be published until 28 January 2021, therefore three funding scenarios are considered to illustrate the potential funding position for the IJB. Currently all of these funding assumptions assume that any Scottish Government policy areas will be fully funded.

4.1.1 **Best Case Scenario** – funding increases in line with previous two years

For the social care funding this is based on the average increase amount allocated in the previous two years for general growth and demand for services. For health services this is the average NRAC percentage uplift in the previous two years.

	Social Care £'m	Health £'m	TOTAL £'m
2019-20	1.389 *1	2.319 (2.6%)	3.708
2020-21	1.612 *2	2.894 (3.0%)	4.506
Average	**1.500**	**2.782 (2.8%)**	**4.282**

***1 £0.918m flexibility was retained by North Ayrshire Council & *2 includes £1.119m of flexibility provided non-recurringly**

Medium Case Scenario – flat cash social care and lower NRAC uplift

For the social care funding this is based on flat cash i.e. any pressures need to be funded by savings and there is no overall increase in funding. Currently North Ayrshire Council have asked us to plan on this basis in the absence of any information on the finance settlement. For the health funding this is based on a lower NRAC uplift of 2%.

	Social Care £'m	Health £'m	TOTAL £'m
2021-22 Increase	0	1.987	1.987

Worst Case Scenario - 1% reduction in funding for social care and flat cash for health

	Social Care £'m	Health £'m	TOTAL £'m
2021-22 Decrease	(0.983)	0	(0.983)

4.1.2 **Summary Funding Position**

The table below summarises the overall projected funding increase/(decrease) for social care, health and in total for the IJB in line with the 3 scenarios set out above:

	Social Care (NAC) £'m	Health (NHS AA) £'m	TOTAL Increase/ (Decrease) £'m
Best Case	1.500	2.782	4.282
Medium Case	-	1.987	1.987
Worst Case	(0.983)	-	(0.983)

As illustrated above the estimated funding change moving into 2021-22 is estimated to be in the range of between a £1m decrease and £4.3m increase.

5. PRESSURES

5.1 Estimated budget pressures for health and social care services total £6.627m. These have been developed in partnership with finance supporting front line services to identify current and emerging financial pressures considering historic demand and costs and potential future variations.

The provision of funding for pressures has the impact of increasing the budget gap to be addressed through savings, therefore the pressures are only included in budget plans where these are absolutely unavoidable. The pressures have been subject to a rigorous challenge process, both within the service, within the HSCP directorate, by finance and by peers. The pressures have been through this challenge process and are deemed to be unavoidable and therefore recommended for inclusion in the budget planning, the pressures will remain under review until the IJB set the budget in March 2021.

The estimated pressures are noted below with detail included in Appendix A:

Category	Social Care (NAC) £m	Health (NHS AA) £m	TOTAL £m
Pay pressures	1.915	2.113	4.028
Cost and Demand pressures	1.549	0.283	1.832
Inflation	0.767	0	0.767
TOTAL	**4.231**	**2.396**	**6.627**

As illustrated above the main pressure area is pay inflation (60% of the total), currently the pay award is forecast at 3% for both health and social care employees but this yet to be confirmed and will be clearer when the Scottish Government budget is published. Whilst this may change it is likely that any different pay award value will impact on the level of funding distributed in the finance settlement.

There are a number of risks in relation to cost and demand pressures which should be highlighted:

- Assumption that pressures in relation to Scottish Government policy areas will be fully funded, for example the Living Wage, Free Personal Care for under 65's;
- Inflationary increases to contracts, such as the National Care Home Contract for care homes may be put under pressure due to additional pressure on services as a result of the pandemic;
- Demand pressures for social care services are based on the best information currently available but there are a number of high risk areas of low volume / high cost services areas e.g. Learning Disability care packages, children's residential

placements, complex care packages where it is more difficult to project future demand with accuracy;
- Ongoing additional costs in relation to the response to the Covid pandemic have not been included in the position as this stage, it is assumed that these additional costs will be funded (eg PPE, staff absence cover);
- The Independent Review of Adult Social care will publish findings in January 2021, there may be significant implications for the future delivery of social care services, again at this stage it is assumed that any costs will be funded;
- Potential impact on costs for goods and services following the outcome of the withdrawal from the EU.

6. BUDGET GAP

6.1 The table below summarises the illustrates the overall IJB budget gap for 2021-22:

	Best Case £m	Medium Case £m	Worst Case £m
Funding Increase/(Decrease)	4.282	1.987	(0.983)
Estimated Pressures	6.627	6.627	6.627
POTENTIAL BUDGET GAP	**(2.345)**	**(4.640)**	**(7.610)**

The position outlined in this report considers the IJB budget on a managed basis as this is the position delegated to the North partnership to financially manage. The Ayrshire Finance Leads will work together to agree the uplift and pressures from an IJB to managed basis and any budget gap that may need addressed for lead partnership services, this includes for example separating out the lead partnership Mental Health services.

The financial position for 2020-21, including the progress with delivering savings may potentially impact on next year's budget. During 2020-21 £1.4m of savings are estimated to be delayed due to the impact of COVID. It is anticipated that these savings can be brought back on track prior to the start of the new financial year. Further work is also being progressed to establish opening financial projections for services based on demand. The impact of this will require to be considered alongside the development of any 2021-22 savings proposals.

The estimated budget gap is estimated to be between £2.3m and £7.6m for next year. Savings plans are being developed by the HSCP in line with these estimates and progress with this will be shared at the IJB budget briefing in January 2021.

7. RESERVES

7.1 The IJB is established as a Local Government body therefore has the ability to hold reserve balances. Reserve balances are held as part of an approach to good financial management, the purpose of reserves is as follows:

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

The balance of reserves should be considered as part of the budget setting process. The IJB has a reserves policy in place which outlines an optimum value of reserves to be held uncommitted in contingency, this is currently set as 2% to 4% of net expenditure, based

on the lower value this would be £5m. Given the current financial position of the partnership and the ongoing requirement to deliver significant savings this optimum reserves balance is aspirational.

The position in the North Ayrshire IJB is unique in that we hold a negative reserve balance which has accumulated from previous year overspends, the negative reserve balance is offset by a debtor on the balance sheet reflecting the debt due to North Ayrshire Council. There is currently £1.486m of resource set aside out with the IJB delegated budget to repay this debt.

The estimated position for IJB reserves is noted below:

	General Fund Reserves £m	GF Contingency £m	Earmarked Reserves £m	Total Reserves £m
Opening Balance (April 2020)	**(5.293)**		**0.207**	**(5.086)**
Planned repayment	**1.486**			**1.486**
Projected Underspend (at P7)		**0.807**		**0.807**
Planned Use of Reserves			**(0.207)**	**(0.207)**
Est Balance at 31 March 2021	**(3.807)**	**0.807**	**0**	**(3.000)**
Planned repayment	**1.486**			**1.486**
Est Balance at 31 March 2022	**(2.321)**	**0.807**	**0**	**(1.514)**

The earmarked reserve balances relate to ring-fenced funding for the Mental Health Action 15 and PCIF, these balances will require to be utilised in full during 2020-21.

The £0.807m noted against General Fund Contingency is the projected underspend on the IJB budget for 2020-21, when setting the IJB budget in March next year consideration will require to be given to how to utilise this reserve, whether this is placed in contingency or elements are earmarked for specific purposes, at that time there will be greater certainty of the value.

Based on the above and assuming the IJB can deliver financial balance from 2020-21 onwards the IJB will fully repay the debt owed to North Ayrshire Council during 2023-24.

8. TIMETABLE AND NEXT STEPS

8.1 A summary timetable for setting the 2021-22 budget in March 2021 is given below and will involve full engagement in both the Council and NHS budget setting processes.

Action/Event	Timescale
Council Budget Engagement: - Elected Member Sessions - Locality Sessions - Public Engagement	From 16 November to 25 February
IJB Budget Private Briefing Session	14 January 2021
Scottish Government Draft Budget Published	28 January 2021
IJB – Consider Draft Strategic Bridging Plan 2021-22	11 February 2021
Consideration of further savings if required	By 12 February 2021
NAC Budget Setting Meeting	tbc March 2021
IJB Budget Meeting – Approve Budget	18 March 2021

IJB Meeting – Approve Strategic Bridging Plan 2021-22	18 March 2021
NHS A&A Budget Setting Meeting	29 March 2021

The follow up session with the IJB in January will outline the savings proposals being considered to bridge the estimated budget gap, this will be presented to the IJB alongside the initial needs assessment developed to inform the Strategic Plan Bridging Plan for 2021-22.

8.2	**Anticipated Outcomes**
8.2.1	The IJB and HSCP are aware of the potential challenge in setting a balanced budget for 2021-22 to inform planning for options which will ensure the IJB are able to approve a balanced budget prior to the start of the new financial year.
8.3	**Measuring Impact**
8.3.1	The IJB will be provided with updates on progress in line with the budget timetable.

9. IMPLICATIONS	
Financial:	The report outlines the budget outlook using information available on cost and demand pressures and potential funding scenarios. It is estimated there may be a requirement to deliver savings in the range from £2.3m to £7.6m depending on the level of funding for 2021-22. Work is ongoing to ensure savings options can be presented to the IJB for approval in March 2021 to ensure a balanced IJB budget moving into next year.
Human Resources:	There will be full consultation with the Trade Unions as appropriate when the final savings are developed.
Legal:	The IJB has an implicit obligation to funding partners to set a balanced budget prior to the start of the new financial year.
Equality:	Equality Impact Assessments (EIAs) will be undertaken for all savings proposals.
Children and Young People	Approval of relevant pressures will allow continued and greater investment in early intervention and prevention in relation to children and young people, hence reducing the future likelihood of the need for care in institutional settings.
Environmental & Sustainability:	There are no environmental and sustainability implications.
Key Priorities:	The 2021-22 budget proposals will be developed in line with the HSCP Strategic Plan Priorities, the IJB would be advised specifically of any plans that would not be in line with the Strategic Plan outcomes and priorities.
Risk Implications:	Failure to operate within the delegated budget would delay the repayment of previous year's debts and add further to the requirement to repay any further overspends to NAC and NHA AA. This would impact on the overall financial sustainability and credibility of the partnership.

Community Benefits:	Effective delivery of services as per the 2021-22 budget and associated plans should allow key strategic priorities to be met which should maximise benefits for the North Ayrshire community as a whole, but also benefit those areas of the community most in need.

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

10.	**CONSULTATION**
10.1	The budget plans detailed in this report have been produced in consultation with relevant budget holders and the NAHSCP Senior Management Team. The report has also been shared with the NHS Ayrshire and Arran Director of Finance and North Ayrshire Council's Head of Finance after the report has been finalised for the IJB.
11.	**CONCLUSION**
11.1	The report outlines the potential budget outlook for 2021-22 for North Ayrshire HSCP, highlights the risks and provides an overview of the work ongoing to develop plans to allow a balanced budget to be presented to the IJB in March 2021. This report will be followed up in the new year with a budget session with the IJB in January 2021.

For more information please contact:

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COST AND DEMAND PRESSURES

1) SOCIAL CARE

	Funding Requested			
Subject heading	**2021/22**	**2022/23**	**2023/24**	**Total**
	£	**£**	**£**	**£**
Pay Award, Living Wage and Pension Auto Enrolment	**1,914,815**	**1,753,279**	**1,732,386**	**5,400,480**
TOTAL PAYROLL	**1,914,815**	**1,753,279**	**1,732,386**	**5,400,480**
Demographic Pressure - Older People Community Services (Care at Home)	258,381	318,393	382,008	958,782
Demand Pressure - Physical Disabilities	103,371	106,782	110,306	320,458
Demand Pressure - Mental Health	-	78,253	87,422	165,674
Transition Pressure - Mental Health	328,003	147,871	105,678	581,552
Demand Pressure - Learning Disabilities (Older Clients and Carers)	260,000	260,000	260,000	780,000
Transition Pressure - Learning Disability	527,515	577,356	512,858	1,617,729
Demand Pressure - Children	72,051	73,492	74,962	220,505
National Care Home Contract Inflationary Increase	557,856	575,319	593,399	1,726,574
Kinship Care - Impact of Universal Credit - TO BE REMOVED	-	-	-	-
Contract Inflation outwith the Living Wage and NCHC	209,408	344,643	353,259	907,309
Total	**2,316,584**	**2,482,109**	**2,479,891**	**7,278,584**
Total Pressures Including Pay	**4,231,399**	**4,235,388**	**4,212,277**	**12,679,063**

2) Health

	Funding Requested			
Subject heading	**2021/22**	**2022/23**	**2023/24**	**Total**
	£	**£**	**£**	**£**
Pay Award at 3%	2,113,323	2,176,723	2,242,024	6,532,070
Non-Pay Pressures:				
: Complex Care Packages	182,742	91,371	100,000	374,112
Lead Partnership Pressures				
: UnPACS and SLAs	100,000	100,000	100,000	300,000
Total	**2,396,065**	**2,368,093**	**2,442,024**	**7,206,182**

NORTH AYRSHIRE
Health and Social Care Partnership

Agenda Item 8

Integration Joint Board
17th December 2020

Subject:	**Ayrshire & Arran CAMHS Reform and progress against the Scotland wide commitment to children and young people's mental health]**
Purpose:	The purpose of this report is to provide awareness and assurance to the IJB on the progress against a programme of significant CAMHS reform work being undertaken in in Ayrshire and Arran in alignment with key national policy and local priorities.
Recommendation:	The IJB is asked to note the contents of this report for awareness and assurance and the actions progressed to respond to challenges and opportunities with the commissioning of an Extreme Team approach. Recommendations from this work will be developed at pace and be presented to the Commissioner and the Strategic and Operational Planning Group at the end of the year. .

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
CAMHS	Child & Adolescent Mental Health Services

1.	**EXECUTIVE SUMMARY**
1.1	The purpose of this report is to provide awareness and assurance to the Board on the progress against a programme of significant reform work in CAMHS to improve Children and Young People's Mental health and wellbeing with timely access to services and support to Children, young people and their families at a locality level.
1.2	This report defines the national and local context to the CAMHS improvement work in Ayrshire and Arran, key challenges and opportunities with an outline of the process to this compelling reform work which commenced in September 2020.
2.	**BACKGROUND**
2.1	The National Children & Young People's Mental Health Taskforce provided recommendations to the Scottish Government and COSLA in 2019 on how to improve the way children's mental health services are organised, commissioned and provided and how to make it easier for young people to access help and support when needed. The recommendations noted that transformational change is required both in the immediate short and long term to improve children and young people's mental health and the services that support them. Preventative approaches are central to this transformational change and equally important is a whole system approach, underpinned by 'Getting it Right for Every Child'

	(GIRFEC). A whole system approach will help children, young people and their families receive the support they need when they need it. In alignment with this work national service specifications have been developed nationally which impact on the delivery and design of CAMHS provision and require consideration of the service model in Ayrshire and Arran in the context of current and future investment opportunities.
2.2	**Assessment** **Reform Opportunities** There are key drivers which present a compelling opportunity for reviewing the delivery of the CAMHS service across Ayrshire and Arran. The following are some of the key national and local drivers with an urgent imperative to develop, clearly define and improve the experience and timely access to the breadth of mental health and wellbeing support available to children and young people.
2.3	**Key Policy Drivers** The National Children & Young People's Mental Health Taskforce recommendations reinforced the importance of responding to local needs with local solutions, and that across Scotland there are different structures and arrangements currently in place to support children, young people and their families. It is accepted therefore the starting point for implementing these recommendations will vary throughout Scotland. However, the most important principle central to transformation work is that children and young people receive the right help, at the right time wherever they are. Whilst early intervention and prevention are vital to improving outcomes for children and young people, decreasing waiting times and reducing rejected referrals, increasing this activity however may not directly benefit the children and young people who are already waiting for help. It is also possible that enhanced identification of children and young people experiencing mental health difficulties will result in increased demand on Child and Adolescent Mental Health Services (CAMHS) in the short term. It is vital therefore that a whole system approach is adopted so that children, young people and their families receive the support they require. The national task force recognised that a small number of children and young people experience mental illness or other mental health needs that require focused, evidence-based assessment and interventions from specialist Child & Adolescent Mental Health teams. This includes children, young people and families who would benefit from a range of interventions, including specialist community treatment and/or in-patient services. This support should be provided as part of an integrated approach, with a team around a child, and with the interventions set out within a child's plan, clarity on what outcomes are being sought, and what additional services will be required once the child no longer requires a specialist service. The five core components of a whole system approach to meeting the mental health needs of children and young people are noted below and provide the context to reform of CAMHS and children's mental health and wellbeing approaches in Ayrshire and Arran: 1. Clear points of contact for children, young people, families and practitioners who have concerns regarding a child's mental health through

	the Health Visitor, School or GP to where advice or access to support is available. 2. An early response to the first concerns or signs of distress, with prompt, proportionate and informed assessment that determines the response, without unnecessary delay or bureaucracy. 3. A clear pathway through services, with a focus on prevention and early intervention within the community, and an accelerated path to additional, higher level or specialist support or treatment whenever that is required. 4. Children, young people and their families at the center, empowered to express their views regarding their needs and services, and to have these views acknowledged and recorded. 5. Mental health needs integrated into any support for other needs that a child may have, as part of a single plan with a team around the child that is coordinated by a lead professional.
2.4	**The NHS Scotland National service specification for CAMHS** The national CAMHS specification was published by the Scottish Government in February 2020. This is a product of the work of the '*Children and Young People's Mental Health and Wellbeing Programme Board'* and successful implementation will meet the recommendations of the '*audit of rejected referrals' and the* children's and young people's Mental Health Taskforce and outlines the key priorities and principle drivers for CAMHS across Scotland. The specification has been developed in partnership with young people and their families and includes a number of aims such as reducing waiting times for a first assessment appointment and the waiting time for any subsequent treatment. The specification acknowledges the need for children, young people and their families being able to access additional support which targets emotional distress through Community Mental Health and Wellbeing Supports and Services. It indicates these Community Supports and Services should work closely with CAMHS and relevant health and social care partners, children's services and educational establishments to ensure there are clear and streamlined pathways to support where that is more appropriately delivered by these services. In the context and requirement of this publication and associated mandatory deliverables, significant revision of the CAMHS service model within Mental Health services in Ayrshire and Arran is required to align the focus both with the National vision for services and at a locality level. This includes the level of provision children, young people and their families can expect to receive when they are referred for help within the NHS. All health board areas will be expected to set out plans on how this will be implemented, with a formal review of how it is working across Scotland to take place in the very near future. In Ayrshire & Arran CAMHS senior clinical leads in collaboration with Children's Services have commenced a mapping exercise against the new national service specification and have introduced new roles to support the delivery of this work – this includes an enhancement to professional nurse leadership within the service.
2.5	**Community Mental Health Framework** In the same period – February 2020 – a *Community Mental Health Framework* has also been published by the Scottish Government to enable the development of community supports. The Scottish Government in partnership with COSLA is working

	with the new national Children and Young people's Mental Health and Wellbeing Programme Board to put in place community wellbeing supports for children and young people aged 5-24 and their families. In Ayrshire and Arran there is an investment of £0.925m which has been allocated to respective Education and Local Authority areas to implement these supports. Furthermore, some additional investment announced in November 2020 will support the response to additional demand and needs identified as a result of the impact of Covid 19 on the mental wellbeing of children and young people. Other Scottish Government investment which has been directed to Education departments includes provision for additional school nurses and school counsellors. CAMHS is currently working with Children's Services and wider agencies in each HSCP area leading on this work to ensure that CAMHS can respond to the local developments in each locality area, building upon the positive pilot work undertaken in previous years. In Ayrshire and Arran there has already been significant nationally recognised work undertaken in the development of a 'Wellness Model' and approach to children and young people's wellbeing upon which to progress further at a local level with the Scottish Government investment in community mental health and wellbeing. In developing a whole system model of wellness, the model has managed and changed the demand pressures placed on specialist CAMHS services. It has helped develop capacity, confidence and resilience in schools and the local community and has ensured that the child, young person and family are at the centre of care. This approach also links well with the National and Strategic priorities around C&YP mental health and wellbeing and the CAMHS NHS Scotland National Service Specification which highlights the importance of: • High quality support that is right for me • Fully involving children & young people in the decisions about their care • Young people, when appropriate for CAMHS, receive the appropriate treatment that is right for them • Fully involving children & young people, families and carers
2.6	**Neurodevelopmental Service Specification** The Children and Young People's Mental Health and Wellbeing Programme Board are also developing a Neurodevelopmental service specification alongside an improvement plan across Scotland which will be published by the end of 2020. CAMHS has continued to develop this pathway and re-design the service ahead of the national specification with investment in additional dedicated workforce. A short life working group on neurodevelopmental services within CAMHS has concluded. Recommendations for pathway revision have been made and an increase in assessment capacity has been evident from August to October 2020. Co-ordination of pre- and post-diagnostic support is being driven by a newly established working group to bring together providers across Partnership and 3rd Sector, alongside involving other services such as KA Leisure. Service-user involvement will be key to the development of support services. CAMHS is a key stakeholder in an upcoming bid, via the Pan-Ayrshire Autism Strategy Group, for additional funding for neurodiversity services across Ayrshire and Arran.
2.7	**The National Mental Health Strategy 2017 To 2027**

	The National Mental Health Strategy lays out a vision and mandate for mental health where people can get the right help at the right time, expect recovery and fully enjoy their rights, free from discrimination and stigma. This is a 10-year vision and the local response to this: *The Ayrshire Mental Health Conversation 2019 to 2027* incorporates key actions and priorities for children and young people including prevention and early intervention, access to treatment, joined up accessible services, physical wellbeing and access to rights and information. In Ayrshire and Arran local mental health strategy implementation groups continue to meet to develop and implement key plans at a local level in response to the priorities laid out in the high-level action plan as a response to the Ayrshire Mental Health Conversation.
2.8	**Action 20 of the Mental Health Strategy 2017-2027: National Hosted Secure Inpatient Adolescent Service (NSAIS)** Ayrshire and Arran successfully submitted a bid for the Nationally hosted Secure Inpatient Adolescent unit (NSAIS)in 2016. This is a first in Scotland secure provision for young people to promote timely access to specialist provision and prevent over the border referrals to secure provision in England. The full business case is reaching finalisation, with expected construction in 2021, and service launch anticipated in early 2022. A significant recruitment programme for this national development is being planned for, in excess of 70wte staff. The Clinical lead for this development is now in post and a wider workforce is planned to be in place in 2021. The CAMHS service is required to develop both community pathways and a community Forensic CAMHS provision ahead of the new service launch in 2022 in addition to working nationally to respond to the needs of young people who require IPCU provision.
2.9	**The Reason for Reform** This complex landscape and imperative of key national and local drivers, represent a significant amount of development work across every level of the current system. This includes the work of the Children's Strategic Forums to deliver Children's plans, a national and local Mental Health strategy, a Pan Ayrshire Children and Young People's Transformation Board and Mental Health Strategic Programme Board amongst many other groups which all consider, develop and implement plans to address these fundamental challenges of access, improvement, development and alignment of the right support at the right time for children and young people. This demonstrates a great commitment to improving the mental health and wellbeing of children and young people in Ayrshire and Arran with a great deal of very positive work being undertaken by all agencies across the system. Critically, whilst there is a significant amount of development and improvement work underway a fundamental change at pace is required in order to improve and sustain access to the right support at a local level, particularly in the context of national drivers, alignment of critical investment decisions and levels of increasing demand. in how CAMHS operates within this complex health and social care delivery system is required.
2.10	**CAMHS in Ayrshire & Arran** CAMHS operates within a complex health and social care system in Ayrshire and

	Arran, interfacing with wider Children's and Justice services, Education, Adult services, Pediatric services, Primary care, inpatient acute services, unscheduled care services and the 3rd and independent sector. A new leadership team has been established within CAMHS during 2019/20 including Professional leadership for Children's Psychological services, a Clinical lead for the National Secure Adolescent Inpatient Service and Consultant Forensic Child and Adolescent Psychiatrist/Clinical Lead for West of Scotland CAMHS Network and Senior Management lead for the CAMHS service. The new leadership team have been working assertively throughout 2020 to ensure delivery of service improvements and work collaboratively with key partners and stakeholders across Ayrshire. The CAMHS service is delivered within the strategic and operational remit and Governance of North Ayrshire HSCP as the lead Partnership for Mental Health and is provided by three locality multidisciplinary teams located in East, South and North Health and Social Care Partnerships. Children, Families and Justice Services are integrated health and social care Children's Services delivered within HSCP arrangements. CAMHS at present comprises three Locality CAMHS Teams made up of an Inter-disciplinary workforce of healthcare professionals. Aspects of service provision can be considered in two broad groups: 1. Locality Critical – These are aspects of service provision across the whole interagency system which require a bespoke response to the locality. This may include things such as School Counselling services, commissioned services unique to the locality and Looked After and Accommodated Children Services. 2. Pan-Ayrshire consistency – These are aspects of CAMHS service provision that are clinician dependent and based upon diagnostic and treatment pathways. A very clear and evidenced based example is the diagnosis, treatment and management of Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD). These conditions must be approached and managed consistently regardless of the locality.
2.11	**Challenges** **Waiting times and Annual Operating Plan/the Referral to Treatment Targets (RTT)** Delivering the right interventions to young people in a timely way have been challenging for a number of years and likely to become even more so with the introduction of the National Service Specification with the requirement for the first appointment, unless for unscheduled care, to be offered to children and young people within 4 weeks. In addition, it is important to note that whilst in Ayrshire and Arran the CAMHS treatment target is compliant, there are internal waits for some treatments that are in excess of the national target - although these do not meet the criteria for reporting against the national target. The CAMHS senior service and professional leads have been meeting with the Scottish Government Mental Health directorate leads in 2019/20 and throughout the national pandemic crisis in 2020 to develop and implement waiting time improvement plans and trajectories as designated within the health Board Annual Operating Plan (AOP) and in alignment with mobilisation plans. The target for CAMHS is that 90 per cent of

young people will commence treatment for specialist Child and Adolescent Mental Health services within 18 weeks of referral.

Since April, the accepted rate of referral has increased month on month. During September 2020, the three CAMHS teams received 145 referrals compared to 108 in September 2019. The chart below (Figure 1) illustrates the RTT compliance pre COVID and during COVID. Despite the increasing referral rates and consequently clinical activity, the CAMHS service is maintaining the 90% RTT standard.

Throughout the Covid-19 pandemic, CAMHS has continued to provide accessible service to Children and Young People (CYP) across the three localities. Since the return of children to school in August CAMHS have moved to a position of offering more face to face contact with CYP. One area of challenge has been in the provision of assessment for Autistic Spectrum Disorder and other Neuro-diverse presentations where the wearing of face coverings and PPE can interfere with the process.

RTT % for Sept 92.1% is a slight decrease on the previous month of 94.2% however more children commenced treatment in September (76 compared to 69 previous month)

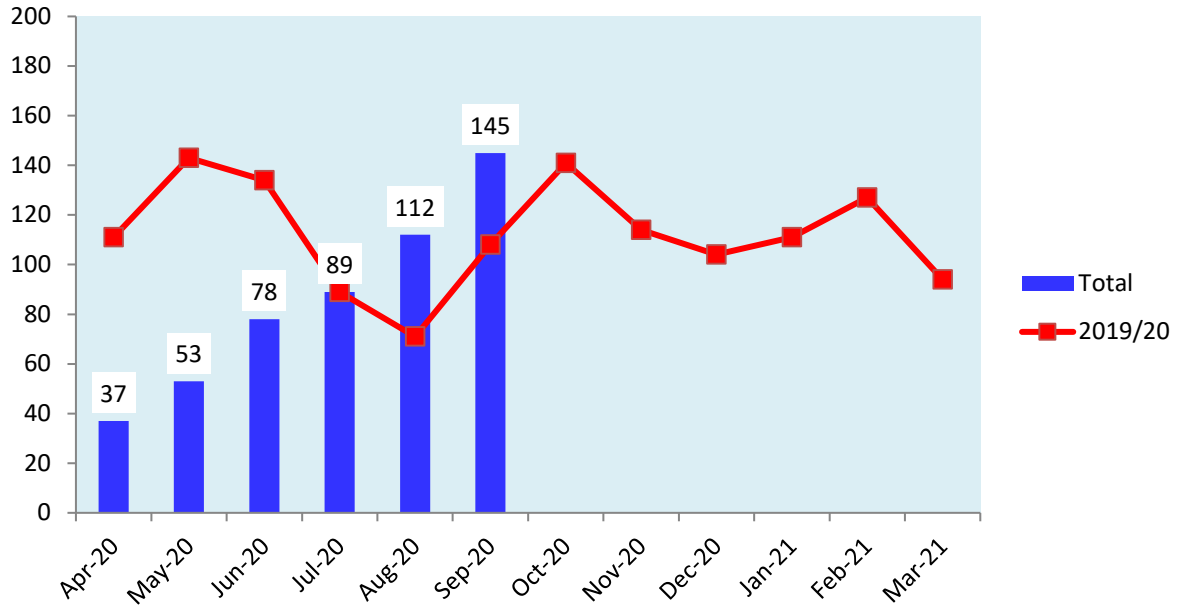

Figure1

- **Increasing demand** - increased levels of demand have been rising for a number of years but experienced now across the whole system in the context of the pandemic and not least for presentations of young people to emergency departments. The AOP plan is currently being revised in alignment with the new national specification, Covid mobilisation work and new projections of demand post-Covid. In addition, the work of the Distressed Young Person's Pathway working group continues with implementation of a new pathway and action plans in place at both a local and Pan Ayrshire level and as part of the Pan Ayrshire Suicide Prevention Group in response to 'Every Life Matters'.

- **Workforce challenges –** there is a recognised challenge nationally in the recruitment to CAMHS of professional roles such as Psychology and Psychiatry due to the challenges in the scope and demand of work in the context of intensive media enquiry and rising public expectation. In Ayrshire and Arran there is a 40% gap in availability of CAMHS Psychology and Psychiatry due to vacancies which have been

	challenging to recruit to on a substantive basis. Assertive workforce planning and development is underway in collaboration nationally, including a review and implementation of revised skill mix, job planning and revised models of delivery and practice to increase access to these essential areas of provision. The introduction of new roles such as Advanced Nurse Prescribers and a Prescribing Pharmacist will reduce demand upon Psychiatry for ADHD prescribing and review. • **Data and Information** - There are challenges with access to data due to lack of functionality of systems to allow more joint and detailed analysis of activity and service demand to improve planning and shared understanding. An intensive work programme has been underway to ensure current systems are maximised and improvement to quality of data to inform local planning.
2.12	**CAMHS Extreme Team and our Big Opportunity** In response to the national and local commitment to children's mental health as outlined in this report, the challenges currently evident and to consolidate and build upon the positive, multi-agency work undertaken in the last five years, Ayrshire and Arran have commissioned an Extreme Teams' approach to respond to the mission critical key question: **How will we improve Children and Young People's Mental health and wellbeing with timely access to services and support to Children, young people and their families at a locality level?** Extreme teaming is the way in which Ayrshire and Arran has committed to enabling innovation at pace across our system, to balance the four pillars and deliver *Caring for Ayrshire*, our Big Opportunity. (See handbook at Appendix 1). An initial team of Children's and Mental Health service senior leads have been mobilised at pace and have been meeting on a weekly basis since September 2020 in order to better understand, share experiences, define the challenge and overarching objective within the context of complexity outlined in this report which lays out the reason for reform. The focus for this reform question is centered on the interface, relationship and delivery outcomes of the multidisciplinary CAMHS service (tier 3 specialist outpatient CAMHS) with community-based Children's Services (Tier 2) and Universal Services at a locality level to improve children and young people's experience in alignment with the CAMHS national specification. This also includes unscheduled presentations of young people to Emergency Departments and how better to respond with early intervention approaches at a locality level. The review team are considering the following areas of enquiry and planning assumptions to formulate the scope of the work plan: • The Community Mental Health and Wellbeing framework/specification in the context of the reform question. • The implications for the reform question in the context of the pending national neurodevelopment specification as an integral part of current CAMHS caseload activity and high waiting times. • The consideration and formulation of innovative options and solutions to ensure more seamless, joined up and timely access to supports at a locality level. • Tier 4 highly specialist inpatient CAMHS and intensive community treatment services are not within scope although the review team must

	consider the implications of these developments on community pathways at a local level to enable timely discharge and outreach which must be critically in place ahead of this future development. The review team is commissioned by the Strategic Planning and Operational Group (SPOG) and consists of the following key members: Tim Eltringham – Director South Ayrshire HSCP - Extreme Team Commissioner Mark Inglis – Head of Children, Families and Justice services SAHSCP, Co-Chair Thelma Bowers – Head of Mental Health, Lead Partnership, NHSCP, Co-Chair Dr Helen Smith - Consultant Forensic Child and Adolescent Psychiatrist/Clinical Lead for West of Scotland CAMHS Network Marion McAuley - Head of Children, Families and Justice services EAHSCP Stuart McKenzie – Senior Manager CAMHS NHSCP Ken MacMahon – Head of Psychological Specialty: Child and Adult Learning Disabilities, Psychological services – NHSCP Alison Sutherland – Interim Chief Officer & Head of Children, Families and Justice services NAHSCP This whole system review team will continue to meet, aligned to this shared goal, and work together at pace in response to the reform question between October 2020 and December 2020 (or as many meetings as required) to ensure reform momentum, creativity, pace and innovative outcomes with critical recommendations formulated and shared by the end of December 2020.
3.	**PROPOSALS**
3.1	The report details the focus of service improvement work in CAMHS, the wider system in relation to children's mental health and wellbeing and an outline of the CAMHS Extreme Team formed to ensure recommendations are developed to improve timely access to services and the quality of mental health service provision for children and young people.
3.2	**Anticipated Outcomes**
	The outcome of this work will be the positive impact and outcome of improving access to integrated, joined up CAMHS provision for Children, Young People and their families
3.3	**Measuring Impact**
	The Extreme group teams group will identify measures aligned to improvement work recommendations in addition to the national waiting times targets the service routinely report to Scottish Government.
4.	**IMPLICATIONS**

Financial:	The programme of work outlined in this report will influence future investment opportunities in Community health and wellbeing developments and CAMHS.
Human Resources:	Workforce planning and development implications linked to service improvement work and redesign of CAMHS based on the national specification and CAMHS Extreme Teams recommendations. A recruitment strategy is in place to address work force challenges and particularly in relation to recruitment of some professional groups.

Legal:	This work is set within the context of the legal framework for delivery of NHS CAMHS provision and Children's services.
Equality:	This report and the scope of work outlined supports all aspects of the Public Sector Equality Duty, Fairer Scotland Duty, and the Board's Equalities Outcomes. An impact assessment will be completed for areas of change and recommendation formulated by the Extreme Teams group and thereafter implemented.
Children and Young People	The outcome of this work will be the positive impact and outcome of improving access to integrated, joined up CAMHS provision for Children, Young People and their families. This includes all the following areas of impact: - Best value - Vision and Leadership - Effective Partnerships - Governance and accountability - Use of resources - Performance management - Compliance with Corporate Objectives - Local outcomes improvement plans, community planning etc
Environmental & Sustainability:	None
Key Priorities:	This work links to IJB strategic priorities of Tackle inequalities Engage communities Bring services together Prevention and early intervention Improving mental health and wellbeing This work also links to the National Mental Health Strategy 2017 - 2027 and local priorities in response to this as noted in the report. There is a continuous programme of engagement work underway across Ayrshire with Children, young people and families at a locality level to respond to the challenges and reform actions noted in this report. The content of this report and programme of work have been considered and agreed with engagement at the following forums: SPOG Pan Ayrshire Heads of Children's Services group meetings Extreme Team meetings NHSCP Transformation Board Mental Health Pan Ayrshire Governance board NHSCP Health & Care Governance Board Pan Ayrshire Covid 19, Mobilisation meetings NHS Board

	The Extreme Team established to take this work forward will continue to engage with wider stakeholders including children, young people and their families as work progresses.
Risk Implications:	Risk mitigation and improvement plans are in place for areas of current challenge outlined in the report with associated actions assertively implemented.
Community Benefits:	N/A

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

5.	**CONSULTATION**
5.1	This has been previously considered by the groups noted above as part of its development. The groups have supported the content, with feedback which has informed the development of the content presented in this report. This report has been developed as a result of discussions and agreement in the meetings noted above at 2.9.
6.	**CONCLUSION**
6.1	The IJB is asked to note the contents of this report for awareness and assurance and the actions progressed to respond to challenges and opportunities with the commissioning of an Extreme Team approach. Recommendations from this work will be developed at pace and be presented to the Commissioner and the Strategic and Operational Planning Group at the end of the year.

For more information please contact Thelma Bowers, Head of Service, Mental Health on 01294 317849 or thelmabowers@north-ayrshire.gov.uk

Appendix 1

Daring to Succeed

Delivering Excellence Through Reform

‘Extreme Teaming’ – A Handbook

2nd Edition, August 2020

Contents

Overview of this Handbook

Welcome to the 2nd Edition (June 2020) of Ayrshire and Arran's 'Extreme Teaming Handbook'.

Now that we have over 12 months' experience of using *extreme teaming* across our health and care system, including to deliver innovation during the Covid-19 global pandemic, we are able to draw on our learning to further expand and develop the guidance offered to you in this Handbook.

'Extreme Teaming' is a concept developed by Amy Edmondson in her 2019 book 'The Fearless Organisation', which we are using as part of our approach to whole-system reform at Ayrshire and Arran.

If you are reading this Handbook, you are either interested in learning more about how we use *extreme teaming*, or you are involved in *extreme teaming* and want to find out about what is required of you in your particular role.

The first part of the Handbook starts with giving you some general information about *extreme teaming*: what it is, how it fits, and what it requires.

It then goes on to set out the core roles involved in delivering *extreme teaming* at Ayrshire and Arran: Commissioner, Sponsor, Chair/Co-Chair, and the 'extreme team' itself (these may also be called Leadership Groups, depending on the commission). Each role is unpacked in detail so that you get a sense of its purpose and responsibilities, and how you can make the most difference in the role.

We then go on to explore the point at which *extreme teaming* – the reform space in our system – meets the hierarchy, which is responsible for operational grip. This is a space in which we are all learning! We all need to become skilful as leaders in knowing which 'hat' we are wearing, and how to communicate from that 'hat' so that our work can be progressed as straightforwardly as possible.

The final part of this Handbook looks at core conditions of effective *extreme teaming*, namely psychological safety and communication.

If you wish to learn more about Ayrshire and Arran's overall approach to reform, and how *extreme teaming* sits within it, then please refer to our *Daring To Succeed: Delivering Excellence Through Reform - Guide for Leaders.* This is available from the contact details on the final page.

Delivering Reform and Innovation at Pace: The Power of Extreme Teaming

(Edmondson, AC & Harvey, J-F 2017)

Extreme teaming is the way in which Ayrshire & Arran has committed to enabling innovation at pace across our system, to balance the four pillars and deliver *Caring for Ayrshire,* our Big Opportunity. Here we will give you more information about what *extreme teaming* is, how it fits, and how it works.

Health and social care integration relies on 'whole system working', and we use this term frequently. Whole system working means that people come together across professional, disciplinary, organisational and sector boundaries to innovate and deliver, in a context that is complex, ambiguous and unpredictable. By definition these groups are diverse and bring many different frames of reference into the mix. This can make interaction 'edgy', challenging and sometimes conflicted. However it is this very challenge and 'edginess' that is the source of their capacity to innovate. Whole systems present us with a paradox, therefore. In order to create the potential for creativity and innovation you need to optimise diverse expertise and perspectives, and yet it is can be the very presence of these that gets in the way.

This kind of teamwork, referred to as *extreme teaming*[1], represents a radical shift in the meaning and nature of teamworking in the 21st century.

As leaders of reform in a large, complex system spanning multiple sectors, professions and disciplines it is important to understand this shift and recalibrate our assumptions about teamworking, so that we can put the conditions in place for our teams to work effectively. This will enable us to recognise and to work with dynamics and events that are very different from previous traditional settings.

So, how has teamworking changed?

Traditional teams are groupings that are built round a department, specialty or ward for example. This means that there is a foundation of context- and project-specific knowledge that is shared from the start. Traditional teams have clear boundaries that distinguish members from non-members, often have a static core, and tend to be relatively stable. This gives members the opportunity to learn over time how to work well together, and to build relationships and deepen their contextual knowledge. These teams can be highly effective in taking forward local improvements, but may be less successful when asked to work across team boundaries.

Contemporary teams Fewer teams these days are stable or clearly boundaried in this way. Members often work across multiple teams at once. Membership of teams may be transient.

[1] Edmondson AC & Harvey J-F (2017), *Extreme Teaming: Lessons in Complex Cross-Sector Leadership* Emerald Publishing

Teams change fast, need to work at pace, often work virtually, are geographically distributed, and members therefore have little time to establish a shared understanding of tasks, contexts or each other.

This shift in emphasis introduces the concept of team as a *process* rather than a static *entity* – ergo, moving from teams to *teaming*[2].

Extreme Teaming refers to teams like those described above that also work across multiple sectors and boundaries. People come together from diverse backgrounds and organisations to address wicked problems for which there is no single solution, and which require creative, innovative and flexible thinking. Unlike traditional teams they often do not share project specific knowledge or contextual knowledge[3], and the work does not follow predictable or linear patterns in how it progresses. This unpredictability, and the pace at which these teams need to work, means that their success depends on their capacity to *learn.* They need to adapt and respond continuously to their environment, integrate new knowledge and shift their frames of reference in order to serve their shared goal.

Extreme teaming necessarily provokes the 'rub' of different frames of reference and the potential for conversations that are challenging, messy and conflicted. When this happens in service of the work, this kind of dialogue is the bedrock of the team's capacity to innovate. A core condition for this is psychological safety[4], and the skills to build psychological safety are therefore a leadership priority in this context.

What does this mean for us as leaders of reform?

Although we will still find effective traditional teams in our system, extreme teaming is the way we increasingly need to work in 21st century health and care.

Leadership is at the heart of successful extreme teaming. It is different from the leadership required to lead and develop traditional teams.

As leaders of reform, you will need to co-create the following conditions:

- Build an engaging vision[5] that becomes shared by individuals and the teams they work in. This has many benefits, not least of all overcoming confusion and frustration and aligning to a common goal.
- Make values explicit and be clear about the challenge and the goals set.
- Build psychological safety (see Section 4 of this Guide)
- Support and welcome engagement and participation
- Welcome learning, experiment and risk
- Encourage agile thinking that supports flexibility and timeliness in decision making.

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[2] Edmondson, AC & Harvey, J-F (2017): *Extreme Teaming: Lessons in Complex, Cross-Sector Leadership p xviii,* Emerald Publishing Ltd

[3] Ibid, pxix

[4] Edmondson, AC (2019): *The Fearless Organisation: Creating Psychological Safety in the Workplace for Learning, Innovation and Growth* John Wiley & Sons, Inc

[5] Edmondson, AC & Harvey, J-F: *Extreme Teaming, p 110*

Now that you know more about what extreme teaming is and how it fits in our context as a 21st century health and care system, we will now go on to set out how we structure and use it at Ayrshire and Arran to deliver reform as part of a dual operating system. (If you are not sure what dual operating is about, please refer to our *Guide for Leaders* which you can request via the Contact Details on the last page of this Handbook).

Roles and Responsibilities in Reform at Ayrshire & Arran

Role	Purpose
Commissioner	High-level accountability for the commission Ensuring integration / alignment of the work with other organisational priorities Scoping of the commission Identification of chair / co-chairs and working with them to establish membership of the team Initial contracting and ongoing dialogue with chair / co-chairs and team to establish, clarify and set up the work, to provide steer if and as required, and to seek assurance if/as necessary Primary relationship is with Sponsors and Co-Chairs. May meet with the team from time to time, if/as the work requires. Actively engage with the hierarchy in order to progress the work if/as required Direct intervention if there is a risk of non-delivery of the commission, or if the team is struggling to tackle organisational barriers
Sponsor	Advocacy for the work of the extreme team Provision of structure if / as needed Steer / guidance / counsel / advice if / as needed First point of escalation for team when encountering barriers or challenges Primary relationship is with Commissioner and Co-Chairs - and sometimes with team Actively engages with the hierarchy in order to progress the work as required
Chair / Co-Chairs	Leadership of extreme team / leadership group Ensure clarity of the commission with Sponsors and Commissioner Structure and lead extreme team meetings Ensure that work of extreme team is consistent with principles of reform and extreme teaming Accountability for delivery of commission Ensure that the team works and delivers within scope Provision of assurance to Commissioner if/as needed Active linking with Sponsor(s) as required, so that the work stays on course to delivery Active engagement with the hierarchy as required by the work Keep team focus and activity within the reform space Build motivation and ownership of the work within the team by maintaining strong and regular communication Maintain communication with wider organisation Develop own leadership
Hierarchy	Those with formal roles with accountability in the line for delivering operational grip, assurance, governance, and administration of organisational processes Engagement with Commissioner / Co-Chairs of reform Addressing, where appropriate, issues emerging through reform work that cannot be resolved in that context
Extreme Team (aka Leadership Group)	Leadership of reform and delivery of the commission Ownership of reform and the commission in the wider organisation Whole system working and thinking Building of capacity and capability in the system via the Team Sponsor / Strategic Lead relationships, in order to deliver sustainable change Participate in own development Co-operate and work with the hierarchy as needed Support the co-chairs to provide assurance as and when required Model the culture and behaviours that are sought through reform Active and sustained communication of reform work in the wider system Active participation in regular face-to-face / virtual meetings to progress reform activity, according to the schedule agreed by the Group

Commissioning Reform Activity: Some Notes for Guidance for Commissioners

When is it reform rather than everyday business?

It is important to be clear that not all change is reform, and therefore not all change requires an 'extreme teaming' approach. As a leader how do you know which is which, and at what point do you decide?

The purpose of reform is to make fundamental change in how a system is working in order to improve and sustain it.

Fundamental change is required when the same challenges recur repeatedly, create predictable problems which tend to get worse over time, and do not improve in any sustainable way even though solution after solution is implemented. Some people call these repeated efforts to improve the situation 'moving the deckchairs'. This is because things are being moved about so that they look different, but will ultimately end up functioning in the same way as before. This kind of work can result in temporary optimism and often relief because action is being taken, and because the time and commitment required to think differently does not seem to be necessary. Underneath, however, there can be a feeling of cynicism or even futility because deep down, people know there will be no change. We enact this by talking about things but not doing them.

Reform is therefore required when the way something is organised and delivered is neither effective nor sustainable in its current form. In order for it to become effective and sustainable, there is a need to change not only how the activity is organised and delivered, *but how it is thought about in the first place.*

This is when the work moves out of the traditional hierarchy into the reform space, and becomes something that needs to be scoped, commissioned and owned by an appropriate whole-system 'extreme team'.

What is the purpose of a commission?

The purpose of a commission is to charge and empower a diverse group to own and lead the delivery of a piece of reform in service of our Big Opportunity. This *extreme teaming* approach enables us to innovate and deliver at pace, which experience has shown is not possible through traditional hierarchical approaches.

A well-articulated commission defines the direction and scope of the work, so that the extreme team is clear as to its purpose and what it is needs to deliver. This frees the group to define the 'how' – ie the activity they believe will deliver on the commission. They can then charge people across the system to lead on those pieces of work.

What is the structure of a commission?

A commission needs to strike a delicate balance between providing sufficient structure and information, whilst not veering into hierarchical territory of control. As a basic guide, it is recommended that you cover three areas:

1 Set out the 'why?' of the commission
2 Identify the reform question(s)
3 Set out the area(s) of scope.

Why? – the Commission

Why is this piece of work important? What's been happening that makes it important, and means reform is required? How is the work mission critical for our Big Opportunity, *Caring for Ayrshire,* and for balancing the Four Pillars?

Identify the central reform question(s)

As commissioner, it isn't your job to come up with the answers, or advise the team how to go about their work. The most important thing is to come up with the central reform question or statement that the group needs to work with in order to come up with new ways of thinking about the activity in question. The question needs to be high level enough to avoid telling the team what to do, yet specific to be clear what needs to be delivered.

The examples below are a guide, and are reform questions that 'extreme teams' in our organisation are currently working with:

- How will we deliver a planned approach to excellent unscheduled care in the right place at the right time?
- What specific pieces of cultural development work do we need to do to build a psychologically safe health and care system?
- How will we educate, support and equip our leaders to use the four pillars in how they think, lead and work across our health and care system?
- How will we deliver a TEC Exemplar Respiratory Pathway for the citizens of Ayrshire and Arran, using an approach that can be a model for other Boards?
- Undertake a focused assessment of PPE including end to end processes that ensures our staff and patients are kept safe.

Identify the areas of scope

Our experience has shown that the first thing an extreme team tends to do is try to sort out 'the world, the universe and everything' – it is a cultural favourite of ours! It is the job of the commission, therefore, to provide enough structure to contain the work and help the group to keep its focus. The purpose of this section is to break the overarching commission into chunks so that the group understands the spread of its responsibility.

A good thing to do when you have drafted your commission is to ask a couple of colleagues to read it. Their understanding and response to what you have written will give you good information as to what is clear or otherwise in how you have set things out.

A note on timescales

We have learned a lot about timescales over the last year. On the whole, long sprawling timescales do not work for extreme teaming unless the work is clearly phased and chunked up. Our experience has been that where groups have had a clear commission and agreed to a fast (and realistic!) timescale to deliver, we have seen a rapid and highly effective build up of energy, commitment and ownership in the group, deep thinking and wrestling with the ask through face-to-face and virtual meetings, and very high quality and innovative results delivered in a short space of time. The pace and rapid changeability of our context since the arrival of Covid-19 makes this approach even more relevant, and we have learned that our leaders and teams are energised by work that is meaningful, relevant and 'cuts to the chase' in this way. When the group has delivered on its commission it can then dissolve – or if appropriate be re-commissioned to deliver something new.

Identify your Sponsor(s)

A Sponsor for reform activity is someone who will advocate for the team and their work, and be a line of support / counsel / advice / guidance as and when the team expresses a need or runs into difficulties. It may also be someone in the hierarchy who has direct responsibility for the area of reform, and for whom a relationship with the team will be important. **It is important to remember, though, that this relationship *is not hierarchical,* and that the Sponsor's role is *not* to performance manage the team.**

Identify your chair / co-chairs

As commissioner it is important to identify a chair, or co-chairs, for the group. Whether it is better led by one or the other arrangement will be determined by the nature of the reform activity.

Identify your team

Again depending on the nature of reform activity, the commissioner may choose to identify the group membership, or work with the chair / co-chairs to do this. It is very important to remember that **extreme teaming is not traditional** – that is to say, members are not chosen because of their position in the hierarchy, nor are they representative of the area in which they work. Members are chosen on the basis that they have assets, knowledge, interest, experience, skills, networks etc that they can bring to the table as part of a diverse reform team.

Our experience over the last 12 months has shown that small (ie no bigger than 6 if possible), very diverse groups are the most effective in delivering innovation at pace. This is because they are nimble and fleet-of-foot, and can communicate and respond to what happens in the work much more quickly and easily than large groups. We have also learned that psychological safety is quicker to build and maintain, which means the group can work with a greater level of challenge and therefore make the most of its diversity.

How to set up the commission

Once you have written the commission, there are three parts to setting it up. **It is mission critical not to take short cuts on this.** When you are setting up a commission, you are asking people to step out of the hierarchical space in order to lead and deliver on a piece of innovation. By definition, the piece of work will not be something that is already happening – and oftentimes, will most likely challenge or change what is already happening. In order to feel confident and clear about what you are asking them to do the co-chairs and the group will need time and space to ask questions, clarify what they need to know, and check out things they don't understand. If you don't take the time to do this and ensure that all of you are on the same page, the lack of clarity and resolution will play out in the group dynamic. The group may lack focus and feel unable to translate discussion into action, or they may start to experience problems in the dynamics. Our experience has shown us that there is sometimes a need for several conversations between the co-chairs, sponsors and commissioner to get things clear, and that it is *always* worth the investment of time!

Once the co-chairs and the group is clear about the commission, we have seen repeatedly that they embrace the opportunity to think, wrestle with the challenge and do things differently, and put in an investment of time to do this work that they often surprise themselves with!

Step 1: Meet face to face with the chair/co-chairs, and work the commission through with them. Agree the membership of the team.

It is helpful to do this at the same time as providing them with the written information, rather than sending it to them beforehand.

Reform activity, by definition, is asking people to think and work differently. The risk with sending written information about reform activity without a discussion is that people read and interpret it within existing ways of thinking, and unnecessary confusion / misunderstanding can sometimes follow. The response of your chair / co-chair will show you how you need to develop and clarify the written information further if needed.

Step 2: Once the co-chairs have been commissioned, as commissioner you then formally invite the team. Send an invitation to each member individually, and your written commission, advising them that an initial meeting will be set up which you will attend for the first hour or so, in order to go over the commission and work through any questions and clarification.

3 Attend the first meeting and take the time to set out the commission, being clear what the purpose of the reform activity is and how it links to our ambition and vision at Ayrshire and Arran.

The most important thing here is that the team has the chance to ask questions, clarify their understanding and make sense of what they are being asked to lead. Because it is reform activity, it is likely to be different to anything they may be currently involved in. People often express anxiety about capacity and the time needed to do 'extra work', and this is where your messages as commissioner are mission critical.

Our experience in all our extreme teaming activity has shown that once committed, people not only create the time to attend team meetings, they usually add in additional meetings and get together weekly, twice-weekly or even daily in order to achieve the pace and momentum the work needs. The introduction of Microsoft Teams during the Covid-19 pandemic made this rapid, fleet-of-foot communication much easier than it has been for us before, and the pace this generates enables teams to produce radical results in a short space of time, surprising even themselves! Some extreme teams have become so motivated and purposeful in their work that they describe these meetings as the highlight of their week! It is important to communicate these experiences to new teams who might be anxious, and invite their curiosity and excitement in what they might create together, rather than fuel any worry about how they might fail.

It is also important to message that reform is not 'extra' work – it *is* the work. In other words, it's not more work on top of our current work, it is work to *change* how we currently work. We need to do this to deliver on our Big Opportunity, *Caring for Ayrshire,* to balance the four pillars, and to provide the excellent services we have committed to for our citizens. We need to do this because it is the right thing to do.

Another important thing to do is to clarify roles and responsibilities and how everyone will communicate – you as commissioner, the Sponsors, and the co-chairs – and how this is different from traditional hierarchical communication.

And lastly…

Commissioning is not a formulaic activity that you necessarily 'get right in one take'! It is a vehicle that brings structure and scope to reform activity, and supports the development of a set of relationships. It is important to keep going with the commissioning conversation(s) until everyone is clear and on the same page.

Don't forget that these discussions in and of themselves generate learning and shifts in thinking, and you might find that greater clarity about the work emerges for all involved once you start talking. Our experience of extreme teaming has shown that regular, constructive feedback loops like this fuel energy, motivation and the willingness to do things differently because people feel safe.

Sponsoring an 'Extreme Team': Some Notes for Guidance

If you are the Sponsor of an 'extreme team', you have a unique opportunity to make a mission-critical contribution to leading reform at Ayrshire and Arran.

The Sponsor role is relatively new in our system, and we continue to learn even after 12 months of implementing extreme teaming. Learning is fundamental to building a psychologically safe organisation, and to making sure our thinking and habits are working for us. Although this note will provide you with guidance and pointers as to how to deliver the Sponsor role, it is also yours to shape and bring to life however you think will best deliver on our vision and goal. It is important that you see it as an opportunity to learn and develop, and to make the most of your experience, skills and assets so that you can support your 'extreme team' to be the best they can be.

The main responsibilities of a Sponsor are as follows:

To advocate for the work of the extreme team The extreme team has been formally commissioned to deliver on a particular area of activity in service of our reform agenda. As such they will be thinking differently, taking risks and bringing approaches and recommendations to bear that are different to how they have been before, and are most likely not traditional. Your role as Sponsor is to support, understand and advocate for their work in the system, and when appropriate, to provide whatever the group might need in terms of steer / structure / guidance / counsel / advice so that they can deliver. **This will not be on a hierarchical or 'performance management' basis, but on a needs-led basis in service of what they are developing.**

Communication is key in this relationship. Given that extreme teaming is new in the system, and the Sponsor is a non-hierarchical role, it is important to pay attention to how you choose to communicate. Email and texting out of context can play out in confusion and miscommunication, whereas informal face to face, phone or contact on Microsoft Teams can be experienced much more positively. Once trust and psychological safety is built in the relationship it has the potential to be a mutually beneficial two-way dialogue that serves as a strong supportive platform from which reform work can progress at pace.

First point of escalation for team when encountering barriers The extreme team is leading activity that will challenge the status quo, and may well happen that they run into organisational blocks or barriers that extend beyond their reach in terms of working through them. As Sponsor you would be their first port of call in talking this through and working out what to do. You might decide together that a) there are things they can do as a team to move through the barrier, b) there are things they can do and other things others need to do, or c) the situation needs to be dealt with somewhere else entirely. The most important thing is that a way forward is surfaced, so that organisational learning beyond the extreme team can continue.

Again, this is not a *hierarchical* situation – ie the issues are not being 'sent up the line'. It is more a matter of 'right place, right time' – working together to shed light on a situation until it reaches a point at which next steps become obvious.

Primary relationship is with Commissioner, Chair/Co-Chairs and sometimes with team As Sponsor your primary relationship is with the commissioner of the extreme team and with the chair/co-chairs. It is helpful to communicate proactively with them on any matters that are important for the progress of the commission, and to be available to them for any need of you.

Actively engage with the hierarchy in order to progress the work as required All extreme teams are likely to generate some pieces of work or propositions for reform beyond the scope of the team that require the involvement of the hierarchy. Your role in 'the space between' will be important here. You might need to provide steer to help the team in their own engagement with the hierarchy, or use your own hierarchy hat to move things forward as required.

As you will have read in previous sections, the skill to move in an agile way between organisational grip and reform is a learning curve for us all! Our purpose here is 'right place, right person, right time' as it is with our services – and as we get more practice under our belts we will find out what works and what doesn't!

Chairing / Co-chairing an 'Extreme Team': Some Notes for Guidance

If you are the chair / co-chair of an 'extreme team' (which may also be called a Leadership Group, depending on the commission), you have a unique opportunity to make a mission-critical contribution to our work to reform our health and care system.

This role is relatively new in our system, and we continue to learn from our experience. Although this note will provide you with guidance and pointers as to how to deliver the role, it is also yours to shape and bring into colour however you think will best deliver on our vision and goal. It is important that you see it as an opportunity to learn and develop, and to make the most of your experience, skills and assets, so that you can maximise the diversity of your team and deliver the innovation we need at pace.

As Chair or Co-Chair of an 'extreme team' you will inevitably be wearing other 'hats' in the system. It is very important not to confuse roles these with your role as Chair or Co-Chair of this team. All participants, including you, are there in your capacity as members of the team, *not* as 'representatives' of other parts of the system, professions or disciplines.

The earlier parts of this section have set out some important factors in leading reform, all of which apply in your role as chair / co-chair. The pointers in this note are therefore more specific, as follows:

Provide leadership of extreme team As discussed in the piece on *extreme teaming,* your team is diverse, and this is the very source of its capacity to innovate and think differently. This can also be what gets in its way if the work is insufficiently led and contained. It is important in your role to keep bringing everyone back to the purpose and goal of the work and how it links with our ambition at Ayrshire and Arran. This keeps a common 'rudder' that everyone feels connected to, and can keep joining things up. You will need to do this with ownership and energy, and to build that same ownership in the team. This makes it easier for the team to think differently and take risks as the work progresses. Some teams have the our ambition, vision and goals in visual form up on the walls at each meeting, so that it is easy at all times to link back in to the 'why' and hold course.

Build psychological safety This is covered in detail towards the end of this Guide. We also have a dedicated Ayrshire and Arran Resource Pack on this subject, *Building Psychological Safety: A Handbook,* which you can access via the Contact Details at the end of this Handbook.

Structure and lead 'extreme teaming' meetings As an 'extreme team' you can meet for as long and as often as you like. However as a rule of thumb most tend to meet for frequently – weekly, twice weekly and even daily – so that they can drive pace on a particular piece of work. The meeting time passes quickly and it is easy to waste it if you are not focused.

Nothing de-motivates people more quickly than pointless meetings! As chair/co-chair it's important to make sure there is a balance between keeping an overview of the work, inviting/supporting meaty discussion on reform issues, making decisions, problem-solving any challenges, and following things through to conclusion. It is also important to ensure that everyone participates, all voices are heard and diversity of view is welcomed. If in doubt, come back to your purpose and goals, and see where you are.

The introduction of Microsoft Teams during the Covid-19 pandemic has expanded the pace, flexibility and accessibility of options for whole-group communication, and it will help your work and the building of your team to keep a balance of face-to-face and virtual communication where you can.

Ensure that work of the team is consistent with principles of reform and extreme teaming Reform is about innovation, and extreme teaming is about optimising diversity to deliver innovation at pace outwith normal hierarchical controls. As chair/co-chair this will be different to meetings or groups you might have chaired before, particularly those in which you have a hierarchical role or authority. Your authority in this setting comes from the commission rather than your hierarchical role. Your work is to enable your team to stay focused on and connected with that commission, such that they can make the best use of their assets and diversity to problem-solve and deliver on the challenges of the work.

Any work you can do to encourage thinking, open questions, listening, checking and exploring understanding, widening perspectives and expanding flexibility in how people see things will help the team to improve. It is important also to provide direction and steer to keep the group on course and connected to the commission, so that you don't drift or circle in ways that do not progress the work.

Accountability for delivery of commission The team as a whole is accountable for leading on the delivery of the commission. However in your role as chair/co-chair you have a particular role in maintaining oversight of delivery and ensuring that the team works and delivers within scope, and stays focused on reform rather than operational delivery. It is common for teams to try to 'boil the ocean' when tackling a commission, and if left unchecked this would play out in overwhelm and/or investment of energy in activity that may not be in service of the goal. *Extreme teaming* creates a unique context for focus because it is outwith the normal hierarchical/organisational 'push and pull' – and so in your role you have a clear mandate to help the group hold course on this and avoid distraction.

Provision of assurance to Commissioner if/as needed As chair/co-chair you have a 'direct line' to the commissioner of the work, and can expect to provide periodic assurance to him or her as to how the work is going. The more proactive you can be about this the better, as regular communication builds trust and confidence in the work. Provision of assurance will not fit normal hierarchical structures, and so it is worth discussing with your commissioner if and how such information would be provided if it is to be in written form. On the whole, assurance from an extreme team is expressed through information regarding impact of *delivery* – and this is what will your commissioner will be looking for.

Active linking with Sponsor(s) as required by the work As you will see from the 'Roles and Responsibilities' chart earlier in this section, your Sponsor is there to advocate for your work and to act as the first point of call for any guidance, counsel, steer or advice that you might need. Again, it is not a hierarchical relationship. As with your commissioner, proactive linking with your Sponsor will help to build trust and confidence in your work and build the relationship.

Active engagement with the hierarchy as required by the work There will be times in your work where there is a need to engage with the hierarchy in order to move things forward, and this might be initiated by you or by the hierarchy. This needs to be a co-operative and mutually enabling relationship, even if there is a natural tension between these spaces at times due to the qualitatively different nature of what is delivered in each. These tensions are not *personal* – they are simply to be noticed and worked through together.

It is important to remember that those with hierarchical hats on have worn them for years, and that extreme teaming is still new for us – and so it will be easy for people to fall into hierarchical ways of working and communicating with you even if it not the right setting for it. It helps to respectfully call this out and re-set the communication when it happens, so that everyone can learn – and then to work with the hierarchy to distil what the outcome of the dialogue needs to be. Avoid email and texting when communicating about these sorts of issues, as miscommunication and misunderstanding can spiral and get in the way.

Build motivation and ownership of the work within the team by maintaining strong and regular communication The importance of this cannot be over-stated, and has been a tough learning curve for some of our extreme teams. Communication is one of the core elements of building psychological safety, upon which the success of extreme teaming rests (more about this in Section 4). There needs to be frequent whole-group communication to keep everyone connected, invite contribution and participation, maintain a sense of energy and direction, and build a sense of team. Some groups do this via team texting such as WhatsApp as well as by email between meetings, and this works very well. We now have Microsoft Teams available to us, which enables very fast and flexible communication. One of our extreme teams developed an entire set of planning principles over a weekend by WhatsApp, because they were so motivated! It is important that group communication is exactly that – group communication, unless one-to-one communication is important for a particular piece of work. This keeps trust and open-ness, and a sense of 'all for one, one for all'.

An essential element of communication is follow-through: doing what you say you are going to do, following things through to conclusion, and communicating clearly if you decide to change course.

Confusion, loss of confidence and cynicism can set in quickly if leaders – often unintentionally – become inconsistent in delivering on their commitments, or say yes when they actually mean no. Be attentive to how much you take on and ensure that you as leader, and the team as a whole, do not fall into the trap of 'doing the doing' instead of leading. This quickly leads to overwhelm and risks fragmentation and disconnection in the team.

If you notice that this has happened, observe it and invite a discussion about it. Work outwith your team what your options are and the changes you are going to make together to loosen up the work once again.

Maintain communication with wider organisation You are leading change, and therefore bringing challenge and change into the wider organisation that will require people to do things differently. For some, this might bump into things they have done a certain way for a long time, and which they are comfortable or familiar with. Regular communication between your team and the wider organisation will build visibility, trust and confidence in your work, *especially* when it links the changes you are making with the benefits for your staff, services and citizens. As chair/co-chair it is important to develop, with your team, a way of communicating simply, easily and regularly, so that it becomes a 'heartbeat' of how you work. This will build energy and momentum for change in the system, and encourage people to trust that something new is possible and is happening. News doesn't have to be big news, remember – it simply needs to connect people with our vision and ambition, and keep that sense of urgency and energy alive.

Develop your own leadership Chairing / co-chairing an extreme team is a new role at Ayrshire and Arran, and will ask different things of you to any leadership roles you may have had before. Learning is fundamental to success, and core to our reform culture across our health and care system. It is important therefore to take care of your own development as a leader and do whatever you need to do to resource yourself in the role.

And – not a 'credit card between you' if you are co-chairs! If you are co-chairing an extreme team, it is mission critical that you work closely together and bring joint leadership to bear on the work at all times. This builds psychological safety in the Group, and also a lived experience of strong collaborative working. Take care to maintain equality in the relationship by sharing the chairing of the meetings, communicating equally in between and co-owning your messages and steer for the team. If you are drawn from different parts of the system it can put pressure on co-ordination of communication and decisions between you, so it is important to be extra disciplined about how you want to manage this.

Your work is about leading reform – creating a sustainable future for our health and care system for our citizens – and so all of these behaviours are essential in terms of building a solid foundation. No effort to do things differently is wasted, and every small difference can make a big difference. Make the most of your joint leadership to create something together and to bring your shared energy and diversity to the team so that you can all dare to succeed.

Commissioning Reform Activity in the Wider System as an Extreme Team: The Group Sponsor / Strategic Lead Relationship. How Does It Work?

What is the purpose of the Group Sponsor / Strategic Lead relationship?

As part of your 'extreme teaming' activity, you will – as a team – decide the areas of activity that you think are essential to deliver on your commission. Whilst you as the 'extreme team' hold the whole picture of reform activity, each specific piece of work will be owned by a member of the team, who will act as Group Sponsor for it and commission a Strategic Lead in the organisation to deliver it however they see fit. The Group Sponsor is responsible for maintaining oversight of an area of work 'from the helicopter' – ie knowing how that work is progressing, what's being delivered, what is needed in terms of support, and what the challenges are.

The purpose of each Sponsor / Strategic Lead relationship is threefold:

a) To deliver an area of the reform activity specified in the plan of an 'extreme team';
b) To spread the message of reform and build confidence in and engagement with change;
c) To build capacity and capability in the system in service of our vision and ambition.

The Strategic Lead for each area of work is commissioned by the extreme team to lead on a particular piece of reform activity *according to the specific brief that the extreme team has developed.* The Strategic Lead will then take charge of *how* they will deliver the brief, and will work with whomever they see fit to take things forward. **Strategic Leads can sit in any position in the organisation – they are not hierarchical roles.** They are identified on the basis that they are a good match for the activity and are well placed to take the work forward, and their authority to lead comes from the commission.

Once all this is in place the 'extreme team' holds the overview of all reform activity that you have agreed will deliver on your goal. Through your regular meetings and discussions, you maintain a live picture of what's happening and how it all joins up, and make decisions as a group as to what needs to be done where across the system. These conversations help to manage the unpredictability of this kind of work, and to come up with solutions to things that might be new to you. The 'extreme team' is also responsible, through the Chair(s), for providing assurance to the Commissioner of the work regarding progress and delivery.

What is important about the Group Sponsor / Strategic Lead relationship?

You are commissioning your Strategic Leads to lead a piece of work to deliver reform. This means that they will be stepping outside of normal ways of working and normal role relationships to do something different.
They need to feel safe, supported and *connected* with you, and with the purpose, vision and goal, so that they can take risks, experiment, learn, and draw on their assets and experience to do whatever the work requires.

This does not mean that you have to have all the answers, or 'do the doing', or get involved in the detail. What it does mean, however, is that you need to keep regular contact with your Strategic Lead, build the relationship, and keep a strong two-way communication between you.

As mentioned earlier reform work is uncertain, unpredictable and challenges the status quo. This might be unnerving for your Strategic Leads to start with. You cannot build safety through email and texting, although these have their place. Trust and safety are built through investing time in the relationship, and in ongoing conversations about the work. It is truly amazing how many complex and tough issues can be managed simply by people taking the time to talk with each other, and having Microsoft Teams available to us allows us to 'see' each other more frequently in addition to face-to-face relating.

Safety is also created through clear direction, parameters within which to work, timelines within which to deliver and structure *in terms of planned review slots and regular conversations*. This supports pace and energy to deliver. This is NOT the same thing as telling people what to do! It is up to your Strategic Leads how they take the work forward. The safer people feel with the structure they have and their relationship with you, the more enabled they will feel to simply get on with things.

A common response is to feel that there is not the time to invest in face to face and Teams contact with people in this way. This is mistaken. At the moment, an unprecedented amount of time is taken up with reactive working and crisis. As a leader the more you invest time in building safe, trust-based relationships geared to delivering reform, the less time you will need to deal with crisis, because better ways of doing things will take over.

Things to pay attention to

Invest time in the commissioning conversation

Again, you are commissioning reform activity, which hasn't been done before. The initial conversation to commission the work will need time and space, so that you and your Strategic Lead(s) can sit down together and properly talk things through. There will probably be a lot of questions, challenge and enquiry, and you don't have to know all the answers – indeed you *cannot* know all the answers! This is because reform activity takes you into the unknown – you are working to create new solutions to our challenges.

These early conversations are rich and fruitful in shaping the work even further and creating a platform from which next steps can be identified, whatever they are.

As Sponsor you need to stay clear about purpose, vision and goal of the commission, and bring the conversation back on course if your Strategic Lead gets tangled up in the status quo. It's also really important to be patient if the initial responses are that the work 'cannot be done'. Take the time to learn more about that person's thinking, *what they think the specific barriers are* and what the options would include for dealing with them, and what that would need. Once people get more specific, it tends to get easier to sort out what's in the way.

At the end of the conversation make sure you've agreed who is going to do what and when, and the date you will have your next conversation.

Structure in your regular conversations

Plan the time to talk and connect with your Strategic Lead in your diary. If you don't, it won't happen. If it doesn't happen, the work will not progress. Structuring time in this way removes stress, because everyone's commitment and availability is planned, and so you will be able to pick up and respond to what happens. This maintains the flow of information in and through the 'extreme team' too.

Keep a focus on delivery

A favourite cultural pattern is to talk a lot about things and then not do them, or to commit to doing things and then not do them. There are many reasons for this. Perhaps things are too big, too vague, too abstract, or not thought through enough. Perhaps people are not actually clear even though they say they are. Perhaps people don't have what they need. Perhaps they don't know how to prioritise or feel overwhelmed. Perhaps they are not gathering the right data or information and don't actually know what needs to be done. It could be anything!

As Group Sponsor, keeping track on progress of delivery is essential for your extreme team to deliver on your commission. The extreme team is collectively accountable for it, and for knowing what is in place to ensure delivery. This is where having a strong relationship of safety and trust with your Strategic Leads is so important. It will enable you *both* to ask straight questions, sit down to discuss tough issues and things that don't have an immediate answer, and find solutions to challenges.

It will also enable you to escalate anything that you have 'tried it all' with yet cannot solve – for example an organisational challenge that is much wider than the piece of work you are sponsoring and therefore needs a wider approach.

Above all, remember that leading reform is ultimately about people and relationships, and coming together to do what the work needs at the time it needs it.

"When I started out as a Sponsor, I thought it would be extra work. I was nervous of the commitment. Then I realised it IS the work. It all fell into place when I 'got' that I don't have to have all the answers. Actually, it isn't possible to have all the answers.

We work together to do what is needed. I loved our meetings and finding our way together. And I loved seeing the Strategic Lead grow in confidence and enjoy themselves in a role they hadn't experienced before".

"Trust is everything. If you don't build trust, and you don't communicate, you both just do what you've always done and pretend it's something else".

"There is very little you can't sort out by talking about it and making the time to connect. It's so simple, and yet we have got so out of the habit. Poor communication wastes time and energy, and slows things down".

"It can be scary to watch Strategic Leads doing things in ways that you wouldn't do them yourself. You worry about failure and being responsible. I found that when we talked regularly and kept in touch, it was easier to let go. It was also easier for me to say if I felt worried, because we knew where the other was coming from".

Building on what works

Our Respiratory 'extreme team' discovered that their Strategic Leads could function as a community of practice on behalf of the whole pathway, as well as leads of their own streams of improvement.

They embedded a structure of bi-monthly large-scale meetings, at which Strategic Leads and associated colleagues would participate, in order to discuss a theme or range of topics that had become relevant at that time. Sometimes these were exploratory, sometimes they were informative, sometimes they were consultative, and sometimes they were heavily pragmatic. Because reform work is emergent it was not always possible to predict the focus of the sessions in advance, and so dates were scheduled and prioritised by Strategic Leads anyway knowing that the subject would become clear in time. The Respiratory extreme team would clarify the focus and approach to the session a week to 10 working days in advance.

These sessions were well attended and highly energised, balancing time for cross-system discussion and focused development work, and making the most of having 'the system in the room' to generate new conversations. There were some surprising unintended outcomes too – our COPD app was an idea that emerged towards the end of one of the sessions, the development and implementation of which was progressed at pace by the extreme team in the days following.

This is just one example of the kind of creativity that you can implement in the 'reform space' – and the freedom to try things out and do things differently can be energising and liberating.

The more your Strategic Leads own, are enthused by and empowered to take forward reform work, the more energy there is available within the system to do things differently. We are used to hierarchical control as a way of 'getting things done', whereas the sponsor/strategic lead relationship is more like a partnership in which you are both dedicated in your particular roles to ensuring delivery. Communication and trust are the glue that bind this together.

In the following section we provide you with a 'tried and tested' structure of prompts for commissioning activity in the system as a Group Sponsor of an Extreme Team. We have found that when the Team takes the time to think these questions through, you are well set up to sit down with your chosen Strategic Lead and do the same with them. To have these written documents available in this way serves the dual purpose of a shared reference against which you can check in and update regularly, and share with your sponsors and commissioner as information as to how your work as a team is progressing.

Scoping and Commissioning Reform Activity Prompts for Use By 'Extreme Teams'

Activity identified

Part 1: Deciding the shape and direction of your commission

What is the purpose of the piece of work you want to commission, and what do you want it to deliver?

What are the planning assumptions or principles that you consider are important for this piece of work?

If it was successful, what is the evidence of impact you would expect to see? How does this deliver on your commission, and excellence as per the planning assumptions / principles you may have identified as a team?

What topics do you think you need to cover in the initial commissioning conversation you have? And if you were in your Strategic Lead's shoes, what might you want to talk about?

What kind of timeline do you think this work needs? If it needs to be phased, what would a first phase look like? (nb experience has shown that long, sprawling timescales do not work! Go for pace and momentum!)

How often will you and your Strategic Lead(s) meet so that you can build your relationship and maintain communication?

What regular review points will you set so that everyone's in touch with what's happening?

What kind of information / data do you think might be needed, to support the commissioning conversation? Where and how will you source it?

Who will be the Team Sponsor for this work?

And who will be the Strategic Lead(s)?

Part 2: What conditions are needed to ensure successful delivery of your commission?

What do you think would inspire and give your Strategic Lead(s) confidence to embrace this work, and how do you see your job as Sponsor in doing this?

What will they need to know about our vision, purpose and goal so that they understand that this is reform and will require change – maybe change they are not initially comfortable with? How might you help them to see its importance?

What challenges do you think they might face, and what support do you think will be needed to enable them to work with these? How will you go about helping them to name their challenges?

What challenges might you face as Sponsor, and how will you prepare / resource yourself to deal with these?

How will you make it safe for your Strategic Leads to enquire, challenge and test their thinking with you?

What will you do as Sponsor to help your Strategic Lead stay motivated and on purpose if they run into difficulties?

Extreme Team (aka Leadership Group): Notes for Guidance

As a member of an 'extreme team', you are a pioneer in Ayrshire and Arran's reform agenda and part of leading change to balance the four pillars, radically improve the experience of our staff and deliver on our Big Opportunity, *Caring for Ayrshire.*

As you will have read in other sections we are all on a learning curve here, and there is no 'one right way' for extreme teaming. Every team is unique with a unique commission, its own diversity of members, and its own ways of working. These notes are intended to serve as a guide and some pointers, so that you can step into this new space as an extreme team member and take up your role with greater confidence.

Ownership and communication of reform in the wider organisation As an extreme team you are charged with a commission to lead reform in service of a particular question and arena of activity that is mission critical for our vision and goals at Ayrshire and Arran. Part of your role as a member is to visibly and actively own this agenda in the wider organisation, and to communicate and engage others in respect of the team's work and its intended impact and benefits. This gets easier to do as the team's activity is clarified and agreed. The visibility of reform invites interest and curiosity, and starts to build trust and confidence in the possibility that things can and will be different. Do not underestimate your role and influence here, and the difference you can make in your own energy and activity on behalf of your team.

Whole system working and thinking Extreme teaming works across divisions, boundaries and silos – it is by definition diverse. You are not there as a representative of your profession / area / department, but as a leader of reform with a profile that lends the right diversity to the richness needed in that particular team. As such you own the entire activity of the team, whether it sits within what you know or not. This means that your voice counts on all issues, and your perspective on something you are not directly familiar with might be the one that notices something everyone else has missed.

Building of capacity and capability in the system via the Group Sponsor / Strategic Lead relationships, in order to deliver sustainable change The note 'Extreme Teaming: Leadership Group Sponsor / Strategic Lead Relationship: How Does It Work?' sets out what is required here.

Co-operate and work with the hierarchy as needed At times your work as an extreme team may need you to co-operate with the hierarchy in order to move things forward. This relationship is important, and not always easy to navigate because you serve different purposes in these arenas even though it is for the same goal. Communication is vital – and more than that, the right communication in the right way at the right time.

This strips out a lot of the confusion or misunderstandings that can arise through emails and texts, particularly as everyone is learning how to work with these new relationships and ways of thinking and working.

Support the chair/co-chairs to provide assurance as and when required Your chair / co-chairs will meet with the commissioner periodically to 'check in' as regards the progress of the commission, and to provide any assurance that might be required. As members of the team it is important to support the chair/co-chairs with this work, and make sure that information regarding any activity you are sponsoring is readily available when needed.

Model the culture and behaviours that are sought through reform Reform is the process through which the future emerges – rather than a process that *leads to* the future. This means that everything you do, everything you say, *is* the future – right now. Another way of saying this is that an extreme team is a microcosm of the future, 'living in the present'. The way you go about your business, the way you communicate, the way you lead, and the way you engage with each other and others in the system, therefore needs to be true to the changes the system is seeking to make. Your integrity and congruence in this will build ownership, engagement, trust and psychological safety in the system leave behind ways of doing things that no longer work but may currently still feel comfortable and familiar to people.

Participation in regular face-to-face and virtual meetings to progress reform activity. These can be weekly, bi-weekly and even daily, depending on what you build as a team. This is 'mission critical' to the success of reform. Regular communication and discussion builds relationships, psychological safety, trust and pace more quickly than anything else. Most people at the start worry about capacity, imagining that they will struggle to find this time 'on top of' other things they already have to do. Our experience has been that not only do people immediately re-prioritise when reform work starts, they actively find the time for extra meetings so that they can create additional pace and drive in the work. Some have reported that the meetings are the highlight of their week! Meetings are variously reported to be dynamic, active, focused, fun, challenging, messy, tense, and relaxed, usually with lots of food and lots of learning! We now have Microsoft Teams available to us which brings in an extra dimension of fast, fleet-of-foot connection. Your participation and contribution is fundamental to success, your voice counts, and your energy makes a difference. No matter how often and for how long you meet, you will find that hours and hours of wasted time is saved, and that you will gain from this commitment in ways that are hard to foresee at the start.

Follow-through to delivery The purpose of liberating reform activity from normal hierarchical controls is to enable work to be initiated, progressed and followed through to delivery ***at pace*** without unnecessary impediment. Extreme teams / leadership groups are therefore responsible for ensuring that work *is* followed through to conclusion, and doing whatever is required to enable this to happen through your Strategic Leads. Sometimes the way forward won't be obvious, and this is where you need to take issues back into your Group to problem-solve together, or make the time to sit down with your Strategic Leads or other stakeholders to think something through.

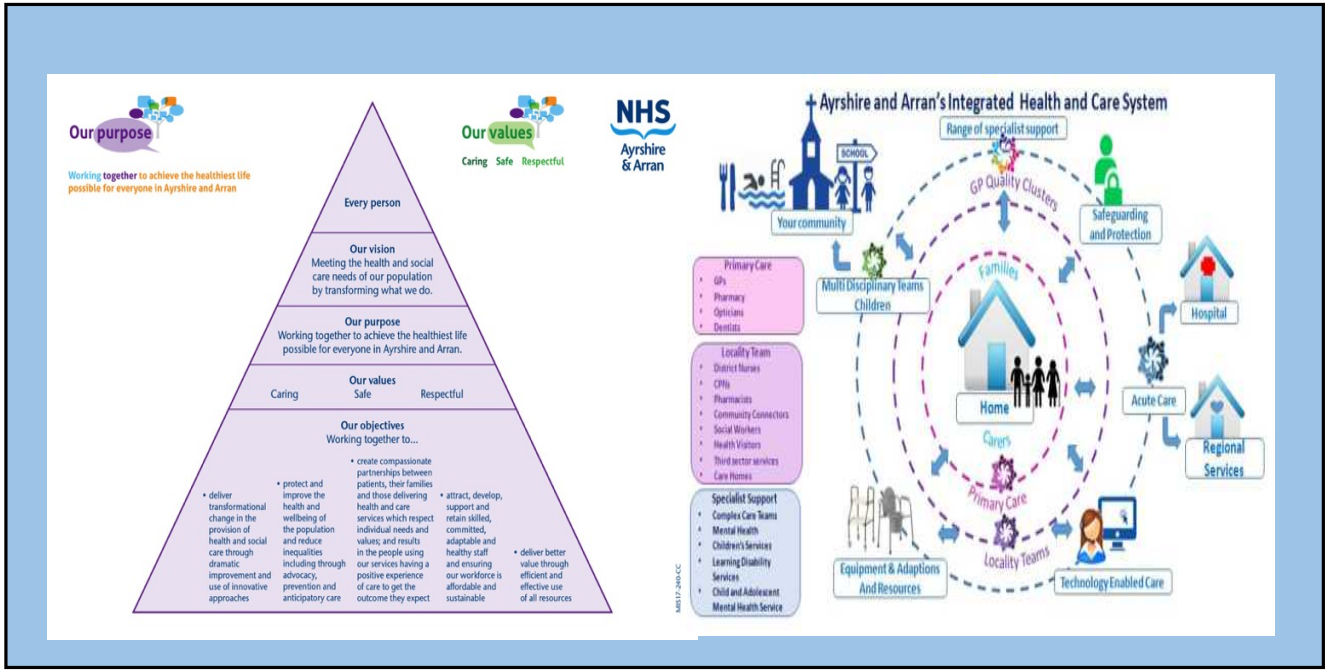
There's no blueprint or rulebook here – you are free to use your experience, wisdom and knowledge to find the best ways through, and to encourage and enable others to do the same.

On the next page, you will see Ayrshire and Arran's Decision Framework.

We created this to help our extreme teams think through your recommendations and propositions for reform that you want to take into discussions with the hierarchy. Our experience has shown that this framework supports extreme teams to develop their thinking with depth and rigour, and has helped them hold a strong line of sight to what they want to do and to demonstrate how and why they think it will deliver the reform and innovation we need. The document then serves as a very well developed reference for discussion, learning and progress of the work.

NHS Ayrshire & Arran Decision Framework

Decisions must be tested against the "Common Purpose" and the Model of Care



Before You Start
Does your idea align with and enable our Common Purpose and Model of Care?
Is it mission critical – i.e. high impact? How do you know?

If you're confident that your answers to the above are 'yes', then move on to the following:

Your scenario so far
What is it you want to do / progress / implement?
What would be the evidence of high impact, and on what basis do you think these improvements would be sustainable?
On what evidence or information are you basing your hypotheses?

Is your idea still mission critical?

Testing and developing your thinking: step 1
Can you show where and how what you are proposing impacts on the system as a whole, and where major changes might lie?
How is your thinking innovative, and/or different from previous approaches/solutions?

Is your idea still mission critical?

Testing and developing your thinking: step 2
How does your idea make the most of our existing assets, resources and expertise in service of high quality impacts for citizens and staff?

How does your idea meet the best value test?
If you are recommending an 'invest to save', how and where in the system will assets/resources be released, and how is this of benefit in the longer term?

Who will the key participants be in making your idea happen, and what conditions will be needed to enable the work?
What risks have you identified, and how will these be managed?

DECISION

Hierarchy and extreme teaming – working in the space between

Extreme teaming takes place outwith the hierarchy, which is why it is an effective way to empower and enable delivery of innovation at pace.

It doesn't *replace* the hierarchy, however. The hierarchy performs a vital ongoing role in maintaining operational grip.

In a large, complex system like ours neither function can exist without the other. Both perform an essential and valuable role.

Hierarchy and extreme teaming are not mutually exclusive, therefore. Whilst each is distinct in its role, what it delivers, and how it delivers it, they are interdependent and need to work together as and when appropriate to ensure delivery of reform. At times, this relationship will be in tension. This is not wrong, the fault of either, or a sign that 'things are not working'. It is simply a natural consequence of qualitatively different functions coming together. Any tensions that emerge are a signal and opportunity for dialogue, seeking understanding, negotiation and shared agreement as to how issues need to be taken forward.

It is important to realise that those in the hierarchy that are new to extreme teaming may feel unnerved, uncertain and anxious when they are party to activity and decision-making that is not within their control. Similarly those in extreme teams may feel anger, frustration and resistance if they perceive the hierarchy to be attempting to control or 'performance manage' their activity. Both reactions are entirely understandable and to be expected in a situation where everyone is learning, and everyone has something at stake in what they are trying to do.

When these tensions emerge, the most important thing is to step *in*, meet each other and communicate, rather than step *away* and allow beliefs and stories about each to kick in and spiral. A good question to ask might be, "what does the work need here?" or "what is the work asking of us here?" or "what's the next right thing for me to do to make a difference here?" This usually surfaces a number of issues, which will be relevant for both hierarchy and extreme team. It also cuts across any temptation to escalate our emotions and try to guess what the other is thinking by shifting our focus onto our shared endeavour and what is needed next in both functions to move through any current challenges.

Timely, considered communication in the right place at the right time is therefore key in this relationship. You will find that our cultural habits of "speed=best" and over-reliance on emails and texts tends to create miscommunication, waste time and energy, and play out in unnecessary interpersonal tensions, creating problems that then need time and space to be resolved. It is far more effective to invest that time and space up front by communicating in the most helpful way to ensure messages and questions are clear.

Building Psychological Safety

(Please see Amy C Edmondson (2019), *The Fearless Organisation: Creating Psychological Safety in the Workplace for Learning, Innovation and Growth.* John Wiley & Sons, Inc)

As mentioned many times throughout this Handbook, psychological safety is fundamental to the success of extreme teaming. To build psychological safety in our teams is therefore a core leadership responsibility.

The most important dimension of our work is *to be able to talk about, and respond to, what is happening in reality, in the right place at the right time.* This enables us to stay on course, keep pace and focus, and work together to create solutions to the challenges we encounter. This might sound obvious, but as humans we will often do anything to avoid it! – and often completely out of awareness.

Perhaps you have heard, or experienced yourself, examples of the following:

> *"We knew that at the time. Why didn't anyone say anything?"*
>
> *"The signs were there all along. Somehow we didn't see them".*
>
> *"I didn't dare say it. It felt too obvious, like I had missed something everyone else knew".*
>
> *"I didn't want to look stupid".*
>
> *"Everyone else seemed to know things I didn't".*
>
> *"Something didn't feel right to me. I wish I had said something, because I found out later I was right".*
>
> *"I didn't bother saying anything. No-one would have listened anyway".*
>
> *"I knew something wasn't right, but it wasn't my subject area and I didn't want to risk offending people".*
>
> *"If I had opened my mouth I would have risked retribution or someone getting back at me later".*
>
> *"But they are a senior person! I can't challenge a senior person in my role – it wouldn't be right".*

These are all examples of situations in which there is insufficient psychological safety for people to trust their own experience, and each other, enough to do what the work requires. A lack of psychological safety is not necessarily because people don't care, or intend that these things should happen. It suggests that people do not spend enough time building and sustaining the *conditions* for it – usually because 'there is too much to do', 'it takes too much time', and so on.

Psychological safety is the foundation on which everything else rests. It is the 'beating heart' of our ability to do the right thing in the right place at the right time, for our staff and our citizens.

To build and sustain psychological safety is the most important work you will do as a leader, and in the end, what will save you time and energy as you tackle complex challenges.

The following elements are essential:

- **Maintaining an unequivocal line of sight to our purpose, direction and intended outcomes.** What binds us all together, in the end, is our vision, purpose and common goal. The more complex, unpredictable, ambiguous and fast-paced our environment, the easier it is to lose sight of these, particularly in the face of tough challenges. This is when work can become fragmented, disconnected and conflicted, which plays out in our interpersonal relationships.
  As you will have read earlier, the greatest source of an 'extreme team's' strength is its diversity. Yet if there is not enough psychological safety, this same diversity can be what gets in the way, because people cannot find enough common ground to stay connected.

  Vision, purpose, direction and intended outcomes are your common ground, together with strong communication. As a leader it is mission critical to build engagement, ownership and participation in these. It is the backbone of your work, and the rudder with which you will navigate and hold course through uncertainty, and build trust and ownership of a shared agenda.

- **Encouraging and supporting open-ness of debate, contribution and perspective**. At times your discussions will be extremely crunchy due to the diversity referred to earlier – yet this crunchiness is the meat of our ability to be innovative. Conflict and tension is to be welcomed, *when it is respectful and in service of our work*. People can understandably feel very emotional and impassioned about their perspectives, and as a leader it can be a delicate balance to support expression of this whilst containing the potential for it to get personal.

  Conflict and disagreement is not about our worth as individuals, or perceived rights and wrongs of our personal views about things. It is the point at which different worldviews bump into each other. Our focus as leaders needs to be, "how can this conversation serve our work and what we want to deliver together"? Our culture at the moment can be conflict-avoidant due to our tendency to take things personally, and so our ability to keep returning to the work, and what the work needs, will help us to build resilience and skill in these discussions.

  Open-ness includes anyone of us being able, no matter our role or position in the hierarchy, to observe and call out our experience openly - even if we are the only person in a team / room / situation to be thinking or feeling this way.

You might be the one person who has caught something everyone else has missed, or the one person who has information that is vital to progress yet has been overlooked or discounted for some reason. Psychological safety is what makes it possible for someone to speak out and be heard, even if the information is disruptive or challenging. Our values of safe, caring and respectful are fundamental here, and our question – how might / how does this serve our work?

- **Maintaining transparent, consistent and responsive communication**. In order to feel safe it is important that communication is open, and that it is done in a considered way. Many of us work in a reactive or crisis-oriented environment and so our culture is to fire off emails and information habitually 'as it happens', often unwittingly, rather than take the time to speak to people when this would actually deliver a far better outcome. This can be confusing and even feel undermining for people when we are seeking to embed a proactive culture of planning and joint working, and in the early days, can unwittingly undermine confidence in the work.

  Everything we do as leaders makes a difference. Part of our role with communication is – again – to keep returning to what it is we want to achieve, and to choose the most appropriate way of doing it. The volume of communication we all experience in the 21st century is so intense that many of us feel we do not have the time to invest in face-to-face communication, or to lift the phone. If we believe this we are not seeing our reality, which is *the amount of time we all spend in dealing with the consequences of not communicating directly*, and the loss of trust and responsiveness that follows.

  Communication is the fabric of our connection, and the foundation of trust. It is the first improvement people usually want to make in any kind of development work, and the aspect of organisational life that comes in for the most criticism. It is something we can improve immediately, with profoundly positive consequences, simply by each of us choosing to do so.

- **Staying focused on reality.** By definition, a reactive/crisis culture is full of stories and behaviours around drama, catastrophe, shroud-waving, blame, helplessness and defensiveness. If this is familiar to you then your leadership role is very much around holding an overview of what is happening such that everyone's perceptions and lived experience are taken into account, yet do not supersede the facts and wider context of the situation. Furthermore it is important to bring people back to a place where options and possibilities for intervention can be identified and assessed. This re-ignites ownership of the situation, agency and power / responsibility to act.

  As this culture is built over time in our teams, they will recognise their own pattern of crisis and be in a position – there and then – to choose different responses. If fear / panic / dogmatism / adversarial thinking sets in, a good place to start is usually with helping people to identify the facts of the situation and the evidence they are basing these on. This calms the situation and invites clearer thinking.

Our vision of delivering the right health and care in the right place at the right time is all about being able to notice and respond to reality. 'Calm heads', clear thinking, good communication and strong relationships make this possible.

- **Experimentation and learning, including from failure** Reform is about innovation and doing things differently. We cannot know in advance what the impact of our activity will be, even with the best hypotheses and data available. A critical element of psychological safety is, therefore, a commitment to learning from what happens no matter what happens, and avoiding blame / shame if something doesn't work. Everything is learning, and sometimes the most disastrous seeming events can play out in unexpectedly fruitful consequences – nothing is black and white. The main thing is to keep noticing and talking about how something is playing out, and acting in a timely way if it becomes clear that a change of course is needed.

- **Building our resilience.** Reform does not go in straight lines. There can be sudden, swift and surprising shifts in the work, there can be incremental shifts, and there can be long periods where nothing seems to be happening – and all of this at once. None of this is right or wrong, it is simply what is happening – and our job as leaders is to work with this and stay focused on our vision, purpose and goal.

  Part of our responsibility and accountability is to resource ourselves to do this, and to build our resilience. If we take an assets-based approach to this, it means putting the conditions in place that we need as leaders to respond healthily and effectively to what our work requires of us in our roles, and to do whatever we need to do to look after our personal energy and wellbeing. In doing this we empower ourselves to keep perspective as things shift and change, and are therefore more able to stay connected to our vision, be flexible in our thinking, and make the right decisions at the right time.

  It is important to remember that our own resilience as leaders is part of our organisational resilience, which is our capacity to adapt to what happens and find creative solutions to any challenges we face.

Communication, Communication, Communication

Whenever a piece of development work is done in an organisation, or we take the time to reflect on how we are working, the subject of communication is nearly always called out as something that needs improvement. And when the going gets tough it can so easily be what lets us down, because we haven't invested enough in the practices, mechanisms and ways of working that we know build trust, psychological safety and resilience.

As leaders of reform, attention to communication is probably the most mission critical investment you will make. Communication is what enables us to notice, pay attention to and respond to reality – and therefore to make the right decisions in the right place at the right time. It is the foundation on which trust and psychological safety are built. It is what connects us as people, maintains and strengthens our relationships, and enables us to flex and adapt when things come left field and need us to think on our feet. And it is what fuels our motivation, energy and commitment to staying on course when we hit inevitably tough patches in our work together.

A hazard of organisational communication is that it becomes habitual, and driven by our culture – not only in our organisation, but in our wider society also. We confuse speed with effectiveness, and volume with efficiency. As we experience greater pressure we automatically favour email and texting because it is convenient, without asking ourselves whether it is the best and most helpful way to do something, and how the recipient might experience what we are sending. We forget what communication is *for,* and simply focus on getting it *done.* This has the contradictory effect of creating more pressure for us over time even though it seems at the time to be more efficient. This is due to loss of relationship, loss of trust, miscommunication, over- and mis-information, and eventually a pervasive sense of disconnection and loss of shared value and respect.

If we go back to thinking four pillars, good and considered communication is an investment in and valuing of all four. As you will have read in 'No Master Builder' earlier, Atul Gawande identified that communication in a complex system – and therefore in our reform work – needs to operate at two levels at the same time. One is about the work, and maintaining at all times a shared, *live* sense of what is happening, when, where and how, so that all concerned can make real-time decisions and act as required. This can be dynamic, informal and straightforward as well as though more explicit formal processes. The other is equally important, and is about relationship building, trust and *psychological safety.* It is this latter emphasis of communication that is the point of success or failure for modern systems.

Our commitment to communicating effectively, and to building trust and psychological safety, is mission critical for our success – and therefore to our ability to balance the four pillars and deliver *Caring for Ayrshire*.

If this feels like more work, or as if it will slow everything down and you will become overwhelmed, think of it this way. Our experience of extreme teaming has shown that teams that put communication first tend to be motivated, purposeful, supportive,

resilient and have deeper levels of trust. They have more fun and are less disturbed by setbacks and failure.
They waste less time. They find it simpler and more straightforward to solve problems even if those problems are tough or messy, because people want to invest the time to do it.

Our culture of speed and volume has become a habit. Just because it's expected, doesn't mean it's right.

What's right is what the work needs, and our reform work gives us a unique opportunity to ask this question afresh.

Enquiries and Questions?

Who to Contact

Please contact the Daring to succeed Mailbox as detailed below, with any enquiries or questions.

aa-uhb.daringtosucceed@nhs.net

Our Daring to Succeed Athena page is accessible through the Chief Executive's Athena site at:

http://athena/corporate/Pages/Default.aspx

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NORTH AYRSHIRE
Health and Social Care Partnership

Agenda Item 9

Integration Joint Board
17 December 2020

Subject:	**Distress Brief Intervention Update**
Purpose:	To update on the progress of Implementation of the Distress Brief Intervention Service
Recommendation:	IJB to endorse and approve the implementation of the plan to support DBI across Ayrshire

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
DBI	Distress Brief Intervention
SG	Scottish Government

1.	**EXECUTIVE SUMMARY**
1.1	In support of the expansion of the Distress Brief Intervention Service (DBI) programme, the Scottish Government have established a DBI Associate Programme with partners and/or regions of Scotland who wish to become part of the DBI programme and embed the principles of DBI within their services. Recent support from the National DBI team has resulted in Ayrshire and Arran becoming an associate to the National programme. As a result of this exciting opportunity, the National Programme have committed to supporting developments in Ayrshire and Arran with £100k per year over the next 2 years contingent on a similar commitment made by Ayrshire and Arran.
1.2	This report seeks to provide an update to the implementation of a local Ayrshire wide service and the timescales attached. It will also report on the national DBI response currently open to citizens of Ayrshire and Arran.
2.	**BACKGROUND**
2.1	For the purpose of the DBI programme distress is defined as *"An emotional pain which led the person to seek help and which does not require further emergency service involvement",* This includes people who may not directly seek help themselves, but who are referred for assistance by others because of their perceived distress. The DBI 'ask once get help fast' approach has two levels: **DBI Level 1** is provided by front line staff (NHS24, Emergency Departments (ED), Police Scotland (PS), Primary Care and Scottish Ambulance Services (SAS)), who have received the DBI Level 1 training, produced by University of Glasgow, who ease

	the person's distress, provide a compassionate response and involves an offer of a seamless referral, with confidence and clarity to a DBI Level 2 service. **DBI Level 2** is provided by commissioned and trained third sector staff who contact the person within 24-hours of referral and provide compassionate, problem solving support, wellness and distress management planning, supported connections and signposting for a period of up to 14 days – reducing both immediate distress and empowering ability to manage future distress. The person's GP will be notified of the outcome of referral by the DBI service.
2.2	The overarching aim of the DBI programme is to provide a framework for improved inter-agency co-ordination, collaboration and co-operation across a wide range of care settings, interventions and community supports, towards the shared goal of providing a compassionate and effective response to people in distress improving experience and outcomes for those experiencing distress and those providing support.
2.3	The Scottish Government (SG) is focused on improving responses to people in distress. The DBI programme emerged through direct engagement with citizens who have experienced distress, front-line service providers and literature review. The SG established the DBI programme, which is hosted and led by South & North Lanarkshire H&SCP's, via a DBI Central Team and has been tested, developed and continuously improved in Aberdeen, Inverness, North and South Lanarkshire, Scottish Borders and more recently Moray. Many other parts of Scotland are engaged with DBI through the associate programme, benefiting from the knowledge, infrastructure and tools developed. The vision, collaborative culture and programme infrastructure has been harnessed in support of the effective delivery of the DBI COVID 19 response programme, at pace and scale which now sees national access to DBI for anyone over 16 who contacts NHS24 and where DBI referral is appropriate. The local provider for Ayrshire and Arran residents is Penumbra.
2.4	Through the national COVID 19 response accessed through NHS 24, the referrals from mid-June to 29/11/20 are as follows: Ayrshire & Arran total referrals as of 29/11/2020 = 111 East Ayrshire = 27 North Ayrshire = 52 South Ayrshire = 32 There have been approx. 1200 referrals across Scotland from NHS24 since mid-June. Given Ayrshire and Arran is approximately 7.4% of the Scottish population but has a referral share from NHS 24 of around 9.25%, it is anticipated that there could be a higher than average demand for the local service. It is therefore important that the programme is delivered at a measured pace in order to avoid overwhelming the service and compromising the chances of receiving a response within a 24-hour period.

	The high level of referrals for DBI attributed to North Ayrshire reflects the high level of demand for statutory Community Mental Health (CMHT) provision in North Ayrshire compared to South and East Ayrshire. In October 2020 for instance the referrals for CMHT were attributed as follows: NCMHT: 173 referrals ECMHT: 149 referrals SCMHT: 124 referrals There has been an approximate 25% increase in demand for statutory Mental Health Services across Ayrshire during the pandemic with a higher degree of complexity and acuity compared to previous years. This also reflects the high level of increasing demand for mental health services reported at a national level. The DBI programme when fully established will provide essential component of prevention and early intervention approaches at a community level.
3.	**PROPOSALS**
3.1	**IJB to approve the implementation of the plan to support DBI across Ayrshire** Penumbra have now successfully been commissioned through NAHSCP to deliver DBI to all residents of Ayrshire and Arran through two pathways in the first instance. It has been planned to develop, test and incrementally upscale a direct referral pathway from Primary Care and NHS Emergency Departments within the next year.

	Following the first phase of implementation, further pathways for Police and ambulance service will be developed. The contract with Penumbra runs until March 2023. Penumbra are currently engaged in a recruitment programme including a dedicated service manager as well as practitioners and peer workers. Alongside that, training for Level 1 providers will be progressed. Individuals for this training are likely to be identified from Primary Care in the first instance. It is hoped that the service may start to receive referrals in the new year.
3.2	**Anticipated Outcomes**
	By offering this service at the earliest opportunity and within 24 hours of referral it is anticipated based on delivery of this programme in other areas that crisis can be resolved without the intervention of secondary care services. Individuals can be supported through this period of uncertainty with practical support without medicalising a normal response to stress.
3.3	**Measuring Impact**
	A robust set of measures have been agreed with Penumbra through the commissioning process. In addition, the national programme will expect a regular update on progress of the programme.
4.	**IMPLICATIONS**

Financial:	The service has been funded in part from the Action 15 funding allocation and in part directly from the Scottish Government through the national DBI Programme. Funds are committed until March 2023.This includes £200k from SG and £300k from Action 15 Funding pot
Human Resources:	No implications for NAHSCP staff. Penumbra have been commissioned to deliver the service and are engaged in a recruitment programme to facilitate the service locally.
Legal:	N/A
Equality:	People affected by mental health are an equalities groups and require appropriate levels of support. This programme improves access to support for vulnerable people. An Equalities impact assessment has been completed.
Children and Young People	DBI is currently open to individuals 16 and over. Glasgow University are currently researching the benefits of the programme for under 16's and a report is due in the next six months.
Environmental & Sustainability:	The implementation plan will explore sustainability issues.
Key Priorities:	This programme links to the national and local priority around suicide prevention and is a key action in Every Life Matter action plan.
Risk Implications:	The contract with Penumbra runs until March 2023. At this time, it is anticipated that there should be clearer direction from Scottish Government as to the sustainability of the national programme. The issue of non-recurrent Scottish Government monies is a risk for this work and a recurrent amount of £300,000 is required beyond year 2 of the programme.

Community Benefits:	Increased range of choice, opportunities and access to services at a locality level

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

5.	**CONSULTATION**
5.1	There have been considerable consultations with teams from North, South and East Ayrshire with the Scottish government to take forward an appropriate Brief Intervention service. In addition, a stakeholder event was held at Dumfries House in March of this year. A DBI Steering group has been established with wide representation across Ayrshire.
6.	**CONCLUSION**
6.1	The Implementation of the DBI closes a gap in the support available for people who are experiencing mental health distress, and this is welcomed across Ayrshire and Arran.

For more information please contact Thelma Bowers, Head of Service, Mental Health on 01294 317849 or thelmabowers@north-ayrshire.gov.uk

Penumbra is uniquely experienced to confidently lead, manage and co-ordinate the development of the DBI associate programme in Ayrshire and Arran. Penumbra has been engaged with DBI from the start having submitted a bid in 2016 and being selected from 19 applicants to lead the implementation and development of DBI in Aberdeen City. We launched the Aberdeen DBI service in October 2017 and extended to include 16- and 17-year olds in 2019. In 2019 we launched the first (and to date the only) DBI associate programme in Moray.

The 2020 COVID 19 pandemic saw the Scottish Government implement DBI (Covid) with a new referral pathway via NHS24. Penumbra was asked by Scottish Government to provide this service across Grampian, Orkney, Shetland, Tayside, Lothian and Ayrshire & Arran, which in total, represents about 43 per cent of the population of Scotland. Penumbra were able to implement this response to the pandemic within 6 weeks by seconding and training existing staff and utilising our existing DBI operating procedures and practice.

The proposed Ayrshire and Arran service will be an associate partner to the national DBI programme, promoting strong partnership working and a collective compassionate approach to responding to distress.

- Penumbra has been delivering services in North Ayrshire since 2005. We currently provide a Peer support service and a support service for people experiencing or affected by self harm. We have developed good partnership working across North Ayrshire.
- Penumbra has significant links with a wide range of community services in North Ayrshire and through our DBI (Covid) staff have been developing similar links in South and East Ayrshire.
- Penumbra established the Aberdeen City DBI partnership group and continues to chair and manage this regular meeting of key staff/stakeholders.
- Penumbra has staff who have been trained and accredited by University of Glasgow to deliver Level 1 and Level 2 DBI training
- Penumbra has a 100% record of responding to referrals within 24 hours
- The referral form used across all DBI services was based on Penumbra's First Response service referral form.
- As members of the DBI National Programme Board we have established strong links with the national DBI leads for Police Scotland and the Scottish Ambulance Service.
- We were chosen as the first pilot area to test the Primary Care pathway.
- Penumbra has established systems for DBI to be delivered by telephone and online during Covid 19. We are using Near Me for video calls.
- All Penumbra DBI staff are supplied with a secure smartphone and encrypted laptop allowing remote or home working.
- Penumbra is unique amongst all current DBI level 2 providers as half our DBI workforce are Peer Practitioners (people with their own experience of mental ill health and recovery).

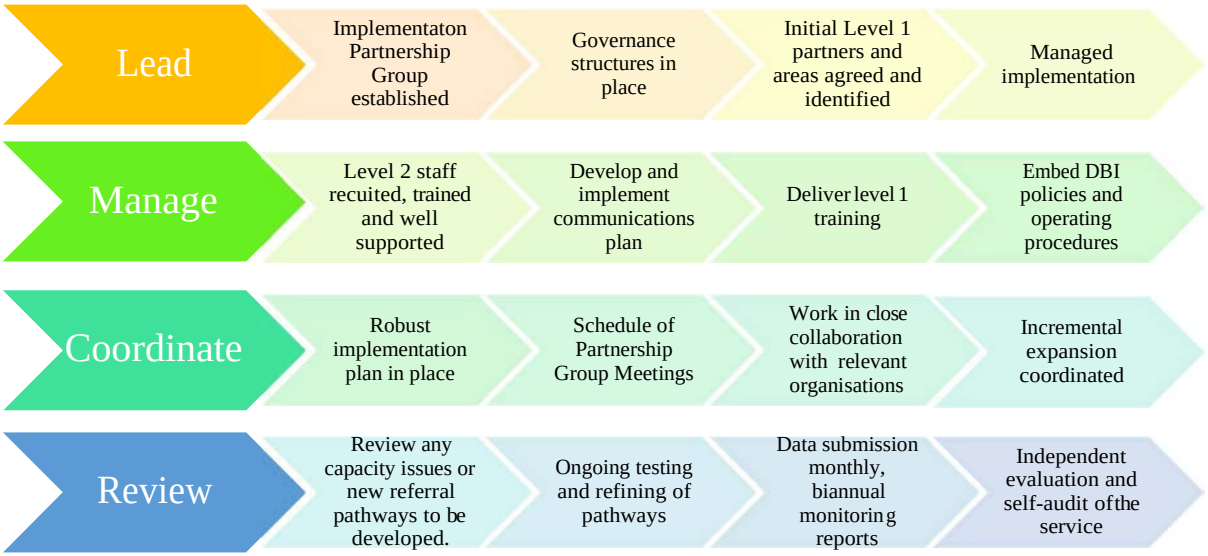
The service will be supported by our established office in Ardrossan. We are very aware of large geographical scope of this service and propose that the staff are recruited from across the area and use a combination of home working and satellite bases. We will source the use of meeting space/satellite bases that we can lease/hire across Ayrshire and Arran. Our self harm support service regularly visits Arran and accesses community space there. Initially all DBI responses will be via telephone or online, due to Covid 19 guidance, but we will keep this under regular review along with the local partnerships and implementation group. Delivery will be tailored to specifically meet the needs of the Ayrshire and Arran geographical area.

Service Initiation

An Implementation Partnership Group with representatives from NHS A&A, East, North, and South HSCPs, Primary Care, Police Scotland, Scottish Ambulance Service will be established. We have an existing DBI memorandum of understanding for partners to agree.

We understand that initially the DBI service will be delivered via Primary Care and Emergency Department pathways. We will ensure access to online and/or face to face Level 1 training. Drawing on the experience of implementing in other locations. Operational roll-out will use a phased approach; affording time to evaluate at each stage. Our experience tells us that a minimum of 8-12 Level 1 referrers would need to undertake and complete Level 1 training in order to launch a referral pathway.

Penumbra is experienced at delivering Level 1 and 2 training, both courses having been developed by the University of Glasgow. Level 1 training is e-learning supported by buzz sessions and/or group learning. Level 2 is a three-day group learning session (we have successfully delivered Level 2 training to staff online, using videoconferencing, during the Covid 19 pandemic). Both training levels focus on ensuring a compassionate and supportive approach to the person experiencing distress. Practical elements such as how to make and process/manage a referral and collecting data are also covered in the training.



Stakeholder

Penumbra's development of the service will be a collaborative multi-agency approach, working closely with all stakeholders to ensure the most effective service is established and maintained.

Penumbra actively engages with Third Sector organisations for possible signposting/connecting of supported people and will have in place appropriate escalation procedures within each HSCP for any supported person who we feel is at increased risk to their personal safety and wellbeing.

Penumbra has an establsihed memorandum of understanding for partners in the implementations/stakeholder group and has information sharing agreements with Police Scotland and NHS24. We will ensure appropriate management and security of all personal data. We envisage that NHS Ayrshire and Arran will be able to arrange for the DBI service to have a NHS.net email account to ensure secure referrals.

Our existing DBI (Covid) work in the locality means we already have established a database of local resources and have good existing connections including Simon Community Scotland, The Richmond Fellowship Scotland and local community centres.

Carers/significant others are invited to engage with support should the supported person wish.

Aberdeen Implementation example

Launched by the Scottish Government in November 2016, the DBI Programme formally started in April 2017 and is being piloted until March 2021. Four test sites have been established across Scotland, with Penumbra acting as the lead agency and DBI Level 2 provider in Aberdeen City.

Aberdeen DBI provides a collaborative, co-ordinated and cooperative framework within which to respond to distress, across frontline services and support providers in the city.

An Aberdeen DBI Implementation Group was established by Penumbra, affording partnership working with local representatives from Aberdeen HSCP, Police Scotland, Accident & Emergency, Scottish Ambulance Service and Primary Care. Partners are also connected and supported by the National DBI Programme and attend the twice yearly DBI Gatherings.

- Level 1: Provided by frontline Aberdeen DBI Partners. The intervention provides a compassionate response to distress, signposting and the offer of a referral to DBI Level 2.

- Level 2: Responding within 24 hours, Penumbra provide a 14-day supportive intervention focusing on self-management of distress, community-based problem solving, developing distress management tools and signposting to community assets and relevant agencies.

Penumbra DBI Aberdeen were identified by the DBI Programme Board to pilot the Primary Care pathway. This was achieved by building strong links with the GP lead for mental health for Aberdeen. We developed a video (https://www.dbi.scot/resources/videos/) showing how DBI worked featuring a GP referral. We then developed the Police Scotland pathway and following the training of over 100 police officers we targeted the city centre area for initial referrals from Police Scotland. Subsequently we operate all 4 DBI referral pathways and continue to train Level 1 referrers.

As lead organisation, Penumbra provides Level 1 partners with training and additional 'buzz' learning sessions to support awareness and the required knowledge base to respond appropriately and compassionately, understand what an appropriate referral is and how to practically make a referral.

All referrals are made electronically through a DBI Aberdeen NHS email account. All DBI Level 1 partners have signed a Memorandum of Understanding and have information sharing agreements supported by their organisational leads/departments.

The DBI service works collaboratively with statutory provides, third sector and community support. For example, we have developed strong connections with Rape Crisis and Women's Aid in Aberdeen as we have connected a number of people to their services.

Physical distancing restrictions have called for DBI Aberdeen to be flexible in our approach. When lockdown was initially implemented, we switched to phone support and then integrated the "Near Me" video conferencing. The staff team assisted each other to access and practice. Staff practiced as both practitioner and person using the service. This allowed staff the time to gain confidence using the platform and they are now regularly using the tool to facilitate appointments.

Despite the pandemic we have continued throughout to offer a response within 24 hours and provide up to 14 days of support.

Our success in Aberdeen has led to us being the first associate DBI partner. We have now launched the Moray DBI and are also providing DBI (Covid response) across Grampian, Orkney, Shetland, Tayside, Lothian and Ayrshire & Arran.

NORTH AYRSHIRE
Health and Social Care Partnership

Agenda Item 10

Integrated Joint Board
17 December 2020

Subject:	Name for the National Secure Adolescent Inpatient Service (NSAIS)
Purpose:	To seek approval for the name that was voted for the National Secure Adolescent Inpatient Service.
Recomme ndation:	Members of the IJB are asked to • Note that the name selected through a public and staff vote for the National Secure Adolescent Inpatient Service was "Foxgrove" • Approve of the name of "Foxgrove" for the National Secure Adolescent Inpatient Service

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
NSAIS	National Secure Adolescent Inpatient Service
HSCP	Health and Social Care Partnership
IJB	Integrated Joint Board

1.	**EXECUTIVE SUMMARY**
1.1	A media campaign to choose the name for the new 12 bedded National Secure Adolescent Inpatient Service facility on the grounds of Ayrshire Central Hospital, was launched in July 2020 The facility will admit adolescents with a range of complex mental health difficulties and risk, which cannot be managed within other mental health services in Scotland.
1.2	A list of four names were shortlisted in order to name the facility with the help of the projects Public Reference Group and the Irvine Youth Forum. Views were encouraged particularly from young people to vote for one of the four choices which took place in August 2020. The choices were: • Aspen • Carduus • Foxgrove • Parkland View
1.3	The name that received the most votes by the public was "Foxgrove". The projects steering group and project board have approved the name "Foxgrove" and now seeking approval from the IJB
2.	**BACKGROUND**

2.1	A new 12 bedded National Secure Adolescent Inpatient Service facility for young people aged 12 to 17 years is proposed to be built on the grounds of Ayrshire Central Hospital, adjacent to Woodland View. It will admit adolescents with a range of complex mental health difficulties and risk, which cannot be managed within other mental health services in Scotland. Provision of a Scottish facility for vulnerable adolescents who require a secure inpatient services will result in the patients identified being cared for nearer to home in a facility that will provide appropriate care, treatment, therapies, security, and age appropriate on-going education. It is hoped that the build of the facility will commence early spring 2021. Dr Helen Smith is one of only 2 psychiatrists dual trained in Child and Adolescent Mental health and Forensic Psychiatry and is also the Clinical Lead for the West of Scotland CAMHS Network and Chair of the Royal College of Psychiatrists in Scotland Executive Committee as academic secretary. She has worked as a consultant for nearly 10 years, initially as a consultant in the North of Scotland Young Person's inpatient Unit (YPU) and then latterly in the NHS Greater Glasgow and Clyde (GGC) Forensic CAMHS team. Dr Smith was part of the team that co-authored the newly released Secure Care Standards for Scotland and was part of the Expert review into the mental health services in Young Offenders Institute Polmont. This review was requested by the Minister of Justice following a number of fatal incidents in the institute. A list of four possible names were shortlisted with the help of the projects Public reference group and Irvine Youth Forum. The proposed names focused on nature to reflect the building's surroundings. The choices were: • Aspen • Carduus (pronounced "kar-do-us") • Foxgrove • Parkland View A short online survey was circulated with particular interest to get the views of young people throughout Scotland. This was done with help from Young scot to promote the survey to secondary school aged youngsters throughout Scotland. The vote for the naming of the facility was closed on the 31st August 2020 and the name that received most votes was "Foxgrove" The projects steering group and project board have approved the name "Foxgrove" and now seeking approval from the IJB
3.	**PROPOSALS**
3.1	It is recommended that the IJB • approve the name of "Foxgrove"
3.2	**<u>Anticipated Outcomes</u>**
	That the name "Foxgrove is approved and that the name can then be revealed to the public.

3.3	**Measuring Impact**
	The naming of the National Secure Adolescent Inpatient Service facility demonstrates that from the public vote, the name with most votes was put forward to give the facility an appropriate name.
4.	**IMPLICATIONS**

Financial:	The name will be budgeted for as part of the build of the facility.
Human Resources:	None
Legal:	There are no known implications

Equality:	There are no known equality implications.
Children and Young People	There are no known implications
Environmental & Sustainability:	There are no known implications
Key Priorities:	It is important that the National Secure Adolescent Inpatient Service has a name.
Risk Implications:	There are no known implications
Community Benefits:	The national facility has a name.

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

5.	**CONSULTATION**
5.1	There has been consultation with the public and with the projects steering group and project board.
6.	**CONCLUSION**
6.1	Following a public vote to name the National Secure Inpatient Service it is recommended that the IJB gives approval to the name “Foxgrove”

For more information please contact Mhairi McCandless on 01563 826152 or Mhairi.McCandless@aapct.scot.nhs.uk