

Integration Joint Board Meeting



Thursday, 25 August 2022 at 10:00

Council Chambers, Cunninghame House, Irvine, KA12 8EE

Meeting Arrangements - Hybrid Meetings

This meeting will be held on a predominantly physical basis but with provision, by prior arrangement, 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 16 June 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 2021/22 Audited Annual Accounts

Submit report by Paul Doak, Head of Service (HSCP Finance and Transformation) on the Audited Annual Accounts for 2021-22 (copy enclosed).

5 External Audit Final Report

Submit report by Deloitte on the External Audit Final Report (copy enclosed).

6 Director's Report

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

7 2022-23 Month 3 Financial Performance

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

8 Ayrshire and Arran CAMHS Reform Programme

Submit report by Stuart McKenzie, Senior Manager, CAMHS on the CAMHS Reform Programme (copy enclosed).

9 The Promise in North Ayrshire: Update on Progress

Submit report by Caroline Cameron, Director (NAHSCP) in relation to ongoing work within North Ayrshire to deliver The Promise to our children and young people (copy enclosed).

10 Joint Inspection of Children's Services

Submit report by Alison Sutherland, Head of Service (Children, Families and Criminal Justice) on the findings of the Joint Inspection of Services for Children and Young People at risk of harm (copy enclosed).

11 North Ayrshire HSCP and ADP Annual Performance Management Report – Alcohol and Drugs

Submit report by Peter McArthur, Senior Manager, Addiction detailing annual performance information in relation to alcohol and drugs (copy enclosed).

12 North Ayrshire HSCP and ADP Implementing Medication Assisted Treatment (MAT) – Annual Report

Submit report by Thelma Bowers, Head of Mental Health on the implementation of the new Medication Assisted Treatment (MAT) Standards (copy enclosed).

13 Unscheduled Care Update

Receive verbal update by Caroline Cameron, Director (NAHSCP).

14 NAHSCP Draft Workforce Plan 2022-25

Submit report by Scott Bryan, Interim Programme Manager, Strategic Planning on the draft Workforce Plan 2022-25 (copy enclosed).

15 Clinical and Care Governance Annual Report

Submit report by Darren Fullarton, Lead Nurse/Associate Nurse Director on governance activity for the period August 2021 – August 2022 (copy enclosed).

16 Appointments

Submit report by Caroline Cameron, Director (NAHSCP) on the appointment of a new NHS Non-Executive Board Member to the IJB (copy enclosed).

17 Urgent Items

Any other items which the Chair considers to be urgent.

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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
Philip Hodgkinson	Acute Services Representative
Alistair Reid	Lead Allied Health Professional Adviser
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 16 June 2022 at 10.00 a.m.
involving participation by remote electronic means

Present

Voting Members

Councillor Margaret Johnson, North Ayrshire Council (Vice Chair)
Councillor Timothy Billings, North Ayrshire Council
Councillor Anthea Dickson, North Ayrshire Council
Marc Mazzucco, NHS Ayrshire and Arran

Professional Advisers

Caroline Cameron, Director of Health and Social Care Partnership
Paul Doak, Head of Service (HSCP Finance and Transformation)/Section 95 Officer
Iain Jamieson, Clinical Director
Scott Hunter, Chief Social Work Officer
Alistair Reid, Lead Allied Health Professional Adviser
Darren Fullarton, Associate Nurse Director/IJB Lead Nurse

Stakeholder Representatives

Vicki Yuill, Third Sector Representative
Glenda Hanna, Independent Sector Representative

In Attendance

Aileen Craig, IJB Monitoring Officer
Alison Sutherland, Head of Service (Children, Families and Criminal Justice)
Thelma Bowers, Head of Service (Mental Health)
Michelle Sutherland, Partnership Facilitator, HSCP
Eleanor Currie, Principal Manager – Finance
Peter McArthur, Senior Manager (Addictions)
Kerry Logan, Senior Manager (Health and Community Care)
Kathryn Watt, Deloitte
Lyndsey Wilson Hague, Phoenix Futures Scotland
Rowanna McDonald, Phoenix Futures Scotland
Elizabeth Crawford, Phoenix Futures Scotland
Karen Andrews, Team Manager
Angela Little, Committee Services Officer
Craig Stewart, Committee Services Officer

Apologies

Bob Martin, NHS Ayrshire and Arran (Chair)
Adrian Carragher, NHS Ayrshire and Arran
Jean Ford, NHS Ayrshire and Arran
Louise McPhater, North Ayrshire Council
Louise McDaid, Staff Representative (North Ayrshire Council)/Chair, North Coast Locality Forum
Pamela Jardine, Carers Representative

1. Apologies and Chair's Remarks

Apologies for absence were noted.

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. Action Note

The Board noted that the action plan was not included in the formal papers, it was noted that all actions are within agreed timescales and the reports on the three outstanding actions had been provided and would be discussed later on the agenda.

4. Appointments

Submitted report by Caroline Cameron, Director (NAHSCP) on the appointment of members to various vacant positions on the IJB, Performance and Audit Committee and Strategic Planning Groups.

The report detailed the appointments as follows:-

- Councillors Margaret Johnson, Anthea Dickson, Timothy Billings and Louise McPhater as voting members of the IJB;
- Councillor Margaret Johnson, as the North Ayrshire Council Cabinet Portfolio holder for Health and Social Care, as Vice-Chair of the IJB;
- Councillor Timothy Billings will continue in his role as Chair of the Performance and Audit Committee;
- three vacancies remain on the Performance and Audit Committee and IJB Members have been canvassed for nominations;
- Councillor Margaret Johnson, as Vice-Chair of the IJB, is appointed as Chair of the Strategic Planning Group;
- Pamela Jardine as the substantive Carer's Representative on the IJB;
- that the Depute Service User representative will continue in the role until a substantive replacement has been appointed;
- Terri Collins as Staff Representative for the NHS; and
- Dr. Iain Jamieson as Clinical Director for North Ayrshire HSCP.

Noted.

5. Child Poverty Report 2021/22 and Action Plan 2022/23

Submitted report by the Executive Director (Education and Communities) on the draft North Ayrshire Local Child Poverty Action Plan for 2022/23 and Report for 2021/22. The report and action plan were attached at Appendix 1 and summarised the ongoing and planned activity intended to reduce child poverty in North Ayrshire.

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

- The establishment of a Financial Inclusion project board to consider how to bring together the number of Council and HSCP teams providing financial inclusion services to make the services more effective and accessible to people in North Ayrshire;
- Work that is underway to fill the Forum Chair vacancies and to ensure there is appropriate membership and representation on each Forum;
- The 3-year strategy to tackle child poverty and the establishment of a new board in North Ayrshire to tackle child poverty, chaired by the Leader of the Council and supported by NHSAA, the North Ayrshire HSCP, the Third Sector Interface and Community Planning partners; and
- work has been undertaken nationally and locally on teenage pregnancy including a full review of the school nursing pathway - all of which strengthen local approaches to supporting young parents

The Board agreed (a) to approve the North Ayrshire Child Poverty Report 2021-22 and Action Plan 2022-23; (b) that the report be submitted to the Scottish Government and published on the North Ayrshire Community Planning Partnership website; (c) to approve the proposal to develop a strategy to tackle child poverty, covering the period 2023-26; (d) to approve the introduction of a "Tackling Child Poverty" Board to agree, monitor and deliver our local strategy in relation to the wide-ranging proposals within the Scottish Government's Tackling Child Poverty Delivery Plan, to be chaired by the Council Leader; and (e) to grant permission to propose North Ayrshire as a "Pathfinder" local authority in tackling child poverty, as described in the Scottish Government delivery plan (Best Start, Bright Futures: tackling child poverty delivery plan 2022 to 2026).

6. Presentation: Phoenix Futures Development

The Board received a presentation by Lyndsey Wilson Hague and James Armstrong on the work of Phoenix Futures Scotland to support those affected by drug and alcohol across the country in prison, community and residential settings.

The presentation provided an update on progress with the acquisition of the Seabank Care Home building in Saltcoats which is being refurbished and opened as a National Family Rehabilitation Service. The presentation provided an update on the following areas:-

- Residential rehabilitation model – a Scotland focus;
- Need for the service, both nationally and locally;
- National Specialist Family Service Model;
- Childcare element of service provision;
- Refurbishment progress; and
- Good neighbour commitment and local support.

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

- An Engagement Plan that would ensure consultations and connections with the third sector, partners, Elected Members and the local community and Phoenix Futures approach to being accessible to any individuals or groups looking to find out more about the service;
- The enhanced model of care and offering for residents of North Ayrshire and an assurance in terms of arrangements to ensure recovery is supported when individuals return home;
- The recruitment of 30 staff with a wide range of knowledge and experience and work to recruit to the two remaining vacancies;
- Examination of referral and follow up processes to ensure sustainable recovery for those returning home out with the local area;
- Detailed meetings that have taken place with Primary Care Team to consider the impact on GP practices in the local area and a number of options that are being explored, noting local GPs do not have readily available capacity to support;
- In-house clinical provision to triage any needs and requirements;
- Further information that will be provided in relation to the provision enhanced package for island communities, noting that there will be one referral pathway and equitable access for all residents in North Ayrshire ; and
- An invitation that was extended to the IJB to visit the facility.

The IJB welcomed the update from Phoenix Futures and the offer for further engagement as the service develops. The update was noted.

7. Wider Scope Report: Audit Dimensions and Best Value

Submitted report by External Auditors Deloitte on the 'Audit Dimensions and Best Value' for the year ended 31 March 2022. The scope of the audit work was risk based and proportionate, and covered the four audit dimensions of Financial Management, Financial Sustainability, Governance and Transparency and Value for Money. Responsibilities in relation to Best Value had been incorporated into the audit work. The purpose of the report and responsibility statement was also included, together with an Action Plan with recommendations for improvement.

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

- An initial induction session for Members that will take place following the summer recess and include a session on the Code of Conduct for Members;
- An ongoing programme of training and development for Members that has been developed; and
- Joint working across the three partnerships and NHS that will progress implementing delegated hospital budgets and set aside requirements.

Noted.

8. 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 Children with Visual Impairment Event, the launch of the formal consultation on the Data Strategy for Health and Social Care and the Ministerial Statement on Accountability for Delivering the National Mission to Reduce Drug Deaths and Improve Lives;
- the MARAC Launch across Ayrshire and Arran;
- North Ayrshire Developments that included mPower/Digital Navigator Support, the new community support launch of 'Our Community Space' in three Garnock Valley towns, Co-creating Libraries, the Care at Home Inspection outcome, the Joint Inspection of Children's Services and the phased re-opening of Older People's Day Services;
- Updates on Covid, Guidance, Managing Health and Social Care Staff with symptoms of a Respiratory Infection, or a positive Covid-19 test, Asymptomatic COVID-19 testing; Care Home settings and Vaccinations.

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

- National Infection Prevention and Control Guidance that is followed by Care Homes;
- Further information on whether Care Home visitor testing is mandatory that will be forwarded to Members;
- The recent Care Inspectorate Inspection of Care at Home and clarity that the scope of this did not include an inspection of Self Directed Support (SDS) and was focussed on direct care delivery through the in-house care at home service;
- The commitment by the HSCP to support SDS through the establishment of an SDS Board so ensure legislation is applied and embedded appropriately across all services; and
- The inclusion of pertinent updates in relation to the Covid pandemic within the Director's report.

The Board expressed its thanks and congratulations to staff within the Care at Home service for their tremendous achievement, following a Care Inspectorate inspection in May 2022 which assessed the service as Grade 5 (very good).

Noted.

9. Financial Monitoring: 2021-22 Year End Performance

Submitted report by Paul Doak, Head of Service (HSCP Finance and Transformation) on the IJB's year-end financial performance and the implications for the IJB's overall financial position, including an update on the financial impact of the Covid-19 response. Appendix A to the report provided the financial overview of the partnership position, with the position in relation to earmarked funds carried forward for use in 2022/23 detailed in Appendix B. The final BRAG status around the deliverability of each saving was provided at Appendix C. Appendix D highlighted the movement in the overall budget position for the Partnership following the initial approved budget and the local finance mobilisation plan submission was detailed at Appendix E to the report.

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

- Underspend in Mental Health, largely as a result of challenges around recruitment and the approaches the service are taking to grow the workforce;
- The establishment of a Workforce Planning Group to consider the best skills mix approach and the challenges in recruiting to some of the most difficult professional roles;
- The development of a National Workforce Strategy in relation to these challenges for Mental Health Services;
- Additional workforce planning resources consider recruitment from a national perspective and collaborative recruitment processes across Scotland; and
- Work with NSD on the delivery of Foxgrove, the completion of a Needs Assessment and commencement of recruitment.

The Board agreed to (a) note the overall integrated financial performance for the financial year 2021-22 and the overall year-end underspend of £21.148m, adjusted to £2.916m after earmarking; (b) note the updated costs of the Covid response and the funding received; (c) note that out-with the IJB overall position, the £1.486m debt repayment has been made to North Ayrshire Council as planned; (d) approve the budget changes outlined at section 2.11 of the report; and (e) approve the proposed earmarking of £18.232m of reserves as detailed in the report, leaving a balance of £2.916m in free general fund reserves.

10. Risk Management Strategy

Submitted report by Paul Doak, Head of Service (HSCP Finance and Transformation) on an updated Partnership Risk Management Strategy, detailed at Appendix 1 to the report.

The Board agreed to approve the Risk Management Strategy detailed at Appendix 1 to the report.

11. Community Alarm/Telecare Service transition from Analogue to Digital (IP)

Submitted report by Kerry Logan, Senior Manager on the Community Alarm/Telecare Services transition from Analogue to Digital Service Internet Protocol (IP) and on how HSCP would support service users.

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

- Recruitment that is underway for a new Project Planning Team; and
- Digital infrastructure in rural areas that would be examined by the Project Planning Team transition to ensure accessibility for service users on an individual basis.

Noted.

12. Distress Brief Intervention Update

Submitted report by Thelma Bowers, Head of Service on the progress of implementation of the Distress Brief Intervention (DBI) Service. Appendix 1 to the report provided an infographic update on the progress of the national programme.

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

- The Implementation Plan that would build capacity in primary care to support primary care colleagues to undertake DBI Level 1 training;
- Data on fluctuations in referral rates including over holiday periods would be examined by the Steering Group as well as the demographics of the information captured.

The Board agreed to endorse the implementation of the plan to support DBI across Ayrshire.

Aileen Craig, IJB Monitoring Officer left the meeting at this point.

13. Support for Unpaid Carers in North Ayrshire

Submitted report by Scott Hunter, Chief Social Work Officer providing an update on developments to improve support to unpaid carers in North Ayrshire, including a programme plan and timeline for proposed changes. The current North Ayrshire Carer's Eligibility Criteria was attached at Appendix 1 to the report.

The Board agreed to (a) approve (i) the approach described in the report to provide improved support for unpaid carers in North Ayrshire; and (ii) the amended Carer's eligibility criteria threshold to support individuals with low and moderate need levels, instead of just substantial and critical levels of need; and (b) note the content of the report.

14. Whistleblowing Report – Quarter 4, January to 31 March 2022

Submit report by Karen Callaghan, Corporate Governance Co-ordinator in relation to whistleblowing concerns raised in Quarter 4 (January-31 March 2022).

Noted.

15. Urgent Item

The Chair agreed to consider the following matter as a matter of urgency, to allow the Board to be provided with an update without delay.

15.1 Unscheduled Care Performance

Submitted report by Caroline Cameron, Director (NAHSCP) outlining the responsibilities of the IJB in commissioning and oversight of performance in relation to Unscheduled Hospital Care in relation to the Acute Set Aside resource. The report highlighted areas of concern in relation to performance and to recommend the IJB seek regular updates on the programme of work to improve patient experience and outcomes.

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

- The Flow Navigation Centre that works towards the prevention of attendance at A&E and admission to hospital;
- The range of work that is underway around discharge without delay to reduce the impact on the individuals being delayed within a hospital environment for longer than required;
- Discussions at the next meeting of the IJB PAC on ongoing reporting of performance information in relation to unscheduled care on a wider Ayrshire and Arran context and whether this should be embedded within future performance reports.

The Board agreed to (a) note the ongoing programme of work in relation to Unscheduled Care and specifically the improvements required in length of stay for patients and performance in relation to the 4 hour ED compliance standard; (b) receive a performance update at the next meeting in August and thereafter consider any further interventions required; and (c) note that any additional resource required to facilitate performance improvement activity should be through a spend to save methodology by closing all 138 additional acute hospital beds during 2022-23.

The meeting ended at 12.38 p.m.

North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 16 June 2022

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	Mental Welfare Commission Report: Authority to Discharge	21/10/21	The Board agreed to (a) note the terms of the report; (b) approve the North Ayrshire Health and Social Care Partnership response to the recommendations; and (c) receive an update report to the IJB in 12 months in terms of progress with the recommendations of the Mental Welfare Commission report.	Update by October 2022	David Thomson
2.	Risk Appetite Statement	14/2/22	The Board agreed to (a) request the IJB PAC to consider the feedback from the IJB in respect of the risk appetite statement; and (b) approve the Partnership Risk Appetite Statement.	Considered at PAC with recommendation that impacts section of report template incorporates alignment with risk appetite, will be embedded in reports where decision required. Action closed	Paul Doak
3.	Communities Mental Health & Wellbeing und	17/3/22	The Board agreed to (a) note the terms of the report; and (b) note that a report would be brought to a future meeting of the Board, for consideration, which would provide learning and an evaluation of what worked, and what did not, in respect of the Fund distribution process, etc.	Update to a future Board (date: tbc)	Vicki Yuill
4.	Medium-Term Financial Outlook	17/3/22	The Board agreed to (a) note the Medium-Term Financial Outlook and the potential financial position in years 2 and 3; and (b) approve the setting up of a Workshop, at the appropriate time, in order to help and	Planned IJB workshop to incorporate this in September 2022	Paul Doak

			facilitate consideration of matters going forward once the funding position, by the Scottish Government, had become clearer.		
5.	Unscheduled Care Performance	16/6/22	The Board agreed to (a) (b) receive a performance update at the next meeting in August and thereafter consider any further interventions required; and (c)	Further update report to be presented to IJB in September	Caroline Cameron

Integration Joint Board 25th August 2022

Subject :	2021/22 Audited Annual Accounts
Purpose :	The Board is required to approve the audited annual accounts for 2021-22 for issue by 30 September 2022 and to consider the report from External Audit.
Recommendation :	That the Board: (a) Note that Deloitte LLP have completed their audit of the annual accounts for 2021-22 and have issued an unqualified independent report auditor's report; and (b) Approve the Audited Annual Accounts to be signed for issue.

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	The Integration Joint Board (IJB) was required to produce a set of annual accounts for 2021-22. These accounts were produced within the statutory timescale and have been subject to independent audit by the Integration Joint Board's external auditors, Deloitte LLP.
1.2	The external auditor is required to report on certain matters arising to those charged with governance in sufficient time to enable appropriate action to be taken before the financial statements are approved and certified. The audit process has been completed and Deloitte LLP have issued an unqualified independent auditor's report.
1.3	The Audited Annual Accounts require to be approved by the IJB prior to 30 September 2022. As part of the independent audit there were some minor changes required, these were mainly presentational and to provide additional information or clarification and there are no changes to the overall financial position reported to the Performance

	and Audit Committee in June. Deloitte LLP's External Audit Annual Audit Report includes the findings of the audit.
2.	BACKGROUND
2.1	The Integration Joint Board is subject to the audit and accounts provisions of a body under section 106 of the Local Authority Government (Scotland) Act 1973. This requires annual accounts to be prepared with the reporting requirements specified in the relevant legislation and regulations. The requirements are proportionate to the number of transactions of the Integration Joint Board whilst complying with the requirement for transparency and true and fair reporting in the public sector.
2.2	The audited annual accounts have been prepared in accordance with the Code of Practice on Accounting for Local Authorities in the United Kingdom 2021-22. Additional guidance was issued by the Scottish Government Integrated Resources Advisory Group (IRAG) and CIPFA LASAAC and this guidance has been followed to produce the unaudited accounts. In addition, support was provided by CIPFA and Audit Scotland to ensure a consistency of approach and shared best practice across Integration Joint Boards.
2.3	The Audited Annual Accounts for 2021-22 are included as Appendix 1, these incorporate the independent auditors report. Deloitte LLP are able to conclude that the Integration Joint Board's accounts present a true and fair view of the IJB's financial position.
2.4	Appendix 2 includes a letter of representation signed by the Chief Finance Officer (NAHSCP) as responsible officer for North Ayrshire Health and Social Care Partnership. Deloitte LLP's External Audit Annual Audit Report to members, which summarises the findings of the audit is a separate item on the agenda.
2.5	Deloitte LLP have given an unqualified opinion that the 2021-22 financial statements give a true and fair view of the financial position and expenditure and income of the IJB for the year, concluding that the accounts have been properly prepared in accordance with relevant legislation, applicable accounting standards and other reporting requirements. During the audit, minor amendments were required around the presentation of the prior year adjustment in respect of the £500 Covid 'thank you' payments which was reported to the IJB through the financial monitoring reports in 2021-22 and in the remuneration report. The overall financial position remains as reported to the Performance and Audit Committee in June 2022.
2.6	The Integration Joint Board are required to formally approve the Audited Annual Accounts prior to 30 September 2022 and thereafter they will be published on the partnership website.

3.	PROPOSALS
3.1	<p>The Board is invited to:</p> <p>(a) note that Deloitte LLP have completed their audit of the annual accounts for 2020-21 and have issued an unqualified independent auditor's report; and</p> <p>(b) approve the Audited Annual Accounts to be signed for issue.</p>
3.2	<u>Anticipated Outcomes</u>
	The annual accounts are a key statutory reporting requirement and can be a useful way to join up financial and service delivery performance information in a readily available public document, the IJB has a statutory responsibility to approve the Audited Accounts for issue by 30 September 2022.
3.3	<u>Measuring Impact</u>
	Progress against the recommendations will be reviewed by the Performance and Audit Committee during 2022-23.
4.	IMPLICATIONS
4.1	<p><u>Financial</u></p> <p>The IJB are required to consider and approved the Audited Annual Accounts for 2021-22 by 30 September 2022.</p>
4.2	<p><u>Human Resources</u></p> <p>None.</p>
4.3	<p><u>Legal</u></p> <p>None.</p>
4.4	<p><u>Equality/Socio-Economic</u></p> <p>None.</p>
4.5	<p><u>Risk</u></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 controls and financial statutory duties and a high-risk appetite in relation to finance and value for money.</p>
4.6	<p><u>Community Wealth Building</u></p> <p>None.</p>
4.7	<p><u>Key Priorities</u></p> <p>None.</p>

5.	CONSULTATION
5.1	<p>The unaudited annual accounts were advertised and made publicly available for inspection; the audited accounts will require to be published by 30 September 2022. There were no objections noted from the public inspection.</p> <p>The Chief Officer and other officers of the IJB have been consulted during the audit process.</p>

Caroline Cameron
Director, Health and Social Care Partnership

For more information please contact Paul Doak, Head of Service (Finance and Transformation) (pdoak@north-ayrshire.gov.uk) or Eleanor Currie (Principal Manager, Finance) (eleanorcurrie@north-ayrshire.gov.uk)

Appendices

- Appendix 1, Audited Annual Accounts 2021-22
 - Appendix 2, Letter of representation

North Ayrshire Integration Joint Board



**Annual Accounts for Period
Ending 31 March 2022**



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Management commentary

This publication contains the Annual Accounts of North Ayrshire Integration Joint Board (IJB) for the period ended 31 March 2022.

The Management Commentary outlines the key messages in relation to the IJB's financial planning and performance for the period 2021-22 and how this has supported delivery of the IJB's strategic priorities. This commentary also looks forward, outlining the future financial plans for the IJB and the challenges and risks that we will face as we strive to remobilise services following the Covid19 pandemic whilst continuing to meet the needs of the people of North Ayrshire.

North Ayrshire IJB

Each of the three Ayrshire health and social care partnerships established their Integration Joint Boards on 1 April 2015. The IJB's purpose is to improve the health and wellbeing of local people, create support within our communities and deliver joined-up care pathways for people who use health and social care services, particularly those who have complex care needs.

North Ayrshire Health and Social Care Partnership (NAHSCP/the Partnership) is the name given to the service delivery organisation for functions which have been delegated to the IJB.

Reflecting on the impact of the pandemic, the IJB approved the creation of a one-year bridging plan to 31 March 2022. As part of this approach the IJB agreed to continue with the key partnership vision and five strategic priorities for North Ayrshire Health and Social Care until 31 March 2022.

The Partnership's vision is:

'All people who live in North Ayrshire are able to have a safe, healthy and active life'

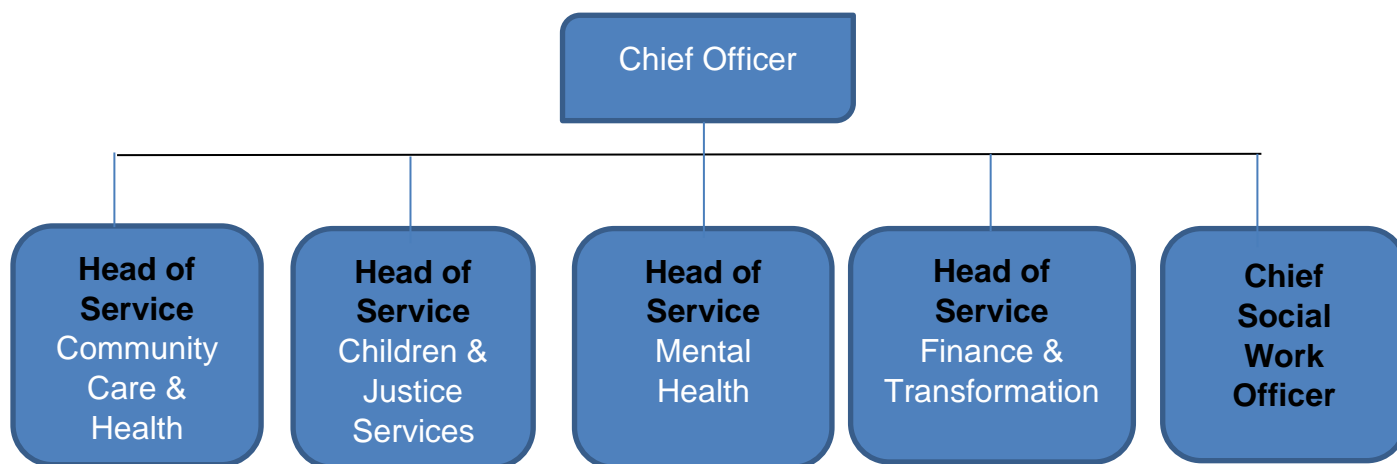
This vision is supported by five strategic priorities:



*NAHSCP
Priorities*

North Ayrshire Council and NHS Ayrshire and Arran delegate responsibility for the planning of services to the IJB. The IJB commissions services from North Ayrshire Council and NHS Ayrshire and Arran and is responsible for the operational oversight of integrated services. The IJB Chief Officer is responsible for the operational management of integrated services.

The Chief Officer is supported by heads of service for each service area, the Chief Finance and Transformation Officer, the Chief Social Work Officer and the wider partnership management team.



NAHSCP structure

In March 2021, we published our Bridging Strategic Commissioning Plan. This one-year plan was launched to maintain a clear strategic vision during the pandemic period and ensure that North Ayrshire HSCP continued to meet its statutory obligations.

The Bridging Plan set out our pandemic recovery and renewal priorities, highlighting our strategic and operational intentions as we met the on-going challenge of Covid 19. It also demonstrated our alignment with key local partners, including the North Ayrshire Community Planning Partnership, North Ayrshire Council and NHS Ayrshire and Arran.

Our bridging plan set out the foundation of ‘Caring Together’, the HSCPs long-term Strategic Commissioning plan 2022-2030. The networks and methods established to produce the bridging plan were also employed to develop the longer-term strategy. Key members of the Strategic Planning Group and other stakeholders were actively involved in the writing group, promoting engagement across their networks and providing invaluable information and insight.

In October 2020 we launched the North Ayrshire Wellbeing Conversation to help inform both our one-year bridging plan and our longer-term strategy. This online engagement approach ran for 18 months and attracted 727 responses. As well as providing insights into the health and wellbeing approaches of North Ayrshire residents, it also helped us to identify volunteers to join the North Ayrshire ‘Care Improvement Network’, a new flexible approach to engagement.

Through the development of ‘Caring Together’, we revised the HSCPs strategic priorities. From April 2022, the HSCP will seek to:

- Enable Communities
- Develop and Support our Workforce
- Provide Early and Effective Support
- Improve Mental and Physical Health and Wellbeing
- Tackle Inequalities

The plan identifies a number of key ambitions against each of these priorities, underpinning our vision for health and social care services in the future.

Delivery of the plan will be facilitated by a number of key enablers, including the Medium-Term Financial Outlook, Transformation Plan, and Participation and Engagement Strategy.

The plan is supported by a number of key strategic actions which are each aligned to a strategic priority and service ambitions. These actions will form part of the HSCPs performance reviews going forward.

Further implementation of the strategic plan is key for the Partnership to achieve the nine National Health and Wellbeing Outcomes as set by the Scottish Government.

More information about the Strategic Plan 2022-30 can be found at:

<http://nahscp.org/wp-content/uploads/2022/04/Caring-Together-NAHSCP-Strategic-Commissioning-Plan-2022-2030-PDF.pdf>

North Ayrshire Today

North Ayrshire is home to 134,250 people and covers an area of 340 square miles and includes the islands of Arran, Great Cumbrae and Little Cumbrae.

The local population is expected to fall over the next 8 years, and we expect that there will be fewer people aged 65 and under, reducing the number of working age adults. By 2030, we expect the local population to fall to 129,987 with those 65 and over accounting for more 27% of the local population. Between 2022 and 2030, the percentage of the adult (18-64) population will fall from 57% to 53%.

Of further concern is the growth in those over 75 years. By 2030, the local population of people 75 and over will grow by 16%, to 16,905 (from 14,546 in 2022). In contrast, those aged 65 to 74, will increase by 11%, to 19,207.

Currently, 27% of local people are known to have some form of long-term condition. It is recognised that the prevalence of people with a long-term condition increases by age. For example, only 1.7 people in every 10 under the age of 65 has a long-term condition, whereas 8.2 people in every 10 over the age of 85 has a condition.

In contrast to the growth in the older population, the life expectancy figures for North Ayrshire have dropped in recent years. At the most recent reporting period (2020), female life expectancy was 80.1 years, compared to 80.8 in 2015), and male life expectancy was 75.3 years compared to 76.1. For both females and males, life expectancy is lower when compared to the Scottish Average.

Healthy life expectancy for men North Ayrshire has increased in recent years. However, we see a decreasing trend for women. In the latest time-period available (2018-2020 3-year aggregate), the average healthy life expectancy in North Ayrshire was 58.5 years for men and 56.3 years for women in 2017-2019. When compared against life expectancy, this suggests, that while women will generally live longer than men, they will spend a greater proportion of their life in ill health. In 2019, men could expect to live 23% of their life in ill health, compared to 30% for women.

The Scottish Index of Multiple Deprivation (SIMD) 2020, reports that 74 of North Ayrshire's 186 data-zone areas are ranked in the top 20% for levels of deprivation. As such, 41% of North Ayrshire residents live in areas identified as amongst the most deprived in Scotland. This equates to almost 56,000 people locally living in areas of relatively high deprivation.

Between October 2020 and September 2021, the employment level in North Ayrshire was reported at 66.3%, the lowest in Scotland (Scottish figure was 72.9%). Over the same period, North Ayrshire also reported an unemployment level of 5.3%, the second highest in Scotland and above the Scottish figure of 3.5%. Again, over the same period, North Ayrshire reported 29.7% of local people as economically inactive, again higher than the Scottish figure of 23.5%.

Overall, there are 23,300 economically inactive people in North Ayrshire and 57,500 economically active people. This means that there are roughly two economically inactive people for every five economically active people.

North Ayrshire's overall benefit claimant count (16-64 years) in February 2022 was 5.2%, which is below pre-Covid19 levels. The Scottish rate for the same period was 3.9%.

Over the same period, the youth claimant count (those aged 16-24) was 5.8%. Again, below pre-Covid 19 levels. However, North Ayrshire is higher than the Scottish figure of 3.9% for this measure.

According to the ONS Business Register and Employment Survey data, in 2020 there were approximately 41,000 total employments in North Ayrshire. The top three employing sectors were:

- Wholesale, retail trade, and vehicle repair: 7,000 employments
- Health and social work: 6,000 employments
- Manufacturing: 4,500 employments

For those in employment, North Ayrshire reported 11.7% of the local workforce earning less than the real living wage. However, this compares favourably to the Scottish rate of 14.4%.

Gross weekly pay for North Ayrshire residents in 2021 was £626, but gross weekly pay for people working in North Ayrshire was £597 – the Scottish rate for both figures was £622.

A snapshot of achievements during 2021-22

Tackling Inequalities

- **Employability and Skills Programme** - Delivered in partnership with Connected Communities, our 12-week employability and skills programme is aimed at parents/carers supported by North Ayrshire HSCP Rosemount service. The course covered basic IT skills, advice on health and wellbeing, getting outdoors, building confidence, setting goals, and getting connected in the local community. Our aim was to mitigate the impact of the Covid 19 pandemic on the job market, by giving parents/carers skills that could lead to opportunities for employment, training or education.
- **Active, Connected, Included** - As part of the delivery of the Community Mental Health and Wellbeing fund by Arran CVS (a partner in the North Ayrshire Third Sector Interface), staff from the Learning Disability Service promoted the circulation of the Active, Connected, Included resource. This resource was developed by the Scottish Commission for Learning Disability (SCLD) with the aim of it supporting individuals and communities to think broadly about accessibility, and how inclusive our communities are. With the support of SCLD, all those 57 successful applicants to the Communities Mental Health and Wellbeing fund were provided with a hard copy of the resource and encouraged to use it to look more closely at the accessibility and inclusivity of their opportunities.
- **Improved Financial Advice and Support** - The pandemic and lockdown periods have only served to heighten people's financial concerns. To help address this, the Community Link Worker Service is working closely with our Money Matters team to embed the service into 9 GP practices in the more deprived areas across North Ayrshire. This new approach will provide greater levels of access to financial support services for people across Ayrshire.



Engaging Communities

- **Flexible support approaches** - Due to restrictions placing limitations on physical visits and appointments, delivering traditional 'clinic based' services was limited. In response to this many services offered a range of blended support options, making best use of available communications technology, such as 'Near Me' (video consulting software) in medical practices, telephone support, and where safe to do so, home visits. The blended approaches have helped us to continue delivering vital health and social care services during a very challenging period, allowing us to keep in contact with service users and also offering much needed emotional support and guidance.
- **Family Centred Wellbeing Service** - we developed our Family Centred Wellbeing Service, with a vision that: *'We aim to work alongside families in a flexible, collaborative way, to empower them to use their own unique strengths to flourish'*.



Parents/carers, children and young people and professionals recognised that there was a gap in early intervention family support in North Ayrshire. North Ayrshire already has a key focus on positive relationships, nurturing approaches and positive mental health and wellbeing as part of its approach to supporting children and young people. By developing this service, we will build a sustainable, multiagency, holistic, strengths focussed, community-based assessment and support service for families, building on the wealth of skills within North Ayrshire HSCP and the Communities and Education Directorate.

- **Neighbourhood Networks** - The Learning Disability Service, with the support of the Partnership, commissioned Neighbourhood Networks to work in the Garnock Valley, connecting people with learning disabilities with peers and new opportunities within their communities. Over the course of 2021, Neighbourhood Networks supported its members to connect with others and develop new skills.

Their success in this led to a second network being commissioned in the Garnock Valley, but with a broader remit: as well as supporting people with learning disabilities, they would also support those experiencing mental health issues. Following on from this, 4 additional networks were commissioned, 2 operating in Stevenston, and 2 in Largs.

Improving Mental Health and Wellbeing

- **Partnership working to improve Mental Health Supports in the community-** In response to the shared locality priority of improving mental health and wellbeing support by all HSCP locality planning forums and CPP Locality Partnerships, working groups have been created in both Irvine and Garnock Valley localities to identify joint actions and solutions. These groups include representation from the HSCP, Community Link Work Service, NHS Public Health, Connected Communities Service, and partners from Third Sector Organisations.



These groups aim to consider the current gaps in mental health and wellbeing supports for local people and work together to develop shared solutions and opportunities. A positive example is the development of a community drop-in service to provide advice and support to people in the Garnock Valley. This service has been jointly designed with local people, Turning Point, Connected Communities, and the Alcohol and Drug Partnership Prevention Early Intervention and Recovery (ADP PEAR) service.

Both the Garnock Valley and Irvine groups are undertaking a mapping exercise of locally available mental health and wellbeing supports. When completed, this information will be shared across all partnership networks and be made readily available to the public.

- **Partnership working with the TSI: Scottish Government Communities Mental Health Fund** - as part of the Scottish Government's Recovery and Renewal Fund, funding was allocated to North Ayrshire to support community-based initiatives that promote and develop good mental health and wellbeing within the adult population. The North Ayrshire Third Sector Interface led the local fund initiative, with NAHSCP supporting the planning, process design, communication and implementation along with others.

As well as aligning with our Locality priorities, our strategic priorities and CPP Locality priorities, the Fund aims also overlapped with our longer-term strategic response to Scottish Government's Mental Health Strategy. To help ensure greatest relevance to the needs of North-Ayrshire, the TSI used the LPF and CPP Locality priorities in the communications, process design and project assessments.

- **Support for expectant and new mums in North Ayrshire** – expansion to the early intervention Perinatal Mental Health team. The service ensures all expectant and new mums in North Ayrshire, who may be experiencing mild to moderate mental health difficulties, can be offered early support. The team accept requests for assistance from community midwives and health visitors in all areas of North Ayrshire and from GPs and Mental Health Practitioners in Kilwinning and Irvine. To date, and since 2018, 324 women have been supported.
- **Young Person's Suicide Support Pathway**- to help support those at risk, the North Ayrshire Young People's Suicide Taskforce have implemented the Young Person's Suicide Support Pathway within our Service Access team. The pathway sets out a clear process for Service Access staff to follow when a young person is referred following an attempted suicide or significant self-harm attempt.

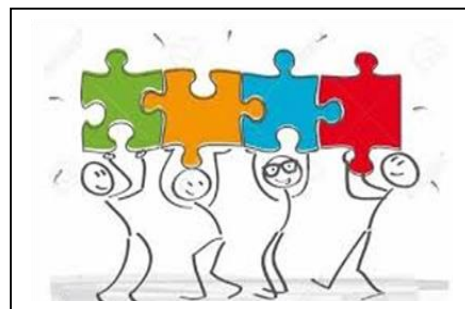
The pathway is open to all young people up to the age of 18 who have made a significant attempt at taking their life (e.g. non-fatal overdose, act of self-harm significant enough to require treatment or intervention) who are not open to or known to any other health or social care service.

This approach was created with the aim to provide a clear and robust approach for young people at risk of suicide to be support quickly and effectively, particularly for those previously unknown to services, and to provide a more consistent and coherent approach to support serviced and information for young people affected.

- **Recovery Development Workers** - a Test of Change was initiated to enable Service Access and the Multi-Agency Assessment Screening Hub (MAASH) Teams to access Recovery Development Workers (RDW) from North Ayrshire Drug and Alcohol Recovery Service (NADARS) in order to provide an Early and Effective Intervention for Adults within our local communities to address their addictions and therefore improve their living environments/mental health and wellbeing and their life chances. This would be an earlier, softer and more appropriate and person-centred approach to engage individuals with any addiction issues and to encourage individuals to consider a recovery pathway. Following the success and impact of this pilot 3-year funding has been secured via Corra Foundation Partnership Drug Initiative for two full time Recovery Development Workers to be located in Service Access/MAASH as part of a prevention and early intervention strategy.

Bringing Services Together

- **The Ayrshire Bairns health visiting app was launched** - this is a one stop shop for all health visiting and early years' information. The app, which contains information on visits, parenting, child development as well as links to useful resources, will gradually replace many of the paper copies of resources that families are issued with when having a baby.



Early Intervention and Prevention

- **Mental health support for expectant and new mums in North Ayrshire** - an expansion to the early intervention Perinatal Mental Health team. This will ensure all expectant and new mums in North Ayrshire, who may be experiencing mild to moderate mental health difficulties, can be offered early support.
- **Support to the National Covid 19 Vaccination Programme** - throughout the Covid 19 pandemic, the HSCP has supported the local delivery of the national vaccination programme, ensuring the maximum roll out of approved vaccines to local people. We have supported the programme through provision of local premises for use as vaccination centres. At the height of the programme, we provided 18 premises across North Ayrshire for use, ensuring vaccinations centres were locally available.
- **Breastfeeding Happily in North Ayrshire** - Over many years, breastfeeding rates across many areas of Scotland have remained stubbornly low, despite efforts by many. North Ayrshire has been no different, with significant differences in breastfeeding rates between our most and least deprived communities. Recent figures released by Public Health Scotland have shown a welcome increase in rates of babies exclusively breastfeeding at 6-8 weeks in North Ayrshire from 17.53% in 2019/20 to 18.9% in 2020/21 (2021/22 info still to be published). Arran has the highest rate at 41.6%.
- **Digital Navigator Service** - As the pandemic has progressed, we have employed greater levels of digital approaches to help us to effectively engage and support local people. However, we recognise that many local people require additional support to learn and effectively use digital and online services. The Digital Navigator service was implemented to support those 65 and over, living with a long-term health condition. It supports people to use technology to help them live well, safely and independently in their own homes. The digital navigator can introduce people to technology that can help them with their health conditions, perhaps through integrated home and mobile monitoring solutions or wellbeing apps or even video enabled care solutions. The service provides personalised wellbeing plans that focus on supporting people to take control of their own health and wellbeing. A key component of the plan is connecting people to local activities and services that can help them maintain their independence and quality of life.



Organisational performance

The continuing impact of the Covid 19 pandemic through 2021-22 resulted in workforce perseverance in service remobilisation and delivery even though all frontline service providers continued to experience direct and indirect exposure to the virus.

In support of service remobilisation and pressure monitoring, our regular performance reporting was added to with additional local monitoring and the Chief Officers Group weekly information for Adults and Children covering key areas of potentially significant pressure.

Our quarterly performance report highlighted the impact of the pandemic across our services and communities and showed the ways in which integrated partnership working can progress change at pace and scale, ensuring positive person-centred care.

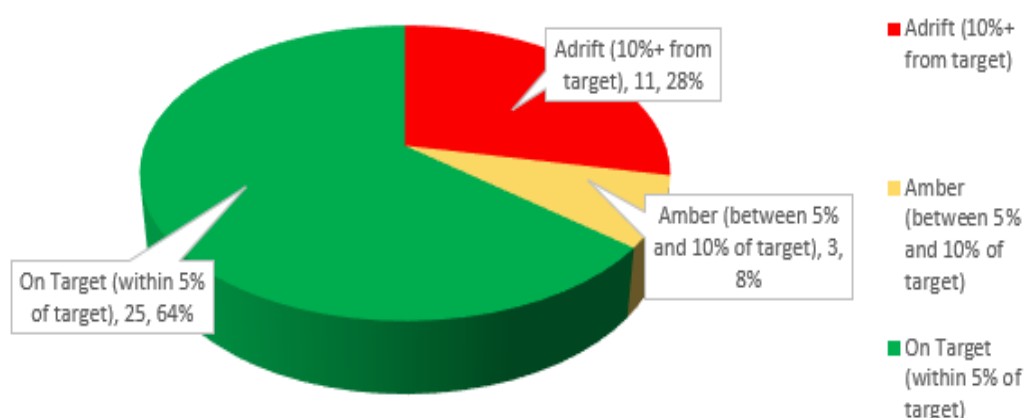
For 2021-22 the partnership implemented a strategic bridging plan due to the Covid pandemic which bridged the previous plan and a new complete plan that would require robust public consultation which was not able to be achieved during the pandemic. The annual review of performance measures was undertaken resulting in some changes to the set of measures attributed to our new strategic objectives and to reflect the continuing transformation of services to meet continual service demand. Where an indicator presents as being off track, commentary with proposed resolution and future mitigation is provided on how to improve future performance.

Performance reporting comprises of a series of key performance indicators and key actions, which link directly back to our strategic bridging plan 2021-22. Performance is reported at a number of levels within the organisation including the Integration Joint Board Performance and Audit Committee, the Integration Joint Board (IJB), the Joint Review with North Ayrshire Council and NHS Ayrshire and Arran Chief Executives, and service performance reviews within each service area.

A specific report was presented to the Performance and Audit Committee listing all changes for 2021-22. These included:

- Target resetting
- Removal of measures that are no longer reflective of the service improvement
- The inclusion of new measures to meet service improvement and current operational demand

At the end of 2021-22 we measured 39 key indicators of performance (2020-21: 55). The latest Performance and Audit Committee Report shows progress against the key measures and this is represented in the chart below.



The pandemic continued to pose challenges to the delivery of services such as; supporting the workforce, the continuing service demand pressures, and the pace of transformation to ensure performance is achieved or improved in all areas.

As part of our commitment to continuous improvement, we recognise areas where we could do more and by monitoring indicators which present as significantly adrift enables us to identify and target plans to address performance issues. The key areas off target for 2021-22 were:

- Reducing purchased foster placements
- Increasing the number of internal foster carers
- Increasing the number of kinship care placements
- Reducing the number of days people spend in hospital beyond their discharge date
- Reducing the number of patients waiting for CAH package (Community and Hospital)
- Increasing the number of individuals receiving a care at home package

Quarters 3 and 4 2021-22 saw the most challenging phase of the pandemic for Community Care services, and in particular, the impact this had on frontline Care at Home Services. Covid related absences reached their highest levels in Q3 that the service had seen throughout any stage of the pandemic and remained at consistently higher levels than the previous 18 months throughout Q4 2021-22. Whilst the in-house Care at Home service did not require to cease delivery on any planned care delivery, the service remained operating at business continuity levels throughout this period. Planned care delivery via the Partnership's external care at home providers continued to be negatively impacted in this period.

Further information on performance will be contained in the Annual Performance Report, however, publication has been extended to November 2022 in accordance with provisions made in the [Coronavirus \(Scotland\) Act 2020](#).

Annual accounts

The Annual Accounts set out the financial statements of the IJB for the period ended 31 March 2022. The main purpose is to demonstrate the stewardship of the public funds that have been entrusted to the IJB for the delivery of its vision and strategic priorities as outlined in the Strategic Plan. The requirements governing the format and content of the Annual Accounts are contained in The Code of Practice on Local Authority Accounting in the United Kingdom (the Code). The Annual Accounts for 2021-22 have been prepared in accordance with this Code.

The financial plan

Strong financial planning and management is paramount to ensure our limited resources are targeted to maximise the contribution to our objectives. Delivery of services in the same way is not financially sustainable. The updated strategic plan approved for 2022-30 is underpinned by the need to learn from the pandemic and ensure opportunities are maximised to transform care models and find new solutions to ensure the future sustainability of high-quality health and care services.

In 2021-22 the IJB agreed a one-year balanced budget which included an overall savings requirement of £2.528m and a one-off draw on reserves of £0.181m. The financial position was monitored closely during the financial period with an added focus on the risk in relation to the funding of Covid19 related costs.

The ability to plan based on the totality of resources across the health and care system to meet the needs of local people is one of the hallmarks of integrated care. Medium term financial planning is key to supporting this process and identifying the transformation and planned shift in resources to provide sustainable services to the local community over the medium term.

Going into 2022-23 there are unknowns relating to pressures, particularly staff pay awards which have not been agreed for either Council or NHS employees.

The impact of the policy, legislation and funding implications of the introduction of the National Care Services also remain unknown at this stage.

The Medium-term Financial Outlook (MTFO) was updated during 2021-22 and reported to the IJB in March 2022. This covers the period 2022-25 and this will be updated again before the end of 2022-23 following publication of the Scottish Government's multi-year resource spending review.

Financial performance

Financial information is part of the performance management framework with regular reporting of financial performance to the IJB. This included an integrated approach to financial monitoring, reporting on progress with savings delivery, financial risks and any variations and changes to the delegated budget. There were significant financial challenges during the period due to the impact of the pandemic. This resulted in additional costs being incurred, fluctuating service levels and partial non-delivery of the transformation programme and associated savings.

Throughout the financial year the IJB-projected position has been balanced moving to an underspend position from September onwards. This demonstrates the continued focus on the financial position, tight financial controls, planned progress with savings delivery in many areas, and the focus on ensuring that the pandemic impacts were captured and funded appropriately.

From the outset of the pandemic the IJB 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, on the premise that any additional costs aligned to mobilisation plans would be fully funded. There was a risk during the year that if the full cost of the Covid19 response was not funded that the IJB may have required to recover any overspend in-year, however, the final funding allocation eliminated the risk for 2021-22.

The overall financial performance against budget for the financial period 2021-22 (after adjusting for new earmarked reserves) was an overall underspend of £2.916m. This consisted of £1.889m of underspend in social care services and £1.027m underspend in health services.

This position excludes the £1.486m budget being held on behalf of the IJB by the Council for debt repayment. This £1.486m was allocated towards the debt at the period-end reducing the debt to £2.321m (£3.807m 2020-21).

The table below reconciles the surplus on the provision of services of £21.475m as noted in the Comprehensive Income and Expenditure Statement to the financial outturn position of £2.916m (underspend):

	21/22
Surplus on provision of services	(21.475)
Earmarked reserves released to services during 2020-21	(1.159)
Repayment of Debt	1.486
Sub Total	(21.148)
NEW Earmarked Reserve Balances during 2020-21	18.232
Financial Outturn (underspend)	(2.916)

The table below summarises the financial performance for 2021-22 and 2020-21. This notes the budget outturn on a managed basis (including the full allocation for North HSCP lead partnership services), adjusts this for the net impact of lead partnership allocations across North, South and East Ayrshire and also for new earmarked balances.

The table includes the financial performance for services managed by the IJB during the period, therefore it excludes the large hospital Set Aside Budget of £33.980m which was allocated at the end of the period to the IJB. The set aside budget is included within the financial statements.

2020-21 Budget £000	2020-21 Actual £000	Variance (Fav) / Adv £000		2021-22 Budget £000	2021-22 Actual £000	Variance (Fav) / Adv £000
74,258	72,611	(1,647)	Health and Community Care	81,840	77,629	(4,211)
81,395	79,647	(1,748)	Mental Health	88,742	81,491	(7,251)
35,427	35,346	(81)	Children, Families and Justice	36,579	37,818	1,239
48,940	48,809	(131)	Primary Care	50,073	50,047	(26)
5,722	5,722	0	Allied Health Professionals	6,853	6,771	(82)
25,176	18,901	(6,275)	Management and Support Costs	29,214	17,627	(11,587)
1,081	1,081	0	Change Programme	1,099	1,105	6
271,999	262,117	(9,882)	TOTAL EXPENDITURE	294,400	272,488	(21,912)
(271,999)	(271,999)	0	TOTAL INCOME	(294,000)	(294,400)	0
0	(9,882)	(9,882)	OUTTURN ON A MANAGED BASIS	0	(21,912)	(21,912)
0	(437)	(437)	Lead Partnership Allocations	0	764	764
0	(10,319)	(10,319)	OUTTURN ON AN IJB BASIS	0	(21,148)	(21,148)
0	6,168	6,168	New Earmarking	0	18,232	18,232
0	(4,151)	(4,151)	FINAL OUTTURN POSITION	0	(2,916)	(2,916)

The main areas of variance during 2021-22 are noted below:

Health and Community Care – underspend of £4.211m mainly relates to an underspend in care home placements due to a reduction in the level of respite, an underspend in day care services as the service was closed during the pandemic, Carers Act funding and Scottish Government funding for Care at Home Capacity and Interim Care. The Scottish Government funding will be earmarked for use in 2022-23.

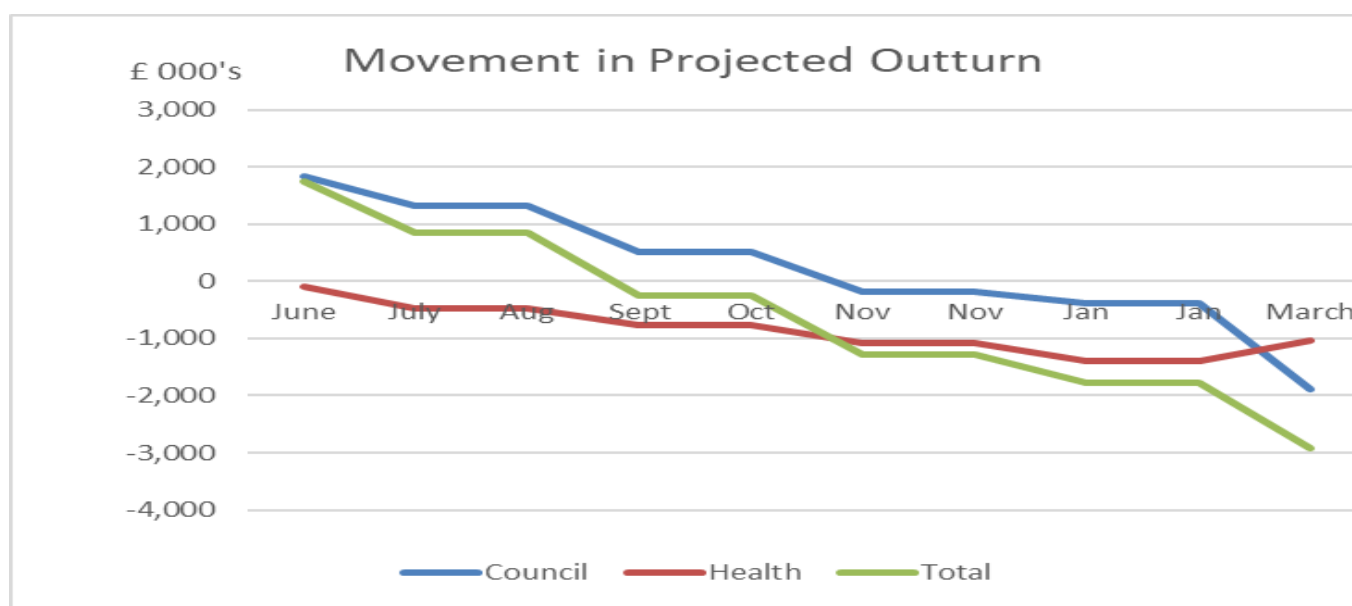
Mental Health – underspend of £7.251m which relates to underspends in community mental health, learning disability day services, non-employee costs at Trindlemoss and the Lead Partnership for mental health (psychology, child and adolescent mental health services (CAMHS), Action 15 and psychiatry). These underspends are predominantly related to the level of vacant posts in these areas. There is also an underspend in the Alcohol and Drugs Partnership which will be earmarked for use in 2022-23. These underspends are partially offset by an overspend in learning disability care packages.

Children, Families and Justice – overspend of £1.239m which is mainly related to overspends in residential, respite and secure placements for children.

Management and Support Costs – underspend of £11.587m mainly relates to the additional Covid19 funding which has been earmarked for use in 2022-23. There were also underspends in relation to over-recovery of payroll turnover due to the level of vacant posts being higher than assumed when setting the budget, transition funding and the funding set aside for unscheduled care.

Movement in Projected Outturn Position:

The overall movement in the projected outturn during the period is illustrated below. This illustrates the continued improvement in the financial projection for 2021-22.



Lead Partnership Services

The final outturn is adjusted to reflect the impact of Lead Partnership services. In the absence of detailed service activity information and alternative risk sharing arrangements it was agreed that the outturn for all Lead Partnership services would be shared across the 3 partnerships on an NRAC (NHS Resource Allocation Committee) basis. This is pending completion of the ongoing work by the Ayrshire Finance Leads to establish the baseline resources for each partnership and how this compares to the fair share of resources. It was planned that this work would be taken forward early in 2020-21, however this has been delayed due to prioritising the Covid19 response.

The outturn of the lead partnership services for each IJB is provided below, the adjustment to the North IJB outturn reflects the impact of reallocating a share of the North lead partnership services underspend to the other two areas and receiving an NRAC share of the outturn for the South and

East partnerships. In addition, any allocations of ring-fenced funding are returned to each IJB in line with allocations and expenditure to allow each IJB to carry forward for future use.

IJB	£000	Over/Under	
North	(6,216)	Underspend	Mental health services, mainly due to vacancies and recruitment delays and underspend on the MH Recovery and Renewal Funding which is earmarked for use in 2022-23.
South	61	Overspend	Pressures from the community equipment store offset by underspends in the Family Nurse Partnership
East	(8,708)	Underspend	Primary care – mainly in the Primary Care Improvement Fund, Ayrshire Urgent Care Services (AUCS) and the Covid19 impact on dental services.

Set Aside Budget

The Integration Scheme establishes that pressures in respect of large hospital set aside budgets will be managed in-year by NHS Ayrshire and Arran. The 2021-22 budget delegated by NHS Ayrshire and Arran includes the acute set aside resource of £33.980m, this is based on Information Services Division Scotland (ISD) data. The set aside allocation below highlights that North Ayrshire's use of the resource is £2m (2020-21 £1.9m) above the NRAC fair share:

IJB	NRAC Budget Share 2021-22 £m	NRAC %	Set Aside 2021-22 £m	Over / (Under) NRAC Fair Share £m
East Ayrshire	27.716	31.90%	24.566	(3.150)
North Ayrshire	31.963	36.80%	33.980	2.017
South Ayrshire	27.178	31.30%	28.311	1.133
Total	86.857	100%	86.857	-

There is an expectation that each partnership will move towards it's NRAC fair share of resources. The current use of acute resources and fair shares remains an unrefined estimate of the position and further detailed work would be required to agree the ISD data and costs and appropriate baselines for acute and community resources before any plan to move towards fair shares would be implemented.

The Scottish Government's Health and Social Care Medium Term Financial Framework refers to system reform assumptions including material savings to be achieved from reducing variation in hospital utilisation across health and social care partnerships, with assumed efficiencies from reduced variation in hospital care coupled with 50% reinvestment in the community to sustain improvement. Furthermore, the Ministerial Strategic Group for Health and Community Care Review of Progress with Integration of Health and Social Care contained the proposal that delegated hospital budgets and set aside requirements must be fully implemented. Each Health Board, in partnership with the Local Authority and IJB, must fully implement the delegated hospital budget and set aside budget requirements of the legislation, in line with the statutory guidance published.

The full implementation of the set aside arrangements is key to delivering this commitment to planning across the whole unplanned care pathway and partnerships must ensure that set aside arrangements are fit for purpose and enable this approach. This has not been achieved in Ayrshire and Arran during the year as the priority was the response to Covid19. However preparatory work is well underway with NHS Ayrshire and Arran and the other Ayrshire partnerships to progress and develop the set aside arrangements to fully implement the legislative requirement. This includes arrangements in relation to the use of Directions, Commissioning Plans and overall progression towards fair share allocations of resources.

At the time of setting the IJB budget it was noted that this may require to be updated following the further work being undertaken by the Ayrshire Finance Leads to establish the baseline resources for each Partnership and how this compares to the Fair Share of resources. It was anticipated that 2020-21 would be used as a shadow year for these arrangements, however, and 2021/22 activity was not representative either due to the ongoing pandemic. Notwithstanding this a method of capturing up to date local activity and pricing it for set aside calculations is now in place, subject to IJB review and refinement. Quarterly updates were issued throughout the year.

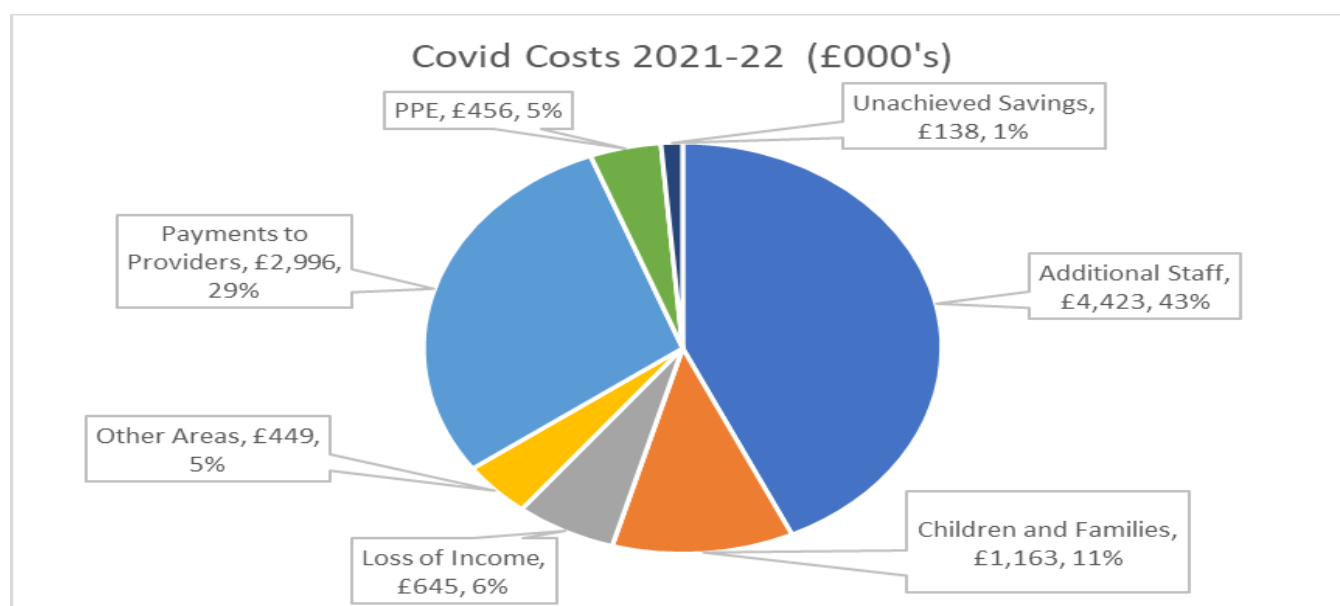
Covid19 Costs

From the outset of the pandemic the IJB acted very swiftly to respond and developed a mobilisation plan detailing the additional activities to support our response, alongside the estimated financial impact. The final mobilisation plan cost submission for 2021-22 estimated the costs to be £10.247m to March 2021. The actual costs were £10.270m.

COSLA Leaders and Scottish Government agreed an approach to supporting the social care sector to ensure that reasonable additional costs were met. Care home occupancy and sustainability payments were made to commissioned social care providers in line with the agreed National principles for sustainability and remobilisation payments to social care providers during Covid19.

The majority of the additional costs for the HSCP relate to the provision of social care services and the most significant areas are additional staff costs for staff absence, payments to commissioned care providers to ensure future sustainability and PPE. The additional spend during 2021-22 has been met from the additional Covid19 funding announced by the Scottish Government and the underspend on this funding will be carried forward for use in 2022-23 against future Covid related costs.

The 2021-22 costs are shown in the pie chart below.



Overall position

It is essential that the IJB operates within the delegated budget and commissions services from the Council and Health Board on that basis. Financial balance has been achieved in 2021-22 and significant progress has been made to ensure the ongoing financial sustainability of the IJB. This work will continue and be built upon moving into 2022-23. This will need to be considered alongside the impact of Covid19 and the need to redesign services taking full cognisance of the financial risks, learning and opportunities which this presents.

Financial outlook, risks and plans for the future

The Scottish Government Medium-Term Financial Strategy (MTFS) of December 2021 covers the period to 2026-27. It compares the funding and spending scenarios to assess the scale of the challenge and the opportunities over the Resource Spending Review period. The role of the MTFS is to set out Scotland's fiscal outlook over the next five years, including financial opportunities and risks that may impact on the fiscal position. In line with the recommendations of the Budget Process Review Group, the document does not set out new spending plans or explain how prioritisation decisions will be made to meet policy objectives. These decisions are made in the Scottish Government budget.

Three factors determine the available funding for the Scottish Budget:

- UK Government spending decisions: through the Barnett formula, the change in the Scottish Government's Block Grant each year is determined by the change in the UK Government's spending on areas devolved to the Scottish Parliament.
- Relative growth in Scottish Government and UK Government devolved tax revenues: under the Fiscal Framework, if Scottish devolved tax revenue per person grows relatively faster than in the rest of the UK, the Scottish Budget is better off and vice versa. This means that Scotland's budget is influenced not only by tax policy and economic performance in Scotland, but also by tax policy and economic performance in the rest of the UK.
- Relative growth in Scottish and UK social security expenditure: under the Fiscal Framework, if Scottish devolved social security expenditure grows relatively faster than in the UK, the Scottish Budget is worse off. If UK expenditure grows relatively faster, additional funds are available within the Scottish Budget. Again, this means that Scotland's budget is influenced not only by policy changes within Scotland, but also what happens in the rest of the UK.

In December 2021, alongside the Scottish Budget for 2022-23, the Scottish Government launched a Resource Spending Review Framework, with an intention to publish multi-year spending plans from 2023-24 through to the end of the parliamentary term in 2026-27, in May 2022.

The priorities of the resource spending review include:

- Mitigating the effects of the pandemic, which has deepened existing inequalities and exposed the effects of digital exclusion, wealth inequality and generational divides
- Rebuilding public services including increasing social care capacity and establishing the National Care Service
- Ensuring that spending choices support progress towards meeting child poverty and climate change targets and securing a stronger and fairer green economy.

The resource spending review will require decisions to be made about how to prioritise resources within the available financial envelope, against a background of volatile funding streams and changing patterns of demand.

The Resource Spending Review Framework notes that the Feeley Report on Adult Social Care has estimated that approximately 36,000 people in Scotland would benefit from but do not currently access social care support, and the cost of that unmet need is estimated at £436 million. The report also emphasised the need for continued investment in social care and referred to the Health and Social Care Medium Term Financial Framework (MTFF) published in 2018. The MTFF projected that, if the system does not adapt or change, social care expenditure could be expected to grow by 4% per annum. This reflected inflationary and demographic effects, which are intensified in a service which supports the very elderly. This projection pre-dates the pandemic which exacerbated pressures on social care, so the underlying assumptions will need to be revisited. However, it illustrates potential growth in social care costs and funding required over the spending review period driven by the demographic and workforce pressures.

The Scottish Budget for 2022-23 highlighted:

- Investment of over £1.6 billion in social care and integration and lays the groundwork for the delivery of a National Care Service.
- £61 million to address drugs deaths.
- Investment of £290 million in mental health, including £120 million for the Mental Health Recovery and Renewal Fund
- Investment in the Health and Sport Portfolio will increase to over £16 billion, with a further £869 million of funding to address pressures related to Covid 19.

Set Aside

The Partnership has a responsibility, with our local hospital services at University Hospital Crosshouse and University Hospital Ayr, for planning services that are mostly used in an unscheduled way. The aim is to ensure that we work across the health and care system to deliver the best, most effective care and support. Service areas most commonly associated with unplanned use are included in the Set Aside budget. Set Aside budgets relate to the strategic planning role of the Partnership. Key areas within this budget are:

- Accident and emergency
- Inpatient services for general medicine
- Geriatric medicine
- Rehabilitation
- Respiratory
- Learning disability, psychiatry and palliative care services provided in hospital

Acute Services within NHS Ayrshire and Arran continue to face particular budget pressures around the costs of covering a high level of medical vacancies and the increasing needs of patients requiring nursing support above funded levels. There have been a high number of unfunded beds in use to meet demands and this pressure has been managed in-year by NHS Ayrshire and Arran in line with the Integration Scheme. The ability to plan with the overall resource for defined populations and user groups and to use budgets flexibly is one of the hallmarks of integrated care.

It is recognised that there is a need to understand the progress that is being made towards planning across the full pathway of care, including the acute hospital component and the way in which the statutory guidance on the use of delegated hospital budgets is being applied in practice.

Set Aside resources, as well as Lead Partnership were recognised as areas requiring further development as part of the review of the Integration Scheme carried out in 2017 and in the Strategic Planning, Commissioning and Delivery of Health and Social Care Services within NHS Ayrshire and Arran report to the IJB on 13 June 2018.

This report sets out arrangements for the next steps in respect of fair share commissioning within the NHS Ayrshire and Arran health and social care system. The report also outlines future developments in respect of Directions as per the model provided by the Public Works (Joint Working) Scotland Act 2014 for IJBs to commission services from Councils and NHS Boards.

Directions

The Scottish Government issued Statutory Guidance in January 2020 outlining the requirements for the use of Directions from Integration Authorities to Health Boards and Local Authorities. The guidance sets out how to improve practice in the issuing (by IJBs) and implementation (by Health Boards and Local Authorities) of directions issued under the Public Bodies (Joint Working) (Scotland) Act 2014. It supersedes the Good Practice Note on Directions issued in March 2016. The Scottish Government worked closely with IJB Chief Officers to better understand the diversity of practice across Scotland surrounding directions and to identify good practice. They also discussed the use of directions with a range of local systems at regular partnership engagement meetings, including with Health Board and Local Authority Chief Executives. The three Ayrshire HSCPs supported Scottish Government colleagues to develop the guidance and provided feedback on its practical application.

National Care Service

Following the publication of the Independent Review of Adult Social Care (2021), and following its recommendations, the Scottish Government has agreed to progress legislation to develop a National Care Service. This would mean Scottish Ministers would be ultimately accountable for adult community health and social care support. It is proposed that the service will be operational by the end of this parliamentary term (2026).

Benefits of a National Care Service highlighted include improved commissioning models across Scotland, improving workforce conditions, embedding human and person-centred rights across the system and ensuring there is no more 'postcode lottery' of service provision, where the service you receive is dependent on where you live.

The Scottish Government is developing the proposed legislation to create the National Care Service and it is not yet clear what services will be in scope. The public consultation which took place in Autumn 2021 went beyond the scope which was recommended by the Independent Review of Adult Social Care. It is anticipated that the draft legislation will be published by Summer 2022.

What the creation of a National Care Service means for local Integration Joint Boards and Health and Social Care Partnerships is unclear at present. We will be mindful of this national development as it progresses and what it means for the people of North Ayrshire.

Risk

An area of risk to the partnership is the consequence of the funding pass-through from the Council and NHS and the availability of workforce. The implementation of the National Care Service was included as a new risk in the updated Strategic Risk Register.

The most significant risks faced by the IJB over the medium to longer term, alongside mitigation, are summarised below:

National Care Service	Covid 19 Recovery	Demography and Inequality Pressures
•Mitigation <ul style="list-style-type: none">•Response to the Scottish Govt consultation•Engagement with local community•Tracking development via the CO and CFO network.•Continuaiton of the transformation programme	•Mitigation <ul style="list-style-type: none">•Strategic, tactical and operational response groups•Individual service recovery plans•Additional SG funding to support care at home, MDTs and interim care	• Mitigation <ul style="list-style-type: none">•Strategic plan updated•Demography increases built into the 2022-23 budget.•Continuation of the transformation programme•EIA Assessments

These risks emphasise the importance of effective planning and management of resources. It is therefore crucial that we focus on early intervention, prevention and recovery if we are to work within the total delegated partnership budget.

The ongoing uncertainty around Covid19 will require the partnership to continue to adapt and redesign services as required. From the outset of the pandemic the HSCP acted very swiftly to respond by reprioritising resources to protect and adapt core services to support the safety of our staff and communities. Whilst responding to the specific needs of North Ayrshire communities our approach is informed by the extensive and continually evolving range of national guidance which has been produced at pace by the Scottish Government and other agencies. It has been a real challenge for the North Ayrshire HSCP, and for partnerships across Scotland, to operate in this unprecedented environment, keeping up with the evolving position and associated demands and impacts on services.

The HSCP developed a mobilisation plan during 2020-21 detailing the additional activities to support our response to Covid19, alongside the estimated financial impact. The plan provided a focal point for the partnership's response to the pandemic, and this set out clearly from the start how we would adapt and mobilise services to either expand or retract, re-prioritise activities and resources and also highlights the areas of greatest risk. This plan continued to be updated during 2021-22 and the key areas of the plan included:

- Reducing the level of delayed discharges for patients in acute, Mental Health inpatients and community hospitals;
- Island resilience with planning supported by a Multi-Disciplinary Team approach including local GPs;

- Our community hospital response to managing potentially high bed occupancy levels, alongside staff availability and the patient flow from acute;
- Maintain as far as possible mental health services, with community provision limiting face to face contact and flexibility of resources for in-patient services to ensure no cessation of services;
- Resilience and sustainability of current levels of care at home provision, alongside increasing capacity to facilitate hospital discharge and support shielded individuals;
- Step Up/Step Down residential provision, establish provision of temporary residential or nursing care provision to both facilitate quicker hospital discharge and also to avoid further hospital admissions from the community, including planning for contingency surge capacity;
- Supporting adults with complex needs by ensuring alternative community supports on closure of respite and day services alongside social distancing requirements;
- Maintaining existing levels of care in our children's services to protect vulnerable children and adopting new ways of keeping in touch with vulnerable children;
- Established enhanced locality-based Community Hubs to support vulnerable individuals, including those shielding; and
- Sourcing and establishing reliable supply chains of PPE.

The response to the pandemic has led to innovative developments in service delivery for the benefit of patients. particularly via the use of digital technology, to enable more services to be delivered at home or in the community. We will want to retain as much good practice as possible in the next phase and in the longer term as part of our wider reform of health and social care.

Going forward, we will continue to ensure local people are supported to get the right care in the right place, developing clear health and care pathways for the people of North Ayrshire. To achieve its vision, the Partnership recognises it cannot work in isolation. The Partnership will continue to strengthen relationships with colleagues within the Community Planning Partnership to ensure a joint approach to improving the lives of local people.

Most importantly, the Partnership must work closer with local people and maximise the use of existing assets within communities to improve the overall health and wellbeing of people in North Ayrshire. 2022-23 will see the start of the implementation of the longer-term Strategic Plan alongside the ongoing remobilisation of services.

We will also further develop independent living and self-directed support, instilling an enablement ethos promoted by our professionals, collaborating with the third and independent sector to design and commission appropriate models of service and working with housing partners to deliver on this commitment.

The risk that the full cost of the Covid19 response is not funded in future years has been reduced as the Scottish Government awarded additional funding at the end of 2021-22 and unspent funds will be carried forward for use in delegated services during 2022-23.

Mobilisation and Covid costs will be monitored regularly and reported to the IJB through the financial monitoring report. Updates on the costs associated with the NAHSCP response to Covid19 will also be submitted to the Scottish Government. This will ensure that the funding carried forward is sufficient and mitigate the funding risk.

2022-23 Budget

As part of the Scottish Government budget and finance settlement funding letters were issued to NHS Boards and Councils, these detailed the requirements in relation to the level of funding to be delegated to IJBs in 2022-23. It is anticipated that the Scottish Government will again seek assurance from partnerships that these conditions are being met.

The specific requirements for NHS Ayrshire and Arran are as follows:

- NHS payments to Integration Authorities for delegated health functions must deliver an uplift of 2% over 2021-22 agreed recurring budgets and make appropriate provision for increased employer national insurance costs.
- In addition there are monies for Primary Care, Waiting Times, MH and CAMHS, Trauma Networks and Drugs Deaths to be allocated in-year. We are currently awaiting further information on these allocations.
- Public Health Outcomes framework increases remains static at £74.1m.

The specific requirements for North Ayrshire Council are as follows:

- Based on the Finance Settlement ring-fenced funding of £342.436m nationally is required to be passed through to the IJB by local authorities.
- Funding allocated to the IJB should be in addition to the 2021-22 recurring baseline position.

Based on the 2022-23 Finance Settlement, the Council confirmed a net contribution to the Partnership of £9.931m through its agreed budget. The budget also noted that further resources have yet to be distributed. These relate to Social Care investment (£200m nationally) and to additional funding (£22m nationally) for adult social work capacity. These have been included in the table below and show the reconciliation to the Council agreed budget.

Description	All Scotland (£m)	NAC (£m)
Living Wage	174.500	4.819
Free Personal and Nursing Care	15.000	0.345
Carers Act	20.400	0.574
Care at Home	124.000	3.418
Interim Care	20.000	0.551
Implementation of National Trauma Training Programme	1.600	0.050
Scottish Disability Assistance	3.216	0.083
Mental Health Recovery & Renewal	3.710	0.091
Per Council Budget paper	362.426	9.931
Funding announced after settlement:		
Social Care Investment	200.000	5.600
Adult Social Work Capacity	22.000	0.606
Additional Funding from Council	584.426	16.137

Moving into 2022-23 the Partnership is proactively working to provide safe and effective services for the residents of North Ayrshire within the financial envelope. The IJB approved a one-year balanced budget for 2022-23 on 17 March 2022.

This budget included new net budget pressures for health and social care services totalling £8.551m. These were developed in partnership, with Finance supporting front line services to identify current and emerging financial pressures considering historic demand and costs and potential future variations. The provision of funding for pressures has the impact of increasing the budget gap to be addressed through savings, therefore the pressures are only included in budget plans where these are absolutely unavoidable.

The new cost and demand pressures resulted in a requirement to identify and approve additional savings of £0.683m, as noted in the summary below:

	Social Care (NAC) £m	Health (NHS A&A) £m	Total £m
Scottish Government Funding Increase	(16.137)	(1.457)	(17.594)
Committed to Scottish Government policies	10.895	1.457	12.352
Uncommitted Funding Increase	(5.242)	-	(5.242)
Baseline uplift	-	(2.626)	(2.626)
Net Funded Pressures	4.946	3.605	8.551
Budget (Surplus) / Shortfall	(0.296)	0.979	0.683
% Baseline Budget	(0.3%)	0.6%	0.26%

The savings fully address the budget gap of £0.683m and there is no requirement to make a draw on the reserves carried forward from 2021-22.

The Integration Joint Board, in common with most Public Sector bodies, is facing a period of significant financial challenge with cost and demand pressures. The most significant financial pressures continue to be pay awards for staff, inflationary cost increases for contracted services and demographic changes driving increased demand for services - funding these unavoidable pressures year-on-year drives our savings requirement.

There are a number of highlighted financial risk areas that may impact on the 2022-23 budget during the year, these include:

- High risk areas of low volume / high-cost services areas e.g. Learning Disability care packages, children's residential placements, 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 potential financial impact of the HSCP response to the Covid 19 pandemic and the wider public sector financial impact, including on the Council and Health Board and the funding allocated by the Scottish Government aligned to our mobilisation plans.
- 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 Local Government and NHS pay awards are not settled for 2022-23 and negotiations are ongoing; as outlined in the report the risk is mitigated for the social care workforce by

providing for a 3% increase and for NHS it is anticipated that additional funding would be allocated if the pay award settlement is higher than the current assumption

- Delivery of 2021-22 savings delayed by Covid 19
- The planned review of the Care at Home service which commenced in Spring 2022

These risks will be monitored during 2022-23 and the financial impact reported to the IJB through the regular financial monitoring report.

In addition to the delegated funding allocation to the IJB, the Council budget includes £1.486m set aside to support repayment of the IJB debt to the Council; this budget allocation remains unchanged for 2022-23. Moving into 2022-23, the outstanding debt is £2.321m and the repayment plan assumes this will be fully repaid by the end of 2023-24.

The 2021-22 budget established a challenge fund reserve of £0.5m to assist the HSCP with developing longer-term plans for delivering savings and service improvement. One of the main areas this would support would be investment in technology solutions. The allocation and assessment of this funding would be determined by the PSMT with reporting of progress through the financial monitoring report to the IJB. There has been no spend against this in 2021-22 as services have had to prioritise their response to Covid and the funding will continue to be earmarked for this purpose.

Medium Term Financial Outlook

A Medium-Term Financial Outlook (MTFO) is a critical part of the strategic planning process. The financial context for public services remains very challenging and so it is vital that the IJB's strategic ambitions are set against the financial resources which are anticipated to be available.

The development of the MTFO provides key information on the possible financial position of the IJB over the next three years. It identifies the financial challenges which will be faced by the IJB enabling the IJB to see the impact of current and future decisions on its medium-term financial health.

The MTFO will also be used to identify pressure points and inform decisions which are required to ensure the Partnership remains financially sustainable.

This MTFO covers the first three years (2022-2025) of the Strategic Plan period. There are a range of factors which influence the financial planning of the IJB. These are considered through the MTFO and include the following:

- Demographic changes
- Local priorities
- Workforce challenges
- The UK and Scottish Economy
- Policy and Legislation
- Cost and demand pressures
- Available funding

Based on the projected budget pressures, three scenarios have been developed which align to the Scottish Government Medium-term Financial Strategy – best-case, medium-case and worst-case. In 2022/23, the actual funding levels have been applied across each of the three, with the possible scenarios applied for 2023/24 and 2024/25.

Against each of the three scenarios, sensitivity analysis has been used to demonstrate what the impact would be in 2023/24 and 2024/25 if the funding were to increase or decrease by 5% or 10%.

For 2023-24, the forecast budget gap ranges from a surplus of £0.866m in the best-case scenario, which would allow for additional investment in services, to a shortfall of £3.811m in the medium-case and a shortfall of £8.599m in the worst-case.

For 2024-25, the forecast budget gap ranges from a surplus of £1.294m in the best-case scenario, to a shortfall of £0.468m in the medium-case and a shortfall of £8.602m in the worst-case.

The MTFO will be revisited ahead of the 2023-24 budget exercise following the publication of the Scottish Government multi-year Resource Spending Review at the end of May 2022.

Conclusion

2021-22 has been another challenging year for the partnership. Whilst we are optimistic that we may be over the worst of the direct impact of the pandemic, its long-term impact is not as well understood. We expect our services to face on-going challenges, including supporting those who have not been able to access a health and social care professional due to demands and restrictions, and addressing the rise in poor mental wellbeing in our communities. We have learned much from our pandemic experience, such as recognising the strength and resilience within our communities, discovering how truly determined and hard-working our workforce is, and finding greater ways to work in collaboration with our partners.

Our health and social care services should reflect and respond to the needs of local people. To support this, we will help to build greater capacity in our communities and provide more ways for service users and local people to share their views with us to help shape services. We are fully committed to planning and designing services together with local people, our staff and our key partners including acute health services, housing, community planning and the third and independent sectors.

We continue to progress our remobilisation plans, considering carefully how we can safely restore all the health and social care services that were regularly provided before the pandemic began. As we do, we continue to prioritise and focus our services for those who are most vulnerable in our communities and who need it most.

As we remobilise, we will endeavour to support and treat the many local people who have been unable to access a health professional due to restrictions. It is anticipated that this will place additional demands on our primary care services as we try to 'catch-up' on caring for patients.

The longer-term impacts of Covid19 are currently unknown. It is unclear what the effects of long-Covid will be on people who were affected by the virus, and what future demands this will place on health and social care services. Further, growing evidence suggests that the pandemic has had negative socio-economic effects that have led to increased health inequalities and contributed to an increase in both poor mental wellbeing and mental health.

The IJB through the refreshed Strategic Plan outlines the belief that together we can transform health and social care services to achieve the joint vision for the future "all people who live in North Ayrshire are able to have a safe, healthy and active life". Moving into 2022-23, we are working proactively to address the financial challenges, while at the same time, providing high-quality and sustainable health and social care services for the communities in North Ayrshire.

Where to find more information

If you would like more information on IJB strategies, plans and policies and our performance and spending, please refer to the Partnership's website www.nahscp.org.

Statement of responsibilities

Responsibilities of the IJB

The IJB is required to:

- Make arrangements for the proper administration of its financial affairs and to secure that the proper officer of the board has responsibility for the administration of those affairs (Section 95 of the Local Government (Scotland) Act 1973). In this authority, that officer is the Chief Finance Officer
- Manage its affairs to secure economic, efficient and effective use of resources and safeguard its assets
- Ensure the annual financial statements are prepared in accordance with legislation (The Local Authority Accounts (Scotland) Regulations 2014), and so far, as is compatible with that legislation, in accordance with proper accounting practices (section 12 of the Local Government in Scotland act 2003)
- Approve the Annual Accounts for signature.

I confirm that the audited annual financial statements were approved for signature at a meeting of the IJB on 25 August 2022.



Robert Martin

IJB Chair

25 August 2022

Responsibilities of the Chief Finance Officer

The Chief Finance Officer is responsible for the preparation of the IJB's Annual Accounts in accordance with proper practices as required by legislation and as set out in the CIPFA/LASAAC Code of Practice on Local Authority Accounting in the United Kingdom (the Accounting Code).

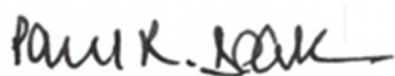
In preparing the annual accounts, the Chief Finance Officer has:

- Selected suitable accounting policies and then applied them consistently
- Made judgements and estimates that were reasonable and prudent
- Complied with legislation
- Complied with the local authority Code (in so far as it is compatible with legislation)

The Chief Finance Officer is also required to:

- Keep proper accounting records which are up to date
- Take reasonable steps to ensure the propriety and regularity of the finances of the Integration Joint Board

I certify that the financial statements give a true and fair view of the financial position of the North Ayrshire Integration Joint Board as at 31 March 2022, and its income and expenditure for the period then ended.



Paul Doak
Chief Finance Officer

25 August 2022

Annual governance statement

The Annual Governance Statement explains how North Ayrshire IJB complies with the Code of Corporate Governance and meets the requirements of the CIPFA / SOLACE Framework 'Delivering Good Governance in Local Government 2016' and the 'Code of Practice for Local Authority Accounting in the UK: A Statement of Recommended Practice', in relation to the Statement on the System of Internal Financial Control.



Scope of responsibility

North Ayrshire IJB is responsible for ensuring that its business is conducted in accordance with the law and proper standards, and that public money is safeguarded and properly accounted for and used economically, efficiently and effectively.

The IJB is also responsible for putting in place proper arrangements for the governance of its affairs and facilitating the effective exercise of its functions, which includes arrangements for the management of risk.

In discharging this responsibility, the Chief Officer has put in place arrangements for governance which includes the system of internal control. Reliance is placed on these controls which are designed to manage risk to a reasonable level but cannot eliminate the risk of failure to achieve policies, aims and objectives. It can therefore only provide reasonable but not absolute assurance of effectiveness.

Purpose of the governance framework

The governance framework comprises the systems and processes, and culture and values by which the IJB is directed and controlled and the activities through which it accounts to and engages with the community. It enables the IJB to monitor the achievement of its strategic priorities and to consider whether those priorities have led to the delivery of appropriate, cost-effective services.

The system of internal control is a significant part of that framework and is designed to manage risk to a reasonable level. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of North Ayrshire IJB's policies, aims and objectives, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

Governance framework

The main features of the governance framework that was in place during 2021-22 are summarised below:

- The IJB, comprising all IJB Board members, was the key decision-making body. The Performance and Audit Committee considered all matters in relation to Internal and External Audit, Risk Management and Performance and fulfilled the requirements of the CIPFA document 'Audit Committees: Practical Guidance for Local Authorities and Police.'
- Strategic decision-making is governed by the IJB's key constitutional documents including the Integration Scheme, standing orders, scheme of administration, scheme of delegation to officers and financial regulations.
- The Integration Scheme sets out the process to determine financial contributions by partners to Integration Joint Boards. This has been supplemented by directives from the Scottish Government in relation to additional resources for Health and Social Care Integration.
- The IJB's purpose and vision are outlined in the IJB Strategic Commissioning Plan 2022-30 which links closely to the vision of the North Ayrshire Community Planning Partnership and the Local Outcome Improvement Plan (LOIP) 2022-30 and is underpinned by an annual action plan and performance indicators. Regular progress reports on the delivery of the new strategic plan will continue to be provided to the Performance and Audit Committee and the IJB.
- The performance management framework focuses firmly on embedding a performance management culture throughout the IJB. Regular reporting to Board Members takes place. Internal Audit regularly reviews performance management arrangements, with the most recent audit being in 2019/20 and concluding with reasonable assurance.
- A risk management strategy and strategic risk register is in place for the IJB, with the first risk appetite statement approved by the IJB in February 2022.
- A Health and Care Governance Framework was agreed by the IJB on 9 March 2017. This covers governance arrangements in relation to complaints and customer feedback, risk management, health and safety, Internal Audit, workforce planning and public protection. Regular updates are provided to the IJB by the Clinical and Care Governance Group.
- The IJB has adopted a 'Code of Conduct' for all its Board Members and employees, a register of interests is in place for all Board members and senior officers.
- The IJB has in place an informal development programme for all Board Members, the Partnership Senior Management Team and senior managers across the Partnership. Performance and Personal Development schemes are in place for all staff, the aim of which is to focus all staff on their performance and development that contributes towards achieving service objectives.
- The IJB has established six locality planning forums, reflecting the previously agreed local planning areas. These provide Board Members, health and social care staff and local community representatives with the opportunity to be involved in considering and influencing priorities for each area.
- A Transformation Programme Board is in place, which recognises the significant change programme which is required to support delivery of the priorities within the new 2022-30 strategic plan. Terms of Reference covering 2021-25 are in place which detail the Board's membership, duties, authority, reporting and governance. The Board meets six-weekly.

The governance framework was in place during the period ended 31 March 2022.

System of internal financial control

The governance framework described operates on the foundation of internal controls. The system of internal financial control is based on a framework of regular management information, financial regulations, administrative procedures (including segregation of duties), management supervision, and a system of delegation and accountability.

Development and maintenance of these systems is supported by NHS Ayrshire and Arran and North Ayrshire Council in relation to the operational delivery of health and social care services. In particular, these systems include:

- Financial regulations and codes of financial practice
- Comprehensive budgeting systems
- Regular reviews of periodic and annual financial reports that indicate financial performance against the forecasts
- Setting targets to measure financial and other performance
- Formal project management disciplines
- A Transformation Board to provide further scrutiny of service re-design and financial delivery
- An effective Internal Audit function

The IJB's financial management arrangements conform to the governance requirements of the CIPFA statement: 'The Role of the Chief Finance Officer in Local Government (2016)'.

Through the counter fraud arrangements that are in place within NHS Ayrshire and Arran and North Ayrshire Council, the IJB conforms with the CIPFA 'Code of Practice on Managing the Risks of Fraud and Corruption.'

Review of effectiveness

North Ayrshire IJB has responsibility for conducting, at least annually, a review of the effectiveness of its governance framework including the system of internal control. The review of the effectiveness of the framework is informed by the work of the Partnership Senior Management Team who have responsibility for development and maintenance of the governance environment, the annual report by the Chief Internal Auditor and reports from Audit Scotland and other review agencies.

The Chief Internal Auditor reports directly to the IJB Performance and Audit Committee on all audit matters, with the right of access to the Chief Officer, Chief Finance Officer and Chair of the Performance and Audit Committee on any matter. In accordance with the principles of the code of corporate governance, regular reports were made to the IJB's Performance and Audit Committee during 2021-22.

The Internal Audit function has independent responsibility for examining, evaluating and reporting on the adequacy of internal control. During 2021-22, the Internal Audit team operated in accordance with the Public Sector Internal Audit Standards.

The Chief Internal Auditor is responsible for forming an annual opinion on the adequacy and effectiveness of the systems of internal control.

It is the opinion of the Chief Internal Auditor that the systems of internal control relied upon by the IJB continue to provide reasonable assurance against loss.

Developments during 2021-22

The elements noted below incorporate progress with the further actions or developments identified in the 2020-21 Annual Accounts.

Strategic Plan 2022-30

Following a period of engagement and consultation with local people, stakeholders and partners, a new strategic commissioning plan “Caring Together” has been developed, and outlines the Partnership’s Vision, Priorities and Ambitions for improving the health and wellbeing of local people.

From 2022-30, the North Ayrshire Health and Social Care Partnership will seek to:

- Enable communities
- Develop and support our workforce
- Provide early and effective support
- Improve mental and physical health and wellbeing
- Tackle inequalities.

The plan is supported through a detailed action plan that has been developed through engagement with service areas.

Medium-Term Financial Plan

A number of recommended actions have been implemented in respect of the IJB’s medium-term financial plan. A revised financial outlook was presented to the IJB in March 2022 and covers the period 2022-25. The commencement of the medium-term financial outlook is aligned to the first three years of the revised IJB strategic plan 2022-30 and will support the delivery of the plan.

The development of the financial outlook provides key information on the potential financial position of the IJB over the next three-year period. This will assist in identifying challenges and pressure points, and aid decision making by ensuring spend is closely aligned to the IJB’s strategic priorities.

Locality planning

During 2021, the five mainland locality planning forums undertook a review of their local priorities supported by the Partnership. This was carried out through a series of review and development sessions with each forum.

The sessions were used to collect locality knowledge in order to identify and agree priorities. In total there were seven key priorities of concern identified, with a further two priorities for opportunity.

Locality planning forums will continue to play a key role in understanding and identifying local need, and continue to feed into the Strategic Planning Group, ensuring the profile of our localities is at the heart of our strategic planning process.

CIPFA Financial Management Code 2019

The approved IJB internal audit plan for 2021-22 focussed on a review of the IJB’s compliance with the financial management code 2019. Following conclusion of that review, substantial assurance was obtained with regard to the IJB’s compliance with the CIPFA Financial Management Code.

Risk management arrangements

There are robust risk management arrangements in place for the IJB, which have been further enhanced in 2021-22 with the introduction of a risk appetite statement approved by the IJB. The risk

appetite statement will continue to be reviewed on an annual basis, or more frequently if there are changes in the operating environment which merit this.

During 2021-22 the strategic and operational risk registers were reviewed and updated.

Review of IJB key governance documents

The IJB continues to review its key governance documents on a rolling basis. During 2021-22, updated standing orders and scheme of delegation to officers were approved by the IJB.

Covid19

The IJB has full openness and transparency through the availability of live and webcast recordings of all its IJB meetings.

Initial plans were made to include the IJB in the pilot programme for the introduction of hybrid meetings in October 2021, however due to technological limitations at the time the systems did not permit this to take place. The hybrid pilot was then paused in light of concerns around the Omicron variant of Covid19. It is anticipated that the hybrid meeting approach will once again be piloted as part of the new administration.

The IJB endorsed the NHS Ayrshire & Arran Remobilisation Plan in June 2021. The plan, covering 2021-22, was developed in collaboration between NHS Ayrshire & Arran, East, South and North Ayrshire HSCPs and key partners.

Care Home Clinical and Professional Oversight Group (CHOG)

The Care Home Oversight Group (CHOG) was established in May 2020 in response to the pandemic. The multi-disciplinary group is comprised of key clinical and care professionals who have a lead role in the oversight for care homes in the North Ayrshire area.

The teams remit includes discussions about the quality of care in each care home, with particular focus on implementation of infection prevention and control, and the provision of expert clinical support to residents who have Coronavirus. There are escalation measures in place if issues cannot be resolved at local level.

The group continue to meet weekly (with the ability to increase the frequency if necessary) with the aim of providing support to Care Home Managers to ensure care home residents and staff can be kept safe from Covid19.

Care at Home Oversight Group

A Care at Home Oversight Group is also in place with a similar remit to the CHOG but for community supports.

Membership of IJB

The following new appointments were made during 2021/22:

- Chair and Vice Chair, IJB
- NHS Non-Executive Board Member, IJB
- Chair and Vice Chair, Performance and Audit Committee
- Chair and Vice Chair, Strategic Planning Group

Chief Officers

During the year, the following appointments were made:

- Paul Doak was appointed as Chief Finance and Transformation Officer in May 2021 replacing Caroline Cameron.
- Aileen Craig was appointed as Monitoring Officer in August 2021 replacing Andrew Fraser.
- Laura Miller was appointed as Chief Internal Auditor in August 2021 replacing Paul Doak.
- Scott Hunter was appointed as Chief Social Work Officer in December 2021 replacing David MacRitchie.

Annual Performance Report

The IJB endorsed the Annual Performance Report for 2020-21 at the meeting in December 2021. This report outlined the performance of the Health and Social Care Partnership and how it delivered against the strategic priorities and the national outcomes.

Quarterly performance reports are published on the Partnership's website once they have been reviewed by the Performance and Audit Committee. This supports a commitment to make more performance information accessible and available for public scrutiny.

National Care Service

The Independent Review into Adult Social Care (IRASC) recommended the establishment of a National Care Service, with Scottish Ministers being accountable for the delivery of consistent and high standards in health and social care services.

A consultation ran from August 2021 to November 2021 seeking views of various aspects of a National Care Service, including how IJBs may be reformed to become Community Health and Social Care Boards. The IJB approved their response to the consultation on 21 October 2021. The IJB's response was developed following a period of engagement within the Partnership.

Further updates on the next steps in relation to the National Care Service proposals will be presented to future meetings of the IJB. The draft legislation was published by the Scottish Government in June 2022.

Workforce Planning

An interim workforce plan was submitted to the Scottish Government in May 2021. The deadline for the final integrated workforce strategy was 31 March 2022, however this was dependent on the publication of the Scottish Government's National Workforce Strategy for Health and Social Care in Scotland.

The Scottish Government's strategy was published on 11 March 2022 and includes the five pillars of workforce planning – plan, attract, train, employ and nurture.

The revised deadline for the draft integrated workforce plan was changed to 31 July 2022. The draft was submitted to Scottish Government at that time. Feedback is expected by the end of August and the deadline for submission of the final plan is 31 October 2022.

Further actions for 2022-23

The IJB has identified the following actions for 2022-23 that will assist with the further strengthening of corporate governance arrangements; these incorporate any outstanding recommendations from the 2020-21 wider scope audit requirements:

North Ayrshire Integrated Joint Board Audited Annual Accounts to 31st March 2022

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- Development of a structured and tailored IJB member's induction programme, incorporating the Scottish Government Integration Team's national resource.
- Review governance arrangements as hybrid meetings commence as part of the Covid19 recovery.
- Support the Pan Ayrshire work on developing Directions for Lead Partnership services which are in compliance with the Scottish Government's statutory guidance, which has been delayed as a result of the impact of the Covid19 pandemic.
- Develop commissioning plans and Directions in relation to the acute set-aside resources.
- Finalise a programme of transformation work which aligns to the new strategic plan for 2022-30.
- Continue to support locality planning forums to address their identified priorities through planned work in the following areas – the Scottish Government Community Mental Health and Wellbeing Fund, implementing 'Neighbourhood Networks', supporting Participatory Budgeting, and delivery of the 'Digital Navigator' programme.

Some of these areas were planned to be progressed during 2021-22 and were either delayed due to Covid19 or due to delays in co-ordinating work with partners.

Assurance

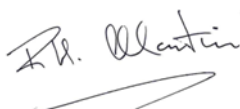
Subject to the above, and on the basis of the assurances provided, we consider the governance and internal control environment operating during 2021-22 to provide reasonable and objective assurance that any significant risks impacting on the achievement of our actions will be identified and actions taken to avoid or mitigate their impact.

Systems are in place to continually review and improve the governance and internal control environment and action plans are in place to address identified areas for improvement.

The Annual Governance Statement explains how North Ayrshire IJB complies with the Code of Corporate Governance and meets the requirements of the CIPFA / SOLACE Framework 'Delivering Good Governance in Local Government 2016' and the 'Code of Practice for Local Authority Accounting in the UK: A Statement of Recommended Practice', in relation to the Statement on the System of Internal Financial Control. The Annual Governance Statement was approved by the IJB Performance and Audit Committee on 24 June 2022.



Caroline Cameron
Chief Officer
25 August 2022



Robert Martin
IJB Chair
25 August 2022

Remuneration report

This remuneration report is provided in accordance with the Local Authority Accounts (Scotland) Regulations 2014. It discloses information relating to the remuneration and pension benefits of specified IJB members and staff.

The information in the tables below is subject to external audit. The explanatory text in the Remuneration Report is reviewed by the external auditor to ensure it is consistent with the financial statements.

Remuneration: IJB Chair and Vice Chair

The IJB comprises eight voting members appointed through nomination in equal numbers by NHS Ayrshire and Arran and North Ayrshire Council. A Chair and Vice Chair are appointed in accordance with the Integration Scheme and the Public Bodies (Joint Working) (Integration Joint Boards) (Scotland) Order 2014. As required in Article 4 of the Order the nomination of the IJB Chair and Vice Chair post holders alternates between a Council and Health Board representative, with the Vice Chair appointment by the constituent authority who did not appoint the Chair.



The IJB does not provide any additional remuneration to the Chair, Vice Chair or any other board members relating to their role on the IJB. The IJB does not reimburse the relevant partner organisations for any voting board member costs borne by the partner. There were no taxable expenses paid by the IJB. Therefore, no remuneration disclosures are provided for the Chair or Vice Chair.

The IJB does not have responsibilities, either in the current year or in future years, for funding any pension entitlements of voting IJB members. Therefore, no pension rights disclosures are provided for the Chair or Vice Chair.

Remuneration: Senior Officers of the IJB

The IJB does not directly employ any staff in its own right, however specific post-holding officers are non-voting members of the Integration Joint Board.

Chief Officer and Chief Finance Officer

The appointment of an Integration Joint Board Chief Officer and Chief Finance Officer is required by section 10 of the Public Bodies (Joint Working) (Scotland) Act 2014 which includes the statement “an Integration Joint Board is to appoint, as a member of staff, a chief officer”.

The Chief Officer for the IJB has to be appointed and the employing partner has to formally second the officer to the IJB. The employment contract for the Chief Officer adheres to the legislative and regulatory framework of the employing partner organisation. The remuneration terms of the Chief Officer’s employment are approved by the IJB.

Other Officers

No other staff are appointed by the IJB under a similar legal regime. Non-voting board members who meet the criteria for disclosure are included in the tables below.

Total remuneration 2020-21 £	Name and post title	Salary, fees and allowances £	Taxable expenses £	Compensation for Loss of Office £	Total remuneration 2021-22 £
193,981	Stephen Brown, Chief Officer 1/4/20 to 9/10/20	0	0	0	0
11,654**	Alison Sutherland, Interim Chief Officer 6/11/20 to 20/12/20	0	0	0	0
32,264	Caroline Cameron, Chief Officer 21/12/20 – 31/3/22	116,614	0	0	116,614
63,620	Caroline Cameron, Chief Finance Officer 1/4/20 to 20/12/20	0	0	0	0
0	Paul Doak Chief Finance Officer 7/6/21 – 31/3/22	67,946*	0	0	67,946
21,648**	Eleanor Currie, Interim Chief Finance Officer 21/12/20 – 6/6/21	14,518*	0	0	14,518

*The full year equivalent salaries are given in the table below.

Name and post title	Full Year Salary £
Paul Doak, Chief Finance Officer, 7/6/21 – 31/3/22	88,965
Eleanor Currie, Interim Chief Finance Officer, 1/4/21 – 6/6/21 (salary and responsibility allowance)	78,001

** These figures have been restated to reflect the appropriate proportion of full salary for the period these officers were in interim posts rather than only the responsibility allowance which was paid in line with the relevant disclosure requirements. Alison Sutherland's 2020/21 remuneration was previously reported as £792 and pension contributions of £2,195. Eleanor Currie's 2020/21 remuneration was previously reported as £2,826 and full year equivalent of £10,000.

In respect of officers' pension benefits the statutory liability for any future contributions to be made rests with the relevant employing partner organisation. On this basis there is no pensions liability reflected on the IJB balance sheet for the Chief Officer or any other officers.

The IJB however has responsibility for funding the employer contributions for the current period in respect of the officer time spent on fulfilling the responsibilities of their role on the IJB. The following table shows the IJB's funding during the period to support officers' pension benefits. The table also shows the total value of accrued pension benefits which may include benefits earned in other employment positions and from each officer's own contributions.

	In Period pension contributions			Accrued pension benefits	
	2020-21 £	2021-22 £		2020-21 £	2021-22 £
Stephen Brown, Chief Officer	0	0	Pension Lump Sum	0 0	0 0
Alison Sutherland, Interim Chief Officer	2,249**	0	Pension Lump Sum	0 0	0 0
Caroline Cameron, Chief Officer and Chief Finance Officer	18,486	22,410	Pension Lump Sum	4,988 0	7,383 0
Paul Doak, Chief Finance Officer	0	13,114	Pension Lump Sum	0 0	38,917 62,611
Eleanor Currie, Interim Chief Finance Officer	4,178	2,710	Pension Lump Sum	6,822 0	8,285 0

Disclosure by pay bands

As required by the regulations, the following table shows the number of persons whose remuneration for the period was £50,000 or above, in bands of £5,000.

Number of employees in band 2020-21	Remuneration band	Number of employees in band 2021-22
0	£115,000-£119,999	1
2	£95,000-£99,999	0
0	£65,000-£69,999	1

Exit packages

There was one exit package during 2020-21 costing £95,000 and no exit packages during 2021-22.

Financial statements

The **Comprehensive Income and Expenditure Statement** shows the cost of providing services for the period according to accepted accounting practices.

2020-21 Restated				2021-22		
Gross Exp £000	Gross Income £000	Net Exp £000		Gross Exp £000	Gross Income £000	Net Exp £000
72,477	0	72,477	Community Care and Health	77,470	0	77,470
28,718	0	28,718	Mental Health	27,801	0	27,801
34,968	0	34,968	Children's Services and Criminal Justice	37,819	0	37,819
48,809	0	48,809	Primary Care	50,047	0	50,047
17,757*	0	17,757*	Management and Support Costs	18,135	0	18,135
1,026	0	1,026	Change Programme	1,105	0	1,105
5,722	0	5,722	Allied Health Professionals	6,771	0	6,771
86,596	0	86,596	Lead Partnership and Set Aside	90,734	0	90,734
296,073*	0	296,073*	Cost of Services	309,882	0	309,882
0	(99,897)	(99,897)	North Ayrshire Council Funding	0	(107,059)	(107,059)
0	(209,019)	(209,019)	NHS Ayrshire and Arran Funding	0	(224,298)	(224,298)
0	(308,916)	(308,916)	Total Taxation And Non-Specific Grant Income (note 5)	0	(331,357)	(331,357)
296,073*	(308,916)	(12,843)*	(Surplus) or Deficit on Provision of Services	309,882	(331,357)	(21,475)

There are no statutory or presentation adjustments which affect the IJB's application of the funding received from partners. The movement in the General Fund balance is therefore solely due to the transactions shown in the Comprehensive Income and Expenditure Statement. Consequently, an Expenditure and Funding Analysis is not provided in these annual financial statements.

The **Movement in Reserves Statement** shows the movement in the period on the reserves held by the IJB. The movements which arise due to statutory adjustments which affect the General Fund balance are separately identified from the movements due to accounting practices. In 2021-22 there were no statutory adjustments.

It has been identified that, in 2020-21, an expense of £1.245m was recorded in error in relation to Covid 19 "thank you" payments to commissioned providers. No expenditure should have been recorded as the IJB made these payments in 2021/22 and acting as an agent on behalf of the Scottish government.

Accordingly, management and support costs and the cost of services have been restated to exclude this amount and the closing reserves have increased correspondingly. The payment and related reimbursement from the Scottish government have both been recorded in 2021/22 and are disclosed as agency transactions in note 9.

All figures impacted by this are restated and marked with an asterisk in the Comprehensive Income and Expenditure Statement and the relevant note to the accounts.

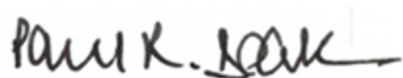
Total Reserves 2020-21 Restated	Movement in reserves	General Fund – Debt to NAC 2021-22	General Fund 2021-22	Earmarked Reserves 2021-22	Total Reserves 2021-22
(5,086)	Opening balance as at 1 April	(3,807)	4,151	7,413	7,757
12,843*	Total Comprehensive Income and Expenditure	1,486	3,097	16,892	21,475
0	Adjustments between accounting basis and funding basis under regulations	0	0	0	0
12,843*	Increase in period	1,486	3,097	16,892	21,475
7,757* (prev 6,512)	Closing Balance as at 31 March	(2,321)	7,248	24,305	29,232

The **Balance Sheet** shows the value of the IJB's assets and liabilities as at the balance sheet date. The net assets of the IJB (assets less liabilities) are matched by the reserves held by the IJB.

31 March 2021 Restated £000		Notes	31 March 2022 £000
11,564*	Short Term Debtors	6	31,553
(3,807)	Long Term Creditors	7	(2,321)
7,757*	Net Assets		29,232
7,757*	Usable Reserve: General Fund	8	29,232
7,757*	Total Reserves		29,232

The Statement of Accounts present a true and fair view of the financial position of the Integration Joint Board as at 31 March 2022 and its income and expenditure for the period then ended.

The unaudited financial statements were authorised for issue on 25 June 2022 and the audited financial statements were authorised for issue on 25 August 2022.



Paul Doak, Chief Finance Officer, 25 August 2022.

Notes to the financial statements

NOTE 1 – SIGNIFICANT ACCOUNTING POLICIES

General principles

The Financial Statements summarise the authority's transactions for the 2021-22 financial period and its position at the period-end as at 31 March 2022.

The North Ayrshire IJB was established under the requirements of the Public Bodies (Joint Working) (Scotland) Act 2014 and is a Section 106 body as defined in the Local Government (Scotland) Act 1973.

The Financial Statements are therefore prepared in compliance with the Code of Practice on Local Authority Accounting in the United Kingdom 2021-22, supported by International Financial Reporting Standards (IFRS), unless legislation or statutory guidance requires different treatment.

The accounts are prepared on the going concern basis, which provides that the entity will continue in operational existence for a minimum of 12 months from the date of these accounts. In accordance with the Code, the going concern concept will apply as there is the assumed continuation of service provision into the future. Whilst the financial statements show an overall negative balance sheet position the Integration Scheme outlines the partnership arrangement between the Council and Health Board and the requirements for those organisations to underwrite the financial position of the IJB.

The historical cost convention has been adopted.

Accruals of expenditure and income

Activity is accounted for in the period that it takes place, not simply when cash payments are made or received. In particular:

- Expenditure is recognised when goods or services are received, and their benefits are used by the IJB.
- Income is recognised when the IJB has a right to the income, for instance by meeting any terms and conditions required to earn the income, and receipt of the income is probable.
- Where income and expenditure have been recognised but settlement in cash has not taken place, a debtor or creditor is recorded in the Balance Sheet.
- Where debts may not be received, the balance of debtors is written down.

For the Integration Joint Board financial statements, a debtor and/or creditor will be recorded where the partner contributions differ from the actual net expenditure in period, this allows any surplus or deficit on the provision of services to be transferred to the reserves held by the Integration Joint Board.

Funding

The IJB is primarily funded through contributions from the statutory funding partners, North Ayrshire Council and NHS Ayrshire and Arran. Expenditure is incurred as the IJB commissions specified

health and social care services from the funding partners for the benefit of service recipients in North Ayrshire. Funding from the Scottish Government to offset Covid19 attributable costs is routed to the IJB via NHS Ayrshire and Arran as part of the Local Mobilisation Planning process.

Cash and cash equivalents

The IJB does not operate a bank account or hold cash. Transactions are settled on behalf of the IJB by the funding partners. Consequently, the IJB does not present a 'Cash and Cash Equivalent' figure on the balance sheet. The funding balance due to or from each funding partner as at 31 March is represented as a debtor or creditor on the IJB's Balance Sheet.

Employee benefits

The IJB does not directly employ staff. Staff are employed by the funding partners who retain the liability for pension benefits payable in the future. The IJB therefore does not present a Pensions Liability on its Balance Sheet.

The IJB has a legal responsibility to appoint a Chief Officer and a Chief Finance Officer. More details on the arrangements are provided in the Remuneration Report. The charges from the employing partner are treated as employee costs. Where material the Chief Officer's and Chief Finance Officer's absence entitlement at 31 March is accrued, for example in relation to annual leave earned but not yet taken.

Provisions, Contingent Liabilities and Contingent Assets

Provisions are liabilities of uncertain timing or amount. A provision is recognised as a liability on the balance sheet when there is an obligation as at 31 March due to a past event; settlement of the obligation is probable; and a reliable estimate of the amount can be made. Recognition of a provision will result in expenditure being charged to the Comprehensive Income and Expenditure Statement and will normally be a charge to the General Fund.

A contingent liability is a possible liability arising from events on or before 31 March, whose existence will only be confirmed by later events. A provision that cannot be reasonably estimated, or where settlement is not probable, is treated as a contingent liability. A contingent liability is not recognised in the IJB's Balance Sheet but is disclosed in a note where it is material.

A contingent asset is a possible asset arising from events on or before 31 March, whose existence will only be confirmed by later events. A contingent asset is not recognised in the IJB's Balance Sheet but is disclosed in a note only if it is probable to arise and can be reliably measured.

Reserves

The Integration Joint Board's reserves are classified as either Usable or Unusable Reserves. The IJB's only Usable Reserve is the General Fund. The balance of the General Fund as at 31 March shows the extent of resources which the IJB can use in later years to support service provision.

Indemnity insurance

The IJB has indemnity insurance for costs relating primarily to potential claim liabilities regarding Board member and officer responsibilities. NHS Ayrshire and Arran and North Ayrshire Council have responsibility for claims in respect of the services that they are statutorily responsible for and that they provide.

Unlike NHS Ayrshire and Arran, the IJB does not have any 'shared risk' exposure from participation in CNORIS (Clinical Negligence and Other Risks Indemnity Scheme). The IJB participation in the CNORIS scheme is therefore equivalent to normal insurance arrangements.

Known claims are assessed as to the value and probability of settlement. Where it is material the overall expected value of known claims taking probability of settlement into consideration, is provided for in the IJB's Balance Sheet.

The likelihood of receipt of an insurance settlement to cover any claims is separately assessed and, where material, presented as either a debtor or disclosed as a contingent asset.

VAT Status

The IJB is a non-taxable body and does not charge or recover VAT on its functions.

NOTE 2 – CRITICAL JUDGEMENTS AND ESTIMATION UNCERTAINTY

The critical judgements include:

- On behalf of all IJBs within the NHS Ayrshire and Arran area, the IJB acts as the lead partner for Mental Health Services. It commissions services on behalf of the three Ayrshire IJBs and reclaims the costs involved. This arrangement is treated as an agency arrangement. In the absence of an alternative agreement or approach being outlined in the Integration Scheme, the recharges across the partnerships for lead services are based on an NRAC share of costs, this may not reflect the actual cost of delivering services to the population in the three areas.
- In applying the accounting policies, the IJB has had to make a critical judgement relating to the values included for Set Aside services. The Set Aside figure included in the IJB accounts is based upon Information Services Division Scotland (ISD) activity data at historic prices with inflation applied. As such, the Set Aside sum included in the accounts will not reflect actual hospital usage in 2021-22.

There are no material estimation uncertainties included within the Financial Statements. The impact of Covid19 and associated costs incurred in 2021-22 have been accounted for in the financial statements.

NOTE 3 – EVENTS AFTER THE REPORTING PERIOD

The audited annual financial statements have been authorised for issue by the Chief Finance Officer on 25 August 2022. Events taking place after this date are not reflected in the financial statements or notes.

Events after the Balance Sheet date are those events, both favourable and unfavourable, that occur between the end of the reporting period and the date when the Annual Accounts are authorised for issue. Two types of events can be identified:

- Those that provide evidence of conditions that existed at the end of the reporting period - the financial statements are adjusted to reflect such events
- Those that are indicative of conditions that arose after the reporting period – the financial statements are not adjusted to reflect for such events, but where a category of events would have a material impact disclosure is made in the notes of the nature of the events and their estimated financial effect.

There are no such events to report for 2021-22.

NOTE 4 – EXPENDITURE AND INCOME ANALYSIS BY NATURE

2020-21 Restated £000's		2021-22 £000's
125,782*	Services commissioned from North Ayrshire Council	132,167
170,264	Services commissioned from NHS Ayrshire and Arran	177,687
27	Auditor Fee: External Audit Work	28
(308,916)	Partners Funding Contributions and Non-Specific Grant Income	(331,357)
(12,843)*	(Surplus) / deficit on the Provision of Services	(21,475)

NOTE 5 - TAXATION AND NON-SPECIFIC GRANT INCOME

2020-21 £000's		2021-22 £000's
(99,897)	Funding Contribution from North Ayrshire Council	(107,059)
(209,019)	Funding Contribution from NHS Ayrshire and Arran	(224,298)
(308,916)	Taxation and Non-specific Grant Income	(331,357)

The funding contributions from the partners shown above exclude any funding which is ring-fenced for the provision of specific services. Such ring-fenced funding is presented as income in the Cost of Services in the Comprehensive Income and Expenditure Statement. There was no ring-fenced funding in 2020-21 or 2021-22.

The funding contribution from NHS Ayrshire and Arran shown above includes £33.980m (2020-21 £33.054m) in respect of 'set aside' resources relating to acute hospital and other resources. These are provided by the NHS which retains responsibility for managing the costs of providing the services. The IJB however has responsibility for the consumption of, and level of demand placed on, these resources.

The funding contribution from the NHS Board also includes funding from the Scottish Government to offset Covid19 attributable costs. Guidance on Accounting for Coronavirus (Covid19) Grants / Funding Streams issued by the Local Authority (Scotland) Accounts Advisory Committee (LASAAC) in May 2021 outlines that financial support directed towards IJBs are not grants but funding of anticipated costs submitted as part of the regular Local Mobilisation Planning process. The main consideration for IJBs is to assess the nature of the expenditure being incurred such as spend directly incurred on HSCP goods / services (such as PPE, costs of running Community and Mental Health Assessment units and increased staff costs of councils and health boards) and spend incurred to support social care providers (such as care homes).

The nature of these transactions requires the IJB to consider if it is acting as a Principal or Agent in the process. Under the Code of Practice on Local Government Accounting in the United Kingdom (the Code), principal and agent are defined as:

- Principal: where the authority is acting on its own behalf.
- Agent: where the authority is acting as an intermediary.

To assist consistency in treatment of funding provided, the LASAAC guidance contains a schedule which sets out a view of accounting treatment of Covid19 funding, as to whether principle or agent accounting applies, which IJBs should consider. This sets out that for all payments underlying the expenditure, the IJB is acting as principal. In this respect this represents financial support directed towards the IJB and are not grants but funding of anticipated costs submitted as part of the regular Local Mobilisation Planning process.

NOTE 6 – DEBTORS

31 March 2021 Restated £000's		31 March 2022 £000's
8,764*	North Ayrshire Council	24,188
2,800	NHS Ayrshire and Arran	7,365
11,564*	Total Debtors	31,553

Amounts due from to the funding partners are stated on a net basis. Debtor and Creditor balances recognised by the funding partners but not yet settled in cash terms are offset against the funds they are holding on behalf of the Integration Joint Board.

NOTE 7 – CREDITORS

31 March 2021 £000's		31 March 2022 £000's
(3,807)	North Ayrshire Council	(2,321)
0	NHS Ayrshire and Arran	0
(3,807)	Total Creditors	(2,321)

Amounts owed to the funding partners are stated on a net basis. Debtor and Creditor balances recognised by the funding partners but not yet settled in cash terms are offset against the funds they are holding on behalf of the Integration Joint Board.

The Debtor balances recognised on the Balance Sheet represent the value of reserves held by partners supporting the earmarked element of the General Fund balance. The remaining balance of the surplus on the provision of services is offset against the Creditor balance, which relates entirely to the outstanding debt to North Ayrshire Council. This is in line with the amounts owed to funding partners being stated on a net basis irrespective of settlement in cash terms.

This position is summarised below:

Funding Partner	Surplus on provision of services £000's	Repayment of Debt £000's	Movement in Reserves £000's	Uncommitted Surplus (funds which are not earmarked for specific purposes) £000's
North Ayrshire Council	(15,269)	1,486	9,203	(4,580)
NHS Ayrshire and Arran	(6,206)	0	3,538	(2,668)
Total	(21,475)	1,486	12,741	(7,248)

NOTE 8 – USABLE RESERVE: GENERAL FUND

The IJB holds a balance on the General Fund which will normally comprise one of three elements:

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

The table below shows the movements on the General Fund balance, analysed between those elements earmarked for specific planned expenditure and the amount held in unallocated reserves.

Although the IJB has an overall positive reserves position, within this there is the balance of payment due to North Ayrshire to repay the debt due for previous year deficits, the movement in this balance represents the decrease to the debt during 2021-22.

The 'free' general fund balance of £7.248m is proposed to be 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%.

The £1.486m will continue to be set aside in future years to support the repayment of the debt.

2020-21 Restated				2021-22		
Transfers Out 2020-21	Transfers In 2020-21	Balance at 31 March 2021		Transfers Out 2021-22	Transfers In 2021-22	Balance at 31 March 2022
			Earmarked Funds			
0	336	336	: Alcohol & Drug Partnership	0	554	890
(63)	224	224	: Mental Health Action 15	(224)	511	511
(144)	935	935	: Primary Care Improvement Fund	(935)	1,856	1,856
0	181	181	: 21-22 Budget Gap	(181)	0	0
0	500	500	: Challenge Fund	0	0	500
0	513	513	: Community Living Change Fund	0	0	513
0	4,724*	4,724*	: Covid19 Funding	0	8,597	13,321
0	0	0	: Neighbourhood Networks	0	145	145
0	0	0	: Mental Health Officer Development Grant	0	41	41
0	0	0	: NAC Recovery and Renewal – Mental Health Element	0	71	71
0	0	0	: Joint Equipment	0	5	5
0	0	0	: Nethermains Adaptations	0	40	40
0	0	0	: Supported Accommodation	0	50	50

0	0	0	: Care at Home Capacity	0	1,192	1,192
0	0	0	: Interim Care	0	1,046	1,046
0	0	0	: Trauma Training	0	50	50
0	0	0	: Trauma Trainer	0	48	48
0	0	0	: Family Wellbeing Fund	0	106	106
0	0	0	: Perinatal MH Nurse	0	65	65
0	0	0	: Unaccompanied Asylum-Seeking Children	0	11	11
0	0	0	: Multi-Disciplinary Teams	0	644	644
0	0	0	: Health Care Support Workers	0	144	144
0	0	0	: MH Recovery and Renewal	0	2,057	2,057
0	0	0	: Medical photography	0	4	4
0	0	0	: Data Sims	0	28	28
0	0	0	: School Nursing	0	56	56
0	0	0	: Buvidal	0	109	109
0	0	0	: AHP Winter Funding	0	51	51
0	0	0	: Perinatal and Infant Mental Health	0	86	86
0	0	0	: Cossette Funding	0	18	18
0	0	0	: Replacement Mattress Programme	0	78	78
0	0	0	: Expansion of Primary Care Estates	0	55	55
0	0	0	: GP Premises Improvements - tranches 1 and 2	0	81	81
0	0	0	: Mental Health Wellbeing in Primary Care	0	40	40
0	0	0	: Dental Practice Improvement	0	265	265
0	0	0	: Dental Winter Preparedness	0	128	128
(207)	7,413*	7,413*	Total Earmarked	(1,340)	18,232	24,305
0	(3,807)	(3,807)	Outstanding Debt	3,807	(2,321)	(2,321)
0	4,151	4,151	Unallocated General Fund	181	2,916	7,248
(207)	7,757*	7,757*	General Fund	2,648	18,827	29,232

NOTE 9 – AGENCY INCOME AND EXPENDITURE

On behalf of all IJBs within the NHS Ayrshire and Arran area, the IJB acts as the lead manager for Mental Health Services. It commissions services on behalf of the other IJBs and reclaims the costs involved. The payments that are made on behalf of the other IJBs, and the consequential

reimbursement, are not included in the Comprehensive Income and Expenditure Statement (CIES) since the IJB is not acting as principal in these transactions.

The amount of expenditure and income relating to the agency arrangement is shown below.

2020-21 £000		2021-22 £000
31,583	Expenditure on Agency Service – Lead Partnership	32,109
0	Expenditure on £500 Thank You Payments to Social Care Providers	2,155
922	Expenditure on PPE and Test Kits from National Services Scotland	905
32,505	TOTAL AGENCY EXPENDITURE	35,169
(31,583)	Reimbursement for Agency Service – Lead Partnership	(32,109)
0	Reimbursement for £500 Thank You Payments to Social Care Providers	(2,155)
(922)	Reimbursement for PPE from National Services Scotland	(905)
(32,505)	TOTAL AGENCY INCOME	(35,169)
0	Net Agency Expenditure Excluded from the CIES	0

During the year, the Scottish Government provided funding as a “Thank You” payment to all health and social care staff and social care providers. Payments to health and social care staff and social care providers were actioned at 31st of March 2022 but are excluded from the accounts of NHS Ayrshire and Arran and North Ayrshire Council as the IJB acted as an agent in respect of these payments. No income or expenditure has been recognised for the payments in the Comprehensive Income and Expenditure Statement.

The Health and Social Care Partnership operated a PPE hub which distributed stock to employees, as well as external providers and carers. This stock was issued to the hub at no charge by NHS National Services Scotland. This was done under an agency arrangement and the estimated stock issued was £0.127m. As the IJB was acting as an agent regarding PPE transactions it does not recognise any income, expenditure or closing stock of PPE in the annual accounts.

In addition, Covid19 testing kits valued at £0.778m were issued by the Scottish and UK Governments for the use of frontline staff. This was also done under an agency arrangement and so no entries are included within the annual accounts.

NOTE 10 – RELATED PARTY TRANSACTIONS

The IJB has related party relationships with NHS Ayrshire and Arran and North Ayrshire Council. In particular the nature of the partnership means that the IJB may influence, and be influenced by, its partners. The following transactions and balances included in the IJB’s financial statements are presented to provide additional information on the relationships.

2020-21 £000	Transactions with NHS Ayrshire and Arran	2021-22 £000
(209,019)	Funding Contributions received from NHS Board	(224,298)
0	Service Income received from NHS Board	0
170,207	Expenditure on Services Provided by NHS Board	177,643
72	Key Management Personnel: Non-Voting Board Members	58
0	Support Services	0
(38,740)	Net Transactions with NHS Board	(46,597)

31 March 2021 £000	Balances with NHS Ayrshire and Arran	31 March 2022 £000
2,800	Debtor Balances: Amounts due from NHS Board	7,365
0	Creditor Balances: Amounts due to NHS Board	0
2,800	Net Balances with NHS Board	7,365

2020-21 Restated £000	Transactions with North Ayrshire Council	2021-22 £000
(99,897)	Funding Contributions received from the Council	(107,059)
0	Service Income received from the Council	0
125,723*	Expenditure on Services Provided by the Council	132,123
71	Key Management Personnel: Non-Voting Board Members	58
0	Support Services	0
25,897*	Net Transactions with the Council	25,122

31 March 2021 Restated £000	Balances with North Ayrshire Council	31 March 2022 £000
8,764*	Debtor Balances: Amounts due from the Council	24,188
(3,807)	Creditor Balances: Amounts due to the Council	(2,321)
4,957*	Net Balances with the Council	21,867

There are key management personnel employed by NHS Ayrshire and Arran and North Ayrshire Council; these costs are included in the expenditure on services provided. The non-voting Board members employed by the Council and Health Board include the Chief Officer, Chief Finance Officer, Chief Social Work Officer, representatives of primary care, nursing and non-primary care services; and a staff representative. Details of the remuneration for some specific post-holders is provided in the Remuneration Report.

Support services were not delegated to the Integration Joint Board through the Integration Scheme and are instead provided by NHS Ayrshire and Arran and North Ayrshire Council free of charge as 'services in kind'. These include services such as financial management, human resources, legal services, committee services, ICT, payroll, internal audit and accommodation.

NOTE 11 – VAT

VAT payable is included as an expense only to the extent that it is not recoverable from Her Majesty's Revenue and Customs. VAT receivable is excluded from income.

The VAT treatment of expenditure in the IJB's financial statements depends on which of the partner agencies is providing the service as these agencies are treated differently for VAT purposes.

Where the Council is the provider, income and expenditure excludes any amounts related to VAT, as all VAT collected is payable to H.M. Revenue and Customs and all VAT paid is recoverable from it. The Council is not entitled to fully recover VAT paid on a very limited number of items of expenditure and for these items the cost of VAT paid is included within service expenditure to the extent that it is irrecoverable from H.M. Revenue and Customs.

Where the NHS is the provider, expenditure incurred will include irrecoverable VAT as generally the NHS cannot recover VAT paid as input tax and will seek to recover its full cost as income from the Commissioning IJB.

NOTE 12 – ACCOUNTING STANDARDS ISSUED NOT YET ADOPTED

The Code requires the disclosure of information about accounting changes that will be required by new accounting standards that has been issued but not yet adopted. The IJB considers that there are no such standards which would have an impact on the 2021-22 financial statements.

Independent auditor's report

Independent auditor's report to the members of North Ayrshire Integration Joint Board and the Accounts Commission

Reporting on the audit of the financial statements

Opinion on financial statements

We certify that we have audited the financial statements in the annual accounts of North Ayrshire Integration Joint Board for the year ended 31 March 2022 under Part VII of the Local Government (Scotland) Act 1973. The financial statements comprise the Comprehensive Income and Expenditure Statement, Movement in Reserves Statement, Balance Sheet and notes to the financial statements, including significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and UK adopted international accounting standards, as interpreted and adapted by the Code of Practice on Local Authority Accounting in the United Kingdom 2021/22 (the 2021/22 Code).

In our opinion the accompanying financial statements:

- give a true and fair view in accordance with applicable law and the 2021/22 Code of the state of affairs of the body as at 31 March 2022 and of its income and expenditure for the year then ended;
- have been properly prepared in accordance with UK adopted international accounting standards, as interpreted and adapted by the 2021/22 Code; and
- have been prepared in accordance with the requirements of the Local Government (Scotland) Act 1973, The Local Authority Accounts (Scotland) Regulations 2014, and the Local Government in Scotland Act 2003.

Basis for opinion

We conducted our audit in accordance with applicable law and International Standards on Auditing (UK) (ISAs (UK)), as required by the Code of Audit Practice approved by the Accounts Commission for Scotland. Our responsibilities under those standards are further described in the auditor's responsibilities for the audit of the financial statements section of our report. We were appointed by the Accounts Commission on 31 May 2016. The period of total uninterrupted appointment is 6 years. We are independent of the body in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK including the Financial Reporting Council's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. Non-audit services prohibited by the Ethical Standard were not provided to the body. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern basis of accounting

We have concluded that the use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the body's ability to continue to adopt the going concern basis of accounting for a period of at least twelve months from when the financial statements are authorised for issue.

These conclusions are not intended to, nor do they, provide assurance on the body's current or future financial sustainability. However, we report on the body's arrangements for financial sustainability in a separate Annual Audit Report available from the Audit Scotland website.

Risks of material misstatement

We report in our Annual Audit Report the most significant assessed risks of material misstatement that we identified and our judgements thereon.

Responsibilities of the Chief Finance Officer and North Ayrshire Integration Joint Board for the financial statements

As explained more fully in the Statement of Responsibilities, the Chief Finance Officer is responsible for the preparation of financial statements that give a true and fair view in accordance with the financial reporting framework, and for such internal control as the Chief Finance Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the Chief Finance Officer is responsible for assessing the body's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless there is an intention to discontinue the body's operations.

The North Ayrshire Integration Joint Board is responsible for overseeing the financial reporting process.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the decisions of users taken on the basis of these financial statements.

A further description of the auditor's responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Extent to which the audit was considered capable of detecting irregularities, including fraud

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities outlined above to detect material misstatements in respect of irregularities, including fraud. Procedures include:

- considering the nature of the board's control environment and reviewing the board's documentation of their policies and procedures relating to fraud and compliance with laws and regulations. We also enquired with management, internal audit and those charged with governance about their own identification and assessment of the risks of irregularities;
- obtaining an understanding of the applicable legal and regulatory framework and how the board is complying with that framework;
- identifying which laws and regulations are significant in the context of the board;
- assessing the susceptibility of the financial statements to material misstatement, including how fraud might occur; and

- considering whether the audit team collectively has the appropriate competence and capabilities to identify or recognise non-compliance with laws and regulations.

We obtained an understanding of the legal and regulatory framework that the body operates in, and identified the key laws and regulations that:

- had a direct effect on the determination of material amounts and disclosures in the financial statements. This included the Local Government (Scotland) Act 1973, the Local Authority Accounts (Scotland) Regulations 2014, the Local Government in Scotland Act 2003 and the Public Bodies (Joint Working) Scotland Act 2014.
- do not have a direct effect on the financial statements but compliance with which may be fundamental to the body's ability to operate or to avoid a material penalty. These included the Data Protection Act 2018 and relevant employment legislation.

We discussed among the audit engagement team regarding the opportunities and incentives that may exist within the organisation for fraud and how and where fraud might occur in the financial statements.

As a result of performing the above, we identified the greatest potential for fraud was in relation to the completeness and accuracy of the contributions received from the Health Board and the Council. The risk is that the partner bodies do not pass on any additional funding due. In response to this risk, we tested the income recognised to ensure that the correct contributions have been received in accordance with that agreed as part of the budget process.

In common with all audits under ISAs (UK), we are also required to perform specific procedures to respond to the risk of management override. In addressing the risk of fraud through management override of controls, we tested the appropriateness of journal entries and other adjustments; assessed whether the judgements made in making accounting estimates are indicative of a potential bias; and evaluated the business rationale of any significant transactions that are unusual or outside the normal course of business.

In addition to the above, our procedures to respond to the risks identified included the following:

- reviewing financial statement disclosures by testing to supporting documentation to assess compliance with provisions of relevant laws and regulations described as having a direct effect on the financial statements;
- performing analytical procedures to identify any unusual or unexpected relationships that may indicate risks of material misstatement due to fraud;
- enquiring of management, internal audit and legal counsel concerning actual and potential litigation and claims, and instances of non-compliance with laws and regulations; and
- reading minutes of meetings of those charged with governance and reviewing internal audit reports.

The extent to which our procedures are capable of detecting irregularities, including fraud, is affected by the inherent difficulty in detecting irregularities, the effectiveness of the board's controls, and the nature, timing and extent of the audit procedures performed.

Irregularities that result from fraud are inherently more difficult to detect than irregularities that result from error as fraud may involve collusion, intentional omissions, misrepresentations, or the override of internal control. The capability of the audit to detect fraud and other irregularities depends on factors such as the skilfulness of the perpetrator, the frequency and extent of manipulation, the degree of collusion involved, the relative size of individual amounts manipulated, and the seniority of those individuals involved.

Reporting on other requirements

Opinion prescribed by the Accounts Commission on the audited part of the Remuneration Report

We have audited the part of the Remuneration Report described as audited. In our opinion, the audited part of the Remuneration Report has been properly prepared in accordance with The Local Authority Accounts (Scotland) Regulations 2014.

Other information

The Chief Finance Officer is responsible for other information in the annual accounts. The other information comprises the Management Commentary, Annual Governance Statement, Statement of Responsibilities and the unaudited part of the Remuneration Report.

Our responsibility is to read all the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the course of the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether this gives rise to a material misstatement in the financial statements themselves. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

Our opinion on the financial statements does not cover the other information and we do not express any form of assurance conclusion thereon except on the Management Commentary and Annual Governance Statement to the extent explicitly stated in the following opinions prescribed by the Accounts Commission.

Opinions prescribed by the Accounts Commission on the Management Commentary and Annual Governance Statement

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Management Commentary for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with statutory guidance issued under the Local Government in Scotland Act 2003; and
- the information given in the Annual Governance Statement for the financial year for which the financial statements are prepared is consistent with the financial statements and that report has been prepared in accordance with the Delivering Good Governance in Local Government: Framework (2016).

Matters on which we are required to report by exception

We are required by the Accounts Commission to report to you if, in our opinion:

- adequate accounting records have not been kept; or
- the financial statements and the audited part of the Remuneration Report are not in agreement with the accounting records; or
- we have not received all the information and explanations we require for our audit;

We have nothing to report in respect of these matters.

Conclusions on wider scope responsibilities

In addition to our responsibilities for the annual accounts, our conclusions on the wider scope responsibilities specified in the Code of Audit Practice, including those in respect of Best Value, are set out in our Annual Audit Report.

Use of our report

This report is made solely to the parties to whom it is addressed in accordance with Part VII of the Local Government (Scotland) Act 1973 and for no other purpose. In accordance with paragraph 120 of the Code of Audit Practice, we do not undertake to have responsibilities to members or officers, in their individual capacities, or to third parties.

Pat Kenny, CPFA (for and on behalf of Deloitte LLP)

110 Queen Street

Glasgow

G1 3BX

United Kingdom

25 August 2022

Glossary of Terms

While the terminology used in this report is intended to be self-explanatory, it may be useful to provide additional definition and interpretation of the terms used.

Accounting Period

The period of time covered by the Accounts normally a period of twelve months commencing on 1 April each year. The end of the accounting period is the Balance Sheet date.

Accruals

The concept that income and expenditure are recognised as they are earned or incurred not as money is received or paid.

Balance Sheet

A statement of the recorded assets, liabilities and other balances at the end of the accounting period.

CIPFA

The Chartered Institute of Public Finance and Accountancy.

Consistency

The concept that the accounting treatment of like terms within an accounting period and from one period to the next is the same.

CNORIS

The Clinical Negligence and Other Risks Indemnity Scheme

COSLA

Convention of Scottish Local Authorities

Creditor

Amounts owed by the IJB for work done, goods received or services rendered within the accounting period, but for which payment has not been made by the end of that accounting period.

Debtor

Amount owed to the IJB for works done, goods received or services rendered within the accounting period, but for which payment has not been received by the end of that accounting period.

Entity

A body corporate, partnership, trust, unincorporated association or statutory body that is delivering a service or carrying on a trade or business with or without a view to profit. It should have a separate legal personality and is legally required to prepare its own single entity accounts.

IFRS

International Financial Reporting Standards.

ISA

International Standard on Auditing

ISD

Information Services Division Scotland

LASAAC

Local Authority (Scotland) Accounts Advisory Committee

Liability

A liability is where the IJB owes payment to an individual or another organisation. A current liability is an amount which will become payable or could be called in within the next accounting period e.g. creditors or cash overdrawn. A non-current liability is an amount which by arrangement is payable beyond the next year at some point in the future or will be paid off by an annual sum over a period of time.

NRAC

NHS Scotland Resource Allocation Committee (Scottish NHS resource allocation formula)

Post Balance Sheet Events

Post Balance Sheet events are those events, favourable or unfavourable, that occur between the Balance Sheet date and the date when the Annual Accounts are authorised for issue.

Provisions

An amount put aside in the accounts for future liabilities or losses which are certain or very likely to occur but the amounts or dates of when they will arise are uncertain.

Related Parties

Bodies or individuals that have the potential to control or influence the IJB or to be controlled or influenced by the IJB. For the IJB's purposes, related parties are deemed to include voting members, the Chief Officer and their close family and household members.

Remuneration

All sums paid to or receivable by an employee and sums due by way of expenses allowances (as far as these sums are chargeable to UK income tax) and the monetary value of any other benefits received other than in cash.

Reserves

The accumulation of surpluses, deficits and appropriation over past years. Reserves of a revenue nature are available and can be spent or earmarked at the discretion of the IJB.

Revenue Expenditure

The day-to-day expenses of providing services.

Significant Interest

The reporting authority is actively involved and is influential in the direction of an entity through its participation in policy decisions.

The Code

The Code of Practice on Local Authority Accounting in the United Kingdom

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DIRECTOR (North Ayrshire Health & Social Care Partnership): Caroline Cameron
5th Floor, West Wing, Cunninghame House, Friarscroft, Irvine, KA12 8EE
Tel: 01294 317700

If telephoning please call: Paul Doak

25th August 2022

Pat Kenny CPFA
Deloitte LLP
110 Queen Street
Glasgow
G1 3BX

Dear Pat

This representation letter is provided in connection with your audit of the financial statements of North Ayrshire Integration Joint Board ('the entity') for the year ended 31 March 2022 for the purpose of expressing an opinion as to whether the financial statements give a true and fair view of the financial position of the entity as of 31 March 2022 and of the results of its operations, other comprehensive net expenditure for the year then ended in accordance with the applicable accounting framework as interpreted by the Code of Practice on Local Authority Accounting in the United Kingdom.

In addition to the above, this representation letter is provided in connection with your audit of the other information in the Annual Accounts, for the purposes set out in the Code of Audit Practice 2016.

We are aware that it is an offence to mislead an auditor of a public body.

On behalf of the entity, I confirm as Responsible Financial Officer, to the best of my knowledge and belief, the following representations.

Financial statements

1. We understand and have fulfilled our responsibilities for the preparation of the financial statements in accordance with the applicable financial reporting framework, as set out in the Code of Practice on Local Authority Accounting in the United Kingdom, which give a true and fair view, as set out in the terms of the audit engagement letter.
2. Significant assumptions used by us in making accounting estimates, including those measured at fair value and assessing the impact of COVID-19 on the entity are reasonable. We have made sufficient and appropriate disclosure of the general increased estimation uncertainty arising from the impact of COVID-19.
3. Related party relationships and transactions have been appropriately accounted for and disclosed in accordance with the requirements of IAS24 "Related party disclosures".
4. All events subsequent to the date of the financial statements and for which the applicable financial reporting framework requires adjustment of or disclosure have been adjusted or disclosed.
5. There are no uncorrected misstatements and disclosure deficiencies.
6. We confirm that the financial statements have been prepared on the going concern basis and disclose in accordance with IAS 1 all matters of which we are aware that are relevant to the entity's ability to continue as a going concern, including principal conditions or events and our plans. We do not intend to cease operations as we consider we have realistic alternatives to doing so. We are not aware of any material uncertainties related to events or conditions that may cast significant doubt upon the entity's ability to continue as a going concern. We confirm the completeness of the information provided regarding events and conditions relating to going concern at the date of approval of the financial statements, including our plans for future actions.



7. The entity has satisfactory title to all assets and there are no liens or encumbrances on the entity's assets and assets pledged as collateral.
8. We have recorded or disclosed, as appropriate, all liabilities, both actual and contingent.
9. We have reconsidered the remaining useful lives of the property, plant and equipment and confirm that the present rates of depreciation are appropriate to amortise the cost less residual value over the remaining useful lives.
10. We are not aware of events or changes in circumstances occurring during the period which indicate that the carrying amount of property, plant and equipment may not be recoverable.
11. With respect to accounting estimates, we confirm:
 - the measurement processes, including related assumptions and models used to determine accounting estimates in the context of the applicable financial reporting framework are appropriate and have been applied consistently;
 - the assumptions appropriately reflect our intent and ability to carry out specific courses of action on behalf of the entity where relevant to the accounting estimates and disclosures;
 - the disclosures related to accounting estimates under the entity's applicable financial reporting framework are complete and appropriate; and
 - there have been no subsequent events that require adjustment to the accounting estimates and disclosures included in the financial statements.
12. We confirm that we consider the depreciated historic cost is an appropriate proxy for the fair value of non-property assets, and are not aware of any circumstances that would indicate that these assets require revaluation.
13. We have made the following restatement to correct a misstatement in prior period financial statements that effect the comparative information: the restatement is in relation to the "COVID-19 Thank-You" payments which were incorrectly accrued into the wrong financial year.

Information provided

14. We have provided you with all relevant information and access as agreed in the terms of the audit engagement letter with Audit Scotland.
15. All transactions have been recorded and are reflected in the financial statements and the underlying accounting records.
16. We acknowledge our responsibilities for the design, implementation and maintenance of internal control to prevent and detect fraud and error. We are not aware of any deficiencies in internal control of which you should be aware.
17. We have disclosed to you the results of our assessment of the risk that the financial statements may be materially misstated as a result of fraud.
18. We have disclosed to you all information in relation to fraud or suspected fraud that we are aware of and that affects the entity or group and involves:
 - (i) management;
 - (ii) employees who have significant roles in internal control; or
 - (iii) others where the fraud could have a material effect on the financial statements.
19. We have disclosed to you all information in relation to allegations of fraud, or suspected fraud, affecting the entity's financial statements communicated by employees, former employees, analysts, regulators or others.
20. We are not aware of any instances of non-compliance, or suspected non-compliance, with laws, regulations, and contractual agreements whose effects should be considered when preparing financial statements.
21. We have disclosed to you the identity of the entity's related parties and all the related party relationships and transactions of which we are aware.
22. All known actual or possible litigation and claims whose effects should be considered when preparing the financial statements have been disclosed to you and accounted for and disclosed in accordance with the applicable financial reporting framework. No other claims in connection with litigation have been or are expected to be received.



23. We have no plans or intentions that may materially affect the carrying value or classification of assets and liabilities reflected in the financial statements.
24. We confirm that:
 - (i) we consider that the entity has appropriate processes to prevent and identify any cyber breaches other than those that are clearly inconsequential; and
 - (ii) we have disclosed to you all cyber breaches of which we are aware that have resulted in more than inconsequential unauthorised access of data, applications, services, networks and/or devices.
25. We have performed an assessment of the impact on the financial statements of events in Russia and Ukraine including consideration of the impact of sanctions and have disclosed the results of that assessment to you.
26. All minutes of Board and Committee meetings during and since the financial year have been made available to you.
27. We have drawn to your attention all correspondence and notes of meetings with regulators.
28. We confirm that all of the disclosures relating to sections of the Annual Accounts which are considered 'other information' as set out in the Code of Audit Practice 2016 have been prepared in accordance with relevant legislation and guidance.

We confirm that the above representations are made on the basis of adequate enquiries of management and staff (and where appropriate, inspection of evidence) sufficient to satisfy ourselves that we can properly make each of the above representations to you.

Yours faithfully

Paul Doak CPFA
Head of Service (Finance and Transformation)

Signed as Responsible Financial Officer, for and on behalf of North Ayrshire Integration Joint Board.



North Ayrshire Integration Joint Board

Report to the Integration Joint Board and the Controller of Audit on the 2021/22 audit

Issued on 16th August 2022 for the meeting on 25th August 2022

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Introduction

The key messages in this report

Audit quality is our number one priority. We plan our audit to focus on audit quality and have set the following audit quality objectives for this audit:

- A robust challenge of the key judgements taken in the preparation of the Annual Report and Accounts.
- A strong understanding of your internal control environment.
- A well planned and delivered audit that raises findings early with those charged with governance.

I have pleasure in presenting our report to the North Ayrshire Integration Joint Board (“the IJB”) for the year ending 31 March 2022 audit. The scope of our audit was set out within our planning report presented to the Audit and Performance Committee in March 2022.

This report summarises our findings and conclusions in relation to:

- The audit of the **annual report and accounts**; and
- Consideration of the **four audit dimensions** that frame the wider scope of public sector audit requirements as illustrated in the following diagram. This includes our consideration of the Accountable Officers’ duty to secure best value.



Introduction (continued)

The key messages in this report (continued)

I would like to draw your attention to the key messages of this paper:

Conclusions from our testing

Based on our audit work completed to date we expect to issue an unmodified audit opinion.

The Management Commentary and Annual Governance Statement comply with the statutory guidance and proper practice and are consistent with the annual accounts and our knowledge of the Board.

Following updates made by management, the auditable parts of the Remuneration Report have been prepared in accordance with the relevant regulations. We identified errors in relation to salary and pension disclosure including some related to the prior year.

A summary of our work on the significant risks is provided in the dashboard on page 9.

Status of the Annual Report and Accounts audit

Outstanding matters to conclude the audit include:

- Finalisation of internal quality control procedures;
- Receipt of signed management representation letter; and
- Our review of events since 31 March 2022.

Conclusions on audit dimensions and best value

As set out on page 3, our audit work covered the four audit dimensions. Our separate detailed report presented to the Board in June 2022 set out our findings and conclusions on each dimension. In accordance with the Code of Audit Practice, we have included our overall conclusions within this report on page 17. Key highlights include:

Financial Management - The Board continues to have effective budget setting and monitoring arrangements in place. This is supported by an experienced finance team and a robust internal audit function, as well as appropriate arrangements for the prevention and detection of fraud and error.

Financial sustainability - The Board has set a balanced budget for 2022/23 and holds unearmarked reserves at a level consistent with its Reserves Strategy, therefore is financially sustainable in the short term. It is also continuing to repay the historical loan to North Ayrshire Council. However, it continues to be faced with significant financial challenges over the medium and longer-term, projecting a high level potential funding gap of up to £8.6m over the next two years.

It is positive to see the development of the MTFO during the year, the progress with transformational change programme and the updated Strategic Commissioning Plan with a clear focus on continuous improvement. Significant work is still required to make the level of lasting long-term transformational change needed to ensure financial sustainability. Progress continues to be impacted by the ongoing response to the pandemic. Significant earmarked reserves are projected to be carried forward into future years. It is critical that detailed plans are developed to demonstrate how these funds will be used to make transformational change.

Introduction (continued)

The key messages in this report (continued)

Conclusions on audit dimensions and best value (continued)

Governance and transparency – The IJB continues to have strong leadership, with more tailored training being developed for Board members. The governance arrangements also continue to be robust, with recent updates to the Standing Orders and Scheme of Delegation. The IJB continues to be open and transparent. Further work is required to progress with implementing delegated hospital budgets and set aside requirements, in collaboration with the Scottish Government, NHS Ayrshire and Arran and other Ayrshire partnerships.

Value for money — The IJB continues to have a clear and robust performance management framework in place which analyses data, tracks progress and identifies actions. Regular reporting on performance is provided to the Performance and Audit Committee and the IJB, with a focus on continuous improvement.

Best value - The IJB has sufficient arrangements in place to secure best value and has a clear understanding of areas which require further development.

Added value

Our aim is to add value to the IJB by providing insight into, and offering foresight on, financial sustainability, risk and performance by identifying areas for improvement and recommending and encouraging good practice. In so doing, we aim to help the IJB promote improved standards of governance, better management and decision making, and more effective use of resources. This is provided throughout both this report and our separate 'Audit Dimensions and Best Value' report.

We also included our “sector developments” within our separate report where we shared Audit Scotland’s national reporting and our research and informed perspective and best practice from our work across the wider public sector that are specifically relevant to the IJB.

Managing transition to 2022/23 audits

2021/22 is the final year of the current audit appointments. We will minimise disruption to all parties, and maximise the transfer of knowledge of the IJB, by working in partnership with Audit Scotland and the incoming auditors.

We would like to put on record our thanks to the Board, management and staff for the good working relationship over the period of our appointment.

Pat Kenny
Associate Partner

Annual Report and Accounts Audit



Quality Indicators

Impact on the execution of our audit

Management and those charged with governance are in a position to influence the effectiveness of our audit, through timely formulation of judgements, provision of accurate information, and responsiveness to issues identified in the course of the audit. This slide summarises some key metrics related to your control environment which can significantly impact the execution of the audit. We consider these metrics important in assessing the reliability of your financial reporting and provide context for other messages in this report.

Area	Grading			Reason
	FY22	FY21	FY20	
Timing of key accounting judgements	●	●	●	There were no significant accounting judgements included within the IJB Annual Accounts. This is in line with our expectations and understanding of the IJB.
Adherence to deliverables timetable	●	●	●	Management provided all evidence in a timely manner, in advance of agreed timelines. Any follow-up requests during the audit were quickly actioned. This is an improvement from the prior year audit.
Access to finance team and other key personnel	●	●	●	Deloitte and the IJB Finance Team have worked together to facilitate remote communication during the audit which has been successful. There have been no issues with access to the finance team or other key personnel.
Quality and accuracy of management accounting papers	●	●	●	Documentation provided has been of a high standard, which enabled an efficient audit. Working papers were clear and reconcilable to the Annual Report and Accounts. This is borne out by the resubmission rate on requests for the audit being low, at 0%.
Quality of draft financial statements	●	●	●	A full draft of the Annual Report and Accounts was received for audit on 15 June 2022. Required changes were raised mainly in relation to the prior period adjustment.
Response to control deficiencies identified	●	●	●	We identified one control deficiency based on NHS Ayrshire and Arran's controls which impact the IJB. Please see page 12 for further details.
Volume and magnitude of identified errors	●	●	●	We have identified two errors in relation to disclosures. For more detail see page 20.



Lagging



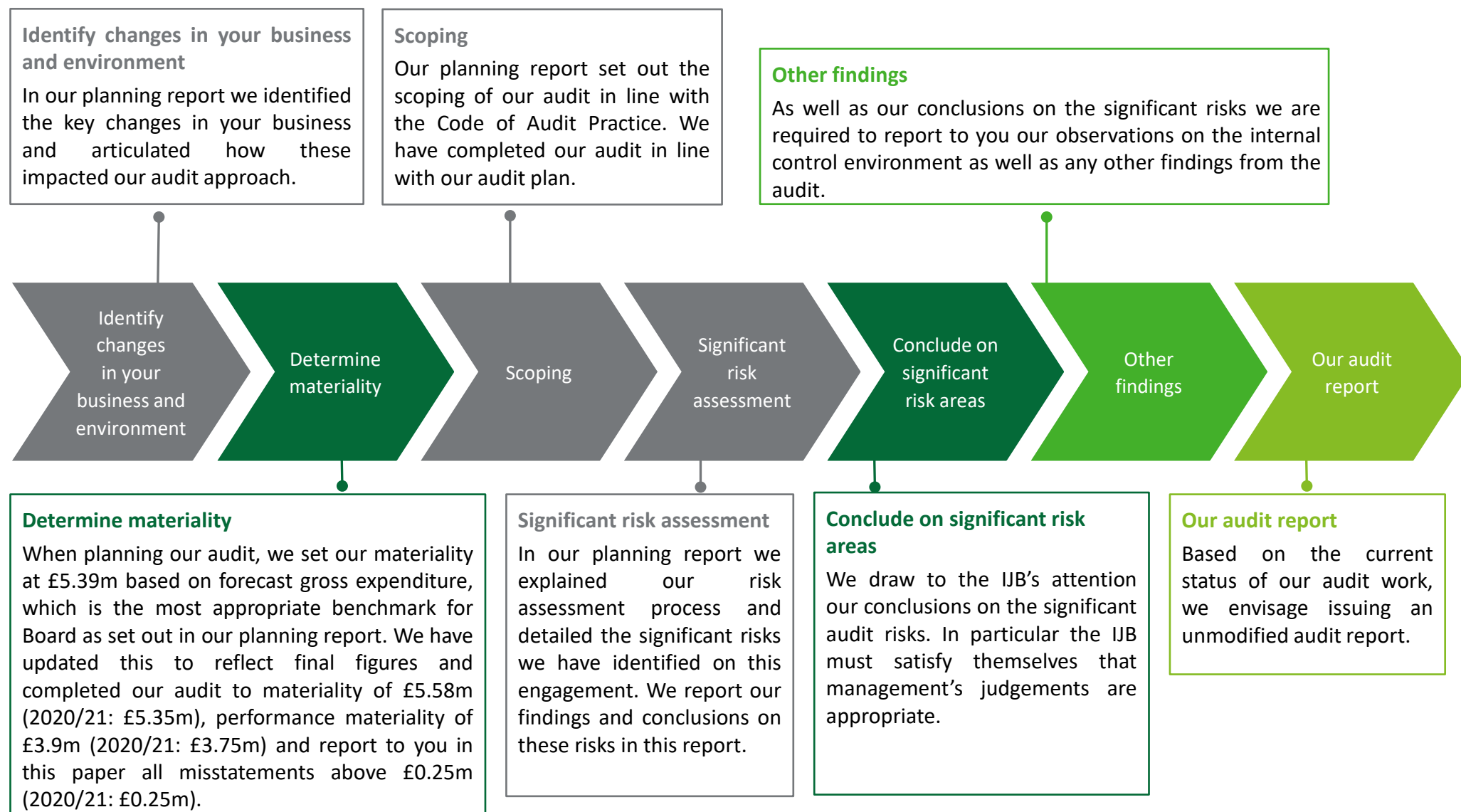
Developing



Mature







Our Audit Explained

We tailor our audit to your business and your strategy



Significant Risks

Dashboard

Risk	Material	Fraud risk	Planned approach to controls testing	Controls testing conclusion	Consistency of judgements with Deloitte's expectations	Comments	Page no.
Completeness and accuracy of income			D+I	Satisfactory		Satisfactory	10
Management override of controls			D+I	See page 12		Satisfactory	11

Overly prudent, likely to lead to future credit



Overly optimistic, likely to lead to future debit.

D+I: Testing of the design and implementation of key controls

Significant Risks (continued)

Completeness and accuracy of income



Risk identified and key judgements

ISA 240 states that when identifying and assessing the risks of material misstatement due to fraud, the auditor shall, based on a presumption that there are risks of fraud in income recognition, evaluate which types of income, income transactions or assertions give rise to such risks.

The main components of income for the Board are contributions from its funding partners, namely North Ayrshire Council and NHS Ayrshire and Arran. The significant risk is pinpointed to the recognition of this income, being completeness and accuracy of contributions received from the Health Board and the Council. Whilst the Board was projecting a year-end underspend against budget in relation to directly managed services, there remains a risk associated with the additional COVID-19 expenditure and associated funding.



Deloitte response and challenge

We have performed the following:

- assessed the design and implementation of the controls around recognition of income;
- tested the income to ensure that the correct contributions have been input and received in accordance with that agreed as part of budget process;
- tested the reconciliations performed by the Board at 31 March 2022 to confirm all income is correctly recorded in the ledger; and
- confirmed that the reconciliations performed during 2021/22 have been reviewed on a regular basis.

Deloitte view

We have concluded that income has been correctly recognised in accordance with the requirements of the Code of Practice on Local Authority Accounting.

Significant Risks (continued)

Management override of controls



Risk identified

Management is in a unique position to perpetrate fraud because of their ability to manipulate accounting records and prepare fraudulent financial statements by overriding controls that otherwise appear to be operating effectively.

Although management is responsible for safeguarding the assets of the entity, we planned our audit so that we had a reasonable expectation of detecting material misstatements to the Annual Report and Accounts and accounting records.



Deloitte response and challenge

In considering the risk of management override, we have performed the following audit procedures that directly address this risk:

Journals

We have tested the appropriateness of journal entries recorded in the general ledger and other adjustments made in the preparation of the Annual Accounts. In designing and performing audit procedures for such tests, we have:

- Tested the design and implementation of controls over journal entry processing;
- Made inquiries of individuals involved in the financial reporting process about inappropriate or unusual activity relating to the processing of journal entries and other adjustments;
- Selected journal entries and other adjustments made at the end of a reporting period; and
- Considered the need to test journal entries and other adjustments throughout the period.

Accounting estimates and judgements

We have reviewed accounting estimates for biases and evaluate whether the circumstances producing the bias, if any, represent a risk of material misstatement due to fraud.

In performing this review, we have not identified any significant accounting estimates and judgements from our testing.

Significant and unusual transactions

We did not identify any significant transactions outside the normal course of business or any transactions where the business rationale was not clear.

Deloitte view

We have not identified any significant bias in the key judgements made by management.


We have not identified any instances of management override of controls in relation to the specific transactions tested.

We have identified a control deficiency in relation to NHS Ayrshire and Arran's segregation of duties. Further insight can be seen on page 12.

Other Significant Findings

Internal control

During the course of our audit we have identified one internal control finding, which we have included below for information.

Area	Observation	Priority
Monthly Journal Reviews	<p>Each month within NHS Ayrshire and Arran, senior accountants receive a listing of all journals posted by accountants, in their division, for review. The aim of this is to follow up on unusual variances and discrepancies which should mitigate against override.</p> <p>Based on a walk through of this control from September 2021, there is no evidence that the reviewer carried out a detailed review as they did not include commentary accompanying the journal listing to demonstrate a robust review.</p> <p>We therefore recommend that management review the adequacy of this control and either enhance the documentation of the review to clearly set out what has been reviewed or identify an alternative control to review journal entries to ensure there is sufficient segregation of duties.</p> <p>We understand that this deficiency is within the control of NHS Ayrshire and Arran. This has been communicated to NHS Ayrshire and Arran as part of their Audit Report. Although, given that NHS Ayrshire and Arran is a partner of the Board, it is appropriate to include this finding for completeness.</p>	

The purpose of the audit was for us to express an opinion on the financial statements. The audit included consideration of internal control relevant to the preparation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of internal control. The matters being reported are limited to those deficiencies that we have identified during the audit and that we have concluded are of sufficient importance to merit being reported to you.

Low Priority

Medium Priority

High Priority

Other Significant Findings (continued)

Financial reporting findings

Below, we set out the findings from our audit surrounding your financial reporting process.

Qualitative aspects of your accounting practices:

The Board has prepared its Annual Accounts in line with the Code of Practice on Local Authority Accounting. We are satisfied that the Board's accounting practices are appropriate.

Other matters relevant to financial reporting:

We have not identified other matters arising from the audit that, in the auditor's professional judgement, are significant to the oversight of the financial reporting process.

Significant matters discussed with management:

Significant matters discussed with management related primarily to the impact of COVID-19 on the organization. Management have made relevant disclosures in relation to this impact in the annual accounts.

The impact of Russia's invasion on Ukraine was also discussed with management. However, there has been no impact of this on the IJB.

We will obtain written representations from the Board on matters material to the Annual Accounts when other sufficient appropriate audit evidence cannot reasonably be expected to exist. A copy of the draft representations letter has been circulated separately.

Our Audit Report

Other matters relating to the form and content of our report

Here we discuss how the results of the audit impact on other significant sections of our audit report.



Our opinion on the financial statements

Based on our audit work completed to date, we expect to issue an unmodified audit opinion.



Material uncertainty related to going concern

We have not identified a material uncertainty related to going concern and will report by exception regarding the appropriateness of the use of the going concern basis of accounting.

Practice Note 10 provides guidance on applying ISA (UK) 570 Going Concern to the audit of public sector bodies. The anticipated continued provision of the service is relevant to the assessment of the continued existence of a particular body.



Emphasis of matter and other matter paragraphs

There are no matters we judge to be of fundamental importance in the Annual Accounts that we consider it necessary to draw attention to in an emphasis of matter paragraph.

There are no matters relevant to users' understanding of the audit that we consider necessary to communicate in an other matter paragraph.



Other reporting responsibilities

The narrative parts of the Annual Accounts is reviewed in its entirety for material consistency with the annual accounts and the audit work performance and to ensure that they are fair, balanced and reasonable.

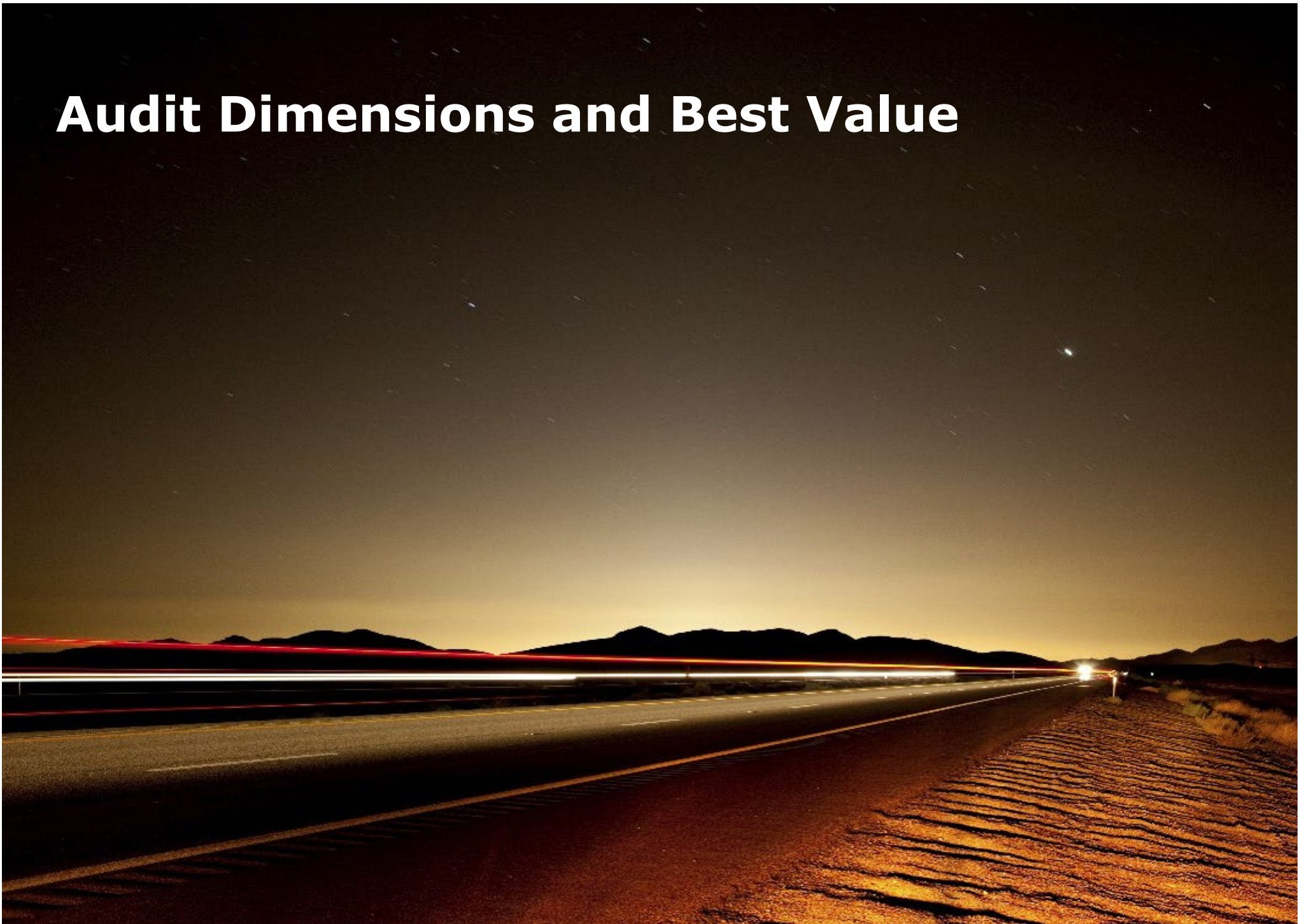
Our opinion on matters prescribed by the Controller of Audit as discussed further on page 15.

Your Annual Report

We are required to provide an opinion on the auditable parts of the Remuneration Report, the Annual Governance Statement and whether the Management Commentary is consistent with the disclosures in the accounts.

	Requirement	Deloitte response
Management Commentary	The management commentary comments on financial performance, strategy and performance review and targets. The commentary included both financial and non financial KPIs and made good use of graphs and diagrams. The Board also focuses on the strategic planning context.	<p>We have assessed whether the management commentary has been prepared in accordance with the statutory guidance.</p> <p>We have also read the management commentary and confirmed that the information contained within is materially correct and consistent with our knowledge acquired during the course of performing the audit, and is not otherwise misleading.</p> <p>We are satisfied that the management commentary has been prepared in accordance with guidance, is consistent with our knowledge and is not otherwise misleading.</p>
Remuneration Report	The remuneration report must be prepared in accordance with the 2014 Regulations, disclosing the remuneration and pension benefits of the Chief Officer.	We have audited the disclosures of remuneration, pension benefits and pay bands. We identified a numbers of errors in relation to salary and pension disclosures including some related to the prior year. We can confirm – following the updates made by management - that they have been properly prepared in accordance with the regulations.
Annual Governance Statement	The Annual Governance Statement reports that the Board governance arrangements provide assurance, are adequate and are operating effectively.	We have assessed whether the information given in the Annual Governance Statement is consistent with the financial statements and has been prepared in accordance with the Delivering Good Governance in Local Government Framework. Based on our review of the Annual Accounts, we concluded that they are prepared in accordance with the Annual Governance Statement and only minor amendments were requested to management.

Audit Dimensions and Best Value



Audit Dimensions and Best Value

Overview and conclusions

As set out in our audit plan and separate report on the “Audit Dimensions and Best Value” presented to the Committee in June 2022, public audit in Scotland is wider in scope than financial audits. Our separate report sets out our findings and conclusions on our audit work covering the areas set out below. In accordance with the Code of Audit Practice, our overall conclusions on each audit dimension and best value are summarised on the following page.

Financial management

The IJB continues to have effective budget setting and monitoring arrangements in place. This is supported by an experienced finance team and a robust internal audit function, as well as appropriate arrangements for the prevention and detection of fraud and error.

Financial sustainability

The IJB has set a balanced budget for 2022/23 and holds unearmarked reserves at a level consistent with its Reserves Strategy, therefore is financially sustainable in the short term. It is also continuing to repay the historical loan to North Ayrshire Council. However, it continues to be faced with significant financial challenges over the medium and longer-term, projecting a high level potential funding gap of up to £8.6m over the next two years.

It is positive to see the development of the MTFO during the year, the progress with transformational change programme and the updated Strategic Commissioning Plan with a clear focus on continuous improvement. Significant work is still required to make the level of lasting long-term transformational change needed to ensure financial sustainability. Progress continues to be impacted by the ongoing response to the pandemic. Significant earmarked reserves have been carried forward into future years. It is critical that detailed plans are developed to demonstrate how these funds will be used to make transformational change.

It is important that as the transformation change programme is progressed, a clear benefits tracker is put in place to demonstrate that the transformation initiatives are achieving the desired outcomes.

Governance and transparency

The IJB continues to have strong leadership, with more tailored training being developed for Board members. The governance arrangements also continue to be robust, with recent updates to the Standing Orders and Scheme of Delegation. The IJB continues to be open and transparent.

Further work is required to progress with implementing delegated hospital budgets and set aside requirements, in collaboration with the Scottish Government, NHS Ayrshire and Arran and other Ayrshire partnerships.

Value for money

The IJB continues to have a clear and robust performance management framework in place which analyses data, tracks progress and identifies actions. Regular reporting on performance is provided to the Performance and Audit Committee and the IJB, with a focus on continuous improvement.

Deloitte view – Best Value

The IJB has sufficient arrangements in place to secure best value and has a clear understanding of areas which require further development.

Purpose of our Report and Responsibility Statement

Our report is designed to help you meet your governance duties

What we report

Our report is designed to help the IJB, and the Board discharge their governance duties. It also represents one way in which we fulfil our obligations under ISA (UK) 260 to communicate with you regarding your oversight of the financial reporting process and your governance requirements. Our report includes:

- Results of our work on key audit judgements and our observations on the quality of your Annual Report and Accounts;
- Our internal control observations; and
- Other insights we have identified from our audit.

The scope of our work

Our observations are developed in the context of our audit of the annual accounts.

We described the scope of our work in our audit plan.

Use of this report

This report has been prepared for the Board, as a body, and we therefore accept responsibility to you alone for its contents. We accept no duty, responsibility or liability to any other parties, since this report has not been prepared, and is not intended, for any other purpose.

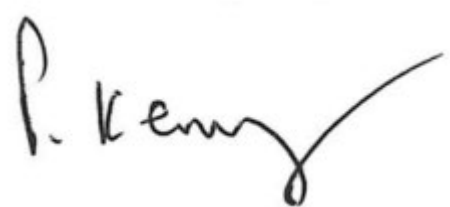
What we don't report

As you will be aware, our audit was not designed to identify all matters that may be relevant to the IJB.

Also, there will be further information you need to discharge your governance responsibilities, such as matters reported on by management or by other specialist advisers.

Finally, our views on internal controls and business risk assessment should not be taken as comprehensive or as an opinion on effectiveness since they have been based solely on the audit procedures performed in the procedures performed in fulfilling our audit plan.

We welcome the opportunity to discuss our report with you and receive your feedback.



Pat Kenny, CPFA
For and on behalf of Deloitte LLP
Glasgow | 16th August 2022

Appendices



Audit Adjustments

Disclosures and misstatements

Audit misstatements

As at the date of this report we have not identified any audit misstatements, corrected or uncorrected.

Disclosure misstatements

The following misstatements have been identified up to the date of this report which have been corrected by management. We nonetheless communicate them to you to assist you in fulfilling your governance responsibilities, including reviewing the effectiveness of the system of internal control. There are no uncorrected misstatements.

Disclosure	Summary of disclosure requirement	Quantitative or qualitative consideration
Prior period adjustment	The disclosure in relation to the prior period adjustment for the Covid-19 Thank You payments did not initially comply with the Code requirements. Management have since revised the disclosure in accordance with the Code.	The misstatement is quantitatively and qualitatively material for the users of the financial statements.
Remuneration Report	We identified errors in relation to the salary disclosure for individuals who had interim appointments. The requirement is to show full salary rather than only the additional responsibility payment (which was initially disclosed). This had a linked impact on the full year equivalent salary and pension disclosures including prior year adjustments. This has since been corrected by management.	The misstatement is qualitatively material for the users of the financial statements.

Our Other Responsibilities Explained

Fraud responsibilities and representations



Responsibilities:

The primary responsibility for the prevention and detection of fraud rests with management and those charged with governance, including establishing and maintaining internal controls over the reliability of financial reporting, effectiveness and efficiency of operations and compliance with applicable laws and regulations.

As auditor, we obtain reasonable, but not absolute, assurance that the financial statements as a whole are free from material misstatement, whether caused by fraud or error.



Audit work performed:

In our planning we identified the risk of fraud in relation to completeness of income and management override of controls as a key audit risk for your organisation.

During course of our audit, we have had discussions with management and those charged with governance.

In addition, we have reviewed management's own documented procedures regarding fraud and error in the financial statements.



Required representations:

We have asked the Board to confirm in writing that you have disclosed to us the results of your own assessment of the risk that the financial statements may be materially misstated as a result of fraud and that you have disclosed to us all information in relation to fraud or suspected fraud that you are aware of and that affects the entity.

We have also asked the Board to confirm in writing their responsibility for the design, implementation and maintenance of internal control to prevent and detect fraud and error.

Independence and Fees

As part of our obligations under International Standards on Auditing (UK), we are required to report to you on the matters listed below:

Independence confirmation

We confirm the audit engagement team, and others in the firm as appropriate, Deloitte LLP and, where applicable, all Deloitte network firms are independent of the Board and our objectivity is not compromised.

Fees

The audit fee for 2021/22, in line with the expected fee range provided by Audit Scotland, is £27,960, as analysed below:

	2021/22	2021/20
	£	£
Auditor remuneration	19,250	18,850
Audit Scotland fixed charges		
Pooled costs	2,010	1,790
Contribution to PABV	5,670	5,650
Audit support costs	1,030	1,040
Total fee	27,960	27,330

No non-audit services fees have been charged for the period.

Non-audit services

In our opinion there are no inconsistencies between the FRC's Ethical Standard and the company's policy for the supply of non-audit services or any apparent breach of that policy. We continue to review our independence and ensure that appropriate safeguards are in place including, but not limited to, the rotation of senior partners and professional staff and the involvement of additional partners and professional staff to carry out reviews of the work performed and to otherwise advise as necessary.

Relationships

We are required to provide written details of all relationships (including the provision of non-audit services) between us and the organisation, its board and senior management and its affiliates, including all services provided by us and the DTTL network to the audited entity, its board and senior management and its affiliates, and other services provided to other known connected parties that we consider may reasonably be thought to bear on our objectivity and independence.

We are not aware of any relationships which are required to be disclosed.

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If this document contains details of an arrangement that could result in a tax or National Insurance saving, no such conditions of confidentiality apply to the details of that arrangement (for example, for the purpose of discussion with tax authorities).

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Integration Joint Board 25th August 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	

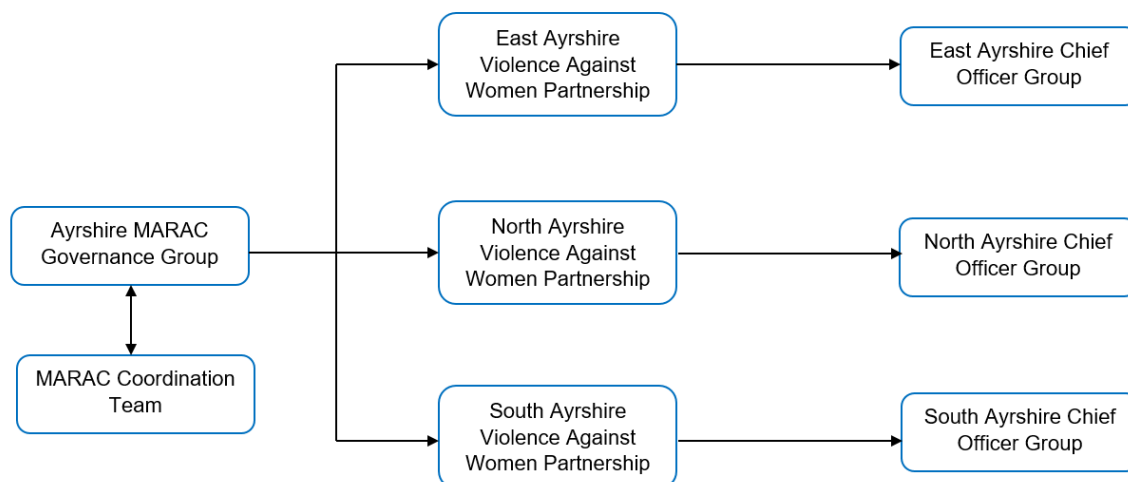
Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
IJB	Integration Joint Board
HSCP	Health and Social Care Partnership
WRO	Welfare Rights Officer
MARAC	Multi Agency Risk Assessment Conference
NCS	National Care Service

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>National Suicide Statistics Released</u>
	<p>On Tuesday 2 August, the National Suicide Statistics were released for Scotland for 2021.</p> <p>There were 753 probable suicides registered in Scotland in 2021, which is a decrease from 805 in 2020, with 27 people having sadly died by taking their own life in North Ayrshire during that period.</p> <p>To read more about the National Suicide Statistics for 2021, visit the Scottish Public Health Observatory website.</p> <p>In the same period the statistics for drug related deaths and alcohol related deaths have also been released. A report will be presented to a future IJB to outline the work underway in North Ayrshire for all three of these areas.</p>
	<u>Consultations/Calls for Views</u>
3.2	<u>State of Caring 2022 Survey</u>
	<p>Carers UK have launched their State of Caring 2022 survey. Responses from carers will help the charity to build a picture of what caring is like at the moment, and they are keen to hear from as many different carers as possible.</p> <p>The annual State of Caring survey is the UK's most comprehensive research into the lives and experience of carers. Carers UK want to understand carers' priorities for the future and determine the support required to help carers recover from the pandemic.</p> <p>The survey, which you can access online here, will close on Friday 9 September and a research report will be released in November.</p> <p>If you have any questions, please get in touch with the Carers UK policy team by emailing policy@carersuk.org</p>
3.3	<u>Mental Health and Wellbeing Strategy</u>
	<p>The Scottish Government is currently gathering views on what a new Mental Health and Well-being Strategy for Scotland should look like.</p> <p>You can take part in the consultation online here.</p>

	<p>The strategy will guide the work that the Government and its partners will do to improve mental health and well-being in Scotland. This will include an overall shared vision, a set of outcomes, and details on how these will be achieved.</p> <p>The consultation period closes on Friday 9 September. North Ayrshire HSCP are currently consulting with partner agencies to develop an Ayrshire and Arran Mental Health Services response to the consultation.</p>
3.4	<p><u>National Care Service</u></p>
	<p>Committees in the Scottish Parliament have launched a Call for Views and a <i>Your Priorities</i> digital consultation on the National Care Service (Scotland) Bill. More information about the Bill and links to the Call for Views and the <i>Your Priorities</i> digital consultation can be found here: https://yourviews.parliament.scot/health/ncs</p> <p>There are two options for those wishing to participate in this public consultation:</p> <p>1. Call for Views</p> <p>This includes general questions about the Bill, questions about the Financial Memorandum and the option to provide more detailed comments on individual sections of the Bill. It is primarily aimed at groups and organisations who are looking to input their views on the Bill. A direct weblink to the call for views is available here: https://yourviews.parliament.scot/health/national-care-service-bill</p>
	<p>2. Your Priorities digital consultation</p> <p>This offers an opportunity to ask questions or to highlight specific hopes or concerns about the Bill. Respondents can also rate specific provisions in the Bill (agree, disagree, don't know) and make brief comments about them. The <i>Your Priorities</i> digital consultation offers an opportunity for individual members of the public to give their views about the Bill.</p> <p>If you represent a membership organisation and would like support using the <i>Your Priorities</i> digital consultation with your members or would like to receive a 'conversation toolkit' to support a group discussion about the Bill in your community, please email our Participation and Communities Team at pact@parliament.scot. Both the Call for Views and the <i>Your Priorities</i> digital consultation will close on Friday 2 September.</p>
	<p>A report on the HSCP response to the consultation will be presented to the IJB on 22nd September. IJB members will have the opportunity to contribute to the discussion on the Bill and NCS developments at the IJB development session planned for 22nd September 2022.</p>

	<u>Ayrshire Wide Developments</u>
3.5	<u>Awards – NHS Scotland Event</u>
	<p>The NHS Scotland Event is the leading health event in Scotland, providing an opportunity for those working in the NHS to come together and share best practice.</p> <p>Two of our services within mental health won awards for poster submissions highlighting their innovative approach to delivering high quality care.</p> <p>The Perinatal Mental Health Service, The Maternity and Neonatal Psychology Interventions (MNPI) Service and the Maternity Liaison Service won the People's Choice Award, illustrating the development and integration of these three services to meet the needs of families in the perinatal period.</p> <p>The Children and Adolescent Mental Health Service won the Integrated Award for their poster highlighting the collaboration with leisure services to enable families to participate in leisure programmes within their own communities and reduce health inequalities.</p>
3.6	<u>Multi Agency Risk Assessment Conference (MARAC)</u>
	<p>The planning and implementation phase for MARAC is nearing completion. Ayrshire MARAC Go Live date was 1st August 2022.</p> <p>A number of preparatory events have taken place to support staff for go live including a half day walkthrough event, 3 x mock MARAC meetings, Safe Lives MARAC trainers training, and 20 x sessions of the use of DASH Ric (screening tool). In total approximately 500 staff from across a number of agencies have received an input in preparation for MARAC go live.</p> <p>In addition a number of resources have been developed and are now available for staff on intranet sites, including Operating Procedures, Practitioner Guidance and an Information Sharing Agreement.</p> <p>The Ayrshire MARAC Implementation Group have been crucial in their oversight role and are now preparing to stand down. This group will hand over to a new Ayrshire MARAC Governance Group. The governance structure for this group is noted below.</p>



The MARAC Governance group will meet every 2 months from October 2022 (the last Implementation group is August 2022). The MARAC Coordination will collate performance data and report this bi-monthly.

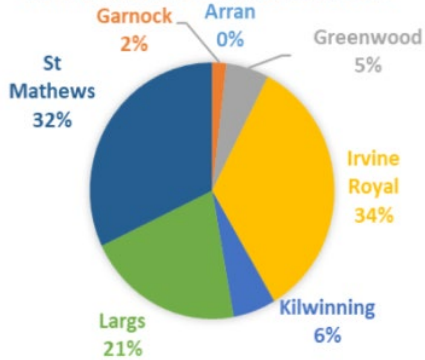
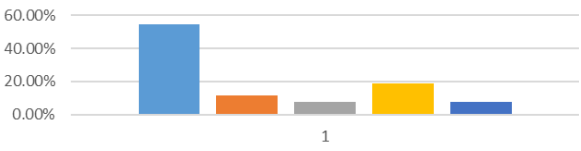
North Ayrshire Developments

3.7 Welfare Rights Officers in Schools

Building on the successful approach of the HSCP Money Matters team being embedded alongside front-line services, a partnership agreement between NAC Education, HCSP Children & Families and HSCP Money Matters Team resulted in the delivery of welfare rights services for 2 years in 7 of North Ayrshire Council's Secondary Schools (Arran High, Garnock Campus, Greenwood Academy, Irvine Royal Academy, Kilwinning Academy, Largs Academy).

The Welfare Rights Officer, was appointed in August 2021 and was involved in discussions with head teachers a range of activities to raise awareness and promote the service. These included :-

- Meetings with all school guidance staff, family learning teams, school social workers and school nurses,
- Attendance at Parent Council Meetings.
- Information session with parents
- Promotion of service via social media inc. animations / graphics and local newspapers;
- Sharing of good news stories / outcomes for families who have used service.
- Review meetings with schools to provide service review and updates on referrals etc.
- Training and briefings for school staff on relevant topics.

	<div style="display: flex; justify-content: space-around;"> <div data-bbox="252 322 799 741"> <p>REFERRALS PER SCHOOL</p>  <table border="1"> <caption>Referrals per School Data</caption> <thead> <tr> <th>School</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>St Mathews</td> <td>32%</td> </tr> <tr> <td>Irvine Royal</td> <td>34%</td> </tr> <tr> <td>Largs</td> <td>21%</td> </tr> <tr> <td>Greenwood</td> <td>5%</td> </tr> <tr> <td>Kilwinning</td> <td>6%</td> </tr> <tr> <td>Garnock</td> <td>2%</td> </tr> <tr> <td>Arran</td> <td>0%</td> </tr> </tbody> </table> </div> <div data-bbox="826 338 1441 734"> <p>OUTCOME OF REFERRALS</p>  <table border="1"> <caption>Outcome of Referrals Data</caption> <thead> <tr> <th>Outcome</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Benefit Check Completed & Issues Identified</td> <td>~55%</td> </tr> <tr> <td>Benefit Check Completed No Issues identified</td> <td>~10%</td> </tr> <tr> <td>Declined Benefit Check</td> <td>~5%</td> </tr> <tr> <td>Failed to Engage with Service</td> <td>~15%</td> </tr> <tr> <td>Already open to our Team</td> <td>~15%</td> </tr> </tbody> </table> </div> </div>	School	Percentage	St Mathews	32%	Irvine Royal	34%	Largs	21%	Greenwood	5%	Kilwinning	6%	Garnock	2%	Arran	0%	Outcome	Percentage	Benefit Check Completed & Issues Identified	~55%	Benefit Check Completed No Issues identified	~10%	Declined Benefit Check	~5%	Failed to Engage with Service	~15%	Already open to our Team	~15%
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	<p>To date over £38k has been secured for parents / carers which has been generated from 17 benefit claim outcomes including claims & supersessions to Council Tax Reductions, EMA, School Meals, PIP, Scottish Welfare Fund, Carers Allowance, DHP, Income Support and Universal Credit.</p> <p>The WRO also assisted with disabled children access disability benefits by challenging a negative Child Disability Living Allowance decision at the mandatory revision stage and a redetermination of the SSSA Child Disability Payment.</p>																												

3.8	<p><u>New Wellbeing Instagram Account</u></p>
	<p>In June, the HSCP launched a new Instagram page, aimed at promoting positive mental well-being for North Ayrshire residents.</p> <p>The Daily Positive North Ayrshire page will feature a mix of well-being tips and advice, as well as information/signposting about our services and those of local groups and charities, with plans for takeover days and much more.</p> <p>The page can be found by searching for @daily_positivena on Instagram.</p> <p>If you have anything you'd like featured on the page, contact nicolateager@north-ayrshire.gov.uk or michaelmclennan@north-ayrshire.gov.uk</p>
3.9	<p><u>National Portrait Gallery</u></p>
	<p>North Ayrshire has continued to develop its Partnership with the National Portrait Gallery through the “Life Hacks” Project. The premise of the <i>Life Hacks</i> project was making life affirming artwork with young people in North Ayrshire. The artwork will be made for public spaces and involve young people from youth groups and with links to Health and Social care services. The projects have been fun; produced by young people working with professional artists and the artwork exhibited.</p>

The final artworks produced on the project evolved from discussions with artist Iman Tajik relating to a performance video work of Tajik's, [A to B](#), that illustrates the frustrating effects of borders and barriers created by people, between people.



For the North Ayrshire versions young people were invited to use colourful biodegradable ribbons and tapes, to create huge temporary installations, very quickly. They transformed places, objects, and people with bright lines, fixing people to structures and making three dimensional scribbles on the landscape.

The project, Life hacks, funded by Youth Link's Youth work recovery fund, worked with around 450 young people, including Rosemount project at Meadowcroft, Syrian resettlement programme, Irvine Royal Academy, several youth forums and young people and their families from Children's First.

The young people's work with the Life Hacks Project is currently on display in the **National Portrait Gallery** as part of the *You are Here* 2022 exhibition, which will run until the 8th January 2023. This display celebrates and shares recent and ongoing collaborative projects between the National Galleries of Scotland and partner organisations across the country. They include place-based initiatives with groups of young people in former mining towns, and life-affirming public art schemes in North Ayrshire.



3.10 New Support resource for Staff Affected by the Death of a Young Person by Suicide

Each death by suicide is a tragic and traumatic event for those around the person and beyond. The impact spreads far and wide and can continue for a long time.

The North Ayrshire Young People's Suicide Taskforce has been working with staff from across many services who have been impacted by the death of a young person, as well as with Child Bereavement UK, to produce a support resource for any worker who finds themselves affected or impacted by a suicide of a young person.

	<p>The resource is available to download through the link below. The document will also be available on Connects soon, along with an accessible version.</p> <p><u>Death of a young person by suicide – a support guide for professionals</u></p>
	<p><u>COVID Update</u></p>
3.11	<p><u>Vaccination and Immunisation Update</u></p>
	<p>Joint Committee on Vaccination and Immunisation (JCVI) have issued an update on the Covid-19 vaccination programme for Autumn 2022. The statement which was released on Friday 15th July confirms the following eligible cohorts:-</p> <ul style="list-style-type: none"> • Residents in a care home for older adults and staff working in care homes for older adults • Frontline health and social care workers • All adults aged 50 years and over (<i>previously 65</i>) • Persons aged 5 to 49 years in a clinical risk group, as set out in the Green Book (<i>previously 16</i>) • Persons aged 5 to 49 years who are household contacts of people with immunosuppression (<i>previously 16</i>) • Persons aged 16 to 49 years who are carers, as set out in the Green Book • <i>"In order to optimise protection over the winter months, the autumn programme should aim to complete vaccinations by the start of December 2022. Operational flexibility will apply in relation to vaccine supply, promotion of vaccine uptake and prioritisation for vaccination according to underlying risk of severe COVID-19."</i> <p>NHS Ayrshire & Arran will process the Covid Vaccination Programme alongside the Flu Vaccination Programme.</p> <p>Flu and Covid vaccinations for health and social care staff (HSCP) working in the community will this year be delivered by the mass vaccination service (MVS) whilst Occupational Health concentrates on delivery across acute sites ie Crosshouse Hospital, Ayr Hospital and Ayrshire Central Hospital.</p> <p>The programme is to commence during week beg. 5th September, with staff being asked to book an appointment for a local clinic through the national booking portal (with improvements made to the portal following feedback from last year's programme). The national communications programme will commence from 22nd August, inviting eligible staff to make an appointment. Further information to follow.</p>

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]

Integration Joint Board
25th August 2022

Subject: **2022-23 – Month 3 Financial Performance**

Purpose: To provide an overview of the IJB's financial performance as at Month 3 (June) 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 overspend of £0.050m;
- (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 2.11.

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

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 June, 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 overspend of £0.050m (0%) for 2022-23.

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 3
2.2	<p>At Month 3 against the full-year budget of £280.798m there is a projected year-end overspend of £0.050m (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 £0.173m in social care services and a projected overspend of £0.223m 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 £81.419m there is a projected underspend of £0.121m (0.15%) 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 £0.971m.</p> <p>The budgeted number of permanent placements is 778 and at month 3 there are 756 placements. The projection assumes that there will be a gradual increase in placements to reach the budgeted figure by the end of the financial 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 3 as it is too early in the financial year to make an accurate projection.</p>

	<p>b) Care at home (in house) is projected to be £0.052m overspent. 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. Purchased care at home is projected to be online.</p> <p>c) Community alarms are projected to be £0.195m underspent due to vacancies which are being actively recruited to.</p> <p>d) Reablement services are projected to be £0.119m underspent due to vacancies which are being actively recruited to.</p> <p>e) Care at Home Charging Income is projected to under recover by £0.088m 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 £0.138m in community care packages, £0.084m in direct payments and £0.261m for residential placements.</p> <p>g) Adaptations are projected to be online based on spend to date.</p> <p>h) Anam Cara is projected to overspend by £0.113m due to an overspend on employee costs relating to covering vacancies and sickness.</p> <p>i) Integrated Island Services is projected to be £0.045m underspent mainly due to an underspend in care at home. This is offset by additional accommodation costs for mainland staff working at Montrose House following the recent increase in the number of residents.</p> <p>j) District Nursing is projected to overspend by £0.110m due to an overspend on supplies.</p> <p>k) Rehab wards are projected to overspend by £0.220m (Redburn ward £0.300m overspent and Douglas Grant £0.080m underspent). 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
	<p>Against the full-year budget of £87.271m there is a projected overspend of £1.850m (2.1%). 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:</p> <p>a) Learning Disabilities are projected to overspend by £1.116m and the main variances are:</p> <ul style="list-style-type: none"> Care Packages (including residential and direct payments) - projected overspend of £0.475m in community care packages, £0.319m in direct payments and £0.534m for residential placements.

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.

- In house day care is projected to underspend by £0.312m as a result of reduced service provision due to Covid restrictions and vacancies following the service redesign and staffing model changes.
- Residential Respite is projected to overspend by £0.145m which reflects funding the new facility (Roslyn House) to full capacity.

b) Community Mental Health services are projected to underspend by £0.372m and included within this are underspends of £0.326m in community packages (including direct payments) and an underspend of £0.047m for residential placements.

c) The Lead Partnership for Mental Health is projecting to be £1.136m overspent and the main variances are as follows:

- A projected overspend in Adult Inpatients of £0.200m mainly due to the use of supplementary staff and staff in redeployment following the closure of the Lochranza ward. There is also reduced bed sale income of £0.068m.
- The UNPACS (Unplanned Activities) budget is projected to overspend by £1.400m 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 £0.225m. 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 £0.250m 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 £1.019m in 2022-23, further information is included in the table below:

Vacancy Savings Target	(£0.481m)
Projected to March 2023	£1.500m
Over/(Under) Achievement	£1.019m

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 £0.100m
- CAMHS £0.500m
- Mental Health Admin £0.300m
- Psychiatry £0.100m
- Psychology £0.480m
- Associate Nurse Director £0.020m

2.5

Children and Justice Services

Children's Services

Against the full-year budget of £36.428m there is a projected overspend of £1.448m (4%). The main variances are:

a) Care Experienced Children and Young People is projected to overspend by £1.451m. The main areas within this are noted below:

- Children's residential placements are projected to overspend by £2.195m prior to Covid funding and projected to overspend by £1.342m after £0.853m of Covid funding. We started 22/23 with 22 placements and of these placements two are assumed to be discharged in August, two discharged in September and one in December taking the placement numbers to 17 by the end of the year.
- Fostering placements are projected to underspend by £0.115m based on the budget for 115 places and 116 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 £0.059m underspent after applying £0.086m of covid funding. The projection is based on the budget for 30 placements and 28 actual placements since the start of the year.
- Private Fostering placements are projected to be £0.038m overspent based on the budget for 17 placements and 18 actual placements since the start of the year.

	<ul style="list-style-type: none">Kinship placements are projected to underspend by £0.095m based on the budget for 376 places and 360 actual placements since the start of the year.Adoption placements are projected to overspend by £0.063m based on the budget for 56 places and 64 actual placements since the start of the year. <p>b) Children with disabilities – residential placements are projected to underspend by £0.127m 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 £0.372m. These short-term placements are used to prevent an admission to full residential care. There are currently 5 placements which three expected to be discharged in August and two in September.</p>												
2.6	ALLIED HEALTH PROFESSIONALS (AHP)												
	AHP services are projected to underspend by £0.073m due to underspends in non-employee costs.												
2.7	CHIEF SOCIAL WORK OFFICER												
	There is a projected underspend of £0.735m and this is mainly due to a projected underspend in the Carers Strategy funding of £0.700m.												
2.8	MANAGEMENT AND SUPPORT												
	Management and Support Services are projected to underspend by £1.664m. The main areas of underspend are: <ul style="list-style-type: none">An over-recovery of payroll turnover of £0.750m for social care services as outlined in para 2.9 below.An over-recovery of payroll turnover of £0.123m for health services as outlined in para 2.9 below.Funding held centrally for payroll allocations of £0.799m which once allocated will either result in reducing payroll overspends or increasing payroll turnover.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	Turnover/Vacancy Savings												
	<p>The turnover targets and projected achievement for the financial year for Health and Social Care services out with the Lead Partnership is noted below:</p> <table><tr><th></th><th>Social Care</th><th>Health Services</th></tr><tr><td>Vacancy Savings Target</td><td>(2.014m)</td><td>(1.183m)</td></tr><tr><td>Projected to March 2023</td><td>2.764m</td><td>1.306m</td></tr><tr><td>Over/(Under) Achievement</td><td>0.750m</td><td>0.123m</td></tr></table> <p>The position in the table above reflects the assumption in the current financial projections. For social care, a total of £1.037m (51% of annual target) has been achieved to date. The turnover achieved to date is higher than usual as the 22/23</p>		Social Care	Health Services	Vacancy Savings Target	(2.014m)	(1.183m)	Projected to March 2023	2.764m	1.306m	Over/(Under) Achievement	0.750m	0.123m
	Social Care	Health Services											
Vacancy Savings Target	(2.014m)	(1.183m)											
Projected to March 2023	2.764m	1.306m											
Over/(Under) Achievement	0.750m	0.123m											

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. These costs are now funded It is anticipated that the level of vacancies will continue at this rate to the financial year-end, the full annual target will be met.

The health vacancy projection to the year-end is based on the month 3 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 3 are:

- Management and Support £0.177m
- Locality Services £0.126m
- Rehab and Reablement £0.121m
- Community Mental Health £0.109m
- Learning Disability Services £0.103m
- Older People Day Care £0.092m

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.

2.10 Savings Progress

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

BRAG Status	Position at Budget Approval £m	Position at Month 3 £m
Red	-	-
Amber	0.060	0.060
Green	0.623	0.226
Blue	-	0.397
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.

	<p>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.</p> <p>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.</p>
2.11	<p>Budget Changes</p> <p>The Integration Scheme states that <i>“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.”</i></p> <p>Appendix D highlights the movement in the overall budget position for the Partnership following the initial approved budget.</p> <p>Reductions Requiring Approval:</p> <ol style="list-style-type: none"> 1) Software license transfer to IT £0.002m 2) Montrose House Cleaning Post to Facility Management £0.014m 3) Training Grade adjustment £0.064m 4) Band 2-4 Scottish Govt Funding £0.007m 5) Prescribing CRES £0.715m 6) Prescribing Non- Schedule 5 £0.429m 7) Community Store Contribution £0.006m 8) Iona / Lewis patient to South £0.046m 9) Marie Curie Contract Uplift £0.004m
2.12	<p>NHS – Further Developments/Pan Ayrshire Services</p> <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 3 the MH lead partnership is projected to overspend by £1.136m (£0.368m NRAC share for East and £0.350m for South).</p> <p>East HSCP – are not reporting at month 3 and will report at month 4.</p> <p>South HSCP – projected overspend of £0.171m (£0.063m 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><u>Set Aside:</u></p> <p>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.</p> <p>The annual budget for Acute Services is £372.3m. The directorate is overspent by £2.1m, 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 <p>The IJBs and the Health Board work closely in partnership to maintain service and improve performance.</p>
2.13	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 Local Government and NHS pay awards are not settled for 2022-23 and negotiations are ongoing; as outlined in the report the risk is mitigated for the social care workforce by providing for a 3% increase and for NHS it is anticipated that additional funding would be allocated if the pay award settlement is higher than the current assumption • 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.

	These risks will be monitored during 2022-23 and the financial impact reported through the budget monitoring report.																
2.14	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. 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.</p>																
2.15	Mobilisation Plan and Funding Position																
	<p>The quarter 1 mobilisation plan cost submission was submitted in July and estimated the costs to be £4.067m to March 2023. The costs remain estimates as the situation continually evolves and there will be a further update submitted after quarter 2.</p> <p>The local finance mobilisation plan submission is included as Appendix E. The main areas of cost are summarised below:</p> <table border="1"> <thead> <tr> <th>Service Area</th><th>Initial Quarter 1 2022-23 Return £m</th></tr> </thead> <tbody> <tr> <td>Payments to Providers</td><td>1.100</td></tr> <tr> <td>PPE</td><td>0.418</td></tr> <tr> <td>Additional Staff</td><td>1.317</td></tr> <tr> <td>Loss of Income</td><td>0.246</td></tr> <tr> <td>Children & Families</td><td>0.957</td></tr> <tr> <td>Other Areas</td><td>0.029</td></tr> <tr> <td>TOTAL</td><td>4.067</td></tr> </tbody> </table>	Service Area	Initial Quarter 1 2022-23 Return £m	Payments to Providers	1.100	PPE	0.418	Additional Staff	1.317	Loss of Income	0.246	Children & Families	0.957	Other Areas	0.029	TOTAL	4.067
Service Area	Initial Quarter 1 2022-23 Return £m																
Payments to Providers	1.100																
PPE	0.418																
Additional Staff	1.317																
Loss of Income	0.246																
Children & Families	0.957																
Other Areas	0.029																
TOTAL	4.067																
2.16	Provider Sustainability Payments and Care Home Occupancy Payments																
	<p>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.</p> <p>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.</p>																

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 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 June 2022 are shown in the tables below:

PROVIDER SUMMARY	NCHC Care Homes	Other	Total
Total Number of Providers	17	49	66
Number contacting NAC	15	6	21
Providers Supported to date	15	6	21

OUTSTANDING CLAIMS	NCHC Care Homes	Other	Total
Total Number of Claims	3	6	9
Value of Claims	39,905	176,850	216,755

SUPPORT PROVIDED	NCHC Care Homes £	Other Services £	TOTAL £
Occupancy Payments up to 30 th June 2021	81,650	0	81,650
Staffing	402,721	41,359	444,080
PPE, Infection Control	123,748	34,160	157,908
Other	52,536	0	52,536
TOTAL	660,656	75,519	736,175

2.17 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. This position will continue into 2023-24 when it is anticipated that the debt will be cleared.

	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 Anticipated Outcomes

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.

The estimated costs and funding in relation to the Covid-19 response also require to be closely monitored to ensure that the IJB can plan for the impact of this and to ensure that the IJB is in the position to re-claim funding to compensate for the additional costs.

3.2 Measuring Impact

Ongoing updates to the financial position will be reported to the IJB throughout 2022-23.

4. IMPLICATIONS

Financial:	The financial implications are as outlined in the report. Against the full-year budget of £280.798m there is a projected overspend of £0.050m. 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:	Para 2.13 highlights the financial risks.

	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 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 overspend of £0.050m;</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 2.11.</p>

For more information please contact:

Paul Doak, Head of Finance and Transformation at pdoak@north-ayrshire.gov.uk or Eleanor Currie, Principal Manager – Finance at eleanorcurrie@north-ayrshire.gov.uk

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

Appendix A

Partnership Budget - Objective Summary	2022/23 Budget								
	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	64,986	64,395	(591)	16,433	16,903	470	81,419	81,298	(121)
: Locality Services	28,239	27,757	(482)	5,261	5,401	140	33,500	33,158	(342)
: Community Care Service Delivery	31,511	31,304	(207)	0	0	0	31,511	31,304	(207)
: Rehabilitation and Reablement	2,026	2,027	1	0	0	0	2,026	2,027	1
: Long Term Conditions	946	1,088	142	9,061	9,391	330	10,007	10,479	472
: Integrated Island Services	2,264	2,219	(45)	2,111	2,111	0	4,375	4,330	(45)
MENTAL HEALTH SERVICES	31,356	32,160	804	55,915	56,961	1,046	87,271	89,121	1,850
: Learning Disabilities	22,034	23,150	1,116	491	491	0	22,525	23,641	1,116
: Community Mental Health	5,601	5,289	(312)	1,676	1,616	(60)	7,277	6,905	(372)
: Addictions	3,721	3,721	0	1,562	1,532	(30)	5,283	5,253	(30)
: Lead Partnership Mental Health NHS Area Wide	0	0	0	52,186	53,322	1,136	52,186	53,322	1,136
CHILDREN & JUSTICE SERVICES	32,409	33,857	1,448	4,019	4,019	0	36,428	37,876	1,448
: Irvine, Kilwinning and Three Towns	3,151	3,155	4	0	0	0	3,151	3,155	4
: Garnock Valley, North Coast and Arran	2,124	2,125	1	0	0	0	2,124	2,125	1
: Intervention Services	1,725	1,719	(6)	340	340	0	2,065	2,059	(6)
: Care Experienced Children & Young people	21,680	23,129	1,449	0	0	0	21,680	23,129	1,449
: Head of Service - Children & Families	1,195	1,195	0	0	0	0	1,195	1,195	0
: Justice Services	2,379	2,379	0	0	0	0	2,379	2,379	0
: Universal Early Years	155	155	0	3,249	3,249	0	3,404	3,404	0
: Lead Partnership NHS Children's Services	0	0	0	430	430	0	430	430	0
CHIEF SOCIAL WORK OFFICER	2,591	1,856	(735)	0	0	0	2,591	1,856	(735)
PRIMARY CARE	0	0	0	49,601	49,601	0	49,601	49,601	0
ALLIED HEALTH PROFESSIONALS	0	0	0	8,649	8,576	(73)	8,649	8,576	(73)
COVID NHS	0	0	0	377	377	0	377	377	0
MANAGEMENT AND SUPPORT COSTS	10,839	9,740	(1,099)	3,623	3,058	(565)	14,462	12,798	(1,664)
OUTTURN ON A MANAGED BASIS	142,181	142,008	(173)	138,617	139,495	878	280,798	281,503	705
Return Hosted Over/Underspends East	0	0	0	0	(368)	(368)	0	(368)	(368)
Return Hosted Over/Underspends South	0	0	0	0	(350)	(350)	0	(350)	(350)
Receive Hosted Over/Underspends South	0	0	0	0	63	63	0	63	63
Receive Hosted Over/Underspends East	0	0	0	0	0	0	0	0	0
OUTTURN ON AN IJB BASIS	142,181	142,008	(173)	138,617	138,840	223	280,798	280,848	50

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 3 £	Projected Saving	Projected Shortfall 21/22 £
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.	Red	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 3 £	Projected Saving	Projected Shortfall 21/22 £
	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 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.	Amber Green	Investment Investment		129,073 261,159			
	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	Green	Investment					

Savings reference number	Project	Project Description	Deliverability Status	Saving/ Investment	Approved Saving 2022/23 £	Investment	Saving Delivered at Month 3 £	Projected Saving	Projected Shortfall 21/22 £
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 3 £	Projected Saving	Projected Shortfall 21/22 £
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		75,300	225,901	-
	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 3	Saving Delivered @ Month 3 £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 3	Saving Delivered @ Month 3 £m	Projected to Deliver during Year £m	Projected Shortfall £m	Comment
2	Payroll Turnover Inflation	Green	0.302	Green	0.076	0.226	-	On target to be achieved
3	Elderly Mental Health inpatients (lead partnership)	Green	0.321	Blue	0.321	-	-	Achieved
TOTAL HEALTH SAVINGS			0.623		0.397	0.226	0.000	
TOTAL NORTH HSCP SAVINGS			0.683		0.397	0.286	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)
Roundings			(0.002)
Budget Reported at Month 3			142.181

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 Huntingtons 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/Huntingtons/ Daldorch	3	P	0.086
Roundings	3		(0.001)
Budget Reported at Month 3			138.617

COMBINED BUDGET MONTH 3	280.798
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Mobilisation Submission – Quarter 1

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)	36	50	65	55	55	55	55	55	55	55	55	55	646
3. Workforce and Capacity	Additional Staff Costs (Non-contracted staff)	51	49	47	50	50	50	50	50	50	50	50	50	597
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	27	27	27	38	38	38	38	38	37	37	37	37	418
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	9	9	10	0	0	0	0	0	0	0	0	0	28
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	79	79	79	80	80	80	80	80	80	80	80	80	957
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 Prov	178	178	178	188	188	189	0	0	0	0	0	0	1,100
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	41	41	41	41	41	41	0	0	0	0	0	0	246
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		434	447	460	464	464	465	223	223	222	222	222	222	4,067

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
: Nethermain's 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 25th August 2022

Subject : **Ayrshire and Arran CAMHS Reform Programme**


Purpose : IJB are asked to note the contents of this report for **awareness**, assurance and the actions progressed to continue to implement a CAMHS programme of significant reform responding to challenges and opportunities presented with Scottish Government Recovery and Renewal funding at pace to ensure the delivery of the best CAMHS service in Scotland.

Recommendation : The Board is asked to note the contents of this report.


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
HSCP	Health and Social Care Partnership
CAMHS	Child and Adolescent Mental Health Services


1.	EXECUTIVE SUMMARY
1.1	The update is intended to make Board Members aware of the service improvement work being delivered by CAMHS led by North Ayrshire HSCP as the Lead HSCP for Mental Health for NHS Ayrshire and Arran in line with the National Specification for Child & Adolescent Mental Health Specialist Services (Tier 3) published Feb 2020 and the significant programme of reform still underway as part of the original CAMHS Extreme team action plan which is now being progressed by the Pan Ayrshire CAMHS implementation group.
1.2	The report also highlights areas of redesign and response associated with the Recovery and Renewal plans which evolved through and beyond the pandemic.

2.	BACKGROUND
2.1	<p>Three strategic documents have been published by the Scottish Government in recent years which have influenced the direction of travel of CAMHS Services nationally :-</p> <ul style="list-style-type: none"> • The CAMHS Specification, Feb 2020 • The Neurodevelopmental Specification, Sept 2021 • Community mental health and wellbeing supports and services: framework, Feb 2021
	<p>The two specifications have enabled NHS A&A CAMHS to begin a reform programme of service redesign. They set out clearly that Specialist CAMHS are for children and young people age 0 – 18th birthday with clear symptoms of mental ill health which place them or others at risk and/or are having a significant and persistent impact on day-to-day functioning. While some children and young people will need to come straight to CAMHS i.e. those requiring urgent mental health care, most will require this service when an intervention within primary care, education or a community-based service has not been enough.</p>
	<p>The Community mental health and wellbeing supports and services framework sets out a clear broad approach for the support that children and young people should be able to access for their mental health and emotional wellbeing within their community.</p>
	<p>Diagram 1: CAMHS within the agreed Children and Young People’s Mental Health and Wellbeing model:</p>
	
	<p>(CAMHS Specification, Scottish Government, Feb 2020, page 2)</p>

2.2	<u>Scottish Government Recovery and Renewal Investment</u>																									
	In alignment with the plan for recovery the Scottish Government have established a £120 million Mental Health Recovery and Renewal Fund. The Fund supports the delivery of actions set out in the Mental Health Transition and Recovery Plan with £40 million allocated for CAMHS renewal and recovery to respond to the mental health need arising from the pandemic, and will also benefit the full agenda for mental health and wellbeing in line with the four areas of key need set out in the Plan.																									
	The Mental Health renewal investment allocated to Ayrshire and Arran for CAMHS has enabled the delivery of targeted actions to ensure a whole system response to the presenting challenges of rising demand. Recovery and renewal plans are focused on the delivery of new developments in alignment to the national CAMHS specification to be implemented at pace including key developments in promotion of wellbeing, early intervention approaches, meeting increasing demand and assertive waiting list management and reduction of waiting times.																									
	The total amount of investment to date for Ayrshire and Arran is noted in the table below. The CAMHS Mental health workforce is expected to increase subject to successful retention of all investment by the workforce skill mix noted at 2.3.2 and successful delivery of the service developments further described in this report.																									
	CAMHS Pan Ayrshire Financial Allocation																									
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	An assertive workforce programme of organisation development and recruitment is underway to ensure the development of workforce capacity and capability across the health and social care system for this critical recovery and renewal Mental Health agenda. Ayrshire and Arran Mental health services are represented and contributing to the development of the National workforce strategy and associated workforce plans which will be published at the end of 2022.																									

	<p>CAMHS in Ayrshire and Arran has historically consisted of 3 Community Teams aligned to each of the HSCPs. These teams were predominantly undertaking all aspects of care and intervention from unscheduled care, neurodevelopment and community work to liaising with Acute Hospital Services, Children's Services and Education.</p>																																																																																
	<p>Neurodevelopmental work is amongst one of the highest reasons for referral to the service and accounts for a considerable amount of clinical and administrative time. It also accounts for the majority of work generated by enquiries from elected representatives, Freedom of Information requests and complaints. There are currently over 700 young people waiting on a diagnostic assessment in Ayrshire and Arran.</p> <p>The National review of Scottish Eating Disorder Services also has significant bearing upon the delivery of services to children and young people. North Ayrshire HSCP as the Lead Partnership for Mental Health in Ayrshire and Arran are considering a number of the recommendations which were published by the Scottish Government in March 2021.</p>																																																																																
	<p>CAMHS Performance</p>																																																																																
	<p>Except for July 2020 performance against the CAMHS 18-week compliance target of 90% has been consistently met and maintained throughout the Covid pandemic. Local monthly CAMHS performance over the last is summarised below:</p>																																																																																
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	<p>In addition, the latest published data for quarter ending March 2022 indicates that compliance levels continue to remain substantially higher than the Scotland average.</p>																																																																																
	<p>Gavin Grey Deputy Director for improving Mental Health Services in the Scottish Government wrote to Ayrshire and Arran in June 2022 to highly commend the Board on the progress made with CAMHS and Psychological therapies (PT) recovery and renewal plans with a demonstrable strong position of waiting times performance, Governance and Leadership capacity.</p>																																																																																

	<p>A thorough re-assessment has been undertaken by Scottish Government leads of performance against the waiting times standards, based on recent CAMHS and PT performance, workforce and spending data, leadership and governance arrangements, remobilisation plans, and intelligence from engagement with NHS professional leads. Based on this, a number of Boards and CAMHS services have been selected to receive more tailored improvement support over the coming months. NHS Ayrshire and Arran has not been selected to receive this additional support, based on continuing good waiting times performance in CAMHS and PT, and confidence in the leadership and governance arrangements for mental health in the Board.</p>								
	<table><tr><th colspan="4">National Benchmarking</th></tr><tr><td>97.6% QE Mar 2022</td><td>73.2% Scotland</td><td>of children and young people started treatment within 18 weeks of initial referral to CAMH services</td><td>+ 24.4</td></tr></table>	National Benchmarking				97.6% QE Mar 2022	73.2% Scotland	of children and young people started treatment within 18 weeks of initial referral to CAMH services	+ 24.4
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	<p>The information in the performance report for Q2 also presented to the Board contains further information.</p>								
	<p>CAMHS Improvement – Extreme Team</p>								
	<p>In response to the national and local commitment to children’s mental health, the multi-agency work undertaken in the last five years, Ayrshire and Arran commissioned an Extreme Teams’ approach in 2020 to respond to the mission critical key question:</p> <p><i>How will we improve Children and Young People’s Mental health and wellbeing with timely access to services and support to Children, young people and their families at a locality level?</i></p> <p>Extreme teaming is the way in which Ayrshire and Arran has committed to enabling innovation at pace across our system, to balance the four pillars and deliver <i>Caring for Ayrshire</i>, our Big Opportunity.</p>								
	<p>The CAMHS Extreme team completed their work in July 2021 and thereafter handed over a programme of reform actions to a new CAMHS implementation group which was established by key senior Pan Ayrshire service leads and Heads of Service formerly members of the Extreme team. The group continues to meet on a monthly basis to continue at pace the journey of reform, consolidating a shared understanding, sharing experiences, defining challenges to stridently progress the strategic overarching objectives within the reform plan.</p>								
	<p>The key areas of development and reform progress outlined in the remainder of this report are all integral to the CAMHS implementation group action plan and the original ambition defined by the CAMHS Extreme Team.</p>								

	Assessment
	<u>Service Demand</u>
	<p>NHS A&A CAMHS have used a copyrighted Demand Capacity and Queue (DCAQ) model called Benson Wintere to explore where the demand is coming from for our services.</p> <p>This has resulted in the recognition that there would need to be 3 distinct parts of CAMHS each with their own identity in order to manage the demand, capacity and workforce within the areas. These are illustrated below:</p>
	 <p>There are going to be 3 CAMHS teams</p> <div> <p>SPECIALISED CAMHS COMMUNITY TEAM</p> <ul style="list-style-type: none"> Assessment, care and treatment of children and young people experiencing serious mental health problems </div> <div> <p>CAMHS URGENT ASSESSMENT INTENSIVE TEAM</p> <ul style="list-style-type: none"> Respond to the immediate mental health needs of young people offering short term help, either at home or in the community for up to 21 days. </div> <div> <p>CAMHS NEURO - DEVELOPMENTAL TEAM</p> <ul style="list-style-type: none"> See young people with complex neurodevelopmental difficulties, who require a multi-agency assessment to gain a better understanding of their needs. </div>
	Specialised Community CAMHS Team
	<p>The 3 locality CAMHS Teams are now joined into one team called the <i>Specialised Community CAMHS service</i> with one Team Leader to enable focused leadership and delivery of consistency of service excellence across Ayrshire and Arran. Further efficiency and service improvement work is underway with a review and streamlining of processes and procedures across the teams. There are still sites throughout Ayrshire that young people and families are able to access services to be seen nearer to their home. This aligns well to the aspired approach to corporate parenting and reduces the need for care experienced young people being moved around services based upon where they reside or are cared for.</p>

	The CAMHS Urgent Assessment Intensive Team (CUAIT)
	This new service was launched on Monday 6 th June 2022 and has established for the first time in Ayrshire & Arran a 7 day a week mental health unscheduled care service for children and young people. The model is designed specifically to avoid the need for hospital admission, deliver in-reach to Acute and Paediatric in-patient environments and liaise with referrers and other agencies. Our new CAMHS Urgent Assessment & Intensive Treatment Team will provide a model of care across seven days. The service is in its infancy, but all efforts will be made to prioritise the needs of our most in need young people.
	There are emerging opportunities in relation to models of care at Woodland view. Skye house is the regional West of Scotland Tier 4 CAMHS inpatient service which has experienced significant challenges with clinical complexity and workforce supply and access to beds currently as well as during the pandemic. This has resulted for instance decisions within NHS Great Glasgow and Clyde to reduce bed availability, leading to difficulties in admitting a young person from Ayrshire to psychiatric care. The local risks of this service impact are reviewed by CAMHS, Mental health services and wider multiagency health and social care services. This means that at times there is consideration of the use of adult beds, intensive community supports and possible paediatric beds.
	Consideration to the delivery of local CAMHS in-patient beds has been explored in recent times as there is a growing recognition that demand within the regional model outstrips capacity. This opportunity has become more evident with the availability of additional ward capacity at Woodland as a result of the transfer of Adult Mental health Rehabilitation Services into community settings. Opportunities are being explored and jointly developed by CAMHS and Acute Paediatric services to deliver a CAMHS inpatient service from within Woodland view, harnessing the additional capacity of the developing CAMHS Unscheduled care service.
	Neuro Developmental Team
	The vision for Neurodevelopmental Service delivery and access is intended to create a multi-disciplinary response to children and young people presenting with co-morbid mental ill-health and neurodevelopmental disorders such as Autism, Attention Deficit Hyperactivity Disorder (ADHD), attention deficit disorder (ADD), Foetal Alcohol Syndrome Disorder (FASD) and other associated neurodevelopmental conditions. This will be achieved with the Scottish Government recovery and renewal funding allocation the establishment of a dedicated Children and Young People's Neurodevelopmental Service. This process of specifically tailored service provision where Neurodevelopmental conditions is the main focus of intervention is in keeping with the National Specification for Neurodevelopmental Service provision.
	A whole family vision is the services objective, offering family, sibling and carer support and education whilst supporting the children and young people through their assessment and diagnostic journey.

	Promoting inclusion, taking a strengths-based approach to neurodiversity and 'getting alongside' the young people is key to the ethos behind our service vision. Establishing a diagnosis is only one part of the journey and it is the aspiration of CAMHS to provide high quality education, support and sign posting pre and post diagnosis.
	Using the detail from Benson Wintere we will be able to recruit the appropriate workforce to enable the establishment of a dedicated neurodevelopment service for Children and Young People, ensuring the delivery of a training plan according to the needs presenting at the point of referral. This in time should streamline the process and create greater capacity to meet growing demand.
	<p>In alignment with the national neurodevelopment specification the local specialist neurodevelopmental team will have the following role responsibilities:</p> <ul style="list-style-type: none"> • Triage requests for assistance, identifying complex and core presentations and relevant pathway • Deliver multi-disciplinary complex assessment and interventions and advise on complex cases • Develop training/ key messages and lead joint health and education training team • Deliver and co-ordinate neurodevelopmentally focussed parent supports and interventions • Review scientific evidence for practice and lead innovation • Advise on strategic planning and undertake cycles of evaluation • Provide coaching and mentoring for health and education professionals at 'enhanced' and 'skilled' level
	<p>A new Service Manager and Team leader post for the Neuro-developmental Service has been appointed and will focus on ensuring the service can responsively see young people and families for a diagnosis appointment as soon as the service can.</p> <p>In January 2022 with Scottish Government recovery and renewal funding external provision was secured to assist with reducing the waiting time for a neurodevelopment diagnosis and commissioned two external providers: Purple House and Helios. Significant investment has been made in staff development, education and recruitment in the area of Neuro service provision, including additional prescribers being trained to help with the ADHD clinics; 3 Neuro Nurses and 1 CAMHS Pharmacist.</p>
	<p>A telephone contact service has also been established to provide information and assist children and their families who are currently waiting for a diagnostic assessment.</p> <p>In addition, the North Ayrshire HSCP are in the process of identifying a premises to host the Pan Ayrshire CAMHS Neuro-developmental Service which will be children, young people, parent and carer focused.</p>

	Neurodevelopmental Empowerment and Strategy Team
	NEST is a new and first in Scotland service jointly funded by East, South and North HSCP's in Ayrshire and Arran. This new service will provide co-ordination and development of pathways of empowerment for the large number of children and adults directly and indirectly affected by neurodevelopmental diversity across the three Ayrshire partnership areas which will deliver on three critical outcomes. Whilst not directly managed or within the CAMHS service provision, NEST will complement the service redesign and aspirations that are outlined for CAMHS Neurodevelopmental services and there will be a natural synergy between the core service and this new emerging model, the core outcomes and benefits of which are noted below:
	Information access – Up to date, relevant and accessible information will be freely available for the neurodivergent community and professionals across Ayrshire. Individuals and families will have a good understanding of what a diagnosis means for them and will be able to make informed decisions.
	Empowerment Programme – Individuals and families/carers will have a better understanding of their neurodivergent differences and through the opportunity to learn, develop strategies and networks will be empowered to live as full a life as possible. The NSET team, in partnership with individuals, families and neurodevelopmental professionals will design and deliver a systematic pan Ayrshire, needs based empowerment programme. Existing communities and groups will be supported to increase their scope and reach across their area.
	Community/Services Communities across Ayrshire will be more tolerant and understanding of the needs of neurodivergent individuals. This tolerance and understanding will provide a marked improvement in access and opportunity for neurodivergent individuals and families. Local services will be aware of the needs of our neurodivergent community and will systematically incorporate solutions to these needs into their service delivery.
	These core critical outcomes will be delivered through collaborative working with neurodivergent individuals, their families, clinicians, third sector and services across Ayrshire. A programme of recruitment is currently underway for the key members of the team which will provide front facing universal services on a Pan Ayrshire wide basis.
	To complement the development of this new service a service specification is currently being developed by the CAMHS implementation group to enable a wellbeing early intervention service to be commissioned and funded from the Scottish Government CAMHS allocation which will enable early support to children and their families prior to diagnosis. This is also building on a leisure project referenced later in this report where CAMHS worked closely with local leisure facilities to work with young people awaiting an assessment regarding neurodevelopmental conditions and experiencing social anxiety. This has evaluated well, and we are now on our third cohort of young people attending this.

	It is our collective ambition over the next two years that with the successful delivery of all of these reform initiatives, combined with a growth in workforce expertise both within CAMHS and the wider health and social care system that children and young people will not have to wait for a neurodevelopment diagnosis, with current long waiting times for diagnosis significantly addressed and impacted in the next twelve months.
	CAMHS Infrastructure
	The infrastructure challenges for CAMHS are embedded within the visionary <i>Caring for Ayrshire</i> ambition and critical redesign programme to further build on developing an integrated health and care service model of which Mental health services are a vital health and social care delivery component and population level response. The Ayrshire and Arran ambition articulated in this vision for CAMHS is the delivery of a purpose designed multiagency centre of excellence, offering holistic and specialist expertise in a purpose designed therapeutic environment to meet the needs of children, young people and their families.
	Whilst this ambition is part of a longer-term programme of infrastructure development, it is critical that appropriate interim solutions are identified to maintain the pace of Transformation delivery and achieve demonstrable outcomes in alignment with Scottish Government investment.
	There is a need to plan in the best interests of whole health and social care systems, and the following key underpinning principles are paramount:
	<ul style="list-style-type: none"> • Good environmental design is a powerful and cost-effective healing tool and should be customer focused, promote recovery, independence and add therapeutic value. • It is well evidenced that asking people who access healthcare settings and in this instance children and young people, staff and parents what they really need and want from healthcare spaces leads to richer, more useful spaces. • CAMHS should be offered in the community in settings that promote local links, to feel less stigmatised and to maintain relationships with family and friends. • Research has shown that the built environment impacts on mental health and it is therefore important that the building design is bespoke and meets patient needs • The Caring for Ayrshire CAMHS ambition recognises that the physical environment plays a critical role in outcome results particularly for young people. The environment should reflect the age group being treated, with appreciation that there is a significant difference between the developmental needs of 4–12-year-olds and 13–18-year-olds. It is therefore important to design the CAMHS physical environment to reduce potential anxieties and to create a calm and safe therapeutic environment in which young people can receive help and accelerate recovery.

	<p>The current premises from which CAMHS services are delivered to young people are not tailored modern solutions from which to deliver this person-centred bespoke care. In the assertive pursuit of a necessary solution West Road in Irvine, a surplus North Ayrshire Council premises has been identified in alignment with service Transformation and the new national CAMHS specification. The building with some adjustments to décor and configuration will be able to offer the following critical elements of physical design and maximise space utilisation to enable optimal delivery of the new CAMHS model and service offer and will establish a best in Scotland Centre of Excellence in Ayrshire and Arran.</p>
	<p>A programme of work has commenced to ensure that this facility is available for service operation in 2023.</p>
	<p><u>Administration</u></p>
	<p>There has been a significant programme of capacity building within the wider administration support to CAMHS to ensure effective and efficient service delivery.</p> <p>A significant challenge facing the delivery and operationalisation of CAMHS was the lack of consistent management and availability of identified Admin staff. CAMHS now has a dedicated Administration Manager and through the process of Organisational Change aligned management structures within North HSCP as Lead Partnership for Mental Health.</p>
	<p><u>IT/Digital Kidscreen</u></p>
	<p>The feedback and opinions of young people are essential to service design and delivery as is their view on what their needs are. To this end CAMHS are working to implement a digital interface with carers and young people to report their subjective experience of their symptoms using Kidscreen. This is a quality-of-life questionnaire for children and adolescents from age 8 to 18 years. The Kidscreen instruments have been developed in 13 European countries and CAMHS in Ayrshire and Arran is leading the way as one of the first CAMHS services across Scotland to implement this approach.</p>
	<p><u>Eating Disorder Service</u></p>
	<p>The Eating Disorder Service in A&A is an all-age service and has been going through a redesign following the Scottish Government's National Eating Disorder recommendations. The Senior Manager for CAMHS and CEDS also worked with an external consultancy company to produce a service review report with the associated redesign recommendations on taking the service forward. This will include expanding the workforce, training and widening the referral criteria to include ARFID (Avoidant Restrictive Food Intake), Binge Eating or Psychopathology occurring in the context of type 1 diabetes.</p> <p>The full report is available to Board Member on request.</p>

There is an ongoing programme of recruitment to enhance the workforce within the Eating Disorder provision and a Senior Consultant Psychologist has recently been recruited to work with the service on the delivery of a reform implementation plan in alignment with the review recommendations.

2.3 Quality/Patient Care

A small Quality Improvement, Data and Engagement Team have been established to help evidence improvements within the services. The CAMHS Quality Improvement Advisor post has been created to ensure that quality and data is central at the heart of the service. The QIA has been leading on the DCAQ work with CAMHS clinicians and an external company Benson Wintere.

As illustrated from extracts below from the performance/activity dashboards the service is able to see at a glance the referrals coming, clinics, productivity, allocation, waiting lists, workload, staffing and even down to school and school cluster level and what young people are presenting to CAMHS with from a particular area of Ayrshire.



The data and ongoing Wellness Model work with CAMHS coupled with the recent young people suicides in the Largs locality identified a gap at Tier 2 level in terms of supporting young people and families' mental wellbeing.

CAMHS worked in collaboration with Aberlour to commission a bespoke service which is currently running in Largs to support young people transitioning to from primary to secondary school and the ability to support up to 45 families that may need additional support.

Further information on this initiative can be found below:

About Aberlour Sustain - Transitions

Aberlour Sustain Transitions works with families who have children transitioning from P7 into S1 and S1 into S2. We work with children, families, communities, and partners to deliver workshops and personalised support both 1:1 and in groups. We aim to improve wellbeing, reduce barriers to discussing wellbeing and provide practical skills to cope with day-to-day challenges and worries.

We recognise that the pandemic has created new challenges for families. We are here to create space for them to identify what could improve their collective wellbeing. This may be finding solutions, offering practical suggestions, or simply being there to listen whilst ensuring we provide privacy and space to feel comfortable and heard.



How we help

Workshops: Can be delivered to whole classes, smaller identified groups and in community settings such as youth groups or clubs.

Additional Support: Individual, focused and holistic support for identified children, young people and their families who require more targeted interventions.

Quotes from our families

"I absolutely love the fact that this is the first time (child's name) opened up like that about anything!"

"Our worker was amazing throughout. Very approachable, easy to talk to (for both myself and my son), pragmatic and knowledgeable. Nothing was ever too much trouble and she helped not just my son, but us as a family."

"Thank you for everything, the first time we met, I was in bits and so worried about her, but now I feel like she is going to be ok."

How contact us:

Tel: 01294 588095 / 07598 582588

Email: aberloursustaintransitions@aberlour.org.uk

aberlour.org.uk

 [AberlourCC](https://twitter.com/AberlourCC)

 [AberlourCC](https://www.instagram.com/AberlourCC)

 [AberlourCC](https://www.facebook.com/AberlourCC)

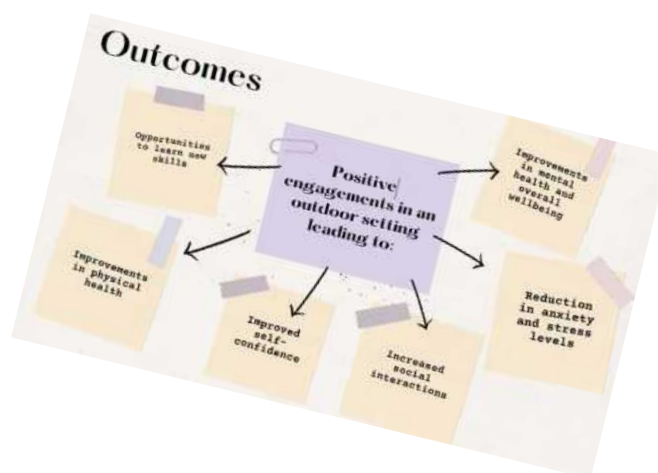
Registered Head Office: 10101 House, Forthside Way, 20101, PA8 1QZ
Scottish Charity no: SC007991 | Company Reg no: SC312912



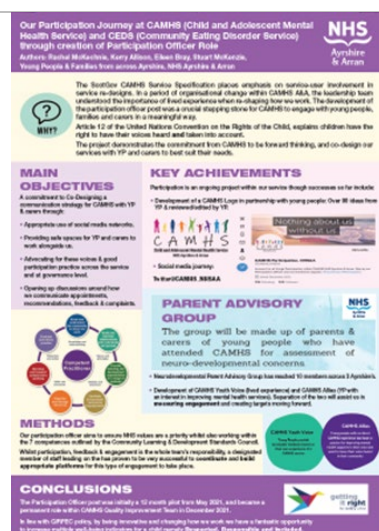
Following a relaxation in Covid restrictions CAMHS funded a pilot project alongside Leisure services across Ayrshire. CAMHS selected six families from North, South & East Ayrshire all with young people in Primary 7 that were awaiting a diagnosis of a neuro-sensory condition. Using outdoor spaces was deemed to be less restrictive for the young people and also safer in terms of covid-19 transmission.

Staff who were going to be running the sessions created a 6 week session plan, which was different for the three local authorities in to best use their specific environment. It was agreed that the final 6 weeks would be Co-designed with the young people.

The CAMHS Leisure poster won the Integrated Care award at this year's NHS Scotland Event 2022.



Engagement, Coproduction and Lived Experience

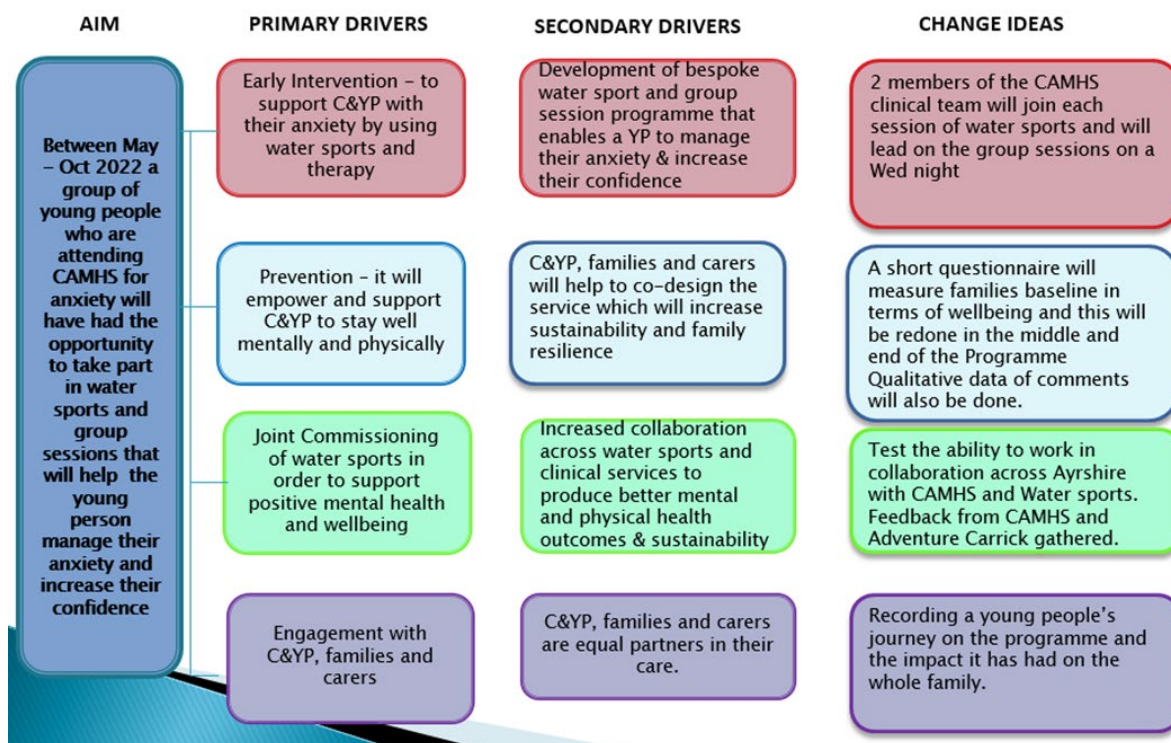


The CAMHS Specification emphasises service-user involvement in service re-designs. In a period of organisational change within CAMHS A&A, the leadership team understood the importance of lived experience when re-shaping the service. In May 2021 a participation officer post was appointed which was a crucial stepping stone for CAMHS to engage with young people, families and carers in a meaningful way. The role of Participation Officer featured in the Person Centred poster category at the NHS Scotland Conference 2022.

The Participation Officer is leading on the engagement work with children and young people and is co-ordinating a number of projects including; 'Ready for Anything' which is a specific programme, designed by CAMHS and

Adventure Carrick, of activities, including water sports and group workshop sessions that will help young people manage their anxiety symptoms better and increase their self-confidence.

Co-designing CAMHS/Adventure Carrick Ready For Anything Programme Across Ayrshire and Arran



2.4 Workforce

Nationally there are challenges in the recruitment of Nursing and Medical staff. The investment seen in CAMHS post Covid has made this more challenging as every NHS Board area are recruiting.

Despite this the success of reform and service improvements and changes outlined in this report have attracted a new workforce to Ayrshire from out with and internally.

As demonstrated above, one of the most significant additions to CAMHS has been the inclusion of the Quality Improvement Team who have been integral to ensuring participation, quality standards and service modelling.

Nationally there is a recognised challenge in the area of CAMHS across the United Kingdom in the recruitment of appropriately skilled and trained Nursing and Psychiatry staff. This has resulted in longer lead in times to certain aspects of service delivery and redesign.

There are opportunities to explore complimentary roles in the area of Neuro to help mitigate some of the challenges associated with being unable to recruit psychiatrists, primarily pathway specific Nurse Consultant and Clinical Nurse Specialist roles within Neurodevelopmental services.

CAMHS Recovery and Renewal Workforce Plan – Recruitment Progress:

Job Title – Discipline &	Band	WTE	In-Post	Update
Service Manager Neuro	8A	1.0	Yes	
Prescribing Pharmacist	8A	1.0	Yes	
Charge Nurse Community CAMHS	6	3.0	1.0	Active recruitment
Charge Nurse Neuro	6	3.0	1.0	Active recruitment
Charge Nurse CAUIT	6	6.0	3.0	Active recruitment
Engagement & Participation Officer	6	1.0	Yes	
Admin Data Support	4	1.0	Yes	
Admin Support Neuro	4	1.0	Yes	
SLT Neuro	6	2.0	Yes	
OT	6	2.0	0	JD development
Psychology Assistant	2	2.0	Yes	

Other Vacancies :

Job Title	Band	Detail
Team Leader Neuro	7	Preferred Candidate Stage – commence October
Team Leader CAUIT	7	Active recruitment
Charge Nurse CAUIT	6	3.0 WTE Active recruitment
Staff Nurse	5	2.0 WTE Active recruitment

It is anticipated that the Innovations and redesign within Community Eating Disorders Services, will also provide the opportunity for specialist Nursing, AHP and Psychology positions which attract individuals with interest and specific skill sets.

3. IMPLICATIONS

3.1 Financial

Scottish Government Recovery and Renewal investment in CAMHS has been used to help shape local services in-line with the National Specification, below are examples of areas of spend which reflect the creation of new posts, investment in infrastructure, commissioning or purchasing capacity. These investment initiatives are in addition to the investment in development of core CAMHS workforce already noted in this report.

3.2 Human Resources

Workforce remains the greatest challenge and risk. Funding made available to all CAMHS services in Scotland on a recurring basis have resulted in significant recruitment. In many cases services are competing with one another for a limited number of staff.

	<p>Presently recruitment of psychiatrist and mental health nurses poses the greatest challenge to service delivery.</p> <p>The management team within CAMHS are working collectively to encourage a positive recruitment culture. The addition of some newly qualified nurses to the workforce is immanent. Innovation in prescribing involving Nurse and Pharmacy prescribing are designed to reduce the pressure of Psychiatry, specifically around ADHD.</p> <p>External capacity using providers out with the NHS to deliver ASD assessments has brought with it some internal challenge in order to facilitate but the anticipated capacity is beginning to be maximised with referrals passing over to Helios and Purple House.</p>
3.3	<p><u>Legal</u> None.</p>
3.4	<p><u>Equality/Socio-Economic</u> CAMHS is supporting the Public Sector Equality Duty by committing to engaging with and working alongside all relevant stakeholders throughout ongoing service redesigns. Examples of current participation include young people who identify as LGBTQI+, young people with experience of care and young people with additional caring roles.</p> <p>Recognising the Fairer Scotland Duty, we are actively working towards improving accessibility to our service; both operationally reducing Referral to Treatment (RTT) whilst ensuring young people receive the right support in the place that is as close to home as possible adhering to vision of Caring for Ayrshire.</p>
3.5	<p><u>Risk</u> Risk mitigation and improvement plans are in place for areas of current challenge outlined in this report and associated actions assertively implemented with key aspects of current risk for noting below:</p>
3.6	<p><u>Community Wealth Building</u> None.</p>
3.7	<p><u>Key Priorities</u> All of the work being undertaken within CAMHS is intended to reflect the values of the organisation and the principles of caring for Ayrshire.</p> <p>Professional frameworks Nursing: developed a Nursing Strategy to guide and articulate the role of nursing in delivering quality outcomes to children and young people experiencing mental ill-health and neurodiversity.</p> <p>With the support of our participation officer we are able to co-design our ever changing service with children and families at the forefront. In line with the UNCRC, children's voices are heard, valued and acted upon. Positive youth engagement promotes an</p>

	increase in three crucial SHANARRI wellbeing indicators: Responsible, Respected and Included.
4.	CONSULTATION
	<p>The Board has carried out its duties to involve and engage external stakeholders where appropriate:</p> <ul style="list-style-type: none"> • Aberlour Sustain Stakeholder Event, 17 May 2022 • Aberlour Sustain Head Teachers, Event, 21 June 2022 • ABC Education South Ayrshire, 19 August 2021 and 3 November 2021 and 8 February 2022 and 28th June 2022 • CAMHS Neurodevelopmental 'Parent Advisory Group', 25 November 2021 and 27 January 2022 and 5 May 2022 • Care Pathways Development Day, 20 July 2021 • CEDS Development Days, 20 August 2021 and 10 June 2022 • East Ayrshire Young Carers Group, 26 May 2022 and 29 June 2022 • Kilwinning LGBTQI+ Group, 19 January 2022 • Neurodevelopmental Development Day, 28 April 2022 • North Ayrshire PrOG (Promise Operational Group), 6 weekly since June 2022 • North Ayrshire Young Carers Evening, 20 May 2022 • North Coast Youth Forum, 19 October 2022 and 3 February 2022 • Pan-Ayrshire Carer Discussion, 8 February 2022 • PrOG Subgroup Communication & Language, 6 weekly since January 2022 • South Ayrshire Champions Board, 24 January 2022 • 'What Matters To You?' Barony Campus Leadership Events, 27 August 2021 and 3 September 2022

Caroline Cameron, Director
Stuart McKenzie, Senior Manager, CAMHS

Appendices

- Appendix 1, Strategic Document Links

Appendix 1 - Hyperlinks for Strategic documents included in document

[Child And Adolescent Mental Health Services: national service specification - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/national-service-specification-2016/pages/introduction.aspx)

[Children and young people - national neurodevelopmental specification: principles and standards of care - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/national-neurodevelopmental-specification-2016/pages/introduction.aspx)

[Community mental health and wellbeing supports and services: framework - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/community-mental-health-and-wellbeing-supports-and-services-framework-2016/pages/introduction.aspx)

[Eating disorder services review: summary recommendations - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/eating-disorder-services-review-2016/pages/introduction.aspx)

[Getting it right for every child \(GIRFEC\) - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/getting-it-right-for-every-child-girfec-2016/pages/introduction.aspx)

[Home - The Promise](#)

[NHS Ayrshire & Arran - Caring for Ayrshire \(nhsaaa.net\)](https://nhs.uk/about-us/nhs-ayrshire-and-nhs-arran)

[YP-Monitoring-2020-21 October2021.pdf \(mwscot.org.uk\)](https://www.mwscot.org.uk/monitoring/2020-21/October2021.pdf)

[UNCRC | The UN Convention on the Rights of the Child - The Children and Young People's Commissioner Scotland \(cypcs.org.uk\)](https://www.cypcs.org.uk/uncrc)

Integration Joint Board 25th August 2022

Subject :	The Promise in North Ayrshire – Update on Progress
Purpose :	This report is for awareness to update the IJB on the ongoing work within North Ayrshire to deliver “The Promise” to our children and young people.
Recommendation :	<ol style="list-style-type: none"> 1. Note the progress in North Ayrshire to lay the foundations to deliver on the ambitions of The Promise and note the further areas of work planned during Phase 1 to 2024. 2. Note that a further progress report and action plan will be remitted to IJB following the The Promise Conference to be held in November 2022.

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
HSCP	Health and Social Care Partnership
CPP	Community Planning Partnership
PrOG	Promise Oversight Group

1.	EXECUTIVE SUMMARY
1.1	North Ayrshire has welcomed the findings of the Independent Care Review and subsequent publication of the “The Promise” and the call to action that lies within. We are committed to improving outcomes for children, young people and families in our North Ayrshire communities and recognise that, whilst progress has been made in the first two years, there are many areas we will continue to develop and improve in the years to come.
1.2	Substantial work has been undertaken to progress the commitment to lay the foundations to deliver on The Promise in North Ayrshire during the ‘bedding down phase’ (Phase 1) of a 10-year implementation plan. This report updates and assures members progress is being made both nationally and locally, and it also outlines key

	next steps until March 2024. The calls for action in The Promise are significant and involve whole system change with an agreed timeframe of no later than 2030.
1.3	This update report does not seek to outline all of the supports, interventions and plans in place across multiple agencies to support care experienced young people, but rather provides the IJB with an update on some of the specific pieces of work completed and planned to lay the foundations, scaffolding and governance arrangements as set out in the 5 priority areas. There are further reports presented to the Council which contribute to the delivery of the Council's commitment to The Promise, for example the annual report presented to Cabinet in relation to Educational Attainment for Care Experienced children and the annual Child Poverty Action Plan.
1.4	<p>This report sets out how the foundations have been laid in North Ayrshire for the delivery of The Promise. These include governance and oversight arrangements (illustrated in Appendix 1), engagement across services and with young people, capacity and resources to support our workforce in line with the five priority areas of:</p> <ul style="list-style-type: none"> • A Good Childhood • Whole Family Support • Supporting the Workforce • Planning • Building Capacity
1.5	The funding available to realise the full ambitions of The Promise is unclear at this stage. £190k has been received to support the change programme and deliver a specific North Ayrshire project in relation to siblings. More recently funding has been allocated to the Children's Services Strategic Partnership for Whole Family Wellbeing. This recent allocation is to date the most significant investment provided to local areas to deliver on The Promise. There remains a risk that the scale and pace of change locally could be constrained by resources being made available to deliver, for example, the transfer of resources to early intervention services and approaches.
1.6	The work to embed and implement the principles of The Promise is ongoing, the next most significant milestone being The Promise conference which will be held in November 2022 where the voices of children and young people will be central. This engagement will inform a more detailed progress report and action plan to be presented at a future IJB.
2.	BACKGROUND
2.1	The Scottish Government announced in 2016 that an independent, root and branch review of Scotland's care system would be undertaken, following extensive lobbying from care experienced people and advocacy organisations. Commencing in 2017, the review examined the underpinning legislation, practices, culture and ethos of the care system. The Care Review concluded at the end of March 2020 with the publication of "The Promise".

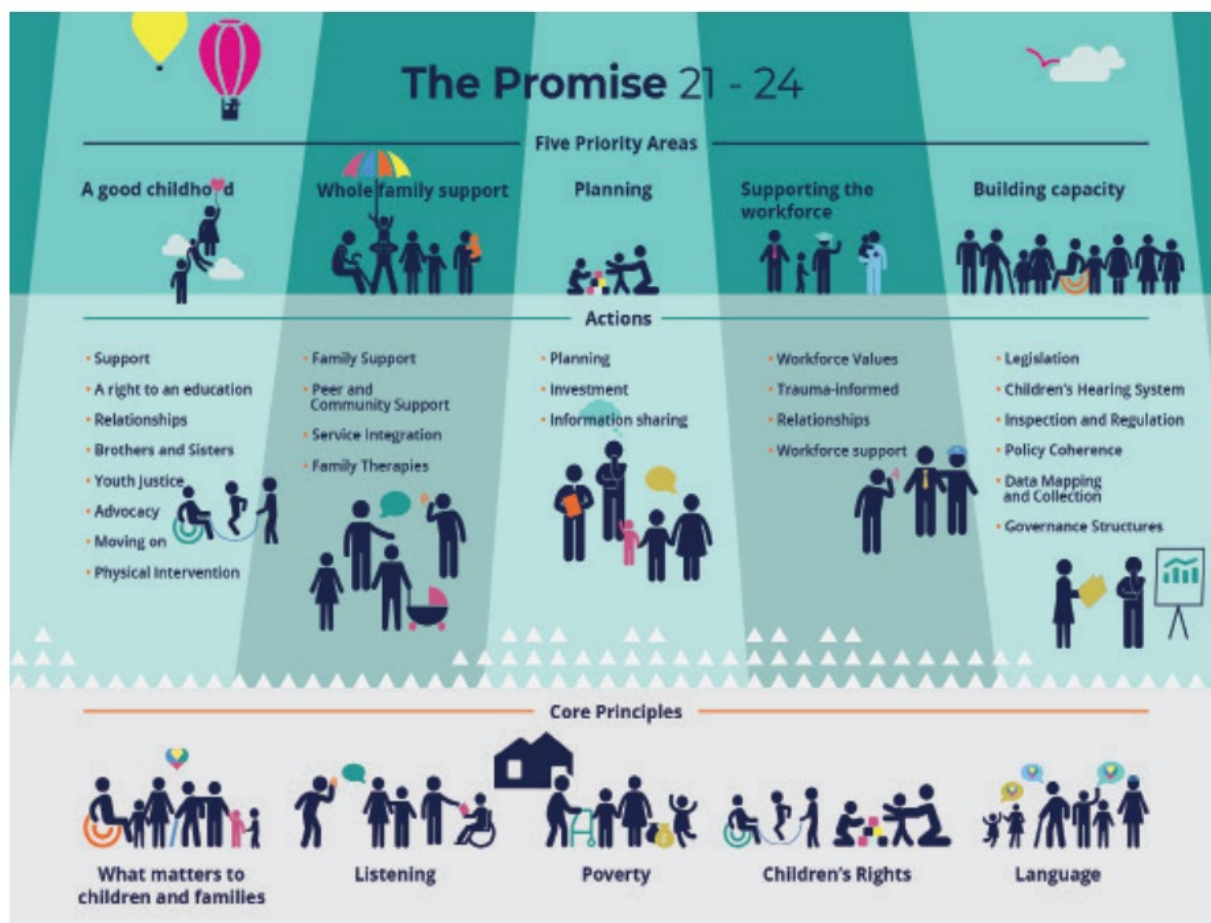
2.2	<p>The National Independent Care Review heard that Scotland needed to change how it cares for children, young people and their families, and concluded that the care system required a radical overhaul. “The Promise” was subsequently developed; consisting of 80 changes to support the whole system redesign required and narrating a vision for Scotland. Built on five foundations of Voice, Family, Care, People and Scaffolding, it made a promise that all children in Scotland will grow up loved, safe and respected. The calls for action in The Promise are significant and involve whole system change with an agreed timeframe of no later than 2030.</p>
2.3	<p>The Promise is a large-scale, complex 10-year change programme with multiple objectives and interlinked activities, across multiple partners. Building for the future takes time. To maximise impact and ensure sustainability of approach, a firm foundation needs to be built to give assurance of governance and accountability; to allow all partners to be clear of their own, and collective, roles and responsibilities; and on which to build all future developments.</p>
2.4	<p>Delivery of The Promise does not sit in isolation and also cannot be delivered by North Ayrshire Council alone. Delivery sits alongside the commitment to incorporation of the United Nations Convention on the Rights of the Child (UNCRC), our Corporate Parenting Plan, North Ayrshire's Child Poverty Strategy, the Children's Services Plan and work in relation to children and young people's mental health and wellbeing. Delivery and progress with all of these plans require multi-agency working across a number of partners.</p>
2.5	<p>The timeline below provides a high-level illustration of the implementation of the plan by 2030 and the expectations at each phase of delivery:</p> <p>Years Two to Four – Bedding Down April 2021–March 2024</p> <ul style="list-style-type: none"> • Early intervention and prevention will become standard with obsolescence of crisis services commenced. • The necessary legislative reform will be underway to make sure The Rules are enabling. • A practice and culture change programme will be embedded. <p>Years Five to Seven – Consolidation April 2024–March 2027</p> <ul style="list-style-type: none"> • A midpoint review of The Plan will be carried out to ensure pace and performance is on track. • The Promise will be being realised and the impact felt by children and families.

Years Eight to Ten – Continuous improvement April 2027–March 2030

- All targets will be achieved.
- The majority of crisis services will have become obsolete.
- The Promise will be delivered across Voice, Family, Care, People and Scaffolding.
- The independent oversight body will cease to exist, giving way to a new standard of care.

2.6

The National Promise Team has published a [National Plan for 2021-2024](#) and the Promise '[Change One Programme](#)', highlighting their expectations around what should be accomplished by 2024, which is illustrated below:



2.7	Building this foundation and the subsequent scaffolding around the change programme, has been the major focus for North Ayrshire in the last two years. To make sure that we get it right for North Ayrshire's care experienced community, we need to be clear of the linkages between different parts of the system, the intended and unintended impact of introducing new ways of working, and making sure that the child, young person and their families understand and are central to this, in addition to feeling heard and supported by all parts of "the system".
2.8	The Promise sets out a clear commitment for all corporate parents to have an enhanced understanding of the experiences of those who have spent time in care, and to drive forward the findings and recommendations. Examples include: separation from their brothers and sisters during their time in care; multiple placement changes; and the provision of mental health support. The Promise challenges all of us to make sure the necessary changes are made across a wide range of areas to ensure we #KeepThePromise to all North Ayrshire's care experienced people.
2.9	The last two years have coincided with the global COVID-19 pandemic which has impacted our ability to progress some aspects as originally planned. This includes opportunities to work alongside children and young people face to face. Despite this, partners have remained strongly committed to progressing The Promise and have sought creative and innovative ways to overcome some of the additional challenges presented by the pandemic.
	<u>Governance</u>
2.10	Formal Governance arrangements are in place to oversee and drive the delivery of The Promise. A Promise Oversight Board and Promise Operational Groups (PrOG) have been established to ensure consistency and involvement across partners at a strategic and operational level. These forums include all key strategic partners, frontline staff and care experienced individuals and have met regularly throughout the last two years. The Oversight Board meets once every three months and is attended by Senior Managers and two care experienced young people; one of whom co-chairs the meetings.
2.11	<p>The PrOG meets every six weeks and is attended by front line managers, front line staff and six care experienced young people; one of whom co-chairs the meetings. It has four subgroups progressing work around:</p> <ul style="list-style-type: none"> • Language and Communications • Alternative Care • Trauma Informed Practice, and • Data and Discovery Mapping

	<p>Each of these sub-groups have agreed their own priorities for Phase 1 which include:</p> <ul style="list-style-type: none"> • Developing a multi-agency social media platform • An anti-stigma campaign • Strengthening representation by young people • Developing mentoring pathways • Roll out of trauma aware and trauma skilled resources and training • Mapping early intervention services to prevent young people coming into the care system • Data mapping across multiple agencies • Developing a Performance Management Framework
	<p><u>Examples of Achievements and Actions to Date</u></p>
2.12	<p>Whilst not an exhaustive list some specific examples of achievements and actions to date across delivery partners as part of the bedding down phase are highlighted below:</p>
	<ul style="list-style-type: none"> • Over 100 awareness raising sessions have been delivered to a variety of services and partners including: Police Scotland, Third Sector Forums, Private Provider Forums, Housing, Education, Youth Services, Health, Scottish Fire & Rescue, all of Children, Families & Justice Services Teams and Active Schools. The purpose of these sessions is to raise awareness of care experience, share the message about the aims of the Promise and suggest ways in which individual service areas can be good corporate parents and better understand their role in making changes to align with The Promise vision and principles. • Our Champions Board have drafted a glossary of preferred terms to be used when describing the 'Care System' and to be used in paperwork, meetings and written material. • A new 'Cost of the School Day' policy was approved and a conference was held to look at mitigating the impact the cost of the school day has on families and individuals' finances. • Education services continue to focus on closing the poverty-related attainment gap and raising the educational attainment and achievement of care experienced children and young people, including through nurture. • Education have employed an additional Home Tutor to provide one to one tuition for care experienced children and young people. • Care experienced young people have played a crucial part in interviews for new Health and Social Care staff, where that role could potentially impact of the lives of the care experienced community. • Provision of employability support for care experienced people through group work sessions and one to one support with resilience, interview skills and employability skills. • All teams and departments have appointed a Promise Champion to be the central point of contact for all consultations, views and to disseminate information and developments to their teams. A 'Promise Champions' SharePoint site has been established and has 25 Champions as members.

	<ul style="list-style-type: none"> • Offering mental health and wellbeing support for care experienced young people through Mental Health Project workers, this has included full mapping of mental health services and group work/ one to one sessions. • A Welfare Rights Officer has been appointed to work with families to deliver welfare rights services and signpost to other support services in 7 of North Ayrshire Council's Secondary Schools, more than £150k has been secured for families in the past year. • The Signs of Safety model and Safe and Together models are currently being implemented across Health and Social Care and wider partners. Both models take a rights-based approach and fully align with the principles and shift in culture and practice required to deliver on the ambitions of The Promise. 'Signs of Safety' being a relationship-based model working within the context of child welfare and protection. The approach develops a shared and explicit understanding between professionals and families of where the risk from harm lies, in what set of circumstances it may arise and how these risks will be mitigated through effective safety planning. • A care experienced housing officer is in place to be a single point of contact for Care Experienced Young People, improving the housing service and minimising their need to repeat their story to multiple people. • The Active Schools Team work closely with key school staff to target care experienced young people to access all sport and physical activity opportunities, both in the school environment and their local communities. • Care experienced young people are embedded within the Youth Participation and Citizenship Strategy with the inclusion of young people from the Champions Board as part of our Executive Youth Council, Joint Youth Forum Meetings and other voice and rights structures. • Our Champions Board have produced an Anti-Discrimination and Stigma Policy for Corporate Parents. • The Family Centred Wellbeing Service was introduced in October 2021 and is a collaborative partnership between the Health and Social Care Partnership and Education. The service is predicated on early intervention approaches. • The Health and Social Care Partnership have developed and implemented their 'Keeping Brothers and Sisters Together' guidance (a key focus of The Promise). The key principles of this guidance are to ensure we take all possible steps to place siblings together should they need to be received into care with careful consideration will be given to the best interests of each individual child.
	<u>Key Next Steps</u>
2.13	<p>The following key areas will continue to be progressed in Phase 1 to 2024:</p> <ul style="list-style-type: none"> • Continue to be engage in and be active participants in the National Promise Leads and Sharing Practice Networks, liaising with the National Promise Oversight Board, Promise Development Partners and Children's Services Strategic Leads networks to share best practice and learn from other areas regarding their Promise developments.

	<ul style="list-style-type: none"> • Work closely with key national partners including Social Work Scotland, to influence their approaches on the current planning on legislative changes to progress outcomes regarding the Children's Hearings System, Youth Justice and Inspection and Regulation. • Organise and hold our first Promise Conference in November 2022, a key milestone in engaging and listening to the experience and views of children and young people. • Progress with ongoing work to reduce the number of children and young people coming into the care system and increase the number of children and young people coming back to North Ayrshire from external placements, through active review and identification of local alternatives, where appropriate. • Further develop, expand and roll out The Family Centred Wellbeing Service.
	<ul style="list-style-type: none"> • Develop creative and transformative plans with partners to bolster existing services and initiate innovative new projects in line with the criteria for the new Whole Family Wellbeing Fund, ensuring resource allocation decisions are aligned with investment in early intervention and prevention approaches. • Implement and embed the 'Signs of Safety' and 'Safe and Together' models across the Health and Social Care Partnership and wider partners. • Review and improve current practice in relation to promoting and managing school attendance and preventing and managing school exclusions. • Continue to target actions to close the poverty-related attainment gap and raise educational attainment and achievement of care experienced children and young people. • Build on the network of Promise Champions from staff teams and departments across all services in North Ayrshire and raise awareness/spread the message of The Promise. • Provide ongoing employability support and funding for training and events. • Provide further opportunities for care experienced young people to express their views and opinions through workshop spaces at events and inputs to larger youth voice forums. • Further develop models of care for young people transitioning from care into adulthood and independent/supported living, including for those young people who request continuing care (whereby an individual can continue to reside within their current placement, if appropriate, until age 21 years).
	<u>Resources</u>
2.14	<p>The GIRFEC and Corporate Parenting Lead is North Ayrshire's Promise Operational Lead. Hearing the voice of the care experienced community is integral to The Promise and since 2021 there is a full time Engagement and Participation Lead and a Corporate Parenting Youth Worker, with plans to recruit to the role of Participation Assistant. Further plans include appointing a Family Wellbeing support worker and Trauma informed support worker to support with work focused on keeping siblings together.</p>

2.15	Limited financial resources have been allocated to deliver on The Promise so far. A total of £190k has been received from the Corra Foundation and the Promise Partnership Fund to support the role of Promise Lead, and to support work in relation to keeping siblings together within their own homes and out of care. This funding has supported a focus on prevention and early intervention work, the roll out trauma-informed training and nurture approaches across services and realigning resources and services to work with families on the edges of care.
2.16	On 1 July 2022 the Scottish Government allocated £32m from the Whole Family Wellbeing Funding to Children's Services Planning Partnerships (CSPPs) to build local capacity for transformational whole system change and to scale up and drive the delivery of holistic whole family support services. This funding has a multi-year commitment to 2025-26 and sets out the ambition that by 2030, at least 5% of community-based health and social care spend should be spent on preventative whole family support measures. This funding is the most significant investment received to date and will support and drive forward a key element of how The Promise can be delivered. The North Ayrshire allocation of funding for 2022-23 is £959k.
2.17	<p>2022-23 is the first year of this funding and the purpose is to support Children's Services Planning Partnerships (CSPPs) to:</p> <ul style="list-style-type: none"> • Build transformational capacity within the CSPP – for example by setting up a dedicated team to consider whole system change; buying in specific transformational expertise; training and learning to develop skills and capacity for change; supporting the development of collaborative leadership. • Test new system approaches to family support in line with strategic plans i.e. tests of change, implementation activity, or development of new approaches identified within strategic development plans; support to establish long term sustainable engagement with children and families. • Scale existing transformative and effective approaches which align with the National Principles of Holistic Whole Family Support, with a view to making the case for their integration into longer term local investment plans (noting that the expectation is the Whole Family Wellbeing Funding will end in 2025-26).
2.18	North Ayrshire CSSP are required to submit and share plans for spend with the Scottish Government by 3 October 2022. Future updates to IJB will provide further information on the plans for use of this resource.
	<u>Summary</u>
2.19	Good progress has been made in relation delivering on the ambitions of The Promise and North Ayrshire has laid strong foundations to take forward these ambitions by 2030, which will radically redesign the whole care system. Local activity has focused on building the foundations, strengthening partnership working and securing multi-agency and multi-disciplinary commitment. A number of service and practice developments are underway and links have been made with other major projects and

	programmes which are related to care experienced children and young people both locally and nationally.
3.	PROPOSALS
3.1	Note the progress in North Ayrshire to lay the foundations to deliver on the ambitions of The Promise, and the further areas of work planned during Phase 1 to 2024.
3.2	Note that a further progress report and action plan will be remitted to IJB following The Promise Conference to be held in November 2022.
3.3	<u>Anticipated Outcomes</u>
	<p>All care experienced children and young people in North Ayrshire grow up feeling loved, safe and respected so they can realise their potential.</p> <p>The number of children and young people coming into the care system decreases. However if statutory measures are considered necessary, then we always consider 'family first'.</p> <p>There is an increase in more preventative, early intervention and community-based supports for children, young people and families.</p>
3.4	<u>Measuring Impact</u>
	Specific actions from the ProG sub-groups are being monitored via the performance management system, Pentana. Quarterly reports provide ongoing progress tracking. There are also individual work plans relevant to areas of development which are monitored over time. Regular updates will be submitted to IJB.
4.	IMPLICATIONS
4.1	<u>Financial</u> The report details specific funding received to date. Further financial implications are likely and expected as services undergo various stages of re-design to meet our commitment to The Promise. Financial implications will be identified at the earliest stage in planning and development processes as our work towards achieving The Promise actions are progressed. There is a significant risk of realising the full ambitions of The Promise if the system is not sufficiently resourced or funded to respond and change.

4.2	<p><u>Human Resources</u></p> <p>There will be an impact on staff as we reframe how some of our services support care experienced children and young people. The specifics of this will be clarified as more detailed plans emerge.</p>
4.3	<p><u>Legal</u></p> <p>Unknown at this time however it is likely that legislation will follow as The Promise contains the commitment to legislative reform.</p>
4.4	<p><u>Equality/Socio-Economic</u></p> <p>The vision of The Promise seeks to address the inequality of outcome experienced by our children and young people who have been or are in the care system. If the ambitions of The Promise are realised, not only will there be improved outcomes but also a reduction, and ideally, an elimination of the inequity that exists between care experienced children and young people and children and young people with no experience of care.</p>
4.5	<p><u>Risk</u></p> <p>The main risk for The Promise is the level of resources being aligned to delivery.</p>
4.6	<p><u>Community Wealth Building</u></p> <p>None.</p>
4.7	<p><u>Key Priorities</u></p> <p>Implementation of The Promise aligns to the following priorities:</p> <ul style="list-style-type: none"> • North Ayrshire's vision that Children and young people experience the best start in life. • North Ayrshire's residents and communities enjoy good life-long health and wellbeing ensuring our communities are inclusive for all. • Community Planning Partnership strategic vision of: Working together to improve well-being, prosperity and equity in North Ayrshire, through Aspiring Communities and Inspiring Place. • Implementation of The Promise is a key ambition of the HSCP Tackling Inequalities Strategic Commissioning Plan 2022-2030: Caring Together. • The Promise features heavily as part of North Ayrshire's work to tackle poverty. • The Promise is a key aspect of the work of NHS Ayrshire and Arran's Corporate Parenting Steering Group, Corporate Parenting Taskforce, Infant Children and Young People's Board and Poverty Taskforce.

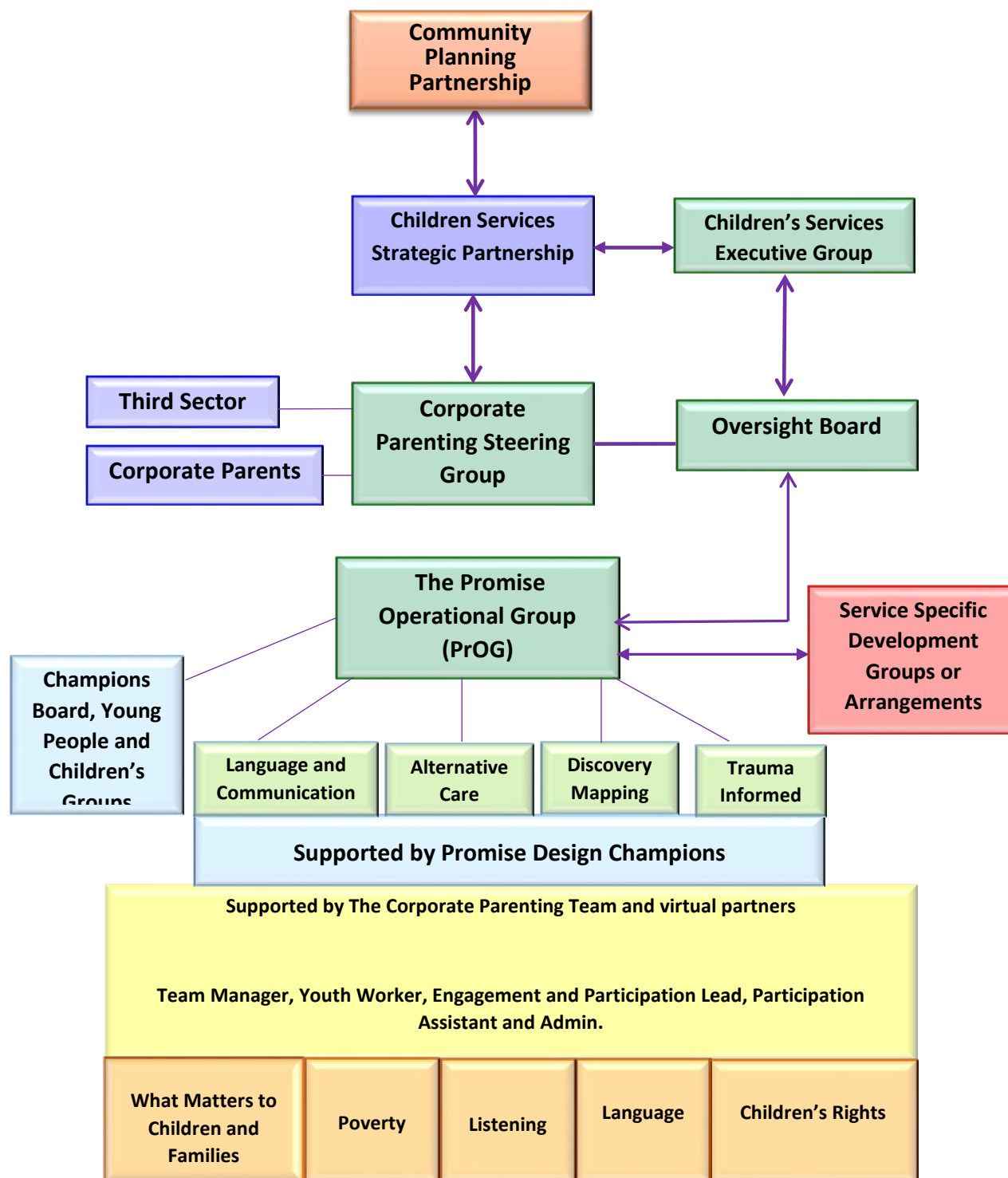
5.	CONSULTATION
5.1	As evidenced through the work progressed and planned to date ensuring the voices of care experienced children, young people and their families is integral to the delivery of The Promise in North Ayrshire. We have described many examples of where young people have been at the heart of decision making, including through the governance arrangements locally, and also in service developments such as recruitment processes. This will continue and be an integral part of delivery of North Ayrshire's commitment to The Promise, with the voices of children and young people being central.

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Appendices

- Appendix 1 – North Ayrshire's The Promise Governance Chart

North Ayrshire's The Promise Governance Chart



Integration Joint Board 25 August 2022

Subject:	Findings of the Joint Inspection of Services for Children and Young People at Risk of Harm in North Ayrshire Community Planning Partnership
Purpose:	This report is for awareness to advise IJB of the publication of the Care Inspectorate's Joint Inspection of Services for Children and Young People at risk of harm in North Ayrshire Community Planning Partnership Area.
Recommendation:	<p>It is recommended the Integration Joint Board:</p> <ol style="list-style-type: none"> 1. Note the publication of the Joint Inspection of Services for Children and Young People at risk of harm in North Ayrshire Community Planning Partnership in June 2022. 2. Note the very positive nature of the report, key findings, strengths and good practice, and how it reflects the commitment and dedication of staff working across agencies. 3. Note the identified areas for further improvement and 4. Otherwise note the contents of this report.

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	

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

1.	EXECUTIVE SUMMARY
1.1	The Care Inspectorate carried out an inspection of services for children at risk of harm in the North Ayrshire community planning partnership area between August 2021 and April 2022.
1.2	The Care Inspectorate recognised the significant challenges for the partnership in managing the ongoing impact of the pandemic and the resources needed therefore they did not undertake the engagement phase with North Ayrshire planned for January 2022.

1.3	The activities the inspection team were able to undertake between August 2021 and April 2022 to gather the evidence included: findings from staff surveys; survey responses from children/young people and from parents/carers; reading a sample of records held by services for children and young people at risk of harm; reading a position statement prepared by the partnership and undertaking an analysis of all available evidence and publicly available information about the partnership. Furthermore, inspectors met with senior leaders on three occasions throughout the inspection and in April 2022 they reviewed additional evidence.
1.4	In addition to the inspection team reviewing and analysing key information, young inspection volunteers reviewed the partnership's online resources and social media.
1.5	<p>There are a number of key strengths highlighted in the report as follows:</p> <ol style="list-style-type: none"> 1. Recognition and initial response to risk and concern to children was a strength. Staff took timely and appropriate action to keep children safe. 2. Overall, key processes for assessing and managing risk for children at risk of harm were well established and working effectively. 3. Effective oversight and scrutiny of child protection performance was provided by the Chief Officer's Group and Child Protection Committee. 4. Partners had a well-established approach to gathering and using performance data to inform and support improvement activity.
1.6	<p>The report outlined there were two main areas of improvement. Through our own self-evaluation and quality assurance procedures, we had already identified these were areas where our work could be strengthened and to this end, several workstreams have already been established to progress these actions:</p> <ol style="list-style-type: none"> 1. The partnership should further develop its review of outcome data to demonstrate the difference services are making in keeping children safe. 2. Continued attention was needed to ensure all children and young people are meaningfully involved in decisions about their lives and in the development of future service provision.
1.7	<p>In conclusion, the Care Inspectorate and its scrutiny partners are confident that the partnership in North Ayrshire has the capacity to continue to improve and to address the points highlighted in the inspection report. This judgement was based on:</p> <ul style="list-style-type: none"> • The strength of scrutiny and oversight of child protection practice. • The partnership's proactive response to risks emerging from the impact of the Covid-19 pandemic. • The partnership's performance to date in key protection processes and multi-agency practice. • The partnership's approach to risk-based and intelligence informed continuous improvement. <p>Overall, this is a very positive report for North Ayrshire's Children's Services.</p>

2.	BACKGROUND
2.1	At the request of Scottish Ministers, the Care Inspectorate has been leading a joint inspection of services for children and young people at risk of harm. As a result of the Covid-19 pandemic, the programme of joint inspections of services for children was paused between March 2020 and June 2021 and recommenced in July 2021.
2.2	The remit of these joint inspections is to consider the effectiveness of services for children and young people up to the age of 18 at risk of harm. The inspections look at the differences community planning partnerships are making to the lives of children and young people at risk of harm and their families.
2.3	<p>Joint inspections aim to provide assurance on the extent to which services, working together, can demonstrate that:</p> <ol style="list-style-type: none"> 1. Children and young people are safer because risks have been identified early and responded to effectively. 2. Children and young people's lives improve with high quality planning and support, ensuring they experience sustained loving and nurturing relationships to keep them safe from further harm. 3. Children, young people and families are meaningfully and appropriately involved in decisions about their lives. They influence service planning, delivery and improvement. 4. Collaborative strategic leadership, planning and operational management ensure high standards of service delivery. The inspections also aim to consider the impact of the Covid-19 pandemic and the continuation of practice to keep children and young people safe.
2.4	The inspection process evaluates whether services are making a difference in the lives of children, young people and families. The joint inspections, in partnership with Health Care Improvement Scotland, Education Scotland and the HMI Constabulary for Scotland, take account of the full range of work within a community planning partnership area.
2.5	The inspection of services for children at risk of harm in the North Ayrshire community planning partnership area took place between August 2021 and April 2022.
2.6	Due to constraints presented by the ongoing Covid-19 pandemic, an engagement phase with North Ayrshire that was planned for January 2022 was not undertaken. Inspectors recognised the significant challenges for the partnership in managing the ongoing impact of the pandemic and the resources needed to do so. Moreover, the need to postpone meetings with children and families in the context of another Covid-19 wave meant that a much longer time had elapsed since they had read children's records than would usually be the case. For some families, an interview at that time would have been inappropriate.

2.7	<p>In this context, all four bodies involved in the inspection agreed a different approach to the norm was needed. The activities the inspection team were able to undertake between August 2021 and April 2022 to gather the evidence reflected in this report were:</p> <ul style="list-style-type: none"> • carried out a staff survey and received 892 responses from staff working in a range of services. • reviewed five survey responses from children and young people and nine from parents and carers. • reviewed practice by reading a sample of records held by services for 60 children and young people at risk of harm. • read a position statement prepared by the partnership. • undertook an analysis of all available evidence and reviewed publicly available information about the partnership. • the young inspection volunteers reviewed the partnership's online resources and social media. • met with senior leaders from the partnership on three occasions throughout the inspection, which included discussions on how to conclude the inspection • in April 2022, reviewed additional evidence and met with partnership representatives.
2.8	<p>Inspectors judged from this activity they had sufficient evidence to reach confident conclusions about key strengths and areas for development. Given they did not meet with children, young people, parents and carers whose records they had read, they were not able to evaluate quality indicator 2.1 - impact on children and young people.</p>
2.9	<p>The final report was published by the Care Inspectorate on 7 June 2022. The full report is available in the link below and is also attached as Appendix 1.</p> <p>www.careinspectorate.com/images/documents/6694/Joint%20inspection%20of%20services%20for%20children%20and%20young%20people%20North%20Ayrshire%20June%202022.pdf</p>
2.10	<p>There are a number of key strengths highlighted in the report as follows:</p> <ol style="list-style-type: none"> 1. Recognition and initial response to risk and concern to children was a strength. Staff took timely and appropriate action to keep children safe. 2. Overall, key processes for assessing and managing risk for children at risk of harm were well established and working effectively. 3. Effective oversight and scrutiny of child protection performance was provided by the chief officers group and child protection committee. 4. Partners had a well-established approach to gathering and using performance data to inform and support improvement activity.

2.11	<p>Ensuring our most vulnerable children and young people are safe and protected is crucial and priority to the partnership. To this end, the following quotes were noted in the final report detailing our commitment to ensuring the safety and wellbeing of our children and young people:</p> <ul style="list-style-type: none"> • “The majority of children and young people had been protected from harm and had their wellbeing needs met during the restricted period to a good or very good standard.” • “Effective multi-agency working was helping to protect children and young people and staff shared any concerns about them without delay.” • “Recognition of risk and concerns about children was a strength.” • “Practitioners understood the principle of Getting it Right for Every Child (GIRFEC) and were confident the GIRFEC approach was having a positive impact on the lives of children and young people at risk of harm.” • “Strengths in collaborative practice.” • “Creative responses were helping to keep children safe, while responding to the unique challenges of living off the mainland.” • “In response to concerns about the safety of children and young people, staff acted timeously to keep them safe.” • “Independent advocacy was available for children and young people at risk of harm. This was helping children and young people to actively participate in decisions about their lives.”
2.12	<p>The report recognises the very strong evidence of partnership working and the clear commitment and dedication of staff working across various agencies to reduce risk of harm, develop positive relationships and improve wellbeing outcomes.</p>
2.13	<p>The report also sights the wide range of innovative work the partnership has driven forward, including our crisis intervention services, trauma-informed and nurturing approaches and specialist support offered by wider partners, all of which are having a positive impact on the lives of children and young people.</p>
2.14	<p>Some very promising developments we are progressing are highlighted in the report. One such example is the partnership’s approach to including the voices of children and young people in strategic developments. These involve strong relationships with key members of staff, the role of reviewing officers, use of independent advocacy and ensuring the voices of those ‘seldom heard’ are at the heart of our work.</p>
2.15	<p>The narrative of the report references the partnership’s strong leadership and coherent and shared vision to drive change and delivery of improvement of services. In particular, this is noted during the onset of the Covid pandemic where leaders took swift, collaborative, strategic and deliberate action to protect children and young people.</p>
2.16	<p>The report also highlights the partnership’s well-established framework for self-evaluation and quality assurance to deliver strategic priorities aligned with our local</p>

	vision: “The partnership had a well-established framework for analysing data and audit activity to effectively inform and support improvements in the quality of child protection practice.”
2.17	Despite the challenges of the Covid pandemic, the report references several new developments that have progressed during that time. Specific examples include our work around the sexual abuse strategy, trauma contact and care and the roll out of the Safe and Together model to address violence against women and girls. In addition, the report references creative and innovative approaches to use of budgets, the roll out of our community improvement model and significant work to keep the Promise.
2.18	The Care Inspectorate stated they: “have confidence in the capacity of leaders and their ongoing approach to adapt to challenge and drive improvements.”
2.19	It is evident from the inspection findings we are committed to continuous improvement in North Ayrshire. The inspectors have confirmed we know ourselves well through our strong approach to self-evaluation and through our use and analysis of data.
2.20	In the narrative of the report, the inspectors recognise the areas of improvement which are central to our current Children’s Services Plan and associated action plans/service plans.
2.21	<p>The specific areas highlighted improvement are:</p> <ol style="list-style-type: none"> 1. The partnership should further develop its review of outcome data to demonstrate the difference services are making in keeping children safe. 2. Continued attention was needed to ensure all children and young people are meaningfully involved in decisions about their lives and in the development of future service provision.
2.22	Response to Inspection - It is recognised this has been a very challenging time for all because of the Covid pandemic. It is disappointing, but understandable, the inspection did not follow usual procedures and it is unfortunate the inspection team did not manage to conduct focus groups or meet/visit any young people, families, staff or venues to showcase some of our excellent work. Taking all of this into account, it is considered the report is an accurate reflection of our very positive working practices and arrangements.
2.23	Key officers have considered the report in detail and accepted the contents and findings in full, recognising the tremendous efforts made by all staff in contributing throughout the inspection process, and in their daily engagement with children, young people and their families.
2.24	Following publication on 7 June 2022, the final inspection report will be reported to various committees and Boards in due course. Briefings and updates have been given

	throughout the inspection process to ensure effective communication about the process of the inspection. Multi-agency briefing sessions are being organised for all staff to learn about the inspection findings. All managers will be briefing their teams individually, providing an opportunity for reflection and discussion on the report and importantly to land the areas for further development through a robust action plan.
3.	PROPOSALS
3.1	<p>It is recommended the Integration Joint Board:</p> <ol style="list-style-type: none"> 1. Note the publication of the Joint Inspection of Services for Children and Young People at risk of harm in North Ayrshire Community Planning Partnership in June 2022. 2. Note the very positive nature of the report, key findings, strengths and good practice, and how it reflects the commitment and dedication of staff working across agencies to improve outcomes for children, young people and families. 3. Note the identified areas for further improvement. 4. Otherwise note the contents of this report.
3.2	<u>Anticipated Outcomes</u>
	<p>The Care Inspectorate has confirmed our priorities for improvement and this is where our focus will be. Specifically, we are seeking to further develop our review of outcome data to demonstrate the difference services are making to keeping children safe. In addition, continued focus and attention is needed to ensure all children and young people are meaningfully involved in decisions about their lives and in the development of future service provision.</p> <p>These improvements will continue to be led through the Children's Services Strategic Partnership and Child Protection Committee and we will endeavour to ensure children and young people in North Ayrshire are at the heart of all planning and decision making.</p> <p>The Care Inspectorate will be seeking progress reports on our improvement actions through regular meetings with our link inspector. These actions will be progressed through our existing multi-agency working arrangements, namely the Children's Services Strategic Partnership, the Child Protection Committee and the Child and Public Protection Chief Officer's Group.</p>
3.3	<u>Measuring Impact</u>
	<p>Progress will continue to be monitored and measured through established governance structures including:</p> <ul style="list-style-type: none"> • Child Protection Committee Business Plan • Children's Services Strategic Partnership

	<ul style="list-style-type: none"> • Child and Public Protection Chief Officer's Group • Community Planning Partnership • North Ayrshire Council Cabinet • North Ayrshire HSCP Integration Joint Board • NHS Ayrshire & Arran Board
4.	IMPLICATIONS
4.1	<u>Financial</u> None.
4.2	<u>Human Resources</u> All staff will be briefed on the findings from the inspection, providing an opportunity for reflection and discussion on the report and importantly to land the areas for continued further improvement and development.
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> The findings of the inspection report will be incorporated into the new Children's Services Plan and reflected in the work of the Child Protection Committee.
5.	CONSULTATION
	The inspection process involved consultation and regular communication with all key stakeholders.

Caroline Cameron, Director

Alison Sutherland, Head of Children, Families and Justice Services

Appendices

- Appendix No.1, Full Inspection Report
 - Appendix No. 2, Action Plan

Report of a joint inspection of services for children and young people at risk of harm in North Ayrshire

Prepared by the Care Inspectorate in partnership with Education Scotland, Healthcare Improvement Scotland and Her Majesty's Inspectorate of Constabulary in Scotland

7 June 2022

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Introduction

Our remit

At the request of Scottish Ministers, the Care Inspectorate is leading joint inspections of services for children and young people at risk of harm. As a result of the Covid-19 pandemic, the programme of joint inspections of services for children was paused between March 2020 and June 2021 and recommenced in July 2021. The remit of these joint inspections is to consider the effectiveness of services for children and young people up to the age of 18 at risk of harm. The inspections look at the differences community planning partnerships are making to the lives of children and young people at risk of harm and their families.

Joint inspections aim to provide assurance on the extent to which services, working together, can demonstrate that:

1. Children and young people are safer because risks have been identified early and responded to effectively
2. Children and young people's lives improve with high quality planning and support, ensuring they experience sustained loving and nurturing relationships to keep them safe from further harm
3. Children and young people and families are meaningfully and appropriately involved in decisions about their lives. They influence service planning, delivery and improvement
4. Collaborative strategic leadership, planning and operational management ensure high standards of service delivery.

The inspections also aim to consider the impact of the Covid-19 pandemic and the continuation of practice to keep children and young people safe.

The terms that we use in this report

- When we say **children at risk of harm**, we mean children up to the age of 18 years who need urgent support due to being at risk of harm from abuse and/or neglect. We include in this term children who need urgent support due to being a significant risk to themselves and/or others or are at significant risk in the community.
- When we say **young people**, we mean children aged 13-18 to distinguish between this age group and younger children.
- When we say **parents** and **carers**, we mean those with parental responsibilities and rights and those who have day to day care of the child, including kinship carers and foster carers.
- When we say **partners**, we mean leaders of services who contribute to community planning. This includes representatives from North Ayrshire council, NHS Ayrshire and Arran, Scottish Children's Reporter Administration (SCRA), Police Scotland and third sector organisations.
- When we say **staff**, we mean any combination of people employed to work with children, young people and families in North Ayrshire.

Appendix 1 contains definitions of some other key terms that we use.

Our approach

Inspection teams include inspectors from the Care Inspectorate, Healthcare Improvement Scotland, Her Majesty's Inspectorate of Constabulary in Scotland and Education Scotland. Teams also include young inspection volunteers, who are young people with direct experience of care or child protection services. Young inspection volunteers receive training and support, and contribute to joint inspections using their knowledge and experience to help us evaluate the quality and impact of partners' work.

We take a consistent approach to inspections by using the [quality framework for children and young people in need of care and protection](#), published in August 2019. Inspectors collect and review evidence against all 22 quality indicators in the framework to examine the four inspection statements.

How we conducted this inspection

Our joint inspection process normally consists of three phases:

- surveys and record reading
- analysis of publicly available information, partnership position statement and evidence
- engagement.

The inspection of services for children at risk of harm in the North Ayrshire community planning partnership area took place between August 2021 and April 2022. Due to constraints presented by the ongoing Covid-19 pandemic, we did not undertake the engagement phase with North Ayrshire that was planned for January 2022. We recognised the significant challenges for the partnership in managing the ongoing impact of the pandemic and the resources needed to do so. Moreover, the need to postpone meetings with children and families in the context of another Covid-19 wave meant that a much longer time had elapsed since we read children's records than would usually be the case. For some families, an interview would now be inappropriate. In this context, all four bodies involved in the inspection agreed a different approach to the norm was needed.

The activities the inspection team were able to undertake between August 2021 and April 2022 to gather the evidence reflected in this report were:

- we carried out a staff survey and received 892 responses from staff working in a range of services
- we reviewed five survey responses from children and young people and nine from parents and carers
- we reviewed practice by reading a sample of records held by services for 60 children and young people at risk of harm
- we read a position statement prepared by the partnership, undertook an analysis of all available evidence and reviewed publicly available information about the partnership

- the young inspection volunteers reviewed the partnership's online resources and social media
- we met with senior leaders from the partnership on three occasions throughout the inspection, which included discussions on how to conclude the inspection
- in April 2022, we reviewed additional evidence and met with partnership representatives.

We judged from this activity that we had sufficient evidence to reach confident conclusions about key strengths and areas for development. Given that we did not meet with children, young people, parents and carers whose records we had read, we were not able to evaluate quality indicator 2.1 - Impact on children and young people.

Key facts

Total population:
134,250 people

Proportion of children:
In 2020 16.6% of the population were under the age of 16, similar to the national average of 16.8%

On 30 June 2020, the population of North Ayrshire was 134,250. This is a decrease of 0.4% from 134,740 in 2019. Over the same period, the population of Scotland increased by 0.0%.



In 2020/21, North Ayrshire had a rate of 5.2 for number of children on the child protection register (per 1,000 of the 0 – 15yr population), higher than the Scottish average of 2.3.

The rate of child protection investigations (per 1,000 of the 0 – 15yr population) was 20.4, this was higher than the Scottish average of 12.8.

52 (28%) of North Ayrshire's 186 data zones are in the 15% most deprived in Scotland. It is estimated over 6,200 children (27.9%) age 0-16 could be living in poverty in North Ayrshire in 2019/20.

North Ayrshire had 168 incidents per 10,000 population, of domestic violence recorded by Police Scotland in 2020/21. This was higher than the national average of 119.

Key messages

Strengths

1. Recognition and initial response to risk and concern to children was a strength. Staff took timely and appropriate action to keep children safe.
2. Overall, key processes for assessing and managing risk for children at risk of harm were well established and working effectively.
3. Effective oversight and scrutiny of child protection performance was provided by the chief officers group and child protection committee.
4. Partners had a well-established approach to gathering and using performance data to inform and support improvement activity.

Areas for improvement

1. The partnership should further develop its review of outcome data to demonstrate the difference services are making in keeping children safe.
2. Continued attention was needed to ensure all children and young people are meaningfully involved in decisions about their lives and in the development of future service provision.

Statement 1: Children and young people are safer because risks have been identified early and responded to effectively.

Key messages

1. Recognition and response to initial concerns for the safety of children and young people was effective in most cases.
2. Effective multi-agency working was helping to protect children and young people and staff shared any concerns about them without delay.
3. Staff took immediate action to protect children and young people when concerns had been raised about their safety.
4. Staff were well supported through a comprehensive range of guidance, procedures and training opportunities.
5. Partners were gathering and analysing key performance data to inform their understanding of child protection services and direct further improvement activity.

Recognition of risk and concerns

Recognition of risk and concerns about children was a strength. Our review of records evaluated the quality of multi-agency responses to concerns about immediate risk of significant harm to children as good or very good in most cases. Concerns were shared timeously with social work or police in almost all cases and clear decisions were made to keep children safe in all the records we read.

Partners immediately prioritised children and young people at risk of harm in response to new and unprecedented challenges brought by the Covid-19 pandemic. Recognising the increased risks caused by isolation, partners swiftly launched a child protection awareness campaign on social media which resulted in an increase in calls to children's services regarding children's welfare. Staff continued to have contact with children and young people in the most vulnerable situations as the pandemic progressed. We talk more about this in Statement 2.

Collaborative working

Effective multi-agency working played a key role in identifying risk and protecting children and young people. Practitioners understood the principles of **Getting it right for every child (GIRFEC)** and were confident the GIRFEC approach was having a positive impact on the lives of children and young people at risk of harm. This approach supported early identification of children and young people in need of protection and subsequent multi-agency responses. In all the records we reviewed, information about concerns was shared appropriately with the named professional acting as the professional point of contact in universal services. The strengths in collaborative practice were also evident for children living in island communities. Creative responses were helping to keep children safe, while responding to the unique challenges of living off the mainland.

The partnership had established processes to track unborn babies when mothers were living in vulnerable situations. This supported health and social work staff to identify and respond to concerns about babies pre-birth. The trauma-informed contact and care approach was being rolled out by police and education to enhance timely responses to children affected by domestic abuse. Although it was too early to measure impact, this was a promising initiative with the aim of ensuring that adults who worked closely with children had the necessary information to respond to children's needs at the right time.

Effectiveness of response to concerns

Following notification of a child protection concern, **inter-agency referral discussions (IRDs)** should be convened to co-ordinate decision making and agree the immediate action required to ensure the safety of children. Our review of records found that when IRDs took place they were effectively supporting staff make joint decisions in response to concerns raised. Practice in these cases followed **national child protection guidance** and on almost all occasions, clear IRD records reflected the involvement of social work, health and police colleagues. The quality of IRDs was supported by routine IRD audits and of cases not meeting the threshold for discussion. In reviewing records, we found some did not contain the expected IRD paperwork. In response to our findings, the partnership immediately undertook additional work to better understand why their own audit activity had not supported consistency in practice in this area. They found a number of IRDs had not been fully completed on their electronic system and corrective action was required. The partnership implemented a plan to enhance IRD processes, with monitoring arrangements in place through the IRD oversight group.

When an **initial multi-agency meeting** was held, staff made a collective assessment of risk and developed a multi-disciplinary child protection plan. In most of the records we read, we evaluated the overall quality of practice as good or very good with clear decisions being made in all applicable cases.

In response to concerns about the safety of children and young people, staff acted timeously to keep them safe. Almost all investigations included measures to ensure the immediate and interim safety of children and young people. The need for a medical examination, legal measures or a joint investigative interview was considered in almost all cases.

The partnership had undertaken development work alongside Missing People, a specialist organisation supporting missing people and their families. This had assisted staff to identify strengths and areas for improvement in supporting young people with frequent missing episodes. Partners subsequently launched multi-agency missing person guidance in 2021. The partnership should continue with its plan to monitor implementation to provide assurance that risks to young people are reduced.

Staff competence and confidence

Most respondents to our staff survey were confident in recognising and reporting concerns related to risk of abuse, neglect and exploitation. They were supported in their practice by the child protection committee and individual agency's learning and development activity and local guidance. Partners had taken a flexible and creative approach to the challenge of providing face-to-face training, with opportunities moving primarily online and arrangements to prioritise 'unseen children'. Bespoke child protection training was also provided to staff who were redeployed as part of the pandemic response. Almost all respondents to our staff survey understood the standards of practice that were expected of them and most believed that learning and development opportunities positively impacted on their skills in working with children and young people at risk of harm. Practice reflection and improvement short modules (PRISMS) had been implemented across the partnership and provided learning and development opportunities for operational staff that focused on learning from audit and case review activity. The learning and development subgroup of the child protection committee was also helpfully driving forward mandatory training opportunities across agencies.

Performance management and quality assurance

The partnership had a well-established framework for analysing data and audit activity to effectively inform and support improvements in the quality of child protection practice. The child protection committee had embedded the national **child protection minimum data set** to track a range of factors concerning child protection referrals, investigations and child planning meetings. Partners were also making use of data about vulnerable young people and from the out of hours social work service to enhance their understanding of risk and demand in relation to young people at risk of harm. Reporting and oversight arrangements were in place, with the child protection committee's management information group tracking, analysing and reporting to the child protection committee. We look more at how partners used this information to support improvements in practice in Statement 2.

Benchmarking local data indicates higher than average national rates of child protection activity in the area. This includes overall child protection registration and de-registration rates, rates of **compulsory supervision orders** and a continued increase in the number of **child protection orders** over the past five years. Data for out of hours social work services also show higher levels of demand than neighbouring partnership areas. We were assured that the partnership was aware of these trends and was undertaking regular demand analysis of local management information with other areas as part of their performance management and quality assurance activity.

Statement 2: Children and young people's lives improve with high-quality planning and support, ensuring they experience sustained loving and nurturing relationships to keep them safe from further harm.

Key messages

1. Collaborative work to address abuse and neglect was positively impacting on the lives of the majority of children and young people at risk of harm.
2. Assessments, plans and chronologies were routinely completed for children and young people at risk of harm. The quality of key processes was good in the majority of records we reviewed.
3. Although it is too early to see the impact of efforts, the partnership had prioritised a range of supports and initiatives with the aim of supporting improvements in the mental health and emotional wellbeing of children and young people.
4. A range of supports were provided to children and families with the aim of reducing risk of harm and improving wellbeing outcomes. The partnership was limited in its ability to fully demonstrate the difference services were making to children and young people's lives.
5. The partnership's work to reduce risks to children and young people arising in the community, or from children harming themselves or others, was less effective than work to address abuse and neglect.

Assessment and planning to reduce risk

Overall, key processes for assessment and care planning were well established and working effectively to support practitioners to understand and respond to risk of harm for children and young people. Assessments, plans and chronologies were routinely completed for children and young people at risk of harm. Staff survey respondents were confident in their ability to assess and analyse risks and needs, as well as being able to complete plans within timescales. This was supported by our review of records where we found the quality of assessments and plans to be good or very good in the majority of cases. Reviews were taking place in line with national guidance, including as the pandemic progressed. We found the quality of reviews to be good or very good in the majority of records.

While we found chronologies in most of the cases we reviewed, we evaluated just under half as adequate and two records as weak. We were reassured to find development of chronology practice was a key priority within the child protection committee's business plan, as continued attention to this area should enable staff to further improve their practice in recognising accumulating concerns.

Over 40% of assessments and plans in our record sample were evaluated as adequate, highlighting that the partnership had more to do to achieve a consistently high quality of practice. However, the **child protection committee** had taken action to improve consistency in the standards of these key processes. The child

protection committee had prioritised improvement activity around assessing risk, SMART (specific, measurable, achievable, realistic, timely) planning and reviews.

Support for children and young people at risk of harm

A range of support services were available to children and young people with the aim of reducing risk of harm and improving wellbeing outcomes. Examples included the Rosemount crisis intervention service, the Notre Dame service to support children at risk of sexual abuse or exploitation and the Aberlour Sustain service. These operated at varying times, including evenings, weekends and holiday periods. Collaborative work to address abuse and neglect was positively impacting on the lives of the majority of children and young people at risk of harm. Support to children at risk of harm and their families continued as the Covid-19 pandemic progressed. Local hub arrangements were established quickly, and individual face-to-face contact continued to keep children safer. Senior leaders provided oversight and sought assurance through their use of local and national data, which included specific information on children at risk of harm being seen throughout the pandemic. We found the majority of children and young people had been protected from harm and had their wellbeing needs met during the restricted period to a good or very good standard.

Some services had evaluated the impact of their work on the lives of the children and families they supported. For example, the Rosemount crisis intervention service gathered feedback directly from families who used the service. A recent evaluation showed almost all children successfully remained at home following intervention.

The partnership's work to reduce risks of abuse and neglect was effective in the majority of cases. However, the effectiveness of work to reduce risks to children and young people arising in the community, or from the child harming themselves or others was less effective. The partnership was taking action to address risks to these groups of young people. The focus of this included establishing a young people suicide taskforce and the young person's suicide prevention pathway to reduce risk, support for missing young people and **contextual safeguarding approaches**. As a result of this work, the partnership was well placed to be able to demonstrate improvement in these areas.

The partnership had prioritised a range of supports and initiatives with the aim of supporting improvements in the mental health and emotional wellbeing of children and young people. It had taken account of increasing levels of need as the pandemic progressed. A pan-Ayrshire approach had been taken in response to the Scottish Government's mental health strategy, and additional funding had been used to develop **child and adolescent mental health service (CAMHS) extreme teams**. These focused on holistic care and more timely access to local services and support. The Kilwinning wellness model had seen a significant drop in average CAMHS waiting times compared to other localities and using learning from this pilot, the model was being rolled out to other localities. Staff survey responses were mixed about the effectiveness of mental health and emotional support. Over one third of respondents disagreed that mental health outcomes were improving. Comments from staff noted difficulties in accessing mental health services for children and

young people. Responses indicated however, that trauma informed, and nurturing approaches were making a positive impact. Continued attention by partners will be required to establish the extent to which recent developments support improved mental health outcomes for children and young people.

Quality improvement leading to improvement outcomes

As noted in Statement 1, the partnership was routinely and systematically gathering and using performance data to ensure improvement activities were informed by local intelligence. This helped to ensure attention was focused on the areas where it was most needed. Examples included the action taken in response to an increase in the number of children being re-registered on the child protection register within two years. Scrutiny of data had led partners to undertake a multi-agency audit of a sample of case records. They had used the findings of this to inform improvement actions, including targeted learning and development for frontline staff.

A key element of this statement is understanding the extent to which children and young people experience sustained, loving and nurturing relationships and how they have experienced services. There was a clear commitment and a range of activity to support staff to develop positive relationships with children and young people. Further attention on impact measures will strengthen the ability of the partnership to understand the differences services are making. We say more about this in the section about Statement 4.

Statement 3: Children, young people and families are meaningfully and appropriately involved in decisions about their lives. They influence service planning, delivery, and improvement.

As we did not undertake the engagement phase of this inspection, we had limited evidence to address this statement.

Key messages

1. In our review of records, almost all children and young people at risk of harm had the opportunity to develop relationships with key members of staff. Staff had maintained contact with children and young people at risk of harm as the Covid-19 pandemic progressed.
2. Most parents and carers had opportunities to develop relationships with key members of staff and good quality contact continued as the pandemic progressed.
3. Independent advocacy was available for children and young people at risk of harm. This was helping children and young people to actively participate in decisions about their lives.
4. The partnership needed to strengthen approaches to ensure all children and young people are meaningfully and consistently involved in their own plans and have further opportunities to inform service development.

Ensuring the contribution of all children, young people, parents and carers

Almost all children and young people at risk of harm had the opportunity to develop relationships with key members of staff. We also found that staff had maintained contact with children and young people as the Covid-19 pandemic progressed.

Inspectors looked for evidence that staff were encouraging and enabling children and young people to express their views and that they took these into account when making decisions that affected them. The proportion of staff who agreed that children and young people at risk of harm were able to participate meaningfully in decisions that affected their lives was 54%. While there was some good practice evident, there was a need for improvement in a significant minority of cases.

Most parents and carers of children at risk of harm also had opportunities to develop relationships with key members of staff and, in the majority of records, a good quality of contact continued through restricted periods. Overall, our record sample found parents and carers were more likely to have been listened to and included than children and young people.

The partnership's own multi-agency audit identified similar findings and the child protection committee had subsequently taken action to improve the involvement of children in child protection processes and to support staff to adopt a more child centred approach. The role of independent reviewing officers had been enhanced and changes had been made to key processes and paperwork to support this. Performance data was collected by the management information group and there had been improvements in the recording of children's views during child protection

investigations over the past two years. The attention being given by the child protection committee gave us confidence that partners were well placed to make improvements in the quality of practice to ensure all children, young people and their families contribute meaningfully and appropriately to decisions about their lives.

Independent advocacy

Independent advocacy was available for children and young people at risk of harm through the commissioned Barnardo's Hear4U service and there had been increasing numbers of referrals to the service over the past two years. The service monitored impact by gathering and reporting on feedback from children and young people who had received a service. Most recent reports highlighted the positive impact, including feeling more able to contribute to decision making and report safety concerns. The partnership's audit activity on child protection case conferences identified some points for learning around the availability of the advocacy service. Improvement action was being monitored through the evaluation and improvement subgroup of the child protection committee.

Strategic influence of children, young people and their families

Partners had made promising developments in their approach to including the voices of children and young people in strategy and service development. Local authority partners had established approaches to engagement and listening to children and young people more widely and across children's services. This strategic approach included action to include the views of 'seldom heard voices'. Young people's views were also being represented by the involvement of young people with experience of care services in both the multi-agency **Promise** oversight board and the operational group. The next steps for the child protection committee could usefully include a more systematic approach to gathering perceptual feedback from children, young people, and parents and carers, to direct and inform **self-evaluation** and improvement work. At the time of writing this report, the partnership had already engaged with the Care Inspectorate's link inspector to progress this.

There was a strong multi-agency commitment to raising public awareness of protection issues, including targeting communication at children and young people. The public information and engagement subgroup of the child protection committee was raising the profile of the child protection committee in local communities, including groups which have been harder to reach. Work to ensure the voices of children and young people influence the committee's strategic priorities and strategic planning was an area for further improvement.

Our young inspection volunteers reported they found it challenging to access online information about child protection, keeping safe and services in the partnership area. They also noted the lack of availability of child-friendly versions of strategies and documents and that websites were not accessible or informative for children and young people.

Statement 4: Collaborative strategic leadership, planning and operational management ensure high standards of service delivery.

Key messages

1. Leaders shared a coherent vision for protecting children and young people. They worked together to support a timely and pro-active response to new and unprecedented challenges.
2. The chief officer group and child protection committee provided effective oversight and scrutiny of child protection performance and set the strategic direction for child protection services.
3. Local children's services and child protection planning reflected national and local priorities to reduce inequalities. The partnership had developed a clear framework to deliver strategic priorities aligned with the local vision.
4. The well-established framework for self-evaluation and quality assurance supported improvements in important areas of practice.
5. The partnership was not yet sufficiently measuring the impact of its work on achieving improved outcomes for children and young people.

Vision, values and aims

Leaders in North Ayrshire were driving forward a coherent, shared vision, 'North Ayrshire – a Better Life'. This was underpinned by the following key priorities: a working North Ayrshire, a thriving North Ayrshire – children and young people, a healthier North Ayrshire and a safer North Ayrshire. This provided the strategic direction for improving the lives of people in local communities and protecting children and young people. Partners had an acute understanding of the persistent inequalities that existed in the area and had a purposeful focus on improving outcomes for children living in poverty. The majority of staff survey respondents agreed that leaders had a clear vision for the delivery and improvement of services they provide for children and young people at risk of harm.

Leadership of strategy and direction

Leaders had established a collaborative approach to directing and implementing services which continued as the Covid-19 pandemic progressed. As new and unprecedented challenges arose, leaders swiftly took action to ensure that the protection of children at risk of harm remained a priority for services. Leaders remained focused on realising their ambitions for local communities and were proactive in response to the impact of poverty on children and families, which had been exacerbated by the pandemic.

Effective oversight and scrutiny of child protection was in place through North Ayrshire's child and public protection chief officers group. **Chief officers** understood the need to provide clear direction and leadership as new challenges arose. Pre-existing arrangements for chief officer and child protection committee meetings were enhanced at the onset of the Covid-19 pandemic with the aim of providing swift,

collaborative, strategic responses to protect children and young people. The increased frequency of reporting arrangements meant leaders maintained a consistent focus on emerging risks and responded to these.

The child protection committee effectively monitored and prioritised activities across the partnership with the aim of protecting children and young people. As stated earlier, the committee had developed its understanding of how well services performed through regular audits and self-evaluation activity. The multi-agency assessment screening hub (MAASH) dashboard, child protection minimum data set reports and the vulnerable children monitoring data set, provided a range of key performance measures that had helpfully informed and prioritised development activity. The management information, and evaluation and improvement subgroups between them led on performance management, self-evaluation and a rolling programme of audits which effectively supported improvements in the quality of key processes.

The partnership was not adequately measuring the impact of its work on achieving improved outcomes for children and young people. A greater focus on measuring the quality of work and the impact on children and young people should provide a better understanding of the effectiveness of services and inform future priorities.

Children's service planning arrangements, including child protection business planning, reflected local and national priorities to reduce inequalities and support improved outcomes for children and young people at risk of harm. A clear multi-agency structure ensured strategic priorities were progressed and reviewed and the children's services strategic group had responsibility for linking strategy with operational practice. Clear arrangements were established to support communication between the child protection committee and other strategic planning groups.

Leadership of improvement and change

The response taken by partners to the pandemic was well informed by local data, self-evaluation activity and feedback from children, young people and families. Children's services planning arrangements in North Ayrshire were updated to reflect the challenges faced by services and communities as a result of the Covid-19 pandemic.

Despite the challenges over the past two years, leaders had supported several new policies and service developments in line with the partnership's vision to improve outcomes for children and young people at risk of harm. These were also informed by self-evaluation activity and analysis of data. Promising examples included the taskforce to address suicide among young people, the roll out of the child sexual abuse strategy and the trauma informed contact and care approach. The partnership was at the early stages of implementing the **Safe and Together model** as their preferred multi-agency approach to preventing and addressing violence against women and girls.

The partnership had an agreed, collaborative approach to transformational change. This included more creative use of budgets, the roll out of a community improvement model and work to keep the Promise. While the impact of the pandemic curtailed our ability to evaluate the impact of service developments more extensively, we have confidence in the capacity of leaders and their ongoing approach to adapt to challenge and drive improvements.

Conclusion

The Care Inspectorate and its **scrutiny partners** are confident that the partnership in North Ayrshire has the capacity to continue to improve and to address the points highlighted in this report. This judgement is based on:

- the strength of scrutiny and oversight of child protection practice
- the partnership's proactive response to risks emerging from the impact of the Covid-19 pandemic
- the partnership's performance to date in key protection processes and multi-agency practice
- the partnership's approach to risk based and intelligence informed continuous improvement.

The partnership will need to maintain its strong focus on developing its systematic use of data, quality assurance and joint self-evaluation to help understand what differences services are making and what needs to change. Partners should continue with their improvement plans to ensure all children and young people are meaningfully involved in decisions about their lives and in the development of future service provision.

What happens next?

The Care Inspectorate and scrutiny partners agreed not to undertake a full engagement week based on reasons outlined in the introduction of this report. We decided instead to gather further evidence in key areas to provide the assurance we required to complete this inspection. This work has now concluded and is reflected in this report. Based on our confidence in the partnership's strengths and commitment to continuous improvement, this joint inspection is now concluded.

The Care Inspectorate will ask North Ayrshire community planning partners for evidence that the areas for improvement identified in this report are included in appropriate action plans. Actions should clearly detail how the partnership will make improvements in the key areas identified. The Care Inspectorate will monitor the partnership's progress and will continue to offer improvement support through their link inspector arrangements and coordinate further support from scrutiny partners as necessary.

Appendix 1: Key terms

CAMHS (child and adolescent mental health services) are the NHS multi-disciplinary teams that provide assessment and treatment/interventions in the context of emotional, developmental, environmental and social factors for children and young people experiencing mental health problems, as well as training, consultation, advice and support to professionals working with children, young people and their families.

Chief officers are the chief constable and chief executives of health boards and local authorities who are responsible for ensuring that their agencies, individually and collectively, work to protect children and young people as effectively as possible.

Child protection committees are the locally based, inter-agency strategic partnerships responsible for child protection policy and practice across the public, private and third sectors. Working on behalf of chief officers, their role is to provide individual and collective leadership and direction for the management of child protection services in their area.

Child protection order is an order granted by a sheriff when they believe that a child is being ill-treated or neglected in a way that is causing or is at risk of causing significant harm and needs to be moved to prevent this risk.

A **Children's service plan** is a strategic plan prepared by local authorities and relevant health boards. It sets out the provision of children's services and related services in a local authority area.

Compulsory supervision order is a legal document that means that the local authority is responsible for looking after and helping a child or young person.

Contextual safeguarding approach is an approach that recognises that as young people grow and develop, they are influenced by a whole range of environments and people outside of their family.

Getting it right for every child (GIRFEC) is a national policy designed to make sure that all children and young people get the help that they need when they need it.

Independent advocacy refers to a person providing advocacy who is not involved in providing the services to the individual, or in any decision-making processes regarding their care.

Initial multi-agency meeting is the first formal occasion in which the chair and attendees consider whether child protection registration, vulnerable young person's or care and risk management planning is necessary. Examples include initial child protection planning meetings or case conferences, and initial care and risk management multi-agency meetings or equivalent.

Inter-agency referral discussion (IRD) is the start of the formal process of information sharing, assessment, analysis and decision-making following reported concern about abuse or neglect of a child or young person up to the age of 18 years,

in relation to familial and non-familial concerns, and of siblings or other children within the same context. This includes an unborn baby that may be exposed to current or future risk.

National child protection guidelines <https://www.gov.scot/publications/national-guidance-child-protection-scotland-2021/>

The Promise is the main report of Scotland's independent care review published in 2020. It reflects the views of over 5,500 care experienced children and adults, families and the paid and unpaid workforce. It describes what Scotland must do to make sure that its most vulnerable children feel loved and have the childhood they deserve.

Safe and Together model is a suite of tools and interventions designed to help childcare professionals become domestic-violence informed.

Scottish Children's Reporter Administration (SCRA) is a national body that focuses on children most at risk. Its role is to decide when a child needs to go to a children's hearing, help children and families to take part in hearings and provide accommodation for hearings.

Scrutiny partners Scrutiny partners represent the scrutiny bodies that take part in joint inspections. This includes the Care Inspectorate, Education Scotland, Healthcare Improvement Scotland, and Her Majesty's Inspectorate of Constabulary for Scotland.

Self-evaluation is when services taking a close look at what they have done and evaluating themselves and their progress against a prescribed set of standards.

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North Ayrshire Partnership. Inspection Improvement Plan, June 2022

Areas of improvement to be addressed

1. The partnership should further develop its review of outcome data to demonstrate the difference services are making in keeping children safe.
2. Continued attention was needed to ensure all children and young people are meaningfully involved in decisions about their lives and in the development of future service provision.

Issue	Task	Expected Outcome	Ownership	Monitoring arrangements
Statement 1 - Children and young people are safer because risks have been identified early and responded to effectively				
1.1 Some IRD paperwork not found in files. Several IRDs had not been fully completed on electronic system and corrective action is required.	Implement a plan to enhance IRD processes with monitoring arrangements in place.	100% IRD's completed on electronic system	IRD Oversight Group	CPC Business Plan
1.2 Child Protection trends higher than National and neighbouring.	Undertake regular demand analysis of local management information with other areas as part of our performance management and quality assurance activity	Greater understanding of the variables leading to higher rates of registrations, supervision orders etc	CPC	CPC Business Plan Monthly report
Statement 2 - Children and young people's lives improve with high quality planning and support, ensuring they experience sustained loving and nurturing relationships to keep them safe from further harm				
2.1 The partnership's work to reduce risks to children and young people arising in the community, or from children harming themselves or others, was less effective than work to address abuse and neglect	Review and amend/change policy and practice in areas where the impact of changes reduces the risks to those in the community.	A reduction in the number of children and young people who are at risk in our community.	CPC	CPC Business Plan Monthly report

Issue	Task	Expected Outcome	Ownership	Monitoring arrangements
2.2 Of the chronologies reviewed, just under a half were adequate and two records as weak.	Further development of chronology practice	Improved practice in recording significant events and recognising accumulating concerns.	CPC – already a key priority within the child protection committee's business plan.	CPC Business Plan Quarterly Report
2.3 Over 40% of assessments and plans in the record sample were evaluated as Adequate.	Review of auditing procedures for assessment and plans including a clear real time improvement plan for identified issues	Consistently high quality of practice.	CPC - the child protection committee has taken action to improve consistency in the standards of these key processes. The child protection committee has prioritised improvement activity around assessing risk, SMART (specific, measurable, achievable, realistic, timely) planning and reviews	CPC Business Plan Quarterly report
2.4 Mental Health Outcomes - Over one third of Staff disagreed that mental health outcomes were improving.	Continued attention by partners will be required to establish the extent to which recent developments support improved mental health outcomes for children and young people. i.e Wellness model and Extreme Teams	An improvement in the response to Mental Health issues and an improvement in individual outcomes	CAMHS and Education	Quarterly Report

Issue	Task	Expected Outcome	Ownership	Monitoring arrangements
2.5 Inspectors commented that attention is needed regarding the understanding that services are making. .	Devise and implement impact measures that will strengthen the ability of the partnership to understand the differences services are making. Measures are to be put in place to adequately measure 1. Positive impact services are making on an aggregated basis 2. Positive impact services are making on an individual level	A greater understanding of the differences that services are making.	CPC	CPC Business Plan Quarterly Report
Statement 3 - Children and young people and families are meaningfully and appropriately involved in decisions about their lives. They influence service planning, delivery and improvement				
3.1 The inspectors found that not all children and young people were meaningfully and consistently involved in their own plans.	Review existing practice and issue updated guidance. Investigate tools that would aid in the gathering of children and young people's views Develop Quality assurance framework	Increase in the number of children and young people who are meaningfully and consistently involved in their plans	CPC	CPC Business Plan Quarterly update
3.2 The inspectors found that children and young people were not involved in activities to further inform service development, setting priorities and planning services	Involve children and young people in decision making forums regarding service development.	Service that are designed from the perspective of the user and not the system	CPC	CPC Business Plan Quarterly update

Issue	Task	Expected Outcome	Ownership	Monitoring arrangements
3.3 The availability of the advocacy service.	Review advocacy demand, outcomes and amend, as necessary.	Increase in the number of children and young people receiving advocacy support	CPC - Improvement action is being monitored through the evaluation and improvement subgroup of the child protection committee	CPC Business Plan Monthly Update
3.4 Children, Young Peoples and parents feedback needs to be used more in self-evaluation. (link 3.2)	A more systematic approach to gathering perceptual feedback from children, young people, and parents and carers, to direct and inform self-evaluation and improvement work.	Service that are designed from the perspective of the user and not the system	CPC	CPC Business Plan Quarterly update
3.5 The young inspection volunteers reported they found it challenging to access online information about child protection, keeping safe and services in the partnership area.	Review website and other electronic information and amend as required	A platform that young people can access clear understandable information about child protection, keeping safe and services	CPC	CPC Business Plan
3.6 The young inspectors noted the lack of availability of child-friendly versions of strategies and documents and that websites were not accessible or informative for children and young people.	Review publications etc and convert into easy accessible child friendly formats	Publications that are accessible, understandable, and informative for children and young people	CPC	CPC Business Plan

Issue	Task	Expected Outcome	Ownership	Monitoring arrangements
Statement 4 - Collaborative strategic leadership, planning and operational management ensure high standards of service delivery.				
4.1 The partnership was not yet sufficiently measuring the impact of its work on achieving improved outcomes for children and young people.	A greater focus on measuring the quality of work and the impact on children and young people	A better understanding of the effectiveness of services and inform future priorities	CPC, MIG	CPC Business Plan

Integration Joint Board 25th August 2022

Subject :	North Ayrshire HSCP & ADP Annual Performance Management Report – Alcohol and Drugs
Purpose :	To present, for awareness, annual performance information in relation to alcohol and drugs
Recommendation :	IJB are asked to note the content of the report

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	
IJB	Integrated Joint Board
HSCP	Health and Social Care Partnership
ADP	Alcohol and Drug Partnership

1.	EXECUTIVE SUMMARY
1.1	To present an annual performance report for management and assurance purposes from the North Ayrshire HSCP and ADP in relation to alcohol and drugs for the period April 2021 to March 2022.
2.	BACKGROUND
2.1	This is a yearly report providing information on a variety of alcohol and drug related performance standards, targets and achievements (please refer to the accompanying more detailed report).
3.	PROPOSALS
3.1	IJB are asked to note performance and management information in relation to :- <ul style="list-style-type: none"> • Access to Treatment Waiting Times; • Alcohol Brief Interventions; • Naloxone supply;

	<ul style="list-style-type: none"> • Drug Related Deaths; • Training delivery • Finance;
3.2	<u>Anticipated Outcomes</u>
	This report reflects and demonstrates the whole system (ADP, NADARS & wider stakeholders) response to the prevention of drug deaths and to Strategic Plan objectives
3.3	<u>Measuring Impact</u>
	This report is a summary of national and local performance information and provides details on the attainment of various standards and targets which are linked to ensuring the delivery of the ADP Strategy and in the prevention of Drug Related Deaths in line with the National Mission
4.	IMPLICATIONS
4.1	<u>Financial</u> ADP financial information included in the report.
4.2	<u>Human Resources</u> A wide range of staff from across the HSCP, ADP and partner services have contributed to the delivery of the various standards and targets.
4.3	<u>Legal</u> None.
4.4	<u>Equality/Socio-Economic</u> The attainment of the various standards and targets has a direct positive impact on some of the most vulnerable members of society.
4.5	<u>Risk</u> The report details the attainment of various standards and targets (and as such this carries a 'low' risk rating.
4.6	<u>Community Wealth Building</u> The attainment of the various standards and targets will increase community confidence in partnership approaches and raise awareness of the impact of alcohol and drugs and the work of the HSCP, ADP and partner agencies to reduce alcohol and drug related harms.

4.7	<u>Key Priorities</u> Actions and improvements link directly with Ministerial priorities to support the delivery of local strategic and operational plans across statutory and partner services and support wider actions to prevent Drug Related Deaths in line with the National Mission
5.	CONSULTATION
	Staff from across various services have contributed to the production of this report.

Director – Caroline Cameron

For more information please contact Peter McArthur, Senior Manager, Addiction Services on [01294 317840 or peter.mcarthur@aapct.scot.nhs.uk]

Appendices

- NAHSCP Alcohol & Drug Performance Management & financial report 2021 to 2022



NORTH AYRSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP & ADP

Performance management report

Alcohol and drug related information

April 2021 - March 2022

Prepared by Denise Brown

Prevention and Service Support Team
208

Target met



On trajectory

Not met



North Ayrshire H&SCP & ADP information

Performance Management Indicators

Waiting times - alcohol treatment

-  90% of clients will wait no longer than 3 weeks from referral to appropriate alcohol treatment that supports their recovery
-  100% of clients will wait no longer than 6 weeks from referral to appropriate alcohol treatment that supports their recovery


Waiting times - drug treatment

-  90% of clients will wait no longer than 3 weeks from referral to appropriate drug treatment that supports their recovery
-  100% of clients will wait no longer than 6 weeks from referral to appropriate drug treatment that supports their recovery


Alcohol Brief Interventions

Public Health Scotland have stated that the requirement of ABI reporting for 2021/22 has been paused. NHS Ayrshire and Arran is not required to submit any ABI activity figures until they receive further communication from Public Health Scotland, however within this report we have provided local, unpublished ABI activity.

Naloxone supplies

-  The North Ayrshire H&SCP & ADP have set a local target for more than 300 naloxone kits to be supplied in 2021/22.

Drug related deaths

-  The North Ayrshire H&SCP & ADP have a vision to prevent and reduce the number of drug related deaths in subsequent years.

Lives saved

Information will be provided on the number of reported lives saved through the use of naloxone across North Ayrshire (please note that not all lives saved are reported back to NHS Addiction Services).



Prevention and Service Support Activity



Information will be provided on activity carried out by the Prevention and Service Support Team bi-annually.

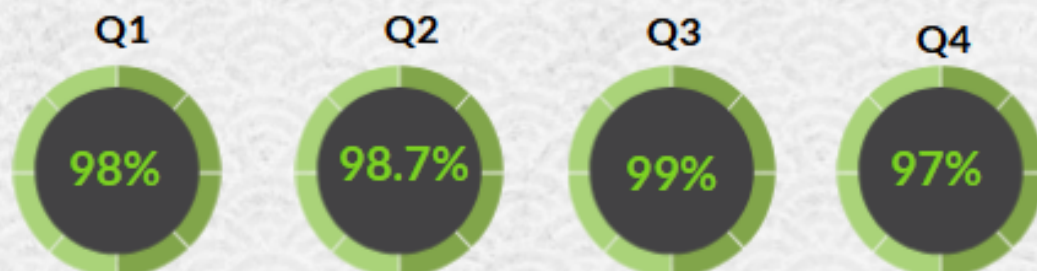
North Ayrshire ADP

Waiting Times

Annual summary:
April 2021 - March 2022

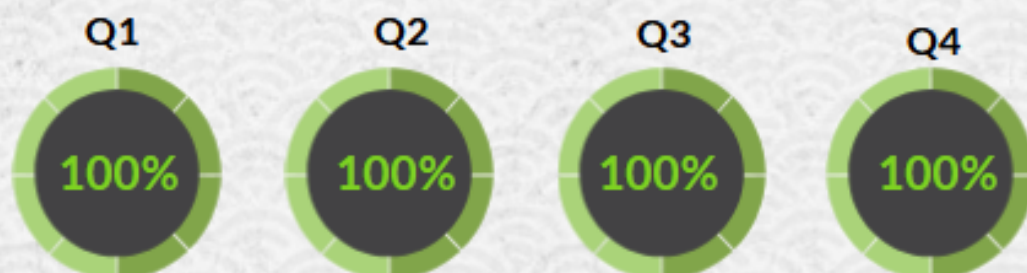
Alcohol

- 90% of clients will wait no longer than 3 weeks from referral to appropriate alcohol treatment that supports their recovery



Target achieved

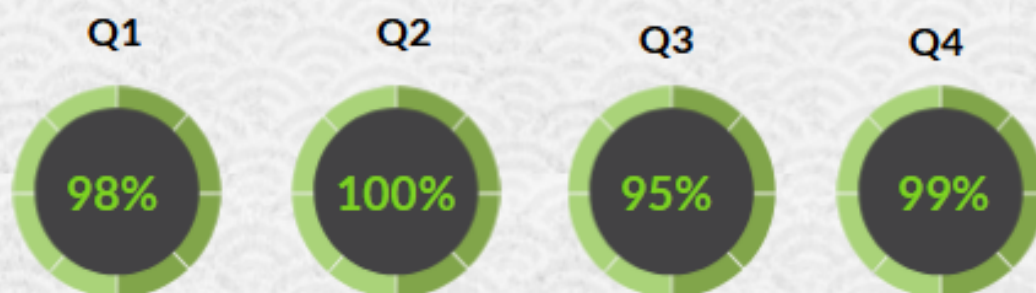
- 100% of clients will wait no longer than 6 weeks from referral to appropriate alcohol treatment that supports their recovery



Target achieved

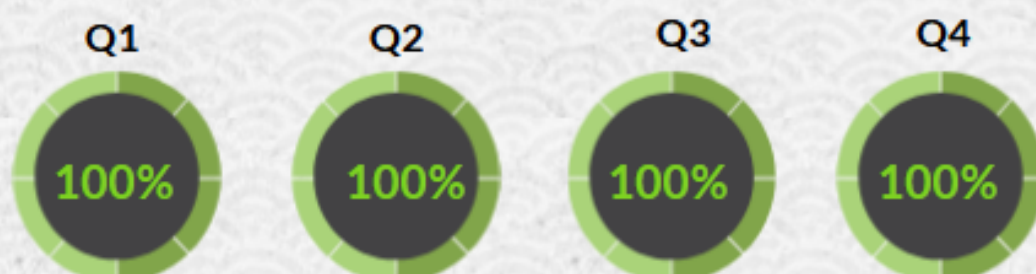
Drug

- 90% of clients will wait no longer than 3 weeks from referral to appropriate drug treatment that supports their recovery



Target achieved

- 100% of clients will wait no longer than 6 weeks from referral to appropriate alcohol treatment that supports their recovery



Target achieved

Alcohol Brief Interventions (ABI)

Ayrshire and Arran wide information

Annual report: April 2021 - March 2022

Public Health Scotland have stated that the requirement of ABI reporting for 2021/22 has been paused. NHS Ayrshire and Arran is not required to submit any ABI activity figures until they receive further communication from Public Health Scotland, however we have provided local, unpublished ABI activity.

Annual target set by Scottish Government - Priority Settings - 3419

Total ABI delivery in Priority settings (as at 31/03/22) - 5624



Annual target set by Scottish Government in Wider Settings - 855

Total ABI delivery in Wider Settings (as at 31/3/22) - 1027



	Qtr 1 Apr 21 - Jun 21	Qtr 2 Jul 21 - Sep 21	Qtr 3 Oct 21 - Dec 21	Qtr 4 Jan 22 - Mar 22	Running total Apr 21 - Mar 22
Priority settings	1676	1977	1106	865	5624
Wider settings	271	266	236	254	1027



Both priority and wider settings Alcohol Brief Intervention targets have been met

Future engagement opportunities for the 2022/23 target:

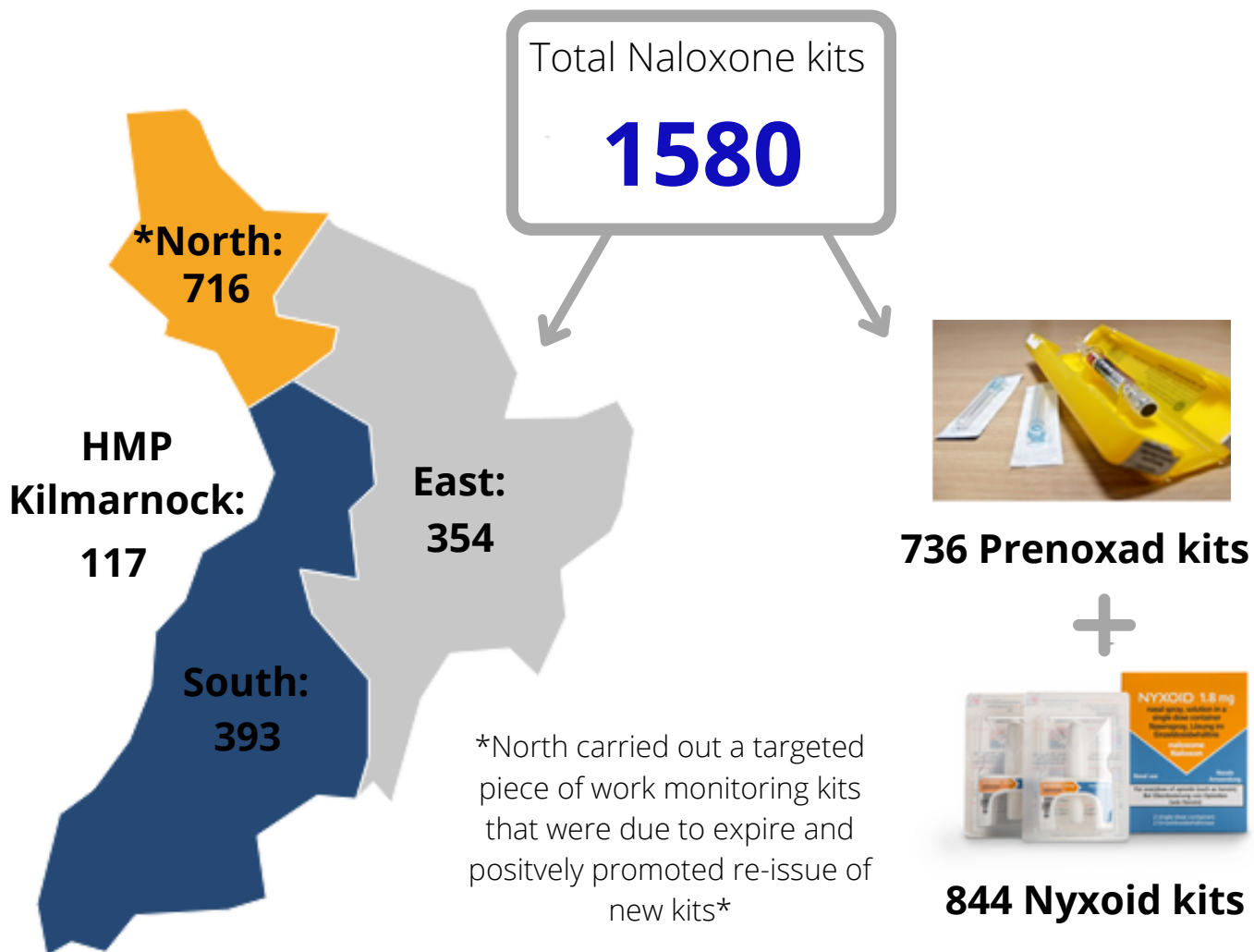
- PSST will continue to monitor, record and report all ABI activity, on a quarterly basis, provided by our partners from both priority areas and non HEAT wider settings.
- PSST will continue to offer support and training, this will be delivered via the virtual training module, if requested, to our partners.

Ayrshire & Arran

Quarterly Naloxone Report

1st April 2021 - 31st March 2022

This report outlines Naloxone kits supplied in the community and reported through the Shared Addictions Management System (SAMS).

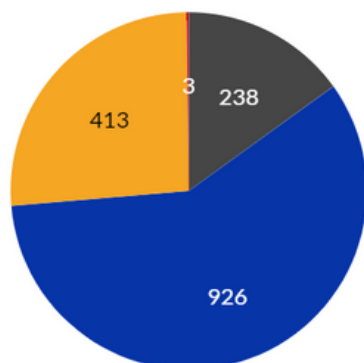


Locality	Q1	Q2	Q3	Q4	Totals
North	113	203	146	254	716
East	116	81	122	35	354
South	84	72	125	112	393
HMP Kilmarnock	40	24	21	32	117

Demographics



Recipients



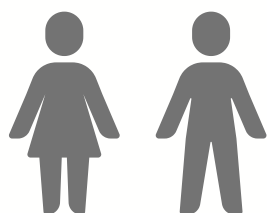
■ Family/friend (15.06%)
 ■ Person at risk (58.61%)
■ Service worker (26.14%)
 ■ Member of the public (0.19%)

Age



■ 25 & under (12.63%)
 ■ 26-35 (27.37%)
■ 36-45 (32.63%)
 ■ 46-55 (25.26%)
■ 56 and over (2.11%)

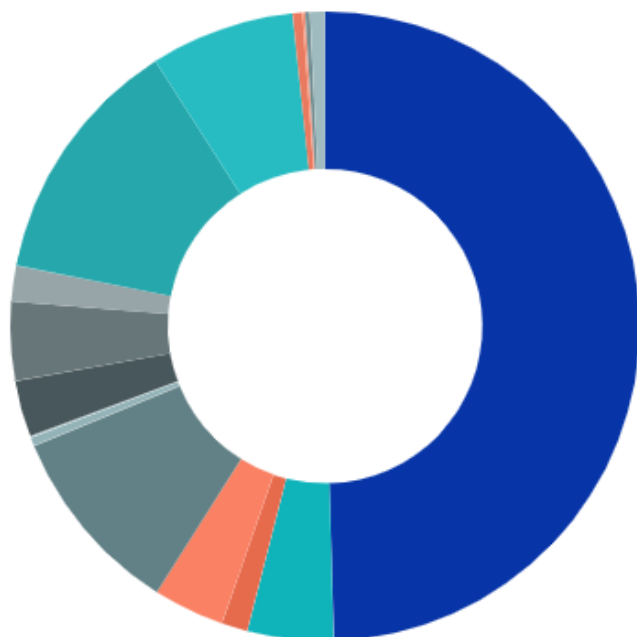
Gender*



30% 70%

**Where this data was recorded*

Who supplied the kits?



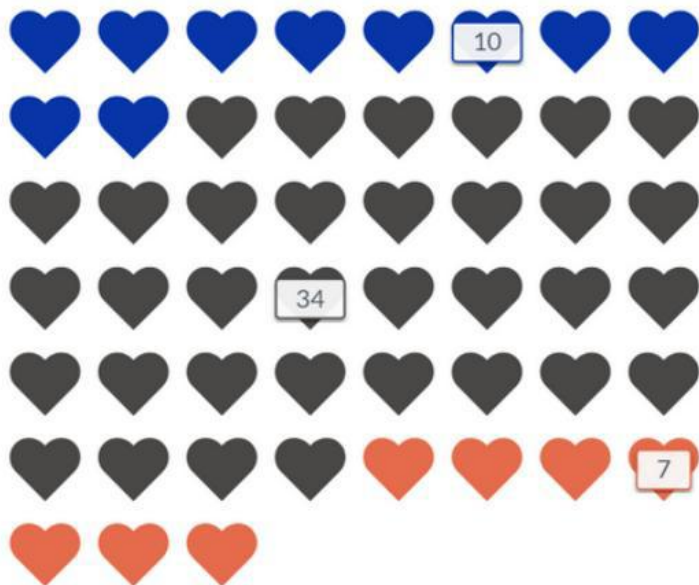
■ NHS Alcohol & Drug Services (49.56%)
■ Health & Homeless Nurses (4.43%)
■ We Are With You (South) (1.33%)
■ We Are With You (East) (3.67%)
■ P.E.A.R Turning Point Scotland (9.81%)
■ East Ayrshire Advocacy Service (0.44%)
■ North Ayrshire CLD (0.06%)
■ ADP/Recovery Ayr (2.91%)
■ Family worker (Children and families - South) (4.05%)
■ Ward 5 (1.84%)
■ Prevention and Service Support Team (12.85%)
■ HMP Kilmarnock (7.41%)
 ■ Blue Triangle (0.51%)
■ Homeless & Community Safety (0.13%)
■ SAC Housing First (0.25%)
■ Ayrshire Justice Services Partnership (0.76%)



Scottish Families supplied **418 kits** to Ayrshire & Arran residents via their 'Click & Deliver' service (these figures are recorded separately).

Saves

Number of reports of naloxone uses in the community to reverse overdose:



■ East (19.61%) ■ North (66.67%) ■ South (13.73%)



There were a minimum of **51 lives** saved through community naloxone use in Ayrshire over the last year. Many saves go unreported.

“ Thanks for the Naloxone I saved another life at the weekend and I need more. I have saved lots of lives now, because of Naloxone my friends are still alive. ”

“ Observed a commotion of people trying to rouse/stand up a gentleman who was clearly unconscious. Ambulance had been called, quickly assessed that an overdose was likely and administered Naloxone, after the first dose the gentleman woke up and thanked me for saving his life. ”

“ Your training has worked well on the team, they had to administer 2 shots of injectable Naloxone on someone today in Irvine who had overdosed and was lying in the street. The police were around the individual, two team members went up and administered 2 shots of Naloxone and then the ambulance came. A life saved. indeed! ”



19 completed the Naloxone LearnPro module



318 received overdose awareness training



7 Naloxone Training for Trainers sessions were delivered with a total of 50 participants trained.



37 Naloxone awareness courses were delivered with a total of 271 participants trained.

Ayrshire and Arran

Drug related deaths information

ANNUAL SUMMARY

1st April 2021- 31st March 2022

Published confirmed deaths (Extracted from National Records of Scotland Drug Related Deaths in Scotland, 2020)

Number of deaths confirmed				
	EAST	NORTH	SOUTH	TOTAL
2016	29	32	24	85
2017	24	25	12	61
2018	29	38	15	82
2019	41	41	26	108
2020	36	39	31	106

2021/22 - no confirmed published information as yet

Number of NADARS reviews conducted for individuals identified as potentially suffering a drug related death

18

Number of these reviews which identified learning or recommendations

1

Number of reports submitted by other services which identified learning or recommendations

0

From all reports - the key learning or recommendations were:

Within this reporting period the Mental Health Service Adverse Event Review Group (AERG) commissioned a review to investigate the circumstances surrounding the management and care of a client within NADARS. There are a variety of forums within NADARS to discuss complex cases and seek advice and support, these include - weekly allocation meeting, weekly discussion meeting and weekly psychiatry meeting. These meetings provide opportunities for multi-disciplinary discussion between health and social care. It is the view of the Review team that some staff find these meetings daunting and feel unable to speak up. These forums sound like the perfect opportunity to discuss a complex case like this, to get a wide range of advice and support. This may have provided reassurance for the keyworker involved that all aspects of the patient's mental health and wellbeing had been assessed. There are also mental health trained staff in this forum which may have negated the need for a referral to the CMHT. The review team suggest the following recommendations:

- Support all staff working within NADARS to be aware of, and feel comfortable to use, all the available resources and forums at their disposal.
- Consider offering social care colleagues some training in mental health and well being, as well as how best they can access resources when they are needed

Annual Report

April 2021 - March 2022

Alcohol & Drug Training Calendar



Participant Feedback

What did you like the most?

"Thanks for the workshop yesterday, it was absolutely brilliant. It worked really well with our group and they actually are still talking about it which is good."

"I enjoyed doing the quiz as it was different from just listening the full time, breaks it up and makes course enjoyable"

"The quiz was a good aspect of the training and good balance of interaction"

"Very good way of identifying my knowledge then letting me see how I can build on it from there"

"Good way to learn"

The Impact of Covid 19

Due to Covid we have adapted the way in which we provide our training courses - currently all training is provided virtually via Microsoft Teams. Training calendars were issued on a quarterly basis, however in Qtr 4 the team were redeployed due to Covid pressures in other areas.

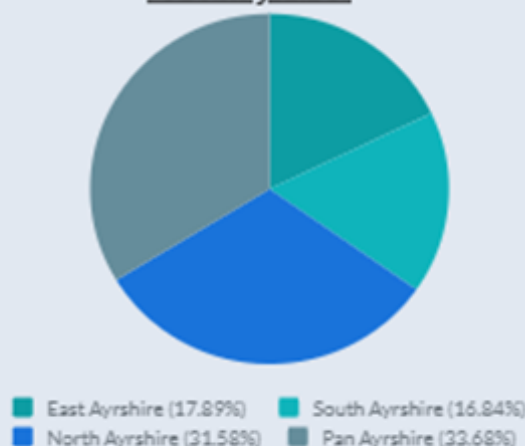
Groupwork courses we updated; Ward 5 Woodland View

3

Face to face courses we converted to a virtual format

14

Ad-Hoc Training & Health Information Events by Locality Area



Alcohol Brief Interventions

Annual target for 2020/21 as set by Scottish Government in priority settings - **3419**

Total ABI Delivery in Priority settings - 5624



Annual target for 2020/21 as set by Scottish Government in Non-priority settings - **855**

Total ABI Delivery in Non priority settings - 1027



Prevention & Service Support Team-NHS Ayrshire & Arran



Follow us on twitter @PSST_NHSaaa

Follow our Social Media pages to keep up-to-date with our activities at Prevention Service & Support Team. 216

Annual Report

April 2021 - March 2022

Ayrshire College

Alcohol & Drug
Liaison Officer



During this reporting period the ADLO also delivered a staff CPD session (9 attended) to help raise staff confidence around alcohol & drug use, as well as providing 1-1 support sessions for 6 staff members. No health events ran due to covid restrictions.

**94 Workshops with
879 Participants**

**51 workshops were
delivered on campus, 43
were delivered virtually**

**31 One-To-One Student
support Interventions**



Naloxone

**86 staff completed
the Naloxone
LearnPro Module**

**7 Train the Trainer
sessions delivered**

**Minimum of 51 lives
saved* in the
community**

**37 Naloxone
Awareness sessions
delivered**

*lives saved across Ayrshire and Arran as reported on the Shared Addiction Management System (SAMS). Many saves go unreported.

Naloxone supplied by PSST



Service Support

Service support facilitate service development activity which supports the implementation and delivery of the quality improvement agenda for Addiction Services which meets national, local and strategic objectives.

**MAT standards
implementation**

Ward 5 evaluation

Client satisfaction

**Support to roll out of
RADAR service**

Compiled by Denise Brown

18 Audit & Evaluation Activity

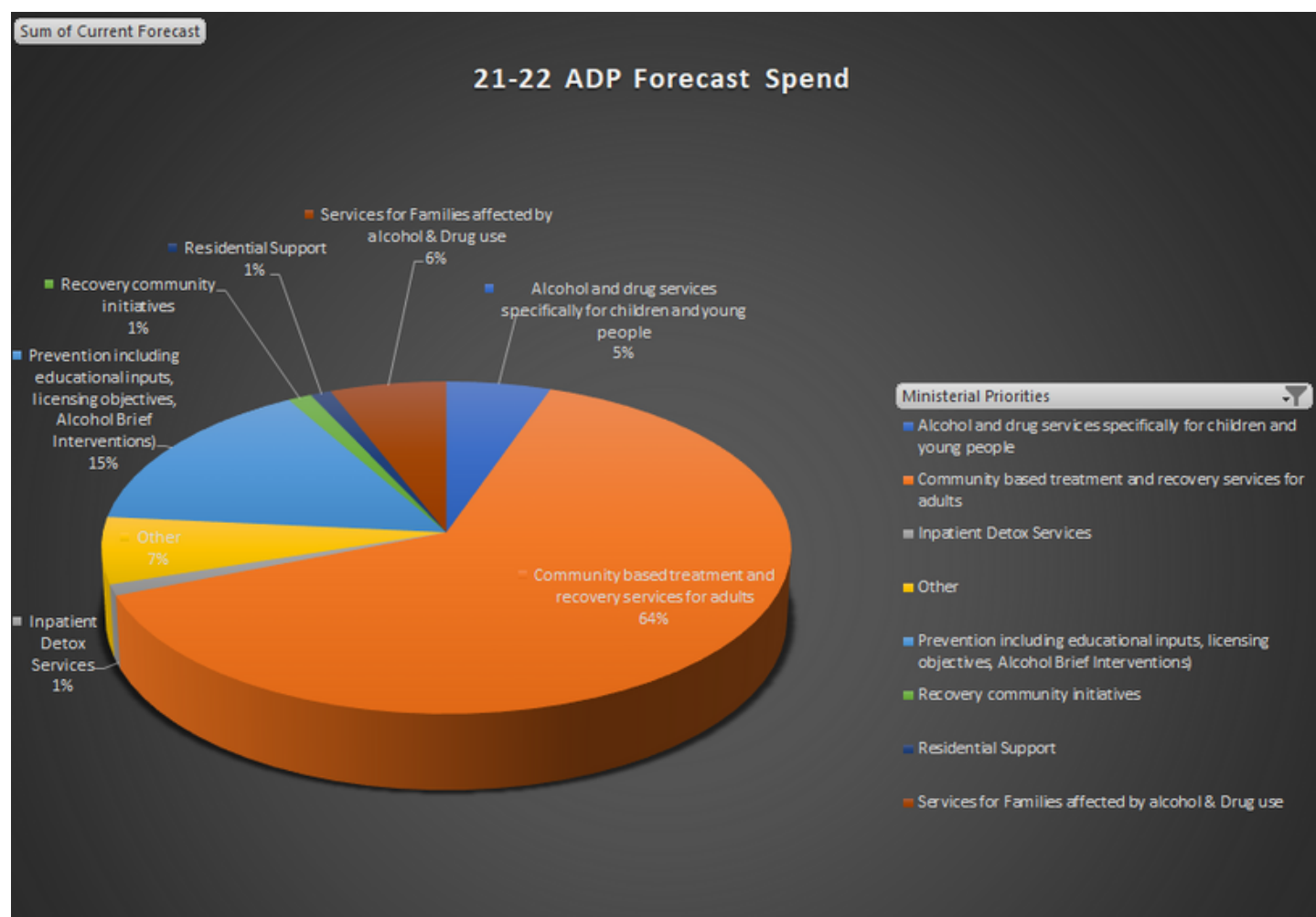
5 Guidelines Reviewed

30 Addiction Groups Supported

Financial information

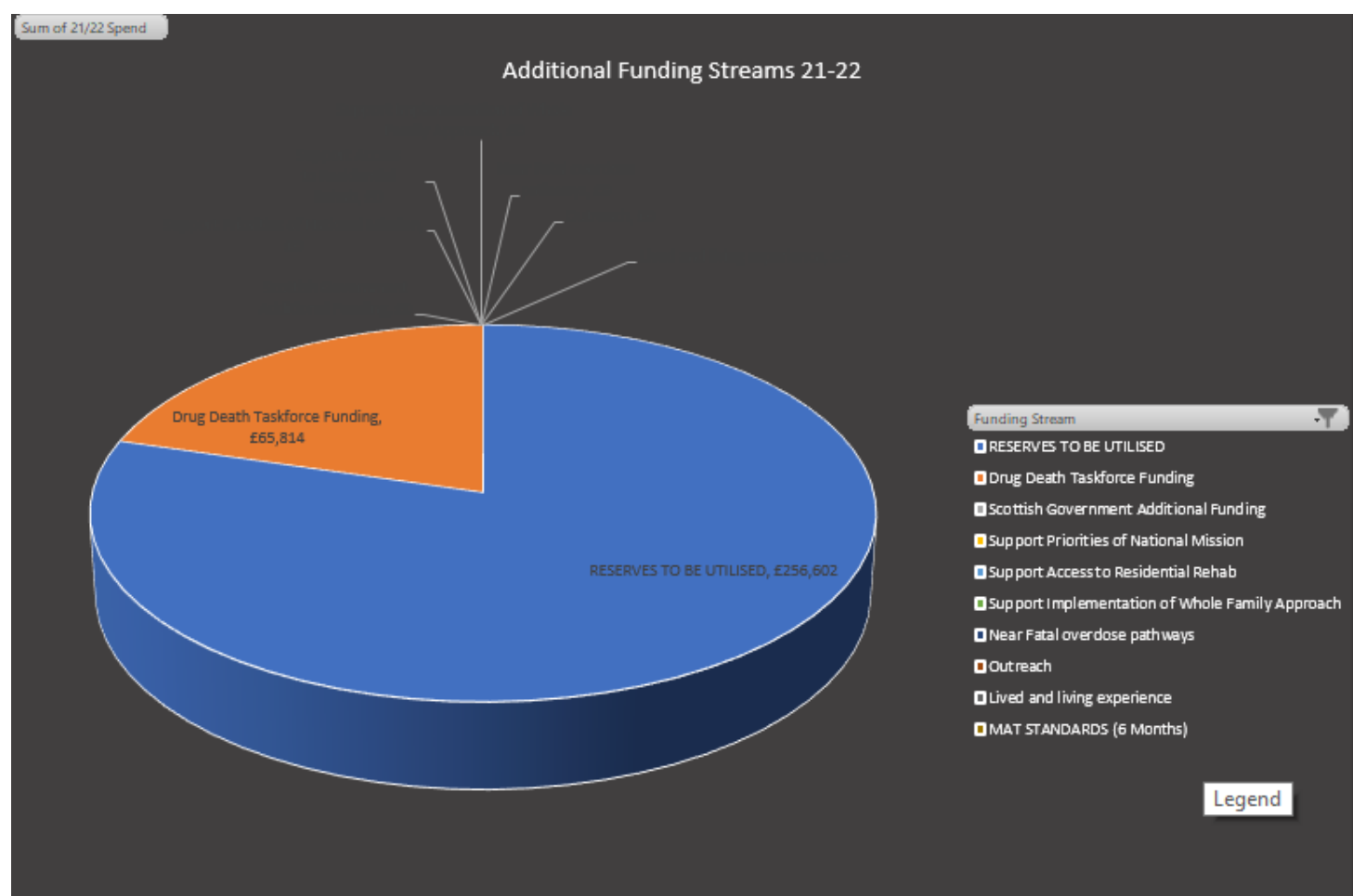
ADP 21-22 Forecast Spend

Sum of Current Forecast	
Ministerial Priorities	Total
Alcohol and drug services specifically for children and young people	£95,457
Community based treatment and recovery services for adults	£1,135,821
Inpatient Detox Services	£19,146
Other	£115,679
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions	£271,927
Recovery community initiatives	£21,766
Residential Support	£19,146
Services for Families affected by alcohol & Drug use	£106,582
Grand Total	£1,785,524



Additional funding streams

Additional Funding Streams	Sum of 21/22 Spend
RESERVES TO BE UTILISED	£256,602
Drug Death Taskforce Funding	£65,814
Scottish Government Additional Funding	£0
Support Priorities of National Mission	£0
Support Access to Residential Rehab	£0
Support Implementation of Whole Family Approach	£0
Near Fatal overdose pathways	£0
Outreach	£0
Lived and living experience	£0
MAT STANDARDS (6 Months)	£0
Grand Total	£322,416



Integration Joint Board 25th August 2022

Subject : **North Ayrshire HSCP & ADP
Implementing Medication Assisted Treatment -
Annual Report**

Purpose : To present information on the implementation of new Medication Assisted Treatment (MAT) Standards and for the IJB to be aware of the next steps in delivering MAT and the obligations required from Chief Officers and Chief Executives

Recommendation : IJB are asked to note the content of the accompanying report
IJB are also asked to note and act on the obligations contained within recent correspondence from the Minister for Drugs Policy which details specific governance and accountability responsibilities for Chief Officers and Chief Executives

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	
IJB	Integrated Joint Board
HSCP	Health and Social Care Partnership
ADP	Alcohol and Drug Partnership
MAT	Medication Assisted Treatment
DRD	Drug Related Death
MIST	MAT Implementation Support Team

1.	EXECUTIVE SUMMARY
1.1	To present a report North Ayrshire HSCP and ADP on the implementation of new MAT Standards for management and assurance purposes and to provide information on the requirement of a new North Ayrshire MAT Improvement Plan which is to be personally signed off by the end of September by Chief Officers and Chief Executives

2.	BACKGROUND
2.1	The MAT standards are one of the platforms for successful delivery of the National Mission to save and improve lives in response to Scotland's drug deaths crisis. The standards enshrine a rights-based approach to immediate, person-centred treatment for problem drug use, linked to primary care, mental health and other support services.
	The accompanying report (Appendix 1 - 'MAT annual summary report') provides information from April 2021 to March 2022 on the implementation and progress on initiating MAT delivery in North Ayrshire.
	Appendix 2 provides detail of the RAG status for each of MAT Standards 1-5 for each ADP area. NHS Ayrshire and Arran are well placed in terms of progress.
3.	PROPOSALS
	IJB are asked to note the information included in the accompanying report in relation to: <ul style="list-style-type: none"> • The processes involved in the introduction of MAT delivery; • The Test of Change process and the positive impact of this • The improvement in access times to commencing treatment that supports an individual's recovery; • Data on MAT delivery; • Client experience and case studies • Staff experience
	The IJB are also asked to note the information contained in (Appendix 3 - North Ayrshire Assessment of progress by MIST July 2022. The report provides an overview of the MIST's assessment of MAT implementation in North Ayrshire and also provides a number of Improvement Actions to be included in a new North Ayrshire MAT Improvement Plan.
	In addition, the IJB are asked to note the obligations contained within recent correspondence from the Minister for Drugs Policy (Appendix 4) – namely:
	<i>'Ministers will expect the following actions to be taken and oversight arrangements in place in each local area:</i> <i>a) That, by the end of September, Chief Officers and Chief Executives personally sign timed, specific and published <u>Improvement Plans</u> for implementing the standards – to include the delivery recommendations being made locally with MIST which are to be published by PHS on 2 August;</i>
	<i>b) The Improvement Plans and the reporting on progress must involve and include the voices of those with lived and living experience. It will be for each local area to determine what arrangements it needs to have in place to ensure this is done,</i>

	<i>potentially drawing on MIST lived experience support, from third sector partners or from their own local forums or panels;</i>
	<i>c) That Chief Officers and Chief Executives take shared and visible responsibility for delivering the standards (with the Chief Officer being responsible for overall delivery and the Chief Executives committing to support them). This requirement should align with on-going work to define and refine local governance and accountability over alcohol and drug services;</i>
	<i>d) That Chief Officers and Chief Executives include reports on progress as part of the regular Board quarterly reporting against Annual Delivery Plans (the first report in this series is due in July 2022);</i>
	<i>e) Health Boards, Integration Authorities and local authorities are to identify a senior leader for each Integration Authority area as the single point of operational responsibility for driving the changes necessary;</i>
	<i>f) Should any quarterly report identify the need for intervention, that this is acted on immediately ‘.</i>
3.2	<u>Anticipated Outcomes</u>
	The implementation of the MAT Standards is part of a wider range of interventions with the desired outcome of preventing Drug Related Deaths (DRD) and offering more timely and appropriate treatment to support an individual's recovery.
3.3	<u>Measuring Impact</u>
	<p>These Standards are now part of a continuous implementation, review, monitoring and improvement cycle delivered by local services whilst being supported by the national MAT Implementation Support Team (MIST) in line with Scottish Government priorities in relation to the prevention of DRD's.</p> <p>The agreed Improvement Plan will guide services to ensure that MAT standards 1 to 5 are fully implemented by April 2023 and that Standards 6 to 10 are, at least, partially embedded by April 2023</p>
4.	IMPLICATIONS
4.1	<u>Financial</u> Additional funding to support the initial implementation of MAT delivery has been sought and approved from both the ADP and the Scottish Government (however, this funding was only confirmed in July 2022).
4.2	<u>Human Resources</u> A wide range of staff from across the HSCP, ADP and partner services are involved in the delivery and evaluation of these MAT Standards.

4.3	<u>Legal</u> Detailed within the correspondence from the Minister for Drugs Policy, although not detailing a legal require, there is reference to a clear expectation that actions will be taken and oversight arrangements are put in place in local area.
4.4	<u>Equality/Socio-Economic</u> The full implementation of the MAT Standards will have a direct positive impact on some of the most vulnerable members of society.
4.5	<u>Risk</u> Staff recruitment continues to be an issue and the availability of premises in locality areas to undertake the full range of MAT interventions.
4.6	<u>Community Wealth Building</u> N/A
4.7	<u>Key Priorities</u> The implementation of these Standards is a key Scottish Government priority to support the delivery of local strategic and operational plans across statutory and partner services and support wider actions to prevent Drug Related Deaths in line with the National Mission
5.	CONSULTATION
	Staff and service users from across various services have contributed to the production of this report.

Director – Caroline Cameron

For more information please contact Thelma Bowers, Head of Mental Health on [01294 317763 or thelmabowers@north-ayrshire.gov.uk]

Appendices

- Appendix 1 - MAT annual summary report
- Appendix 2 – Implementation Status – National Picture
- Appendix 3 - North Ayrshire Assessment of progress by MIST July 2022'
- Appendix 4 - Correspondence from the Minister for Drugs Policy - MAT

IMPLEMENTING MEDICATION ASSISTED TREATMENT (MAT)



NORTH AYRSHIRE DRUG AND ALCOHOL RECOVERY SERVICE (NADARS) Reporting period: 1st April 2021 - 31st March 2022

Quality issue: The numbers of drug related deaths in Scotland continue to increase. In 2020, there were 1,339 drug related deaths, which is the largest number ever recorded and an increase on the previous year. Ayrshire and Arran have the second highest death rate per 100,000 population. Evidence suggests quick access to treatment is crucial and being in treatment can be a protective factor for majority of individuals. The Scottish Drug Deaths Taskforce (SDDTF) has prioritised the introduction of the MAT standards to help reduce the number of drug related deaths. There is evidence that rapid access to MAT meets the needs of highly vulnerable groups and reduces mortality.

Aim: To have no barriers to accessing treatment and care that supports an individual's recovery. This project focussed specifically on improving access to appropriate Medication Assisted Treatment (MAT) in order to prevent deaths, reduce harms and promote recovery opportunities.

Tests of change

Cycle 1: Implement and Test the MAT clinic pathway on a Monday and a Thursday in one locality (Three Towns).

Cycle 2: Secure funding to recruit staff to support the implementation of the full model.

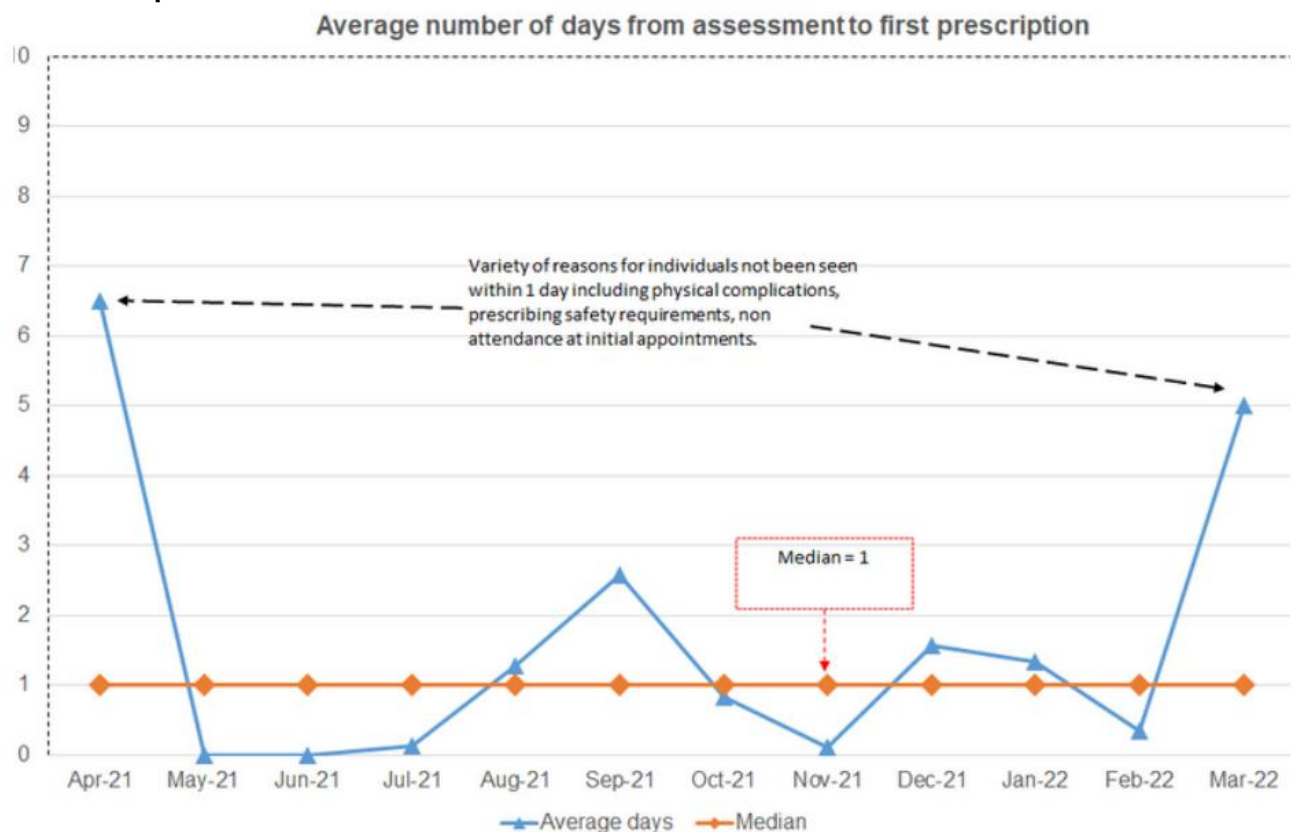
Cycle 3: Refine project charter to facilitate full model
(in progress and now upscaling towards full model)

Cycle 4: Expand service to 5 days per week across all of North Ayrshire.

Effects of change:

- Improvement in the waiting time from point of referral to commencement of appropriate Opiate Substitution Therapy medication - average time from assessment to prescribed medication reduced from 21 days to 1 day (from pilot period to current date).
- Improvement in satisfaction and experience of clients.
- All individuals received a mental health assessment and support as required.
- All individuals were offered Blood Borne Virus (BBV) testing, Harm Reduction interventions, physical health assessment and referred on for further support where required.
- All individuals had the opportunity to access Recovery Development Worker's with lived experience to provide person centred recovery support.
- All individuals had the opportunity of family involvement.
- All individuals were offered housing, advocacy support and were referred for social care support where appropriate.
- There were no unplanned discharges within the reporting period.

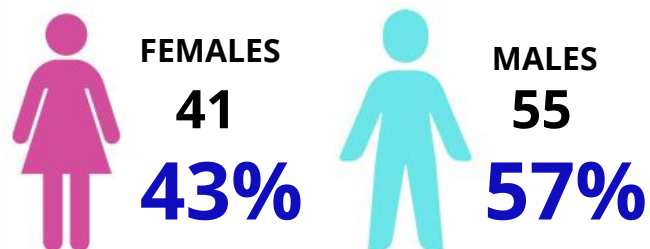
Measurement of improvement



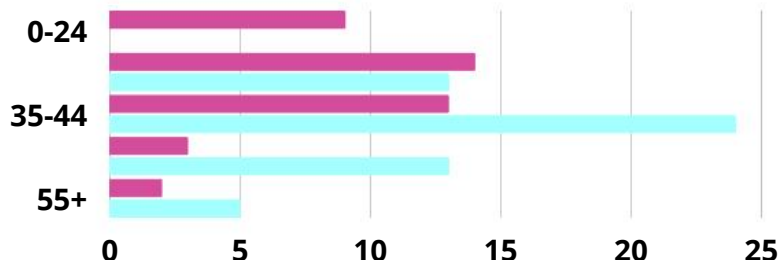
IMPLEMENTING MEDICATION ASSISTED TREATMENT (MAT)

NORTH AYRSHIRE DRUG AND ALCOHOL RECOVERY SERVICE (NADARS)
Annual summary: 1st April 2021 - 31st March 2022

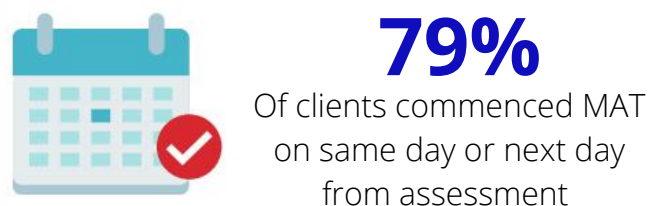
REFERRALS BY GENDER



REFERRALS BY GENDER AND AGE GROUP



COMMENCED MAT SAME DAY/NEXT DAY (where clinically appropriate and safe)



96 clients chose this pathway of support. Following assessment 80 agreed to commence.

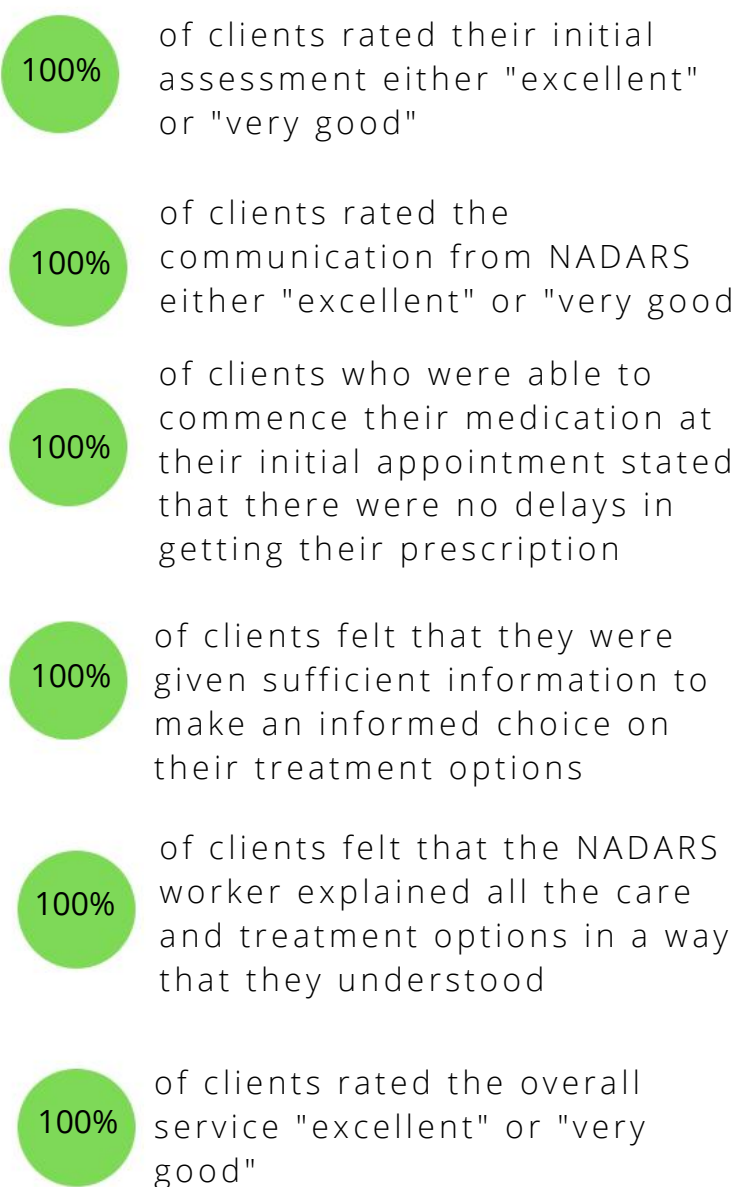
Reasons for not commencing the pathway were:

- client changed their mind
- client went to prison
- not ready to commence MAT but continued to receive support from the wider service.

OPIOID SUBSTITUTION MEDICATIONS PRESCRIBED FOLLOWING ASSESSMENT



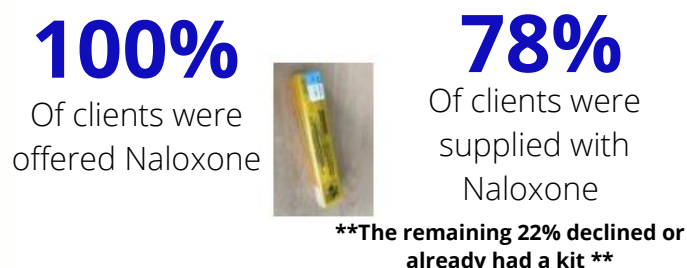
CLIENT EXPERIENCE



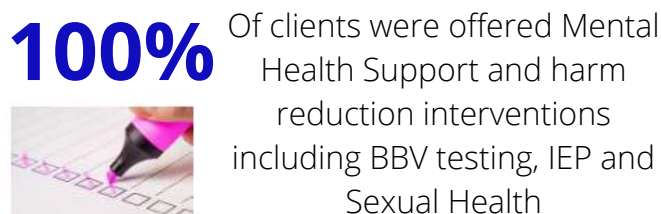
INDIVIDUALS IDENTIFIED AS HIGHER RISK *



NALOXONE AND OVERDOSE AWARENESS



INTERVENTIONS OFFERED AT POINT OF MAT DELIVERY



CASE STUDIES

Case study 1

A 38 year old female was referred to NADARS in October and assessed via the MAT pathway. The client wished to be commenced on OST to allow her to gain stability from illicit heroin use. The client was commenced on Espranor. Since being commenced on OST, the client has had two significant lapses, however, with support from her key worker, has been able to identify triggers and worked on functional alternatives to drug use, to enable stability and reduce the risk of further lapses in the future. The client has now been abstinent from all illicit substances since December 2021. She has been able to recognise the marked improvement in her mental health since becoming abstinent and is using this as motivation to continue. The client is now attending many different community recovery groups and is linked in with the Recovery Development Workers for extra support. In the long term, the client is hopeful that by maintaining stability, this will allow her to have more contact with her child.

Case study 2

Service information

Client referred into NADARS 27/05/2021. Assessed on 31/05/2021 and ORT prescription was commenced on 01/06/2021. Client was seen at least weekly and had regular telephone support in between face to face appointments. Client was offered interventions from NADARS Health Addiction Nurses for specialist input and BBV testing. Client was transferred from MAT Clinic into regular locality for allocation of new keyworker.

Client Feedback

It was really fast getting put onto a prescription at first which was so much better than having to wait for weeks. I got lots of support with my workers and appointments. It made things easier to reduce my heroin use. I did well for first few weeks but started injecting again and taking other drugs around 2 months into treatment. I was linked in with the peers and this helped by going to meetings and having regular keyworker support. I have now been stable on my prescription for a long time and I feel in control of my recovery. My worker is supportive and my dispensing has been reduced and this helps me with my mobility. I am in a new relationship now and my partner is supportive of my recovery. I no longer attend the group meetings but I have rebuilt my relationships with my family and I want to continue to remain stable and look at reductions to my prescribed medication in the next few weeks.

Case study 3

23 year old female referred by NADARS social care addictions worker on 28/09/21 and appointment accepted via NADARS MAT (Medication Assisted Treatment) clinic on 30/09/21, for rapid access to OST (Opiate Substitution Therapy). Client reported history of alcohol and illicit substance use including; heroin, benzodiazepines, cocaine and pregabalin. Previously admitted to ward 5, Woodland View for inpatient detox in April 2021; however, had taken early self-discharge. Not previously engaged with OST. Client's goal to regain abstinence from all substances and alcohol. Wishing to achieve this via OST, preference for espranor, and engaging with support.

Client was assessed by the staff nurse and consultant psychiatrist as planned on 30/09/21. Reported to have been snorting heroin sporadically over the last year and in recent months had increased to once or twice week. However, over the last few weeks this had increased further to around 2 bags daily and change of route to smoking. Also reported use of illicitly diverted prescription grade espranor, being used nasally. Further reported significant but unspecified amounts of street tablet use, as well as crack cocaine use. Current supports in place via criminal justice, SHINE, Housing First and Money Matters. Significant offending behaviour and complex mental health issues.

Client was commenced on a 5 day methadone prescription (30ml daily supervised) with plan for transition to espranor medication. Client then opted to remain on methadone prescription rather than transferring to espranor. Client engaged with MAT clinic appointments for a 6 week period prior to her care being transferred to a key worker within the wider team. Client is now abstinent from illicit substances and engaging with supports.

Staff experience of MAT standards

Feedback was received from a small staff group, who were more specifically involved in the MAT Test of Change.

100%

of staff rated their current knowledge and understanding of the MAT standards as "excellent" or "very good"



of staff felt supported to gain the knowledge, skills and confidence to implement the standards.

100%

Response:

- MAT is a vast improvement with regards to waiting times to be seen and receive prescribed medication.
- I have only received positive feedback from prescriber and client on this new MAT model.

positive feedback was received from clients on the new MAT model



Question: What is required in order for the MAT standards to be rolled out as a sustainable and consistent model?

Response:

- Staff buy in to complete systems and follow processes .
- Systems require to be fit for purpose for data recording.
- Buy in from staff.
- Good communication across the teams.
- Set guidance so all staff are aware of the process.
- Increased monitoring support for all clients

Response:

- Feedback received from other clients across North Ayrshire is that they would be prepared to travel to Caley Court if they could receive same day MAT intervention, however other clients would prefer to be seen in their own locality areas.

Question: Please state any further comments/suggested improvements you would like to make on the delivery of the MAT standards so far?



Next steps - There is currently an implementation plan in place to ensure full MAT delivery is extended across North Ayrshire by the end of the summer.

Table 1: Breakdown of implementation status (RAG score) by Health Board and ADP area for each of the standards 1–5

NHS Board	ADP area	MAT 1 evidence, April 2022	MAT 2 evidence, April 2022	MAT 3 evidence, April 2022	MAT 4 evidence, April 2022	MAT 5 evidence, April 2022
Ayrshire & Arran	East Ayrshire	Amber	Green	Green	Green	Green
Ayrshire & Arran	North Ayrshire	Amber	Green	Green	Green	Green
Ayrshire & Arran	South Ayrshire	Amber	Green	Green	Green	Green
Borders	Borders	Green	Green	Green	Green	Green
Dumfries & Galloway	Dumfries & Galloway	Amber	Amber	Green	Green	Amber
Fife	Fife	Amber	Amber	Amber	Amber	Amber
Forth Valley	Clackmannanshire, Stirling, Falkirk	Red	Amber	Amber	Amber	Amber
Grampian	Aberdeen	Red	Amber	Amber	Green	Green
Grampian	Aberdeenshire	Amber	Amber	Green	Green	Green
Grampian	Moray	Red	Amber	Red	Red	Amber
Greater Glasgow & Clyde	Glasgow	Amber	Amber	Amber	Amber	Amber
Greater Glasgow & Clyde	East Dunbartonshire	Red	Amber	Amber	Amber	Amber
Greater Glasgow & Clyde	East Renfrewshire	Amber	Amber	Amber	Amber	Amber
Greater Glasgow & Clyde	Inverclyde	Red	Red	Amber	Amber	Amber
Greater Glasgow & Clyde	Renfrewshire	Amber	Red	Amber	Green	Amber

NHS Board	ADP area	MAT 1 evidence, April 2022	MAT 2 evidence, April 2022	MAT 3 evidence, April 2022	MAT 4 evidence, April 2022	MAT 5 evidence, April 2022
Greater Glasgow & Clyde	West Dunbartonshire	Red	Amber	Amber	Amber	Amber
Highland	Argyll & Bute	Red	Red	Red	Amber	Amber
Highland	Highland	Red	Amber	Amber	Amber	Amber
Lanarkshire	North Lanarkshire	Red	Amber	Amber	Amber	Red
Lanarkshire	South Lanarkshire	Red	Amber	Amber	Amber	Amber
Lothian	Edinburgh	Amber	Amber	Amber	Amber	Amber
Lothian	Mid & East Lothian	Red	Amber	Amber	Amber	Amber
Lothian	West Lothian	Amber	Amber	Amber	Amber	Amber
Orkney	Orkney	Red	Amber	Amber	Amber	Red
Shetland	Shetland	Red	Amber	Red	Amber	Amber
Tayside	Angus	Red	Amber	Amber	Amber	Amber
Tayside	Dundee	Red	Amber	Amber	Amber	Amber
Tayside	Perth & Kinross	Red	Amber	Amber	Amber	Amber
Western Isles	Western Isles	Red	Amber	Amber	Amber	Amber

Appendix 6: NHS Ayrshire & Arran, North Ayrshire ADP area

Evidence-based assessment of progress, MAT standards 1–5. April 2022

Overview of MAT service provision

The North Ayrshire Drug and Alcohol Recovery Service have developed pathways of support so that there will be no barriers to accessing treatment and care that supports an individual's recovery. The focus is on improved access to appropriate MAT in order to prevent deaths, reduce harms and promote recovery opportunities. Harm-reduction interventions will be delivered alongside physical and mental, health-related support to enable individuals to remain in treatment for as long as required. Accompanying psychological and social support will be available to all individuals. An improvement/action plan has been identified and agreed with the MIST and this will be supported via the local North Ayrshire Drug and Alcohol Recovery Service Clinical and Care Governance Group, a local multi-agency Oversight Group and a pan-Ayrshire MAT Steering Group to ensure consistency of MAT delivery across Ayrshire and Arran. The work of lived experience interviews and recommendations will also form part of the local and pan-Ayrshire improvements

MAT standard 1 is partially implemented (amber)

There is process evidence to demonstrate a current test of change and an ongoing service that enables people to receive a prescription for opioid substitution therapy on the day of first presentation. This is currently being scaled up to be five days a week but is not yet available in justice settings. There is a pan-Ayrshire and Arran standard operating procedure that offers guidance and consistency across the three council areas. This document outlines referral processes including the option of

same day prescribing, choice of opioid substitution therapy, care plan review processes, pathways to identify people at risk of drug harm, pathways for harm reduction and recognition that the recovery care package should differ depending on the individual's needs and requirements.

Numerical data from October to December 2021 indicate:

- 50% (n=16) of people were prescribed on the day of referral
- 25% (n=8) of people waited two days or less.

Numerical data taken from the pilot between January to March 2022 indicate:

- 83% (n=15) of people were prescribed on the same day.

These figures most likely represent only a portion of a person's journey from first presentation to the multi-agency team to a prescription. Clinical audit of a documented pathway is required.

Experiential evidence provided following the pilot to improve services in North Ayrshire reported that the 32 people who commenced medication assisted treatment on same day, or the next day after assessment, received a mental health assessment and support as required, and had the opportunity of family involvement. All people had the opportunity to access recovery development workers with lived experience to provide person centred recovery support.

This standard is partially implemented (amber) because at this time, evidence does not indicate consistent access across the ADP. While data imply that to rapid access is available, this is only the data from the pilot. There are documented plans in place to scale up and offer same day prescribing across the geographical area, that will progress to full implementation of the standard.

MAT standard 2 is fully implemented (green)

Process evidence indicates that clinical guidelines include methadone, short, and long-acting buprenorphine as treatment choices for people who present to services. These are also available in local formularies. A Home Office licence is in place to

allow for the storage and supply of opioid substitution therapies from the Caley Court Resource Centre There is pan-Ayrshire standard operating procedure for named patient prescribing for

long-acting injectable buprenorphine medication to offer choice across a wider geographical area. For people accessing services, information leaflets are available to inform and support the choice of opioid substitution therapy.

Numerical evidence provided from October to December 2021 indicates that the proportion of people prescribed specific medication was as follows:

- methadone 87% (n= 714)
- oral buprenorphine 12% (n=97)
- long-acting injectable buprenorphine 1% (n=8).

January to March 2022 the figures remained stable.

The ADP reports the uptake for long-acting buprenorphine has been slow but is a treatment choice for all people across the ADP area.

This standard is fully implemented (green) as all process documentation is in place to allow people across the ADP area to have a choice of MAT.

MAT standard 3 is fully implemented (green)

There is a pan-Ayrshire Near-fatal Overdose Emergency Response Pathway outlining the approach to safely respond to people experiencing near-fatal overdoses who have been identified by the Scottish Ambulance Service. The MAT standard operating procedure guides staff to conduct a formal risk assessment to identify people who are particularly vulnerable when accessing the service. This includes, but is not limited to, people identified at higher risk, and people leaving prison. A more detailed Prison Addiction Service standard operating procedure also supports this and further work is in progress to ensure MAT Standards are embedded in these settings by 2022.

Information sharing agreements are in place between NHS Ayrshire and Arran, Scottish Ambulance Service, Police Scotland, Scottish Fire and Rescue Service, and the Health and Social Care Partnership. Guidance is available for staff to support individuals experiencing co-existing mental health, alcohol and/or drug use. This includes notification and referral processes to alert services if an immediate response is required. Adult and child protection procedures are in place.

Numerical data from January to March 2022 indicate that there were 46 notified incidents reported with all people receiving an initial assessment on the same day. From October to December 2021, five incidents were notified and the median wait was four days. All people received a joint community and substance use intervention.

The ADP has documented plans to build upon the existing 'Duty Triage Team' to create a wider North Ayrshire drug and alcohol recovery service response team offering same day MAT assessments and prescribing (minimum of five days a week). It will respond to near-fatal overdose, offer administration of long-acting injectable buprenorphine, regular review appointments, support for individuals released from prison and same day care for people in the Housing First programme.

This standard is fully implemented (green) because a documented system is in place and there is good evidence that people receive an appropriate and timely response. This model will be useful nationally.

MAT standard 4 is fully implemented (green)

A MAT standard operating procedure defines a process for the delivery of harm-reduction interventions for all staff across NHS Ayrshire and Arran. It states that all staff are trained in overdose awareness and prevention and have access to naloxone for personal-carry and onward supply. A harm-reduction checklist guides and supports staff to discuss the three evidence-based harm-reduction interventions (injecting equipment provision, take-home naloxone and blood-borne virus testing).

Experiential evidence from the North Ayrshire Pilot indicates that all individuals in the pilot were offered blood-borne virus testing, naloxone, injecting equipment, physical health assessment including sexual health, and other harm-reduction interventions.

This standard is fully implemented (green) because the core harm-reduction interventions, injection equipment provision, take-home naloxone and blood-borne virus testing are reported to be available at the same time and place as all MAT appointments in all community settings. This is evidenced by documentation. Justice settings present a challenge and there needs to be a commitment to offer the full range of harm-reduction interventions in all sites.

MAT standard 5 is fully implemented (green)

The ADP reports a variety of approaches to enable retention in care and safe discharge. There is a pan-Ayrshire Promotion Engagement in Addiction Services standard operating procedure that is currently being reviewed and updated to reflect MAT standard 5 and it recognises that the recovery care package should be specific to the individual's needs and requirements. There is no option to prescribe opioid substitute treatment in primary care services. Multi-disciplinary teams use collaborative processes to support individuals accessing services. In turn, people are supported to access primary care services such as GPs, community pharmacies, opticians and dentists. Family or nominated persons are also encouraged to attend to support retention of the service.

Numerical data provided indicate that:

- as of March 2022, 50% (n=457) of people had been on MAT for 1,839 days or more (five years)
- between October to December 2021, of 67 planned discharges 50% (n=34) were on MAT for 210 days or more 75% (n=50) for 55 days or more
- between October to December 2021, there were no unplanned discharges from MAT

- between January 2022 to March 2022, the median time on MAT for unplanned discharges was over 1,700 days and 75% (n=6) had received MAT for 16 months or more.

This standard is fully implemented (green) as systems are in place to enable people to stay in a treatment of their choice, for as long as they need. The service continues to explore multiple forms of caseload management, including a tiered recovery orientated model of care based on peoples own choice. The only limitation is no shared care with primary care, however, pathways are in place to support engagement with primary care. There is a process in place under standard 3 to follow up people who disengage from treatment. Learning from this model could be useful nationally.

Progress with implementation of other projects

The implementation of MAT standards is not a stand-alone development and is incorporated into other identified workstreams and projects, which include, but is not limited to the following:

- Adherence to the new 'Substance Use Treatment Target'.
- New responses and pathway of support for individuals following a near-fatal overdose.
- Improving the multi-agency pathways of support for individuals with a 'Dual Diagnosis'.
- Identification of pathways to support individuals to access residential rehabilitation support.
- Enhanced support via the Housing First programme incorporating dedicated alcohol and drug and mental health support.
- Dedicated advocacy worker.

Improvement plan to implement the MAT standards by April 2023

The detailed action plan, Gantt chart and method for evaluation of change will be developed by the ADP and MIST. A programme management approach will be taken to complete the actions below. This will require committed resources to ensure delivery. The ADP coordinator will sign off the programme.

1. Implement further test of change for MAT standards 2, 3 and 8 in justice settings across Ayrshire and Arran and share learning

- Timeframe:
 - Commence in August 2022 and report on the first quality improvement cycle in December 2022, demonstrate partial or full implementation by April 2023.
- Actions:
 - Conduct mapping of the MAT standards in Ayrshire and Arran justice settings and initiate systems to implement MAT standards across the local pathways that link prison, police custody and the community.
 - Ensure sufficient process, numerical and experiential evidence to demonstrate progress.

2. Scale up the MAT standards 1–10 in the community

- Timeframe:
 - Commence in August 2022 and demonstrate full implementation of standards 1–5 and at least partial implement of standard 6–10 by April 2023.
- Actions:

- Collaborate with national thematic groups.
- Establish scale-up plans for all standards. Specific components for scale up include:
 - Scale up the provision of accessible community based same day prescribing across the whole of North Ayrshire (MAT standard 1).
 - Scale up the provision of long-acting injectable buprenorphine to all clients receiving MAT who wish it (MAT standard 2).
 - Continue to develop models to retain people in services for as long as they request by continued support of models of care creating further capacity and share the learning nationally (MAT standard 5).
 - Provide structured psychological interventions (Tier 2) to address mild to moderate comorbid mental health issues and to support people's recovery from substance use. Enhance support and training for psychologically informed treatment and trauma-informed care (MAT standards 6 and 10).
 - Continue to explore models of shared care with primary care (MAT standard 7).
 - Increase rights based advocacy support to people in treatment by commissioning dedicated advocacy input (MAT standard 8).
 - Continue to improve access to recovery groups and peer support.
 - Continue to support access to family and carer support.

4. Assistance provided by the MAT Implementation Support Team

- Assist implementation of tests of change with examples and templates of quality improvement charters, operating procedures, approaches to numerical and experiential data collection (e.g. data sets, collection and analysis tools), project cycle review, reporting and plans for scale up.

- The establishment of thematic ADP clusters that will enable benchmarking, information sharing, spread of good practice, development and dissemination of tools (e.g. audits, template documents) and inter-organisational support.
- Implementation of a programme management approach to ensure systematic implementation.
- Updates of standard operating procedures, guidelines and plans in line with the recommendations in the MAT standards and that address the gaps identified through a review of the evidence provided.
- Capacity building and systems to collect numerical and experiential evidence to demonstrate progress and use as part of the improvement cycles.

Annex 1: Process evidence submitted

MAT standard	Title	Description
		Information Sharing Protocol
		Prescribing Guidelines
		Prescribing Guidelines
		Prescribing Guidelines
		Prescribing Guidelines
		Wellbeing Guidelines
		Leaflet
		Job Description
		Prescribing Guidelines
		Guidance and flowchart

MAT standard	Title	Description
3	Guidance individuals with co-existing mental health and alcohol and or drug issues	Guidance document
3 & 4	Harm-Reduction Interventions with MAT – Checklist	Checklist
5	Implementing medication assisted treatment (MAT) – client experience	Project poster + Improvement plans
1	Index - material under development	Index
1	MAT standards – planned audit template	Audit
1	Medication Assisted Treatment (MAT) Standard Operating Procedure	Standard Operating Procedure
3	NADARS – RAG Recording (May 2021)	RAG recording guidance
1	NADARS and Ward 5 – Service user satisfaction	Audit feedback
3	NADARS RAG status	RAG Status
1	NHS Ayrshire and Arran complaints handling procedure	Procedure (complaints)
3	Pan Ayrshire agreement non-fatal overdose – referral pathways and processes	Procedure (NFOD)
5	Promoting Engagement within Community Addiction Services	Standard Operating Procedure

MAT standard	Title	Description
	Standard Operating Procedure	
1	Record keeping for mental health and learning disability nurses and non-registered professionals' guideline	Record keeping standards
1	Suboxone flow chart	Flowchart
1	Supervision for Mental Health, Learning Disability nurses and non-registered Professionals Guidance	Supervision guidance
		Strategic Plan
		Service and referral pathway

Annex 2: Summary of numerical evidence provided

MAT standard 1

Data source: Local database

Method, caveats and learning: Reports on individuals referred within the MAT pilot area.

Results:

Chart 1: Days from first contact to initiation of MAT in the MAT pilot area

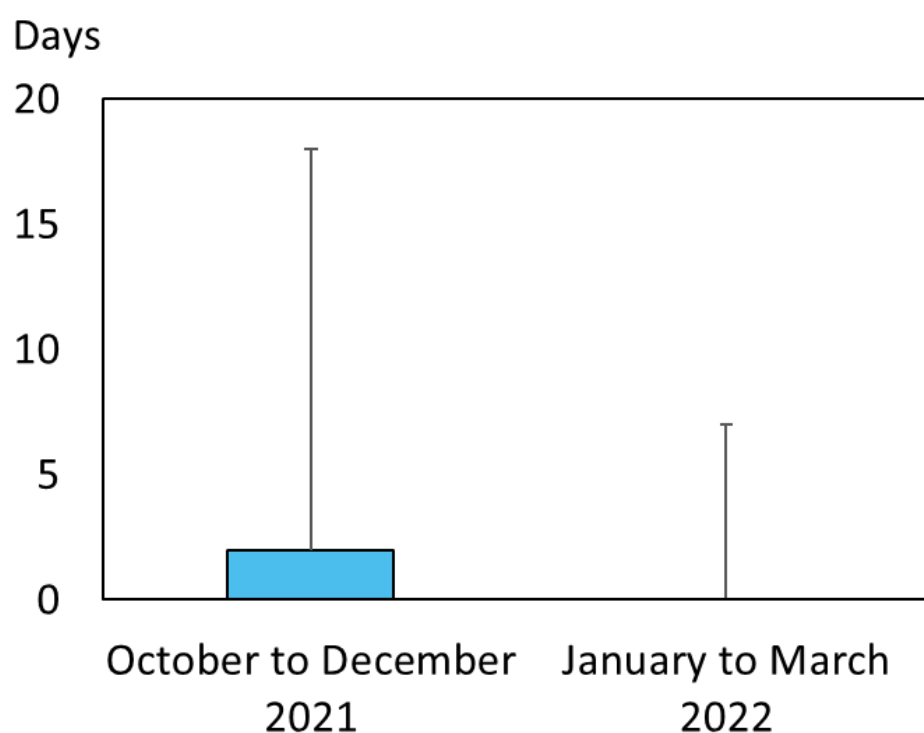


Chart commentary: From October to December 2021, 31 people started MAT in the MAT pilot area. From January to March 2022, 18 people started MAT. 50% (n=16) of people were prescribed on the same day as referral with a further 25% (n=8) of people waiting two days or less from referral to prescribing in October to December 2021. This number was reduced to zero days for 83% people (n=15) for the months January to March 2022. The longest wait was 18 days in October to December 2021, with the maximum waiting time in January to March 2022 being reduced to seven days.

MAT standard 2

Data source: Local database

Methods, caveats and learning: People receiving a prescription including MAT Pilot area.

Results:

Chart 2: Number of people prescribed specific opioid substitution therapy medications, October 2021 to March 2022.

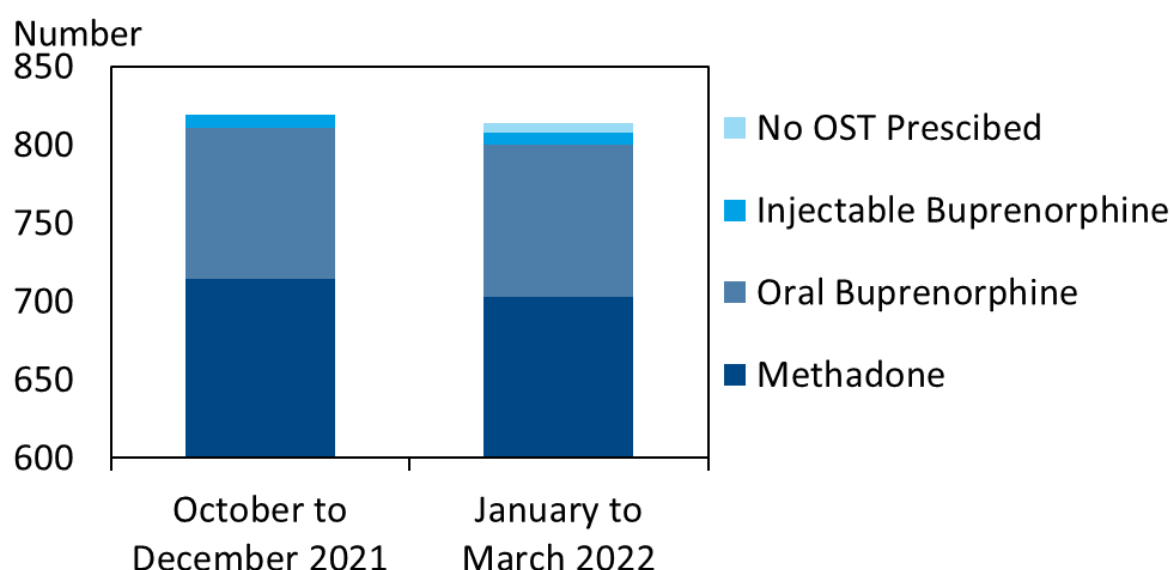


Chart commentary: From October to December 2021, the proportion of people prescribed methadone was 87% (n= 714), oral buprenorphine accounted for 12% (n=97) and injectable buprenorphine 1% (n=8). The total number of people prescribed opioid substitution therapy was 819. In the period January to March 2022, the proportion of people prescribed methadone decreased slightly to 86% (n= 703) while the proportion of oral buprenorphine and injectable buprenorphine remained the same. Comparing October to December 2021, the total number of people prescribed opioid substitution therapy was 819, with this reducing to 814 over January to March 2022.

MAT standard 3

Data source: Local database

Method, caveats and learning: Individuals referred through Near-Fatal Overdose Pathway out with MAT Pilot area. The numbers for October to December 2021 are low as recording started during that time. Numbers include existing people as well as those newly identified.

Results: From January to March 2022, all 46 notified high-risk incidents are reported to have received an initial assessment on the same day. This is a reduction in time when compared to October to December 2021, where fewer than five high-risk incidents were notified and the median number of days wait was four, the longest wait was seven days. All people assessed received a joint community and substance use intervention.

MAT standard 4

Data source: Local database

Method, caveats and learning: None stated.

Results: There is one location offering all three core harm reductions, take-home naloxone and overdose, injecting equipment, and blood-borne virus testing, at initial and subsequent appointments. This location also offers assessment of injecting risk, wound assessment and sexual health counselling.

MAT standard 5

Data source: Local database

Method, caveats and learning: Individuals (including MAT Pilot area) who have received a prescription during this reporting period and those who are no longer receiving a prescription but still receiving support.

Following analysis of the data for planned and unplanned discharges at service level (see chart 4 and 5 below), a range of explanations can be given to account for the median being reduced.

Individuals accessing MAT may decide that, following assessment and prescribing, that this is not the time for them to begin MAT. The North Ayrshire ADP will work with North Ayrshire Drug and Alcohol Recovery Service to further understand how to record this or what can be done to track individual's re-entry to the service. The service is currently very proactive in following up, but these numbers may also include those referred but never attended, and some individuals who appear to have

moved address. There will be an ongoing element of these data that includes those who may be placed on remand or have longer prison sentences.

These numbers will continually fluctuate (and are evident in previous data) depending on patient choice, individuals' demographics and other social factors that will continue to affect retention in treatment and discharge figures. The understanding behind these circumstances and choices made can continue to be explored further to inform service delivery.

Results:

- Part 1: Current MAT caseload. Refer to chart 3 below.
- Part 2: Planned discharges. Refer to chart 4 below.
- Part 3: Unplanned discharges. Refer to chart 5 below.

Chart 3: Number of people on the current caseload, December 2021 and March 2022

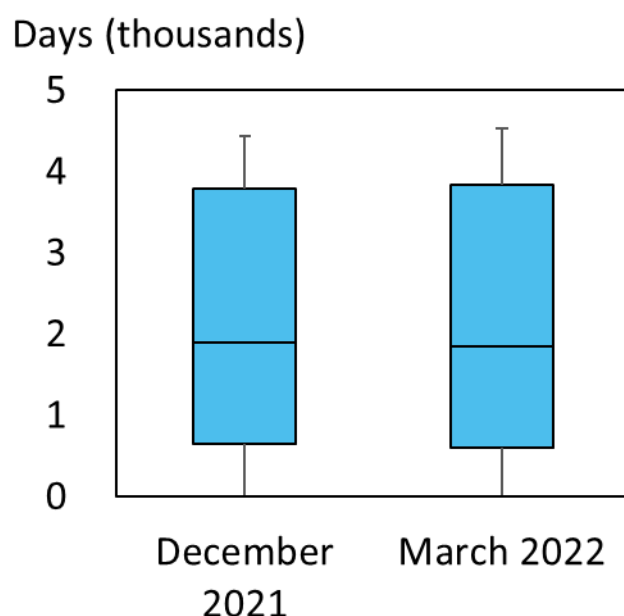


Chart commentary: As at 31 December 2021, the number people on MAT on the caseload was 830. This increased to 914 at the end of March 2022. Time currently

on MAT ranged from 0 days to 4,434 (over 12 years) as at 31 December 2021, compared to 0 days to 4,524 (over 12 years) by the end of March 2022. 50% (n=415) of people had been on MAT for 1,897 days (over five years) or more as at 31 December 2021 compared to 31 March 2022 where 50% (n=457) of people had been on MAT for 1,839 days (around five years) or more. 75% (n=623) currently remained on MAT for 643 days (around 18 months) or more as at 31 December 2021 compared to 75% (n=686) remaining on MAT for 594 days (around 19 months) or more at 31 March 2022.

Chart 4: Number of days retained on MAT for planned discharges, December 2021 to March 2022

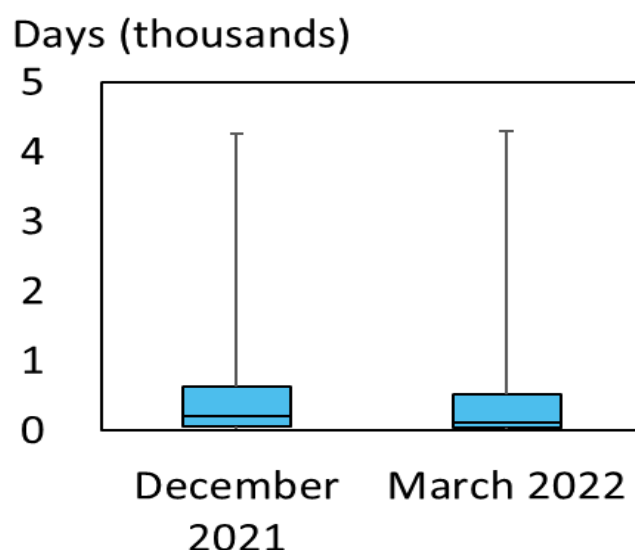


Chart commentary: For the quarter ending 31s December 2021, there were 67 planned discharges from MAT. The minimum length of time on MAT was three days and the maximum 4,249 days. 50% (n=34) of people discharged were on MAT for 210 days or more with 75% (n=50) of service users on MAT for 55 days or more. The minimum and maximum number of days retained on MAT for planned discharges is similar for the months of January 2022 to March 2022, however, the median number of days decreased by 50%.

Chart 5: Number of days retained on MAT for unplanned discharges, January to March 2022

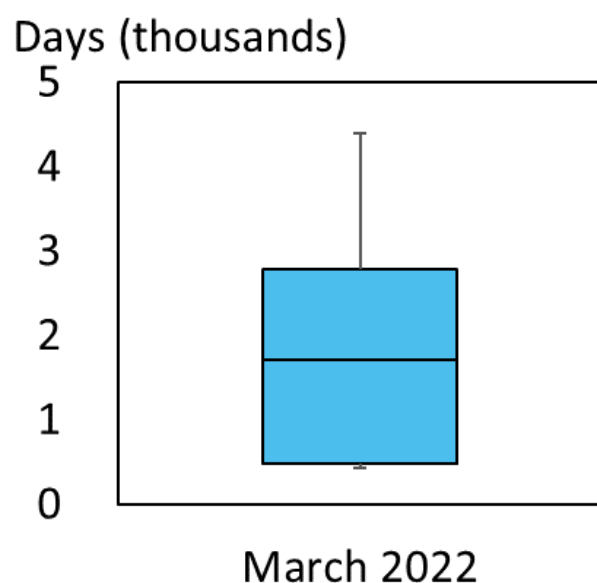


Chart commentary: Between October and 31 December 2021 there were no unplanned discharges from MAT. From January 2022 to March 2022, the median time on MAT for unplanned discharges was over 1,700 days (approximately four and a half years) and 75% (n=6) had received MAT for at least 470 days (approximately 16 months).

Annex 3: Summary of experiential evidence provided

Data source	Method and participants	Comments
Implementing MAT – Pilot Report, North Ayrshire Drug and Alcohol Recovery Service (NADARS)	Evaluation of pilot of implementation of medication assisted treatment (MAT).	Evaluation of outcomes of pilot only (April–September 2021) so no data regarding the longevity of support/treatment or ‘moving on’.
NADARS and Ward 5 – Service user satisfaction audit programme (2022)	Audit programme 2022: plan for collecting service user satisfaction.	Programme only – includes plan to collect feedback from people accessing medication assisted treatment.

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Integration Authority Chief Officers
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Local Authority Chief Executives

Copied to:
Chairs of Territorial Health Boards and Integration
Joint Boards
COSLA
SOLACE

23 June 2022

I am writing this letter of direction to all Territorial (Local) Health Boards, Integration Authorities and local authorities, using authority from section 52 of the Public Bodies (Joint Working) (Scotland) Act 2014 in relation to the carrying out of functions conferred by that Act, delegated in pursuance of an integration scheme or to be specifically carried out in conjunction with those, and which require specific responses to achieve implementation of the Medication Assisted Treatment (MAT) standards published on 31 May 2021.

The MAT standards are one of the platforms for successful delivery of the National Mission to save and improve lives in response to Scotland's drug deaths crisis. The standards enshrine a rights-based approach to immediate, person-centred treatment for problem drug use, linked to primary care, mental health and other support services. Although the standards were published on 31 May 2021, these had been well publicised and local areas had contributed to their development through the Drug Deaths Taskforce.

Both the First Minister and I announced that these standards needed to be embedded and implemented by April 2022 and the Scottish Government is providing funding to help local services deliver on embedding, improving and sustaining the MAT standards. We have also established an implementation support team (MIST) including practitioners and people with lived experience, and led by Public Health Scotland to support local areas scale up and implement the standards.

In 2021/22 we provided £6 million for MAT implementation along with £3 million for assertive outreach and £3 million for non-fatal overdose pathways (both of those initiatives contribute to MAT standard 3) as well as £4 million to support local areas for the use of long acting buprenorphine (MAT standard 2). We also provided £500,000 last year (and committed to the same per year for the life of the Mission) for local areas to set up and run local forums or panels to feed in views from people with lived and living experience to MAT implementation as well as to other aspects of service delivery. I have also announced that funding for the remaining years of the National Mission – to April 2026) has been increased from £6 million to £10 million per year.

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Today, Public Health Scotland is publishing a MAT Implementation Benchmarking Report which shows that while progress on implementation has been made in all areas, and MAT standards 1 – 5 have been implemented fully in Borders, the standards had not been implemented fully by April 2022.

In response to this Report and in order to achieve full implementation, Ministers will expect the following actions to be taken and oversight arrangements in place in each local area:

- a) That, by the end of September, Chief Officers and Chief Executives personally sign timed, specific and published Improvement Plans for implementing the standards – to include the delivery recommendations being made locally with MIST which are to be published by PHS on 2 August;
- b) The Improvement Plans and the reporting on progress must involve and include the voices of those with lived and living experience. It will be for each local area to determine what arrangements it needs to have in place to ensure this is done, potentially drawing on MIST lived experience support, from third sector partners or from their own local forums or panels;
- c) That Chief Officers and Chief Executives take shared and visible responsibility for delivering the standards (with the Chief Officer being responsible for overall delivery and the Chief Executives committing to support them). This requirement should align with on-going work to define and refine local governance and accountability over alcohol and drug services;
- d) That Chief Officers and Chief Executives include reports on progress as part of the regular Board quarterly reporting against Annual Delivery Plans (the first report in this series is due in July 2022);
- e) Health Boards, Integration Authorities and local authorities are to identify a senior leader for each Integration Authority area as the single point of operational responsibility for driving the changes necessary;
- f) Should any quarterly report identify the need for intervention, that this is acted on immediately.

Further, I will follow up directly with any additional asks of Health Board or Integration Authority areas where the proportion of drug deaths remains significantly high and where MAT standard 1 is not yet implemented, and for those areas, we will require monthly progress reports rather than quarterly.

Our expectation is that, these oversight arrangements will lead to implementation of the MAT standards in community and justice settings in all local areas, in accordance with the timetable for full implementation being recommended in the PHS Benchmarking Report, at the very latest.

The Scottish Government and the MIST team, in particular, will continue to provide advice and support to all local areas to set up the above arrangements and to achieve the intended goals. Addressing this requires a whole-system approach across Government and across local services.

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The requirements set out in this letter of direction will subsequently be revoked when implementation has been achieved locally, and notice of that will be in a further letter.

I thank you, and those who are charged with delivering support and care in accordance with the MAT standards, for your on-going commitment. Ministers recognise that there are huge efforts being made already to deliver on the standards and to provide the necessary care for some of the most marginalised people in our communities, to save and improve lives. This letter is intended to ensure that the work being done on the ground is backed up more consistently through commitment from senior leaders.



ANGELA CONSTANCE

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**Integration Joint Board
25th August 2022**

Subject : **NAHSCP Draft Workforce Plan 2022-25**

Purpose :

- Awareness
- Discussion

Recommendation : IJB to note the content of the draft Workforce Plan 2022-25
IJB to provide comment and feedback to support further development.

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	

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
SPF	Staff Partnership Forum
PSMT	Partnership Senior Management Team
HR	Human Resource
FTE	Full Time Equivalent

1.	EXECUTIVE SUMMARY
1.1	All Health and Social Care Partnerships are obligated to produced three-year Workforce Plans. Plans must set out how an organisation intends to continue recovery from the Covid-19 pandemic and develop its future workforce.
1.2	<p>Scottish Government have set the following timescales for publication of Workforce Plans:</p> <ul style="list-style-type: none"> • End July 2022 – Draft Workforce Plans to be submitted to Scottish Government • End August 2022 – Scottish Government to provide comment and feedback to Partnerships • End October 2022 – Three Year Workforce Plans published

	A first draft of the North Ayrshire Workforce Plan 2022-25 and associate supporting action plan has now been completed and submitted to Scottish Government. Copies of the submitted documents have been attached as appendices to this paper.
1.3	<p>The plan represents the first stage of development. Over the next few months, the plan will be further refined ahead of final publication in October.</p> <p>This will include consultation and engagement with a range of stakeholders, including, IJB, PSMT, Staff Partnership Forum (including Trade Unions), Professional Leads in both Local Authority and NHS, HR and Workforce Planning Leads, Primary Care leads and Third and Independent Sector representatives.</p>
2.	BACKGROUND
2.1	<p>The Scottish Government published its National Workforce Strategy for Health and Social Care in Scotland in March this year. This strategy sets out the Governments intentions for growing the health and social care workforce across Scotland and achieving its vision of:</p> <ul style="list-style-type: none"> • ‘a sustainable, skilled workforce with attractive career choices where all are respected and valued for the work they do.’ <p>Following this publication, guidance was provided to HSCPs to support them in the development of their individual Workforce Plans. In short summary, the guidance proposed that HSCPs should reflect current Workforce profiles and future implications and develop a workforce plan focused on the Scottish Governments five pillars.</p>
2.2	<p>1. Reflect the local workforce implications of the National Workforce Strategy (Recovery, Growth and Transformation) by describing:</p> <ul style="list-style-type: none"> • Short-term workforce drivers (12 months) with a focus on recovery and remobilisation • Medium Term drivers (12 to 36 months) focussing on longer term transformation and Growth • Look at the establishment gap between the future and required workforce • Profile new roles required to achieve the above
2.3	<p>2. Employ the 5 Pillars identified in the Workforce Strategy: <i>Plan, Attract, Train, Employ, Nurture</i></p> <p>The pillars should be used as a framework to:</p> <ul style="list-style-type: none"> • Detail the actions which organisations will take to recruit and train staff in sufficient numbers to deliver the future workforce. • Describe the current workforce and issues affecting the quality of staff experience, wellbeing and actions to support the retention of current staff. • Identify any short/medium-term risks to service delivery in meeting projected workforce requirements and outline actions in place to mitigate shortfalls.

3.	PROPOSALS
3.1	<p>In developing the Partnership's Workforce Plan, we have sought to follow the guidance set out by the Scottish Government. The development of the draft was supported by a small working group of relevant stakeholders. Further, engagement has also taken place with other key stakeholders, including HSCP professional leads, Learning and Development leads, and Union representatives.</p> <p>To support the development of the plan, a survey was distributed to team managers for completion.</p> <p>A brief overview of the contents of the plan are highlighted below.</p>
	<p><u>Workforce Plan Framework</u></p> <p>Following the national guidance, it was clear North Ayrshire HSCP would adopt in some form the 5 pillars identified by the Scottish Government, to provide a workforce planning framework. However, we were keen to ensure any frameworks adopted also reflected the approaches of our NAC and NHS parental bodies. Following an alignment exercise, we identified 5 local priorities, that map to the 5 pillars and complement local workforce planning approaches. Our priorities are:</p> <ul style="list-style-type: none"> • Understanding our workforce (PLAN) • Promoting our organisation (ATTRACT) • Investing in our people (TRAIN) • Building our Workforce (EMPLOY) • Growing our people (NURTURE) <p>These 5 priorities will be used to shape the Workforce Action Plan.</p>
	<p><u>Our Workforce Now</u></p> <p>Provides key workforce data for the partnership (as of 1st April 2022), includes:</p> <ul style="list-style-type: none"> • Headcount and FTE • Workforce Profile (age, sex, protected characteristic) • Staff absence • Turnover • Workforce projections <p>Note, some workforce information gaps are outstanding. Including workforce projections, particularly for nursing professionals.</p>

	<p><u>Our Workforce Challenges</u></p> <p>This section offers an overview of global and national challenges impacting the population and workforce. It also provides an overview of the demographic challenges of North Ayrshire and reflections from the HSCP Strategic Needs Assessment.</p> <p>Provides a summary of the workforce challenges, by service area, identified by HSCP stakeholders in the Workforce Plan Survey. In overall summary, the key workforce challenges identified include:</p> <ul style="list-style-type: none"> • Recruitment Difficulties • Staff retention • Dearth of appropriately qualified/experienced staff • High levels of staff absence • High levels of potential retirements, resulting in loss of workforce experience
	<p><u>Our Future Workforce</u></p> <p>Provides an overview of HSCPs workforce and development ambitions over the relevant time periods (12months and 3years). Information on the future workforce was collected through the workforce planning survey distributed to senior managers.</p> <p>This section does not include reference to all HSCP teams or forthcoming developments and is likely to be enhanced in future versions.</p> <p>While information on future staff requirements (roles, headcount etc) was gathered, this information has not yet been included in the plan at this stage. This is to ensure the future required roles can be sustainably resourced.</p>
	<p><u>Third and Independent sector workforce</u></p> <p>In recognising that workforce challenges also impact the local Third and Independent sector, a survey was also distributed to TSI colleagues.</p> <p>As such, a section reflecting on the challenges and ambitions of local Third and Independent sector colleagues has been included. Of the 26 responses received, 69% of the organisations are currently commissioned by the HSCP to deliver local services.</p>
	<p><u>Supporting Wellbeing</u></p> <p>This section highlights feedback from the HSCP Workforce survey, highlighting what negatively impacts staff wellbeing, and what works well to support positive wellbeing.</p>
	<p><u>Our Workforce Action Plan</u></p> <p>A draft action plan has been produced. It is structured by the identified Workforce Planning priorities. Draft actions have been drawn from the Strategic Plan Action Plan, HR Workforce Plans, and through conversations with appropriate services leads.</p> <p>The action plan will require further development and validation.</p>

3.2	<u>Anticipated Outcomes</u>
	<p>It is anticipated that the plan will help to address the Workforce Challenges as outlined in paragraph 3.1.3 above.</p> <p>Overall, the plan aims to help ensure that North Ayrshire HSCP is seen as great place to work and build a career. The plan will set out our commitment to growing and retaining our people by offering clear career pathway information for all staff, to encourage them to develop a life-long career with North HSCP.</p>
3.3	<u>Measuring Impact</u>
	<p>The Workforce plan will be supported by a Workforce Action Plan, that will set out key actions to help further develop our workforce and support the development and wellbeing of staff.</p> <p>This action plan will be structured around the Partnership's identified workforce priorities, that map directly to the Scottish Government's five pillars of workforce planning.</p>
4.	IMPLICATIONS
4.1	<u>Financial</u> The Workforce plan is aligned to the Partnership's Medium-Term Financial Outlook (MTFO)
4.2	<u>Human Resources</u> The Workforce plan will have significant implications for Human Resource as we seek to better understand our workforce, and implement actions to support its development, particularly in relation to growing the workforce, investing in developing staff, and supporting staff wellbeing.
4.3	<u>Legal</u> In publishing this plan, Integration Joint Board are complying with the legal obligation to produce a new Workforce plan within set timescales.
4.4	<u>Equality/Socio-Economic</u> An Equality Impact Assessment will be completed on the Workforce Plan prior to publication to ensure our intentions do not discriminate or adversely impact on any protected group. The plan aligns to the high-level equality outcomes set forth by the Ayrshire Equality Partnership.

4.5	<p><u>Risk</u> Risk identified suggests that failure to adequately support workforce development – including failure to recruit or retain appropriate staff - will result in inadequate staffing levels. In turn this will negatively impact on the quantity and quality of care provision to local residents.</p>
4.6	<p><u>Community Wealth Building</u> None identified.</p>
4.7	<p><u>Key Priorities</u> Further development of the workforce will assist the partnership in working towards all five strategic priorities. It also directly contributes to the priority of 'Develop and Support our Workforce'.</p>
5.	CONSULTATION
	In development of this workforce plan, engagement has been undertaken across all partnership service areas. Including the distribution and analysis of a Workforce Planning Survey completed by Service Managers and ongoing discussions service leads.
	Engagement has also been undertaken with providers from local Third and Independent Sector organisations with a focus on delivering services that support Health and Social Care.
	The plan will also be presented at other governance groups, including PSMT and the Staff Partnership Forum.

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Appendices

- Appendix No 00, NA HSCP – DRAFT Workforce Plan 2022-25_v3 post submission
 - Appendix No 00a. Workforce Plan – Action Plan 2022-25_v2 – post submission



Workforce Plan 2022-25

INITIAL DRAFT

NORTH AYRSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP



NORTH AYRSHIRE

Health & Social Care Partnership

Governance Review

Group / Development	Date	Comments
1 st Draft submitted to Scottish Government Workforce Planning Office	02/08/2022	Initial submission. Comments due back by end August 2022
Partnership Senior Management Team (PSMT)	04/08/2022	Broad endorsement of approach, with offers of support to develop plan going forward. Highlighted data gaps to be considered.
North Ayrshire Integration Joint Board	25/08/2022	
Feedback received from Scottish Government Workforce Planning Office	TBC	
Staff Partnership Forum	27/09/2022	

Version Control

Detail	Version	Date	Changes
1 st Draft submitted to Scottish Government Workforce Planning Office	V2	02/08/2022	Initial submission. Comments due back by end August 2022
Changes following Scottish Government submission	V3	03/08/2022	Inclusion of NHS protected characteristic data.

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Introduction

In recent years, North Ayrshire Health and Social Care Partnership has endeavoured to meet the unique challenges presented to us through the Covid-19 Pandemic. All NAHSCP staff, including frontline care workers, administrative support staff, and senior leaders, have had to quickly adapt to new ways of working, often in very challenging circumstances. Through the pandemic, we truly learned how determined and hard-working our workforce is, and how vital it is to ensure our on-going recovery from Covid-19.

Now more than ever the importance and value of our workforce is prominent, their support in our Covid-19 recovery is and ability to meet the growing demand for health and social care services in North Ayrshire are critical. Further, we are also mindful of the wider economic and workforce challenges that are a result of other national and global factors. This focus on our staff is recognised in our new Strategic Commissioning Plan (2022-30) with 'Developing and Supporting our Workforce' being included as one of our five strategic priorities.

This plan sets out our ambitions for our workforce, how we intended to shape our services to ensure we provide the best health and social care to local people in need. We hope, through implementation of this plan, the HSCP workforce is ready to meet the future health and social care needs of local people, and a career in health and social care is celebrated for its value it brings to the lives of local people.

How we developed this plan

This plan is the product of many months of development, involving review of relevant national and local policies and publications, engagement with HR and workforce planning colleagues, consultation with HSCP leaders and senior managers and with local Third and Independent Sector organisations. To help guide and inform the development of the local plan, a working group was established that includes Strategic Planning Leads, Human Resource officers, Workforce information analysts, Partnership Planning Managers, and TSI representation. Engagement has also taken place with other key stakeholders, including HSCP professional leads, Learning and Development leads, and Union representatives.

The NAHSCP Workforce plan is strongly influenced by the Scottish Government's National Workforce Plan for Health and Social Care Service. We have created a local set of five workforce priorities, based of the Government's five pillars of workforce planning.

Workforce statistics have been provided for both Local Authority and NHS contracted staff and presented to provide an overview of the current Health and Social Care Workforce in North Ayrshire. This information provides key insights into the challenges facing the local workforce. To help identify our future workforce, we surveyed managers and senior leads across our service areas and local Third and Independent Sector organisations. The feedback received helped us to identify local workforce challenges as well as the aspirations over the short (12 to 18 month) and medium (3 year) term.

North Ayrshire Health and Social Care Partnership

North Ayrshire Health and Social Care Partnership (the Partnership) provides locality-based health and social care services for people throughout their life: from birth through childhood, teenage years, adulthood and end of life.

Our service areas and key partners include:

- **Delivery Services**
 - Children, Families and Justice Services
 - Adult Health and Community Care Services
 - Mental Health, Addictions and Learning Disability Services
- **Support Services**
 - Business Support Services
 - Finance and Transformation
- **Key Partners**
 - Citizens of North Ayrshire
 - North Ayrshire Third Sector Interface
 - Independent Sector
 - Wider Community Planning Partners (Ayrshire Justice Partnership, Scottish Fire and Rescue, Police Scotland)

Partnership Services

Most of our services are delivered in collaboration between North Ayrshire Council and NHS Ayrshire and Arran. Our service delivery teams include Allied Health Professionals (dietitians, physiotherapists, occupational therapists, speech and language therapists), addictions workers, care at home, care homes, child immunisation, community alarm and digital health, community link workers, welfare rights officers, nurses (including specialist nurses), paid carers, psychologists and psychiatrists, social workers (across all age groups) and social work assistants, residential adult and childcare staff and volunteers in a range of teams. In many services, we also have peer support workers, who are staff members with lived experience of services.

In addition, dentists, GPs, optometrists, and pharmacists (primary care professionals) work together with us. We also work closely with the Third sector, the Independent Sector, Housing Services, NHS acute hospitals, Alcohol and Drug Partnerships, the other Ayrshire Health and Social Care Partnerships, Police Scotland, local councillors and many others.

To ensure our service delivery and frontline services are able to do their job as best they can, our Business Support Services work to provide essential clerical, administration and technical support. Business Support plays a key role in supporting the wellbeing of all Partnership staff, providing guidance on health and safety, wellbeing at work and supporting staff attendance.

Our Finance and Transformation service provides key strategic support for the Partnership. The service oversees the Partnership's funding allocation, manages how we commission and procure services, undertakes our planning and performance function, and leads on our key transformation and change projects.

In delivering effective health and social care services, we appreciate many things are out with the scope of either the NHS or North Ayrshire Council to achieve. That is why our partnership includes representation from the Third Sector Interface and from the local independent sector.

North Ayrshire Third Sector Interface

Third Sector Interface (TSI) North Ayrshire provides a single point of reference for all third sector organisations and community groups. TSI North Ayrshire is best placed to support the development and growth of local voluntary services that can provide invaluable health, care and wellbeing support for local people. The TSI North Ayrshire's vision is of improved quality of life for the people and communities of North Ayrshire by building a strong, effective, and sustainable Third Sector.

In North Ayrshire, the TSI is a partnership made up of Arran Community and Voluntary Service (Arran CVS) and The Ayrshire Community Trust (TACT). Both organisations have a long history of engaging with the local community, volunteers, community organisations and service providers.

Independent Care Sector

The independent sector in Scotland provides a wide range of care services for older people, those with long term conditions, learning disabilities, physical disabilities, dementia or mental health problems.

Working together, we endeavour to meet the increasing local demand for community based social care services. This includes:

- Independent Care Home Provision
- Delivery of Care at Home Services

Our independent care colleagues work closely with HSCP staff to meet our health and social care vision for the people of North Ayrshire and there is independent sector representation on the Integration Joint Board.

Policy Drivers

The plan had been developed in alignment and recognition of a number national and local strategic and operational plans and strategies. The demand and pressures facing the health and social care workforce in Scotland is widely recognised and can only be addressed by a national and collaborative approach.

Set out below are a number of the relevant local and national policy drivers that have influenced the development of this workforce plan.

Local policies

Our local policies and plans are informed by close engagement with local people and reflect the needs and priorities of North Ayrshire.

Caring Together – NAHSCP Strategic Commissioning Plan 2022-30

In April 2022 we published our longer-term strategy, Caring Together, which provides strategic direction for the North Ayrshire Health and Social Care Partnership for the eight year period up to 2030.

The plan identifies our vision for the people of North Ayrshire, which is that:

"People who live in North Ayrshire are able to have a safe, healthy and active life"

To help achieve this vision, we have identified 5 strategic priorities to work towards, these are:

- *Enable Communities*
- *Develop and Support our Workforce*
- *Provide Early and Effective Support*
- *Improve Mental & Physical Health and Wellbeing*
- *Tackle Inequalities*

We see these priorities as interlinked and expect that where we see success against one priority, it's effect will positively impact against others.

Caring Together represents the first time that a strategic priority around the development of our staff has been identified for action. The priority to, '**Develop and Support our Workforce**' reflects the HSCPs recognition of the value have on ensuring we can achieve our vision. Our workforce is one of our most valuable assets and it is essential that is developed appropriately to meet the health and social care needs of local people. We will endeavour to ensure that our workforce is fully supported to undertake their roles while also offering clear career pathways for those who wish to develop further and progress within the partnership.

Workforce Planning approaches by parental bodies

In developing this workforce plan we were mindful to recognise the approaches to workforce planning set out by our parent bodies in North Ayrshire Council and NHS Ayrshire and Arran.

North Ayrshire Council Approach to Workforce Planning

North Ayrshire Council have set out an agreed approach to workforce planning. The approach recognises the need to both ensure a workforce that meets current demands, but one that is also mindful of future requirements over the medium to long-term.

It highlights the key factors that must be considered when developing a workforce plan, and offers clear advice on workforce management and designing a future workforce as well as providing a six step approach to workforce planning. These six steps are:

1. Define the plan
2. Map the service change
3. Define the required workforce
4. Understand workforce availability
5. Develop and Action plan
6. Implement monitor and revise

As part of this workforce plan, we will ensure we adopt the advice and guidance in the NAC approach.

NHS Ayrshire and Arran Workforce Plan (2019-2022)

The NHS Ayrshire and Arran Workforce Plan sets out the vision for the organisation as it continues to review and improve its workforce and service delivery.

The plan sets out clear workforce objectives for NHS Ayrshire and Arran which are:

1. Deliver a robust, quantifiable and iterative workforce plan that sets out how it will achieve its future workforce.
2. Implement improved business process to improve the utilisation and deployment of the workforce
3. Deliver an effective people strategy to improve the image of NHS A&A as an attractive employer
4. Support the health and wellbeing of staff

In addition, the workforce plan aims to implement a culture of workforce planning across the organisation, ensuring that it is everyone's business. It hopes to embed the idea that workforce planning is not a standalone activity but should be considered by all teams and services on a regular basis.

National Policies

Scottish Government National Workforce Plan for Health and Social Care

The National Workforce Plan for Health and Social Care was published in early 2022 and set out the Scottish Governments vision for health and social care in Scotland:

- *People are able to live more years in good health, and that we reduce the inequalities in health life expectancy*

This compliments the overall vision for the national health and social care workforce:

- *A sustainable, skilled workforce with attractive career choices and fair work where all are respected and valued for the work they do*

The national strategy sets out a tri-partite ambition to:

- **Recover:** Create the conditions through which our workforce, and by extension our Health and Social Care services, can successfully Recover from the pandemic
- **Grow:** Grow the Health and Social Care workforce sustainably, in line with Scotland's population demographics, and the demands on our Health and Social Care services
- **Transform:** Transform the ways in which our workforce is trained, equipped and organised to deliver Health and Social Care services, in order to achieve long-term sustainability through increased effectiveness and improved population health outcomes.

To support the future development of the national health and social care workforce, the Scottish Government has identified five national pillars for action. These are:

- Plan
- Attract
- Train
- Employ, and
- Nurture

It is advised that these five pillars are employed by health and social care organisations across SCOTLAND in the development of their own workforce plans. More information on these five pillars can be found in the methodology section of this plan (page 9)

Methodology

To support the development of this workforce plan, it was important to employ an appropriate methodology. This methodology would help inform and guide the development of the plan through its various stages. As identified, there are many key policy drivers informing the NAHSCP workforce plan. As an integrated partnership, it is important that we offer a blended approach to workforce planning, ensuring that the methods used by our parent bodies, and national organisations are reflected.

To support this, we have developed a set of local workforce planning priorities to help shape and guide our approach to workforce planning. These priorities were developed through a mapping exercise with other local and national approaches.

In delivering our workforce plan, we will work towards the following priorities (a definition of each of these priorities can be found in Appendix A):

- Understanding our workforce
- Promoting our organisation
- Investing in our people
- Building our Workforce
- Growing our people

How these priorities align with the five national pillars and other local approaches is set out in the table below.

<i>National Workforce Strategy Pillars</i>	<i>NAC Skills Pipeline</i>	<i>NHS Ayrshire & Arran (From vision p6)</i>	<i>HSCP Workforce Priorities (Draft/TBC)</i>	<i>Notes</i>
PLAN	6 Steps Approach (Define, Map, Identify, Understand, Develop, Implement)	Ensure workforce is affordable and sustainable	Understanding our workforce	Date Driven, making best use of workforce metrics (Analytics & Performance) and local data
ATTRACT	Attracting our future Workforce	Improve the image of NHS A&A as an attractive employer	Promoting our organisation	Engagement, communication and promotion. Sharing information
TRAIN	Developing our Talent*	Deliver an effective people strategy	Investing in our people	Training courses provided, registrations/qualifications achieved, etc)
EMPLOY	Recruiting Employees	Implement improved businesses process to improve the utilisation and deployment of the workforce	Building our workforce	Recruiting people through a variety of methods (Myjobscotland, MA programmes, Internships). Equality focus, ensuring we are inclusive employers.

<i>NURTURE</i>	Developing our Talent* Succession Planning	Support the health and wellbeing of staff	Growing our people	<p>Supporting career development and succession planning.</p> <p>Ensuring knowledge and experience is retained in the organisation.</p> <p>Supporting the wellbeing of employees (wellbeing focus, friendly employment policies (.e.g. real living wage).</p>
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Our Workforce Now

A snapshot of the HSCP workforce was collected on 1st April 2022. Information provided has been aggregated for both the North Ayrshire Council and NHS Ayrshire and Arran Workforce.

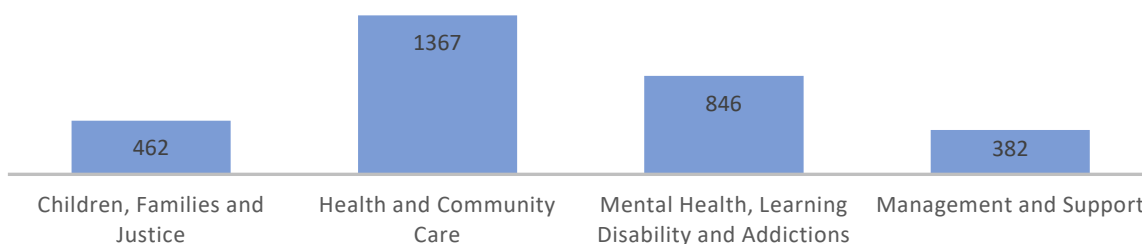
As at April 2022, North Ayrshire Health and Social Care Partnership had a total workforce of **3,622** people (FTE 3059) across all our delivery areas. In terms of headcount 52% (1869) of our Workforce are contracted by North Ayrshire Council, with the remaining 48% (1753) contracted by NHS Ayrshire and Arran. In terms of FTE, 49.5% (1514) are NAC contracted, with 50.5% (1544) NHS A&A contracted.

Most of our workforce, **86.4%** are under a permanent employment contract, with only 13.4% of staff under temporary conditions. Overall, 51.9% of staff are employed full-time, with 48.1% working part-time. There is a greater proportion of part-time workers contract by NAC (55.2%), compared to NHS A&A (40.6%)

Workforce by service area

The chart below shows our workforce by our key service areas.

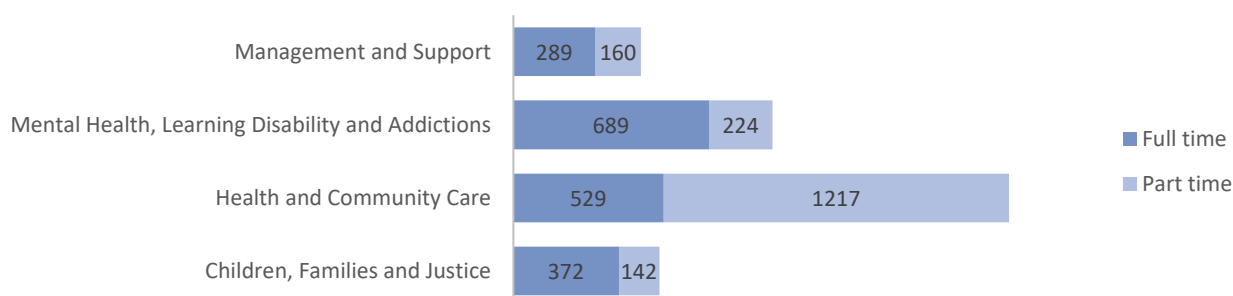
NAHSCP Workforce by service area (FTE)



As demonstrated, Health and Community care is the largest service in terms of workforce, accounting for approximately 45% of NAHSCP.

The Health and Community Care workforce also accounts for the highest proportion of part-time staff, with **89%** of staff under a part-time contract.

WORKFORCE BY CONTRACT TYPE (HEADCOUNT)



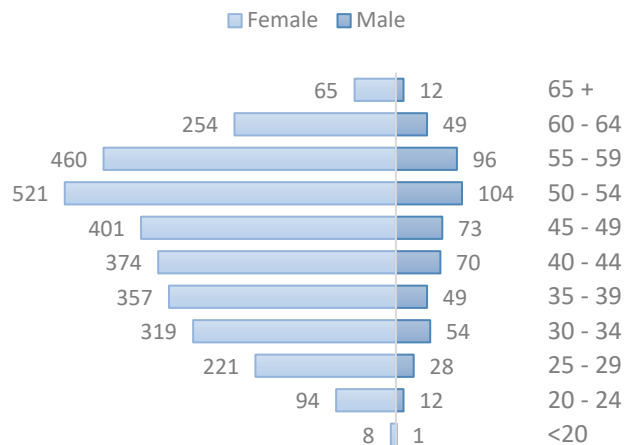
Workforce profile

The chart to the right provides an overview of the age and sex profile of the NAHSCP workforce.

As is demonstrated the workforce of NAHSCP is predominately female.

In addition, the workforce also has a high number of older employees of 50 plus.

NAHSCP Workforce by Age and Sex

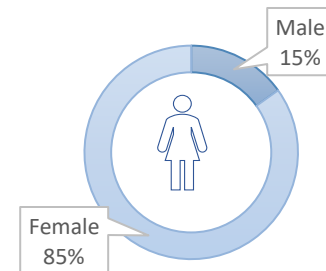


Workforce by Sex

As indicated above, the NAHSCP workforce is predominately female, with women accounting for 85% (3,074) of all employees.

A breakdown by contract type highlights that 52% of the female workforce are part-time. This compares to only 26% for males.

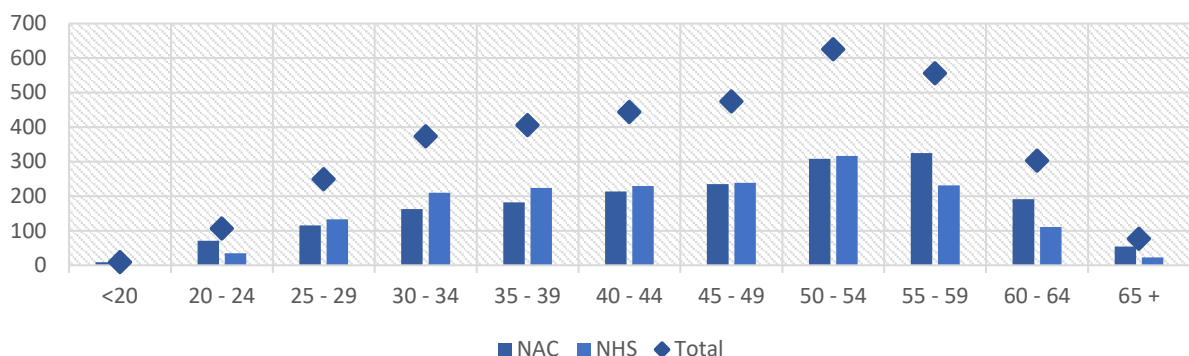
NAHSCP Workforce by Sex



Workforce by Age

Again, as indicated, NAHSCP has an aging workforce. As demonstrated in the chart below, there are high volumes of staff in older age brackets.

North HSCP Age Profile



Overall, **43.1%** of the NAHSCP workforce are 50 years old or over. This presents a particular risk due to staff retirement ages. NHS employees are eligible to retire at 55, and currently **20.1%** of the NHS contracted staff in NAHSCP fall in this age bracket. The minimum retirement age for NAC employees in the local government pension scheme is 60 years, currently there are **13.2%** of NAC contracted staff in this age bracket.

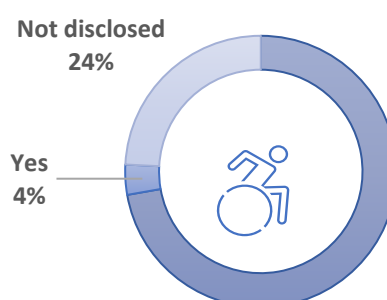
Workforce Equality Information

In addition to collecting information on gender and age, the Partnership also produces workforce statistics on other protected characteristics. Providing information on protected characteristics is voluntary by members of staff. As such, the information often contains data gaps.

Disability

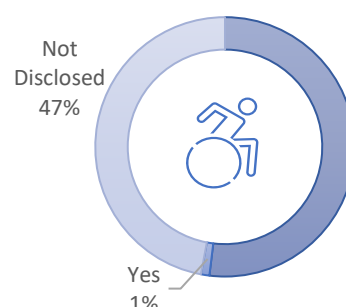
Of the 1,869 NAC this information was reported on, 67 (4%) identified as living with some form of disability. The types of disability are not disclosed. In addition, information was not available for a further 24% of staff members (452).

% NAC workforce with a disability



For the NHS Workforce, 19 (1%) of staff reported as living with a disability or long-term condition. 844 members of staff (47%) did not disclose this information.

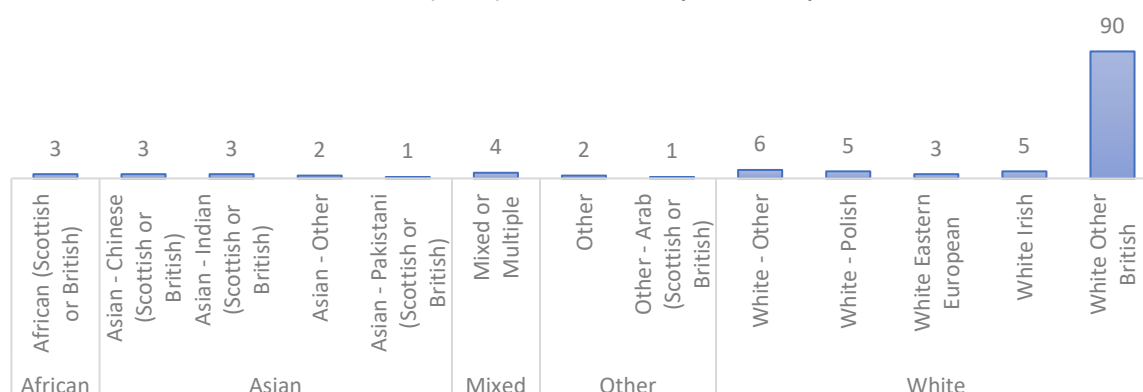
% NHS Workforce with a disability



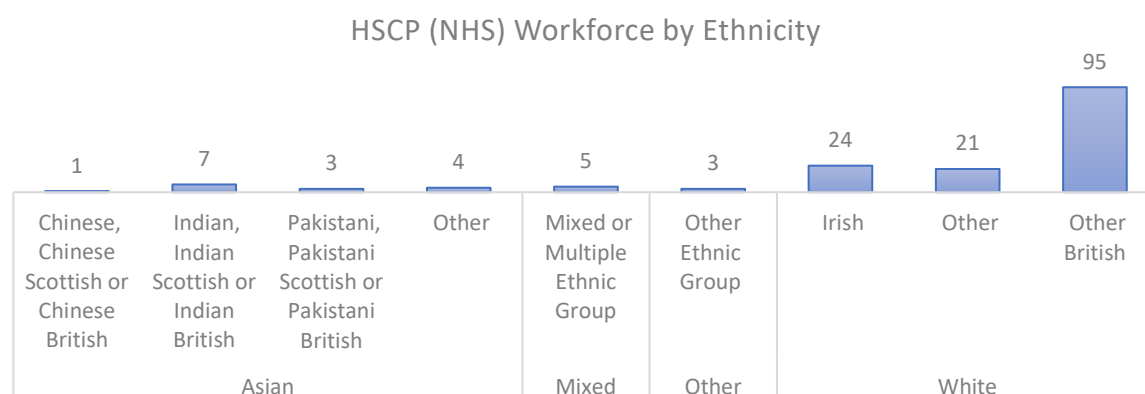
Ethnicity

Of the 1,869 NAC employees this information was reported on, the majority of the workforce identify as 'White Scottish' (1,320, 70.63%). A further 421 staff members (22.53%) have not provided any ethnicity information. The chart below shows the ethnicity of all other staff members.

HSCP (NAC) Workforce by Ethnicity



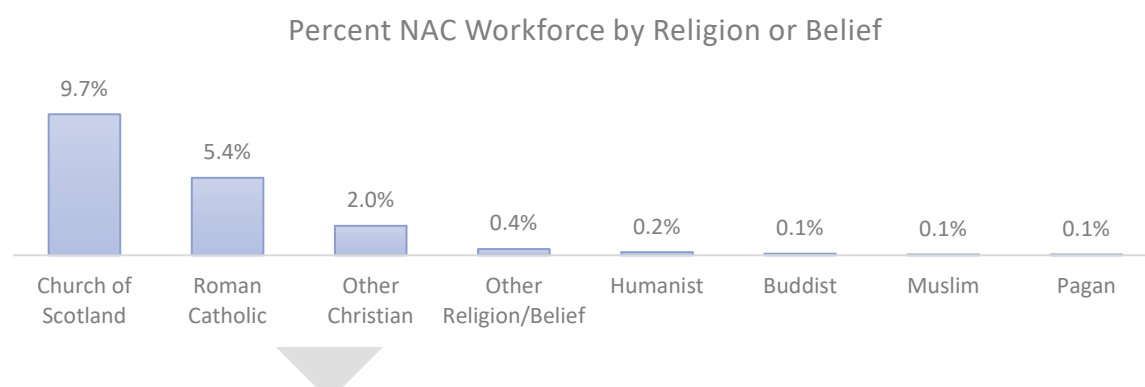
The NHS workforce has similar profile to the NAC. Overall, 73.76% (1,324) of NHS employed staff identified their ethnicity as 'White Scottish'. A further 17.16% (3080) of staff did not disclose an ethnicity. The reported ethnicities of the remaining 9% of staff is highlighted below.



Religion and Belief

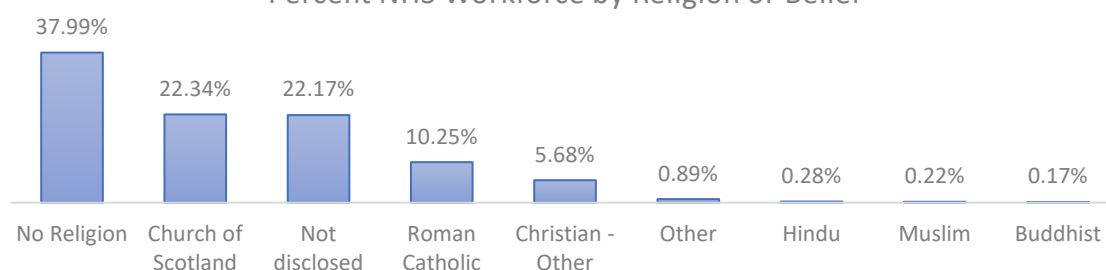
In terms of reporting on religion and belief, over 60.4% (1,129) of the NAC workforce did not disclose any information in relation to this characteristic. 21.6% (404) of the workforce identified as having **No** religion.

The chart below shows the identified religion of all other staff members



Within the NHS Workforce, the majority of staff (682, 37.99%) identified as having **No** religion or belief. 22.34% of staff (401) identified as members of the Church of Scotland. A further 22.17% of staff (398) chose not to disclose this information. All responses by percent of the NHS workforce is highlighted in the chart below.

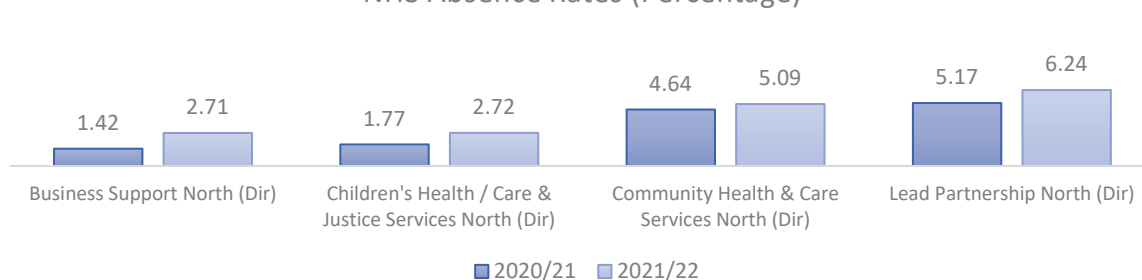
Percent NHS Workforce by Religion or Belief



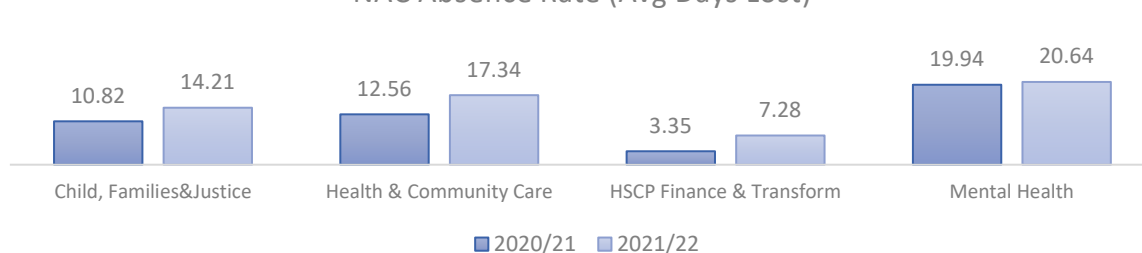
Staff Absence

NAC and NHS Ayrshire and Arran use different methodologies to report staff absence with NHS reporting a percentage figure, and the Local Authority report Average Working Days Lost. Both Local Authority and NHS reported increased absence figures in 2021/22 compared to the previous year with NHS returning a rate of 5.35% absence (up 0.83%), and Local

NHS Absence Rates (Percentage)



NAC Absence Rate (Avg Days Lost)



Authority at 15.29 Workdays Lost per Employee (up 3.82 workdays). All main service areas, without exception, reported an increase in sickness absence in 2021/22.

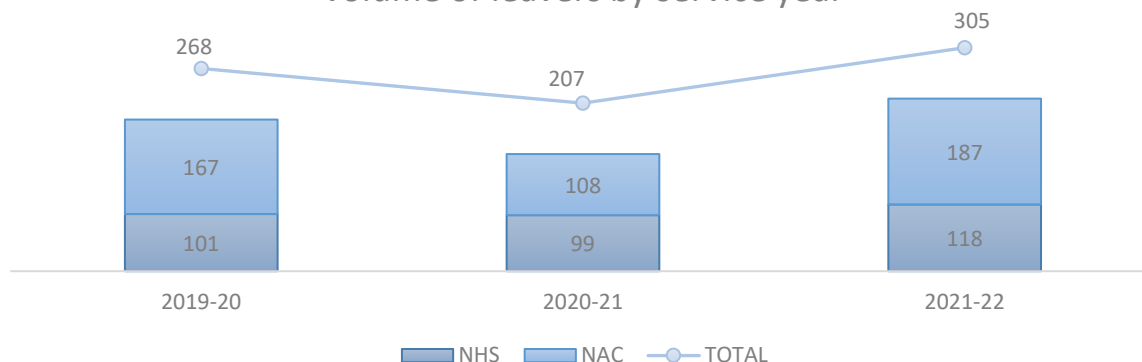
In both years, it appears the greatest reason for absence was related to Anxiety, stress, depression, or other psychiatric illness. The second most common reason has been identified as Musculoskeletal problems.

Staff Turnover

The Employee Turnover rate for 2021/22 is 8.5%, an overall increase, compared to the previous year, of more than 40%. Figures indicate that whilst employee turnover has increased across both NHS and Council settings, numbers of employees leaving are

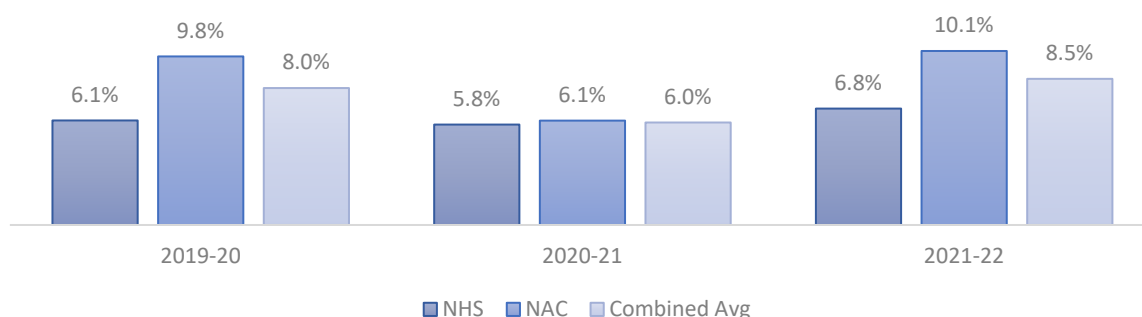
significantly higher within the Local Authority in each of the last 3 years, with most recent 187 leavers (NAC) compared to 118 (NHS), in 2021/22.

Volume of leavers by service year



As the chart above indicates, and the chart below underlines, the staff turnover rate in North HSCP has increased in 2021-22. It is likely that the turnover rate in 2020-21 was abnormally low due to the ongoing pandemic, making the 2019-20 information a more meaningful comparator. Even so, turnover in 2021-22, is still higher than in 2019-20.

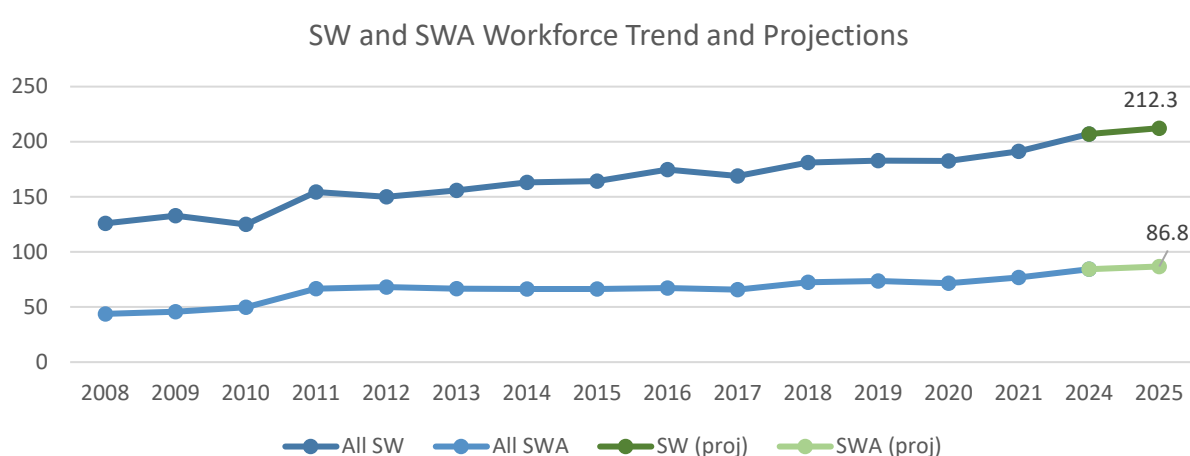
HSCP Turnover Rate



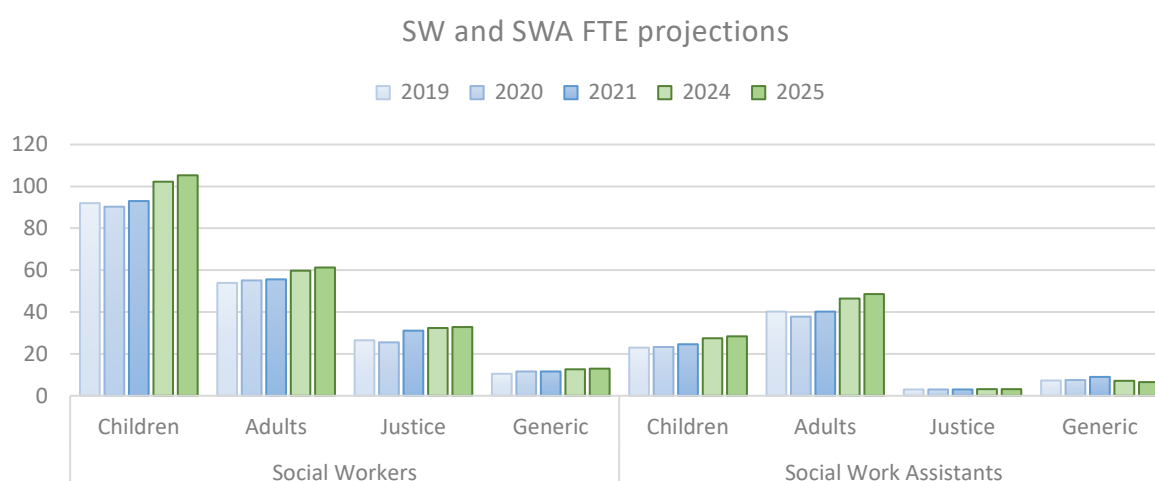
Workforce Projections

For the purposes of this plan, a long-term analysis of staffing trends was undertaken. This analysis also offered workforce projections over the medium term.

For North Ayrshire Council staff, information was provided on the Social Work and Social Work Assistant Workforce. Data provided covered the long-term period from 2008 to 2021. Based on workforce analysis, the 3-year average workforce change was identified as 15.7 FTE posts for Social Workers and 7.5 FTE posts for Social Work Assistants. Applying these figures to the most recent workforce information, we are able to offer a projection of the local workforce. For Social Workers, based on the 2021 workforce of 191.3 (FTE), this will increase to 212.4 (FTE) by 2025. Likewise for, Social Work Assistants, we project the workforce to consist of 86.8 (FTE), by 2025 based on the 2021 workforce of 76.8 (FTE)



Projections by broad service area are identified in the chart below.



GAP – NHS Staff information

Workforce Challenges

The Health and Social Care Workforce currently faces several challenges, which could result in the ability to deliver effective services is at risk. Some of the key risks to our workforce are set out below.

Global and National Challenges

Following the negative impact of the COVID-19 pandemic and its subsequent restrictions, it appears that overall, the Scottish economy is in recovery. Employment levels in Scotland are exceeding those recorded in 2019 pre-pandemic, and rates of unemployment and economic inactivity are also lower. However, the Scottish workforce is still subject to many challenges.

- **Cost of living crisis:** Due to rising inflation, increases in the cost of living are placing additional pressures on individuals and families. In 2022 Scotland has rising levels of employment, coupled with real wage increases. However, wages are being exceeded by inflation, meaning employees are becoming more and more worse off.
- **Recruitment challenges:** Despite high levels of employment, there are still a high volume of vacant posts across Scotland as employers struggle to recruit new staff. This is particularly noticeable in the Health and Care Sector.
- **Staff retention:** Due to workforce supply issues, there appears to be increased levels of competition between business; to secure suitable staff. Including improved wages or 'golden hello' incentives.

In summary, despite high levels of employment, there remains a high level of vacancies across many key sectors in Scotland. Due to the cost-of-living crisis, workers pay is effectively decreasing, as such they are likely to be more open to moving to better paying work. This means employers are finding it more difficult to recruit and retain staff, and therefore negatively impacting on service delivery.

Demographics of North Ayrshire

Most information projections suggest that the population of North Ayrshire is changing. As such, the health and social care workforce must adapt to ensure it continues to meet the demands of local health and care need.

Population projections continue to suggest two population changes which will have an impact on health and social care in the future:

- a) The North Ayrshire population continues to decrease and is expected to shrink by 3.9% between 2018 and 2030, falling to 129,987.
- b) Within this falling population, we will continue to see a growing older people population, with those 65+ accounting for 25% of the population by 2025, and almost 27% by 2030. This correlates with a shrinking younger (0-15) and working age (16-64) population.
 - Of further concern is the growth in those over 75 years. From 2018 and 2030, the 65-74 age group will increase by 12% (from 17,093 in 2018 to 19,207 in 2030. However, over the same period, the population who are 75 or over will increase 30% (12,981 in

2018 to 16,905 in 2030. Considering the complexity of health concerns increase as we age (see paragraph 3 below) this increase in this population implies a greater demand on Health and social care services in the future.

North Ayrshire continues to have areas of high deprivation contributing to social and health inequalities across the population. The most recently published Scottish Index of Multiple Deprivation figures suggest as much as 41% of North Ayrshire's population live with areas that are considered among the most deprived areas in Scotland.

In addition, information published by the charity EndPovertyNow also suggests that more than 1 in 4 children (28.3%) in North Ayrshire live in poverty.

Health & Care Strategic Needs Assessment

Since 2012, the life expectancy for both men and women in North Ayrshire has seen a decrease. In the reporting period 2012/214, life expectancy in North Ayrshire was 80.8 years for women and 76.1 years for men. In 2018/20, this has dropped to 80.1 years for women, and 75.3 years for men.

However, Healthy life expectancy for men North Ayrshire has increased in recent years. However, we see a decreasing trend for women. In the latest time period available (2018-2020 3-year aggregate), the average healthy life expectancy in North Ayrshire was 58.5 years for men and 56.3 years for women in 2017-2019.

Currently, 27% of local people are living with a Long-Term Condition (LTC) which could include; Arthritis, Asthma, Diabetes, COPD). Projected prevalence up to 2025/26 shows there is to be a gradual increase in the population living with an LTC. Long-term conditions are more common in older age groups, with the proportion of people living with one or more LTC increasing with age.

By 2026, only 2 in every 10 people in North Ayrshire under the age of 65 will have a long-term condition. For those 85 and over, 8.2 in every 10 people will live with an LTC.

Further, the proportion of people living with more than one long-term condition (multi-morbidity) increases with age, with approximately 15% of over 65s with multi-morbidities, compared with less than 5% of under 65s for 3 LTCs.

Our Workforce Challenges

In developing this plan, a survey was completed by senior managers and service leads. This survey afforded managers the opportunity to identify the key challenges facing their services. Some of the key challenges experienced are detailed below. Overall, the key workforce challenges that were highlighted across all services included:

- Recruitment difficulties - despite high levels of job vacancies
- Staff retention – as a possible result of the high level of competition in the job market at present.
- Lack of appropriately qualified/experience staff – particularly for more enhanced/professional roles

- High levels of staff absence
- High levels of potential retirements, resulting in a loss of workforce experience

Children, Families and Justice Services

Overall, the Children, Families and Justice Service is managing with all essential business requirements. However, there remains a considerable amount of pressure on the service due to high levels of vacancies and staff absence. The service is also reporting high volumes of staff preparing for absence to undergo medical procedures that were delayed due to Covid-19 restrictions.

The service recognises the challenge of recruitment for Social Workers across locality teams and in Service Access. This is also being compounded with an increase in service referrals, meaning that demand on the service is greater than current capacity.

In our early years' service, a number of additional challenges have been identified, including high retiral levels. The service also has an aging workforce that brings with it the risk of further retirements and increased chance of periods of ill health. The service is already experiencing the impact of long-term absence on caseloads.

In addition to recruitment challenges for both clinical positions and seasonal roles, the service is seeing an increase in staff wishing to move to part-time working for better work/life balance.

Health and Community Care

Across our Health and Community Care services, we are experiencing challenges of recruitment and high levels of turn-over, particularly in our Care at Home Service. Care at Home traditionally has high levels of vacancies but are now finding it harder to recruit to and retain staff. This is attributed to both retirement due to ill health or opportunities in other job sectors. The role of Care at Home worker is often viewed negatively.

In our Long-term conditions service, we are seeing low level of applications for Registered General Nurses (RGN), with number of applications having fallen over the past 4 years. There are also low numbers of Registered Mental Health Nurses (RMN) applying for community posts, presenting an on-going challenge. The service is also noting challenges in recruiting Senior Charge Nurses and Clinical Team Leaders, which could indicate a lack of experienced leaders in teams. The absence levels, mostly as a result of Covid-19 have continued to provide challenges to the service.

There continues to be recruitment challenges for Adult Social Workers, highlighting a low number of applicants for vacant posts, issues of retention and ongoing staff absence levels.

Island Services on Arran currently have a high level of vacancies in Care at Home and Montrose House Care Home. With additional vacancies in primary care posts, including GPs, nursing and physiotherapy.

Arran faces additional demands to recruitment due to it being an island, these include housing costs, cost of living on the island and a reliable ferry service for an effective commute.

Allied Health Professional services identify ongoing support to other services as a current challenge. Following support to other services during the pandemic, the service is now facing the challenge of returning to normal service delivery in providing moderate AHP consults to local people. This is further exacerbated by a public perception that all services should be back to 'normal'. The service also reports low levels of administration support, requiring professionals and clinicians to be redirected to undertake admin functions. These challenges are in the face of rising demand for the AHP service from both the community and primary care services.

In our primary care services, a number of challenges have been identified.

- Mental Health Practitioners - the service has not been able to recruit to the island of Arran and remote sessions are now being delivered. The service is under pressure as there is currently no in-built resilience cover and the service has requested via new Primary Care Mental Health monies additional posts. The team are challenged by a lack of space in some GP practices and some staff deliver sessions remotely.
- Community Link Workers - the growth in digital supports requires the digital navigator post to be made permanent and it is hoped that new Primary Care Mental Health monies can support this ambition. The team are challenged by a lack of space in some GP practices and some staff deliver sessions remotely.
- Pharmacotherapy - the service has not been able to recruit to the island of Arran and the island team is exploring the expansion of skills across technical grades with GP training support. There is a lack of resilience in the team and team is exploring a 10% growth across teams. There is a limit of senior pharmacotherapy staff across Scotland and the Ayrshire team have very successfully skill mixed. The team are challenged by a lack of space in some GP practices and some deliver sessions remotely.
- MSK physiotherapists - The service is currently under pressure as there is no built-in absence resource and a lack of availability of senior MSK professionals to recruit due to marketplace shortages across Scotland. The service is currently exploring skill mix to build a wider career path in primary care.
- CATC the service continues to refine and develop its clinical specification to enhance the interventions and patients supports available. The team are challenged by a lack of space in GP practices and work continues to resolve this issue.

All of the service above require the support of GPs to ensure clinical training, supervision and support. Due to a lack of GPs across the Ayrshire system, this can be a challenge. However Ayrshire & Arran are now exploring a 'Primary care Training Academy' to support this training need.

Mental Health, Learning Disability and Addictions

As in other service areas, there are significant challenges facing our Mental Health, Learning Disability and Addictions Service. As Lead Partner for Mental Health Services across the

Ayrshire and Arran Health board areas, many challenges face by the service also impact in the two other partnership areas in Ayrshire.

The Community Mental Health Team (CMHT) have not seen the same levels of investment as other services in recent years (for example unscheduled care and perinatal mental health services). This has led to a significant gap in service demand and capacity. While reviewing the current CMHT workforce, it has been identified that there are gaps in both staff volume and experience. With the expected retirement of a number of CMHT staff in the near future, the skill/experience level in the service will significantly shift. With high levels of inexperienced staff, the service has the challenge of skills development.

North Ayrshire Drug and Alcohol Recovery Service (NADARS) identified the challenges of both recruitment to vacant posts and the retention of staff members. It was highlighted that there is a high level of competition in the market at present, making recruitment additionally challenging. In addition, due to recent changes in pension legislation, more experienced staff are now considering retirement at some point in the future.

In Psychological Services (Pan-Ayrshire Service), there are challenges in recruiting to specific priority posts, including Child (CAMHS and neurodevelopmental) and Adult Mental Health in the Community. In the past year, SG has provided additional dedicated funding to all Boards to increase specialist Psychology provision to clear long waits and support Boards to achieve the waiting times standard by March 2023. Although training places are increasing year on year, there is currently an insufficient specialist workforce to fill all vacant posts across Scotland so there is currently a competitive workforce context and an increase in staff movement between Boards as high numbers of new posts are being developed.

The greatest challenge in Psychological Services has been recruiting to the established larger services of CAMHS and AMH Community as staff have opportunities to take posts in smaller new developed specialist services.

In AHP services several challenges have been identified. As in other areas, recruitment to specialist posts is proving challenging. As a result, staff are spread thinly across the large geographic area of Ayrshire and Arran. In addition, the current cost of fuel is an additional concern for members of staff. The service is also impacted by high levels of staff absence and special leave. This is also in conjunction with an increase in demand for AHP services with inward migration to Ayrshire causing particular difficulties.

Concern was also raised by the service over adequate investment/ provision of training and development opportunities.

Management and Support Services

NAHSCP has several support services, working to ensure our operational delivery services can carry out their functions effectively. These are covered across our Business Support and Finance and Transformation services.

In our Business Support Services, we are experiencing a high level of staff turnover as employees move onto more promoted posts in other areas, particularly to other council

services. Further, while additional staffing funding is often proved to operational service areas across the HSCP, Business Administration is often overlooked.

Our Money Matters service also reports recruitment difficulties for experience welfare rights and income advisor posts.

Across AHP and Independent Living Services, there is a lack of appropriate administration support, meaning clinical and professional staff often have to undertake admin tasks, leading to a detrimental impact on workloads.

In our Finance Services, we are seeing an aging workforce, with little opportunities to appoint trainee accountants to develop.

Financial Context

North Ayrshire IJB agreed its Medium-Term Financial Outlook (MTFO) covering the period from 2022-2025 in March 2022. This is a critical part of the strategic planning process as it sets out the resources which the Partnership expects to have available to deliver services.

It assists with ensuring that these resources are aligned to the strategic priorities as well as with annual financial planning. The financial context for the public sector remains extremely challenging and so it is vital that our strategic ambitions are set against the financial resources which are anticipated to be available.

The MTFO looks at the economy, the fiscal outlook and the resource spending outlook in the context of national policies and demand pressures and local priorities. It projects the financial gap which will need to be addressed through service transformation and financial savings to deliver the services which will help us achieve our strategic priorities. The Scottish Government has published a one-year budget for 2022-23 and so the financial position for 2023-24 and 2024-25 is projected through three different scenarios – best, medium, and worst case. The Government has committed to publishing medium-term financial settlements in Summer 2022, and this will facilitate future refresh of the MTFO.

Our Workforce in 12 Months

To support our on-going recovery from COVID it is essential that our workforce has the appropriate capacity and skill set to continue to deliver effective health and social care services to the people of North Ayrshire. Over the next 12 months, we will seek to address many of the immediate and pressing challenges on our workforce while also implementing procedures to improve our overall approaches to workforce planning.

As restrictions ease and confidence increases, we will expect to see a full role out of Agile working for staff across the partnership. This will mean much of our workforce will have a flexible approach to their work location, with more people expected to return to office-based working while still balancing working from home.

In summary, over the next 12 months we will seek to build greater capacity across all our services. This will include continuing to develop an experienced and skilled workforce, ensuring we attract motivated and skilled staff to the HSCP and ensure the experience held within our organisation is maintained and passed on. To do this we will develop clear pathway for skills development.

We will have developed a Succession Plan for our workforce, to ensure we are identifying future leaders and supporting them with appropriate skills development opportunities. In addition to Succession Planning, we will provide clear Career pathways to support all staff members and effective career route plan. To support both career development pathways and succession planning, our leadership will consider the overall management structure of the HSCP to ensure there are clear manageable career steps for progression.

How the workforce of each of our services will look in 12 months is highlighted below..

Children, Families and Justice Services

Overall, in Children, Families and Justice Services, we will seek to build our workforce and processes to ensure delivery of the Promise. This will include further developments in:

- Early help and intervention approaches
- Whole Family Wellbeing
- Co-located, multi-disciplinary team working
- Supporting local families address poverty
- Child protection procedures (Signs of Safety and Safer and Together)
- Trauma informed practice

To support these developments the service will need a full complement of staff within existing resources plus further lead posts in areas such as Trauma informed work, additional social workers and social work assistants (across each NA locality) to reduce caseloads. This will also require additional more team managers to provide leadership and oversight.

In our Early Years' Service, the increased complexity and vulnerabilities in families has been noted following the Pandemic. This means an additional amount of time is now required to support families and children in the early years. As such, additional capacity is required across a range of early years teams to improve service delivery, reduce waiting lists and reduce

dependency on costly bank staff approaches to plug workforce gaps. The service will seek to enhance capacity across the following services:

- Health Visiting
- Children's immunisations
- School Nursing Staff
- Support worker capacity for school age children
- Peri-natal mental health services
- Creation of a 'Dad', support worker

The service will also develop a workforce development programme to support the retention of a staff, support staff to develop additional skills and experience that would support their career development within the Partnership.

In our Justice Services we will seek to enhance our Making a Difference Programme to improve engagement with Service Users and supporting community sustainability. This development would see the team allocated additional Project Workers and Social Work Assistants.

Health and Community Care

To support our developments in primary care, over the next 12 months we hope to see the successful transfer of PCIF services (including CTAC, Pharmacotherapy and MSK Physiotherapy) to the HSCP. This help ensure primary care services are at appropriate capacity and resilient to demand.

To support the effective delivery of primary care services, we would also seek to enhance the following capacity in local GP practices:

- Mental Health Practitioners
- Community Link Workers (digital navigator)
- Occupational Therapists

Recognising the shortage of local GPs to oversee and support those within the multi-disciplinary Teams, the service – along with NHS Ayrshire and Arran – are exploring the potential for a 'Primary Care Training Academy' to support training need.

In Community Care Assessment and Review, the newly appointed posts created from additional Scottish Government Funding will be used to help to reduce waiting times for social care assessments.

In our Care at Home Services, we will continue our recruitment drives, succeeding in recruiting to all community care positions. This will be further supported by a review of the Care at Home assistant role profile. We will role out our new models of day services for older people in North Ayrshire. To support improvements in our registered services, we will consolidate recent inspection reports, and work with local providers to deliver improvement plans.

In our Island Services, we will complete the work on an integrated hub for Arran including a workforce plan that will be developed to support the new model of care we will deliver in the hub which will include modelling of future demand based on an home first model utilising overnight care on Arran (which we don't currently provide). By completing the project plan and business case for the hub we will look at a single 24/7 rota for our bed-based services.

In our Long-Term Conditions service, we will consider the best approaches for the District Nurse weekend workforce, to ensure safe and efficient staffing levels. We will continue to increase our community district nursing resource in order to develop pathways and new models of care. In the ward environment, we aim to increase the number of Band 3 HCWS as part of band 2 review. We will also develop dedicated CNM support for community services.

The service will also build in 22.5% contingency within community nursing, to support Annual Leave, Sickness Absence and study leave.

Mental Health, Learning Disability and Addictions

In North Ayrshire Drug and Alcohol Recovery Services will respond to both local and national priorities including delivering on the Medicated Assisted Treatment Standards, non-fatal overdose, developments in Housing First approaches, and enhanced Dual Diagnosis support. The workforce will adopt a hybrid approach to working, including at home, base and community venues. The NADARS workforce will be fully flexible and adaptable to changing priorities. The service will also be supported by a robust Information Management and Technology (IM&T) in place to support them

The Community Mental Health Team (CMHT) will develop the appropriate capacity to meet growing local demand. It is anticipated that a portion of demand on the CMHT will be addressed through the effective resourcing of Mental Health supports in primary care MDTs across North Ayrshire. Despite this positive development, on review of current caseloads, current capacity within the team will still not meet growing demand for service. As such, additional capacity is required. In recognising recruitment challenges for qualified Mental Health workers (with many posts expected to take up to a year to fill), the service will consider new advanced/ enhanced roles and different ways of working.

In Psychological Therapies, the service will recruit to established vacancies and utilise all new dedicated Scottish Government funding. Recruitment to these posts will help to reduce waiting lists across mental health services, particularly in areas with the longest waits, such as CAMHS, Community Paediatrics and AMH Community. The service will use new Scottish Government funding to expand Psychology services in established clinical areas where there is recognised unmet need (for example, Addictions, Older Adults, Acute services).

The service will seek to increase the capacity of the senior Psychology Leads team to ensure appropriate leadership of our expanding service, including, Perinatal, Infant MH, Eating Disorders, In-patient, Children and Young People Medium Secure/Foxgrove, provision to Acute - ICU/post-Covid.

Allied Health Professionals

Our AHP service will seek to enhance the support it provides across all service areas.

In Children, Families and Justice Services there will be an appointed Physio-Specialist post to cover in and outpatient complex respiratory patients and increased complexity in inpatient Children to address an existing skills gap. In primary care, there will be a test of a Paediatric post. A Support worker for screening for normal variants to visit schools, nurseries and other relevant child service provision to ensure early intervention. The AHP service will also provide increased interaction with hard-to-reach families.

Across Health and Community Care we will support an implementation of organisational change, this will include developing job role pathways and criteria and improve electronic recording and improving ease of input. This programme of change will also include:

- Improved and developed MDT communication protocols the support joint working.
- Ensuring training and competence is up to date. Embedding regular CPD, PDP and Turas time along with IST.
- Introducing objective measurements of impact/effectiveness.
- An Equitable service for Neuro out-patients.
- Improved links and pathways with Acute, Out-patient, HSCP, Primary care and 3rd sector services in the best care for the patient.

The service will review community roles and input to GP surgeries in-line with Caring for Ayrshire developments.

AHP services will seek to enhance a range of supports to the Mental Health, Learning disability and Addictions. In Mental Health and Learning Disabilities, AHP services will provide seamless transitional support to patients moving from inpatient to community care. This will include staff following patients across services where appropriate.

Other development across the AHP workforce for mental health service will include:

- Scope and develop liaison roles to improve linkage/liaison with acute and other community services to reduce duplicate working and enhance patient journey
- Develop an exercise intervention pathway through both acute and community services.
- Embed the national postural care strategy in practice, including full postural care assessments for all who need them across MH and LD services
- Enhance leadership capacity and development at all levels including support workers
- Develop Quality Improvement (QI) knowledge, and embed QI in practice at all levels
- Recovery from Covid - restarting all relevant services that have stopped due to the pandemic, and reducing waiting lists
- Expand and further develop the physio led group anxiety management program
- Increase the visibility and role of MH physiotherapy in dementia post diagnostic support and early intervention MH services.

- Provide regular, enhanced input to the inpatient addictions programme, and enhanced follow up on discharge to embed recovery health and wellbeing interventions
- Provide regular, increased interventions to forensic inpatients to meet service demand for activity and exercise
- Develop roles in the community eating disorders service, to meet the RC Psych guidelines.
- Agree and create a CAMHS clinical specialist role for physio and Dietetics inputting to Foxgrove
- Completion of the REHAB commission in AMH inpatients

A further scoping exercise will be undertaken to review the needs and demands of Dietetics input to Child and Adolescent Mental Health Services and Community Eating Disorder Service.

Management and Support Services

While embracing our new ways of working, our Business Support Services will consolidate our support services to ensure a more consistent approach to service provision across all partnership services. In addition, Business Support will also develop and implement a Personal At-Risk Distribution System (PARD). This system will improve our workforce's ability to identify and respond to the most vulnerable local people in the event of local or national emergencies. A review of the function of Moving and Handling/CALM Team will also be undertaken to increase capacity to better support training to frontline staff members.

In our Finance Section, we will require to monitor the workload demand of the Financial Intervention Team. While there are currently no plans to increase staff numbers, this may be reviewed in caseload increases to a point where there is a potential risk to service users and families in terms of not being able to access services. Due to the current profile of the Finance Section, in terms of team members close to retirement age, the section would seek to benefit from a succession planning approach.

Across AHP Services and Multi-Disciplinary Teams, we will seek to enhance administrative support capacity to services. This will include, generic admin support, IT system support and production of monthly management reports. This support will free the capacity of service managers and team leads to focus on clinical duties and leadership.

Our Workforce in 3 Years

By 2025 we anticipate our North Ayrshire Workforce to have developed appropriately to face the local health and social care demands of local people. Our teams will be appropriately staffed and resourced and have a clear understanding of their purpose.

North Ayrshire HSCP will be recognised as a great place to work, as we demonstrate our commitment to investing in our people, enhancing their skills, and supporting them to build long and meaningful careers within the Partnership.

We will continue to prioritise the wellbeing of our workforce and provide a range of options to ensure our staff are supported and motivated to thrive in their roles.

An indication of what our workforce will look like across each of our service areas is highlighted below.

Children, Families and Justice Services

Across Children and Families Services we will effectively delivering on the Promise for children and young people. We will have developed a workforce that is able to respond effectively to the needs of local children and families at the earliest possible stage, and providing more intensive support to those who need it.

In our Early Years' Service, we will have additional Health Visiting capacity in our most vulnerable communities in-line with wealth of robust evidence around the impact high quality health visiting services has on children's outcomes.

Recurring SLA funding for student Health Visitor placements and end of consolidation recruitment into the service. We will have developed an Improved skill mix within the School Nursing team to meet the needs of the school nursing pathway and to support models of whole family support.

We anticipate our Child Immunisation Team may undergo further developments as a result of the Current Public Health Immunisation review.

By 2025, in Justice and Intervention Services we will have realised the following workforce developments:

- Consolidated a robust process for the electronic monitoring of Bail and will have developed a staffing group to support this.
- Developed, consolidated, and enhanced our Making a Difference Project to improve Service Users engagement, support community sustainability and reduce the length of time involved in statutory services. Increase in referrals to Making a Difference.
- Consolidated and enhanced our early intervention and preventative approaches through development of the Family Centred Wellbeing Team.
- Restructured and appropriately staffed the Service Access Team, responding faster, robustly, and proportionately to high numbers of referrals and complex cases. This will reduce referrals onto other statutory services.

- Established a robust team of Recovery Development Workers/ staff with lived experience complimenting the work across our services and developing strong links with community resources and services.

Health and Community Care

By 2025, we will continue to develop and enhance our Primary Care Services, attracting the required workforce across all MDT in our localities. This work will compliment the development of the Caring for Ayrshire programme and it's associated property improvement programme.

On Arran, we will have established a Single point of contact for all people on the island to access Health and Social Care Services. Our Home First Model will be in place with enhanced overnight care provision in place, supporting vulnerable people to be cared for at home or in a community setting. The established Multi-Disciplinary Team will be supported by an additional Advanced Nurse Practitioner in complex care/frailty cases.

There will also be a full Business case completed to support the build of an integrated hub on Arran.

In Community Care, our registered services have improved on Care Inspectorate Gradings following support and joint working with HSCP services. To support staff, we will have in place an online training portal and learning and development opportunities for the Community Care workforce to support staff development and career progression.

Over the next three years, we will provide a specific focus on the development of the Partnership's Reablement service, ensuring capacity and skillset is within the service to support our strategic commitment to care for people back to health at home or at least in a local community setting.

By 2025, our Long-term Conditions service we will deliver our service and any operational changes in line with the recommendations from the forthcoming Community Nursing Review.

The service will also be prepared for the handover of the Community Treatment and Care Service.

Over the next three years, the service will also consider the feasibility of the development of an outreach service for stroke and general rehabilitation

Mental Health, Learning Disability and Addictions

In our Drug and Alcohol Recovery Service, we will have the capacity in service to respond quickly to the needs of local service users, meeting all established local and national standards and targets. The workload and capacity of the service will be closely monitored, and any additional resources will be identified and allocated quickly.

By 2025, we will have developed a new Primary Care Mental Health Service and are able to attract qualified and experienced individuals into these roles. This service will work closely with other Community Mental Health Teams and acute mental health services, to address the demand on local mental health services.

In our Psychological Therapy service, we will continue to build on the developments as identified over the next 12 months. However, in addition, we also endeavour to consolidate the service areas that are currently being developed over the next 18 months. This also includes a further expansion into new Scottish Government clinical areas such as Neurodevelopmental across the lifespan, MHS in Primary Care, and Early Intervention in Psychosis.

Allied Health Professionals

Over the next three years the service will undertake an AHP workforce review and a National Rehabilitation Commission exercise, to better understand service capacity against demand. This work will help the service identify appropriate actions to improve, which may include re-modelling AHP service provision.

Over the lifetime of this plan, our Allied Health Professional Services will seek to embed several workforce improvements across all service areas of the Partnership as highlighted below.

In Children, Families and Justice Services, the AHP service will develop a Develop Paediatric Spasticity Service to provide physio and other related supports to young children diagnosed with Spasticity

For Health and Community Care services, AHP development will ensure there is no waiting list between differing disciplines for assessment and rehabilitation. In addition to developing better care pathways and communication procedures for patients and service users, developments will also progress service skills and knowledge to best level with links to specialist training by investing in skills for staff.

In Mental Health, Learning Disability and Addiction Services, AHP developments will deliver transitional support to patients - seamless inpatient to community care in LD/MH specialisms including staff following patients across services where appropriate. Also, across Mental Health Service, AHP will aim undertake the following developments:

- Enhance leadership capacity and development at all levels including support workers
- Continue our recovery from covid - restarting all relevant services that have stopped due to the pandemic, and reducing waiting lists
- Improve linkage/liaison with acute and other community services to reduce duplicate working and enhance patient journey
- Review and develop the exercise intervention pathway through both acute and community MH services, and link to 3rd sector organisations for transitional ongoing care.
- Share key service developments from Quality Improvement work across local and national platforms
- Expand and further develop the physio led group anxiety management program
- Increase the visibility and role of MH physiotherapy in dementia post diagnostic support and early intervention MH services.

- Enhance and further develop regular, increased interventions to forensic patients across multiple services.
- Progress the Community eating disorders physio role to include inpatient liaison and embed the physiotherapy eating disorders network framework across inpatient and community care, and to meet the Royal College of Psychiatrists guidelines.
- Develop a CAMHS community role, led by the Foxgrove CAMHS specialist physiotherapist to enhance early intervention opportunities and reduce barriers to exercise and activity.

Management and Support Services

In our Finance Section, there is a stable workforce with effective skills development and succession planning in place to ensure the team is always at capacity and skills and experience are maintained within the team.

In Business Support services, we will have function centralised support service that provides effective administration and clerical support across the Partnership. Following a feasibility investigation, the service will also consider creating a centralised Minute Taking team for provision across the HSCP.

We will have created a Community Hub for Occupational Therapy Services, which will manage all service referrals and administrative support for the service.

Third and Independent sector workforce

To gather a better understanding of the workforce of Third and Independent organisations in North Ayrshire, a survey was distributed by our TSI partners. A total of 26 surveys were completed from across Independent, Voluntary and Third Sector organisations. Of those who responded, 23% were from the independent sector, with the remaining 77% from third and voluntary sector organisations. 69% of respondents are commissioned to provide services for North Ayrshire Health & Social Care Partnership, with 58% of all respondents having their own workforce plan in place.

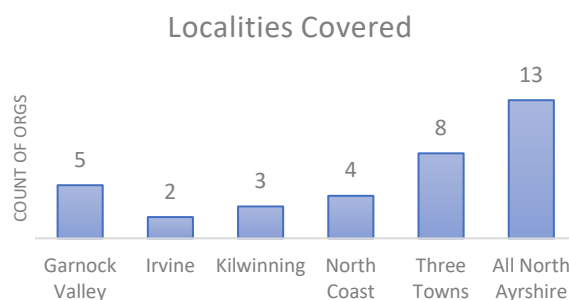
Services provided

The respondents provide a range of services as outlined below, with the majority (54%) offering care services, either in a residential setting or within the home and community. The balance of respondents offers community-based support services, either in a more specialised and formal way, often with a focus on early intervention, or through informal activities and community groups.

Services Provided	% Respondents
Care Sector (including Care at Home / in the community & residential)	54%
Specialist Community Support Services (offering for example counselling, training, or more formal mental health inputs etc)	19%
Community Support Services offering activities to support wellbeing and mental health (such as befriending, group activities etc)	27%

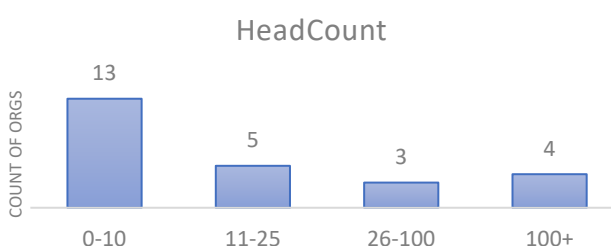
Localities covered

50% of the respondents operate in all localities in North Ayrshire, with 35% only operating in 1 locality, 8% in two localities, the remaining 8% operating in 3 or more localities. Of those not operating across all localities, the Three Towns has the biggest representation at 23%, with the Garnock Valley and North Coast and Cumbræ following.



Respondent organisation headcount

Of the organisations and groups who responded, 52% have fewer than 10 staff, with 1 having no paid staff at all and only 16% have more than 100 staff. 27% of the respondents are heavily reliant on volunteers to allow their service to operate, as well as funding for their paid posts.



Due to the variety of organisations and the type of support services offered, the findings have been split between Independent Sector (mostly offering Care at Home, in the Community or residential) and the Third / Voluntary Sector, mostly offering more targeted support and activities linked to early intervention, reducing social isolation, and improving mental health and wellbeing.

Key Workforce Challenges

Care Sector

Staff retention and recruitment

The pandemic has had a massive impact on the care sector nationally, with staff experiencing burnout and stress due to the undue pressure they have been under. Staff sickness rates are high, and some have gone without annual leave for lengthy periods, as well as having to work overtime to cover rotas due to vacancies and absence. This results in frequent rota changes and operational pressures in trying to manage capacity and demand.

Social care jobs nationally are not being recognised as a profession but should be, and remunerated accordingly. Independent sector organisations have highlighted that there is a lack of parity on rates of pay and terms and conditions, causing many staff to migrate to work with statutory services or other providers. Organisations have reported that the commissioned rates for services make it very difficult to operate on a level playing field.

Recruitment is in crisis and extremely labour intensive for many organisations who are seeing increased numbers of no shows at interview and when at final offer stage, due to being offered other opportunities. Some organisations are bypassing the usual pre offer protocols, not taking up references etc to get offers out faster, this has impact on others.

Part time work is in much less demand due to the current economic climate. This is making it more difficult for organisations to service packages of care efficiently.

There is also an ageing workforce in social care, many of whom were deemed to be at risk during the pandemic themselves and as such, were leaving the profession or choosing to retire early. Attracting nurses to nursing care roles is also particularly challenging which is leaving service gaps in more specialised care packages.

Staff training and development

Staff training and development opportunities have been restricted only to statutory requirements. Government employment schemes that are available to subsidise employers to take on and train staff cannot be accessed by most of the care providers. There is a minimum requirement of 35 hours per week, which is not necessarily feasible when someone is being recruited, as they are usually linked to packages of support and their hours may only increase over time. There are also barriers from the Care Inspectorate about taking on trainees.

Rural care packages

Staffing care packages in the Garnock Valley and other more rural locations is exceptionally challenging due to travel time and associated costs, which are not funded, as well as the efficiency challenges this causes at a time when resources are under immense pressure.

It has been reported that there has been an increase in Social Work requests for organisations to take over packages of support that are deemed to be in Crisis, often where another provider has given notice to end their service provision due to staffing or feasibility issues. This can result in service users potentially being left without any support for extended periods.

Providers that are not part of the HSCP commissioning framework are only able to offer support under an Option 2 agreement, which requires the carer to have guardianship in place to make this decision and sign the agreement on their behalf, slowing down the process of putting care packages in place.

Community Groups / Third Sector

Accessing ongoing funding for more than one year to allow sustainability of projects is a key challenge for the majority of third sector organisations and directly links to their capacity to support people. Short term funding impacts on recruitment and retention of staff. More opportunities to be commissioned to provide their service via the local authority would be welcomed.

Recruitment of volunteers is also difficult. Most of these groups and organisations were not able to operate fully throughout the pandemic and regular volunteers fell away. Encouraging people back to volunteering, following a return to more normal post-pandemic service, has proved difficult.

With the current economic climate and rising cost of living and petrol especially, people are more reluctant to volunteer, even if they are being reimbursed some of their travel costs. The mileage allowance for volunteers and staff has not been reviewed in line with the rise in petrol costs.

Current Service Gaps

The recruitment and retention crisis within the social care sector has led to a significant gap in capacity for existing clients and new referrals requiring service provision. Many organisations are still operating below core headcount requirements, limiting availability for new contracted care packages.

Community and Third Sector organisations are highlighting the gap in provision for people, especially older people, and whole families, requiring support. Often where they are not in receipt of statutory services, even though they might previously have been entitled to it. Some organisations feel it may be due to the pressure on social work teams managing their referral pipeline or the increase in eligibility criteria restricting access.

Community groups also reported challenges in finding suitable venues for activities that they can afford, in addition to challenges around promoting services and targeting the right people most in need. Many of these groups lack the administration and social media knowledge or personnel to optimise awareness.

Short Term Ambitions

Care Sector

Ultimately, the aim of the independent care sector is to provide good quality care, with sustainable high service standards.

The short-term ambitions are centred around stabilising the workforce and promoting a better work-life balance. This will be achieved by increasing management capacity, improving staff retention, building an adequate compliment of relief workers, and removing reliance on overtime and cancelling annual leave to meet capacity demands. Innovation is seen as key, as is engaging with supported people to help review and develop more creative approaches to services, staff development and training opportunities, which will allow expansion to meet the capacity demand for new referrals.

Some are keen to identify and explore opportunities for more partnership working with community support services to enhance the service offering and one is looking to become an accredited SQA centre.

Community Groups / Third Sector

For community groups and the third sector, short-term ambitions centre around the sustainability of existing projects and developing new initiatives, with securing funding to enable the employment of more paid workers, thereby reducing the reliance on volunteers, being a priority.

Other priorities include:

Creating lasting connections for people within their communities and continuing to expand the services offered, responding to challenges people are facing, ensuring they are offered support and advice as needed.

Looking at ways to increase the number of trained volunteers in the sector, as well as identifying ways to help volunteers progress to paid employment, should they wish.

Looking at new ways to promote the services and connect with people needing help, increasing the visibility of projects within community settings.

Headcount Impact of Short-Term Ambitions

Of the 26 respondents, although the majority indicated that additional staff would be needed, only 12 were able to provide an estimate of the potential short-term headcount

implications. Many organisations said that it was too soon to tell. Of those who responded, the average headcount increase was 3.5 FTE, in addition to an increase in volunteer numbers.

Primary Risks of Failing to Develop the Services Offered

Within the care sector it was identified that existing capacity may not be sustainable, let alone growth to meet increased demands. If there is no opportunity to focus on strategic planning and innovation, this could further exacerbate staff attrition and gaps in service provision.

Within the Voluntary and Third sector it was clear that if longer-term funding cannot be sourced, organisations and services would disappear completely. This would result in an increase in loneliness and isolation within communities in North Ayrshire and would undoubtedly put statutory services under greater pressure at a time when they are already stretched.

Key Developments in next 3 years

Within the care sector there is an ambition to work towards developing a more person-centred approach, increasing involvement of service users and families in the service design process. Building robust and collaborative relationships with the HSCP, especially commissioning and social work, looking at opportunities to expand the supported accommodation model, as well as creating a hub for meaningful opportunities to be experienced out with the traditional day service model, is also a priority. A further increase in contract rates from the HSCP to allow for greater wage parity, improved conditions and training has also been identified as fundamental.

Within the Voluntary and Third Sector many have identified that they struggle to plan 3 years out due to the short-term nature of funding, resulting in a reactive approach. There is a desire to increase visibility and the service provision within the Garnock Valley and Island Communities, as well as looking at ways to focus more on early intervention and new referral pathways.

Headcount Impact of 3-year goals

Most respondents commented that they were not able to determine headcount implications at this time.

Risks of failing to deliver 3-year goals

The risks are very similar to those highlighted already. It is very evident to see the significant impact and value that the Third and Voluntary Sector offers to the communities they operate in. There is a real risk of these organisations disappearing entirely, leaving significant gaps in the communities of North Ayrshire, that will result in an increase in social isolation, loneliness, and mental health problems and reduce the amount of choice available for people in need. All of this will put severe and undue pressure on statutory services that are already struggling to cope with the demands on them.

Supporting Wellbeing

The maintaining the positive wellbeing of our staff is a priority for the Partnership. When people have high levels of wellbeing at work, they are happier, more motivated, and more likely to thrive in their daily role. Alternately, when wellbeing is low, people may become more anxious about work that may negatively impact their ability to undertake their duties. As highlighted previously, staff wellbeing is currently a key challenge for our workforce, particularly following on from the impact and uncertainty of the Covid-19 pandemic.

What affects our wellbeing

Feedback from HSCP managers indicated several factors they recognised that has negative impact on the wellbeing of staff. Many of the negative factors identified can be seen as a direct result of the pandemic, with senior managers highlighted that staff members are still concerned over the health risks of returning to the workplace. Alternately to that, the impact of continued home working has also had a negative impact on staff, who have reported feelings of isolation and alienation from the workplace. There is also a concern that staff groups have lost some measure of their resilience due to uncertainty created during the pandemic, this may be in part due to the lack of peer support in agile working conditions.

Other negative factors which have been exacerbated by the pandemic include the impact of long-term absences on the workforce, and the subsequent increase in workloads for the remaining workforce. It is widely recognised that our workforce has risen to the challenge of the pandemic, however staff are now facing the prospect of unmanageable workloads. In addition to being unsustainable in terms of service delivery, the high workload levels lead to staff not prioritising, or thinking they have time to take care of, their own wellbeing.

In some areas, due to shortages of relevant staff resources (e.g. admin and clerical), officers and practitioners often have to divert their time away from service delivery to undertake administrative tasks. This can lead to anxiety in staff as they feel they are not doing their 'day job' effectively.

Other factors identified that negatively impact on staff wellbeing include:

- A lack of adequate rest areas for staff in the workplace. No areas for staff to take effective time out from their day to focus on their rest and wellbeing.
- It was also suggested that many staff groups feel that their hard work over the past few years has been unrecognised by management and senior leaders.
- Concern was also highlighted about the continued separate terms and conditions for staff within the partnership, depending on the employing body.

What has worked well to improve our wellbeing

To address concerns over wellbeing and to support a positive working group, the HSCP has several programmes, services and approaches in place for our workforce. These supports are

both formal services available to staff, and informal approaches used at the team and individual level.

In the early days of the pandemic, the HSCP quickly established Staff Wellbeing Support hubs across several sites in North Ayrshire, these hubs provided a place for respite for staff members, and they could access much needed wellbeing advice and support from colleagues hosting the hubs.

Learning from this staff hub approach, other services have also provided spaces for staff members to participate in listening and reflection sessions. A strong part of the feedback from senior managers underlines the need for staff interaction and peer support. Managers are actively supporting colleagues to have informal catch ups and team blethers. Some teams have also prioritised 10 minutes in each day to take time-out for brief well-being activities. Staff also have responded well to overall wellbeing and fitness challenges, such as the 'step-challenge', held regularly in North Ayrshire.

Making best use of available funding, the Partnership have made wellbeing grants available to staff groups, affording colleagues the opportunity take time away from the workplace on much needed wellbeing activities. Teams can identify their own activities, with some choosing to access wellbeing retreats, mindfulness sessions and spa days, while others have chosen more traditional team exercises such as fun days out, escape rooms, or going for a meal together.

Feedback from managers and team leads has also identified the fantastic support provided from Human Resource, Occupational Health, and Trade Union as a strong element to help improve and maintain staff wellbeing.

In terms of Work/Life balance, a number of new policies and working practices are supporting the wellbeing of our workforce. The role out of agile working and greater flexible working approaches have benefitted many staff members. The opportunity to work from home on a more regular basis has had a positive impact on many members of staff. A positive side effect of the agile and flexible working arrangements is that staff feel more trusted by HSCP management. What has also been reported as useful is automatic prompts from email systems for those working at home, reminding them not to send emails out of hours, support staff to retain that work / home split.

The special leave policies of both the NHS and NAC provide additional support to many members of staff in the advent adverse events (such as needing to take emergency or parental leave). More staff are also taking the opportunity to compress their working week to be provided with an extra day off, this is a recent development within the NHS (but has been available in NAC for many years).

Staff are also being encouraged to make full use of their annual leave and to try and plan their leave well in advance to make sure it is taken.

Our Workforce Action Plan

To build the workforce that is needed to meet our identified current and future demands we have identified a number of key actions that we will complete over the next 3 years. These actions will help us to create the workforce necessary to provide effective care and support to all those in North Ayrshire who need it.

We have aligned our actions to our five workforce priorities, which closely reflect the Scottish Governments pillars. A copy of the Action Plan is available as a companion to this Workforce Plan.

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Appendix

Appendix A

Defining our priorities

Understanding our Workforce: To effectively develop our workforce to meet the current and future health and social care needs in North Ayrshire, it is vital that we have a high level of insight into our current staffing structures and both current and future demands of our service. We will make best use of our workforce and staffing information, ensuring it is available at all levels of the partnership. Through aligning our understanding of our workforce to our performance information and strategic needs assessment, we can better scope future need and plan our future workforce more effectively.

This maps to the Scottish Government pillar of **PLAN**

Promoting our Organisation: We hope to promote the positive image of working in North Ayrshire Health and Social Care Partnership. The HSCP can offer a range of employment options and has need for range of skills, specialities and qualifications. We will promote our organisation as a great place to work, a place that will value its staff, providing excellent opportunities for development and enhancement. This promotion will focus on:

- Existing health and social care professionals, who will see North Ayrshire HSCP as a place to build or further their career
- School pupils and college/university students, encouraging them to consider a career in health and social care
- Local people, through our various recruitment drives

This maps to the Scottish Government pillar of **ATTRACT**

Investing in our people: To ensure we continue to deliver the highest levels of health and Social Care Services, we will ensure our staff have the skills and experience needed to undertake their roles. We will ensure that all professional qualification and accreditation is in place and that staff are provided with appropriate training and development opportunities.

This maps to the Scottish Government pillar of **TRAIN**

Building our workforce: We have recognised that, in the face of both the local and national health and social care landscape, our workforce will need to change and adapt to ensure that we can achieve our vision for the people of North Ayrshire. We will use appropriate methods to grow our workforce. We will seek to employ a variety of methods and mechanisms to promote our vacancies to ensure as wide a distribution as possible. We will consider our application and interview processes to ensure they are accessible to all, and those who require additional supports to work within the HSCP are provided with them.

This maps to the Scottish Government pillar of **EMPLOY**

Growing our people: In aligning with our other ambitions for our workforce, we hope to be a caring workplace that helps to support and maintain the positive wellbeing of our staff. By providing a supportive and nurturing working environment, we hope our staff will be happier in their day to day roles and motivated to deliver the best services they can.

We will provide our workforce with greater career planning options, highlighting how each individual can progress in their chosen field. In addition, we will also put in place a Succession Planning tool, to help identify and grow the HSCP leaders of the future

This maps to the Scottish Government pillar of **NURTURE**

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Workforce Plan 2022-25

Action Plan

To build the local workforce that is needed to meet our identified current and future demands we have identified a number of actions that we will complete over the next 3 years. These actions will help us to create the workforce necessary to provide effective care and support to all those in North Ayrshire who need it.

We have aligned our actions to our workforce priorities.

Understanding our Workforce (NWS Pillar – PLAN)

No#	Action	Desired Outcome	Completion Date	Service Area
01.01	Service leads will meet with HR representatives on a quarterly basis to review and inform workforce plans	Heads of Service and Service leads have a clear overview of the current workforce, service demands and future planning requirements	Mar 2023 (on-going)	All
01.02	Review the suite of workforce information available to partnership leaders and managers.	The workforce information we have is up to date and accurate and contains all relevant workforce metrics to support decision making.	Mar 2025	Finance and Transformation
01.03	Developed an enhanced suite of workforce reports to be cascaded to all Team Managers.	Workforce planning is embedded in teams across the partnership, supported by meaningful workforce reports containing team specific workforce information.	Mar 2025	Finance and Transformation

01.04	Develop a focused workforce plan for the integrated hub on Arran supporting the new models of care.	Workforce plan will set out the future needs and staffing requirement for the Integrated Hub on Arran	March 2023	Health and Community Care
01.05	Participate in the Allied Health Professional (AHP) Workforce Commission	The Commission provides clear recommendations for the future development of the AHP workforce	Mar 2025	AHP

Promoting our Organisation (NWS Pillar – Attract)

No#	Action	Desired Outcome	Completion Date	Service Area
02.01	Engage with education colleagues (LA, FE and HE) to support the promotion of the wide range of careers available in Health and Social Care.	The HSCP is well promoted across all educational institutions in North Ayrshire and the benefits and opportunities of a career in Health and Social Care are widely recognised	TBC	All
02.02	Engage with education colleagues (LA, FE and HE) to support the promotion of Health and Social Care courses.	Seeing a career in Health and Social Care as a meaningful opportunity, people are encouraged to uptake relevant health and social care related courses.	TBC	
02.03	Continue the delivery of locality-based recruitment events for Health and Community Care.	We actively attract people to available vacancies in the HSCP, offering meaningful employment in people's own communities.	TBC	Health and Community Care
02.04	We will create/identify a calendar of wider job fairs and recruitment events ensuring HSCP representation.	HSCP services are aware of all local promotional events and actively promote the partnership is a fantastic place to work.	Mar 2025	

02.05	We will create clear career pathways for potential and existing staff to highlight possible career progression routes and promotion possibilities.	All staff within the HSCP will be aware of their career development and progression prospects. North Ayrshire HSCP will be known as an organisation that offers excellent career development opportunities for potential staff.	Mar 2025	All
02.06	All posts created and advertised, will be highlighted for their professional and career development opportunity and for their value in supporting the HSCP.	Future applicants for HSCP vacancies will be aware of the development and career potential the post will bring.	Mar 2025	All

Investing in our People (NWS Pillar – Train)

No#	Action	Desired Outcome	Completion Date	Service Area
03.01	Publish and Implement an HSCP Learning and Development Strategy.	The HSCP has in place a clear Learning and Development Strategy that supports the skills development of the workforce.	Apr 2023	Social Work, Standards, Practice and Governance
03.02	Explore feasibility of developing a 'Primary Care Training Academy'	Staff within primary care multi-disciplinary teams have all their training needs support in the absence of the tradition GP lead approach.	Oct 2023	Health and Community Care
03.03	Develop and implement an Early Years, Staff Development Programme	Programme aims to support, staff retention and identification and development of additional skills and experience.	Oct 2023	Children, Families and Justice Services
03.04	Support staff members encouraged and supported to access Social Work degree courses and SVQs	We have invested in the development of our staff, and created 'home-grown' social workers.	Mar 2025	Social Work, Standards, Practice and Governance

		Beneficiaries will consider NAHSCP their employer to continue their career.		
03.05	Actively promote the completion of PDR/PPD on an annual basis to support staff development.	All staff have a clear understanding of their role and responsibilities and have their training needs identified and reviewed on a regular basis.	Oct 2023	All
03.06	Develop an online training portal for Community Care Staff	Community Care Staff have an easy to access training and advice portal to support their skills and professional development.	Mar 2025	Health and Community Care

Build our Workforce (NWS Pillar – Employ)

No#	Action	Desired Outcome	Completion Date	Service Area
04.01	Continue all recruitment drives for Care at Home Services	The Care at Home service is maximised with little to no vacancies across all localities	On-going	Health and Community Care
04.02	Review the role profile of Care at Home Assistant	A revised role profile will attract a greater volume of applicants to care at home vacancies.	Oct 2023	Health and Community Care
04.03	Utilise the NAC Modern Apprenticeship Scheme, offering young people (under 20) the opportunity to start a career in Health and Social Care	We provide meaningful career and learning opportunities for school leavers and young people in North Ayrshire. Through these opportunities, young people will build a long-term career within health and social care in North Ayrshire	March 2025	All
04.04	Utilise the NAC Graduate Scheme, offering recent local college and	We provide meaningful career opportunities for recent graduates from North Ayrshire.	March 2025	All

	university graduates the opportunity to start a career in Health and Social Care	We will achieve the mutual benefit of employing fully qualified individuals into appropriate roles and encouraging new graduates to build a career within health and social care in North Ayrshire		
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Developing our People (NWS Pillar – Nurture)

No#	Action	Desired Outcome	Completion Date	Service Area
05.01	Develop a staff Health and Wellbeing Programme to include: <ul style="list-style-type: none"> ▪ Online mindfulness training ▪ Opportunities to access a range of activities ▪ Commission psychological wellbeing workshops 	We have improved the wellbeing of our staff and our staff are active in maintaining and improving their own mental and physical well-being.	Oct 2023	Business Support
05.02	Develop a 'Succession Planning' guidance/toolkit for the Partnership.	Potential future managers and leaders are identified and provided key development opportunities to prepare them for future roles in senior positions	Oct 2023	Finance and Transformational Change
05.03	Monitor the roll out of 'Agile Working' across impacted work groups to ensure positive wellbeing benefits are realised.	Staff have fully adopted agile working procedures and are confident in balancing their work from home with location-based working.	TBC	Business Support
05.04	Develop a 'career pathway' guidance for all staff, to highlight the career progression routes for the NAHSCP workforce.	All staff will have the information available to make informed choices about their future career development	TBC	All
05.05	Review the management and governance structure within the partnership, considering all levels of management.	The Partnership's management structure offers a stepped pathway as people progress in their careers.	Mar 2025	PSMT

Integrated Joint Board 25th August 2022

Subject : **Clinical and Care Governance Group Update**

Purpose : The report is for :-

- Awareness

Recommendation : The IJB are asked to note the contents of this report.

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	

Glossary of Terms	
CCGG	Clinical Care Governance Group
HB	Health Board
HSCP	Health and Social Care Partnership
LD	Learning Disability
NACPC	North Ayrshire Child Protection Committee
NHS AA	NHS Ayrshire and Arran

1.	EXECUTIVE SUMMARY
1.1	The Health and Social Care Partnership continue to provide robust arrangements for governance of partnership services and wider relevant provision in order to deliver statutory, policy and professional requirements and also the achievement of partnership quality ambitions.
1.2	This paper provides an update and overview of governance activity for the period August 2021 – August 2022 inclusive for consideration by the IJB.
2.	BACKGROUND
2.1	As part of the integration of health and social care services, a National Clinical and Care Governance Framework was developed. Clinical and Care Governance is the system in which the Health and Social Care Partnership are accountable for continuously improving quality and safeguarding high standards of care. The Partnership has developed Clinical and Care Governance arrangements in line with the commitments and requirements contained in the Integration Scheme.

	<p>The Clinical and Care Governance Group (CCGG) provide assurance to the IJB that:</p> <ul style="list-style-type: none"> • Quality of care, effectiveness and efficiency drives decision-making about the planning, provision, organisation and management of services • The planning and delivery of services take full account of the perspective of patients and service users • Unacceptable clinical and care practice will be detected and addressed <p>The Terms of Reference for the CCGG have been reviewed in the past 12 months and are included as Appendix 1 of this report.</p> <p>Over the past 12 months due to staff changes in the HSCP Lead Nurse role there is a new Chair for the CCGG and the newly appointed Chief Social Worker has also joined the group alongside the AHP Lead. With the addition of the Clinical Director for the HSCP a strong professional leadership will ensure that the role and function of the CCG is built upon strong partnership and collaboration.</p>
2.2	<p>The CCGG has met on a monthly basis with the exception of October and April when the meeting was cancelled due to service pressures related to ongoing Covid pandemic impact.</p> <p>Over the past 12 months the CCGG has discussed and reviewed a number of topics including:</p> <ul style="list-style-type: none"> • 2020 National Scottish Drug related Death report • Highlight reports from Service and Professional leads • New clinical and social care guidelines • Service proposals and developments <ul style="list-style-type: none"> ▪ Community Link Worker overview ▪ NHS Ayrshire and Arran Maternity and Neonatal Psychological Interventions Service ▪ National Drug Mission Funding for Buvidal ▪ Medically Assisted Treatment (MAT) Standards ▪ Engagement Framework proposal ▪ Learning Disabilities Health Transitions report ▪ Review of Dementia Standards ▪ NAHSCP Performance Alcohol and Drug Management report • Significant Adverse Event review report action plans • Management of antidepressants in Primary care report • Enhanced Lithium Monitoring Service report • Update on Terms of Reference for Social Work Governance Board • Inspection reports and action plans from Health Improvement Scotland (HIS), Mental Welfare Commission (MWC) and Care Inspectorate • Children Services Inspection • Signs of Safety/ Safe and Together model • Benchmarking of Pressure Ulcer Data/Performance report • Safety Action Notices

2.3	<u>Mental Welfare Commission</u>
	<p>The Mental Welfare Commission (MWC) for Scotland's mission and purpose is to be a leading and independent voice in promoting a society where people with mental illness, learning disabilities, dementia and related conditions are treated fairly, have their rights respected, and have appropriate support to live the life of their choice. To achieve this mission and purpose the Commission have identified four strategic priorities:</p> <ul style="list-style-type: none"> • To challenge and to promote change • Focus on the most vulnerable • Increase their impact • Improve their efficiency and effectiveness <p>Each year the MWC visits around 1,350 individuals in hospital, other care settings, and in their own homes to find out their views and check on their care and treatment. Where appropriate, they will also speak with friends and relatives.</p> <p>The Commission carries out their statutory duties by focussing on five main areas of work:</p> <ul style="list-style-type: none"> • Visiting people • Monitoring the Acts • Investigations • Information and advice • Influencing and challenging
	<p>Between April 2021 and March 2022 services across Ayrshire and Arran received positive overall feedback from the MWC following their visit. Of the seven announced visits the MWC made no recommendations for five of these with recommendations provided for the other two areas.</p>
	<p>As part of the MWC review process, wide consultation with staff, patients and families is undertaken to ensure that multiple aspects and views are considered. Some of the complementary feedback received highlighted:</p>
	<ul style="list-style-type: none"> • Positive interaction between staff and patients • Knowledgeable staff • Good attention to meet physical health care needs • Strong links with advocacy
	<p>Action plans on response to the MWC on the recommendations are provided as Appendix 2</p>

2.4	<u>Risk Register</u>
	The Operational Risk Register is tabled at CCGG for regular review and monitoring. The CCGG noted that none of the risks have increased since May 2021, and two new risks have been added. A further update to the risk register was completed in May 2022.
	<p>The CCGG also reviewed emerging risks:</p> <ul style="list-style-type: none"> • Pressure on Learning Disability Services SBAR • Paper tabled highlighted the pressures on the three Community Learning Disability Teams (CLDTs) of the rising demand for service provision due to increasing referrals from private care providers. • Inpatient Beds Availability Risk
	The report noted that pressures have been slowly rising and the main issues are around delayed discharges, guardianships, and MHO pressures. A pan-Ayrshire group is currently considering complex discharges and data analysis is ongoing to look at any patterns.
3.	PROPOSALS
3.1	<p>The Clinical and Care Governance group has recognised that over the course the past 2 years there has been considerable focus and effort in services across the HSCP to effectively and safely respond to the challenges of the Covid pandemic.</p> <p>This has reinforced the requirement and benefit of robustness around partnership governance framework with all staff contributing to quality and safe care. Over the coming 12 months the CCG will ensure each service contributes to the governance framework.</p>
3.2	<u>Anticipated Outcomes</u>
	Further meeting dates for the North Ayrshire Health and Social Care Partnerships' Clinical and Care Governance Group are planned for 2020/21, and future update reports will be provided to the Integration Joint Board.
3.3	<u>Measuring Impact</u>
	It is anticipated that through continuous quality improvement and enhanced reporting structures, the CCG will ensure services are safe, effective, person-centred and responsive to the ongoing needs of the population.

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> Governance contributes to risk management and risk mitigation activities.
4.6	<u>Community Wealth Building</u> None
4.7	<u>Key Priorities</u> As part of the integration of Health and social care services, a National Clinical and Care Governance Framework was developed. Clinical and Care Governance is the system in which the Health and Social Care Partnership are accountable for continuously improving quality and safeguarding high standards of care.
5.	CONSULTATION
	None

Caroline Cameron, Director
Darren Fullarton, Lead Nurse/Associate Nurse Director

Appendices
Appendix 1, Terms Of Reference
Appendix 2, MWC Action Plans

Clinical and Care Governance Group

Background

The main purpose of integration is to improve the wellbeing of people who use our health and social care services, of families, our communities and, in particular, those whose needs are complex and involve support from across health and social care at the same time. The North Ayrshire Health & Social Care Partnership (NAHSCP) Integration Scheme is intended to achieve the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Public Bodies (Joint Working) (Scotland) Act 2014 (hereinafter referred to as “the Act”).

In Annex C of ‘Clinical and Care Governance of Integrated Health and Social Care Services’ (A Scottish Government publication) it contains the following description of clinical and care governance.

1. *Clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured. It should create a culture where delivery of the highest quality of care and support is understood to be the responsibility of everyone working in the organisation - built upon partnership and collaboration within teams and between health and social care professionals and managers.*
2. *It is the way by which structures and processes assure Integration Joint Boards, Health Boards and Local Authorities that this is happening - whilst at the same time empowering clinical and care staff to contribute to the improvement of quality - making sure that there is a strong voice of the people and communities who use services.*
3. *Clinical and care governance should have a high profile, to ensure that quality of care is given the highest priority at every level within integrated services. Effective clinical and care governance will provide assurance to patients, service users, clinical and care staff and managers, Directors alike that:*
 - a. *Quality of care, effectiveness and efficiency drives decision-making about the planning, provision, organisation and management of services;*
 - b. *Unacceptable clinical and care practice will be detected and addressed*
4. *Effective clinical and care governance is not the sum of all these activities; rather it is the means by which these activities are brought together into this structured framework and linked to the corporate agenda of Integration Authorities, NHS Boards and Local Authorities.*
5. *A key purpose of clinical and care governance is to support staff in continuously improving the quality and safety of care. However, it will also ensure that wherever possible poor performance is identified and addressed. All health and social care*

professionals will remain accountable for their individual clinical and care decisions.

- 6. Many clinical and care governance issues will relate to the organisation and management of services rather than to individual clinical decisions. All aspects of the work of Integration Authorities, Health Boards and local authorities should be driven by and designed to support efforts to deliver the best possible quality of health and social care. Clinical and care governance, however, is principally concerned with those activities which directly affect the care, treatment and support people receive.*

Terms of Reference

1.0 Introduction

The Clinical and Care Governance Group is identified as a sub group of the North Ayrshire Health and Social Care Partnership, Integration Joint Board (IJB). The approved Terms of Reference and information on the composition and frequency of the group will be considered as an integral part of the standing orders of the Integrated Joint Board.

The Group will be known as the Clinical and Care Governance Group of the Integration Joint Board and will be a sub group of the Integration Joint Board.

2.0 Remit

To provide assurance to the IJB as follows:

- On the quality and safety of health and social care partnership services.
- That staff across the Partnership are supported to provide quality services and are appropriately skilled and registered to discharge their professional responsibilities.
- That proposed changes in practice, within one professional group, do not adversely impact upon another profession, and that there is a whole system approach to improvement.
- That services are able to learn and develop from service user and carer experiences and that effective mechanisms are in place to do so.
- That self-evaluation and quality assurance mechanisms are in place to inform improvement.
- That a systematic and proportionate approach to the review of critical incidents, significant incidents and near misses is embedded in the Partnership; and pan-Ayrshire where this relates to mental health services.
- That findings of critical incidents, significant events and near misses, locally and nationally, are considered and used to review and improve practice.
- That services commissioned through registered, third and independent sector have appropriate contract monitoring arrangements in place and that those services are delivered to a high standard.
- That medical devices (and where required - devices to support care), that are used, are sourced and maintained appropriately.
- That appropriate links to Infection Control structures are in place.
- That a learning culture is encouraged and that good practice and success is shared widely.
- That current Partnership governance structures report into and through the Clinical & Care Governance Group.
- That practice improvement plans are delivered, as appropriate.
- That all Health and Care arrangements are developed with service users at the centre.

3.0 Group Membership

The Clinical and Care Governance Group will be chaired by the Lead Nurse, on behalf of the Chief Officer. The Group will report to the Chief Officer and through the Chief Officer to the Integration Joint Board.

The Vice Chair of the Group will be the Clinical Director who will cover the meeting in the Chair's absence.

The group will comprise of the following members:

- Lead Nurse
- Clinical Director
- Lead Allied Health Professional
- Chief Social Work Officer
- Associate Medical Director, Mental Health Services
- Director of Public Health or representative
- Head of Children, Families & Justice Services
- Head of Health and Community Care
- Head of Mental Health
- Quality Improvement Lead
- Psychology Professional Lead
- Carer Representative
- Risk Management Representative
- Governance Representative (NHS)

Service Users and Carers, Third and Independent sector representation will be sought via the IJB. The Chair and members will be appointed by the IJB. Group membership will be reviewed annually and the first meeting of the year.

4.0 Quorum

Four members including two of the professional leads will constitute a quorum. The professional leads are:

- Clinical Director
- Lead Nurse
- Lead Allied Health Professional
- Chief Social Work Officer
- Associate Medical Director, Mental Health Services
- Assistant Director of Public Health
- Clinical Director for Psychological Services

Members will be asked to identify deputies to attend in their absence however they will not be included in quorum numbers.

5.0 Attendance

The group may co-opt additional advisors as required.

6.0 Frequency of Meetings

The Group will meet every 4 weeks. The Chair may, at any time, convene additional meetings of the group.

7.0 Authority

The group is authorised to investigate any matters which fall within its terms of reference and obtain external professional advice. The group may form sub-groups to support its functions. The group is authorised to seek and obtain any information it requires from any employee whilst taking account of policy, legal rights and responsibilities.

8.0 Duties

The Group shall be responsible for the oversight of clinical and care governance within North Ayrshire Health and Social Care Partnership and specifically it will:

- Consider matters relating to; professional governance relevant to Strategic Plan development, service user feedback and complaints, standards, education, learning, continuous improvement and inspection activity.
- Provide advice to the strategic planning group, audit and performance committee and locality groups within the Council area. The strategic planning group, audit and performance committee and locality groups may seek relevant advice directly from the Group.
- Provide assurance to IJB on the operation of clinical and care governance within the Health and Social Care Partnership in compliance with relevant national standards, highlighting problems and action being taken where appropriate.
- When clinical and care governance issues relating to Lead Partnership Services are being considered, the Clinical and Care Governance Group for the Lead Partner will obtain input from the Clinical and Care Governance Groups of the other Health and Social Care Partnerships.
- When Clinical and Care Governance issues relating to Public Health are being considered, the Clinical and Care Governance Group will obtain input from the Public Health Governance Group.
- The Integration Joint Board may seek advice on clinical and care governance directly from the Clinical and Care Governance Group. In addition, the Integration Joint Board may directly take into consideration the professional views of the professional leads as outlined previously.

- Receive minutes and annual reports from the sub-groups established by the Clinical and Care Governance Group in order to provide assurance and accountability.
- The group will monitor and review risks falling within its remit.

9.0 Conduct of Business

Meetings of the group will be called by the Chair of the group. The agenda and supporting papers will be sent to members five working days prior to the date of the meeting.

10.0 Reporting Arrangements

Minutes will be kept of the proceedings of the group and will be circulated in draft within five working days to the Chair of the meeting and within three working days thereafter to group members, prior to consideration at a subsequent meeting of the committee. The Chair of the group shall provide assurance on the work of the group and the approved minutes will be submitted to the IJB for information. The group will conduct an annual review of its role, function and achievements. The group will hold a repository for annual reports from Stakeholder Groups

Service response to local visit recommendations

Name of service: Woodland View, Ward 9

Visit date: 31 May 2021

Date final report sent to service: 10 August 2021

Recommendation	Action planned	Timescale	Responsible person
1. Managers should ensure that as well as regularly auditing the delayed discharge processes, that work continues alongside partners to expedite discharge.	Adult delayed discharge group (multi agency group with inpatient and community staff) meet fortnightly to review any patients identified as being a delayed discharge, exploring all options and supports required to facilitate discharge for patients.	Ongoing	SCN/ Bed Manager/CNM
2. Managers should ensure consent to treatment documentation is audited to ensure that treatment is legally authorised	Consent to treatment documentation is part of ward audit rolling programme.	Monthly	SCN/DCN
3. Managers should ask guardians to provide a copy of any guardianship order granted and to make sure that this is filed appropriately.	Exploring centralised system where Mental Health Act administrator is co-ordinating uploading all appropriate guardianship paperwork for patients on to patients electronic record (Care partner) across all 3 partnerships.	Ongoing	CNM/ Mental Health Act Administrator

Name of person completing this form:

Signature: Tricia McGuinness SCN/David McGill CNM

Date: 26/08/21

Name of service: Woodland View, Wards 3 and 4

Visit date: 3 February 2022

Date final report sent to service: 6 April 2022

Recommendation	Action planned	Timescale	Responsible person
1. Managers should audit the quality and consistency of care planning and reviews.	Care planning training is being delivered to R/Ns on a 1:1 basis with audits of the quality being carried out further to this. Aim is to have 90% having completed this. Currently at 62%	By end October '22	Lynne Murray
2. Managers should ensure staff have access to training in Adults with Incapacity (Scotland) Act 2000 to ensure their practical understanding of this legislation.	AWI LearnPro module has been developed and will be put onto the system. Aim is to have 90% of R/Ns initially will complete this with N/As to follow	On system by end July '22	Lynne Murray
		90% of R/Ns completed by end Nov '22.	Lynne Murray
		90% of N/As completed by end March '23.	Lynne Murray

Name of person completing this form:

Signature: 

Date: 09.06.22

Integration Joint Board 25th August 2022

Subject : **Appointment**

Purpose : To note **for awareness** the appointment of a new NHS Non-Executive Board Member to the IJB and agree subsequent nomination to the Performance and Audit Committee

Recommendation : The Integration Joint Board are asked to note this appointment.

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
HSCP	Health and Social Care Partnership

1.	EXECUTIVE SUMMARY
1.1	The Integration Joint Board is asked to note the appointment of Christie Fisher as the new NHS Non-Executive Member of North Ayrshire Integration Joint Board
1.2	IJB members are asked to approve the appointment of Christie Fisher to the Performance and Audit Committee.
1.3	As a result of the above appointment, Jean Ford will step down as interim NHS Non-Executive member of North Ayrshire IJB. IJB are asked to note and acknowledge the valued contribution of Jean Ford during her time in that, and previous IJB roles.
2.	BACKGROUND
2.1	NHS Ayrshire and Arran confirmed the appointment of Ms Christie Fisher as a Non-Executive member with effect from 1 st August 2022. Lesley Bowie, Chair of NHS Board has invited her to join the NA IJB effective from that date.

3.	PROPOSALS
3.1	NAIJB members are asked to endorse the appointment of Christie Fisher to the NAIJB and agree to her nomination to the Performance and Audit Committee.
3.2	<u>Anticipated Outcomes</u>
	N/A
3.3	<u>Measuring Impact</u>
	N/A
4.	IMPLICATIONS
4.1	<u>Financial</u> None
4.2	<u>Human Resources</u> Non
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> N/A
4.7	<u>Key Priorities</u> None

Caroline Cameron, Director
(Carolinecameron@north-ayrshire.gov.uk/01294 317723)

Appendices

- Nil