

Integration Joint Board Meeting



Thursday, 17 November 2022 at 10:00

**Council Chambers, Cunninghame House, Irvine /
Hybrid via Microsoft Teams**

Meeting Arrangements - Hybrid Meetings

This meeting will be held on a predominantly physical basis but with provision, by prior notification, for remote attendance by Elected Members 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>.

1 Apologies

Invite intimation of apologies for absence.

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 20 October 2022 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).

4 Director's Report

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

5 North Ayrshire Alcohol and Drug Partnership (ADP) Annual Report 2021-2022

Submit report by Billy Brotherston, Independent Chair of ADP (copy enclosed).

6 Financial Monitoring Report – Month 6

Submit report by Paul Doak, Head of Service (HSCP Finance and Transformation) on the IJB's financial performance (copy enclosed).

7 Financial Outlook

Submit report by Paul Doak, Head of Service (HSCP Finance and Transformation) on the financial outlook of the Partnership for 2023-24 at the present time (copy enclosed).

8 Unscheduled Care Update

Submit report by Caroline Cameron, Director (NAHSCP) (copy to follow).

9 Primary Care & Social Care Workforce Health & Wellbeing Update

Submit report by Caroline Cameron, Director (NAHSCP) providing an update on the Staff Wellbeing Programme (copy enclosed).

10 Urgent Items

Any other items which the Chair considers to be urgent.

11 Exclusion of the Public - Para 8

Resolve in terms of Section 50(A)4 of the Local Government (Scotland) Act 1973, to exclude from the Meeting the press and the public for the following item of business on the grounds indicated in terms of Paragraphs 8 and 9 of Part 1 of Schedule 7A of the Act.

Non Disclosure of Information

In terms of Standing Order 21 (Disclosure of Information), the information contained within the following report is confidential information within the meaning of Section 50A of the 1973 Act and shall not be disclosed to any person by any Member or Officer.

12 Island Accommodation

Submit report by Paul Doak, Head of Service (HSCP Finance and Transformation) (copy enclosed).

Webcasting

Please note: this meeting may be filmed/recorded/live-streamed to the Council's internet site and available to view at <https://north-ayrshire.public-i.tv/core/portal/home>, where it will be capable of repeated viewing. At the start of the meeting, the Provost/Chair will confirm if all or part of the meeting is being filmed/recorded/live-streamed.

You should be aware that the Council is a Data Controller under the Data Protection Act 2018. Data collected during the webcast will be retained in accordance with the Council's published policy, including, but not limited to, for the purpose of keeping historical records and making those records available via the Council's internet site.

Generally, the press and public seating areas will not be filmed. However, by entering the Council Chambers, using the press or public seating area or (by invitation) participating remotely in this meeting, you are consenting to being filmed and consenting to the use and storage of those images and sound recordings and any information pertaining to you contained in them for webcasting or training purposes and for the purpose of keeping historical records and making those records available to the public. If you do not wish to participate in a recording, you should leave the meeting. This will constitute your revocation of consent.

If you have any queries regarding this and, in particular, if you believe that use and/or storage of any particular information would cause, or be likely to cause, substantial damage or distress to any individual, please contact dataprotectionofficer@north-ayrshire.gov.uk.

Integration Joint Board

Sederunt

Voting Members

Bob Martin (Chair)	North Ayrshire Council
Cllr Margaret Johnson (Vice-Chair)	NHS Ayrshire & Arran
Cllr Timothy Billings	North Ayrshire Council
Adrian Carragher	NHS Ayrshire and Arran
Cllr Anthea Dickson	North Ayrshire Council
Christie Fisher	NHS Ayrshire and Arran
Marc Mazzucco	NHS Ayrshire and Arran
Cllr Louise McPhater	North Ayrshire Council

Professional Advisors

Caroline Cameron	Director
Paul Doak	Head of Service (HSCP Finance & Transformation)/ Section 95 Officer
Iain Jamieson	Clinical Director
Scott Hunter	Chief Social Work Officer – North Ayrshire
Darren Fullarton	Associate Nurse Director/IJB Lead Nurse
Dr Louise Wilson	GP Representative
Janet Davies	Lead Psychologist

Stakeholder Representatives

Terri Collins	Staff Representative – NHS Ayrshire and Arran
Louise McDaid	Staff Representative – North Ayrshire/ Chair, North Coast Locality Forum
Pamela Jardine	Carers Representative
Clive Shephard	Service User Representative
Vacancy	Independent Sector Representative
Vicki Yuill	Third Sector Representative
Vacancy	IJB Kilwinning Locality Forum (Chair)
Vacancy	IJB Garnock Valley Locality Forum (Chair)
Louise Gibson	IJB Irvine Locality Forum (Chair)



North Ayrshire Health and Social Care Partnership
Minute of Integration Joint Board meeting held on
Thursday 20 October 2022 at 10.00 a.m.
involving participation by remote electronic means and physical attendance
within the Council Chambers, Irvine.

Present (Physical Participation)

Voting Members

Bob Martin, NHS Ayrshire and Arran (Chair)
Councillor Margaret Johnson, North Ayrshire Council (Vice Chair)

Professional Advisers

Caroline Cameron, Director of Health and Social Care Partnership
Scott Hunter, Chief Social Work Officer
Alistair Reid, Lead Allied Health Professional Adviser

Stakeholder Representatives

Pamela Jardine, Carers Representative

Present (Remote Participation)

Voting Members

Councillor Timothy Billings, North Ayrshire Council
Marc Mazzucco, NHS Ayrshire and Arran

Stakeholder Representatives

Louise McDaid, Staff Representative (North Ayrshire Council)/Chair, North Coast
Locality Forum
Vicki Yuill, Third Sector Representative

In Attendance (Physical Participation)

Elaine Young, Head of Health Improvement/Assistant Director of Public Health (NHS)
Thelma Bowers, Head of Service (Mental Health), HSCP
David Allan, Senior Manager (Health and Community Care), HSCP
Michelle Sutherland, Partnership Facilitator, HSCP
Scott Bryan, Strategic Planning, Policy and Inequalities Officer, HSCP
Ruth Wilson, Team Manager (Democratic Services)
Karen Andrews, Team Manager
Hayley Clancy, Committee Services Officer
Diane McCaw, Committee Services Officer

In Attendance (Remote Participation)

Roseanne Burns, Senior Manager (Children, Families and Justice)

Apologies

Christie Fisher, NHS Ayrshire and Arran

Councillor Anthea Dickson, North Ayrshire Council
Paul Doak, Head of Service (HSCP Finance and Transformation)/Section 95 Officer
Alison Sutherland, Head of Service (Children, Families and Criminal Justice)
David Thomson, Head of Service (Health and Community Care)

1. Apologies for Absence and Chair's remarks

Apologies for absence were noted.

The Chair welcomed David Allan and Roseanne Burns, Senior Managers (Health and Community Care), together with Elaine Young, Assistant Director of Public Health, to their first meetings of the IJB. He further thanked Alastair Reid for his invaluable input to the Partnership and wished him luck with his secondment to Health Improvement Scotland for a 2-year period.

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 September 2022 were confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973.

3.1 Matters Arising from the Action Note

Updates in terms of the Action Note were detailed as follows:-

- **Mental Welfare Commission Report** – Authority to Discharge – to be considered at Agenda Item 7. Marked as complete.
- **Communities Mental Health and Wellbeing fund** – Update in terms of Community Mental Health and Wellbeing Fund networking event. An invitation has been circulated and promoted and anyone with intentions to attend event advise Vicki Yuill as event is well subscribed currently. Marked as complete.
- **Medium-term Financial Outlook** – Development Workshop took place on 22 September 2022 and a follow-up workshop will be arranged to give IJB an update on budget for next financial year. Marked as complete.
- **Unscheduled Care Performance** – Verbal Update at Agenda Item 8. Report to be provided to meeting on 17 November 2022.
- **Directors Report: Suicides, Drug and Alcohol Related Deaths** – report to be provided to a future meeting – date to be confirmed.
- **The Promise in North Ayrshire Update on Progress** – further report and action plan to a future meeting – date to be confirmed.
- **North Ayrshire HSCP and ADP Annual Performance Management Report – Alcohol and Drugs** – report to be incorporated into Suicides, Drug and Alcohol Related Deaths report.
- **Recovery and Renewal for Mental Health** – this will be incorporated into development programme for IJB and a Seminar arranged.

Noted.

4. Director's Report

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

The report provided an update on the following areas:-

- National Developments that included the launch of the Creating Hope Together: Scotland's New Suicide Prevention Strategy and that IJB to receive updates on local approach to implementation, the launch of the 'National Conversation' for the New Dementia Strategy, the first National Care Service Forum held on 3 October 2022, the Independent Review of Inspection, Scrutiny and Regulation of Social Care in Scotland, the findings of the inquiry into health inequalities in Scotland and the Winter Resilience Overview 2022-2023;
- Ayrshire wide developments that included information on the Staff Wellbeing Centres across NHS Ayrshire and Arran and Caring for Ayrshire Events taking place during November 2022;
- North Ayrshire Developments that included the Social Work Leadership Event held on 30 September 2022, the launch of the 'Our Community Space' session in the Garnock Valley, the publication of the latest Foxgrove Art and Therapeutic Design Newsletter, an unpaid carers update and an update on the Self Directed Support Learning Review; and
- An update on the Covid Social Care staff support fund.

The Chair asked that those present publicise and promote to their staff the use of the Wellbeing Centres across North Ayrshire.

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

- Comms issuing a note in terms of the Gambling Workplace Charter awareness sessions taking place on 2 November 2022;
- The National Care Service Forum message from Ministers in terms of no pre conceived approach;
- The opening date for the Foxgrove facility which will be shared with the IJB once finalised;
- The uptake from the public in terms of the Garnock Valley 'Our Community Space' sessions;
- The approach to maximising community benefits as part of community wealth building; and
- An Ayrshire-wide stakeholder event to be held late November/early December aligned to the publication of the new Creating Hope Together Strategy.

Noted.

5. Woodland View Ward 7B Service Redesign Proposals and Future Models of Care Delivery

Submitted report by Caroline Cameron, Director (NAHSCP) on the service redesign proposals with delivery of new model of care at Woodland View and wider community services in line with service demands and pressures, investment, national and local priorities. The report provided detail on the option appraisal recommendations and the proposal for use of Ward 7B as a 72 hour unscheduled care unit, delivery of an outreach rehabilitation model from Warrix Avenue and future planning for delivery of a CAMHS Assessment Hub, including staffing resource and funding details.

The Board agreed to approve the options appraisal proposal for (i) use as a 72 hour Unscheduled care Unit; (ii) delivery of an outreach rehabilitation model from Warrix Avenue; and (iii) future planning for delivery of a CAMHS Assessment Hub

6. NAHSCP Workforce Plan 2022-25

Submitted report by Scott Bryan, Interim Programme Manager on the Workforce Plan for the NAHSCP for the period to March 2025. The Plan is due to be published by 31 October 2022 and sets out key challenges facing the HSCP workforce in North Ayrshire and identifies five local workforce priorities which are mapped directly to the Scottish Government's workforce planning pillars. Appendix 1 to the report detailed the Final Draft of the Workforce Plan 2022-2025.

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

- Building on good practice in terms of employment of young people and those with lived and recovery experience;
- The use of more pro-active wording within the action plan in relation to taking measures to utilise opportunities and the attraction and retention of staff;
- The importance of succession planning guidance;
- Barriers to be overcome in terms of inequalities; and
- Progress oversight through the Staff Partnership Forum and update reports to the IJB.

The Board agreed to (a) note the content of the Workforce Plan 2022-25; and (b) approve the Workforce Plan for (i) publication by 31 October 2022; and (ii) subsequent implementation.

7. Mental Welfare Commission Report – Authority to Discharge

Submitted report by David Thomson, Head of Service (Health and Community Care) on progress in relation to the action plan developed in response to the Mental Welfare Commission – Authority to Discharge Report published in May 2021. A link to the full Authority to Discharge Report was provided in the report. Appendix 1 to the report detailed the North Ayrshire response to recommendations with Appendix 2 showing an example of an audit template.

Noted.

8. Unscheduled Care Update

The Board received a verbal update by Caroline Cameron, Director (NAHSCP) following on from the Unscheduled Care report presented to the IJB in June this year. The verbal update included information in relation to:-

- Emergency Department (ED) attendances sustained at lower than pre-pandemic levels;
- 4 Hour ED waits further deteriorated to 67.8% in September against a target of 95%;
- ED 12-hour breaches significantly deteriorated and remain high with the worst reported figures for Ayrshire and Arran in July 2022;
- ED admissions sustained at a reduced pre-pandemic level;
- Length of stay has increased, particularly in University Hospital Crosshouse (UHC);

- Delayed Discharges – overall numbers of patients remain lower than pre-pandemic levels, however occupied bed days and waits over two weeks have increased in the four-month period mainly in relation to a deteriorating position in South Ayrshire;
- Covid inpatient numbers increased rapidly in July 2022 but have subsequently fallen back down during August;
- Community unmet need has increased by 23% and there are now over 5,300 hours a week of unmet need for Care at Home across Ayrshire and Arran with this worsening position also in South Ayrshire;
- None of the 138 additional beds open across UHC and University Hospital Ayr have closed and both sites frequently remain in Full Capacity Protocol resulting in additional beds open and patients in corridor areas awaiting admission.

The Health and Care system in Ayrshire and Arran continues to be under extreme pressure through demand for services, across the health and social care system, in hospital and in the community. Work is continuing with a focus to support the pressures to de-escalate the system and reduce the risk to patients and communities.

Since the report presented to the IJB in June, there have been a number of Discharge without Delay (DwD) events held to support the decongestion of the acute hospitals. These three and seven day events are held on both acute sites and involve both clinical and non-clinical staff, undertaking patient reviews and identifying issues blocking their progress through their treatment and a safe discharge. The three HSCPs have supported these events. Despite these events there has not been a de-escalation of the hospital sites nor a closure of any unfunded beds.

A further two-pronged focussed intervention is planned for two weeks from 7 November involving the three HSCPs deploying community teams into the acute sites for two weeks to 'pull' patients to alleviate the immediate pressures in the hospitals alongside a simultaneous implementation of an acute ward process improvement model. Planning is underway for the intervention and a further update will be provided to the IJB in November.

Additional information was also provided to the IJB on the delayed discharge position in North Ayrshire and an assurance of the plans in place to improve performance. In North Ayrshire the DD performance daily since January 2022 has averaged been between 50-60 delays with around 8-10 of those being Mental Health delays and around a third being AWI/guardianship, while these are not the same people and the list of patients delayed changes daily. The HSCP Director continually reviews the position to ensure anything that needs progressed or unblocked is taken forward as quickly as possible.

An update on the position with regard to Care at Home was also provided.

Noted.

9. Annual Delivery Plan

Submitted NHS Board's Annual Delivery Plan by Gillian Arnold, Head of Planning and Information.

Noted.

10. IJB Dates 2023

Submitted report by Karen Andrews, Team Manager (Governance) on the draft timetable for meetings of the IJB and the IJB PAC for 2023. Appendix 1 to the report detailed the full schedule of meetings.

The Board agreed to approve the dates for meetings of the Integration Joint Board and the Performance and Audit Committee as detailed in the report.

11. Urgent Items

The Chair agreed to consider the following item as urgent to allow the Board to receive up-to-date information.

11.1 CAMHS

The Board received a verbal update in relation to performance information for CAMHS key performance standards regarding referral to treatment targets. In the last 3 and a half years the target has always been met, including during the pandemic.

During the summer period from June to present there has been a peak in referrals resulting in reduced compliance. Referral totals include neuro development work from the service recently launched. An urgent mitigation plan has been put together to ensure compliance with the KPI target by January 2023 and the mitigation plan will be continually monitored.

Members asked a question and were provided with further information in relation to neuro development and specialist assessments which are required.

Noted.

The meeting ended at 11.50 a.m.

North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 20 October 2022

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	Unscheduled Care Performance	20/10/22	Verbal Report Provided to Meeting. Further report to be provided to meeting on 17 November 2022.	Completed 17 November 2022	Caroline Cameron
2.	Director's Report	25/8/22	A future report to be provided to the IJB on suicides, drug and alcohol related deaths.	Completed 17 November 2022	Caroline Cameron
3.	The Promise in North Ayrshire: Update on Progress	25/8/22	The Board agreed to note (b) that a further progress report and action plan will be remitted to IJB following The Promise Conference to be held in November 2022.	Date tbc	Alison Sutherland
4.	North Ayrshire HSCP and ADP Annual Performance Management Report – Alcohol and Drugs	25/8/22	A future report to IJB from the ADP giving a clearer understanding in terms of drug types which have contributed to drug death statistics.	Report to be presented to the IJB in December 2022.	Thelma Bowers/Billy Brotherston
5	Director's Report	25/8/22	A future report to be provided to the IJB on suicides, drug and alcohol related deaths.	Report to be presented to the IJB in February 2023 specifically on suicide prevention	Thelma Bowers

6.	Analogue to Digital	16/6/22	Further update on progress to be brought back to IJB.	Update to be provided to IJB in February 2023	Kerry Logan
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Integration Joint Board 17 November 2022

Subject :	Director's Report
Purpose :	This report is for awareness to advise members of North Ayrshire Integration Joint Board (IJB) of developments within North Ayrshire Health and Social Care Partnership (NAHSCP)
Recommendation :	IJB members are asked to note progress made to date.

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	

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

1.	EXECUTIVE SUMMARY
1.1	This report informs members of the Integration Joint Board (IJB) of the work undertaken within North Ayrshire Health and Social Care Partnership (NAHSCP), nationally, locally and Ayrshire wide.
2.	BACKGROUND
2.1	This report provides IJB with up to date information on recent activity across the HSCP since the last IJB. The report will also provide COVID related information by exception.
3.	CURRENT POSITION
	<u>National Developments</u>
3.1	<u>Independent Review of Inspection, Scrutiny and Regulation (IRISR)</u>
	The Independent Review of Inspection, Scrutiny and Regulation (IRISR) was announced on 23 rd September. Dame Sue Bruce has been appointed as the

	<p>Chair of the IRISR and will be supported in her role by Mr Stuart Currie who has been appointed as Vice Chair. The IRISR will make recommendations to ensure that social care support services are the best that they can be for those that use them and work within them. IRISR will ensure a human rights and person-centred approach is central to the inspection and regulation of social care and will consider how this can be applied across linked services. (Read more about the Independent Review of Inspection, Scrutiny and Regulation.)</p> <p>In order to support the Review the Scottish Government are launching a Call for Evidence where people can share their written views on how they think inspection and regulation can ensure social care support services can continually improve now and in the future. They are also hosting a number of virtual and in person engagement events throughout November and December 2022.</p> <p>IRISR Stakeholder Engagement Events & Call for Evidence</p> <p>On the following link there is more information about the call for evidence and a list of all of the virtual and in person events the IRISR will be hosting throughout November and December 2022: Social Care: Independent Review of Inspection, Scrutiny and Regulation in Scotland - call for evidence - Scottish Government - Citizen Space (consult.gov.scot)</p> <p>If any IJB members or other colleagues and stakeholders would like to arrange to meet for a discussion about the IRISR with Vice Chair Stuart Currie, please contact the IRISR secretariat at IRISR@gov.scot who would be happy to arrange this.</p>
3.2	<p><u>Mental Welfare Commission – Adults with Incapacity Monitoring Report 2021-2022</u></p>
	<p>The Mental Welfare Commission for Scotland has safeguarding duties in relation to people who are subject to the protection of the Adults with Incapacity (Scotland) Act 2000 (the AWI Act).</p> <p>This Commission monitors the use of welfare guardianship orders for adults with a mental illness, learning disability, dementia and related conditions, to determine how and for whom the AWI Act is being used. They publish the AWI monitoring report annually, which helps to inform policy and practice.</p> <p>The Annual AWI monitoring report, was published on 27 October 2022. This statistical report is published as part of the Commission’s duty to monitor AWI data and relates to 2021-2022.</p>
	<p>The report is available to view through their website. Some of the highlights in the report are :-</p> <ul style="list-style-type: none"> • 17,101 Scots were subject to a welfare guardianship order in March 2022, the highest level recorded. • 10 years ago, in 2012, there were 6,400 people living under welfare guardianships and there has been a year-on -year increase of the granting of welfare guardianship orders since then. It should be noted that some of the

	<p>data in the 2021-2022 report was affected by temporary measures introduced during the pandemic, but the overall trend in rising numbers continues.</p>
	<p><u>Ayrshire Wide Developments</u></p>
3.3	<p><u>MAPPA Annual Report</u></p> <p>The Multi Agency Public Protection Arrangements (MAPPA) are a set of statutory partnership working arrangements introduced in 2007 under Section 10 of the Management of Offenders etc (Scotland) Act 2005.</p> <p>The purpose of MAPPA is public protection and the reduction of serious harm, bringing together the Police, Scottish Prison Service (SPS), health and local authorities to assess and manage the risk posed for certain categories of offender.</p> <p>The MAPPA Annual Report 2021-22 for the South West Scotland area has now been published, which you can read on the NAHSCP website.</p>
3.4	<p><u>Whole System Intervention</u></p> <p>IJB members may be aware of a number of Discharge without Delay (DwD) events in recent months. These have focused on working together to identify barriers to discharge and flow within our health and social care system. Areas of improvement have been pinpointed through these and implementation is ongoing. Following on from these a Whole System Intervention took place over two weeks from 7th November 2022.</p> <p>This 14 day Whole System event was sponsored by the three Ayrshire Directors of Health and Social Care Partnerships. The focus was on community services increasing their reach into our acute service site at University Hospital Ayr and University Hospital Crosshouse and to work as one integrated team for Ayrshire and Arran residents with greater involvement in multi-disciplinary discharge planning and admission prevention from HSCP management and partners in the Third and Independent Sector.</p> <p>The North Ayrshire HSCP are incredibly grateful to all of our staff and teams and clinical leads for their enthusiastic support for this intervention. Further feedback will be shared as part of the unscheduled care update.</p>
3.5	<p><u>UNICEF Baby Friendly Gold Achieving Sustainability Accreditation</u></p> <p>NHS Ayrshire and Arran and the three HSCPs have secured UNICEF Baby Friendly Gold Achieving Sustainability accreditation.</p> <p>Baby friendly accreditation is based on a set of inter-linked evidence based, child rights-based standards relating to the care of babies, their mothers and families provided by maternity, neonatal and health visiting services. In our case, this relates</p>

	<p>to the care provided by the integrated Community Infant Feeding team which includes Health Visitors, Family Nurses, support staff and the Breastfeeding Network. This is a terrific achievement and means we are now one of only three Board areas with this level of award.</p> <p>There will be a formal report produced which still needs to go the designation board for approval so a more formal statement will be released in due course, along with a presentation ceremony for the award.</p> <p>Some of the verbal feedback included:</p> <ul style="list-style-type: none"> • There is an extremely robust leadership infrastructure in place with “fantastic buy-in from senior leaders • Staff culture survey which goes to all relevant staff saw a 70% response rate which is the highest response rate ever seen through these submissions. • Feedback included “a motivated workforce”, “supportive, encouraging and kind culture”, and the processes to recognise and value staff were specifically highlighted. <p>North Ayrshire hosts the Community Infant Feeding Nurse post and together with the Service Manager within Universal Early Years, have worked incredibly hard to pull this submission together, to provide leadership and to ongoing support to colleagues across the health visiting and FNP workforce around infant feeding. Huge congratulations to all involved in this fantastic achievement.</p>
	<p><u>North Ayrshire Developments</u></p>
<p>3.6</p>	<p><u>Care at Home – Recruitment</u></p>
	<p>The Care at Home service in North Ayrshire commenced a robust programme of recruitment to address the many challenges facing the health and social care sector in late 2020. This was significantly impacted throughout 2021 by the restrictions around face-to-face events and working from home to reduce the spread of COVID 19 with most Care at Home recruitment taking place on virtual platforms during that time. The service recommenced its programme of face to face recruitment events in late 2021, promoting these events with increased advertising through radio, television, social media and leaflet drops.</p> <p>The service has also been working with the Council's Employability Service over the last 2 years to help support recruitment to the care at home service, including participation in various initiatives. This has led to a good working relationship with colleagues in the Council's Employability Team.</p> <p>A recent example of this was an event in Ardrossan jointly facilitated by the Employability Team and the Job Centre, focussing on young mums who had been out of employment for a period of time. The initiative supported this group to return to work, by supporting them with issues such as; education and training, no recent experience; and lack of confidence in completing application forms. This has resulted</p>

in the Employability Team offering temporary posts, funded for a period of up to 6 months.

The Care at Home team have since recruited 5 new Care at Home Assistants from this initiative who have been successful at interview, completed the full 12 module care academy programme, completed the full care at home induction programme, and have now commenced work in our Care at Home Service. All with flexible working hours to support their child care needs. It is hoped that at the end of the 6 months funding period, we will be able to retain these staff on longer term contracts.

3.7 Money Matters - Welfare Rights Officers – GP Practices

Supported by a bid to the Improvement Service the Money Matters Services have been able to pilot a new approach to access to financial inclusion advice and support. Following an initial pilot In June 2022 of Income Advisers working with 2 GP Practices, this was quickly rolled out with 8 GP practices involved by end of September 2022. The first six months of this initiative saw the service receiving over 142 referrals, 75% of which resulted in income maximisation potential. The table below provides details of the claims submitted, number outstanding and the financial gains identified to date.

Practice	Start Date	Number of Claims Submitted	Number of Claims Outstanding	Number of Claims Outcomed	Financial Gains to date
Ayrshire Group	07/06/2022	63	42	21	£ 30,154.73
Frew Terrace	10/06/2022	106	50	56	£ 77,546.66
Kilwinning	08/07/2022	22	19	3	£ 8,573.00
Dalry	01/08/2022	20	16	4	£ 4,270.88
Townhead	03/08/2022	17	15	2	£ 90.00
Stevenston Group	04/08/2022	25	25	0	£ -
South Beach	06/09/2022	6	6	0	£ -
Eglinton	14/09/2022	11	11	0	£ -
TOTALS		270	184	86	£ 120,635.27

With the ongoing support from the Improvement Service there are plans in place to expand this project across more GP practices, including GPs in Arran and Millport.

3.8 Foxgrove

NHS Ayrshire & Arran has received approval from the Scottish Government on the Full Business Case (FBC) for the new national facility for young people at Ayrshire Central Hospital in Irvine.

The Scottish Government Capital Investment Group has considered and scrutinised the detail of the plans for Foxgrove, the National Secure Adolescent Inpatient Service.

In addition, NHS Assure has satisfactorily concluded their Key Stage Assurance Review.



Ground, foundation and drainage works have already been completed on site by Kier, NHS Ayrshire & Arran's construction partner in this project. However, the FBC approval now means that construction can begin in earnest, with the facility expected to welcome its first patients in 2023.

Foxgrove will be an inpatient unit for children aged 12 to 18 years who have complex difficulties and need a high level of care. It will provide the first medium secure adolescent inpatient service for young people in Scotland. The development is a key strand of the Scottish Government's Mental Health Strategy 2017-2027. The purpose-built facility in Ayrshire means that children will be cared for nearer to home and will receive appropriate care, treatment, therapies, security and on-going education.


3.9 Red Rose House and Roslin House

The new, purpose-built respite facilities for children, young people and adults in North Ayrshire with additional support needs were officially opened on Friday 28th October 2022.



North Ayrshire Provost Anthea Dickson cut the ribbons to celebrate the opening of Red Rose House and Roslin House in Stevenston in front of Elected Members, staff of North Ayrshire Council and North Ayrshire Health and Social Care Partnership, as well as invited guests from charities Hansel and the Mungo Foundation, who provide care and support at the facilities.

The respite centres, which are situated adjacent to the Lockhart ASN Campus in Stevenston, provide a comfortable, home from home experience for respite guests and a much needed, valued and deserved break for families and carers.

3.10	<u>Trindlemoss Day Opportunities</u>
	<p>Staff and customers within Trindlemoss Day Opportunities have been working with Victoria Jamieson and Claire Lobban of Glasgow School of Art over the course of a 5-week internship, with the aim of creating a range of outputs reflective of the changes experienced over the past couple of years, as well as people's hopes for the future.</p>  <p>There was a final handover session at Trindlemoss, where Victoria and Claire spoke to invited guests about their work on the project and the collaborative journey they have undertaken throughout it.</p>
3.11	<u>Harper House, Saltcoats</u>
	<p>Harper House, the National Specialist Family Service which is based in Saltcoats is now open. We have been working closely with Phoenix Futures to ensure our local services support and complement the service as well as creating robust referral pathways and criteria for local families to access support at Harper House. Phoenix Futures are hosting an official opening of the service on 21st November 2022.</p>
3.12	<u>COVID Update</u>
	No major updates.
4.	IMPLICATIONS
4.1	<u>Financial</u> None
4.2	<u>Human Resources</u> None
4.3	<u>Legal</u> None
4.4	<u>Equality/Socio-Economic</u> None
4.5	<u>Risk</u> None
4.6	<u>Community Wealth Building</u> None

4.7	<u>Key Priorities</u> None
5.	CONSULTATION
	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.

Caroline Cameron, Director
[Carolinecameron@north-ayrshire.gov.uk/01294 317723]

Appendices
Nil

**Integrated Joint Board
17th November 2022**

Subject: North Ayrshire Alcohol And Drug Partnership (ADP) Annual Report 2021-2022

Purpose: To present the Alcohol and Drug Partnership's Annual Report.

Recommendation: The Integration Joint Board is invited to Note the Annual Report, as attached as Appendix 1 to this report.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
NAADP	North Ayrshire Alcohol and Drug Partnership
ADP	Alcohol and Drug Partnership
DRD	Drug Related Deaths
ARD	Alcohol Related Deaths

1.	EXECUTIVE SUMMARY
1.1	This paper provides a summary of the NAADP annual report submitted to the Scottish Government. The full report (see attached) outlines NAADP's contribution to achieving the key outcomes and ministerial priorities.
1.2	The annual report identifies all sources of income that the ADP has received and details the monies spent to deliver the priorities set out in the ADP action plan. The current financial letters note the financial allocation to the ADP, as well as detailing the range of ministerial priorities and local and national outcomes to be achieved for the coming year.
1.3	<p>The report includes evidence and progress on the below priorities as outlined by Scottish Government :</p> <ol style="list-style-type: none"> 1. Local Prevention and Education programmes and activity. 2. Lived experience involvement and activities. 3. Local arrangements in relation to co occurring mental health and substance use pathways and interventions. 4. Reviewing arrangements of drug related deaths in North Ayrshire. 5. Activity and referral pathways to implement Whole Family Approach. Ensuring a proactive and planned approach to responding to the needs of prisoners affected by problem drug and alcohol use and their associated through care arrangements, including women. 6. Continued implementation of improvement activity at a local level based on the associated funding streams disbursed and outline of parameters of spend to achieve outcomes. 7. Partnership working and interventions with partners in Community justice and referral pathway for early interventions.

2.	BACKGROUND	
2.1	As part of the annual funding allocation from the Scottish Government all Alcohol and Drugs Partnerships are required to complete and submit an annual report to ensure progress and delivery outcomes against the set and agreed ministerial priorities.	
2.2	<u>Anticipated Outcomes</u>	
	None	
2.3	<u>Measuring Impact</u>	
	None	
3.	IMPLICATIONS	
Financial:	There are no financial implications directly arising from this report.	
Human Resources:	No implications	
Legal:	No implications	
Equality:	No implications	
Children and Young People	No implications	
Environmental & Sustainability:	No implications	
Key Priorities:	No implications	
Risk Implications:	No implications	
Community Benefits:	No implications	
Direction Required to Council, Health Board or Both	Direction to :-	
	1. No Direction Required	√
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	
4.	CONSULTATION	
4.1	The completed ADP annual report was circulated to the ADP strategic management team for consultation.	
5.	CONCLUSION	
5.1	IJB are asked to note the ADP Annual Report.	

For more information please contact Billy Brotherston, Independent Chair North Ayrshire Alcohol and Drug Partnership or billybrotherston@north-ayrshire.gov.uk
Click here to enter text.

Appendix 1

ALCOHOL AND DRUG PARTNERSHIP ANNUAL REPORTING TO THE SCOTTISH GOVERNMENT 2021/22:

- I. Delivery progress
- II. Financial framework

This form is designed to capture your **progress during the financial year 2021/22** against the of the [Rights, Respect and Recovery strategy](#) including the Drug Deaths Task Force [emergency response paper and the Alcohol Framework 2018](#). This will not reflect the totality of your work but will cover those areas which you do not already report progress against through other processes, such as the MAT Standards.

We recognise that each ADP is on a journey of improvement and it is likely that further progress has been made since 2021/22. Please note that we have opted for a tick box approach for this annual review but want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all options in place. We have also included open text questions where you can share details of progress in more detail. Please ensure all sections are fully completed. **You should include any additional information in each section that you feel relevant to any services affected by COVID-19.**

The data provided in this form will allow us to provide updates and assurance to Scottish Ministers around ADP delivery. We do not intend to publish the completed forms on our website but encourage ADPs to publish their own submissions as a part of their annual reports, in line with good governance and transparency. All data will be shared with PHS to inform drugs policy monitoring and evaluation, and excerpts and/or summary data from the submission may be used in published reports. It should also be noted that the data provided will be available on request under freedom of information regulations.

In submitting this completed Annual Reporting you are confirming that this partnership response has been signed off by your ADP, the ADP Chair and Integrated Authority Chief Officer.

The Scottish Government copy should be sent by **Friday 5 August 2022** to:
alcoholanddrugsupport@gov.scot

NAME OF ADP: NORTH AYRSHIRE

Key contact: Rosemary White
Name: Rosemary White
Job title: Lead Officer
Contact email: rosemarywhite@north-ayrshire.gov.uk

I. DELIVERY PROGRESS REPORT

1. Education and Prevention

1.1 In what format was information provided to the general public on local treatment and support services available within the ADP?

Please select those that apply (please note that this question is in reference to the ADP and not individual services)

- | | |
|---|-------------------------------------|
| Leaflets/ take home information | <input checked="" type="checkbox"/> |
| Posters | <input checked="" type="checkbox"/> |
| Website/ social media | <input checked="" type="checkbox"/> |
| Apps/webchats | <input checked="" type="checkbox"/> |
| Events/workshops | <input type="checkbox"/> x |
| Overdose awareness day and event on the low green and approves by police scotland with distancing | |
| Accessible formats (e.g. in different languages) | <input checked="" type="checkbox"/> |
| Click or tap here to enter text. | |
| Other | <input checked="" type="checkbox"/> |

Videos were produced by the NADARS service to promote and improve access. PEAR service also has promoted through Facebook in relation to Family Support.
A Pan Ayrshire approach to alcohol awareness day funded by the 3 ADP's resulted in a number of media campaigns including tailored videos, online promotion, promotion and messages through local radio and service user stories.
During Covid specific media campaigns highlighted the services still open to service users and the Addiction app updated with health messages about mental health awareness etc during this time.
Our partners in communities and voluntary services promote a range of information and support services across NA in their weekly bulletin and SLACK engagement platform.

1.2 Please provide details of any specific education or prevention campaigns or activities carried out during 2021/22 (E.g. Count 14 / specific communication with people who alcohol / drugs and/or at risk).

Campaign theme	International	National	Local
General Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overdose Awareness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Seasonal Campaigns	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Communities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Criminal Justice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Anti-social behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reducing Stigma	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Sexual Health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Please specify...			

ADP jointly funded training with CJ partners, the Three Sisters charity delivered training in neurodivergence in relation to criminal justice and substance use individuals. A range of staff attended the training and found it beneficial.

There has been initial consultation and liaison with school's teams, young people and planned coproduction of materials for secondary schools in podcast form for next year. Once lockdown eased, in-person visits across a range of local community and charity partners (round table and invitation discussion) e.g., college, community cafes, sports and school club organisers. Support for International Overdose Awareness Day public event with partner information/naloxone training and a small event to recognise the passing of loved ones . The PSST team consistently promote education in relation to alcohol and drugs and have produced new training and materials in relation to alcohol spiking. They also promote the education and training in relation to local drug patterns and trends and these training and information sessions are available to all those in contact with individuals with alcohol and drug problems. Campus and Locality officers have access to a number of up-to-date bespoke training inputs and materials specifically targeted to raise awareness amongst young persons in education and our communities. Opportunistic action in providing advice and education is provided by the PEAR volunteer outreach team, when these inputs are delivered, they can signpost to partner's supports and services as required. The PEAR service links with Police Scotland Patrols in Irvine/ Kilwinning and our peers patrol with police, speaking to individuals about support available in the community this helps also helps break down stigma/ barriers. We attend local community run groups – Redburn Community centre, Dalry & Saltcoats Care Share, offering advice and information of alcohol and other drugs.

1.3 Please provide details on education and prevention measures/ services/ projects provided during the year 2021/22, specifically around drugs and alcohol (select all that apply).

- | | | |
|-------------------------------------|-------------------------------------|---------------------------|
| Teaching materials | <input checked="" type="checkbox"/> | |
| Youth Worker materials/training | <input type="checkbox"/> | |
| Promotion of naloxone | <input type="checkbox"/> | |
| Peer-led interventions | <input checked="" type="checkbox"/> | |
| Stigma reduction | <input checked="" type="checkbox"/> | |
| Counselling services | <input type="checkbox"/> | |
| Information services | <input type="checkbox"/> | |
| Wellbeing services | <input type="checkbox"/> | |
| Youth activities (e.g. sports, art) | <input checked="" type="checkbox"/> | |
| Other | <input type="checkbox"/> | Please provide details... |

The NAADP has worked in partnership with education in relation to the Health and Wellbeing Curriculum in schools to provide the PASS programme. We worked in conjunction with the Youth Executive to produce the DASH project which was a series of information videos for young people and covered a wide range of topics in relation to alcohol and drugs. There was then a wider consultation which the ADP participated with the Youth Executive in as regards education, myths and what young people would like to be involved in and their views on peer support. This will be taken forward next year.

The Prevention and Service Support Team (PSST) provides a wide range of education and training initiatives which focus on improving awareness, competence and knowledge of those affected by alcohol and drug use, and those working in the field. The PSST addictions training calendar, and bespoke training service features options for virtual and face-to-face course delivery. The team deliver Overdose Awareness, Naloxone awareness and Training for Trainer sessions. The team is actively involved in local and national initiatives to promote topics such as overdose awareness, mental health, sexual health and stigma.

The PEAR service delivered the following :

Provided information sessions on alcohol & drug awareness to Irvine Rugby club as part of mental health awareness, facilitated alcohol and drug awareness sessions to Arran High school as part of Wellbeing Week, facilitated naloxone training to Aberlour Sustainability service,

Campus Officers have access to teaching inputs and materials specifically designed to raise awareness amongst young people in our communities and with officer's remit widened to include feeder schools an opportunity to positively engage at with younger age group is available. Community Wellbeing Unit is active within North Ayrshire and similarly engaging with community members of all ages and wider partners in support of local officers. CWU are engaging in joint visits along with NHS staff to those vulnerable community members who are identified as repeat non-fatal overdose risk, with the aim to support/direct them away from risk of drugs overdose. Family members of those vulnerable community members are also the focus of support via the CWU officers. Officers are aware of need to utilise appropriate language when engaging within communities and when compiling reports shared with partners.

1.4 Please provide details of where these measures / services / projects were delivered.

Formal setting such as schools	<input checked="" type="checkbox"/>
Youth Groups	<input checked="" type="checkbox"/>
Community Learning and Development	<input type="checkbox"/>
Via Community/third Sector partners or services	<input type="checkbox"/>
Online or by telephone	<input type="checkbox"/>
Other	<input type="checkbox"/>

The Alcohol and Drug Liaison Officer within the PSST team is based within Ayrshire College and delivers workshops on campus to students and staff and provides 1 to 1 student support interventions. During the Covid 19 pandemic the PSST training calendar was adapted to deliver training virtually via Microsoft Teams. A number of youth groups are also supported with the delivery of alcohol and drug awareness sessions. The Alcohol Liaison and staff working within the Non-Fatal Drug Overdose Pathway have provided a range of training and educational sessions to staff within the acute general hospital sites to ensure that staff are equipped, skilled and knowledgeable to provide support and intervention to individuals presenting to unscheduled care at the general hospital and make onwards referral to the team where appropriate.

1.5 Was the ADP represented at the alcohol Licensing Forum?

Yes
No

There has been no Licensing Forum for some time and communications have continued and send appropriate document's which can be passed on to the board or the Forum should it become established again. I check 6 monthly re any progress and highlight my need to be involved. I believe there are issues in attracting a chair for the forum.

1.6 What proportion of license applications does Public Health review and advise the Board on?

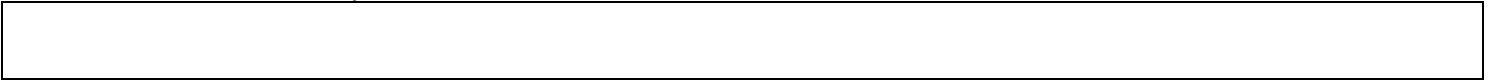
All
Most
Some
None

1.7 If you would like to add any additional details in response to the questions in this section on Education and Prevention, please provide them below (max 600 words).

Following on from Research carried out on the island a successful appointment of a Drug and Alcohol Worker on the Isle of Arran to support individuals and communities has been

agreed. This post will provide a vital link to prevention and education work on the island and ensure the work on the mainland is duplicated when it comes to campaigns and specific drivers and focus of work.

The Locality Teams have re-introduced the bottle marking scheme amongst licensed premises allowing more targeted patrols and proactive actions with partners to problematic premises or areas identified. Campus officers remit widened to include feeder primary schools which is an excellent opportunity to engage positively with younger people in our communities and provide education and awareness.



2. Treatment and Recovery

2.1 What treatment or screening options were in place to address alcohol harms? (select all that apply)

Fibro scanning	<input type="checkbox"/>
Alcohol related cognitive screening (e.g. for ARBD)	<input checked="" type="checkbox"/>
Community alcohol detox	<input checked="" type="checkbox"/>
Inpatient alcohol detox	<input checked="" type="checkbox"/>
Alcohol hospital liaison	<input checked="" type="checkbox"/>
Access to alcohol medication (Antabuse, Acamprase etc.)	<input checked="" type="checkbox"/>
Arrangements for the delivery of alcohol brief interventions in all priority settings	<input checked="" type="checkbox"/>
Arrangements of the delivery of ABIs in non-priority settings	<input checked="" type="checkbox"/>
Psychosocial counselling	<input checked="" type="checkbox"/>
Other	<input type="checkbox"/> Click or tap here to enter text. PEAR

service have a pathway with Ward 5 to support individuals upon discharge for 7 days we then link with NADARS to establish what support is required and create a plan for after the 7 days. We work in Partnership with NADARS to ensure everyone is receiving the most appropriate support to their needs.

Ayrshire Assessment Management of Alcohol Withdrawal Syndrome Withdrawal (Glasgow Modified Withdrawal Scale/ Audit PC) is used within services and may be used through the alcohol liaison pathway



2.2 Please indicate which of the following approaches services used to involve lived experience / family members (*select all that apply*).

For people with lived experience:

- | | | |
|--------------------------------------|--------------------------|--|
| Feedback / complaints process | <input type="checkbox"/> | |
| Questionnaires / surveys | <input type="checkbox"/> | |
| Focus groups / panels | <input type="checkbox"/> | |
| Lived experience group / forum | <input type="checkbox"/> | |
| Board Representation within services | <input type="checkbox"/> | |
| Board Representation at ADP | <input type="checkbox"/> | |
| Other | <input type="checkbox"/> | Community Wellbeing Unit working with persons with lived experience who are assisting and enhancing positive engagement in communities |

For family members:

- | | | |
|--------------------------------------|-------------------------------------|---------------------------|
| Feedback/ complaints process | <input type="checkbox"/> | |
| Questionnaires/ surveys | <input type="checkbox"/> | |
| Focus groups / panels | <input type="checkbox"/> | |
| Lived experience group/ forum | <input type="checkbox"/> | |
| Board Representation within services | <input type="checkbox"/> | |
| Board Representation at ADP | <input type="checkbox"/> | |
| Other | <input checked="" type="checkbox"/> | Please provide details... |

Helping Hands Recovery held an open day with families, relatives and lived experience, prior to set up to ensure voices and needs were considered and met. This was expanded with lived experience taking on roles in the group building confidence and self-esteem. PEAR service offers a support group for families on a monthly basis as well as provision of one-to-one support.

2.3 How do you respond to feedback received from people with lived experience, including that of family members? (max 300 words)

Within the NADARS service a rolling programme is in place which allows individuals who engage with locality teams to comment on their experience of using the service. This can be in the form of questionnaires/surveys and focus groups. This also includes family/carers and those with lived experience within recovery and community groups. Feedback is collated and recommendations are captured in an improvement plan, these are reported within the "You said, we did" format. Any improvements are highlighted within a local improvement plan to evidence and implement actions effectively.

The NAADP has supported surveys in relation to the views and development of recovery and services in NA, in particular last year our Residential Rehabilitation survey to ensure the views of the community were known and part of our development. The NAADP commissioned 3rd sector has within a remit to support families and regularly seeks their views, they also facilitated a Facebook page in terms of family support and views can be freely voiced within that platform. The NAADP also has a Community Recovery Forum, and they have members of the community who have lived experience on the forum, so feedback is direct through to the ADP.

Wider community support services encourage people to share their views and feedback with them. There would be consideration of all feedback and then take suggestions / comments on board and change / alter how services share information or provide services for people in our communities. We then ensure we share an update on any changes made and for any suggestions / areas we cannot change, we explain the reason why. The Executive Director of the 3rd sector sits on our subgroups and SMT and can provide us with feedback but also ensure dissemination of information and initiatives. During the delivery of Helping Hands Recovery group events the group held meetings every three months to discuss aims and objectives. Steering groups were put in place on a 6-week basis to discuss views, development, roles and responsibilities of those with lived experience.

PEAR service actively ask group members for feedback on how groups go/ what they want/ like/ don't like and how we can improve the service and carry out exit questionnaires.

2.4 Please can you set out the areas of delivery where you had effective arrangements in place to involve people with lived experience?

- Planning, I.E. prioritisation and funding decisions
- Implementation, I.E. commissioning process, service design
- Scrutiny, I.E. Monitoring and Evaluation of services
- Other Please provide details...

Please give details of any challenges (max 300 words)

The NAADP conducted a residential rehabilitation survey to ensure the views of the community, service users, and staff (which includes those with lived experience) were sought to assist in developing our pathway to residential. The Participatory Budgeting event this year was for Whole Families Approach and those with Lived Experience was part of the planning and the panel who were able to determine the funding going forward. The recovery community group, Helping Hands, included community, family, relatives, lived experience as part of the process of delivering their event. The focus of the groups and the inclusion of external services to deliver workshops and training was based on the needs of the service users. TPS offer groups to family and relatives, offering an opportunity for their voices to be heard.

2.5 Did services offer specific volunteering and employment opportunities for people with lived/ living experience in the delivery of alcohol and drug services?

- a) Yes
 No

b) If yes, please select all that apply:

- Peer support / mentoring
 Community / Recovery cafes

Naloxone distribution

- Psychosocial counselling
 Job Skills support
 Other Please provide details...

The ADP fund the PEAR (TPS) volunteer programme, this is set up for individuals with lived experience to engage with individuals in the community to promote and distribute Naloxone and connect with individuals struggling with alcohol and drug issues in the community. The funding also extends to the paid pathway for volunteers with lived experience to move on to paid sessional employment within the service. The service has successfully employed 4 staff through this, 2 moved to full time and 2 to fixed term contracts. The funding through our contracts for this commissioned service also stipulates that a third of the workforce must be those with LE.

The Scottish Government funding has allowed us to employ an individual with lived experience into an advocacy post within an advocacy service and there are 2 community workers with LE who work in local community hubs to address alcohol and drug who work in partnership with ourselves. The NADARS service also employs 5 individuals within their service who have lived experience. The Navigators post within Crosshouse Hospital also employ those with LE and they connect closely to all community services. The ADP has funded Recovery cafes and have a successful pathway for those in services or identified in the community who are in recovery to then volunteer in the cafes, this has been successful in Irvine and Kilbirnie.

The ADP has funded the Eglinton Community Gardens since its inception and those with LE can volunteer to be trained then in groundwork and receive certificates in Ground Maintenance, through this work it also provides a volunteer path through the Rangers service also.

There are a number of volunteering opportunities through the 3rd sector interface.

2.6 Which of these settings offered the following to the public during 2021/22? (select all that apply)

Setting:	Supply Naloxone	Hep C Testing	IEP Provision	Wound care
Drug services Council	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug Services NHS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Drug services 3rd Sector	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homelessness services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer-led initiatives	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Community pharmacies	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GPs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A&E Departments	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Women's support services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family support services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justice services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other ... (please detail)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental Health Unscheduled Care Service – Alcohol and Drug Liaison Team				

2.7 What protocols are in place to support people with co-occurring drug use and mental health difficulties to receive mental health care? (max 300 words)

Within the statutory NADARS there are clear internal pathways of support available for clients with additional mental health support needs. Additionally, there is a clear Care Pathway Framework in place across our alcohol and drug services, community mental health services and the crisis resolution team – for the immediate and routine support of any individual with coexisting mental health and alcohol and/or drug issues.

Is mental health support routinely available for people who use drugs or alcohol but do not have a dual diagnosis (e.g. mood disorders)?

Yes
No

This is a central element to the support that the statutory service (NADARS) offers. The NADARS offers a multi-disciplinary team approach including, but not limited to, Consultant Psychiatrists, Speciality Doctor, Advanced Nurse Practitioners (RMNs), pharmacist and GP prescribers to non-medical prescribers (RMNs). In addition, the NADARS staff group comprises of RMNs, Community Addiction Workers, Social Workers, Support Workers, OTs, and Peer Workers amongst others. The NADARS staff work within an overarching model that routinely offer mental health support and support for an individual's alcohol and/or drug use. This support has also been incorporated into the services MAT delivery response. In addition, local community mental health services support individuals with alcohol and drug use. All services work within a trauma informed approach. Within the community setting individuals can be referred to the Penumbra service in terms of suicide prevention but also in relation to distress brief Interventions. The PEAR service provides support for mental health issues for those attending as does the CASST young people's service and would refer on to appropriate service's when appropriate /liaise with GP, CAHMS etc. The PSST team also provide training in relation to mental health and substance use specifically and is open to all statutory, community and 3rd sector services. The alcohol and drug liaison services within Crosshouse have pathways in place for those presenting with mental health issues and follow up in the community as do the Navigator services who would also refer in, all services would identify any adult protection concerns also in relation to mental health.

2.8 Please describe your local arrangements with mental health services to enable support for people with co-occurring drug use and mental health (max 300 words)

All partnership police officers have ability to contact Mental Health Crisis Team 24/7 to ensure officers take appropriate actions with guidance from professionals best placed to assess individual needs. All persons taken into police custody are assessed re mental health/drug/alcohol issues and with assistance of specialist GP's can be better cared for whilst with police and appropriately signposted on release. Any person police have contact with can have vulnerabilities highlighted to appropriate partners including Mental Health Services, NADARS etc. Vulnerable Person Database entry is made, this can be shared appropriately through well-established pathways. All persons taken into police custody are

assessed re mental health/drug/alcohol issues and with assistance of specialist GP's and can be better cared for whilst with police and appropriately signposted on release. Turning Point also engaged with Police Custody Centre's and can attend if any early intervention work is suitable/appropriate. The Alcohol and Drug Liaison Team are part of Mental Health Unscheduled Care Service. The nursing staff are Mental Health Registered Nurses The team works in partnership with Adult and Elderly Liaison teams. They are able to refer to locality teams if they feel that this is indicated. The pathway for young people requires to be revisited in light of the SG drug death task force recommendations to scope current practice, gaps from transition to adult services and current responses.

2.9 Did the ADP undertake any activities to support the development, growth or expansion of a recovery community in your area?

Yes
No

2.10 Please provide a short description of the recovery communities in your area during the year 2021/22 and how they have been supported (max 300 words)

As previous the cafes have been supported through funding and the direct support from the ADP funded community link worker, support from this worker ensures they are also supported and linked into wider recovery options. The local Helping Hands group has been established and funding provided by the ADP and links made with Scottish Recovery Consortium to assist in more long-term planning for the group. The PEAR service has established SMART recovery groups in outlying areas. We have funded a football project to provide "extra time " for those with mental health issues to attend football but receive support for any issues they might have. Informal and formal recovery communities were visited by ADP staff at Turning Point and Vineburgh Community Centre, alongside community café staff. Also, in person visits/discussions to Grub N Gospel, Teen Challenge, Freedom Fighters rep, and others consolidated 'in life' discussions after lockdown. ADP staff have engaged directly with volunteers and group members both formally and informally to build relationships and encourage joint working. This informal discussion has led to better awareness of key themes. Engagement with some community members on PB process was initiated, should volunteers for panel and discussion wish to be involved in future, communication is established. More formally, associate membership of COLEG has been achieved and ongoing work with Scottish Recovery Consortium and event locally, work ongoing to form an independent panel. MAT standard interviewers training took place, but some were withdrawn/moved on. The engagement also provides closer work between core ADP and LLE individuals as desired. Training across the ADP partners in CRAFT, advocacy and human rights approaches also engaged volunteers alongside staff. We should aim to continue to support recovery communities with a range of support including financial assistance, capacity building and relationship building with other like-minded groups and organisations.

2.11 What proportion of services have adopted a [trauma-informed approach](#) during 2021/22?

All services
The majority of services
Some services
No services

Please provide a summary of progress (max 300 words)

There is trauma informed training through local authority, NHS, SDF and in house through 3rd sector and online through ACES Aware Nation and other providers for free. The above question suggests only an approach and not training, and it is believed that in statutory services all staff would be aware of the approach and a good level trained , I believe this would be the same for 3rd sector partners. The

approach has been consistently discussed at subgroups of the ADP and training was highlighted regarding online for community members . The NADARS service has trained psychologists who will routinely train and coach staff in a range of trauma informed approaches. Trauma Informed approach has been adopted across Police Scotland and is particularly highlighted with formation of Community Wellbeing Unit and continued commitment from Police Scotland to having Campus officers in Academies as well widening of Campus Officer remit to include feeder primary schools.

2.12 Which groups or structures were in place to inform surveillance and monitoring of alcohol and drug harms or deaths? (*mark all that apply*)

- | | |
|--|-------------------------------------|
| Alcohol harms group | <input type="checkbox"/> |
| Alcohol death audits (work being supported by AFS) | <input type="checkbox"/> |
| Drug death review group | <input checked="" type="checkbox"/> |
| Drug trend monitoring group / Early Warning System | <input checked="" type="checkbox"/> |

Other The Pan Ayrshire Chairs and Leads Group has drug death prevention focus every quarter where we collectively look at the local reports to review and discuss actions.

2.13 Please provide a summary of arrangements which were in place to carry out reviews on alcohol related deaths and how lessons learned are built into practice. If none, please detail why (max 300 words)

Our statutory partnership Alcohol and Drug Services conduct a local review as a minimum on every unexpected death of a current service user or an individual recently discharged (this will include individuals with alcohol and drug related harms). A robust process is in place within North Ayrshire Drug and Alcohol Services (NADARS) which sets out to improve the local approach to handling adverse events. This local process demonstrates the actions required to effectively identify, report, review and learn from adverse events across North Ayrshire.

2.14 Please provide a summary of arrangements which are in place to carry out reviews on drug related deaths, how lessons learned are built into practice, and if there is any oversight of these reviews from Chief Officers for Public Protection. (max 300 words)

Our statutory partnership Alcohol and Drug Services conduct a local review as a minimum on every unexpected death of a current service user or an individual recently discharged (this will include individuals with alcohol and drug related harms). A robust process is in place within North Ayrshire Drug and Alcohol Services (NADARS) which sets out to improve the local approach to handling adverse events. This local process demonstrates the actions required to effectively identify, report, review and learn from adverse events across North Ayrshire.

All data and information is provided in an update through the Quality Assurance Group, Chief Officers Group, Integrated Joint Board, should there be any concerns as to gaps. practice, partnership working this would follow through to being highlighted by health colleagues through their processes and provide the information required.

2.15 If you would like to add any additional details in response to the questions in this section on Treatment and Recovery, please provide them below (max 300 words).

[Click or tap here to enter text.](#)

The voice of lived experience continues to be required in all forums to ensure that the needs of the community have been considered. This is a challenge as those with lived

experience are often still chaotic and find it challenging to live by structure after many years of being chaotic. The language and approach need to be in a manner that is non-threatening and considers a range of approaches in terms of inclusion.

The Community Recovery Forum have had fluctuations in their membership in relation to retaining members with lived experience. If they attend the group, they struggle to find their voice or share their views. Face to face meetings and pre meetings with only lived experience can offer more security and build a sense of confidence where a spokesperson can feedback the views of the collective.

The creation of a LE panel and support will go some way towards enabling a more focussed group.

The Mental Health Unscheduled Care received money to further develop and implement the established Non- Fatal Drug Overdose responding to individuals attending acute hospitals with drug/mental health related problems providing assessment, interventions and signposting the assessing nurse had the opportunity to refer into community services for next day response with aim of reducing sudden deaths related to drug use.



3. Getting it Right for Children, Young People and Families

3.1 Did you have specific treatment and support services for children and young people (under the age of 25) with alcohol and/or drugs problems?

- a) Yes
 No

b) If yes, please select all that apply below:

Setting:	0-5	6-12	12-16	16+
Community pharmacies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversionsary Activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Third Sector services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family support services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery Communities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Justice services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannot input on this section due to restricted formatting				

3.2 Did you have specific treatment and support services for children and young people (under the age of 25) affected by alcohol and/or drug problems of a parent / carer or other adult?

- a) Yes
 No

b) If yes, please select all that apply below:

Setting:	0-5	6-12	12-16	16+
Support/discussion groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diversionsary Activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
School outreach	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Carer support	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family support services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Information services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mobile / outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please provide details...				

Through Early and Effective Intervention multi-agency partnership working, we consider the best course of action: to get the right service to the right person at the right time. Through early identification and risk assessment our interventions are tailor made to address risk taking behaviours as well as welfare needs. This model of approach ensures that alcohol or drug issues as a young person as a carer or who is experiencing problems through alcohol or drugs are identified in a timely manner.

In terms of advancing the Whole System's Approach to include 18–21-year-olds, the youth justice team has a dedicated social worker whose remit is to work with 18–21-year-olds within the justice system. We work in partnership with our Throughcare/Aftercare Team to

advance even further and offer a service to those older young adults with care experience up until the age of 26 and links with the young persons substance use team and NADARS are made when issues identified.

The CASST team are the specialist alcohol and drug young person's team who provide support to children and young people affected by others, or their own alcohol and drug use. The age range is from 6 years to 21years.

3.3 Does the ADP feed into/ contribute toward the integrated children's service plan?

Yes
No

Please provide details on how priorities are reflected in children's service planning e.g. collaborating with the children's partnership or the child protection committee? (max 300 words)

The ADP has membership on the Child Protection Committee and also on the Chief Officers Group from the Independent chair which enables cross cutting issues, practice and policies can be discussed to reduce harm. The partners are active on our Children and Families Affected by Substances(CAFAS) group (chaired by Senior Officer , Child Families and justice) also and provide updates to all partners and take part in the shaping of the strategy, local initiatives and the implementation plan, which in turn mirrors their delivery and priorities for the year. The CAFAS group also has an operational forum for workers involved in supporting those who work in children and families and substance use and provides another vehicle for initiatives, good working practice to come from. The CPC partners are all part of development days that take place, again shaping work to meet needs and we in turn are part of theirs within the year. In terms of families and young children affected by substance use the CPC give regular statistical updates on trends of those children and young people affected by substances and patterns in relation to the register, this assists in joint analysis and any further work required to explore. There are members of the CPC on the SMT for the ADP and again are able to provide input in relation to work being carried out and funding opportunities that jointly might be available or require consideration

3.4 How did services for children and young people, with alcohol and/or drugs problems, change in the 2021/22 financial year?

Improved
Stayed the same
Scaled back
No longer in place

3.5 How did services for children and young people, affected by alcohol and/or drug problems of a parent / carer or other adult, change in the 2021/22 financial year?

Improved
Stayed the same
Scaled back
No longer in place

3.6 Did the ADP have specific support services for adult family members?

a) Yes
No

b) If yes, please select all that apply below:

Signposting
One to One support
Support groups
Counselling
Commissioned services
Naloxone Training
Other Please provide details...



3.7 How did services for adult family members change in the 2021/22 financial year?

- Improved
- Stayed the same
- Scaled back
- No longer in place

3.8 The Whole Family Approach/Family Inclusive Framework sets out our expectations for ADPs in relation to family support. Have you carried out a recent audit of your existing family provision?

a) If yes, please answer the following:

Last year SG provided an additional £3.5m to support the implementation of the framework. Please provide a breakdown and a narrative of how this was used in your area. (max 300 words)

A Youth Navigator post to provide liaison between NADARS, CAMHs, Education, Community Justice and wider community supports in relation to substance use and other needs at any level, to bridge the gap between adult and young people’s services. We need to better understand the needs of young people in the community and work with them tailored to their needs at point of contact. The ADP will fund for a period of 2 years, a pilot a women’s recovery worker to provide support and outreach in relation to those also experiencing substance use issues and impacted by alcohol drug use or that of others. This worker will provide liaison between NADARS, PEAR and wider community supports in relation to substance use at any level ie prescription and OTC Provide a link worker to the MAT standards in relation to reducing stigma and improving access and the post will also ensure that those identified within services are linked quickly to a worker who has a lived experience and knowledge of services and treatment in alcohol and drug support systems. The ADP has funded Children and Families Services with a Recovery development Worker and a Social work Assistant within the main ACCESS referral team to social work, these workers will enable services to provide an early intervention programme which will include linked funding to Barnardo’s to provide input with children and young people at points of crises and referral in terms of alcohol and drugs support. It will enable a lengthier time of involvement from supportive services and a period of follow. The ADP is funding a family support post specifically to provide capacity within our 3rd sector commissioned service, however the tender is due out and this reconfiguration will provide an enhanced provision to families in NA but funding cannot be used until next year in line with the reconfigured service. The funds are being used to fund the matched input to a Corra bid from Barnardo’s (referred to above and also a one-year pilot involving Children 1st and support in terms of the rehabilitation pathway but more focussed family work within the core alcohol and drug services.

Please detail any additional information on your progress in implementing the framework in 2020/21 (max 300 words)

[Click or tap here to enter text.](#)

b) If no, when do you plan to do this?

[Click or tap here to enter text.](#)

3.9 Did the ADP area provide any of the following adult services to support family-inclusive practice? (select all that apply)

Services:	Family member in treatment	Family member not in treatment
Advice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mutual aid	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mentoring	<input type="checkbox"/>	<input type="checkbox"/>
Social Activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Personal Development	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Advocacy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support for victims of gender based violence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Other

The PEAR service provides a whole family approach, and we encourage all service users to have family involvement in their support as well as providing support to the family in their own right. We were successful in our application from the ADP PB funding to create arts-based project based within Eglinton Gardens for families and children to explore and express their journey through addiction in a whole family approach, to raise awareness within the community.

We have funding in place with our colleagues from Children 1st and Barnardo's and work closely, the ADP has funded CRAFT training to staff, Naloxone, Neurodivergence training and they have also been part of the "Life Hacks" work carried out and led by National Galleries for Scotland and Children and Families with the ADP being part of the funding application which is a second phase of the partnership moving forward. The ADP and Children and Families worked with Impact Arts to apply for successful funding through Corra in relation to children, young people and families which will be rolled out next year, this enables families to express themselves in alternative ways in relation to emotions and trauma.

The ADP funded another successful Participatory Budget event and this year it was in relation to Whole Family Approach, we have funded 4 projects at £10,000 over 2 years to deliver initiatives. The ADP has also funded a Women's Aid post last year and the post will be active for 2 years to bridge the gap of referrals to and fro. The evaluation of this post will be essential to improving pathways.

4. A Public Health Approach to Justice

4.1 If you have a prison in your area, were satisfactory arrangements in place, and executed properly, to ensure ALL prisoners who are identified as at risk were provided with naloxone on liberation?

Yes

No

No prison in ADP area

Please provide details on how effective the arrangements were in making this happen (max 300 words)
[Click or tap here to enter text.](#)

4.2 Has the ADP worked with community justice partners in the following ways? *(select all that apply)*

Information sharing	<input type="checkbox"/>
Providing advice/ guidance	<input type="checkbox"/>
Coordinating activities	<input type="checkbox"/>
Joint funding of activities	<input type="checkbox"/>
Access is available to non-fatal overdose pathways upon release	<input type="checkbox"/>
Other	<input type="checkbox"/> Please provide details

During 2021-22, Justice Social Work Services staff have ensured those on statutory licence or Community Payback Orders – including those with Supervision Requirement, Alcohol or Drug Treatment Requirement, Unpaid Work Requirement, Programme Requirement, such as Caledonian and Moving Forward: Making Changes - are signposted to appropriate ADP commissioned recovery services for support as part of the Case Management Plan where there are alcohol or drug issues.

The Diversion from Prosecution Service overseen by The Ayrshire Justice Services Partnership has worked in partnership with the Crown Service to identify those with alcohol/drug issues who are suitable to be diverted from the Justice System, placing an emphasis on providing direct support or signposting to ADP commissioned recovery services where appropriate. The service has seen a large increase in referrals during the past year and staff are working hard to provide support to both increase recovery outcomes, e.g., Alcohol Education Programme, and reduce the risk of reoffending.

The Drug Treatment & Testing Order Service has worked intensively with individuals with a long history of illicit substance use and offending, working in partnership with ADP commissioned recovery services to monitor Medication Assisted Treatment needs and provide support with lifestyle changes to increase recovery outcomes and reduce reoffending. Supported by the ADP, the Ayrshire Justice Services Partnership was successful in achieving Corra Grant Funding for the addition of 2 Peer Recovery Workers for the service, and they will

provide support to engage in recovery activities and peer groups, as well as supporting general recovery outcomes.

The Justice Services peer support group – Making a Difference (MAD) – is linked in with the ADP Community Recovery Forum and information sharing on activities/support available is a 2-way process.

During 2021-22, Justice Services staff across all sections undertook bespoke Naloxone training provided by the Prevention & Service Support Team and have been provided with kits for personal and office use. Several staff undertook the Training for Trainers module and have been providing training to both staff and individuals using the service.

4.3 Has the ADP contributed toward community justice strategic plans (e.g. diversion from justice) in the following ways? (select all that apply)

- Information sharing
- Providing advice/ guidance
- Coordinating activities
- Joint funding of activities
- Other Please provide details

The ADP works in collaboration with Community Justice Ayrshire with recovery from alcohol and drugs highlighted within strategic planning and meeting at key groups.

Police Scotland submit Vulnerable Persons Database entries regards any vulnerable persons identified and information is shared through well tested process and pathway. Police Scotland also attend regular Case Conference with partners to support vulnerable persons identified and assists developing strategies to ensure all feel safe living in our communities.

4.4 What pathways, protocols and arrangements were in place for individuals with alcohol and drug treatment needs at the following points in the criminal justice pathway? Please also include any support for families.

a) Upon arrest (please select all that apply)

Please provide details on what was in place and how well this was executed.....

- Diversion From Prosecution
- Exercise and fitness activities
- Peer workers
- Community workers
- Other Please provide details...

The Diversion from Prosecution Service overseen by The Ayrshire Justice Services Partnership has worked in partnership with the Crown Service to identify those with alcohol/drug issues who are suitable to be diverted from the Justice System, placing an emphasis on providing direct support or signposting to recovery services where appropriate.

Funded by the Alcohol and Drug Partnership, the custody alcohol and drug referral pathway is made to our PEAR service and as the service is a short walk away from the custody suite encouraged to drop in to the morning breakfast upon release.

All persons taken into police custody are assessed re mental health/drug/alcohol issues and with assistance of specialist GP's and can be better cared for whilst with police and appropriately signposted on release. Turning Point also engaged with Police Custody Centre's and can attend if any early intervention work is suitable/appropriate.

b) Upon release from prison (please select all that apply)

Please provide details on what was in place and how well this was executed.....

- Diversion From Prosecution

- Exercise and fitness activities
- Peer workers
- Community workers
- Naloxone
- Other Please provide details...

Individuals who are released from prison, already in receipt of Medication Assisted Treatment (MAT) or requiring an assessment to access MAT, are offered a “safe talk” on the day of release to discuss treatment, allocate a community pharmacy, supports, provide overdose awareness, BBV testing, IEP and Naloxone. This is facilitated by NADARS staff and a prescriber who will meet with the individual and carry out a brief review, and then allocate a named worker who will review the person within 2 weeks. Peer Recovery Workers are available to outreach to those who are not engaging with services and at higher risk of overdose following release. Naloxone is provided.

As previously mentioned, the partnership with KA Leisure and access to full gym facilities, the “buddy” support system and progression on to instructor training provides a pathway for individuals to improve their physical and mental health and training opportunities. NADARS service will also check with individual’s that they have Naloxone on release.

“A lot of people in recovery feel fitness is a benefit for their recovery but have “gym fear”. Since taking the gym instructor course I have learnt how to work out plans for them, how to show them to warm up, cool down and also stretches which I wasn’t aware of previously. All this has helped the people I support gain confidence and feel less stigmatised in a gym environment” – Service User

The NADARS workers who have LE provide a group with Kilmarnock prison for recovery, links are made prior to release and connections and education in terms of local support and initiatives they can access on release.

Police Scotland attend weekly Community Re-Integration meeting with partners identifying upcoming persons being release from custody ensuring all supports are available on return to communities.

4.5 If you would like to add any additional details in response to the questions in this section on Public Health Approach to Justice, please provide them below (max 300 words).

The offending behaviour of a large percentage of individuals involved with Justice Social Work Services is related to alcohol or illicit substance use and there is scope for improvement in working in partnership with MAT delivery services to achieve MAT Standards. This will provide both timely support and recovery interventions to individuals, as well as maintaining MAT provision to individuals despite failure to fully engage or polydrug use, in order to reduce the risk of reoffending. Full implementation of MAT standards and community/prison/health promotion of what this means will ensure service users, and their workers, are aware prior to accessing services themselves.

II. FINANCIAL FRAMEWORK 2021/22 (Should be completed by Chief Financial Officer)

Your report should identify all sources of income (excluding Programme for Government funding) that the ADP has received, alongside the funding that you have spent to deliver the priorities set out in your local plan. It would be helpful to distinguish appropriately between your own core income and contributions from other ADP Partners.

It is helpful to see the expenditure on alcohol and drug prevention, treatment & recovery support services as well as dealing with the consequences of problem alcohol and drug use in your locality. You should also highlight any underspend and proposals on future use of any such monies.

A) Total Income from all sources

Funding Source (If a breakdown is not possible please show as a total)	£
Scottish Government funding via NHS Board baseline allocation to Integration Authority	£1,367,810
2021/22 Programme for Government Funding and National Mission Funding	£1,003,557
Additional funding from Integration Authority	£0
Funding from Local Authority	£0
Funding from NHS Board	£0
Total funding from other sources not detailed above	£246,611
Carry forwards	£336,839
Other	£0
Total	£2,954,817

B) Total Expenditure from all sources

	£
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	£270,266
Community based treatment and recovery services for adults	£1,119,929
Inpatient detox services	£18,381
Residential rehabilitation (including placements, pathways and referrals)	£44,332
Recovery community initiatives	£94,928
Advocacy services	£0
Services for families affected by alcohol and drug use (whole family Approach Framework)	£102,327
Alcohol and drug services specifically for children and young people	£145,410
Drug and Alcohol treatment and support in Primary Care	£0
Residential Rehab	£0
Whole family Approach framework	£34,181
Outreach	£82,964
Other	£151,436
Total	£2,064,155

Additional finance comments

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Integration Joint Board
17th November 2022

Subject: **2022-23 – Month 6 Financial Performance**

Purpose: To provide an overview of the IJB's financial performance as at Month 6 (September) 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 2022-23 and the current overall projected year-end underspend of £0.051m;
- (b) notes the progress with delivery of agreed savings;
- (c) notes the remaining financial risks for 2022-23, including the impact of remaining Covid-19 estimates and costs; and
- (d) approves the budget reductions which are detailed at paragraph 2.12.

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

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 end of September, 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 is a year-end underspend of £0.051m (0%) for 2022-23. This includes the financial impact of the recently agreed local authority pay award but

	excludes the NHS pay award which has still to be agreed so this is still an unquantified risk.
1.3	From the core projections, overall, the main areas of pressure are learning disability care packages, residential placements for children, supplementary staff in wards and Unplanned Activities (UnPACs) within the lead partnership for mental health.
2.	CURRENT POSITION
2.1	<p>The report includes an overview of the financial position including commitments against the available resource, explanations for the main budget variances and an update on progress in terms of savings delivery.</p> <p>The report also includes detail of the estimated costs and potential financial impact of the Covid-19 response.</p>
	FINANCIAL PERFORMANCE – AT MONTH 6
2.2	<p>At Month 6 against the full-year budget of £280.943m there is a projected year-end underspend of £0.051m (0%). 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 underspend of £0.292m in social care services and a projected overspend of £0.241m in health services.</p> <p>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.</p> <p>The projections for some areas will be subject to fluctuations as they depend on recruitment plans for new funding and also the capacity of providers to take on work.</p>
2.3	Health and Community Care Services
	<p>Against the full-year budget of £80.827m there is a projected overspend of £0.330m (0.4%) which is an adverse swing of £1.087m and the main variances are:</p> <p>a) Care home placements including respite placements (net position after service user contributions and charging order income) are projected to underspend by £0.923m which is an adverse movement of £0.147m.</p> <p>The budgeted number of permanent placements is 778 and at month 6 there are 779 placements. The projection assumes that the current number of placements will continue to increase to 799 placements by the end of the year. Within the projection there is an assumption that recent placements which do not have a completed financial assessment (often due to the pressure to discharge from hospital) are costed with 50% of the cases at the current average cost of a placement and 50% at the gross or interim funded rate. It is likely that there will still be some cases being gross or interim funded at the year end. Their actual cost will not be known until the FA1 financial assessment is completed.</p>

	<p>The level of income recovered from charging orders was under recovered in 2021-22 but an online position is assumed at month 6 as the income received to date is in line with the target.</p> <p>b) Care at home (in house and purchased) is projected to be £0.100m overspent which is an adverse movement of £0.651m. The position is made up of an underspend in purchased care at home as providers are not always able to accept referrals due to staffing / recruitment issues and an overspend in the in-house service. As there are vacant posts some of the current capacity is being met by existing staff working additional hours and casual staff. Bank staff are being offered contracts and additional staff are being recruited which will replace the need for existing staff to work additional hours.</p> <p>c) Community alarms are projected to be £0.086m underspent which is an adverse movement of £0.119m as vacancies have been actively recruited to.</p> <p>d) Reablement services are projected to be £0.177m underspent which is an adverse movement of £0.024m due to vacancies which are being actively recruited to.</p> <p>e) Care at Home Charging Income is projected to under recover by £0.084m which is an adverse movement of £0.003m due to an ongoing shift towards personal care which is non chargeable. This is after applying £0.076m of Covid funding.</p> <p>f) Physical Disability Care Packages (including residential and direct payments) - projected overspend of £0.144m in community care packages, £0.157m in direct payments and £0.267m for residential placements. This is an overall adverse movement of £0.007m.</p> <p>g) Adaptations are projected to be online based on spend to date.</p> <p>h) Anam Cara is projected to overspend by £0.155m which is an adverse movement of £0.028m due to an overspend on employee costs relating to covering vacancies and sickness.</p> <p>i) Integrated Island Services is projected to be £0.117m overspent which is a £0.047m favourable movement. The overspend is mainly due to additional accommodation costs for mainland staff working at Montrose House due to local recruitment challenges.</p> <p>j) District Nursing is projected to overspend by £0.029m due to an overspend on supplies.</p> <p>k) Rehab wards are projected to overspend by £0.212m (Redburn ward £0.310m overspent and Douglas Grant £0.098m underspent) which is an adverse movement of £0.024m. The overspend at Redburn is due to cover costs for vacancies as well as supplementary staffing for patients who require one to one support.</p>
2.4	Mental Health Services
	Against the full-year budget of £87.970m there is a projected overspend of £1.001m (1.1%). This excludes any potential variance on the Mental Health Recovery and

Renewal Funding where any underspend will be earmarked at the year-end for use in 2023-24. The main variances are:

a) Learning Disabilities are projected to overspend by £1.325m which is an adverse movement of £0.208m and the main variances are:

- Care Packages (including residential and direct payments) - projected overspend of £0.360m in community care packages, £0.200m in direct payments and £0.595m for residential placements. This is an overall favourable movement of £0.007m. Community Learning Disability Care packages are proving to be one of the most challenging areas to address overspends. The data from CM2000 will be reported back to the service to allow them to see where care has deviated from the planned level and focus reviews to those areas.
- Residential Respite is projected to overspend by £0.148m which is an adverse movement of £0.057m due to increased energy costs. The overall overspend is This overspend reflects funding the new facility (Roslin House) to full capacity (£0.091m) and increased energy costs (£0.057m).
- Agency staffing is projected to overspend by £0.088m due to the use of agency staff during the period of recruiting to full establishment.

b) Community Mental Health services are projected to underspend by £0.518m which is a favourable movement of £0.067m and included within this are an underspend of £0.650m in community packages (including direct payments) and an overspend of £0.188m for residential placements.

c) The Lead Partnership for Mental Health is projecting to be £0.252m overspent which is an adverse swing of £0.162m and the main variances are as follows:

- A projected underspend in Adult Inpatients of £0.036m which is an adverse swing of £0.190m. This is mainly due to overspends in supplementary staff, staff in redeployment and reduced bed sale income which are offset by £0.306m of income in relation to the firestop works. The adverse swing is due to a reduction in the projected level of bed sale income due to a discharge.
- The UNPACS (Unplanned Activities) budget is projected to overspend by £1.200m based on current number of placements remaining until the year end. These placements are for individuals with very specific needs that require a higher level of security and/or care from a staff group with a particular skill set/competence. There are no local NHS secure facilities for women, people with a learning disability or people with neurodevelopmental disorder. This can necessitate an UNPACs placement with a specialist provider which can be out-of-area. The nature of mental health UNPACS spend is that it is almost exclusively on medium or long term complex secure residential placements which are very expensive so a small increase in placements can have a high budgetary impact. Due to the complexity and risk involved, transitions between units or levels of security can take many months. Applications to approve a placement are made to the Associate Medical Director for Mental Health who needs to be satisfied that the placement is appropriate and unavoidable prior to this being agreed.

- A projected overspend in MH Pharmacy of £0.100m due to an increase in substitute prescribing costs.
- Learning Disability Services are projected to overspend by £0.250m which is an adverse movement of £0.044m. This is mainly due to high usage of supplementary staffing, cross-charging for a LD patient whose discharge has been delayed and redeployment staffing costs. Supplementary staffing costs relate to backfill for sickness, increase and sustained enhanced observations and vacancies. The enhanced observations are reviewed on a daily basis however, due to the individuals being acutely unwell at present, this level of enhanced observations has been maintained for a lengthy period of time. The projection assumes that we begin cross charging another HSCP for the ongoing costs of the person detailed above where, despite having extensive time to identify an alternative placement there has, as yet been no solution identified.
- Elderly Inpatients are projected to overspend by £0.164m which is an adverse movement of £0.020m mainly due to the use of supplementary staffing.
- The turnover target for 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 £1.187m in 2022-23, further information is included in the table below:

Vacancy Savings Target	(£0.481m)
Projected to March 2023	£1.668m
Over/(Under) Achievement	£1.187m

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 areas contributing to this vacancy savings position are noted below:

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

2.5

Children and Justice Services

Children's Services

Against the full-year budget of £36.432m there is a projected overspend of £1.950m which is an adverse movement of £0.047m (5.4%). The main variances are:

- a) Care Experienced Children and Young People is projected to overspend by £1.992m which is an adverse movement of £0.078m. The main areas within this are noted below:
 - Children's residential placements are projected to overspend by £2.911m prior to Covid funding and projected to overspend by £1.835m after £1.076m of Covid funding. This is an adverse movement of £0.131m. We started 22/23 with 23 placements and there are currently 26 placements. Of these

	<p>placements one is assumed to be discharged October and two in December taking the placement numbers to 23 by the end of the year.</p> <ul style="list-style-type: none"> • Fostering placements are projected to underspend by £0.176m which is a £0.023m favourable movement. This is based on the budget for 115 places and 110 actual placements (of which 6 are Covid related and are funded through the Covid-19 funding) since the start of the year. Recruitment of foster carers is an active priority for the team, both to limit the requirement for external foster placements and reduce pressures elsewhere on the service. This is promoted through regular targeted recruitment campaigns, community awareness raising and daily presence on various social media platforms. Our active recruitment strategy is gaining some interest and we are actively pursuing a number of enquiries as a result. • Fostering Xtra placements are projected to be on-line after applying £0.086m of Covid funding. The projection is based on the budget for 30 placements and 33 actual placements since the start of the year. • Private Fostering placements are projected to be £0.047m underspent which is a £0.009m adverse movement based on the budget for 17 placements and 15 actual placements since the start of the year. • Kinship placements are projected to underspend by £0.150m which is an adverse movement of £0.012m and this is based on the budget for 376 places and 354 actual placements since the start of the year. • Adoption placements are projected to overspend by £0.072m which is a favourable movement of £0.026m. This is based on the budget for 53 places and 62 actual placements. <p>b) Children with disabilities – residential placements are projected to underspend by £0.073m which is an adverse movement of £0.021m. This is based on 8 placements which are expected to continue until the end of the year.</p> <p>c) Residential respite – placements are projected to overspend by £0.335m which is a favourable movement of £0.059m. These short-term placements are used to prevent an admission to full residential care. There were 4 placements at month 4 but these have all been discharged.</p>
2.6	ALLIED HEALTH PROFESSIONALS (AHP)
	AHP services are projected to underspend by £0.124m due to underspends in non-employee costs.
2.7	CHIEF SOCIAL WORK OFFICER
	There is a projected underspend of £0.986m due to a projected underspend in the Carers Strategy funding. This is a favourable movement of £0.286m.
2.8	MANAGEMENT AND SUPPORT
	<p>Management and Support Services are projected to underspend by £2.333m which is a favourable movement of £1.113m. The main areas of underspend are:</p> <ul style="list-style-type: none"> • An over-recovery of payroll turnover of £2.072m for social care services as outlined in para 2.9 below. This is a favourable movement of £1.100m. • An over-recovery of payroll turnover of £0.356m for health services as outlined in para 2.9 below.

- The 2022-23 budget included a budgeted surplus on the social care side offset by a budgeted deficit on the health side of the budget. The net impact is neutral but Appendix A will show this position for each element.

2.9 **LOCAL AUTHORITY PAY AWARD SHORTFALL**

The recently agreed local government pay award was not fully funded. The total cost of the pay award was £4.384m against the budgeted increase of £2.077m. The additional cost of £2.307m will be partially met by additional recurring Scottish Government funding of £1.866m and the gap of £0.441m will be an in-year overspend with the recurring cost being factored into the 23/24 budget.

2.10 **Turnover/Vacancy Savings**

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	(2.014m)	(1.183m)
Projected to March 2023	4.086m	1.539m
Over/(Under) Achievement	2.072m	0.356m

The position in the table above reflects the assumption in the current financial projections. For social care, a total of £2.441m (121% of annual target) has been achieved to date. The turnover achieved to date is higher than usual as the 22/23 budget included investment in various areas of staffing and these posts are not fully recruited to yet. The underspend in day care for older people has also been included as payroll turnover in 2022/23 which is a change from 2021/22 when the underspend was held to offset additional care at home costs.

The health vacancy projection to the year-end is based on the month 6 position and is informed by the recruitment plans and confidence in recruitment to posts for the remainder of the year.

The 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 main areas are month 6 are:

- Learning Disability £0.401m
- Management and Support £0.325m
- Community Care Service Delivery £0.387m
- Rehab and Reablement £0.251m
- Locality Services £0.229m
- Integrated Island Services £0.236m
- Community Mental Health £0.200m

There have been no intentional plans to pause or delay recruitment and services have actively continued to recruit; in some service areas it has proven difficult to fill posts.

The turnover target for the North Lead Partnership for Mental Health services is detailed within the Lead Partnership information at section 2.4.

2.11 Savings Progress

a) The approved 2022-23 budget included £0.683m of savings.

BRAG Status	Position at Budget Approval £m	Position at Month 6 £m
Red	-	-
Amber	0.060	0.060
Green	0.623	-
Blue	-	0.623
TOTAL	0.683	0.683

b) The main area to note is that amber savings of £0.060m relating to adoption allowances are assumed to be achieved in the projected outturn but final plans to deliver this have still to be agreed.

Appendix B shows the full Transformation Plan for 2022/23 which has been agreed by the Transformation Board; the 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.

Not all the service changes on the Transformation Plan have savings attached to them but there is an expectation that they will lead to service improvements. The Plan is critical to the ongoing sustainability and safety of service delivery and to supporting the delivery of financial balance in future.

Appendix C provides an overview of those service changes which do have financial savings attached to them and the current BRAG status around the deliverability of each saving.

2.12 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:

- 1) Software license transfer to IT £0.006m
- 2) Insurance – transfer to corporate £0.075m
- 3) Top Slicing from Pharmacy to fund a post £0.008m
- 4) Contribution to a Dysphagia Post £0.021m
- 5) CAMHS Liaison Funding transferred to Women and Children’s Service in Acute £0.350m
- 6) GP Office 365 Upgrade – contribution to a Pan Ayrshire pressure £0.137m.

2.13	NHS – Further Developments/Pan Ayrshire Services
	<p><u>Lead Partnerships:</u></p> <p>The IJB outturn position is adjusted to reflect the impact of Lead Partnership services. The outturn for all Lead Partnership services is shared across the 3 Partnerships on an NRAC basis; this position is currently the default pending further work to develop a framework to report the financial position and risk sharing across the 3 Partnerships in relation to hosted or lead service arrangements, which has been delayed by the requirement to focus efforts on the Covid response.</p> <p>The final outturn in relation to North Lead Partnership services would not be fully attributed to the North IJB as a share would be 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 6 the MH lead partnership is projected to overspend by £0.252m (£0.082m NRAC share for East and £0.078m for South).</p> <p>East HSCP – the East information is the same as the month 4 report as they are not reporting month 6 until December. The month 4 position was a projected £0.604m underspend of which £0.223m (37%) is attributable to North. The main variances were:</p> <p>Primary Care - there are reduced costs within Dental Services, where there is a projected underspend of £0.277m. This is largely due to Childsmile and the Dental Management Team both running with a number of vacancies. In addition, there are reduced costs within Primary Care Contracting and Support £0.297m, largely due to vacant posts, as well as projected savings in Diabetic Retinopathy and within East Ayrshire Community Hospital Medical and General Pharmaceutical. These reduced costs are partially offset by additional salary costs of the of the GP element of Out of Hours Services, as well as additional costs of the overnight nursing service. Projected overspend of £0.374m, with work ongoing to address and bring into line as far as possible over the course of 2022/23.</p> <p>Prison and Police Healthcare - there is a projected underspend of £0.303m due to reduced new contracts. however there is a review of the prison service currently being undertaken/ It is expected that these funds will go towards improving the staff levels within the prison however an underspend of £0.303m is projected at this early stage of the financial year.</p> <p>South HSCP – projected overspend of £0.143m which is a favourable movement of £0.028m (£0.053m NRAC share for NAHSCP). The overspend is mainly due to an overspend in the community store and continence service offset by vacancies in the Family Nurse Partnership.</p> <p>Set Aside: - an approach has yet to be decided on for 22/23, which may be used as a “shadow year” for using current year activity. This will depend on how representative the activity is felt to be. By default, inflation will be applied to the 2021/22 budget. The annual budget for Acute Services is £379.6m. The directorate is overspent by £7.3m, caused by increasing overspends on agency medical and nursing staff, together with increasing drug expenditure. These have been required due to the level of operational pressure being experienced, in common with many other areas in Scotland at present.</p>

	<p>There is a material underlying deficit caused by:</p> <ul style="list-style-type: none"> • Unachieved efficiency savings • High expenditure on medical and nursing agency staff, high rates of absence and vacancy causing service pressure • High numbers of delayed discharges and high acuity of patients. <p>The IJBs and the Health Board work closely in partnership to maintain service and improve performance.</p>
2.14	FINANCIAL RISKS
	<p>There are a number of ongoing financial risk areas that may impact on the 2022-23 budget during the year, these include:</p> <ul style="list-style-type: none"> • High risk areas of low volume / high-cost services areas e.g. Learning Disability care packages, children’s residential placements and complex care packages. • Progress with the work to develop set aside arrangements and the risk sharing arrangements agreed as part of this • Ongoing implementation costs of the Scottish Government policy directives • Lead / hosted service arrangements, including managing pressures and reporting this across the 3 IJBs • The impact on Lead Partnership and acute services from decisions taken by other Ayrshire areas • The Covid recovery process and re-mobilisation of services, including the ability to change and improve services following learning from the Covid response • The impact and implementation of the National Care Service. • The NHS pay award is not settled for 2022-23 and negotiations are ongoing. • The current very high levels of inflation • The review of the Care at Home service which commenced in Spring 2022 • Supported Accommodation - funding has been included in the budget for the new developments but the adequacy of the funding will only be known when the final occupants are agreed. <p>These risks will be monitored during 2022-23 and the financial impact reported through the budget monitoring report.</p>
2.15	COVID-19 – FINANCE MOBILISATION PLAN IMPACT
	Summary of position
	<p>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 were submitted to the Scottish Government on a regular basis during 2020-21 and 2021-22, on the premise that any additional costs aligned to mobilisation plans would be fully funded. This process will continue during 2022-23 with returns moving from quarterly to monthly. Covid funding of £13.321m was carried forward from 2021-22 for use in services delegated to the Partnership during 2022-23 and the costs outlined below will be met from this funding. Any unused funding, based on the projected spend in the</p>

month 6 return, will be reclaimed by the Scottish Government and redistributed to Health Boards for Covid-related costs in non-delegated services.

2.16 Mobilisation Plan and Funding Position

The initial month 3 mobilisation plan cost submission was submitted in July and estimated the costs to be £4.067m to March 2023. The changes since month 3 are summarised in the table below with the main area being payments to providers to reflect the payments made to date and the extension of part of the scheme to 31st March 2023. The costs remain estimates as the situation continually evolves there will be a further update submitted each month.

The local finance mobilisation plan submission is included as Appendix E. The main areas of cost are summarised below:

Service Area	Initial Month 3 2022-23 Return £m	Month 4 2022-23 Return £m	Month 5 2022-23 Return £m	Month 6 2022-23 Return £m
Payments to Providers	1.100	1.100	1.953	2.143
PPE	0.418	0.418	0.419	0.326
Additional Staff	1.317	1.317	1.315	1.318
Loss of Income	0.246	0.246	0.246	0.210
Children & Families	0.957	0.957	0.957	1.107
Other Areas	0.029	0.029	0.015	0.015
TOTAL	4.067	4.067	4.905	5.119

Based on the projected spend, it is anticipated that £8.202m will be reclaimed by Scottish Government. IJBs have been advised by Government that a year-end reconciliation and balancing adjustment will be carried out in the event that too much or too little funding has been retained by IJBs.

2.17 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 - The Scottish Government ceased these payments at the end of October 2021 but exceptions were made following the Omicron outbreak and limited payments were made to eligible care homes. Meetings are being held with each care home to discuss ongoing sustainability and to provide support.

Sustainability payments – the most recent guidance issued on 22nd June reduces the scope of what providers can claim for. The main costs that can be claimed relate to testing and vaccination and this is extended to 31st March 2023. The Social Care Staff Support Fund was also extended to 31st March 2023 (previously to 30th September 2022).

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.

The breakdown of payments made in 2022-23 up to 30th September 2022 are shown in the tables below:

PROVIDER SUMMARY	NCHC Care Homes	Other	Total
Total Number of Providers	17	49	66
Number contacting NAC	16	11	27
Providers Supported to date	16	11	27

OUTSTANDING CLAIMS	NCHC Care Homes	Other	Total
Total Number of Claims	12	7	19
Value of Claims	205,802	184,984	390,786

SUPPORT PROVIDED	NCHC Care Homes £	Other Services £	TOTAL £
Occupancy Payments up to 31 st July 2022	81,650	0	81,650
Staffing	578,725	144,165	722,890
PPE, Infection Control	176,795	45,349	222,144
Other	71,004	7,894	78,898
TOTAL	908,174	197,408	1,105,582

2.18 RESERVES

The IJB reserves position is summarised in the table below with full detail given in Appendix F.

The 'free' general fund balance of £7.248m is held as a contingency balance, this equates to around 2.5% of the IJB budget for 2021-22 which is above the lower target level of 2% and does demonstrate significant progress towards establishing a contingency reserve of between 2% and 4%.

£1.486m is held by the Council to support a further repayment of debt at the end of 2022-23 and this is not reflected in the financial projection. The Council and Partnership are currently exploring options to clear the full debt by the end of the current financial year.

		General Fund Reserves		Earmarked Reserves			Total
		Debt to NAC	Free GF	SG Funding	Non-SG Funding £m	HSCP	
		£m	£m	£m	£m	£m	
	Opening Balance - 1 April 2022	(2.321)	7.248	23.106	0.699	0.500	29.232
3.	PROPOSALS						
3.1	<u>Anticipated Outcomes</u>						
	<p>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 2022-23 from within the available resource, thereby limiting the financial risk to the funding partners.</p> <p>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.</p>						
3.2	<u>Measuring Impact</u>						
	Ongoing updates to the financial position will be reported to the IJB throughout 2022-23.						
4.	IMPLICATIONS						
Financial:		The financial implications are as outlined in the report. Against the full-year budget of £280.943m there is a projected underspend of £0.051m. The report outlines the main variances for individual services.					
Human Resources:		The report highlights vacancy or turnover savings achieved to date. Services will review any staffing establishment plans and recruitment in line with normal practice when implementing service change and reviews as per agreement with the IJB, there is no intention to sustain this level of staffing capacity reduction on a recurring or planned basis.					
Legal:		None					
Equality:		None					
Children and Young People		None					
Environmental & Sustainability:		None					
Key Priorities:		None					
Risk Implications:		<p>Para 2.13 highlights the financial risks.</p> <p>The report falls in line with the agreed risk appetite statement which is a low-risk appetite in respect to adherence to standing financial instructions, financial</p>					

	controls and financial statutory duties and a high -risk appetite in relation to finance and value for money.
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	√

5.	CONSULTATION
5.1	<p>This report has been produced in consultation with relevant budget holders and the Partnership Senior Management Team.</p> <p>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.</p>
6.	CONCLUSION
6.1	<p>It is recommended that the IJB:</p> <p>(a) notes the overall integrated financial performance report for the financial year 2022-23, the overall projected year-end underspend of £0.051m;</p> <p>(b) notes the progress with delivery of agreed savings;</p> <p>(c) notes the remaining financial risks for 2022-23;</p> <p>(d) approves the budget reductions which are detailed at para 2.12.</p>

For more information please contact:

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2022-23 Budget Monitoring Report–Objective Summary as at 30th September 2022

Appendix A

Partnership Budget - Objective Summary	2022/23 Budget									Over/ (Under) Spend Variance at Period 4 £'000	Movement in projected variance from Period 4 £'000
	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		
COMMUNITY CARE AND HEALTH	64,383	64,263	(120)	16,444	16,894	450	80,827	81,157	330	(757)	1,087
: Locality Services	27,792	27,489	(303)	5,250	5,350	100	33,042	32,839	(203)	(352)	149
: Community Care Service Delivery	31,477	31,380	(97)	0	0	0	31,477	31,380	(97)	(1,029)	932
: Rehabilitation and Reablement	1,896	1,889	(7)	0	0	0	1,896	1,889	(7)	(5)	(2)
: Long Term Conditions	926	1,098	172	9,083	9,433	350	10,009	10,531	522	464	58
: Community Link Workers	182	180	(2)	0	0	0	182	180	(2)	1	(3)
: Integrated Island Services	2,110	2,227	117	2,111	2,111	0	4,221	4,338	117	164	(47)
MENTAL HEALTH SERVICES	31,103	31,997	894	56,867	56,974	107	87,970	88,971	1,001	726	275
: Learning Disabilities	21,638	22,963	1,325	482	482	0	22,120	23,445	1,325	1,117	208
: Community Mental Health	5,757	5,326	(431)	1,676	1,589	(87)	7,433	6,915	(518)	(451)	(67)
: Addictions	3,708	3,708	0	1,686	1,628	(58)	5,394	5,336	(58)	(30)	(28)
: Lead Partnership Mental Health NHS Area Wide	0	0	0	53,023	53,275	252	53,023	53,275	252	90	162
CHILDREN & JUSTICE SERVICES	32,407	34,357	1,950	4,025	4,025	0	36,432	38,382	1,950	1,903	47
: Irvine, Kilwinning and Three Towns	3,099	3,106	7	0	0	0	3,099	3,106	7	(1)	8
: Garnock Valley, North Coast and Arran	2,110	2,077	(33)	0	0	0	2,110	2,077	(33)	0	(33)
: Intervention Services	1,767	1,748	(19)	340	340	0	2,107	2,088	(19)	(10)	(9)
: Care Experienced Children & Young people	21,695	23,687	1,992	0	0	0	21,695	23,687	1,992	1,914	78
: Head of Service - Children & Families	1,191	1,200	9	0	0	0	1,191	1,200	9	0	9
: Justice Services	2,381	2,378	(3)	0	0	0	2,381	2,378	(3)	0	(3)
: Universal Early Years	164	161	(3)	3,250	3,250	0	3,414	3,411	(3)	0	(3)
: Lead Partnership NHS Children's Services	0	0	0	435	435	0	435	435	0	0	0
CHIEF SOCIAL WORK OFFICER	2,564	1,578	(986)	0	0	0	2,564	1,578	(986)	(700)	(286)
PRIMARY CARE	0	0	0	49,650	49,650	0	49,650	49,650	0	0	0
ALLIED HEALTH PROFESSIONALS	0	0	0	8,852	8,728	(124)	8,852	8,728	(124)	(124)	0
COVID NHS	0	0	0	733	733	0	733	733	0	0	0
MANAGEMENT AND SUPPORT COSTS	11,705	9,234	(2,471)	2,210	2,348	138	13,915	11,582	(2,333)	(1,220)	(1,113)
LOCAL AUTHORITY PAY AWARD SHORTFALL	0	441	441	0	0	0	0	441	441	0	441
OUTTURN ON A MANAGED BASIS	142,162	141,870	(292)	138,781	139,352	571	280,943	281,222	279	(172)	451
Return Hosted Over/Underspends East	0	0	0	0	(82)	(82)	0	(82)	(82)	(29)	(53)
Return Hosted Over/Underspends South	0	0	0	0	(78)	(78)	0	(78)	(78)	(28)	(50)
Receive Hosted Over/Underspends South	0	0	0	0	53	53	0	53	53	63	(10)
Receive Hosted Over/Underspends East	0	0	0	0	(223)	(223)	0	(223)	(223)	(223)	0
OUTTURN ON AN IJB BASIS	142,162	141,870	(292)	138,781	139,022	241	280,943	280,892	(51)	(389)	338

2022-23 Transformation Plan

Appendix B

Savings reference number	Project	Project Description	Deliverability Status	Saving/ Investment	Approved Saving 2022/23 £	Investment	Saving Delivered at Month 6 £	Projected Saving	Projected Shortfall 22/23 £
Children, Families and Justice Services									
SP/HSCP/20/1	Children and Young People - External Residential Placements	Monitor and review all placements with a view to reducing the overspend.	Amber	Saving			-	-	
SP/HSCP/20/4	Adoption Allowances	Monitor Adoption Allowances. With a view to reduce the overspend	Red	Saving	59,535		-	59,535	
SP/HSCP/20/19	Fostering - reduce external placements.	Monitor Fostering Placements with a view to reduce the overspend	Red	Saving			-	-	
	Transport review	Review of costs relating to taxi utilisation and implementation of new electronic form. Aim to reduce transport budget in council. Links in with David Hammonds Transformation Project.	Red	Saving					
	Grow internal fostering capacity	Review capacity of existing foster carers with a view of increasing existing capacity	Amber	Cost neutral					
NACSTA4030	Fostering Short Breaks	Develop an inhouse short break service to replace the commissioned service provided by Cornerstone.	Amber	Saving			-	-	-
Mental Health and LD									
	Transformation of CAMHS - CAMHS Specification	CAMHS have reviewed and updated referral guidance to align with the CAMHS National Specification. Some risks identified in order to facilitate the continued changes are accommodation, and recruitment of clinical staff.	Amber	Investment		1,091,463			
	Transformation of CAMHS - CAMHS Age 25	CAMHS are developing specific pathways to provide care and support up to the age of 25 where appropriate e.g. Eating Disorders, Neuro, Personality Disorders, Early Psychosis.	Amber	Investment		623,402			
	Transformation of CAMHS - CAMHS Waiting List	Two external providers have been procured to support Neuro waiting for assessment (Purple House	Amber	Investment		311,701			

Savings reference number	Project	Project Description	Deliverability Status	Saving/ Investment	Approved Saving 2022/23 £	Investment	Saving Delivered at Month 6 £	Projected Saving	Projected Shortfall 22/23 £
	Transformation of CAMHS - CAMHS Psyc Waiting List	Clinical Director & Senior Manager agreed plan in order to reduce access to Psychiatry. In addition to this, 3 non-medical prescribers have been trained and are prescribing for ADHD clinics.	Amber	Investment		366,707			
	Transformation of CAMHS - Out of Hours Unscheduled Care	Recruitment and implementation of a new service to provide support to children and young people on an unscheduled basis. CAMHS are being commissioned by Paediatrics to deliver this service via Scottish Government funds.	Amber	Investment		86,294			
	Transformation of CAMHS - CAMHS Intensive Home Treatment	Recruitment is ongoing. Accommodation required to house team together. Ongoing development of policies and procedures for team in alignment with partners agencies	Amber	Investment		14,752			
	Transformation of CAMHS - CAMHS Liaison		Amber	Investment		129,073			
	Primary Care Mental Health investment	Creation of a business case to deliver Mental Health to Primary Care over the next 4 years. Allocation of funds will be incrementally increased over the duration of the next four years. North leading for Ayrshire.	Green	Investment		261,159			
	Continued review of models of care at Woodland View	A particular focus on rehabilitation models of care for MH building on learning from Warrix Avenue. Development of a business case for ARBD is also underway. A test of change for ward 7B will be reported through this workstream.	Amber						
	Implementation of MAT standards	Programme of work to set up the systems required to report on Medical Assisted Treatment standards for Addictions. The programme will be run on a pan ayrshire basis led by North. The national direction was for this to be led by Public Health but they have not started any recruitment so North will take forward in the meantime.	Green	Investment					
	Complex Care Model - Independent living change fund	Recruit the Intensive Support Team agreed through this fund and monitor progress of assessments of out of area placements. A dynamic register should be developed and maintained which will feed into national data.	Amber	Investment		513,000			
	ACORN business model	Mental Health Rehabilitation service needing help to transition to a social enterprise. Now incorporated within Caring for Ayrshire.	Red	Saving	-		-	-	-
	Implementation of Trakcare Patient Management System in Community Services	Implementation of new information recording system for NHS to report on 18 weeks RTT. This will include development of new processes and transfer of data from current system to the new one. This will allow for better recording of clinical activity and inform future DCAQ work. Adult community mental health will go live first followed by other community teams currently utilising Access databases. A Pan	Green	Cost neutral					
	Implementation of Unscheduled Care	Part of the national redesign of urgent care work. The aim of the mental health project is to deliver an integrated system to support mental health and wellbeing by utilising existing mental health services and enhancing their pathways for unscheduled mental health presentations.	Green	Investment					

Savings reference number	Project	Project Description	Deliverability Status	Saving/ Investment	Approved Saving 2022/23 £	Investment	Saving Delivered at Month 6 £	Projected Saving	Projected Shortfall 22/23 £
Health and Community Care									
	TEC Solutions	To appoint a temporary 'Project Manager' post, who will oversee the procurement and installation of	Green	Investment		50,000		-	-
	Analogue to Digital	Funding received for a Project Manager to manage the process of moving all services users from analogue to digital technology.	Amber	Investment		996,000			
SP/HSCP/20/17	Care at Home - Service Review	This project will incorporate the review of the care at home job role and any implications for service as a	Amber	Investment				-	-
	Hospital Team Model		Green						
	Arran Integrated Services model	Continue to work towards an Integrated Hub on Arran building on the frailty work and developing a single point of contact for all health and social care services. It is anticipated there will be a substantial amount of investment required and a business case will be developed.	Green						
	Primary Care Investment Fund	Remodel how we deliver primary care locally, ensuring that multi-disciplinary teams are available in each medical practice across North Ayrshire. This will help ensure that when needed local people will get the right care and support they need	Green	Investment					
	HSCP MDT - Community Health & Care	Implement HSCP MDTs across each of the localities to support GP practices and HSCP service coordinate care for those with the most complex needs. This approach will replace Older People Local Operational Teams.'							
	Develop Care at Home - Minimum data set	Scope all current recording processes for data and look to consolidate a dataset that can be used for all reporting needs.		Cost neutral					
	AHP Whole System redesign	exercise; to better understand the distribution and contribution of AHPs in health and care in North Ayrshire, to support future workforce planning that maximises this contribution for the benefit of the people of North	Amber						
	Interim Beds	To utilise a one-off lump sum, provided by the Scottish Government, to provide interim beds, for a maximum of 6 weeks, for clients who will have an onward move to permanent care.	Green						

Savings reference number	Project	Project Description	Deliverability Status	Saving/ Investment	Approved Saving 2022/23 £	Investment	Saving Delivered at Month 6 £	Projected Saving	Projected Shortfall 22/23 £
Partnership Wide									
	Supported acc models - NAC housing/ Sleepover/ outreach model	Continue working with third sector providers to implement supported accommodation models in the	Green	Saving				-	-
	SDS Review	Engage with all stakeholders to look at how we encourage a more innovative and person centred approach to SDS. Implement an SDS Review Learning Board to help progress.							
	Carers Review	Develop a resource release model for allocation of funds for carers as well as implement a short break service.	Amber	Saving			-	-	-
	Adult Complex Care Model - Call Monitoring	Review of call monitoring system for provision of adult community supports. This will include evaluation of current provision and development of a specification for future tender as the current contract is due to expire.							
	Implementation of Eclipse information system	Implementation of new information recording system for social care to replace Care First. This will include development of new protocols and transfer of data from current system to the new one.							
	Money matters and GP Practice Welfare Rights service	Facilitate the introduction of a money advise service available within GP practices.		Investment		78,000			
	Payroll Turnover Inflation	Monitor slippage through staff turnover with a view to meeting the savings target.		Saving	301,201		301,201	-	-
	Business Support Review (linked to Care at home review)	Scope and review the remit of the business support unit and how it could be adapted to the benefit of all HSCP teams.							
	North Elderly Mental Health inpatients (lead partnership)	Agree the spend going forward for the recurring savings achieved through bed retraction from Ailsa.		Saving	321,000		321,000	-	-
	HSCP Challenge Fund - invest to save	Monitoring of all projects approved through the Challenge Fund with a focus on invest to save ideas.							
	Transitions	Improve transition pathways from Childrens to Adult services as well as into older adults in order to improve outcomes for service users.							
	Caring for Ayrshire	The focus for Caring for Ayrshire is to bring a greater proportion of health provision into local communities. The Caring for Ayrshire work will ensure local GP practices are fit for purpose and have the capacity to host multi-disciplinary teams and meet local health and care needs.		Investment					
	Advocacy Strategy	Refresh of Advocacy strategy with a view to incorporating both adult and childrens services.		Cost neutral					

2022-23 Savings Tracker

Appendix C

North Ayrshire Health and Social Care Partnership 2022/23 Savings

Savings ref number	Description	Deliverability Status at budget setting	Approved Saving 2021/22 £m	Deliverability Status Month 6	Saving Delivered @ Month 6 £m	Projected to Deliver during Year £m	Projected Shortfall £m	Comment
1	Adoption Allowances	Amber	0.060	Amber	-	0.060	-	Currently projecting an overspend.
TOTAL SOCIAL CARE SAVINGS			0.060		0.000	0.060	0.000	

Savings ref number	Description	Deliverability Status at budget setting	Approved Saving 2021/22 £m	Deliverability Status Month 6	Saving Delivered @ Month 6 £m	Projected to Deliver during Year £m	Projected Shortfall £m	Comment
2	Payroll Turnover Inflation	Green	0.302	Blue	0.302		-	Achieved
3	Elderly Mental Health inpatients (lead partnership)	Green	0.321	Blue	0.321	-	-	Achieved
TOTAL HEALTH SAVINGS			0.623		0.623	0.000	0.000	
TOTAL NORTH HSCP SAVINGS			0.683		0.623	0.060	0.000	

2022-23 Budget Reconciliation

Appendix D

COUNCIL	Period	Permanent or Temporary	£'m
Initial Approved Budget			116.017
Base budget adjustments	1		(0.046)
Uploaded Budget			115.971
Resource Transfer	1	P	26.228
Software Licences transfer to IT	3	P	(0.002)
Montrose Cleaning Post to Facilities Management	3	P	(0.014)
Software Licences transfer to IT	4	P	(0.003)
Summer of Play Funding from Education	5	T	0.056
Insurance – transfer to corporate	6	P	(0.075)
Software Licences transfer to IT	6	P	(0.006)
MARAC funding	6	T	0.009
Roundings			(0.002)
Budget Reported at Month 6			142.162

HEALTH	Period	Permanent or Temporary	£'m
Initial Approved Budget			163.988
Resource Transfer			(26.228)
Month 10-12 Adjustments			22.401
Adjust for Non-recurring funding			(22.408)
Full Year effect of Part Year Reductions			0.128
REVISED 22-23 BUDGET			137.881
Training Grade Adj - April	1	P	(0.064)
Vire No 2 - East to North CAMHS Admin	1	P	0.099
Band 2-4 SG Funding reduction	1	P	(0.007)
AHP Clinical Admin Budget Transfer	2	P	0.048
Dean Funding to Partnerships	2	P	0.085
Prescribing Uplift	2	P	1.631
Prescribing Cres	2	P	(0.715)
Prescribing out non schedule 5	2	P	(0.429)
Scottish Huntington's Post	3	P	0.014
Daldorch Income Shortfall	3	P	0.045
Community Store Contributions	3	P	(0.006)
Iona/Lewis Patient to South	3	T	(0.046)
Marie Curie contract uplift	3	P	(0.004)
Trakcare/Huntington's/ Daldorch	3	P	0.086
Staff Wellbeing Posts from OH&RD	4	P	0.193
Top Slicing Posts- Prescribing	4	P	(0.071)
Admin Post transferred to Medical Records	4	T	(0.034)
Naloxone for Police Scotland	4	T	0.026

Dean Funding	5	P	0.095
Rx Top Slicing to Pharmacy	5	P	(0.008)
Uplift DOAC (Direct Oral Anticoagulant) Rebate	5	P	0.06
Uplift CRES to Primary Care Rebate Scheme	5	P	0.068
Dysphagia Post	5	P	(0.021)
ADP PSST Support	5	T	0.008
CAMHS Liaison Funding	5	T	(0.350)
Specialist Pharmacist in Substance Misuse	6	T	0.012
BBV (Blood Borne Virus) Funding	6	T	0.242
Maternal and Infant Nutrition Allocation	6	T	0.020
Dean Funding Pay Award	6	P	0.061
GP Office 365 Upgrade	6	T	(0.137)
Roundings	6		(0.001)
Budget Reported at Month 6			138.781

COMBINED BUDGET MONTH 6	280.943
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Mobilisation Submission – Month 6

Covid-19 Costs - HSCP - All														
Workstream Mapping	£000s	April	May	June	July	August	September	October	November	December	January	February	March	2022-23 Revenue Total
1. Public Health	Scale up of Public Health Measures	0	0	0	0	0	0	0	0	0	0	0	0	0
2. Vaccinations	Flu Vaccination & Covid-19 Vaccination (FVCV)	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Workforce and Capacity	Additional Community Hospital Bed Capacity	0	0	0	0	0	0	0	0	0	0	0	0	0
3. Workforce and Capacity	Additional Staff Costs (Contracted staff)	(17)	0	0	0	0	0	0	0	0	0	0	0	(17)
3. Workforce and Capacity	Additional Staff Costs (Non-contracted staff)	92	93	93	109	109	109	109	109	109	109	109	109	1,260
4. PPE, Equipment and IPC	Additional Equipment and Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	0
4. PPE, Equipment and IPC	Additional Infection Prevention and Control Costs	45	45	45	32	32	20	18	18	18	18	18	18	326
4. PPE, Equipment and IPC	Additional PPE	0	0	0	0	0	0	0	0	0	0	0	0	0
4. PPE, Equipment and IPC	PPE Hub Running Costs	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Social Care and Community Capacity	Additional Capacity in Community	21	9	10	(13)	0	(27)	0	0	0	0	0	0	0
5. Social Care and Community Capacity	Additional Care Home Placements	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Social Care and Community Capacity	Adult Social Care	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Social Care and Community Capacity	Children and Family Services	188	79	79	68	68	139	81	81	81	81	81	81	1,107
5. Social Care and Community Capacity	Homelessness and Criminal Justice Services	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Social Care and Community Capacity	Reducing Delayed Discharge	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Social Care and Community Capacity	Covid-19 Financial Support for Adult Social Care Provider	291	291	291	243	243	459	55	55	54	54	54	54	2,143
5. Social Care and Community Capacity	Social Care Support Fund Claims	0	0	0	0	0	0	0	0	0	0	0	0	0
5. Social Care and Community Capacity	Chief Social Work Officer	0	0	0	0	0	0	0	0	0	0	0	0	0
6. Primary Care	Additional FHS Contractor Costs	13	13	13	12	12	12	0	0	0	0	0	0	75
6. Primary Care	Primary Care	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Miscellaneous	Digital & IT costs	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Miscellaneous	Loss of Income	47	41	41	41	41	43	(29)	0	0	0	0	0	225
7. Miscellaneous	Other	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Miscellaneous	Payments to Third Parties	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Miscellaneous	Staff Wellbeing	0	0	0	0	0	0	0	0	0	0	0	0	0
7. Miscellaneous	Patient Transport	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Covid Costs - HSCP - All		680	571	572	492	504	755	234	263	262	262	262	262	5,119

Reserves Position in Detail

Earmarked Funds	
: Alcohol & Drug Partnership	890
: Mental Health Action 15	511
: Primary Care Improvement Fund	1,856
: 21-22 Budget Gap	0
: Challenge Fund	500
: Community Living Change Fund	513
: Covid19 Funding	13,321
: Neighbourhood Networks	145
: Mental Health Officer Development Grant	41
: NAC Recovery and Renewal – Mental Health Element	71
: Joint Equipment	5
: Nethermains Adaptations	40
: Supported Accommodation	50
: Care at Home Capacity	1,192
: Interim Care	1,046
: Trauma Training	50
: Trauma Trainer	48
: Family Wellbeing Fund	106
: Perinatal MH Nurse	65
: Unaccompanied Asylum-Seeking Children	11
: Multi-Disciplinary Teams	644
: Health Care Support Workers	144
: MH Recovery and Renewal	2,057
: Medical photography	4
: Data Sims	28
: School Nursing	56
: Buvidal	109
: AHP Winter Funding	51
: Perinatal and Infant Mental Health	86
: Cossette Funding	18
: Replacement Mattress Programme	78
: Expansion of Primary Care Estates	55
: GP Premises Improvements - tranches 1 and 2	81
: Mental Health Wellbeing in Primary Care	40
: Dental Practice Improvement	265
: Dental Winter Preparedness	128
Total Earmarked	24,305
Outstanding Debt	(2,321)
Unallocated General Fund	7,248
General Fund	29,232

Integration Joint Board
17th November 2022

Subject : **Financial Outlook 2023-2024**

Purpose : The purpose of this report is to make the IJB aware of the financial outlook of the Partnership for 2023-24 at the present time.

Recommendation : It is recommended that the IJB notes the financial outlook for 2023-24 and the work ongoing to allow a balanced budget to be presented to the IJB for approval in March 2023.

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

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership

1.	EXECUTIVE SUMMARY
1.1	This report outlines the budget outlook for 2023-24 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 2023. The information includes three different scenarios for the potential budget gap, based on anticipated cost pressures and different funding assumptions. The report also provides an updated position in terms of reserves, highlights the associated risks and the timetable for setting next year's budget.
1.2	The potential budget gap is estimated to be between £0.890m and £10.355m for next year. Services are developing potential plans to address the budget gap with further detail on any savings proposals being shared with the IJB in January 2023.
2.	BACKGROUND
2.1	The Integration Scheme outlines a process of budget planning for 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.
3.	2022-23 BUDGET
3.1	The IJB agreed a balanced budget for 2022-23 on 17 th March 2022. Only a small savings target of £0.683m required to be found in setting the budget and the IJB agreed a savings plan to meet this target. There was no requirement to draw on reserve balances.
3.2	The financial settlement from North Ayrshire Council for 2022-23 was on the basis of a flat cash settlement plus the passthrough of additional funding from the Scottish Government which was specifically for the use of the IJB.
3.3	The settlement from NHS Ayrshire and Arran was directed by Scottish Government on the basis of a 2% increase to funding plus an additional amount for increased Employer National Insurance contributions. In total this equated to an increase of 2.56%. In addition, Scottish Government funding for specific policies was passported to the IJB.
4.	2023-24 FUNDING SCENARIOS
4.1	The Scottish Budget will not be published until 15 December 2022, following the UK Chancellor's Autumn Statement on 17 November. Three funding scenarios have been developed which are based on the Scottish Government Resource Spending Review published in May 2022.
4.2	It is noted that there has been considerable turbulence in the UK Economy since then and the Deputy First Minister published an Emergency Budget Review (2022-23) on 2 November which saw £400m of spend within the Health and Social Care Portfolio being delayed or reprioritised. This was to address a reduction in Scottish Government funding and inflationary pressures on the budget, driven in part by higher than expected pay settlements. The longer-term impact of this remains unclear.
4.3	The funding assumptions below expect that any Scottish Government policy areas will be fully funded.
4.3.1	<u>Best Case Scenario</u>
	This scenario assumes a 5% increase for social care and a 4% increase for health. This assumption is based on the Scottish Government manifesto commitment to increase spending over the lifetime of the current parliament by 25% in social care and 20% in health.

		Social Care (NAC) £m	Health - Lead (NHS A&A) £m	Health - Non Lead (NHS A&A) £m	Total £m
	FUNDING				
	Best Case Scenario	(5.256)	(2.111)	(2.097)	(9.465)
4.3.2	<u>Medium Case Scenario</u>				
	The medium case scenario assumes that funding will increase in line with the Health and Social Care Portfolio commitment in the May 2022 Resource Spending Review. For 2023-24 this anticipates an increase of 2.6%.				
		Social Care (NAC) £m	Health - Lead (NHS A&A) £m	Health - Non Lead (NHS A&A) £m	Total £m
	FUNDING				
	Medium Case Scenario	(2.669)	(1.340)	(1.331)	(5.340)
4.3.3	<u>Worst Case Scenario</u>				
	This scenario assumes a flat cash settlement across health and social care and therefore there would be no additional funding.				
4.4	Under the current modelling, the assumptions therefore range from an increase of £9.465m to no change in funding.				
5.	BUDGET PRESSURES				
5.1	Estimated budget pressures for health and social care services total £10.355m. 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.				
5.2	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. The pressures that have been through this challenge process and are deemed to be unavoidable and therefore recommended for inclusion in the budget planning. However, these pressures will remain under review until the IJB set the budget in March 2023.

5.3 The estimated pressures are noted in the table below:

Category	Social Care (NAC) £m	Health (NHSAAA) £m	Total £m
Payroll	2.179	3.111	5.290
Cost, demand and other inflation	4.735	0.330	5.065
TOTAL	6.914	3.441	10.355

5.4 Payroll inflation accounts for slightly more than half of the overall cost pressure. The assumption has been based on a 3% pay settlement and any pay award in excess of this for 2023-24 would further increase the funding gap. The payroll inflation figure includes funding the balance of the 2022-23 local government pay settlement on a recurring basis. Provision was made in the 2022-23 budget for a 3% pay settlement but the actual settlement meant there was a significant shortfall, which was partly covered by additional Scottish Government funding provided via North Ayrshire Council.

6. RISKS TO THE FINANCIAL POSITION

6.1 There are a number of risks to the Partnership's financial position moving into 2023-24. These include:

- The current very high levels of inflation and the impact this has on costs, including pay settlements and pressures on our commissioned providers.
- The national and global economies are facing significant pressures and these will impact on the resources available.
- The NHS pay award for 2022-23 has not been settled; if this is not fully funded then provision will require to be made for the shortfall on a recurring basis.
- Covid recovery – no funding is expected for Covid costs beyond 2022-23 and therefore it is essential that additional costs arising from Covid are minimised. Cost areas such as PPE will need to be absorbed within existing budgets.
- The National Care Service remains a significant unknown, with very little detail despite the publication of the draft bill in Summer 2022.
- Current areas of overspend – these are largely driven by low-volume high-cost packages of care within Children's Residential Placements, LD and UNPACS. Work is ongoing with services to reduce expenditure in these areas.
- Growing demand for services driven by demographic changes and pressures elsewhere in the health and social care system

- Recruitment – there remain significant challenges in recruiting to vacant posts across many areas of our workforce, driven by a national shortage of suitably qualified candidates
- Scottish Government priorities and the performance and delivery expectations aligned to those, sustainability of investment to grow capacity and workforce to improve performance and address unmet need, for example in Primary Care, Mental Health Services, Alcohol and Drugs and Winter investment.

7. BUDGET GAP

7.1 The table below illustrates the possible budget gap for 2023-24 under the three different scenarios:

	Social Care (NAC) £m	Health - Lead (NHS A&A) £m	Health - Non Lead (NHS A&A) £m	Total £m
POTENTIAL BUDGET GAP				
Based on Best Case Scenario	1.228	(0.340)	0.002	0.890
Based on Medium Case Scenario	3.815	0.431	0.769	5.014
Based on Worst Case Scenario	6.484	1.771	2.100	10.355

7.2 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 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.

7.3 It is not anticipated at present that the 2022-23 financial position will have an adverse impact on the setting of the 2023-24 budget. At Month 6, a small underspend is projected which, if realised at year-end, will be added to the general fund reserve.

7.4 The estimated budget gap is estimated to be between £0.890m and £10.355m 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 2023.

8. RESERVES

8.1 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:

	<p>a) As a working balance to help cushion the impact of uneven cash flows;</p> <p>b) As a contingency to manage the impact of unexpected events or emergencies; and</p> <p>c) As a means of building up funds, often referred to as earmarked reserves, to meet known or predicted liabilities.</p>																									
8.2	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.																									
8.3	The table below shows the reserves position at 1 April 2022.																									
	<table border="1"> <thead> <tr> <th rowspan="3"></th> <th colspan="2">General Fund Reserves</th> <th colspan="3">Earmarked Reserves</th> <th rowspan="2">Total</th> </tr> <tr> <th>Debt to NAC</th> <th>Free GF</th> <th>SG Funding</th> <th>Non-SG Funding £m</th> <th>HSCP</th> </tr> <tr> <th>£m</th> <th>£m</th> <th>£m</th> <th>£m</th> <th>£m</th> <th>£m</th> </tr> </thead> <tbody> <tr> <td>Opening Balance - 1 April 2022</td> <td>(2.321)</td> <td>7.248</td> <td>23.106</td> <td>0.699</td> <td>0.500</td> <td>29.232</td> </tr> </tbody> </table>		General Fund Reserves		Earmarked Reserves			Total	Debt to NAC	Free GF	SG Funding	Non-SG Funding £m	HSCP	£m	£m	£m	£m	£m	£m	Opening Balance - 1 April 2022	(2.321)	7.248	23.106	0.699	0.500	29.232
	General Fund Reserves		Earmarked Reserves			Total																				
	Debt to NAC		Free GF	SG Funding	Non-SG Funding £m		HSCP																			
	£m	£m	£m	£m	£m	£m																				
Opening Balance - 1 April 2022	(2.321)	7.248	23.106	0.699	0.500	29.232																				
8.4	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 outstanding debt at 1 April 2022 was £2.321m; based on the agreed repayment schedule the debt would be cleared during 2023-24. However North Ayrshire Council and the HSCP are currently exploring options to clear the full debt by the end of 2022-23.																									
8.5	Earmarked reserves are for a specific purpose. The largest proportion of this relates to Covid funding (£13.321m) which will be fully utilised during 2022-23, as the Scottish Government will reclaim anything which is not spent, to be utilised elsewhere in the health and social care system.																									
8.6	The free balance of £7.248m (2.5%), adjusted for any in-year draw on reserves and any surplus or deficit at the end of 2022-23, is available to support the balancing of the 2023-24 budget.																									
8.7	It should be noted that any use of reserves to balance the budget is on a non-recurring basis and would widen the gap to be addressed in 2024-25.																									
9.	BUDGET TIMETABLE AND NEXT STEPS																									
9.1	The key dates in setting the IJB budget for 2023-24 are noted below:																									

	Event	Timescale
	UK Government Autumn Statement	17 November 2022
	Scottish Budget	15 December 2022
	IJB Budget Private Briefing	12 January 2023
	NAC Budget setting meeting	1 March 2023
	IJB Budget setting meeting	16 March 2023
	NHSAAA Budget setting meeting	Tbc – March 2023
9.2	The IJB budget briefing in January will outline the savings proposals being considered to bridge the budget gap.	
10.	PROPOSALS	
10.1	It is proposed that the IJB notes the financial outlook for 2023-24 and the work ongoing to allow a balanced budget to be presented to the IJB for approval in March 2023.	
10.2	<u>Anticipated Outcomes</u>	
	The IJB and HSCP are aware of the potential challenge in setting a balanced budget for 2023-24 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.	
10.3	<u>Measuring Impact</u> The IJB will be provided with updates on progress in line with the budget timetable.	
11.	IMPLICATIONS	
11.1	<u>Financial</u> 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 £0.890m to £10.355m depending on the level of funding for 2023-24. Work is ongoing to ensure savings options can be presented to the IJB for approval in March 2023 to ensure a balanced IJB budget moving into next year.	
11.2	<u>Human Resources</u> There will be full consultation with the Trade Unions as appropriate when the final savings are developed if there any proposals which impact on staffing.	
11.3	<u>Legal</u> The IJB has an implicit obligation to funding partners to set a balanced budget prior to the start of the new financial year.	
11.4	<u>Equality/Socio-Economic</u> Equality Impact Assessments (EIAs) will be undertaken for all savings proposals.	

11.5	<u>Risk</u> Risk implications are outlined in full at section 6 of the report.
11.6	<u>Community Wealth Building</u> None.
11.7	<u>Key Priorities</u> The 2023-24 budget proposals have been 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.
12.	CONSULTATION
12.1	The budget and savings proposals are developed in conjunction with the Director and Heads of Service. Consultation also takes place with colleagues in North Ayrshire Council and NHS Ayrshire and Arran, as well as East and South Partnerships in relation to Lead Partnership services.

Caroline Cameron, Director

Author: Paul Doak, Head of Service (Finance and Transformation), pdoak@north-ayrshire.gov.uk

Integration Joint Board
17th November 2022

Subject : **Primary Care & Social Care Workforce Health & Wellbeing Update**

Purpose : This report is for awareness and to provide the Integration Joint Board with an update on the Staff Wellbeing Programme.

Recommendation : The IJB is asked to:

- note the content of this report and support the ongoing development and delivery of the Staff Wellbeing Programme, and
- to approve the continuation of funding for two years, setting aside £250k from the Winter Funding carried forward from 2020-21.

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	

Glossary of Terms	
HSPC	Health and Social Care Partnership
CFJS	Children's Families and Justice Services
HCC	Health and Community Care

1.	EXECUTIVE SUMMARY
1.1	Scottish Government allocated a total of £108,590 to North Ayrshire Health & Social Care Partnership in financial year 2021/22 to support the wellbeing and mental health of the Primary Care and Social Care workforce, as well as meeting practical needs over the winter period.
1.2	The Partnership Senior Management Team endorsed a proposal to set aside additional funding of £250,000 to continue the staff wellbeing programme for the next two years, to be funded from the earmarked reserve in place from Winter Funding, the IJB is asked to approve this allocation.
1.3	This funding gives equal priority to those working in primary care and social work/social care sectors, including independent contractors, out of hours services, volunteers, carers, personal assistants, and support staff.

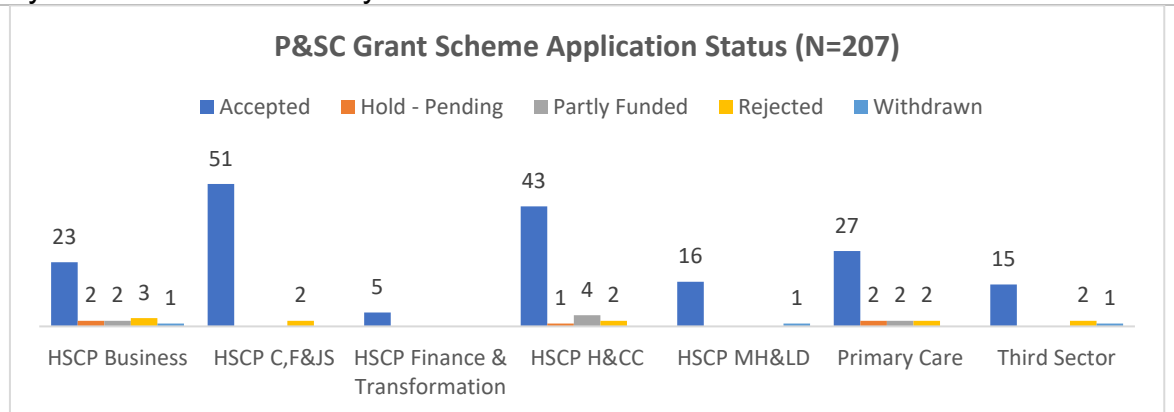
2.	BACKGROUND
2.1	<p>Key areas have been identified as local priorities, recognising the opportunity to build on existing local approaches:</p> <ul style="list-style-type: none"> • Support for teams to ‘take a step back’ together and participate in wellbeing opportunities • Mindfulness Interventions • Support and management of distress and anxiety; Post-traumatic stress disorder; bereavement; staff affected by ‘long Covid’.
2.2	<p>A survey of social care staff was undertaken in November 2021 seeking views on what wellbeing activities they would benefit from and some of the emerging themes were:</p>
	<p><u>Physical Activity</u></p> <ul style="list-style-type: none"> • Vouchers for various physical activities including swimming, golf, water sports, gym classes, dance classes, trampolining • Organised walking groups in localities • Discounted gym memberships Pan Ayrshire, not just North • A lifestyle coach who could visit teams and encourage staff to have a more active lifestyle
	<p><u>Mental Health Support</u></p> <ul style="list-style-type: none"> • One to one or group psychological support • Mindfulness training • Vouchers for holistic therapies • Mental health & wellbeing training for managers • Designated wellbeing mentors • Links to National Trauma work & Staff Psychological debriefing • More physical face-to-face interaction to help support people's mental health
	<p><u>Leisure/Recreational Activities</u></p> <ul style="list-style-type: none"> • Discounted access to spa facilities eg The Gables • Restaurant vouchers • Reflexology, head and shoulder massage vouchers – also available in the workplace • Team lunch / meal vouchers • Cinema tickets

	<p><u>Staff Wellbeing Hub(s)</u></p> <ul style="list-style-type: none"> • Designated quiet areas within offices where staff can access for some head space • Hubs for Care at Home staff to access toilet facilities and a cup of tea during the winter months • A space where staff can meet and support each other
	<p><u>Management support</u></p> <ul style="list-style-type: none"> • Regular conversations with managers about experiences • Reduction in back-to-back Microsoft teams with no breaks • Experiencing burn-out from the virtual environment • Some teams and colleagues would benefit from face-to-face gatherings for a coffee and a walk along the beach, as an example, to catch up in person rather than over a digital channel <p>Many of these themes have been addressed via the Primary & Social Care Grant Scheme, Ongoing Mindfulness and Optima Health workshops.</p> <p>With winter approaching consideration is being given to areas where frontline staff, particularly Care at Home staff who do not have a fixed staff base, can touch down.</p>
2.3	<p>Programme Implementation & Progress Update</p>
	<p><u>National and Local Supports</u></p> <p>The HSCP developed an information sway, which was shared across all partners and included in all Staff Wellbeing communications which has shared all of the local and national supports across staff and teams.</p>
2.4	<p><u>Physical Activity</u></p>
	<p>Paths for All - online Workplace Walking Course</p> <p>This is an interactive online course which helps get colleagues moving more in and around the working day. The course provides ideas, knowledge, and skills to develop and deliver a successful workplace walking initiative.</p> <p>KA Leisure Activities</p> <p>On two occasions in recent months there has been an opportunity for staff to receive a free 3-month gym pass to KA Leisure facilities. 100 passes have been allocated on a first come, first served basis. This has been very popular with staff taking the opportunity of a free 3-month trial and several have gone on to continuing a gym membership at corporate discounted rates.</p>

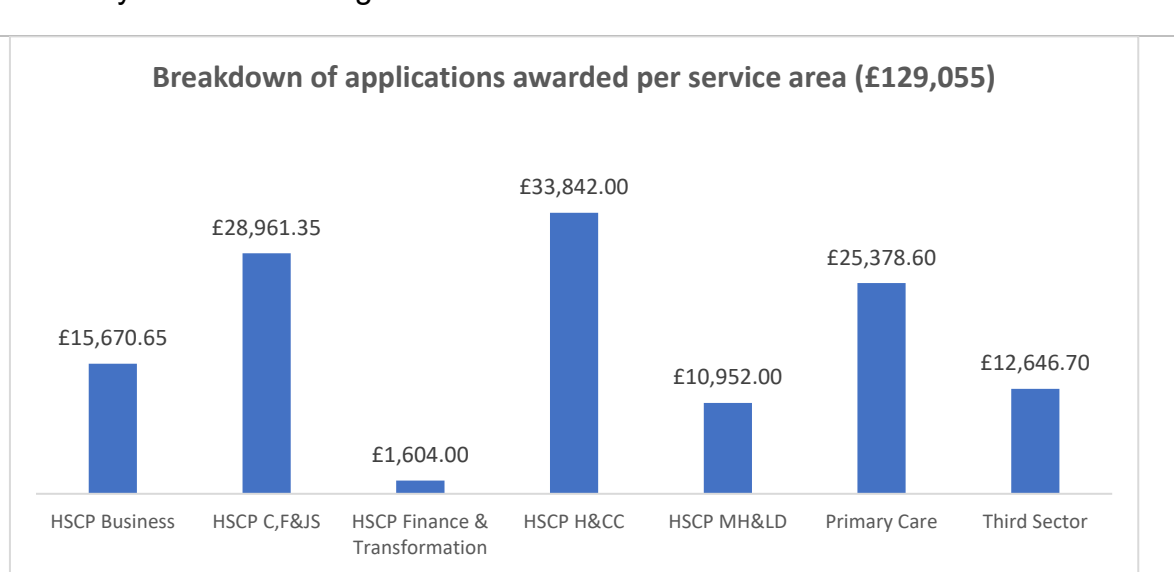
	In addition, KA Leisure have delivered online weight management sessions, as well as physical activity and yoga sessions.
2.5	<u>Mental Health</u>
	<p>Mindfulness</p> <p><i>Everyday Mindfulness Scotland</i> have delivered several 4-week online programmes over the last year, using a mix of presentation and mindfulness practices, focus on anxiety and stress, fight or flight and rest and digest. The “time for you’ course contains short power point inputs to give information about stress and the stress response, followed by a variety of mindfulness practices to manage this response. This involves mindful movement / stretching, alongside breathing and other relaxation techniques.</p> <p>Over the last year, 137 staff have completed the mindfulness programme and positive feedback has been received on this method of supporting staff. Examples of feedback :</p> <p><i>‘It’s so difficult to get time to look after ourselves that I didn’t see how I was going to fit this in, but I did and the time was in the evening when I’ve got other commitments, but this has made me commit to myself and it’s made all the difference to my stress levels’</i></p> <p><i>‘I just want to say I didn’t think this on-line was going to work but it does. I was so much more able to join in when I was in my own home environment. I know its all about using the practices and so I’m determined to try and make the time’</i></p> <p><i>‘I want to say I am not a group person and I wasn’t sure about it at the beginning, but I loved the group experience and will miss it. It has helped me to destress from difficult things at work. I want to try and keep up my practice and I enjoyed sharing with the others and would love it if there was a once-a-month type group /online type thing’</i></p> <p><i>‘The group motivated and helped me to keep going with my practice and I find that I am sleeping better and less anxious than I have ever been for some time’</i></p> <p><i>‘At the start of the course, I wasn't particularly sure what I was going to learn, but it became clear as we progressed through the course. The course was very well delivered, and the explanations/teaching of the techniques and practices were excellent. I feel I have benefited greatly in myself and in my work with service users’</i></p> <p>Optima Health Workshops</p> <p>Since the implementation of the Staff Wellbeing programme, the following suite of online workshops have been delivered by the Council’s Occupational Health provider, Optima Health and were attended by 129 staff:</p> <ul style="list-style-type: none"> • Psychological Impact of Working from Home • Emotional Wellbeing

	<ul style="list-style-type: none"> • Sleep • Financial Wellbeing • Returning to the workplace <p>The following workshops are currently being delivered:</p> <ul style="list-style-type: none"> • Digital Wellbeing Workshops • Menopause Workshops • Winter wellbeing workshops
2.6	<p><u>Primary Care & Social Care Grants Scheme</u></p>
	<p>The Grant Scheme has been operating since March 2022. Applications were invited from teams across North Ayrshire (including all Health & Social Care Partnership staff, GPs and Primary Care staff, Third & Independent Sector providers who are commissioned by the HSCP, Personal Assistants, volunteers, and Unpaid Carers) for funding to support staff health & wellbeing activities, which would be arranged/delivered by staff for local teams.</p> <p>Applications are considered by the Primary Care & Social Care Grants Committee and must meet one or more of the following criteria:</p> <ul style="list-style-type: none"> • Support for teams to ‘take a step back’ together and participate in wellbeing opportunities, • Support and management of distress and anxiety; PTSD; bereavement; staff affected by ‘long Covid’ <p>Some examples of wellbeing applications we have received to date.</p> <ul style="list-style-type: none"> • Outdoor Group Activities – including Tree Tops, Cumbrae Cycling and Wellbeing Day Retreats • Yoga Sessions • Therapy Treatment and Training including reflexology, TRE, reiki, and Indian head massage • Escape Rooms • Fitness & Wellbeing equipment including a cross trainer and exercise bike • Self-Care plans, mindfulness, and positivity cards <p>Grants are payable via the Council’s Sundry Payment Scheme, ensuring appropriate governance and adherence to the Council’s Financial Regulations, and the business support team have successfully developed sector wide booking arrangements, advertising campaigns and automated processing arrangements.</p>
	<p>At the time of writing there has been a total of 207 applications since the commencement of the Scheme with 180 accepted, 8 partly funded, 5 pending awaiting more information, 3 withdrawn and 11 rejected.</p>

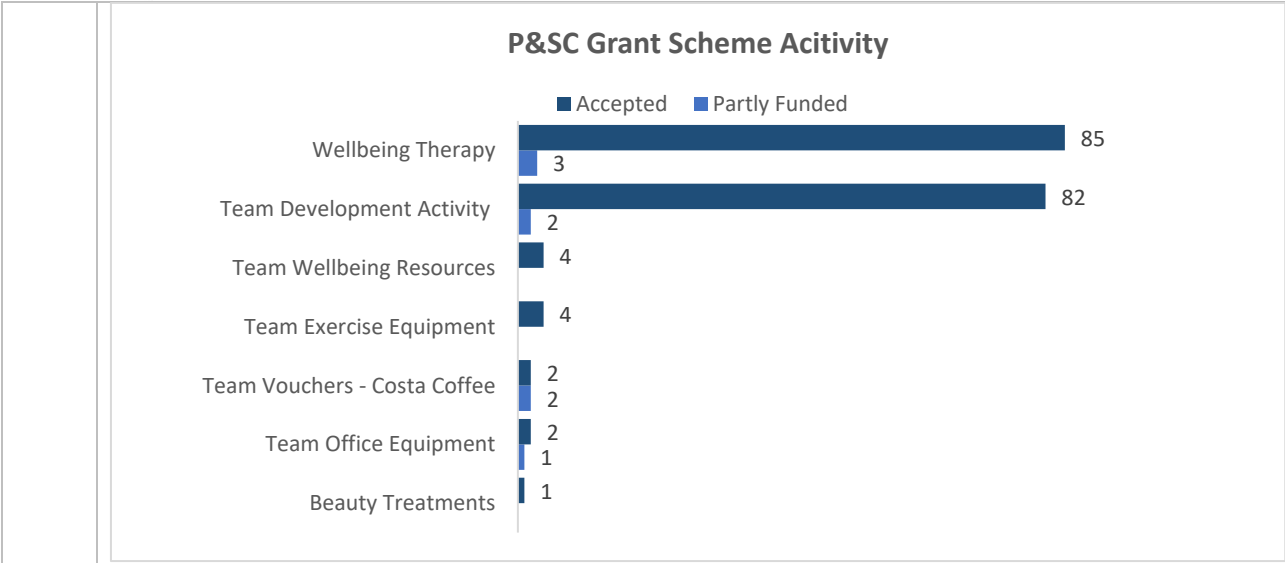
The graph below shows the status of each application per service area. HSCP services have submitted the most applications to date with Children, Families and Justice Services having submitted the most applications to date, closely followed by Health and Community Care.



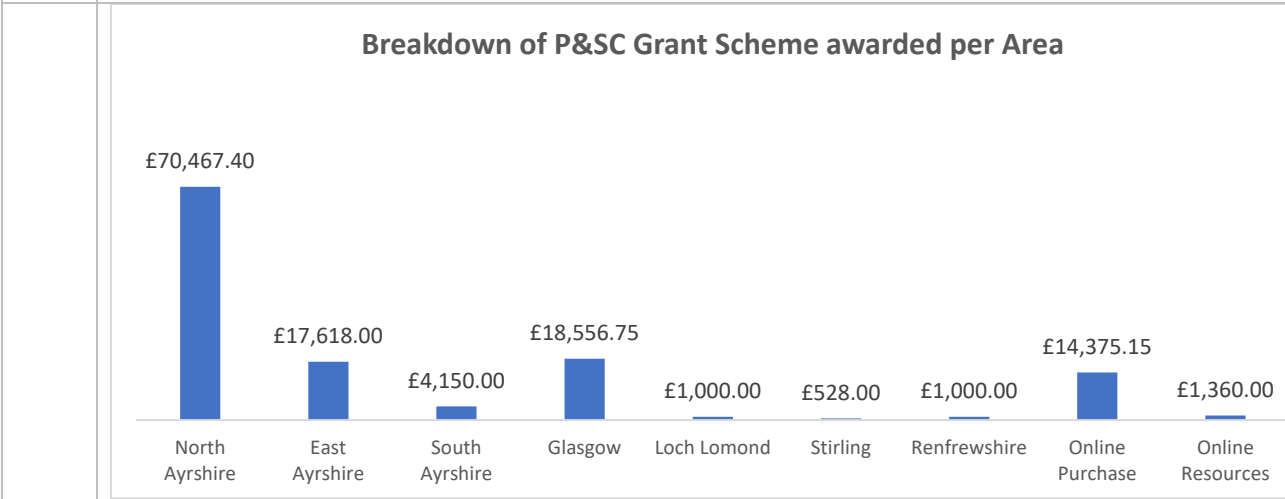
The graph below shows the breakdown of applications awarded per service area for last year and this year's budget, totalling £129,055. A further £5,990 is currently on hold awaiting further details.



The bar chart below gives a brief description of the application activities that has been accepted so far. Wellbeing Therapy and Team Development Activities have had the most applications.



The graph below shows the geographical breakdown of where the P&SC fund has been spent per area, illustrating that the majority of activities and spend has taken place within North Ayrshire.



2.7 Adult Social Care Fund

A bid was submitted to the Workforce Wellbeing Fund for Adult Social Work and Social Care in July 2022 for £9,864 and this was successful.

The funding will deliver wellbeing events over a 2-week period within KA Leisure facilities:

- Auchenharvie Leisure Centre, Stevenston,
- Garnock Community Campus, Glengarnock,
- Portal, Irvine,
- Vikingar!, Largs
- Campuses in Arran and Millport

	<p>The following activities will be delivered:</p> <ul style="list-style-type: none"> • Menopause awareness sessions • Mindfulness exercise sessions • Weight management sessions • Mental Health Awareness Sessions • Appointments for health check ups • Appointments for Massage sessions • Appointments for manicures 				
	<p>As per the criteria for the Workforce Wellbeing Fund, the approved grant is to fund initiatives for those staff working only in the Adult Social Care/Social Work field and does not include staff working in Children’s Services, NHS staff and Partnership support staff. The Partnership Senior Management Team has agreed that grant monies can be moved to expand this wellbeing work to all staff in the Partnership, reflecting our integrated approach.</p>				
3.	PROPOSALS				
3.1	<p><u>Anticipated Outcomes</u></p> <p>The wellbeing of the health and social care workforce remains a key priority and it is recognised that teams are fatigued because of unrelenting pressures. It is important therefore that continued wellbeing initiatives are put in place to support staff on an ongoing basis.</p>				
3.2	<p><u>Measuring Impact</u></p> <p>An evaluation process is in place to capture the views of staff against each wellbeing activity. In addition, the Primary Care & Social Care Grant Scheme seeks feedback from staff on approved wellbeing grants relating to the application process and evaluation of the activities undertaken.</p>				
4.	IMPLICATIONS				
4.1	<p><u>Financial</u></p> <p>Total Spend to Date</p> <p>At the time of writing the Partnership has allocated the following spend on staff wellbeing:</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 20%;">2021/22</td> <td>Scottish Government Allocation £108,590</td> </tr> <tr> <td>2022/23</td> <td>Total Spend to date £67,525</td> </tr> </table>	2021/22	Scottish Government Allocation £108,590	2022/23	Total Spend to date £67,525
2021/22	Scottish Government Allocation £108,590				
2022/23	Total Spend to date £67,525				

4.2	<p><u>Human Resources</u> Supporting staff wellbeing across the entirety of the HSCP including our commissioned care providers, primary care staff is a priority for the HSCP and IJB.</p>
4.3	<p><u>Legal</u> None</p>
4.4	<p><u>Equality/Socio-Economic</u> None</p>
4.5	<p><u>Risk</u> N/A</p>
4.6	<p><u>Community Wealth Building</u> Most of the spend on activities and resources has remained within North Ayrshire.</p>
4.7	<p><u>Key Priorities</u> Continued support for staff wellbeing supports one of the IJBs strategic priorities to Develop and Support our Workforce.</p>
5.	CONSULTATION
5.1	<p>Consultation has taken place on a multi-agency basis, as well as via a staff survey previously described, which was also shared with Trade Union.</p> <p>The third and independent sector leads were invited to join the small grant scheme group to support the scoring of applications.</p>

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