Integration Joint Board Meeting

NORTH AYRSHIRE
Health and Social Care Partnership

Thursday, 19 November 2020 at 10:00

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

1 Apologies

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

3 Minutes/Action Note
The accuracy of the Minutes of the meeting held on 22 October 2020 will be confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973 (copy enclosed).

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

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

5 Financial Performance: Period 6
Submit report by Caroline Cameron, Chief Finance & Transformation Officer on the financial position of the North Ayrshire Health and Social Care Partnership (copy enclosed).

6 Chief Social Work Officer Annual Report

Submit report by David MacRitchie, Chief Social Work Officer on the Chief Social Work Officer Annual Report as required by the Scottish Government's Guidance (copy enclosed).

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

Submit report by David MacRitchie, Senior Manager on an inquiry led by the Care Inspectorate into decision making and partnership working for care at home and housing support services during the COVID-19 pandemic between March 2020 and August 2020 (copy enclosed).

8 Strategic Plan

Submit report by Michele Sutherland, Partnership Facilitator on progress in creating a bridging strategic plan to April 2021 with a supporting vision to 2030 (copy enclosed).

9 Health and Social Care Clinical and Care Governance Group Update

Submit report by David Thomson, Associate Nurse Director/IJB Lead Nurse in relation to governance and assurance of activity reviewed via the North Ayrshire Health and Social Care Partnerships' Clinical and Care Governance Group (copy enclosed).

10 Scottish Government Waiting Times Standard for Psychological Therapies

Submit report by Janet Davies, IJB Professional Lead for Psychology on the progress of the Ayrshire and Arran Psychological Therapies performance against the waiting times standard in the context of Covid-19 (copy enclosed).

11 SPG Minutes

Submit the Minutes of the SPG held on 22 September 2020 (copy enclosed).

12 Urgent Items

Any other items which the Chair considers to be urgent.

Webcasting - Virtual Meeting

Please note: this meeting may be recorded/live-streamed to the Council's internet site, where it will be capable of repeated viewing. At the start of the meeting, the Provost/Chair will confirm if all or part of the meeting is being recorded/live-streamed.

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If you are participating in this meeting by invitation, you are consenting to being filmed and consenting to the use and storage of those images and sound recordings and any information pertaining to you contained in the them live-streaming/recording or training purposes and for the purpose of keeping historical records and making those records available to the public. If you do not wish to participate in a recording, you should leave the 'virtual meeting'. This will constitute your revocation of consent.

If you have any queries regarding this, please contact dataprotectionofficer@north-ayrshire.gov.uk.

Integration Joint Board

Sederunt

Voting Members

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

Professional Advisors

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

Stakeholder Representatives

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

North Ayrshire Health and Social Care Partnership
Minute of the virtual Integration Joint Board meeting held on
Thursday 22 October 2020 at 10.00 a.m.

Present

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

Caroline Cameron, Chief Finance and Transformation Officer
Dr Paul Kerr, Clinical Director
Alistair Reid, Lead Allied Health Professional Adviser
Dr Calum Morrison, Acute Services Representative
David Thomson, Associate Nurse Director/IJB Lead Nurse
Dr. Louise Wilson, GP Representative
David Donaghey, Staff Representative (NHS Ayrshire and Arran)
Louise McDaid, Staff Representative (North Ayrshire Council)
Graham Searle, Carers Representative (Depute for Marie McWaters)
Clive Shepherd, Service User Representative
Vicki Yuill, Third Sector Representative
Janet McKay, Chair (Garnock Valley Locality Forum)

In Attendance

Andrew Fraser, Head of Democratic Services
Audrey Sutton, Interim Executive Director (Communities)
Thelma Bowers, Head of Service (Mental Health)
Alison Sutherland, Head of Service (Children, Families and Criminal Justice)
Michelle Sutherland, Partnership Facilitator
Neil McLaughlin, Manager (Performance and Information Systems)
Eleanor Currie, Manager (HSC Finance and Transformation
Kirstin Dickson, Director of Transformation and Sustainability
Karen Andrews, Team Manager Governance
Angela Little, Committee Services Officer
Diane McCaw, Committee Services Officer

Apologies for Absence

Bob Martin, NHS Ayrshire and Arran (Vice-Chair)
David MacRitchie, Chief Social Work Officer
Marie McWaters, Carers Representative

1. Apologies

Apologies were noted.

1.1 Chair's Remarks

The Chair advised he had agreed to consider an urgent item of business in relation to arrangements for the Integration Joint Board Chief Officer Recruitment and this would be taken at Item 4 on the agenda

2. Declarations of Interest

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

3. Minutes/Action Note

The accuracy of the Minutes of the meeting held on 24 September 2020 were confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973.

4. Integration Joint Board Chief Officer Recruitment Arrangements

Submitted report by Andrew Fraser, Head of Democratic Services on arrangements for the recruitment of an Integration Joint Board Chief Officer, Deputy Chief Officer, Interim Chief Officer and Head of Service (Health and Community Care).

The Board was advised that the Interim Chief Officer post would be ring-fenced to the four Heads of Service and that the post of Director would be advertised externally.

On behalf of the Board, the Chair expressed his thanks and appreciation to Stephen Brown for his hard work and achievements as Director of the Partnership.

The Board agreed (a) to the appointment of the Director of the Health and Social Care Partnership as the Chief Officer of the Integration Joint Board; (b) that the Director of the Health and Social Care Partnership/Chief Officer of the IJB will be recruited by North Ayrshire Council's Staffing and Recruitment Committee with membership comprising representatives from the Council, NHS Ayrshire and Arran and the IJB, as set out in paragraph 2.4 of the report; (c) to the proposals for the appointment of a Depute Chief Officer of the IJB, as detailed in paragraph 2.9 of the report; (d) to proposals for the appointment of an Interim Chief Officer of the IJB, as detailed in paragraph 2.7 of the report; and (e) to note proposals for the appointment of the Head of Service (Health and Community Care) as set out in paragraph 2.4 of the report.

5. Director's Report

Submitted report on developments within the North Ayrshire Health and Social Care Partnership.

The report provided an update on the following areas:-

- Dementia Carers Academy;
- International ADP Day on 14 October 2020;
- Covid Update;
- Strategic Plan Update;
- Children's Hearing Recovery Plan;
- Unaccompanied Asylum-Seeking Children;
- Care Experienced Week 23 – 31 October;
- Standards Commission Newsletter;
- NAHSCP Partnership Awards;
- Distress Brief Intervention;
- Perinatal Mental Health; and
- Staff Wellbeing.

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

- The recently published Locality Profiles report by Public Health Scotland, work that is being done to prepare a one page visual summary for each Locality Planning Forum to review the issues, consideration by the Strategic Planning Group around actions/response for each locality that will be reflected in the new Strategic Plan; and
- The successful take up of flu immunisation that has resulted in a national shortage and a restock of supplies that is in place for early November.

The Board agreed to (a) consider a report on the Public Health Scotland Locality Profiles report at a future meeting; and (b) note the report.

Vicky Yuill left the meeting at this point.

6. North Ayrshire Children's Services Plan

Submit report by Lauren Cameron, Policy Officer on the development of the North Ayrshire Children's Services Plan 2020-23 and the Children's Rights Report 2020-23, attached at Appendices 1 and 2 respectively and approved by the Children's Services Strategic Partnership in August 2020 and the Community Planning Partnership on 11 September 2020.

The Board noted that some font and grammatical changes would be made to the report prior to submission to the Scottish Government.

Noted.

7. North Ayrshire Local Child Poverty Action Plan and Report 2019/20

Submitted report by Lauren Cameron, Policy Officer on the North Ayrshire Local Child Poverty Action Plan and Report, attached at Appendix 1 to the report and approved by the Community Planning Partnership on 11 September 2020.

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

- The excellent work of the community hubs and continued development of these as part of the Locality Hub and Spoke approach; and
- Information that will be shared with the Partnership on the Nuka health model.

The Board agreed to (a) approve the Local Child Poverty Action Plan and Report 2019/20; (b) the report being submitted to the Scottish Government and published on the North Ayrshire Community Planning Partnership website; and (c) note the establishment of a short life cross party Member/Officer CPP Partner Working Group to continue to reduce the cost of the school day.

8. Financial Performance: Period 5

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

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

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

- The reasons for underspend in Care Homes that was attributed to a variety of reasons, including several homes not accepting new admissions as a result of Covid outbreaks and a reduction in those wanting to be placed in Care Homes;
- Prioritisation that is given to those in hospital waiting for a care home admission;
- Payments to commissioned care providers to ensure future sustainability that will reduce as occupancy levels rise;
- Reduced staff capacity within Care at Home as a result of Covid and staff self-isolating and work to recruit more staff;
- Regular management meetings to ensure there is no delay in financial decisions and a review of coding of delayed discharges to ensure accuracy and consistency;
- A further update that will be provided on the comparable statistics on delayed discharges in the three Ayrshire IJBs;
- A back log of aids and adaptation assessments and how these will be completed to ensure people can remain at home; and
- The underspend in Carers Act Funding as a result in the delay in taking forward developments to support carers, including completing carers' support plans.

The Board agreed to (a) note (i) the overall integrated financial performance report for the financial year 2020-21 and the overall projected year-end overspend of £0.009m at period 5; (ii) note the estimated costs of the Covid mobilisation plan of £7.2m, including savings delays, and the associated funding received to date; (iii) note the financial risks for 2020-21, including the impact of Covid 19, and that there is no recommendation at this time to implement a formal Financial Recovery Plan for the IJB; (b) approve the budget changes outlined at section 2.8 of the report; and (e) provide to Members further information on (i) plans to complete the backlog of Aids and Adaptations Assessments; (ii) work to take forward development to support carers, including completing carers' support plans; and (iii) an update on the comparable statistics on delayed discharges in the three Ayrshire IJBs.

9. Caring for Ayrshire – Programme Initial Agreement

Submitted report by Kirstin Dickson, Director of Transformation and Sustainability on the Caring for Ayrshire Programme vision to redesign and deliver health, care and wellbeing services on a whole system approach.

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

- the whole system approach to deliver care closer to people's homes; and
- Investment in those communities in the first instance which would allow a resize and recommission on the delivery of acute care and only require travel to an acute environment for specialist levels of care.

The Board agreed to endorse the report.

10. Appointment to the IJB Performance and Audit Committee

Submitted report by Karen Andrew, Team Manager (Governance) on the resignation of John Rainey as Chair of the IJB Performance and Audit Committee and the nomination by NHS Ayrshire and Arran of Jean Ford to this role.

On behalf of the Board, the Chair thanked John Rainey for his work as IJB PAC Chair.

The Board agreed to approve the appointment of Jean Ford to the role of Chair of the IJB Performance and Audit Committee.

11. Valedictory

The Board was advised that Paul Kerr, Clinical Director would be retiring from his post and role in the Health and Social Care Partnership.

On behalf of the Board, the Chair thanked Paul Kerr for his work and contribution to the work of the Partnership.

The meeting ended at 11.45 a.m.

North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 22 October 2020

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

			on the Public Health Scotland Locality Profiles report at a future meeting;		
5.	Financial Performance: Period 5	22/10/20	(e) provide to Members further information on (i) plans to complete the backlog of Aids and Adaptations Assessments; (ii) work to take forward development to support carers, including completing carers' support plans; and (iii) an update on the comparable statistics on delayed discharges in the three Ayrshire IJBs.	Information will be circulated to Members week beginning 9/11/20	Caroline Cameron

Agenda Item 4

Integration Joint Board
19th November 2020

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

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
CPP	Community Planning Partnership
GP	General Practitioner
ED	Emergency Department
CAMHS	Child and Adolescent Mental Health Service
SPOG	Strategic Planning & Operational Group
IIP	Investors in People

1.	**EXECUTIVE SUMMARY**
1.1	This report informs members of the Integration Joint Board (IJB) of the work undertaken within the North Ayrshire Health and Social Care Partnership (NAHSCP) nationally, locally and Ayrshire wide.
2.	**CURRENT POSITION**
	National Developments
	<u>Impact of COVID19 on Children & Young People in Contact with Youth Justice Services including Secure Care</u>
	A national report has been produced about the impact of Covid-19 on children and young people in contact with youth justice services, including secure care. Challenges raised include: isolation and lack of contact with others, changes to the operation of the youth justice system, a high proportion of children in prison/YOI are on remand, extensions of time that children can be deprived of the liberty in secure care without usual checks and balances, impact on children and young people's mental health and alarming concerns about an increase in child criminal exploitation.

	We have very quickly established a working group to look at this report in detail and analyse the potential impact on young people in North Ayrshire. An update will be provided thereafter.
	Revised National Guidance for Child Protection in Scotland
	On 21st October, Scottish Government published a consultation on the revised National Guidance for Child Protection in Scotland, which will replace the current National Guidance published in 2014. Organisations and individuals can respond to the consultation. The consultation will close on Sunday 17 January 2021. https://consult.gov.scot/child-protection/consultation-on-the-revised-national-guidance/
	Independent Review of Adult Social Care
	The Scottish Government announced the Independent Review of Adult social Care as part of the Programme for Government. The aim of the Independent Review of Adult Social Care is to recommend improvements to adult social care in Scotland, primarily in terms of the outcomes achieved by and with people who use services, their carers and their families, and the experiences of people who work in adult social care and it will produce its report by January 2021. The Terms of Reference of the Independent Review note that the review will consider and make recommendations on a number of areas in relation to how social care services are delivered, regulated, governed, and funded. The Review is chaired by Derek Feeley, former Scottish Government Director General for Health & Social Care. The Scottish Government have also requested that North Ayrshire HSCP undertake engagement with its public networks and partners, as well as collate evidence on the key principles. Information has been shared with the Strategic Planning Group, HSCP Services, Social Care Governance Board, Locality Planning Forums, CPP Locality Partnerships and HSCP Facebook and twitter sites. The feedback is one of support for the principles and this independent review of adult social care. Stakeholders understand the complexity of the review and its impact on communities, families, carers and a wide range of public sector organisations due to its 'whole system' remit. It is recognised that a 'one size' solution will not fit all areas in Scotland due to the differing geographical, historical commissioning arrangements and economic structure of each locality, the key driver of the review should be to address inequity of provision across Scotland with national standards translated into local delivery to meet local need.
	Ayrshire Wide Developments
	Redesign of Urgent Care
	Changes to the way people access A&E will be tested in NHS Ayrshire and Arran ahead of a national redesign of urgent care to help people get the right care in the right place.

	The new process for accessing urgent care will be launched nationally from 1 December. However, as part of an initial rollout of the new approach, NHS Ayrshire and Arran were selected as a "pathfinder" Board which means those calling from Ayrshire and Arran will be able to call NHS 24 on 111 to be directed to the right service from 3 November.
	This service will be available day or night to assess people's needs and direct the public to the service they need. This could include self-care, GP or primary care, pharmacy, minor injuries or referral for clinical assessment.
	During normal opening hours people should still call their GP practice for urgent care or get help online help from a wide range of information and resources on NHS inform.
	From 3 November, those calling from Ayrshire and Arran are asked to: • use the NHS inform website to access advice on common symptoms, guidance for self-help and where to go if further medical care is needed; • contact their local GP practice during the day for an appointment or over the phone advice; • use the NHS 24 telephone service on 111 day or night when they think they need A&E but it is not life-threatening; • use the NHS 24 111 Mental Health Hub and Breathing Space telephone helpline to access mental health advice and guidance; • use NHS 24 111 service and NHS inform out of hours when they are too ill to wait for their GP practice to open, or for worsening symptoms of COVID-19; and • use NHS 24 telephone service 111 for non-life threatening but painful injuries, such as a deep cut, a broken or sprained ankle or a painful burn injury to get an appointment at their local minor injuries unit. For more information, visit www.nhsaaa.net/right-care-right-place In an emergency situation, calls should still be made to 999
	MH Unscheduled care and Flow Navigation Hubs
	As mentioned above, the national programme of work to re-design Urgent Care and implement a Flow Navigation hub has been progressing in Ayrshire and Arran with a launch date of 3rd November as a pathfinder site.
	Mental Health services are participating and contributing to this service redesign and will provide a specific mental health pathway within the overall Flow Navigation Centre. This pathway will be directly accessible to the NHS 24 Mental Health Hub, Ayrshire Urgent Care Service and Police Scotland.
	The purpose of this pathway is to provide appropriate navigation and facilitation of urgent mental health care for individuals in mental health crisis. Where possible the aim is for care to be provided within the local community; for individuals already open to mental health services, they may be redirected to their existing supports, to the service that already knows them to ensure continuity and consistency of care.

	For anyone new to service, appropriate triage, intervention and signposting will be undertaken. For those individuals not assessed as requiring urgent mental health care they may be directed to attend their GP practice and where available specifically signposting to community link workers and/or mental health practitioners for follow up. Where urgent assessment is required this will be facilitated by wider mental health unscheduled care service.
	The proposed pathway is already in place as part of the Ayrshire Urgent Care Service in the out of hours period. Therefore the plan is to replicate the same model and approach, but over a 24/7 period via the flow navigation centre. A future sustainable workforce plan is currently being devised for the longer term, based on lessons learnt in the first phase of implementation. The evaluation of the pathway should be considered as part of the wider external evaluation of the overall Flow Navigation Hub, chaired by Sir Lewis Ritchie.
	<u>Extreme Teams CAMHS</u>
	The Strategic Operational Planning Group (SPOG) have commissioned an Extreme Team to consider and provide recommendations to a significant and mission critical reform question: “How will we improve Children and Young People’s Mental health and wellbeing with timely access to services and support to Children, young people and their families at a locality level?”
	This will focus on the interface, relationship and delivery outcomes of the multidisciplinary CAMHS service (tier 3 specialist outpatient CAMHS) with community-based Children’s services (Tier 2) and universal services at a locality level to improve children and young people’s experience in alignment with the CAMHS national specification.
	Extreme teaming is a concept developed by Amy Edmondson in her 2019 book ‘The fearless organisation’ and has been adopted by Ayrshire and Arran as an approach to whole system innovation and reform at pace. This requires whole system working of people coming together across professional, disciplinary, organisational and sector boundaries to innovate and deliver with the optimisation of diverse expertise and perspectives. The purpose of the commission is to change and empower a diverse group to own and lead the delivery of a piece of reform in service of our Big Opportunity.
	The Commissioning Director for the Extreme Team is Tim Eltringham (South Ayrshire HSCP) and the Co-Chairs are Thelma Bowers Head of Mental Health (North Ayrshire HSCP) and Mark Inglis, Head of Children’s services, (South Ayrshire HSCP)
	The review team will also consist of the following key members: Marion McAuley - Head of Children, Families and Justice services EAHSCP Stuart McKenzie – Senior Manager CAMHS & Eating Disorder Services NHSCP Ken MacMahon – Head of Psychological Specialty: Child and Adult Learning Disabilities, Psychological services - NHSCP Alison Sutherland - Head of Children, Families and Justice services NAHSCP Dr Helen Smith – Clinical Lead, Consultant Psychiatrist, National Secure Adolescent Inpatient Unit

	The review team has commenced the work and are currently defining the scope with meetings scheduled at pace between October 2020 and December 2020 to ensure reform momentum, creativity, pace and innovative outcomes.
	North Ayrshire Developments
	Dirrans Centre : Investors in People Awards Finalists
	A huge congratulations to our staff at the Dirrans Centre on the news that they have reached the finals of the Investors in People Awards 2020. Keep an eye on the Investors in People Twitter page @IIP for lots of great content from the finalists during the countdown to the big announcement on 24th November 2020. You can read more about the Investors in People Awards here.
	COVID Update
	This update offers assurance to IJB on the HSCP's continued response to the COVID-19 pandemic. The partnership's response to the pandemic continues to be recorded through it's "mobilisation plan" which was submitted to the Scottish Government in July. The partnership, along with NHS and NAC continue to operate on an "emergency" footing with all public facing offices remaining closed. Where staff are required to attend offices, these have been fully risk assessed and appropriate measures put in place such as face coverings, social distancing etc. The Partnership Leadership Team meet weekly and the wider PSMT meeting on a fortnightly basis. The Council and NHS have also reintroduced their senior management and governance meetings on a virtual basis. Updates since last IJB • On 23 October 2020, the Scottish Government published Scotland's Strategic Framework which set out their approach on levels of protection designed to reduce transmission of the virus. These measures came into force on 2nd November and are applied to each local authority area. North Ayrshire was placed on **Level 3** at that time. These levels will be reviewed/considered on a weekly basis by the Scottish Government based on these indicators :- ▪ The number of cases per 100,000 people over the past 7 days; ▪ The percentage of tests that are positive over the past 7 days; ▪ Forecasts of the number of cases per 100,000 consisting of the weekly number of cases in two weeks' time. ▪ Current and projected future use of local hospital beds, compared with capacity, and ▪ Current and projected future use of intensive care beds, compared with capacity. • Care Home Oversight Group continues to meet on a daily basis to provide oversight of the quality of care in each care home in North Ayrshire. Public Health report on the current outbreak status within care homes. All care homes subject to outbreaks are closed to visiting and admissions. • The offer of weekly testing of staff across North Ayrshire adult and older people care homes has been underway for some time. In North Ayrshire all 26 care homes are completing the online Daily Safety Huddle Returns which allow care

	homes to report information in one place including COVID 19 infection rates, demand on services and staff testing. As at 26 October 2020, 1,091 staff (of an available 1,243 staff) were tested resulting in a total of 88% of the care home workforce being tested for COVID 19. These efforts go a long way towards protecting both residents and staff. A communication has been issued to Care Home Managers thanking them for their continued support, despite the challenging environment they are operating within. Contact details for free confidential listening services for people working in social care have also been re-issued. • Delayed Discharge figures are increasing nationally, but North Ayrshire HSCP is focussed on sustaining and improving our performance. This is being considered alongside our capacity requirements for social care over the winter period. • Services within the partnership continue to operate well and with appropriate staffing levels. • PPE Hub continues to operate well, supporting providers and carers. There are sufficient stock levels for 2-3 months supply and increased stock has been secured from the National Hub to ensure sufficient stock levels over the winter period.
	Adult Social Care Winter Preparedness Plan
	The Scottish Government published their plan outlining steps to prepare and support Scotland's social care sector through the winter on 3rd November 2020.
	The Adult Social Care Winter Preparedness Plan, including an additional £112 million in funding, will support social care users in residential, community and home settings, and the people who provide that care, including unpaid carers.
	An evidence paper has been published with the plan outlining how the new measures have been informed by lessons learned about COVID-19 to date, including Public Health Scotland's discharge report and the Care Inspectorate's Care at Home inquiry. The plan also takes into account the findings of the root cause analysis of care home outbreaks commissioned by the Cabinet Secretary, which was also published on 3rd November.
	Actions outlined in the plan include: • enhanced infection prevention and control, with a focus on investment Nurse Director teams • Daily review of COVID-19 symptoms in care home residents and staff, including temperature checking so early testing can be undertaken and pre-emptive infection control measures put in place • Expanded testing access for the care at home workforce and designated visitors as capacity increases • NHS National Services Scotland will continue to provide free of charge top-up and emergency provision of PPE to ensure staff, unpaid carers, and Social Care Personal Assistants have the PPE they need until at least the end of March 2021 • Prioritise a 'home first' approach to care, supporting people to stay home or in a homely setting with maximum independence for as long as possible • Support to all care homes to provide access to digital devices, connectivity and support to help manage conditions from home or connect those receiving care with their loved ones

	• Support for additional costs of restricting staff movement across care settings • Increased support for the Social Care Staff Support Fund and winter sustainability funding, through to the end of March 2021 • Maintaining and promoting access to local NHS Board workforce wellbeing services, the health and social care wellbeing national hub PROMIS and the NHS 24 mental health support service to support care home staff, the third sector and unpaid carers • Support for additional oversight and administration costs associated with responding to the pandemic and outbreak management • Publication of a website with information and advice for families on visiting. The partnership has contingency plans in place for the winter period, but these are being revisited based on the requirements of the plan, operational implications and requirements in the guidance .
	<u>Flu Immunisation Programme – North Ayrshire</u>
	This year Scottish Government decided to extend health board free flu vaccine programmes to include certain social care staff of all ages who have a direct hands-on care role working in the following settings: • Residential care and secure care for children • Community care for persons at home (including housing support and care at home services) • Care homes for adults Since the commencement of the Seasonal Flu Vaccination Programme in North Ayrshire on 28 September 2020 to date, a total of 1477 staff within the health & social care sector have received the flu vaccination. During September and October 2020, seven static clinics were delivered within community facilities. In addition, mobile ambulance units, staffed by volunteers from St Johns Ambulance, have been deployed to locations within localities (e.g. health centres and community centres) in an effort to reach health and social care staff within their local area. Due to recent national shortages in vaccine supply, remaining vaccines are targeted at staff within care homes and care at home services. The programme utilising the mobile units is ongoing during November 2020.
3.	**PROPOSALS**
3.1	**<u>Anticipated Outcomes</u>**
	Not applicable.
3.2	**<u>Measuring Impact</u>**
	Not applicable
4.	**IMPLICATIONS**

Financial:	None

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

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

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

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

Integration Joint Board
19 November 2020

Subject:	**2020-21 – Month 6 Financial Performance**
Purpose:	To provide an overview of the IJB's financial performance as at Period 6 including an update on the estimated financial impact of the Covid-19 response.
Recommendation:	It is recommended that the IJB: (a) notes the overall integrated financial performance report for the financial year 2020-21 and the overall projected year-end underspend of £0.377m at period 6; (b) notes the estimated costs of the Covid mobilisation plan of £7.656m, including savings delays, and the associated funding received to date; (c) note the financial risks for 2020-21, including the impact of Covid 19, and that there is no recommendation at this time to implement a formal Financial Recovery Plan for the IJB; (d) approve the budget changes outlined at section 2.8.

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

1.	**EXECUTIVE SUMMARY**
1.1	The report provides an overview of the financial position for the partnership and outlines the projected year-end outturn position informed by the projected expenditure and income commitments, these have been prepared in conjunction with relevant budget holders and services. It should be noted that although this report refers to the position at the August period end that further work is undertaken following the month end to finalise projections, therefore the projected outturn position is as current and up to date as can practicably be reported.
1.2	The projected outturn, before the impact of Covid-19, is a year-end underspend of £0.377m for 2020-21 which is a favourable movement of £0.386m. There is scope for this position to fluctuate due to in-year cost and demand pressures and assumptions in

	relation to funding and the achievement of savings. The position has been adjusted to reflect the potential impact of Lead Partnership services. In the absence of any alternative risk sharing agreement for lead partnership services an NRAC share of the projected position has been assumed as this would be in line with the allocation in previous years.
1.3	From the core projections, overall the main areas of pressure are learning disability care packages, looked after children and adult in-patients within the lead partnership. However, there has been significant progress to reduce the pressures in these areas. The financial position demonstrates that the work started before the pandemic to ensure the IJB moved into the new financial year in a financially sustainable position has not been reversed by the Covid-19 response. If this position can be sustained as we move through the year, and assuming all Covid-19 costs are fully funded, the IJB will secure financial balance and repay £1.5m of the debt to North Ayrshire Council as planned.
1.4	The most up to date position in terms of the mobilisation plan for Covid-19 based on the return to the Scottish Government in October projects £7.656m of a financial impact, which is split between additional costs of £6.5m and anticipated savings delays of £1.1m. The impact of savings delays has been built into the core financial projection above on the basis that there is less confidence that funding will be provided to compensate for this. There are financial risks associated with Covid-19 as the IJB has yet to receive confirmation of the full funding allocation. To date our total funding allocation to £5.491m, this allocation has been updated following the period 5 position where we reported that the North HSCP funding was £5.183m. This reflects further discussions at Finance Leads re the distribution of funding for lead partnership services and to reflect a fairer approach following the submission of updated Covid cost estimates in October.
1.5	Until the full funding for Covid-19 is confirmed there is a risk that there may be a shortfall in funding to fully compensate the North Ayrshire IJB for the additional costs. However, there is no recommendation at this time to implement a Financial Recovery Plan on the basis that: • There is increasing confidence that additional costs will be funded based on the recently received and future expected funding allocations; • Offsetting reductions of £0.530m have not been included in the overall funding allocation and have not been factored into the HSCP financial projections, therefore at this stage these would potentially remain available for North to re-direct to any funding shortfall; • The current estimated costs for which funding has not yet been allocated is around £1m, this is a level that can potentially be recovered through management actions later in the financial year; • The most significant area of additional Covid cost is the purchase of PPE for social care, the extension of the current MOU for the PPE Hubs includes an assurance that PPE costs will be reimbursed in full, this is also in line with the recent allocation for PPE being on an actuals basis; • The period 6 position projects an underspend position (excluding Covid) and this does not include any assumption re the £1.5m held by the Council towards the IJB debt, this position assumes the debt repayment is made as planned, this position also incorporates estimated delays with savings delivery. The financial position will continue to be reported to the IJB at each meeting, these reports will outline the monthly financial projections and the updated position in relation

	to estimates for Covid costs. This will include the ongoing consideration of whether a Financial Recovery Plan may be required in the future.
2.	**CURRENT POSITION**
2.1	The report includes an overview of the financial position including commitments against the available resource, explanations for the main budget variances, an update on progress in terms of savings delivery and plans to work towards financial balance. The report also includes detail of the estimated costs and potential financial impact of the Covid-19 response.
	FINANCIAL PERFORMANCE – AT PERIOD 6
2.2	The projected outturn position at period 6 reflects the cost of core service delivery and does not include the costs of the Covid 19 response as these costs are considered separately alongside the funding implications. Against the full-year budget of £254.257m there is a projected year-end underspend of £0.377m (0.15%). The Integration Scheme outlines that there is an expectation that the IJB takes account of the totality of resources available to balance the budget in year. Following this approach, an integrated view of the financial position should be taken, however it is useful to note that this overall position consists of a projected overspend of £0.913m in social care services offset by a projected underspend of £1.290m in health services. As highlighted at the end of last year the payroll turnover target was to be centralised for future years as the approach in previous years left some service areas with unachievable targets whilst other areas were able to overachieve, it was agreed that a more transparent approach would be to manage the payroll turnover and vacancy savings centrally. This approach has been adopted for 2020-21, this has helped to de-clutter the financial report and to make it more transparent re the overall turnover target and the progress towards achieving this across the partnership. Section 2.6 highlights progress with the partnership vacancy target. Appendix A provides the financial overview of the partnership position. The sections that follow outline the significant variances in service expenditure compared to the approved budgets with detailed analysis provided in Appendix B.
2.3	**Health and Community Care Services**
	Against the full-year budget of £69.280m there is an underspend of £0.973m (1.4%) which is an adverse movement of £0.124m. The main variances are: a) Care home placements including respite placements (net position after service user contributions) – underspent by £0.649m (adverse movement of £0.138m). The care home budget moved into a sustainable position towards the end of 2019-20 and the opening position for the budget for 2020-21 was expected to be an underspend position as at that time we set the budget at a level to fund 810 places and we were funding 782. The occupancy in care homes has fallen further in the first quarter of 2020-21 and there are significant vacancies in care homes, the projected underspend includes a steady net increase of 10 placements per month until the year-end. The main reason for the adverse movement is a reduction in the projected amount of charging order income receivable (£0.117m) and a reduction in the respite underspend (£0.036m).

	b) Independent Living Services are overspent by £0.220m (favourable movement £0.011m) which is due to an overspend on physical disability care packages within the community and direct payments. There is an expectation that there will be some recovery of funds from Direct Payments where services have ceased, this may improve the projected position. There will be further work undertaken with the implementation of the Adult Community Support framework which will present additional opportunities for reviews and will ensure payment only for the actual hours of care delivered. The roll out of the CM2000 system for Adult services was postponed towards the year-end due to the Covid response and will be implemented early in the new year. c) Care at home was initially projected to overspend by £0.287m (adverse movement £0.190m). The financial projections reflect recent recruitment and assumes an increased service level both in house and purchased until the end of 2020-21. As this additional capacity was included in the Covid cost return this overspend has been excluded from the overall financial position, as the current level of overspend is below the level of Covid resources requested. d) Aids and adaptations projected underspend of £0.255m (£0.045m adverse movement). There have been significant delays with carrying out assessments and providing equipment and adaptations during lock down. It is expected that during the year there will be considerable delays with this spend, the level of projected underspend is less than the underspend in 2019-20. The final outturn depends on the level of assessments that can be undertaken in the coming months however this cannot be determined at this stage in the year. The service is working on plans to re-mobilise these services and address the waits for assessment and delivery of equipment and adaptations. e) Carers Act Funding is projected to underspend by £0.443m (no movement) based on the currently committed spend and delays with taking forward developments to support carers. The total uncommitted budget is £0.560m so this projected position assumes there will be carers' support plans undertaken and a level of demand/services identified from these plans to be delivered later in the year. The service plan to undertaken positive promotion of the services available to carers and are currently reviewing the process for a carers assessment to make this more accessible to individuals requiring support.
2.4	**Mental Health Services**
	Against the full-year budget of £77.108m there is a projected overspend of £0.744m (1%) which is an adverse movement of £0.231m. The main variances are: a) Learning Disabilities are projected to overspend by £2.320m (adverse movement £0.128m), included within this is £1.320m (£0.131m adverse movement) in relation to community care packages and £0.556m (£0.017m adverse movement) for residential placements. The 2020-21 budget for all adult care packages (LD, PD and MH) were realigned with any projected underspends in other areas being used to reduce the LD projected overspend. 2020-21 savings relating to the implementation of the Adult Community Support Contract are delayed as the full implementation of the CM2000 system has been postponed as the focus for providers has been on the response to COVID-19. This will commence with a phased roll out from January 2021, the financial benefits of the system are included in the projection later in the year but at a reduced level (causing an adverse movement of £0.147m) due to the delay. Community Learning Disability Care

packages are proving to be one of the most challenging areas to address overspends. The current projection assumes the current level of commissioned support will continue for the year, there are opportunities to reduce this commitment as a significant number of these care packages were reduced or suspended during lock down, these will be reviewed when services are re-started to ensure support is re-started at the appropriate level, this may potentially reduce the year-end projected position and the opening projections for next year which are currently being collated to inform budget planning for 2021-22.

b) Community Mental Health services are projected to underspend by £0.239m (£0.005m favourable movement) mainly due to a reduction in care packages. There has been a reduction in the number of care packages since the start of the year and there have been some temporary reductions to care packages during lock-down, currently these are assumed to be temporary reductions, these will also be reviewed when brought back online.

c) The Lead Partnership for Mental Health has an overall projected underspend of £1.348m (adverse movement of £0.097m) which consists of:

- A projected overspend in Adult Inpatients of £0.583m (adverse movement of £0.043m due revised assumptions on bed sale income). The overspend is mainly due to the delay in closing the Lochranza ward on the Ailsa site. The ward closed during August 2020 but there remain staff to be re-deployed, the overspend may reduce if alternatives can be identified for displaced staff sooner.
- UNPACS is projected to underspend by £0.040m (£0.113m adverse movement) based on current placements. The adverse movement is due to a new placement being made.
- A projected underspend of £0.200m (£0.100m adverse movement) in Elderly Inpatients due to the completion of the work to reconfigure the Elderly Mental wards, this represents the part-year saving with the full financial benefit being available in 2021-22. The adverse movement is due to staffing levels for wards, the workforce tool for the wards is being run which will determine the final staffing.
- A projected underspend in MH Pharmacy of £0.220m (£0.030m favourable movement) due to continued lower substitute prescribing costs.
- The target for turnover or vacancy savings for the Lead Partnership is held within the Lead Partnership as this is a Pan-Ayrshire target. There is a projected over-recovery of the vacancy savings target of £1.268m in 2020-21, further information on this is included in the table below:

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

There were significant vacancy savings delivered during 2019-20 from lead partnership services and these were brought into the financial position during the year as it became clear that services were not going to be able to recruit to all vacancies. The current projection to the year-end is informed by the recruitment plans and the confidence in recruitment success and realistic timescales for filling individual vacancies.

The main areas contributing to this position are noted below:

- Adult Community Health services £0.133m
- Addictions £0.020m

	• CAMHS £0.295m • Mental Health Admin £0.330m • Psychiatry £0.488m • Psychology £0.383m • Associate Nurse Director £0.067m
2.5	**Children Services & Criminal Justice**
	Against the full-year budget of £35.925m there is a projected underspend of £0.081m (0.2%) which is a favourable movement of £0.122m. The main variances are: a) Looked After and Accommodated Children are projected to overspend by £0.457m (adverse movement of £0.015m). The main areas within this are noted below: • Children's residential placements are projected to overspend by £0.662m (adverse movement of £0.119m), as at period 6 there are 16 placements with plans to reduce this by 3 by the end of the financial year and an assumption that there will be no further placements during the year. Budget plans for 2020-21 were based on starting the year with 18, reducing to 14 by the end of Q1 and to 10 places by the end of Q2 and for the remainder of the year. Progress with plans to move children from residential placements have been impacted by Covid-19 as there has been an impact on Children's Hearings and this has limited the availability of tenancies. Children's services are working towards further improving the position as we move through the year as starting the 2021-22 financial year with 13 placements will impact on the savings planned for next year. • Fostering placements are projected to overspend by £0.095m (£0.032m favourable movement) based on the budget for 129 places and 126 actual placements since the start of the year. This is a reduction of 7 placements from month 5. The fostering service is an area we are trying to grow, and a recruitment campaign was undertaken early in the new year to attract more in-house foster carers to limit the ongoing requirement for external foster placements. There are a number of additional fostering placements attributed to Covid-19 which are out with these numbers as the costs have been included on the Covid-19 mobilisation plan. Respite foster placements is projected to underspend by £0.060m as placements have not taken place due to Covid-19 restrictions. • Kinship placements are projected to underspend by £0.149m (adverse movement of £0.012m) based on the budget for 370 places and 344 actual placements since the start of the year. b) Children with disabilities – residential placements are projected to underspend by £0.196m (no movement). Community packages (inc direct payments) are projected to underspend by £0.125m based on current placements and an assumed increase in direct payment cases. c) Respite is projected to underspend by £0.107m due to respite not taking place due to COVID. d) Transport costs – projected underspend of £0.081m (favourable movement of £0.035m) due to reduced mileage costs**.**
2.6	**Turnover/Vacancy Savings**

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

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

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

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

The position in the table above reflects the assumption in the current financial projections. For social care there have been significant vacancy savings to period 6 due to delays with recruitment and a total of £1.156m has been achieved to date. It is not anticipated that the level of vacancies will continue at this rate to the financial year-end, the full annual target is expected to be achieved on the basis that there will vacancies sustained at around 69% of that level. We may potentially exceed the target, as was the case in previous years, but the likelihood of this will not be known with confidence until services and recruitment re-starts fully over the coming months.

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

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

2.7 **Savings Progress**

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

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

b) The main areas to note are:

i) Red savings of £0.274m relating to reducing LD sleepovers and the review of Adoption Allowances, both of which have been impacted by

	Covid-19, the delays in these savings have been included in the overall projected outturn position; ii) Whilst all savings remain on the plan to be delivered there are delays with some savings with delays in implementation due to Covid-19, for example the implementation of the Adult Community Support Framework as the introduction of the CM2000 system is delayed as providers were focussing on COVID related service and staffing issues and further internal implementation work is required; iii) The confidence with some savings has increased since the budget was set due to the progress made towards the end of 2019-20, for example with freeing up additional capacity for Care at Home services by reducing care home placements. Appendix C provides an overview of the savings plan, this highlights that during 2020-21 it is anticipated that a total of £2.483m of savings will be delivered in-year, with £1.378m of savings potentially delayed or reduced. The delays are due to Covid-19 and have been included in the mobilisation plan return to the Scottish Government, but at this stage they have also been reflected in the overall projected outturn position as there is less confidence that the impact of savings delays will be compensated with additional funding. The Transformation Board is in place to provide oversight and governance to the programme of service change. A focus of the Board is to ensure plans are in place to deliver savings and service change, with a solution focussed approach to bringing programmes back on track. Whilst some of our plans were put on hold due to Covid, the transformation plans will be re-mobilised at pace to ensure we taken any opportunities to join up the re-design services as they come back online. The Transformation Board re-started in July and there will be a concerted effort to ensure the maximum savings delivery can be achieved in-year, to assist with the current year position and to ensure there is no recurring impact moving into 2021-22.
2.8	**Budget Changes**
	The Integration Scheme states that *"either party may increase it's in year payment to the Integration Joint Board. Neither party may reduce the payment in-year to the Integration Joint Board nor Services managed on a Lead Partnership basis….without the express consent of the Integration Joint Board".* Appendix D highlights the movement in the overall budget position for the partnership following the initial approved budget. ***Reductions Requiring Approval:*** The specific reductions the IJB are required to approve are: • Transfer of posts to NAC corporate procurement £0.076m • Transfer of Parkinson nurse to South £0.109m • Arrol Park resource transfer to South £0.024m It is recommended that the IJB approve the budget reductions outlined above. **Future Planned Changes:** An area due to be transferred in the future are the Douglas Grant and Redburn rehab wards from acute services to the North HSCP. The operational management of these wards has already transferred to the partnership, but the due diligence undertaken on

	the budget has highlighted a funding shortfall. It has been agreed with NHS Ayrshire and Arran that the financial responsibility will not transfer until balance is found. In the meantime, we are managing services and plans are well progressed to reduce the projected overspend prior to any transfer.
2.9	**NHS – Further Developments/Pan Ayrshire Services**
	Lead Partnerships: The IJB outturn position is adjusted to reflect the impact of Lead Partnership services. During 2019-20 agreement was reached with the other two Ayrshire partnerships that in the absence of any service activity information and alternative agreed risk sharing arrangements that the outturn for all Lead Partnership services would be shared across the 3 partnerships on an NRAC basis. This position is currently the default for 2020-21 as the further work taken forward to develop a framework to report the financial position and risk sharing across the 3 partnerships in relation to hosted or lead service arrangements has been delayed by the requirement to focus efforts on the Covid response. The underspend in relation to North Lead Partnership services is not fully attributed to the North IJB as a share has been allocated to East and South partnerships, similarly the impact of the outturn on East and South led services will require to be shared with North. At month 6 the impact on NA IJB is a £0.338m underspend (£0.353m underspend for East and £0.015m overspend for South). **East HSCP** – projected underspend of £0.981m (£0.353m NRAC share for NA IJB). The main areas of variance are: a) Primary Care and Out of Hours Services (Lead Partnership) - there is a projected underspend of £0.741m (favourable movement of £0.656m). This reflects detailed work undertaken to analyse year-to-date costs and anticipated activity over the remainder of the financial year. This includes reduced projected costs on Dental Services where there have been a number of services cancelled for the year-to-date. These services are expected to restart in the final quarter of the 2020 calendar year, with an anticipated increase in staffing costs going forward. In addition, work has been undertaken to update cross charging against for Ayrshire Urgent Care Services (AUCS) costs related to the Covid-19 pandemic. It is anticipated that the current level of Covid-related GP activity will continue until the end of December at this stage. In addition, increased staff turnover savings are projected for AUCS, with posts to be recruited to in the final quarter of the financial year. It is anticipated at this stage that the Primary Care Improvement Fund will outturn on budget. The Primary Care budget has increased from £79m at month 4 to £86m at month 6 and is due to confirmation of funding allocations from the Scottish Government, including Primary Care Transformation Funding, Family Health Services Covid-19 funding, Dental funding and an increase to the global sum. b) Prison and Police Healthcare (Lead Partnership) - £0.233m projected underspend (favourable movement of £0.279m). This relates to drugs costs which were previously charged to the prison have correctly now been charged against Covid-19 and additional staffing savings. **South HSCP** – projected overspend of £0.041m (£0.015m NRAC share for NAHSCP). The overspend is mainly due to an overspend in the community store.

	Set Aside: The budget for set aside resources for 2020-21 is assumed to be in line with the amount for 2019-20 (£30.094m) inflated by the 3% baseline uplift, this value was used in the absence of any updated information on the share of resources and is £30.997m. At the time of setting the IJB budget it was noted that this may require to be updated following the further work being undertaken by the Ayrshire Finance Leads to establish the baseline resources for each partnership and how this compares to the Fair Share of resources. It was anticipated that 2020-21 would be used as a shadow year for these arrangements, however this work has been delayed due to the Covid-19 response. A further update will be provided to IJBs as this work progresses. The annual budget for Acute Services is £351.2 million. The directorate is underspent by £5.3 million following allocation of the COVID-19 funds received from Scottish Government. The year to date underspend of £5.3 million is a result of: • £7.4 million of "offset savings". These are the underspends resulting from low outpatient and elective activity in the year to date. • £2.1 million of unachieved savings. The IJBs and the Health Board have submitted a remobilisation plan outlining how activity will return to normal as far as is possible and are working together to ensure patients are looked after in the most suitable environment.
	COVID-19 – FINANCE MOBILISATION PLAN IMPACT
2.10	**Summary of position**
	From the outset of the pandemic the HSCP acted very swiftly to respond and developed a mobilisation plan detailing the additional activities to support our response, alongside the estimated financial impact. Financial returns have been submitted to the Scottish Government on a regular basis, on the premise that any additional costs aligned to mobilisation plans would be fully funded. There is a risk that if the full cost of the Covid-19 response is not funded that the IJB may require to recover any overspend in-year. The IJB were updated in October outlining the cost estimates, the financial year-end projections and any potential funding gap based on scenarios re Covid-19 funding. The IJB also need to consider any action required to recover the financial position in-year.
2.11	**Mobilisation Plan Costs**
	The most recent mobilisation plan cost submission submitted in October estimates the costs to be £7.656m to March 2021. The financial returns have moved to a quarterly submission alongside the Health Board financial returns to the Scottish Government. The costs remain estimates as the situation continually evolves and there have been several iterations of the financial plan. The majority of the additional costs for the HSCP relate to the provision of social care services and the most significant areas are PPE, additional staff costs for staff absence and student nurses, loss of income due to closed services, additional care home

placements, payments to commissioned care providers to ensure future sustainability and the impact on our approved savings programme.

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

Service Area	August Return £m	October Return £m	Variance
Payments to Providers	1.655	1.683	0.028
Personal Protective Equipment (PPE)	2.052	1.693	(0.359)
Savings Delays	1.115	1.132	0.017
Nursing – Students and Bank Staff	0.733	0.685	(0.048)
Care at Home Capacity	0.416	0.416	0.000
Loss of Income	0.442	0.531	0.089
Staff Cover	0.425	0.401	(0.024)
Care Home Beds – Delayed Discharges	0.396	0.396	0.000
Fostering Placements	0.196	0.196	0.000
Delayed Discharges - Other Measures	0.000	0.087	0.087
Other staff costs	0.000	0.615	0.615
Winter Planning	0.000	0.118	0.118
Other costs	0.311	0.233	(0.078)
Offsetting cost reductions	(0.530)	(0.530)	0.000
TOTAL	**7.211**	**7.656**	**0.445**

Further information on the elements of the plan are included in previous IJB reports. The main changes to estimated costs are the reduction in PPE estimates based on an expectation of more supply being delivered from the NSS hub, the level of stocks we have in place and the stabilisation of costs for PPE items. The other significant movement is in the other staff costs, this has increased significantly due to NHS finance identifying additional staff costs for wards which were not appropriately allocated to Covid, therefore this reflects a more accurate estimate of the costs rather than an expected increase in the requirement.

2.12 **Covid-19 Funding Position**

At the outset of the pandemic there was an assurance that subject to any additional expenditure being fully aligned to local mobilisation plans, including the IJB responses, reasonable funding requirements will be supported. This was on the basis that a process would be developed for these to be accurately and immediately recorded and shared with the Scottish Government. The basis of this reporting was drawn up and agreed with COSLA and Health and Social Care Partnerships.

Previous finance reports to IJB have outlined the chronology of funding through the year and the period 5 finance report outlined that £5.183m of funding was agreed at that time to be allocated for North Ayrshire delegated services. This funding allocation has subsequently been increased to £5.491m. This reflects further discussions at Finance Leads re the distribution of funding for lead partnership services and to reflect a fairer approach following the submission of updated Covid cost estimates in October.

The revised funding allocations are noted below:

	North £000	East £000	South £000	TOTAL £000
Q1 Allocation	3,010	2,400	2,018	7,429
Q2-Q4 Allocation	2,481	3,904	2,611	8,996
TOTAL ALLOCATION	**5,491**	**6,304**	**4,629**	**16,424**
Funding Already Received (£83m)	3,509	2,464	1,835	7,808
NET NEW FUNDING ALLOCATION	**1,982**	**3,840**	**2,794**	**8,616**

The funding allocations to date have been based on the following approach:

- allocation based on actual costs incurred in Quarter 1 and funding agreed for Q2-Q4 in line with agreed parameters (70% of funding for Q2-Q4, exception of 50% of funding for social care payments to providers, DD reduction);
- action is taken to mitigate additional financial pressure as far as possible and to make best use of resources across the system. HBs and IJBs are asked to reassess options for savings that can be delivered, therefore no provision at this time for savings delays, similarly the offsets identified by some areas have not been included at this stage;
- funding allocated in line with actual expenditure where spend disproportionately impacts on specific IJBs and where there is a significant uneven distribution, includes PPE and social care;
- funding allocated up to an NRAC share to cover spend that is incurred across all HB/IJBs where there is a higher level of consistency between Board areas, this includes staffing costs and overtime, equipment, investment in digital, additional beds, and community hubs;
- expectation in principle that funding is split between HBs and IJBs in line with SG funding letter/allocation, however HBs and IJBs may agree to allocate funding flexibly between categories to better recognise local pressures and priorities;
- further funding may be required to meet costs that have been in excess of formula shares, and SG will review reasonable requests for further financial support to meet pressures.

Given the level of uncertainty currently reflected in financial assumptions full funding has not been allocated at this stage, the Scottish Government will work with Health Boards and IJBs over the coming months to review and further revise financial assessments and intend to make a further substantive funding allocation in January. This will allow identification of the necessary additional support required, and realignment of funding in line with actual spend incurred. For social care further work is progressing with COSLA to identify financial implications, including sustainability payments to providers. Given uncertainty reflected in estimates across Scotland the funding allocation for social care is based on actuals for Q1 and 50% of forecast spend for Q2-Q4. The Scottish Government will revisit social care allocations in November, and this will include part of the funding announced in the recent winter plan.

IJB CFOs have highlighted some challenges posed by the NRAC share approach for some service areas and Scottish Government Health Finance colleagues have agreed to a further allocation later in November specifically for primary care and mental health services, which will be based on the actual cost estimates without an NRAC cap and with the two service areas as individual allocations.

2.13	**Covid – Financial Risk**

Overall at this time the financial risk to the IJB has been reduced significantly by the recent funding announcement and subsequent allocation.

The table below summarises the overall estimated Covid-19 costs for the North HSCP alongside the funding received to highlight the potential gap:

	Latest October £m
Mobilisation Plan Costs	7.656
FUNDING TOTAL	**(5.491)**
Shortfall	2.165
Shortfall (excluding savings)	**1.033**

The estimated additional costs to March 2021 compared to the funding received to date leaves an estimated balance of £1.033m for which funding has not yet been received or allocated.

In terms of the estimated elements of the plan not yet funded:

- we have assumed through our core budget monitoring projections that the delays in savings will not be funded and these are included in financial projections, as noted in this report we are projecting breakeven on that basis;
- the offsets of £0.530m have not been included in the overall funding allocation and also have not been factored into the HSCP financial projections, therefore at this stage these would potentially remain available for North to re-direct to any funding shortfall;
- there will be a potential further funding allocation for Social Care (November) and Health (January) when the costs will be revisited, we would expect on that basis that a further funding allocation would be released to compensate for actual costs.

There are a number of financial risks related to the Covid-19 response for North Ayrshire IJB, risks include:

- Scottish Government funding is not sufficient to fully fund the response and there is a shortfall in funding when allocated;
- Risk that financial position cannot be recovered in-year and the IJB overspend and add to the debt owed to North Ayrshire Council;
- If insufficient funding is provided an exercise will be required at a later stage to re-allocate costs and funding to the 3 IJB areas for Lead Partnership services, this could lead to greater costs being aligned to the North IJB particularly for any shortfall in funding for Primary Care including Covid Assessment Hubs;
- Further uncertainty of funding for pressures which may continue beyond 2020-21, including for example PPE;
- Currently provider Sustainability Payment Principles have been agreed to remain in place for the year with tapering down of support for some elements over the next few months, there is an ongoing responsibility for HSCPs to ensure the sustainability of the social care sector and the sustainability principles will remain under review by the Scottish Government and COSLA;
- Financial position from 2021-22 onwards and the impact on public sector funding and the future funding of Health and Social Care services.

The below illustrates the ways in which this financial risk can be mitigated:

Given the scale of the financial risk at this stage in the year it is not recommended that the IJB consider a formal financial recovery plan at this time.

This recommendation is on the basis that:

- There is increasing confidence that additional costs will be funded based on the recently received and future expected funding allocations;
- Offsetting reductions of £0.530m have not been included in the overall funding allocation and also have not been factored into the HSCP financial projections, therefore at this stage these would potentially remain available for North to re-direct to any funding shortfall;
- The current estimated costs for which funding has not yet been allocated is around £1m, this is a level that can potentially be recovered through management actions later in the financial year;
- The most significant area of additional Covid cost is the purchase of PPE for social care, the extension of the current MOU for the PPE Hubs includes an assurance that PPE costs will be reimbursed in full, this is also in line with the recent allocation for PPE being on an actuals basis;
- The period 6 position projects an underspend position (excluding Covid) and this does not include any assumption re the £1.5m held by the Council towards the IJB debt, this position assumes the debt repayment is made as planned, this position also incorporates estimated delays with savings delivery.

The financial position will continue to be reported to the IJB at each meeting, these reports will outline the monthly financial projections and the updated position in relation to estimates for Covid costs. This will include the ongoing consideration of whether a Financial Recovery Plan may be required in the future.

A budget outlook report for 2021-22 will be presented to the IJB in December and this will include estimates of recurring Covid pressures.

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

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

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

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

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

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

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

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

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

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

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

SUPPORT PROVIDED	**NCHC Care Homes**	**Other Services**	**TOTAL**
	£	£	£

Occupancy Payments *	£1,082,882	n/a	£1,082,882
Staffing	£61,769	£50,621	£112,390
PPE, Infection Control	£92,795	£31,390	£124,185
Other	£11,600	£273	£11,873
TOTAL	**£1,249,046**	**£82,284**	**£1,331,330**

** payments to end of September*

A significant level of financial support has been provided to our commissioned providers, in particular older people's care homes. The sustainability payments for some elements of support are tapering down between September and November (occupancy payments), other elements will continue to be in place beyond November and this includes the Social Care Staff Support Fund and support with PPE, infection prevention control and some additional staffing costs.

Due to concerns re the sustainability of the social care sector the Scottish Government agreed to sustain the levels of support in November at the same level as October, i.e. for care homes paying for 50% of vacancies during the month and to continue with a planned care approach. This was agreed on the basis that a review of transitional arrangements is required to provide more targeted support to the sector, focussed discussions are currently taking place so that new arrangements can be agreed by Scottish Government and COSLA and in place from the beginning of December.

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 2020-21 from within the available resource, thereby limiting the financial risk the funding partners, i.e. NAC and NHS AA.

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

3.2 **Measuring Impact**

Ongoing updates to the financial position will be reported to the IJB throughout 2020-21.

4. IMPLICATIONS

Financial:	The financial implications are as outlined in the report. Against the full-year budget of £254.257m there is a projected underspend of £0.377m (0.15%). The report outlines the main variances for individual services. There are a number of assumptions underpinning the projections which could change as we progress through the year. We will continue to work with services to ensure the most accurate and reliable position is reported.

	One of the main areas of risk is the additional costs related to the Covid-19 response and these are detailed in the report together with an updated position in relation to funding.
Human Resources:	None
Legal:	None
Equality:	None
Children and Young People	None
Environmental & Sustainability:	None
Key Priorities:	None
Risk Implications:	Within the projected outturn there are various over and underspends including the non-achievement of savings. The greatest financial risk for 2020-21 is the additional costs in relation to Covid-19.
Community Benefits:	None

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

4.	**CONSULTATION**
4.1	This report has been produced in consultation with relevant budget holders and the Partnership Senior Management Team. The IJB financial monitoring report is shared with the NHS Ayrshire and Arran Director of Finance and North Ayrshire Council's Head of Finance after the report has been finalised for the IJB.
5.	**CONCLUSION**
5.1	It is recommended that the IJB: (a) notes the overall integrated financial performance report for the financial year 2020-21 and the overall projected year-end underspend of £0.377m at period 6; (b) notes the estimated costs of the Covid mobilisation plan of £7.656, including savings delays, and the associated funding received to date; (c) note the financial risks for 2020-21, including the impact of Covid 19, and that there is no recommendation at this time to implement a formal Financial Recovery Plan for the IJB; (d) approve the budget changes outlined at section 2.8.

For more information please contact:

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2020-21 Budget Monitoring Report–Objective Summary as at 30th September

Appendix A

Partnership Budget - Objective Summary	2020/21 Budget									Over/ (Under) Spend Variance at Period 5	Movement in projected variance from Period 5
	Council			Health			TOTAL				
	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
COMMUNITY CARE AND HEALTH	**55,938**	**54,821**	**(1,117)**	**13,342**	**13,486**	**144**	**69,280**	**68,307**	**(973)**	**(1,097)**	**124**
: Locality Services	23,280	22,900	(380)	4,720	4,790	70	28,000	27,690	(310)	(507)	197
: Community Care Service Delivery	28,570	28,475	(95)	0	0	0	28,570	28,475	(95)	47	(142)
: Rehabilitation and Reablement	1,966	1,727	(239)	1,550	1,533	(17)	3,516	3,260	(256)	(305)	49
: Long Term Conditions	1,767	1,352	(415)	4,969	5,060	91	6,736	6,412	(324)	(343)	19
: Integrated Island Services	355	367	12	2,103	2,103	0	2,458	2,470	12	11	1
MENTAL HEALTH SERVICES	**24,806**	**26,941**	**2,135**	**52,302**	**50,911**	**(1,391)**	**77,108**	**77,852**	**744**	**513**	**231**
: Learning Disabilities	18,642	20,960	2,318	446	448	2	19,088	21,408	2,320	2,192	128
: Community Mental Health	4,699	4,505	(194)	1,681	1,636	(45)	6,380	6,141	(239)	(234)	(5)
: Addictions	1,465	1,476	11	1,351	1,351	0	2,816	2,827	11	0	11
: Lead Partnership Mental Health NHS Area Wide	0	0	0	48,824	47,476	(1,348)	48,824	47,476	(1,348)	(1,445)	97
CHILDREN & JUSTICE SERVICES	**32,100**	**32,019**	**(81)**	**3,825**	**3,825**	**0**	**35,925**	**35,844**	**(81)**	**41**	**(122)**
: Irvine, Kilwinning and Three Towns	3,185	3,028	(157)	0	0	0	3,185	3,028	(157)	(86)	(71)
: Garnock Valley, North Coast and Arran	1,263	1,147	(116)	0	0	0	1,263	1,147	(116)	(101)	(15)
:Intervention Services	2,042	2,023	(19)	315	315	0	2,357	2,338	(19)	(12)	(7)
: Looked After and Accommodated Children	17,735	18,192	457	0	0	0	17,735	18,192	457	442	15
: Quality Improvement	4,287	4,050	(237)	0	0	0	4,287	4,050	(237)	(203)	(34)
: Public Protection	628	622	(6)	0	0	0	628	622	(6)	1	(7)
: Justice Services	2,506	2,506	0	0	0	0	2,506	2,506	0	0	0
: Universal Early Years	454	451	(3)	3,120	3,120	0	3,574	3,571	(3)	0	(3)
: Lead Partnership NHS Children's Services	0	0	0	390	390	0	390	390	0	0	0
PRIMARY CARE	0	0	0	51,024	51,024	0	51,024	51,024	0	0	0
ALLIED HEALTH PROFESSIONALS			0	5,577	5,502	(75)	5,577	5,502	(75)	0	(75)
MANAGEMENT AND SUPPORT COSTS	8,166	8,142	(24)	6,165	5,681	(484)	14,331	13,823	(508)	(389)	(119)
CHANGE PROGRAMME	1	1	0	1,011	1,011	0	1,012	1,012	0	0	0
OUTTURN ON A MANAGED BASIS	**121,011**	**121,924**	**913**	**133,246**	**131,440**	**(1,806)**	**254,257**	**253,364**	**(893)**	**(932)**	**39**
Return Hosted Over/Underspends East	0	0	0	0	442	442	0	442	442	468	(26)
Return Hosted Over/Underspends South	0	0	0	0	412	412	0	412	412	445	(33)
Receive Hosted Over/Underspends South	0	0	0	0	15	15	0	15	15	81	(66)
Receive Hosted Over/Underspends East	0	0	0	0	(353)	(353)	0	(353)	(353)	(53)	(300)
OUTTURN ON AN IJB BASIS	**121,011**	**121,924**	**913**	**133,246**	**131,956**	**(1,290)**	**254,257**	**253,880**	**(377)**	**9**	**(386)**

2020-21 Budget Monitoring Report – Detailed Variance Analysis

Appendix B

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
COMMUNITY CARE AND HEALTH	**69,280**	**68,307**	**(973)**	
Locality Services	28,000	27,690	(310)	**Older People care homes inc respite -** underspend of £0.649m based on 716 placements and including an under recovery of income from Charging Orders. **Independent Living Services :** * Direct Payment packages- overspend of £0.100m on 62 packages , increase due to review of clawback calculation * Residential Packages - underspend of £0.026m based on 34 packages. * Community Packages (physical disability) - overspend of £0.146m based on 49 packages .
Community Care Service Delivery	28,570	28,475	(95)	**Care at Home** (inhouse & purchased) - was projected to overspend by £0.287m due to increased demand which has been funded by an allocation of Covid funding. **Employee Costs** - overspend £0.056m due to use of casual staff within Montrose House. **Direct Payments** - underspend £0.176m to year end on 30 packages, review of clawback adding to the underspend.
Rehabilitation and Reablement	3,516	3,260	(256)	**Aids and Adaptations** - underspend of £0.255m related to the reduced number of OT assessments taking place during COVID 19 - adverse from prior period as spend expected to pick up towards year end.
Long Term Conditions	6,736	6,412	(324)	**Carers Centre** - projected underspend of £0.443m **Anam Cara** - projected overspend in employee costs of £0.026m due to pilot of temporary post with a view to longer term savings in bank & casual hours.
Integrated Island Services	2,458	2,470	12	Outwith the threshold for reporting

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
MENTAL HEALTH SERVICES	**77,108**	**77,852**	**744**	
Learning Disabilities	19,088	21,408	2,320	**Residential Packages**- overspend of £0.556m based on 41 current packages. **Community Packages (inc direct payments)** - overspend of £1.320m based on 344 current packages.
Community Mental Health	6,380	6,141	(239)	**Community Packages (inc direct payments) and Residential Packages** - underspend of £0.239m based on 93 community packages, 12 Direct Payments and 29 residential placements.
Addictions	2,816	2,827	11	Outwith the threshold for reporting
Lead Partnership (MHS)	48,824	47,476	(1,348)	**Adult Community** - underspend of £0.143m due to vacancies. **Adult Inpatients**- overspend of £0.583m due to a delay in closing the Lochranza wards, revised assumptions on redeployed staff and an under recovery of bed sale income. **UNPACs** - underspend of £0.040m based on current placements and assumed service level agreement costs. **Elderly Inpatients** - underspend of £0.200m which includes the £0.934m of unallocated funding following the elderly MH review. **CAMHS** - underspend of £0.305m due to vacancies. **MH Admin** - underspend of £0.390m due to vacancies. **Psychiatry** - underspend of £0.490m due to vacancies. **MH Pharmacy** - underspend of £0.220m mainly within substitute prescribing. **Psychology**- underspend of £0.450m due to vacancies.

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
CHIDREN'S AND JUSTICE SERVICES	**35,925**	**35,844**	**(81)**	
Irvine, Kilwinning and Three Towns	3,185	3,028	(157)	**Transports costs** - Projected underspend of £0.040m due a reduction in spend in Staff Mileage costs **Cornerstone Respite** - Projected underspend of £0.072m due to respite services not taking place due to COVID
Garnock Valley, North Coast and Arran	1,263	1,147	(116)	**Employee Costs** - Projecting £0.059m underspend due to a substantive post being vacant . This will be offsetting an overspend in employee Costs within Quality Improvement. **Transports costs** - Projected underspend of 0.017m due a reduction in spend in Staff Mileage costs. **Cornerstone Respite** - Projected underspend of £0.035m due to respite services not taking place due to COVID.
Intervention Services	2,357	2,338	(19)	Outwith the threshold for reporting
Looked After and Accommodated Children	17,735	18,192	457	**Looked After Children placements - Projected underspend of £0.122m, favourable movement of £0.50m which is made up of the following:-** **Kinship -** projected underspend of £0.149m. Budget for 370 placements, currently 344 placement but projecting 349 placements by the year end. **Adoption -** projected overspend of £0.035m. Budget for 69 placements, currently 73 placements. **Fostering -** projected overspend of £0.095m. Budget for 129 placements, currently 132 placements and projecting 135 placements by the year end. - **Fostering Xtra** - projected overspend of £0.009m. Budget for 32 placements, currently 29 placements but projecting 28 placements by the year end. **Fostering Respite** - Projected underspend of £0.060m which is due to respite services not taking place due to COVID **Private fostering -** projected underspend of £0.018m. Budget for 10 placements, currently 10 placements. **IMPACCT carers** - projected online Budget for 2 placements, currently 2 placements. **Residential School placements -** Projected overspend £0.662m, current number of placements is 16, assumption that 1 will end in October, 1 in November and 1 ending in January and no further new admissions resulting in 13 placements at the year end. No secure
Quality Improvement	4,287	4,050	(237)	**Employee Costs -** Projected Overspend £0.114m of which £0.070m relates to employee acting up to Senior Manager which will being offset with her vacant post within the Irvine Locality. **Transports costs** - Projected underspend of £0.034m due a reduction in spend in Staff Mileage costs, now basing mileage projection on actual spend this year. **Community Packages -** Projected underspend of £0.086m, favourable movement £0.011m due to delay in packages starting due to COVID 108 Community Packages on establishment list. **Direct Payments -** Projected Underspend £0.039m, adverse movement of £0.009m which is due to reduction in % clawback. Current number of packages in place is 42 and projecting an increase of further 3 packages until end of the year. **Children's Residential Placements -** Projected underspend of £0.0196m. Currently 10 Residential Placements
Public Protection	628	622	(6)	Outwith the threshold for reporting
Justice Services	2,506	2,506	0	Outwith the threshold for reporting
Universal Early Years	3,574	3,571	(3)	Outwith the threshold for reporting
: Lead Partnership NHS Children's Services	390	390	0	Outwith the threshold for reporting
PRIMARY CARE	51,024	51,024	0	Outwith the threshold for reporting
ALLIED HEALTH PROFESSIONALS	5,577	5,502	(75)	Projected underspend in supplies.
MANAGEMENT AND SUPPORT	14,331	13,823	(508)	Over recovery of payroll turnover on health services.
CHANGE PROGRAMME & CHALLENGE FUND	1,012	1,012	0	Outwith the threshold for reporting
TOTAL	**254,257**	**253,364**	**(893)**	

Threshold for reporting is + or - £50,000

2020-21 Savings Tracker

Appendix C

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

Health:

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

2020-21 Budget Reconciliation

Appendix D

COUNCIL	Period	Permanent or Temporary	£
Initial Approved Budget			96,963
Rounding error			4
Error in budget			1,299
Resource Transfer			22,769
WAN Circuits Budget Transfer - Kyle Road - New data Connection (Store Costs)	1	P	(1)
British Sign Lanaguage funding transferred to Democratic Services	3	P	(5)
Child Abuse Enquiry costs - Budget from Corporate	5	T	58
Corporate Procurment Posts 313490 & 313106	6	P	(76)
Budget Reported at Month 6			**121,011**

HEALTH	Period	Permanent or Temporary	£
Initial Approved Budget			149,830
Resource Transfer			(22,769)
Adjustment to base budget	1	P	(90)
2019/20 Month 10-12 budget adjustments	1	P	3,999
Non recurring Funding 19/20	3	T	(298)
Full Year effect of Part Year Reductions	3	P	(54)
Additional COVID funding	3	T	1,339
Additional living wage funding	3	P	186
V1P Funding 20/21	3	T	105
Primary Care Prescribing - Uplift	3	P	2,060
Primary Care Prescribing - CRES	3	P	(756)
Outcomes Framework - Breast Feeding	3	T	33
South HSCP V1P contribution	3	T	20
ANP Allocation - MIN	3	T	20
Training Grade Funding	3	P	49
Funding transfer to Acute (Medical Records)	3	T	(33)
Public Health Outcomes Bundle	3	T	235
Specialist Pharmacist in Substance Misuse	3	T	12
Prescribing Reduction - COVID	3	T	(540)
Lochranza Discharges to South HSCP	3	P	(170)
Precribing Reduction	4	P	(1,497)
Training Grade Funding	4	T	36
TEC Contribution	4	T	(53)
Admin posts from South HSCP	4	P	54
Uplift Adjustment	4	P	21
Additional COVID funding	5	T	2,170
Training Grade Funding	5	P	6
Lochranza Discharges to South/East HSCP	5	P	(232)
Arrol Park Discharges to South HSCP	5	P	(107)
Trindlemoss resource transfer adjustment	5	P	(248)
Training Grade Funding	6	P	9
Diabetes Prevention Psychologist Post NR	6	T	11
Re-parent Parkinson Nurse Nth to Sth	6	P	(109)
Arrol Park Discharges to South HSCP	6	P	(24)
Medical Pay Award - Junior Doctors	6	P	31
Budget Reported at Month 6			**133,246**

COMBINED BUDGET	**254,257**

Mobilisation Submission – October 2020

	Revenue												Revenue
Consolidated HSCP costs	**Apr-20**	**May-20**	**Jun-20**	**Jul-20**	**Aug-20**	**Sep-20**	**Oct-20**	**Nov-20**	**Dec-20**	**Jan-21**	**Feb-21**	**Mar-21**	**2020/21**
Additional Hospital Bed Capacity/Costs - Maintaining Surge Capacity	-	-	-	-	-	-	-	-	-	-	-	-	-
Delayed Discharge Reduction- Additional Care Home Beds	82,102	78,564	78,564	78,564	78,564	-	-	-	-	-	-	-	396,358
Delayed Discharge Reduction- Additional Care at Home Packages	-	-	-	-	-	-	-	-	-	-	-	-	-
Delayed Discharge Reduction- Other measures	65,604	4,362	4,362	4,362	4,362	4,362	-	-	-	-	-	-	87,414
Personal protective equipment	185,330	185,330	199,650	173,716	204,565	188,626	92,665	92,665	92,665	92,665	92,665	92,665	1,693,208
Deep cleans	-	-	-	-	-	-	-	-	-	-	-	-	-
COVID-19 screening and testing for virus	-	-	-	-	-	-	-	-	-	-	-	-	-
Estates & Facilities cost including impact of physical distancing measures	-	-	8,339	391	132	392	-	-	-	-	-	-	9,253
Additional staff Overtime and Enhancements	70,596	43,682	47,882	19,489	57,510	34,153	28,269	28,269	28,269	14,135	14,135	14,135	400,523
Additional temporary staff spend - Student Nurses & AHP	-	-	369,226	101,111	139,650	74,733	-	-	-	-	-	-	684,719
Additional temporary staff spend - Health and Support Care Workers	-	-	-	-	-	-	-	-	-	-	-	-	-
Additional temporary staff spend - All Other	-	-	41,206	45,673	253,332	35,198	40,000	40,000	40,000	40,000	40,000	40,000	615,410
Social Care Provider Sustainability Payments	-	-	265,244	223,944	314,525	313,608	288,857	96,650	45,000	45,000	45,000	45,000	1,682,828
Social Care Support Fund- Costs for Children & Families Services (where delegated to HSCP)	-	-	-	-	-	-	-	-	-	-	-	-	-
Other external provider costs	-	-	-	-	-	-	-	-	-	-	-	-	-
Additional costs to support carers	-	-	-	-	-	-	-	-	-	-	-	-	-
Mental Health Services	-	-	-	-	-	-	-	-	-	-	-	-	-
Additional payments to FHS contractors	-	-	-	28,370	4,820	-	5,000	5,000	5,000	5,000	5,000	5,000	63,190
Additional FHS Prescribing	-	-	-	-	-	-	-	-	-	-	-	-	-
Community Hubs	-	-	-	-	-	-	-	-	-	-	-	-	-
Other community care costs	-	-	-	-	-	-	-	-	-	-	-	-	-
Loss of income	88,500	88,500	88,500	88,500	88,500	88,500	-	-	-	-	-	-	531,000
Staff Accommodation Costs	-	-	-	-	-	-	-	-	-	-	-	-	-
Additional Travel Costs	-	-	5,857	1,755	1,567	1,028	-	-	-	-	-	-	10,206
Digital, IT & Telephony Costs	-	-	937	(877)	16,810	6	-	-	-	-	-	-	16,876
Communications	-	-	-	-	-	-	-	-	-	-	-	-	-
Equipment & Sundries	-	59,055	16,479	22,141	(10,294)	1,033	-	-	-	-	-	-	88,414
Homelessness and Criminal Justice Services	-	-	-	-	-	-	-	-	-	-	-	-	-
Children and Family Services	6,952	12,166	20,856	34,760	34,760	34,760	17,380	17,380	17,380	-	-	-	196,394
Prison Healthcare Costs	-	-	-	-	-	-	-	-	-	-	-	-	-
Hospice - Loss of income	-	-	-	-	-	-	-	-	-	-	-	-	-
Staffing support, including training & staff wellbeing	-	-	-	-	-	-	-	-	-	-	-	-	-
Resumption & redesign of primary care/contractor services to support access to urgent care in hours and OOH	-	-	-	-	-	-	-	-	-	-	-	-	-
Costs associated with new ways of working- collaborative	-	-	-	-	-	-	-	-	-	-	-	-	-
Winter Planning	-	-	-	-	-	-	-	-	39,444	39,444	39,444	-	118,332
Other - Please update narrative	38,845	38,845	38,845	38,845	38,845	31,649	31,649	31,649	31,649	31,649	31,649	31,649	415,768
Other - Please update narrative	-	13,555	7,673	7,673	7,673	7,673	-	-	-	-	-	-	44,247
Other - Please update narrative	-	-	-	-	-	-	-	-	-	-	-	-	-
Other - Please update narrative	-	-	-	-	-	-	-	-	-	-	-	-	-
Other - Please update narrative	-	-	-	-	-	-	-	-	-	-	-	-	-
Other - Please update narrative	-	-	-	-	-	-	-	-	-	-	-	-	-
Other - Please update narrative	-	-	-	-	-	-	-	-	-	-	-	-	-
Other - Please update narrative	-	-	-	-	-	-	-	-	-	-	-	-	-
Other - Please update narrative	-	-	-	-	-	-	-	-	-	-	-	-	-
Offsetting cost reductions - HSCP	(108,007)	(108,007)	(108,007)	(68,583)	(68,583)	(68,583)	-	-	-	-	-	-	(529,770)
Total	**429,922**	**416,052**	**1,085,613**	**799,832**	**1,166,738**	**747,138**	**503,820**	**311,613**	**299,407**	**267,893**	**267,893**	**228,449**	**6,524,370**
												Subtotal	
Expected underachievement of savings (HSCP)	141,500	141,500	141,500	141,500	141,500	141,500	47,167	47,167	47,167	47,167	47,167	47,167	1,132,000
Total	**571,422**	**557,552**	**1,227,113**	**941,332**	**1,308,238**	**888,638**	**550,987**	**358,780**	**346,574**	**315,059**	**315,059**	**275,615**	**7,656,370**
												Total	

NORTH AYRSHIRE
Health and Social Care Partnership

Agenda Item 6

Integration Joint Board
19th November 2020

Subject: **Chief Social Work Officer Annual Report**

Purpose:	To provide the report of the Chief Social Work Officer to the Integration Joint Board as required by the Scottish Government's Guidance.
Recommendation:	That the Integration Joint Board note and endorse the report set out at Appendix 1.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
CSWO	Chief Social Work Officer
ADSW	Association of Directors of Social Work
MAD	Making a Difference
CPO	Community Payback Order
SIMD	Scottish Index of Multiple Deprivation
SOLACE	Society of Local Authority Chief Executives

1.	**EXECUTIVE SUMMARY**
1.1	There is a requirement for every Local Authority to appoint a professionally qualified Chief Social Work Officer (CSWO) and this is contained within Section 3 of the Social Work (Scotland) Act 1968 as amended by Section 45 of the Local Government etc. (Scotland) Act 1994.
1.2	In line with the legislation and guidance, the CSWO is required to prepare an annual report for the Council, on all statutory, governance and leadership functions of their CSWO role.
1.3	Given all social work and social care functions have been formally delegated to the Integrated Joint Board this report will also be presented to North Ayrshire's Integration Joint Board.
1.4	This is the eleventh annual report covering the period of April 2019 to March 2020. It is attached as Appendix 1.
2.	**BACKGROUND**
2.1	In 2014, the Office of the Chief Social Work Adviser, following consultation with CSWOs across Scotland, SOLACE, the then ADSW and others, identified a more standardised approach to prepare the annual reports.
2.2	Due to Covid-19 and the additional pressures this has put on services and CSWO's, it was agreed that the template for the report should be curtailed this year and that

	there would also be an opportunity to comment on the impact of Covid-19 on Social Services.
2.3	The report provides an overview by the CSWO of the partnership structures, robust governance arrangements and the performance of social services in the context of the demographic landscape of North Ayrshire and the delivery of Social Services. It looks more closely at the statutory functions of the service and the quality and workforce development within our services. The report is also forward looking, reviewing the preparation for key legislative changes that will impact on our delivery and outlining the key challenges the service will be facing in the forthcoming year as we deal with the impact of Covid-19.
2.4	The report highlights the range of Social Work activity throughout the year and places that in the context of the socioeconomic challenges faced locally. Of particular note, the following three areas should be highlighted:
2.4.1	The most recent Scottish Index of Multiple Deprivation (SIMD) figures 2020 have reaffirmed the deep structural challenges faced by many communities in North Ayrshire despite steady progress by North Ayrshire Council and partners in their ongoing commitment to eradicate poverty. North Ayrshire is ranked as the 5th most deprived area of Scotland, which is the same position it held in the previous SIMD of 2016. Disadvantage experienced in North Ayrshire in the domains of Income, Employment, Education and Housing are likely to increase the demand for Social Work interventions. There are significant challenges for Social Work due to a combination of the financial pressures, demographic changes and the cost of implementing new legislation and policy.
2.4.2	The impact of Covid-19 on people and communities in North Ayrshire has still to be fully realised in both economic and human terms. At the beginning of “lockdown”, in March 2020, we saw a reduction of referrals in both child and adult protection as well as other areas of Social Work. However, we also saw a huge increase in referrals to helplines such as Parentline, the National Domestic Abuse Helpline and Breathing Space. (Breathing Space is a confidential phoneline for anyone feeling low, anxious or depressed.) It is believed that a lot of the harm to children and adults was hidden due to the restrictions of lockdown. As the lockdown measures have become less stringent and children have returned to school, referrals to Social Work Services have started to increase across all aspects of our work. It is anticipated that this demand for services will continue for the foreseeable future.
2.4.3	The Health and Social Care Partnership structures create possibilities to take a whole system approach to delivery of services and the Social Work role and function within this environment will remain a vital one if these possibilities are to be realised. Throughout this annual report, examples are given of new and innovative approaches to the delivery of Social Work Services.
3.	**PROPOSALS**
3.1	It is proposed that the Integration Joint Board notes the key themes and challenges detailed in the report and that it endorses the report as set out in Appendix 1. The report highlights the role of Social Work in helping the Partnership and Council achieve their priorities. Examples from the report that I would like to highlight are as follows:
3.1.1	The NAHSCP Carers Team and Learning & Development Team supported two North Ayrshire unpaid adult carers to successfully complete their Level 2 SVQ in Social Services and Healthcare based on their caring role. One of the carers said:

	"It's been a great experience and it's helped me to overcome some of the barriers that I had about myself. It's also encouraged me to apply for more training, and now I'm doing another course through my son's school. I'm really glad that I did it."
3.1.2	Our Care inspectorate annual inspection of Care at Home and Community Alert services concluded earlier this year – with verbal feedback being received. The service retained its 'Very good' grade for Care and Support and was given an 'Excellent' grading for Management and Leadership. This grading means that the service is considered by external regulators as 'outstanding' and 'sector leading'. Our Care at Home Service supports approximately 2000 people across North Ayrshire with our Community Alert Service supporting over 5000.
3.1.3	Justice Services continue to have a positive impact on the local community. Our service user group, MAD (Making a Difference) continues with weekly activities and has been particularly supportive of service users during the Covid-19 lockdown. Our Community Payback Order (CPO) Unpaid Work scheme has shown continuous performance improvement for the seventh year. We had 98.9% of our service users complete Level 1 orders within the required timescale and 97.6% of our Level 2 service users.
3.1.4	The response of social work services to the Covid-19 crisis has been outstanding. Staff in Children and Families and Adult Services have worked with enthusiasm and commitment, and have gone the extra mile, to ensure that some of the most vulnerable people in North Ayrshire continue to be provided with essential services. During this period, social work services have been greatly supported by partner agencies and by families and communities. We are far from the end of this crisis, and already we are starting to see the impact it is having on health, wellbeing and public protection.
3.2	**Anticipated Outcomes**
	That the Council and the Scottish Government are made aware of the positive impact of Social Work Services in North Ayrshire as well as the significant challenges that are being faced.
3.3	**Measuring Impact**
	Impact will be measured in terms of the direction and support to continue to transform the delivery of Social Work Services.
4.	**IMPLICATIONS**

Financial:	None
Human Resources:	None
Legal:	None
Equality:	None
Children and Young People	None
Environmental & Sustainability:	None

Key Priorities:	This report covers matters which contribute to the key priorities around vulnerable children and adults within the North Ayrshire and the Council and IJB Strategic Plans.
Risk Implications:	None
Community Benefits:	Anticipated greater community and service user involvement in the design, commissioning and reviewing of Social Work Services.

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

5.	**CONSULTATION**
5.1	The Chief Executive of North Ayrshire Council and members of the Extended Partnership Senior Management Team across the partnership have been consulted on this report.
6.	**CONCLUSION**
6.1	The Integration Joint Board is asked to note and endorse the Chief Social Work Officer Report as required by the Scottish Government's guidance.

For more information please contact David MacRitchie on 01294 317781 or email dmacritchie@north-ayrshire.gov.uk

North Ayrshire Council
Comhairle Siorrachd Àir a Tuath

Chief Social Work Officer Report
2019–20

NORTH AYRSHIRE
Health and Social Care
Partnership

Contents

1. Governance and Accountability

1.1 Overview of Governance Arrangements

The post of CSWO is one of professional leadership and accountability and should assist authorities in understanding the complexities of social work service delivery and the role that social work plays in contributing to the achievement of local and national priorities and outcomes. The post provides professional advice to local authorities, elected members and officers on the authority's provision of social work services.

Since the advent of HSCPs, the role of the CSWO has become more complex, given the diversity of governance and accountability structures. The responsibility for the operation of social work services was devolved to the IJB and in recognition of the continued importance of this role, the CSWO is a standing member of the IJB as one of the professional advisors.

We continue to work across professional boundaries in the partnership. Health colleagues require advice from the CSWO in terms of their role, remit and responsibility for the social work tasks undertaken within their integrated teams. Conversely, social workers, rightly demand the support and clarity provided by their professional lead. This has resulted in increasing demands on the time of the CSWO, with difficulties experienced in balancing the role and responsibilities of the CSWO with those of being a Senior Manager within the NAHSCP.

Within NAHSCP, I am a member of the Partnership Senior Management Team (PSMT) alongside Heads of Service, Principal Managers and other professional leads for health disciplines. The PSMT meets on a weekly basis. Out-with these meetings, I meet regularly with the NAHSCP Director and Heads of Service and contribute fully to any matters relating to social work quality and performance.

Regular meetings with the Chief Executive, to whom I am directly accountable, as well as attendance at strategic forums of the local authority and Community Planning Partnership (CPP), allow me to deliver effectively the functions of the CSWO in North Ayrshire.

Partnership working is the key to the delivery of social services against local and national outcomes. The CPP 'Fair for All Strategy' delivers the Local Outcomes Improvement Plan 2017–2022. This identifies four priorities, all required to build stronger communities for the people of North Ayrshire to live safely, in better health, without poverty, and by giving our children and young people an opportunity to have the best start in life.

1.2 Role of CSWO

As CSWO, I sit on several steering groups and strategic partnership forums that look to deliver on the CPP's priorities.

The Children's Services Strategic Partnership has overseen the Improving Children's Outcomes agenda and is responsible for the strategic direction of children's services across North Ayrshire. Our Children's Services Plan 2016–20 makes promises to the children of North Ayrshire and we are meeting those promises through partnership

working and the development of supporting strategies and actions to realise the intended outcomes.

Our new Children's Services Plan 2020-23 has now been submitted to the Scottish Government. The plan builds on the previous plan's priorities and the themes that it focuses non are –

- Young peoples' rights and views are respected and listened to
- Early Intervention and prevention
- Reducing inequalities and improving outcomes
- Supporting social, emotional and mental wellbeing
- Physical activity and healthy weight.

The Corporate Parenting Strategy places responsibility on partners for working together to meet the needs of looked after children and young people.

I am an advisor to North Ayrshire's Chief Officers' Group for Child and Public Protection and am a member of the Child and Adult Protection Committees. I am also a member of the Multi Agency Public Protection Arrangements (MAPPA) Strategic Oversight Group. In this way, a comprehensive overview is maintained of all issues relating to public protection and of risk management arrangements across North Ayrshire.

As professional lead for social work in NAHSCP, I chair a monthly Social Work Governance Board that focuses on the quality and support required by our social work staff, both registered and non-registered to ensure we deliver effectively to the people in North Ayrshire. The inception of the Health and Social Care Partnership has seen this governance board sit amongst one of many that have been set up to establish necessary accountability in the health professions. As health and social care services have become integrated, it has been important to maintain a forum in which the professional integrity of the social work discipline is a key focus. However, it is equally important to have mechanisms by which learning can be shared and scrutiny robustly delivered on cross-cutting issues. I am currently working with the other professional leads to establish these processes. The Clinical Care and Governance Board, of which I am a member, is the overarching governance group to which all other governance groups report.

2. Service Quality and Performance

2.1 Children, Families and Justice Services

Management Structure - A new Children, Families and Justice Services management structure within the HSCP is in the process of being fully implemented from the 1st July 2020. It is based on a multi-disciplinary locality team model and builds on existing effective multi-agency working with co-location of teams where possible.

Additional Support Needs (ASN) - Throughout the year, work has been ongoing in the construction of our state – of – the – art Additional Support Needs (ASN) School and Respite and Residential (R&R) Accommodation in Stevenston. The facility is the first of its kind in Scotland and the vision is that the R&R provision will be a 'safe, fun, modern environment that feels like a home for the young people'. The project is an investment in the community, creating modern facilities to benefit young people and their families.

In order to name the two buildings extensive consultation was undertaken with a variety of groups, including children and young people, carers and staff. Following this extensive consultation, it was decided that Red Rose House and Roslin House would be the final names for the Residential and Respite Houses respectively.

Fostering and Adoption - As a result of our Fostering and Adoption communications campaign, we had 33 enquires, 12 of which have progressed to the final stages. We will continue to advertise and recruit on an ongoing basis throughout the year. In addition to our communications campaign around fostering and adoption, we have also increased communication in general through use of social media. We have a new and updated Child Protection Website, Facebook page and Twitter account, as well as a monthly Children, Families and Justice Services newsletter and a Handbook. We will continue to explore and utilise different ways of communicating with all our families and partners.

Self-Evaluation - To ensure we continually review our work, recognise and celebrate our successes and milestones achieved, we must have robust self – evaluation procedures to help us to identify where we want to be and how we will get there. It is important that all staff routinely self-evaluate in order to drive forward improvement. To this end, we have created a Quality Assurance calendar of audit activities to ensure we are continually reviewing our work to be the best we can be in order to improve outcomes for our children and families.

Looked After and Accommodated - Reducing the number of children and young people becoming accommodated continues to be a priority. At the time of writing, there are 17 young people in residential placements with no secure placements. This is down from 26 from the previous year.

Child Protection - The Child Protection Committee decided that a Significant Case Review was required regarding one of the families we work with. A proposal has been developed to take forward the main learning themes from the Significant Case Review. This involves the further development of PRISM (Practice Reflective

Improvement Short Modules) and introducing this into process. The main objectives of this will be for practitioners in North Ayrshire to increase their professional curiosity and appropriately challenge colleagues to protect children and young people; practitioners have opportunities to professionally reflect to ensure that practice is centred around protecting and meeting the needs of the child and practitioners have an improved understanding of the child's experience and ensure that adult's voices are not over-privileged.

Kilwinning Locality Team - The Kilwinning locality team continues to go from strength to strength and we have gathered both qualitative and quantitative data around the impact this model is having on prevention and early intervention work, the numbers of children being accommodated, and the number of children being placed on statutory measures. Very early analysis of our data indicates that there is positive movement as a result of locality working. Accommodation has now been identified for the Three Towns locality team and we are working towards agreeing dates for this to happen and an implementation plan involving various stakeholders.

There is a working group consisting of Senior Managers from HSCP and Education who are working on how we establish collaborative working approaches between professionals involved with children and young people. This is focused on strengthening early intervention and prevention and on young people on the cusp of becoming care experienced. This collaborative working initiative will underpin the Locality model by strengthening working practices across teams around the child.

Pathways - A proposal was accepted by Social Work Scotland for NAC HSCP to be a Radical Test Site for a new approach to working with parents at the point their child has been removed. This will offer a grief/trauma approach to the parent recognising the impact of having their child removed. This builds on the work of the Pathways Parenting Capacity Team and reflects parental feedback. A parent's reference group has been established who will contribute in an advisory role to helping shape the work of this team. It is hoped that this will offer parents a platform from which they are more supported in order to engage within the Parenting Capacity assessment work.

Making A Difference (MAD) - Justice Services continue to have a positive impact on the local community. Our service user group, MAD (Making a Difference) continues with weekly activities and has been particularly supportive of service users during the Covid-19 lockdown. Our Community Payback Order (CPO) Unpaid Work scheme has shown continuous performance improvement for the seventh year. We had 98.9% of our service users complete Level 1 orders within the required timescale and 97.6% of our Level 2 service users.

Rosemount Team - The Rosemount crisis intervention and intensive support service continues to provide immediate support to vulnerable children, young people, families and carers who are assessed as having a high level of need and risk. The team deliver a high quality, responsive and personalised service to maintain children and young people at home with their families/carers and within their communities.

A solution focused and whole family approach is implemented to avert family breakdown and support positive family relationships with the delivery of intensive support packages to meet the unique needs of children, young people and their parents or carers.

From April 2019 to March 2020 the team worked with 321 children, young people and their families, with 94% of the young people involved with the service remaining within their family home.

With the use of an evidenced based tool called The Rickter Scale our young people and their families demonstrated significant improvements in relationships, health and happiness.

Many families have provided feedback on the service they have received with one stating “I don’t know how we would have got through all this without Rosemount” and another commenting that “the support from Rosemount has been invaluable, I have come so far and finally built confidence and I was able to do this because of the support system that has been built around me.”

Meadowcroft - We have co located services to the Meadowcroft building, which is a purpose built, bespoke facility with a training kitchen, art room and IT suite. Meadowcroft is home to several specialist teams who provide a range of intensive and creative interventions to support our children, young people and families. The teams based at Meadowcroft include the Rosemount Crisis Intervention Team, The Programmes Approach Team, The Corporate Parenting Team, Throughcare Team and Residential Social Workers.

The teams relocated to the Meadowcroft building just before the pandemic and have continued to provide a responsive and comprehensive service to our vulnerable young people and families.

Scottish National Portrait Gallery - We continue to develop our longstanding partnership with the Scottish National Portrait Gallery to provide opportunities for our young people to realise their aspirations. In 2019 our young people from the Rosemount Project and Kinship Team participated in an innovative and adventurous exhibition called “Beings”. This exhibition explored young people’s wellbeing, through their emotional and creative response to powerful works of art from the National Galleries of Scotland’s collection.

The Beings exhibition which was supported by the North Ayrshire Alcohol & Drug Partnership, explored the many ways in which creativity can help young people to understand and express their emotions, sparking conversations about identity, emotional health, happiness, resilience and self-worth.

Beings was exhibited in The Scottish National Portrait Galleries from February to April 2019 and at the Racquet Hall in Eglington Park in July and August 2019.

The Beings exhibition was shortlisted for the Museum and Heritage awards 2020 under the category of Partnership Project.

Children Harmed by Alcohol Training (C.H.A.T) - To enhance the skills of our work force and improve outcomes for young people and families the North Ayrshire ADP has invested in the C.H.AT. training (Children Harmed by Alcohol Tool kit). During 2019 there were 44 staff from across children and family's services trained to deliver this intervention.

C.H.A.T. can be used with children, young people and families harmed by problematic alcohol use. The aim of the resource is to build resilience and protective factors in children and families.

The C.H.A.T. training has recently been evaluated by Alcohol Focus Scotland and key findings have highlighted that following training 100% of participants were more aware of the impact of harmful parental drinking on children and families and felt more confident in raising the issue of alcohol with families.

A further evaluation will take place in 2020 to explore the impact of C.H.A.T. in our work with young people and families.

The North Ayrshire Family Wellbeing Service - The North Ayrshire Family Wellbeing Service is based in the heart of the community; it is staffed by skilled people who know the local area and offers a 'one – stop shop' of support.

The primary aims of the support to communities to is to help them become more resilient and to create a place where children feel safe, valued, understood and supported. Some of the highlights of this service are:

- Supported 84 individuals who reached out for Family Support during a time of challenge or crisis, providing emotional support to encourage mindfulness, help manage stress and build resilience.
- Supported families to manage debt of £83,241.94
- Delivered of Programme of Community Engagement events to the community and other families connected to the HUB over of 12 – month period providing social activities, trips and holiday activities to encourage informal engagement and peer support
- Secured funding from the Scottish Government to organise a Family Fun Day within the Community with a focus on Children's Rights. This was attended by over 200 children and families that brought the community together for lots of fun activities, play, and food.
- Reached out to a further 7 communities across North Ayrshire, where there was a need or vulnerability – Castlepark, Saltcoats, West Kilbride, Dalry, Beith and Kilwinning.
- Offered trauma informed Kinship Care Support to help families navigate both the emotional and legal complexities of living in kinship care arrangements.

Throughcare and Aftercare - The Throughcare and Aftercare teams support young people moving on from being accommodated away from home to the next stage of their lives. They are there to listen and respond to young people's emerging needs in any way they can. Support is offered in a variety of ways, for example, the team has a dedicated Employability Advisor who supports young people to explore pathways

into employment, training or education. At the end of July 2019, 66% of young people receiving aftercare services, where the economic activity was known, were in employment, education or training. This compares favourably with the nationwide figure which was 44%.

"Hear 4u Advocacy Service" - The Advocacy support that is provided in North Ayrshire is by Barnardo's "Hear 4u Advocacy Service". The service provides advocacy for children and young people aged 5 – 26 who are looked after and accommodated in residential, foster care, kinship and at home, on the child protection register and those with Additional Support Needs. Around the end of the year there were 96 children receiving advocacy support, 62 of whom were care experienced young people (CEYP).

Kinship - At the start of 2019 – 20 there were 328 children and young people in a Kinship placement with 248 Kinship Carers. Over the course of the year we received 60 referrals, approved 23 new kinship carers, and had 18 new Kinship Orders granted. By the end of the year, there were 343 children and young people in a Kinship Care placement with 262 Carers.

2.2 Health & Community Care

Multi – Disciplinary Teams (MDT) - A stakeholder event took place in October 2019, within Kilbirnie, to look at the roll out of Multi-Disciplinary Teams (MDT) in the Garnock Valley (GV) locality. The event was very well attended with participants being encouraged to share best practice across a range of professions. They looked at the GV MDT and how support for individuals can be delivered efficiently and proactively using integrated skills and resources. Building on the outputs from that event, the Steering Group continues to meet. In addition, there have been meetings to look at the benefits of co-locating certain staff and services who would then form the backbone to the wider MDT Progress has since been postponed due to the COVID – 19 pandemic.

Care at Home - Throughout the year, NHS Ayrshire & Arran have been severely challenged, resulting in significant pressures being placed on Care at Home services. That said, Care at Home within the North Partnership continues to facilitate a high number of discharges each week predominantly from the University Hospital Crosshouse site. This focus on hospital discharges means that the waiting list, for care at home provision, for individuals across the communities of North Ayrshire continues to increase. There remain moratoriums on 2 of the 3 – framework care at home providers which continue to have an impact on Care at Home capacity.

Carers - Carers are equal partners in care and experienced in the care they provide to their family, friends or neighbours. The NAHSCP Carers Team and Learning & Development Team supported two North Ayrshire unpaid adult carers to successfully complete their Level 2 SVQ in Social Services and Healthcare based on their caring role. One of the carers said: "It's been a great experience and it's helped me to overcome some of the barriers that I had about myself. It's also encouraged me to apply for more training, and now I'm doing another course through my son's school. I'm really glad that I did it."

Community Link Workers - The Community Link Worker service continues to provide a valuable support within our GP Surgeries. There was a total of 3327 people signposted or referred to the Community Link Worker service in North Ayrshire from April 2019 to March 2020. 82% of the people engaged with the service. The three highest recorded reasons for attending the service are shown below.

- Mental Health and Wellbeing
- Financial
- Social Reasons

There were 8854 appointments available with the community link worker service at General Practices in North Ayrshire. There was a total of 5766 contacts with patients throughout the year. The community link worker service provided 6273 links to local and national supports and services

Inspections - Our Care inspectorate annual inspection of Care at Home and Community Alert services concluded earlier this year – with verbal feedback being received. The service retained its 'Very good' grade for Care and Support and was given an 'Excellent' grading for Management and Leadership. This grading means that the service is considered by external regulators as 'outstanding' and 'sector leading'. Whilst there are a handful of public sector services care at home grades at this level across Scotland, all of the others are very small – supporting between 10 – 25 people. This is the first time that any service of the size of our own, has been awarded such a grade. To put this in context, our Care at Home Service supports approximately 2000 people across North Ayrshire with our Community Alert Service supporting over 5000.

2.3 Mental Health

Learning Disabilities - Delivery of the Learning Disability Strategy continues to be reflected in the entirety of the activity across the service. Significant change has already been implemented with regards to respite provision. The new Trindlemoss day opportunity provision successfully opened in January 2020 and a transition programme has also commenced for the 20 supported accommodation tenancies at Trindlemoss Court. Trindlemoss provides accommodation to support some of the most vulnerable members of our communities and the accommodation includes:

- a new learning disability day facility
- supported accommodation for people with complex learning disabilities (20 houses)
- a small care home for people with learning disabilities who have very high support needs (6 houses)
- Community based mental health rehabilitation (9 houses)

The development of further supported accommodation is progressing with other opportunities in Dalry and Largs in 2021.

Adult Community Mental Health Service (ACMHS) - As of 1st April 2020, the Adult Community Mental Health Service was due to integrate and be accommodated at the 3 Towns Resource Centre. All construction and cosmetic works were completed on time and the furniture had arrived and was built. Despite IT capacity issues all social work and Primary Care staff have now moved into the 3 Towns Resource Centre and are operating on a rota basis in order to reduce footfall. Staff alternate between working from working from home and office as well as visiting high priority clients in the community as necessary. The old PCMHT base at Ayrshire Central Hospital is currently being renovated to allow movement of Learning Disability staff from Caley Court.

North Ayrshire Drug and Alcohol Recovery Service (NADARS) - Our first integrated team, North Ayrshire Drug and Alcohol Recovery Service (NADARS), has continued to demonstrate high levels of performance, quick access to treatment and increased supplies of Naloxone. People being supported by NADARS, during 2019 - 20, evidenced:

- 76% reduction in alcohol intake
- 66% reduction in non – prescribed drug use
- 51% improvement in physical health
- 50% improvement in physiological health
- 50% improvement in social functioning

In September 2019 North Ayrshire's Elected Members declared a drugs death emergency and requested the Health and Social Care Partnership to convene a drugs death summit of Community Planning Partners to consider multi-disciplinary local drug policy, funding and service improvements. The decision was reached due to 54 drug deaths recorded in North Ayrshire in 2019 and the impact that substance use is having on our communities in North Ayrshire. It is clear that this multi-disciplinary approach has been effective as from January 2020 to August 2020 there were 25 recorded drug deaths.

3. Resources

3.1 Financial Pressures

In October 2018, the Scottish Government published the Medium-Term Health and Social Care Financial Framework which sets out the future shape of Health and Social Care Demand and Expenditure. Within the report it outlined that the Institute of Fiscal Studies and Health Foundation reported that UK spending on healthcare would require to increase in real terms by an average of 3.3% per year over the next 15 years to maintain NHS provision at current levels, and that social care funding would require to increase by 3.9% per year to meet the needs of a population living linger and an increasing number of younger adults living with disabilities.

The focus of the financial framework is on the main health and social care expenditure commitments, as set out below.

- Over the course of this parliament, baseline allocations to frontline health boards will be maintained in real terms, with additional funding over and above inflation being allocated to support the shift in the balance of care.

- Over the next five years, hospital expenditure will account for less than 50% of frontline NHS expenditure. This relates to the policy commitment to 'shift the balance of care', with a greater proportion of care provided in a setting close to a person's home rather than in a hospital.

- Funding for primary care will increase to 11% of the frontline NHS budget by 2021–22. This will amount to increased spending of £500 million, and about half of this growth will be invested directly into GP services. The remainder will be invested in primary care services provided in the community.

- The share of the frontline NHS budget dedicated to mental health, and to primary, community, and social care will increase in every year of the parliament. For adults, and in some cases for children, these services, along with unscheduled hospital care, are now managed by Integration Authorities.

Availability of funding for public services correlates with economic growth, which continues to be weak with continuing uncertainty on the impact of Brexit and the Covid-19 pandemic. The partnership is supporting the continuing work within the Council and NHS Ayrshire & Arran to minimise the impact of Brexit and the Covid-19 pandemic. 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 new policy initiatives and the lifting of the public sector pay cap

also impact on the funding available for core services and the flexibility to use resource in line with local requirements.

The main areas of pressure area continue to be care at home, looked after children and learning disability care packages. In general, these areas overspend due to this provision being demand led and subject to fluctuations throughout the year. These services are at times difficult to deliver within budget as some can be low volume but very high cost.

Financial balance has not been delivered in previous years, significant progress has been made during 2019-20 to ensure the ongoing financial sustainability of the IJB and this was reflected in the balanced budget for 2020-21 approved by the IJB in March. This work will continue and be built upon moving into the new financial year. This will need to be considered alongside the impact of COVID 19 and the need to redesign services taking full cognisance of the financial risks and opportunities which this presents.

Key successes for 2019-20 include:

- Implemented the financial recovery plan and the actions therein contributed to a steady reduction to the forecast overspend through the year, despite new demands for services partly offsetting the financial impact of the plan;

- Progress with reducing the financial overspends specifically for care home and children's residential placements which will have a significant impact on the financial plans and sustainability for future years;

- Further work has been undertaken to establish where there are areas where there has been a significant variation and movement during the year which has resulted in a re-alignment of the opening budget moving into 2020-21.

3.2 Financial Modelling for Service Delivery

The budget will be re-visited for 2020-21, as this was approved just prior to the pandemic and lock down, some of the plans and timescales in the balanced budget are clearly no longer realistic nor deliverable. There is a risk that if the full cost of the Covid-19 response is not funded that any overspend would need to be recovered in year, this also impacts on the affordability of the planned instalment of debt repayment to the Council.

The IJB recognises it must deliver services within its financial envelope for 2020-21 and our transformation programme will continue with delivery of the savings plan and service redesign, albeit with some delays due to services prioritising the Covid-19 response.

There is a focus on the integration of services to deliver real change to the way services are being delivered, with a realism that continuing to deliver services in the same way is no longer sustainable and changes need to be made in the way services are accessed and provided. The scale and pace of change will be accelerated as services need to adapt to 'the new normal' following the Covid-19

pandemic, however the requirement to change and re-design services to improve outcomes for individuals would exist despite the financial and pandemic pressures.

Within North Ayrshire we have developed a whole system approach to issues affecting our communities, involving all relevant members of our Community Planning Partnership.

There is an expectation that within North Ayrshire the pattern of spend will change and there will be a shift in the balance of care from institutional to community settings. The whole system approach provides a unique opportunity to change the way services are delivered. It is an opportunity to put people at the heart of the process, focussing on the outcomes they want by operating as a single Community Planning Partnership and not as a collection of individual services.

The IJB through the 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 2020-21, 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.

To achieve its vision, the Partnership recognises it cannot work in isolation. The Partnership is committed to the whole system approach and 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. 2020-21 is the final year of the current Strategic Plan, the timing of the development of a new Strategic Plan will allow for a period of reflection on the Covid-19 response and a timely opportunity to engage with communities over the future of our Health and Social Care services. When setting the 2020-21 budget the intention was to bring a refreshed 3-year Medium Term Financial Plan to the IJB for approval, this was not possible due to the delay in the funding announcements being made and then the focus on the Covid-19 related finance work. The MTFP will be refreshed and brought to the IJB for approval later in 2020.

4. Workforce

4.1 Workforce Planning – Staffing and Recruitment Issues

NAHSCP has a workforce that numbers 3,456 split NAC 1,756 (50.8%) and NHS 1,700 (49.2%).

4.2 Workforce Development

Continuous professional development increases skills and confidence in delivering quality services. We have 62 different course titles that are available to staff through NAHSCP's learning and development calendar. Based on demand and identified learning needs, 49 courses ran with 1651 delegates attending over 2019/20.

North Ayrshire Social Services Assessment Centre (NASSAC) supported approximately 68 candidates to achieve an SVQ Award to meet registration requirements (SSSC). We deliver SVQ Social Services and Health Care Awards and the Care Services Leadership and Management Award.

We also supported five modern apprentices to achieve their award and piloted a Foundation Apprenticeship in Social Services & Healthcare programme for 12 6th year pupils across the North, East and South HSCP's

Practice learning is an essential component of social work training and the NAHSCP is committed to providing Practice Learning Opportunities (PLO) for social work students via the Learning Network West (LNW). NAHSCP is well regarded as a source of good quality learning opportunities and we value the partnership working and knowledge exchange activities with our colleagues from the relevant universities, the LNW, Institute for Research and Innovation in Social Services (IRISS), the Social Work Scotland Learning and Development subgroup and the SSSC. NAHSCP provided practice learning opportunities for 25 students during 2019/20

Annual Partnership awards to celebrate the difference staff, partners, carers, volunteers and members of our communities make to improve people's lives.

5. Covid-19

5.1 Early Indications of impact on workforce and services

5.1.1 Mental Health & Learning Disability Services

Mental Health Services, including Learning Disabilities and Addiction Services for North Ayrshire and for lead partnership services across NHS Ayrshire and Arran have continued to provide health and social care interventions based on contingency planning and appropriate service adaptations.

During the lockdown period some aspects of care requiring or requested to be put on hold included day care, respite, support packages and group work. Alternative support arrangements were put in place to safeguard the individuals affected and where appropriate services have worked with commissioned care providers to provide outreach and virtual contact with service users.

5.1.2 Health and Community Care

Investment in Care at Home capacity has been key to ensuring we can support individuals in their own homes, avoid hospital admissions and also facilitate quick discharge from hospital. We have continued to grow our workforce during the pandemic and had two recruitment events, with a total of 143 individuals attending. We are currently working through the process of filling these vacancies including facilitating induction training for new staff. The recruitment events and process has been carried out in line with safe social distancing measures in place. We have had high staff absence levels, particularly at the start of the pandemic, in our Care at Home service due to the nature of the work i.e. delivering personal care and the vulnerable individuals being supported by this service. Our commissioned providers have faced similar challenges and during the pandemic have handed back some work to the partnership in-house team to deliver. Contingency plans for Care at Home include staff working additional overtime, employing returning staff and changing shift patterns to increase hours and capacity.

In reality the increased capacity, alongside a number of service users taking the decision to put services on hold at this time, due to self-isolating or receiving support from other support networks, there has been limited requirement to deploy the contingency plans for Care at Home. These options remain as we move forward into the next phase of the response.

Beginning in March 2020, there have been several outbreaks of Covid-19 in community settings across Scotland, including in North Ayrshire. The most commonly affected setting has been that of Care Homes for elderly people.

In North Ayrshire our care home services are delivered primarily by independent providers, either charitable, third sector or private businesses. We have long established contract management arrangements in place for care homes and these have been enhanced and ramped up in North Ayrshire in response to the evolving position in care homes. All care homes have a dedicated contract officer in the Commissioning team who are responsible for ensuring prompt responses to any concerns or queries from care homes.

Following an announcement by the Cabinet Secretary on 17th May 2020, North Ayrshire set up its “Care Home Oversight Group”. The group continues to meet daily and the CSWO is a key member. At our first meeting we set the tone for the group’s work by emphasising that although infection control was a priority, we needed to recognise that Care Homes were first and foremost people’s homes. We therefore adopted a holistic approach to our task to help ensure that the human rights of the residents were respected and safeguarded and that the Care Home staff were supported by us as much as possible.

The Oversight Group arranged for a social worker and a nurse to jointly visit every care home in North Ayrshire and provide the Oversight Group with detailed reports. Appropriate follow up actions were taken where necessary.

At a Care Home Forum meeting the CSWO spoke about his role in relation to Care Homes and was pleased to learn that, overall, Care Home staff had seen our involvement as being positive and supportive”.

5.1.3 Children, Families and Justice Services

At the beginning of lockdown the Chief Social Work Officer issued interim guidance to staff for Child and Adult Protection procedures to ensure that key processes could be carried out virtually. The South West Scotland MAPPA Coordinator did the same for the multi-agency management of sex offenders. It was decided that the Child and Adult Protection Committees should meet every two weeks and the Child and Public Protection Chief Officers Group on a four-weekly basis. The MAPPA Strategic Oversight Group agreed to meet monthly.

All partners in child and adult protection and MAPPA are in agreement that the interim procedures worked well and that protection services remained robust. Staffing levels have remained good, and there was a sharp reduction in child and adult concern referrals at the beginning of lockdown.

It is anticipated that in the months after lockdown, and when measures have been relaxed and children return to school, that there will be a significant increase of public protection referrals. For example, we are aware of huge increases in referrals to mental health and domestic abuse helplines. Much of the harm during lockdown has been hidden and will only become apparent when communities return to some kind of normal.

Courts have been closed during lockdown so there is a significant backlog of court work that will impact on Justice Services. Children’s Hearings have been held virtually during lockdown and only a fraction of Hearings have taken place. The Children’s Reporter has advised that we should expect an unprecedented demand for reports and attendance at Hearings following the relaxation of lockdown.

Children and Families staff have worked with dedication and enthusiasm throughout the Pandemic to support children and young people within our communities. Between 21st of March and 26th of June, covering the period of lockdown, 5969 children were visited. Within this number there were 991 visits made to families identified as particularly vulnerable. Over 5,000 telephone calls were made to support families within the same period of time. Many staff were redeployed into

critical areas eg Child Protection, Children's houses and Summer Hubs Staff flexibility and willingness go the extra mile enabled vital support to be provided at the right time to children who required it.

The facilitation of face to face family time for Looked After and Accommodated children and their parents has been a critical area of practice to ensure the needs of these children and the impact of separation from their family has been lessened. Staff across Children and Families have been engaged to ensure this face to face family time is promoted positively and the there has been incredible creativity shown in providing disposable arts and crafts activities, games etc for family units to enjoy within these supervised visits.

HSCP staff worked in conjunction with the Education and Communities Directorate to provide care for Keyworkers' children and the children identified as being at greater vulnerability. This was provided within local schools, early years centres and day carers and in the summer within community venues. Children and young people were afforded positive play and learning opportunities.

Our Young Peoples' Suicide Taskforce and Young Peoples' Strategic Suicide Prevention Group continue to meet regularly. For suicide prevention week, a video was created with young people talking about their experiences during lockdown. This was very successful in reaching its targeted audience. The adverts on Instagram were successful and managed to generate over 4000 views within North Ayrshire, and an overwhelming majority were young people. There were also discussions at the taskforce in relation to a wider mental health campaign for young people impacted by the Covid-19 pandemic. This will be discussed further within the Young People's Strategic Suicide Planning Group.

A new Service Access pathway to support young people who attempt suicide is in the process of being finalised and has been developed in partnership with Education and CAMHS. This is due to be presented at the Social Work Governance meeting. Additionally, the Pan Ayrshire Distressed Children's Pathway has also been agreed and is scheduled to be discussed further within the Young People's Strategic Suicide Prevention Meeting.

An increase in the number of children and young people who have presented at hospital due to overdoses has increased since coming out of lockdown across Ayrshire and within North Ayrshire. An HSCP Senior Manager is continuing to notify the Named Person Service and CAMHS as appropriate to ensure that there is a joined-up response to these children and young people.

Lockdown has had a significant impact on the wellbeing of many service users and staff. Our Head of Service for Children, Families and Justice Services sent a small gift of chocolates with an accompanying letter to all care experienced young people. Additionally, the same was distributed to Team Mangers and staff as a thank you for the work undertaken during the pandemic. This simple gesture had a huge impact in lifting the spirits of both service users and staff.

5.2 Key Priorities for Recovery

Key areas of the mobilisation plan submitted to the Scottish Government include:

• 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 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

• Sourcing and establishing reliable supply chains of Personal Protective Equipment (PPE)

The mobilisation plan is monitored regularly and updates on the costs associated with the NSHSCP response are submitted to the Scottish Government. The costs are outlined later in the finance sections.

Appendix

MHO service

Mental Health (Care and Treatments) 2003	2013 - 14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
Emergency Detentions	30	29	24	44	44	54	54
Short Term Detentions	71	72	75*	87	69	74	67
Compulsory treatment	48	40	54	25	52	38	51
Warrants undertaken	2	1	3	1	2	1	6

Criminal Justice Act Scotland 1995	2013 - 14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
CORO	4	4	4	4	4	4	3
Compulsion Orders	4	4	6	5	6	2	6
Hospital Directions	1	1	1	1	1	1	1
Assessment Orders	4	1	2	2	2	2	2
Treatment Orders	2	1	1	2	2	4	2
Transfer for Treatment	1	0	3	3	3	2	1

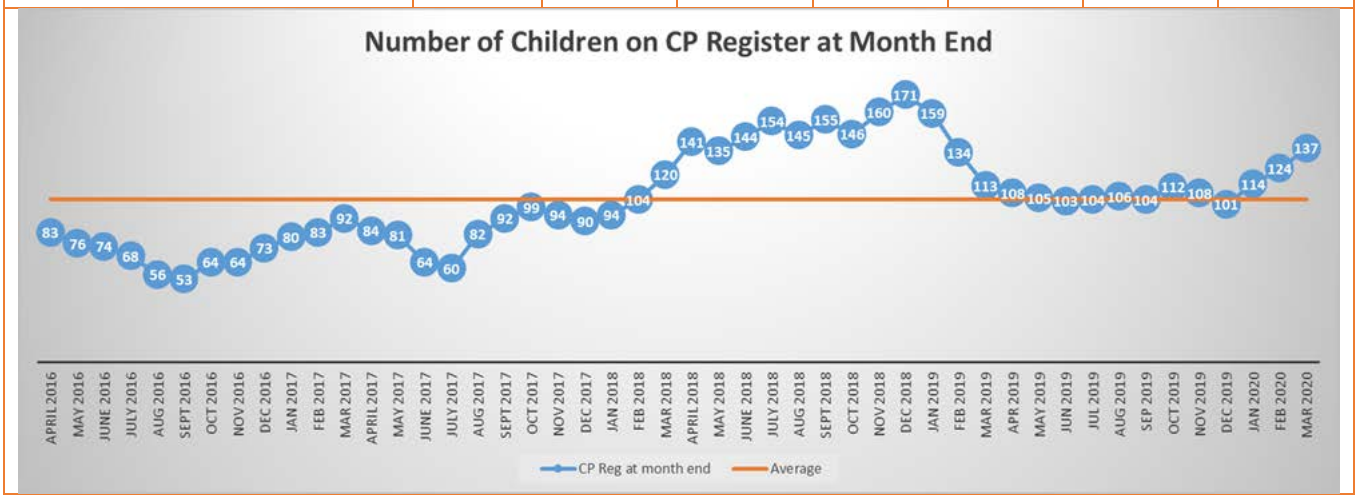
Adults with Incapacity Action (Scotland) 2000	2013-14	2014 - 15	2015 - 16	2016 - 17	2017 - 18	2018 - 19	2019 - 20
Private Welfare Guardianships*	204	291	255(60)	287(67)	367 (92 new)	411 (58 new)	272 (67 new)
CSWO Guardianships **	44	47	59(19)	52(21)	46(8 new)	40 (16 new)	64 (24)
Financial Intervention Order (LA) ***	42	58	53	41 & 21 in process	57	26	31
MHO Report: PWG application	79	86	68	96	100	38	104

Adult protection

	2013 - 14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
ASP Referrals	631	812	697	654	512	457	568
ASP Case Conferences	24	44	73	48	40	47	66
Protection Orders	9	7	6	4	4	1	0
Adult Concern Reports	0	1039	1349	1446	1609	1,838	2335

Child protection

	2013 - 14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
Child Protection Concerns	885	825	889	810	972	920	849
Child Protection Investigations (CP1s)	578	443	402	406	538	374	447
Child Protection Initial Conferences	81	101	82	74	103	126	123
Pre – Birth Conferences	26	32	30	15	36	43	41



Looked after children

	2013 - 14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
Children newly accommodated in North Ayrshire	100	91	81	64	63	69	84

**Where the number of children accommodated = the number of children either admitted into any placement type except "At Home with Parents" / "With Friends/Relatives" OR moved from "At Home with Parents"/"With Friends/Relatives" to any other placement type

	2013 - 14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
Foster Carers		85	97	100	103	104	98

Permanency Planning	2013 - 14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
Number of permanency plans approved	25	38	22	37	35	-	30
Adoption – approved and placed	3	15	13	10	10	10	3
Adoptions granted	9	3	15	13	8	7	8
Permanence orders approved	27	7	11	16	14	7	11
Permanence orders granted	12	14	6	9	12	9	8

Emergency placements

	2015-16	2016-17	2017-18	2018-19	2019-20
Child Protection Orders	13	12	15	25 (17 family groups)	32
S143 of the Children's Hearing (Scotland) Act 2011	21	24	-	-	-

Secure placements

	2015-16	2016-17	2017-18	2018-19	2019-20
Number of secure placements	3	1	0	1	4

Justice Services

	2016-17	2017-18	2018-19	2019-20
Number of reports submitted to the courts (CJSW reports, Section 203, Short Notice CJSW & Supplementary CJSW)	844	826	754	763
Number of home leave and background reports submitted	118 (64 leave reports, 54 background reports)	102 (44 leave reports, 58 background reports)	114 leave reports – 49 background reports -65	151 (66 Leave reports, 85 background reports)
Unpaid Work Orders	579	480	403	360

	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
Level 1 Mappa	130	142	155	153	181	163
Level 2 Mappa	10	14	4	7	2	7
Level 3 Mappa	1	1	1	2	1	5

Integration Joint Board
19 November 2020

Subject:	**Delivering Care at Home and Housing Support Services during the COVID-19 Pandemic: Care Inspectorate Inquiry into Decision Making and Partnership Working**
Purpose:	To inform the IJB of the recommendations of the report by the Care Inspectorate.
Recommendation:	IJB to approve the recommendations identified by the Care Inspectorate inquiry into decision making and partnership working for care at home and housing support services.

NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership

1.	**EXECUTIVE SUMMARY**
1.1	North Ayrshire HSCP took part in an inquiry led by the Care Inspectorate into decision making and partnership working for care at home and housing support services during the COVID-19 pandemic between March 2020 and August 2020.
1.2	The inquiry collated written evidence from 30 HSCP staff across Scotland and undertook interviews with key leadership staff from North HSCP.
1.3	The Care Inspectorate developed a range of recommendations and these have been reviewed for action (attached at **Appendix 1)**. The full report is attached at **Appendix 2.**
2.	**BACKGROUND**
2.1	North Ayrshire HSCP took part in an inquiry led by the Care Inspectorate into decision making and partnership working for care at home and housing support services during the COVID-19 pandemic between March 2020 and August 2020.
2.2	The Care Inspectorate inquiry focused on five key questions: • How were services prioritised during the COVID-19 pandemic to help ensure service delivery continuity? • What were the known impacts on people who experience care? • What were the risk management arrangements in place to mitigate the risks to service delivery? • How effective were the partnership working arrangements? • What were the recovery plans for services?

2.3	This inquiry covered services registered with the Care Inspectorate as providing care at home and services with a dual registration for care at home and housing support. These are services, delivered to adults across a range of care groups and for children and young people.
2.4	The focus of this inquiry has been on approaches and processes, how well partners worked together and what we can learn from this. It has not focussed on outcomes for people who experience care. It is essential that the views and experiences of people using services and their carers, during the pandemic, are understood to inform the overall learning for care at home and housing support services from the pandemic.
2.5	The Care Inspectorate team collated and analysed publicly available data (for instance, the Scottish Government and Information Services Division), information held by the Care Inspectorate and evidence provided by HSCPs and service providers.
2.6	The Care Inspectorate had direct contact with HSCPs and service providers. It involved: • all 31 HSCPs across Scotland providing a written response to a set of key questions in an electronic survey • meetings with over 100 senior officers across 30 HSCPs. Meetings were undertaken using video conferencing • an electronic survey and supportive discussions, using telephone or video conferencing, with over 300 identified care at home and housing support service providers including those in the public, third and independent sectors
2.7	The Care Inspectorate found that: • despite uncertainty and fear about health risks to themselves, their families and people who experience care, housing support and care at home staff worked hard and flexibly to ensure there was capacity to meet needs and keep people safe throughout this pandemic • people who experience care and their carers declining their usual supports, to reduce the risk of infection, contributed significantly to maintaining services during the pandemic, but carers needed more support to sustain the effort of providing care • social isolation, disruption to daily activities, limitations on physical activity and the suspension of reablement adversely impacted on the health and wellbeing of people who experience care and carers • the increased use of technology and creative alternative approaches to support had positive outcomes for some people who experience care and these developments should help inform new service responses • HSCPs effectively prioritised support for people with critical needs, but how this was managed in terms of the impact of this prioritisation on packages for other people using services was very variable across the partnerships • HSCPs and service providers worked collaboratively in almost all partnership areas to find creative and effective solutions to key challenges such as maintaining staff capacity and shortages of PPE, with the most robust responses to the challenges involving fully integrated, responsive approaches between all partners

	• the requirements for care at home and housing support providers to provide similar data and information to a range of agencies was time-consuming and onerous for providers • the challenge of responding to COVID-19 further exposed the complexity of and weaknesses in funding for care at home and housing support services. HSCPs and service providers were concerned about future funding for these critical services
3.	**PROPOSALS**
3.1	The Care Inspectorate highlighted that as we move through remobilisation and recovery phases of the COVID-19 pandemic there are key issues from this inquiry that warrant further consideration or follow-up action. They recognise that across Scotland's HSCPs and service providers are at different stages in relation to addressing the issues behind these recommendations. North Ayrshire HSCP Partnership Senior Management Team has reviewed the 15 recommendations and the actions are provided at Appendix 1.
3.2	**Anticipated Outcomes**
	The recommendations of this review will be used to support HSCP service improvement.
3.3	**Measuring Impact**
	The recommendations will be monitored through the transformation programme.
4.	**IMPLICATIONS**

Financial:	Changes to eligibility criteria may impact on budgets, but these will require to be managed within the financial envelope.
Human Resources:	The impact of all change is discussed with staff.
Legal:	N/A
Equality:	An Equality Impact Assessment will be made when revising existing eligibility and assessment policies.
Children and Young People	Changes to eligibility and assessment policies may impact on children and young people in North Ayrshire and this would be fully consulted on.
Environmental & Sustainability:	This work supports the sustainability of the HSCP.
Key Priorities:	This will impact on eligibility and assessment policies and the strategic plan.
Risk Implications:	The appropriate management of infection control measures and the use of PPE to ensure the safety of service users and staff during the pandemic remains the top priority.
Community Benefits:	N/A

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

5.	**CONSULTATION**
5.1	North Ayrshire HSCP senior staff took part in the Care Inspectorate discussions and this report has been discussed at PSMT to ensure that the relevant recommendations have been captured and assigned.
6.	**CONCLUSION**
6.1	The Care Inspectorate Inquiry and its recommendation provides a useful reminder of the key priority areas of focus for the HSCP and these will be used to inform the agenda for adult social care reform going forward.

For more information please contact David MacRitchie **on** 01294 317781 **or** dmacritchie@north-ayrshire.gov.uk

Appendix 1

Recommendation	HSCP Action
1. All partners, at national and local HSCP levels, should ensure new or emerging guidance on infection prevention and control measures address the unique challenges of providing care at home and support in people's homes.	In North Ayrshire this work is well underway, with both the risk committee, PSMT and care home oversight group meeting regularly to ensure infection prevention and control measures are in place.
2. HSCPs should work with care at home and housing support service providers to ensure there is adequate contingency planning for PPE supply, access and distribution in the event of a future peak in infections.	In North Ayrshire this work is fully supported, with both the risk committee, PSMT and care home oversight group meeting regularly to ensure PPE contingencies are in place
3. HSCPs should prioritise rehabilitation and reablement in their recovery plans. This should seek to limit the potential for adverse impact on health and wellbeing from extended periods of lockdown or other restrictions for people who experience care.	In North Ayrshire this work continues, with a range of rehabilitation and reablement options available to support recovery, wellbeing and independence, and with opportunities to improve access to such services being considered.
4. HSCPs should seek to better understand the experience of healthcare for people who used services and their carers, during the pandemic, to inform how care at home and housing support services could work more effectively with primary care in the future.	The HSCP has sought the views of people's experiences during the pandemic and these reflections will form part of the bridging strategic plan.
5. HSCPs should update their workforce plans for the care at home and housing support labour force. These plans should be set in the context of health and social care integration, be cross-sectoral and reflect the pivotal role of care at home and housing support staff in meeting critical needs.	The HSCP is due to update its workforce plan as part of the strategic plan review 2021-2022 and previous versions attempted to capture partner workforce arrangements from all sectors.
6. HSCP's should prioritise the assessment and review of people's needs, taking into account their wishes and preferences. People who experience care should be fully involved in their assessments and reviews which should be person-centred and focused on individual outcomes.	North Ayrshire HSCPs assessments are outcome focussed and there is a further opportunity, with the review of eligibility criteria at recommendation 9, to take forward a review of assessment tools.

7. Service providers should engage with their staff, people who experience care, carers and HSCPs to explore opportunities to deliver more person-centred approaches building on the creativity and flexibility shown during the pandemic.	Service providers have, where possible, continued to deliver high quality person centre care using new approaches and they plan to continue this post pandemic
8. HSCPs should update their eligibility criteria for accessing services, to ensure that they are equitable and transparent and clearly explain the prioritisation of services during this pandemic.	The HSCP will add this to the Transformation action plan and will incorporate the findings of the Independent Review of Social Care.
9. HSCPs should consider incorporating into their eligibility and priority frameworks, the emerging lessons about the impact of social isolation and restricted movement on the physical and mental health and wellbeing of people who experience care.	The HSCP will add this to the Transformation action plan and will incorporate the findings of the Independent Review of Social Care.
10. The Scottish Government, HSCPs and service providers should review the processes for accessing Scottish Government sustainability funds for current or future COVID-19 related costs, to facilitate access for service providers, where relevant, to such funding.	In North Ayrshire this work is well underway, with providers and updated are provided in IJB financial monitoring reports
11. Partners at national and local levels should acknowledge that routine use of PPE is an ongoing necessity and ensure the associated costs are reflected in the cost of care at home and housing support.	In North Ayrshire this work is well underway, with providers and updated are provided in IJB financial monitoring reports.
12. HSCPs and service providers should consistently engage with people who experience care and carers to understand the impact of actions they took in response to the first peak of infections, to inform future practice and improve outcomes for individuals.	The HSCP has sought the views of peoples experienced during the pandemic and these reflections will form part of the bridging strategic plan.
13. HSCPs should further engage with carer centres and carers representative groups by routinely including them in planning for care at home and housing support services to ensure carers receive the support they need.	At the current time due to support restructures within Health & Community Care, the carers agenda has been transferred in the interim to the Strategic Planning and Transformation Lead who will take forward this action.

14. All partners, at national and local HSCP levels should work together to streamline data collection and monitoring systems for care at home and housing support to minimise the administrative burden on service providers.	North Ayrshire is involved in discussions at National levels to streamline this approach. North Ayrshire are currently reviewing, in partnership with providers, what information is required in order to support safe delivery of care.
15. Nationally and locally, health and social care partners should build on the findings of this inquiry and bring these together with other emerging information about care at home and housing support services to inform planning for the ongoing pandemic response, but also more widely to inform the agenda for adult social care reform	The HSCP has sought the views of peoples to inform the Independent Review of Social Care and will reflect the findings of this report in their submission.

care inspectorate

Delivering care at home and housing support services during the COVID-19 pandemic

Care Inspectorate inquiry into decision making and partnership working

September 2020

HAPPY TO TRANSLATE

Contents

Foreword

The primary focus in social care during the first months of the COVID-19 pandemic was understandably on issues relating to care homes for older people. Yet most people in need of care and support, including people with complex health and social care needs are supported in their own homes. COVID-19 had a significant impact on care at home and housing support services providing this support.

At the start of the COVID-19 pandemic, there was widespread uncertainty and a lack of information and knowledge about the potential impact of the virus. There was also uncertainty about how best to protect people and how to contain the spread of the infection.

Health and social care partnerships and service providers addressed the unknown and unprecedented experience of the pandemic and resulting restrictions in different ways. The evidence from this inquiry indicated that most partnerships and service providers worked well together during this time and with available information and resources made every effort to act in the best interests of people in need of support.

We may yet face a second wave of this virus that takes us back into the lockdown we experienced early in the pandemic. Even if this is not the case, we know there are ongoing challenges in the care at home and housing support sector that mean we need to continue to work together to drive improvement in it.

This report draws together the views of health and social care partnerships and service providers about their experience of care at home and housing support services during the first phase of this pandemic. It is intended that it helps to inform future planning for, and improvement in, these services.

Peter Macleod

Chief Executive

Key messages

This inquiry looked at responses to the pandemic in relation to care at home and housing support services across all health and social care partnerships (HSCPs) in Scotland. Through this, we identified common themes and challenges which we have set our here as key messages from the inquiry.

We found that:

- despite uncertainty and fear about health risks to themselves, their families and people who experience care, housing support and care at home staff worked hard and flexibly to ensure there was capacity to meet needs and keep people safe throughout this pandemic.

- people who experience care and their carers declining their usual supports, to reduce the risk of infection, contributed significantly to maintaining services during the pandemic, but carers needed more support to sustain the effort of providing care.

- social isolation, disruption to daily activities, limitations on physical activity and the suspension of reablement adversely impacted on the health and wellbeing of people who experience care and carers.

- the increased use of technology and creative alternative approaches to support had positive outcomes for some people who experience care and these developments should help inform new service responses.

- HSCPs effectively prioritised support for people with critical needs, but how this was managed in terms of the impact of this prioritisation on packages for other people using services was very variable across the partnerships.

- HSCPs and service providers worked collaboratively in almost all partnership areas to find creative and effective solutions to key challenges such as maintaining staff capacity and shortages of PPE, with the most robust responses to the challenges involving fully integrated, responsive approaches between all partners.

- the requirements for care at home and housing support providers to provide similar data and information to a range of agencies was time-consuming and onerous for providers.

- the challenge of responding to COVID-19 further exposed the complexity of and weaknesses in funding for care at home and housing support services. HSCPs and service providers were concerned about future funding for these critical services.

Recommendations

As we move through remobilisation and recovery phases of the COVID-19 pandemic there are key issues from this inquiry that warrant further consideration or follow-up action. We recognise that across Scotland's health and social care partnerships (HSCPs) and service providers are at different stages in relation to addressing the issues behind these recommendations.

1) All partners, at national and local HSCP levels, should ensure new or emerging guidance on infection prevention and control measures address the unique challenges of providing care at home and support in people's homes.

2) HSCPs should work with care at home and housing support service providers to ensure there is adequate contingency planning for PPE supply, access and distribution in the event of a future peak in infections.

3) HSCPs should prioritise rehabilitation and reablement in their recovery plans. This should seek to limit the potential for adverse impact on health and wellbeing from extended periods of lockdown or other restrictions for people who experience care.

4) HSCPs should seek to better understand the experience of healthcare for people who used services and their carers, during the pandemic, to inform how care at home and housing support services could work more effectively with primary care in the future.

5) HSCPs should update their workforce plans for the care at home and housing support labour force. These plans should be set in the context of health and social care integration, be cross-sectoral and reflect the pivotal role of care at home and housing support staff in meeting critical needs

6) HSCP's should prioritise the assessment and review of people's needs, taking into account their wishes and preferences. People who experience care should be fully involved in their assessments and reviews which should be person-centred and focused on individual outcomes.

7) HSCPs and service providers should research, reflect on and learn lessons from the positive experiences of people who used services and carers during the pandemic, of the increased use of technology and alternative approaches to support. These lessons should inform new service responses that can deliver equally successful or improved outcomes for people who experience care.

8) Service providers should engage with their staff, people who experience care, carers and HSCPs to explore opportunities to deliver more person-centred approaches building on the creativity and flexibility shown during the pandemic.

9) HSCPs should update their eligibility criteria for accessing services, to ensure that they are equitable and transparent and clearly explain the prioritisation of services during this pandemic.

10) HSCPs should consider incorporating into their eligibility and priority frameworks, the emerging lessons about the impact of social isolation and restricted movement on the physical and mental health and wellbeing of people who experience care.

11) The Scottish Government, HSCPs and service providers should review the processes for accessing Scottish Government sustainability funds for current or future COVID-19 related costs, to facilitate access for service providers, where relevant, to such funding.

12) Partners at national and local levels should acknowledge that routine use of PPE is an ongoing necessity and ensure the associated costs are reflected in the cost of care at home and housing support.

13) HSCPs and service providers should consistently engage with people who experience care and carers to understand the impact of actions they took in response to the first peak of infections, to inform future practice and improve outcomes for individuals.

14) HSCPs should further engage with carer centres and carers representative groups by routinely including them in planning for care at home and housing support services to ensure carers receive the support they need.

15) All partners, at national and local HSCP levels should work together to streamline data collection and monitoring systems for care at home and housing support to minimise the administrative burden on service providers.

16) Nationally and locally, health and social care partners should build on the findings of this inquiry and bring these together with other emerging information about care at home and housing support services to inform planning for the ongoing pandemic response, but also more widely to inform the agenda for adult social care reform.

1. Introduction

This report sets out the findings of the Care Inspectorate's inquiry into care at home and housing support services, carried out with the support of the Cabinet Secretary for Health and Sport. The inquiry relates to the period between March 2020 and August 2020, during the COVID-19 pandemic.

The inquiry focused on five key questions:

- How were services prioritised during the COVID-19 pandemic to help ensure service delivery continuity?
- What were the known impacts on people who experience care?
- What were the risk management arrangements in place to mitigate the risks to service delivery?
- How effective were the partnership working arrangements?
- What were the recovery plans for services?

This inquiry covered services registered with the Care Inspectorate as providing care at home and services with a dual registration for care at home and housing support. These are services, delivered to adults across a range of care groups and for children and young people.

The content of this report is informed by HSCPs senior managers and managers from service providers, reflecting their experiences during the period of the inquiry.

Ascertaining the views of people who experience care or their carers[1], or other stakeholders, including frontline staff, was outwith the scope of this inquiry and are not reflected directly in this report.

The focus of this inquiry has been on approaches and processes, how well partners worked together and what we can learn from this. It has not focussed on outcomes for people who experience care. It is essential that the views and experiences of people using services and their carers, during the pandemic are understood to inform the overall learning for care at home and housing support services from the pandemic.

Our inquiry process

Phase 1 – Planning and information gathering

The inquiry team comprised of inspectors from the Care Inspectorate. The team collated and analysed publicly available data (for instance, the Scottish Government and Information Services Division), information held by the Care Inspectorate and evidence provided by HSCPs and service providers.

[1] In this report when we refer to carers this means unpaid carers.

Phase 2 - Surveys, meetings and analysis

This included direct contact with HSCPs and service providers. It involved:

- all 31 HSCPs across Scotland providing a written response to a set of key questions in an electronic survey
- meetings with over 100 senior officers across 30 HSCPs. Meetings were undertaken using video conferencing
- an electronic survey and supportive discussions, using telephone or video conferencing, with over 300 identified care at home and housing support service providers including those in the public, third[2] and independent sectors.

Phase 3 – The inquiry report

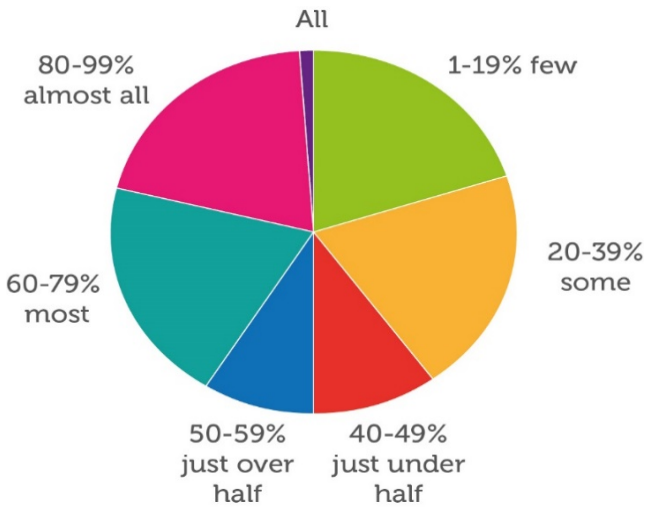
The report sets out above the key messages from this inquiry along with recommendations from our findings. The main body of the report which follows on from here is structured around the five key questions of the inquiry.

Numerical analysis of both HSCP and service provider survey findings are available on our website.

- Appendix 1 - Health and social care partnership survey results
- Appendix 2 - Service provider survey results

Note: Throughout this report we refer to the proportion of HSCPs or service providers who reported on a particular issue. For example, 'almost all (between 80% -99%) of HSCPs developed contingency plans'. How we describe these proportions is shown in figure one below.

Figure 1: Data descriptors for percentage



[2] The third sector comprises community groups, voluntary organisations, charities, social enterprises, co-operatives and individual volunteers.

2. How were services prioritised during the COVID-19 pandemic to help ensure service delivery continuity?

In this section we consider how HSCPs prioritised care at home and housing support services and how these decisions were informed by changing circumstances.

Summary

- While some staff needed to shield or self-isolate, many of their colleagues worked hard and flexibly to maintain services.
- Many people experiencing care chose to reduce the support they received to reduce their risk of infection. This reduced demand on social care services and made a key contribution to balancing the impacts of reduced staffing capacity.
- The duration of the lockdown period left many carers exhausted and anxious about the future.
- HSCPs and service providers mostly worked well together to find creative and responsive solutions to key challenges, like maintaining care at home and housing support staff capacity, shortages of PPE, rapidly changing guidance and access to testing.
- All HSCPs prioritised support for people with critical needs, almost all made changes to packages of care to do this, but the number of people affected by this reprioritisation across HSCPs was very variable.

The challenges of the pandemic

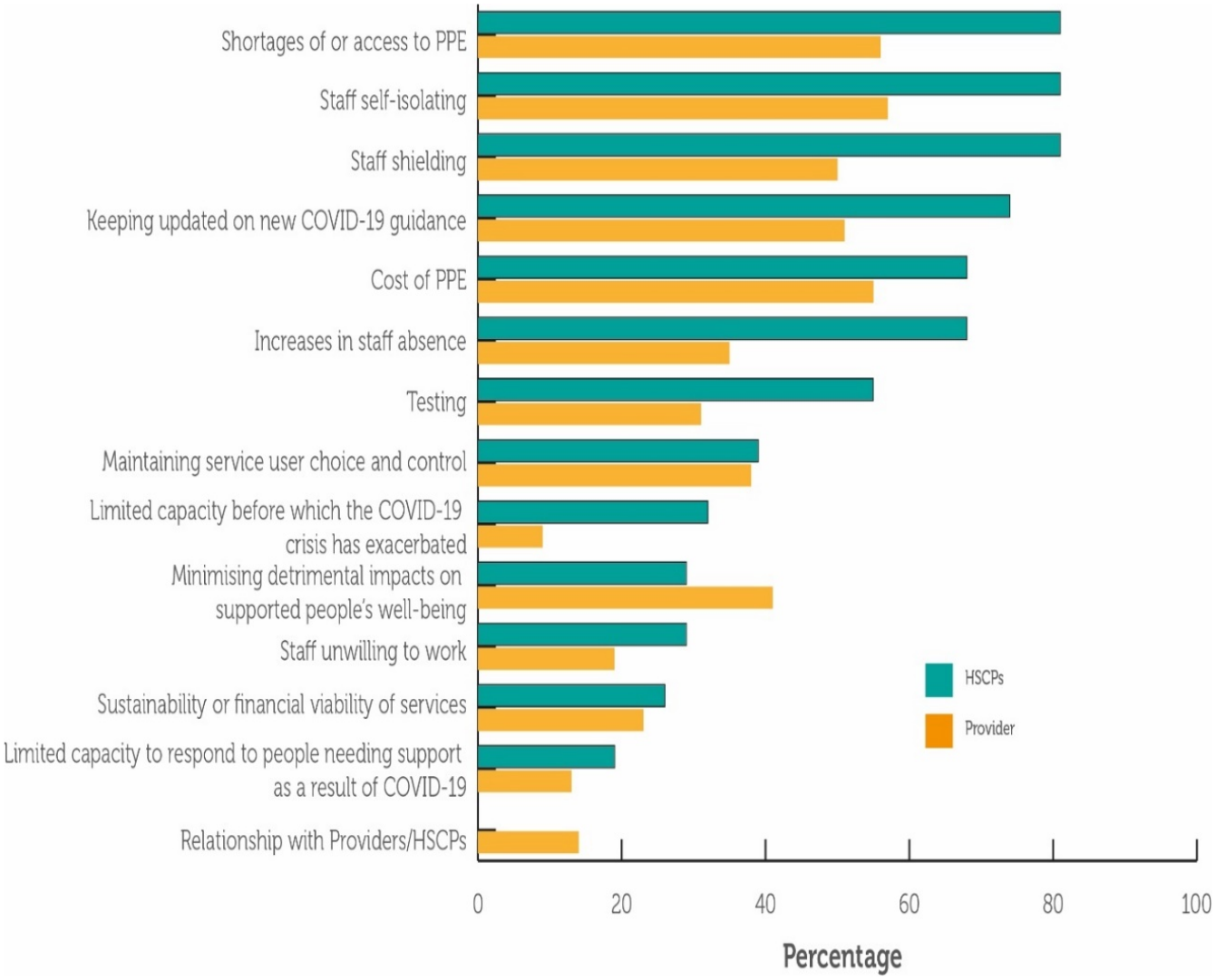
The size and impact of challenges and the actions taken to respond were different in each HSCP area. This reflected the different levels of COVID-19 infection in different parts of Scotland. It was also influenced by the socio-economic profile of local populations in terms such as age and levels of deprivation. Existing strengths and weaknesses of each local health and social care system prior to the pandemic also had an effect on both the challenges experienced and the actions taken to respond. The main challenges experienced by HSCPs and service providers are shown in figure two below.

The commitment of care at home and housing support staff and the decision of some people who experience care, their families and carers, to reduce or cancel their care packages, to reduce their risk of infection, was critical. This helped to release service capacity for those in greatest need.

It took some time for HSCPs and service providers to adjust to managing the risks, for example, to ensure routine access to PPE and testing. The overwhelming majority of care at home and housing support staff remained committed to maintaining service delivery despite the challenges they faced.

In the early weeks of the pandemic this meant continuing work through uncertainty, increased anxiety and fear about the risks to themselves their families and the people they supported. Many staff worked hard and more flexibly to maintain the service while some colleagues needed to shield or self-isolate.

Figure 2: Main challenges reported by HSCPs and service providers (% of respondents)



Source: Care Inspectorate

The challenge of staffing capacity

At the beginning of the pandemic there was a lack of clarity in guidance for care at home and housing support staff on the risks for themselves and their families. There was a lack of understanding of who needed to shield or self-isolate or who could be furloughed. Staff were concerned about the risk of spreading infection to their own family members who were shielding. This lack of clarity exacerbated problems with staffing capacity.

In almost all HSCP areas, many people who experienced care and their families chose to reduce the support they received from the HSCP or service providers. This reduced demand on social care services and made a key contribution to balancing the impacts of reduced staffing capacity. In two HSCP areas, services did not change. This was due, in part, to the comparatively low numbers of COVID-19 infections in these respective areas.

Almost all local authority service providers reported frequent and substantial problems in maintaining sufficient staff capacity, particularly in the early stages of the pandemic, due to staff self-isolating or shielding. Nearly a third had problems with some staff being unwilling to work. There were similar issues for third and independent service providers with over half having issues with staff self-isolating or shielding but fewer had problems with staff unwilling to work.

As the pandemic timeline progressed staff absence rates declined. This reflected a growing confidence in staff as advice, guidance, systems and protocols for identifying and managing risk were developed, consolidated and rolled out.

The scale of care at home and housing support staff capacity problems varied considerably. Some HSCPs had capacity reductions in excess of 30% whilst other HSCPs found the significant reductions in staff capacity they had planned for did not materialise or were only experienced in the early days of the pandemic.

In a few HSCP's, externally commissioned service providers supporting children stepped down their operations significantly. This was often in response to parents, whose children had disabilities, wishing to shield their children.

HSCPs implemented a range of measures to maintain their capacity to meet the critical needs of vulnerable people. This included seeking to recruit more staff on a temporary or permanent basis. The success of these efforts was mixed with highlighted barriers such as recruiting and delivering training in a socially distanced way.

Most HSCPs offered overtime and increased contracted hours to their existing staff, which helped to meet reductions in capacity but risked exhausting the existing staff group in the longer term. Staff from other local authority services, that had ceased to operate, were redeployed to social care roles. Experienced social care staff from day services and other services that had suspended operations were retrained and also redeployed. Staff from non-essential services and those shielding helped, for example, to provide telephone follow-up for people who experience care, who were themselves shielding or with reduced support.

A few HSCPs sought to expand the number and capacity, of externally commissioned service providers to deliver services. The success of this approach depended on whether externally commissioned service providers had any additional capacity available.

Some HSCPs reported that externally commissioned provision experienced lower levels of staff absence. This was due to a different workforce age profile or perhaps, less positively, because of less generous terms and conditions of employment. Some third and independent sector service providers found it easier to recruit additional staff because of the numbers of people displaced from other sectors such as the hospitality sector.

The challenge of accessing personal protective equipment (PPE)

HSCPs and service providers identified that shortages of, and access to, sufficient supplies of PPE were significant issues. This was especially so in the third and independent sectors in the early part of the pandemic. PPE costs remained an ongoing pressure for some service providers.

Some HSCPs reported that they had difficult discussions with trade unions, particularly on issues such access to, and availability of, PPE. These were improved through better communication, gradual improvement in PPE availability, and the improved clarity of associated guidance. The early difficulties with PPE supply and changing guidance contributed to higher levels of fear and anxiety among staff, people who experience care and their families. This also contributed to difficulties in maintaining sufficient staff capacity. Fears were amplified by some media reports.

Third and independent sector service providers had additional challenges in accessing PPE. A small percentage of service providers were able to secure and maintain their own required PPE supply. Others rapidly encountered problems with suppliers prioritising supplies for the NHS and significantly increasing prices. There was a range of problems with the initial system of national PPE hubs but the establishment of local hubs in each HSCP ultimately satisfactorily addressed PPE supply.

There were good examples of HSCPs adopting an integrated approach to PPE supply, which ensured that all staff could access and use PPE in a consistent way, according to the risks associated with their job, regardless of which organisation they worked for. Where NHS boards sought to increase the level of PPE to higher levels than national guidance required, this created challenges for social care providers.

Guidance about PPE was plentiful but at times confusing and presented challenges to staff, people who experience care and their families. Service providers wished for one authoritative source of guidance with clear, timely and specific updates, as required, with realistic lead in times for implementation.

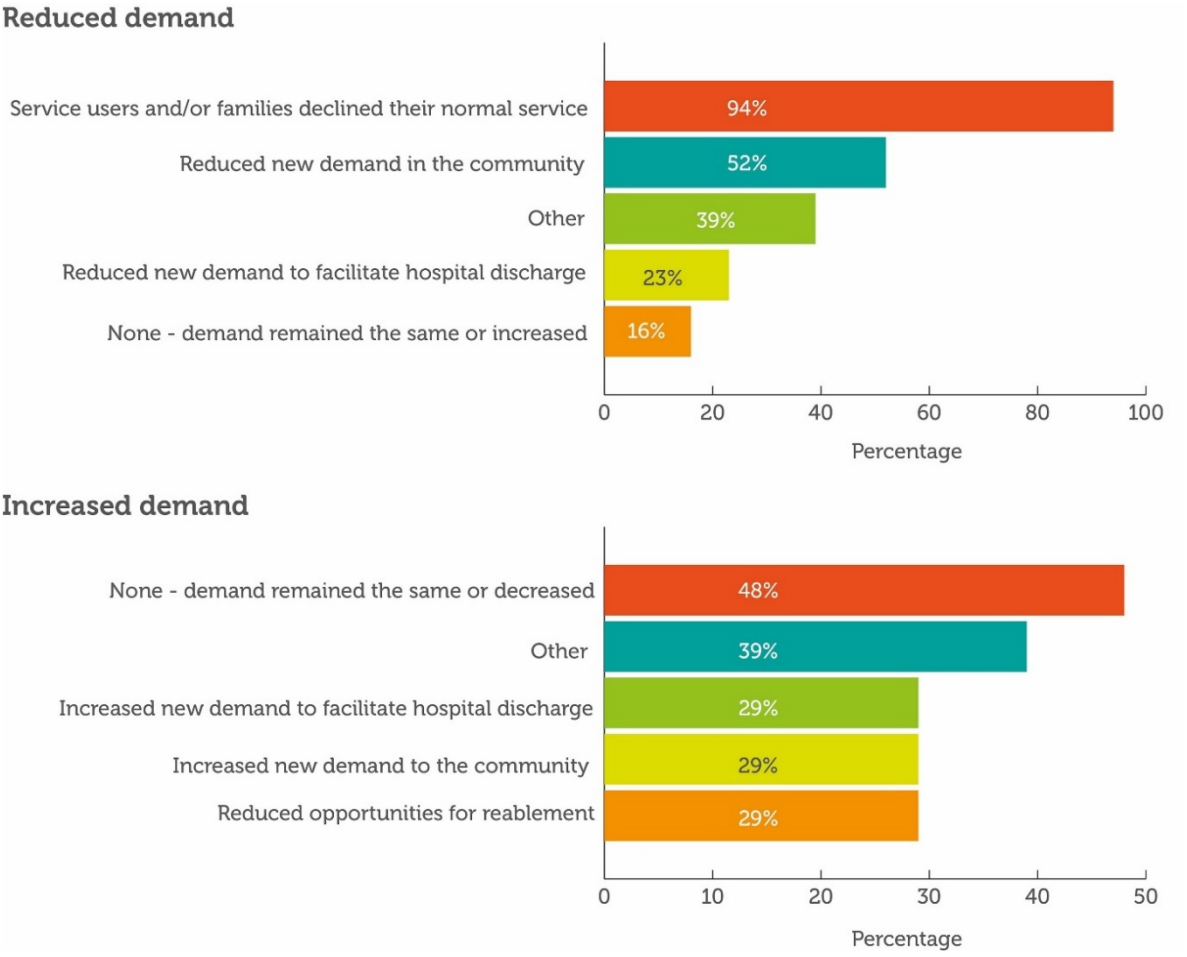
The challenge of testing for COVID-19

Over half of HSCPs and around a third of service providers identified the testing of people who experience care and staff as a challenge. Initially, the absence of clear processes for testing care at home staff, raised anxieties among staff and people using services. These were, mostly, overcome by HSCPs providing updated advice and guidance. Improved testing regimes, prior to hospital discharge, significantly helped to ensure necessary processes were followed. The establishment of 'Test and Protect' processes brought a potential risk of numbers of staff members being required to self-isolate. While critical in preventing the spread of infection, it created short-term challenges in staff capacity in particular localities.

The challenge of changing service demand

Almost all HSCPs experienced a reduction in overall demand for care at home and housing support services during the pandemic. People who experience care and their families reducing or cancelling their support was the most common reason for this. The main reasons for changes in demand are shown in figure three below.

Figure 3: Reasons for reduced and increased demand (% of respondents)



Source: Care Inspectorate

This was combined with reductions in demand in the community or for hospital discharges. One HSCP experienced an overall increase in demand, and for a few HSCPs after an initial decrease, demand began to grow gradually returning towards approximately pre-pandemic levels.

Some HSCPs and service providers identified increased demand as a risk to recovery, as health and social care services returned to 'normal' levels of activity. This risk would increase if combined with a rise in infections and significant numbers of staff needed to self-isolate.

There was a distinctive impact of COVID-19 on demand in each HSCP. This reflected factors such as the direct effects of the spread of infection and how staff and people who experience care reacted to actual and perceived risks. There were also the long-term local trends in service delivery patterns, levels of delayed hospital discharges, policy decisions such as providing alternatives to day services and respite combined with local socio-economic population profiles.

The challenge of reprioritising services

Almost all HSCPs developed contingency plans to re-prioritise services. These plans aimed to maintain support for those with critical needs, in instances where staffing capacity reduced below 'normal' levels. The plans were partly based on the experiences of contingency planning to meet winter demand pressures. In some HSCP areas reprioritisation was not required due to the reduced demand from people experiencing care who reduced their care packages. Service providers adapted existing plans designed for other contingencies.

HSCPs and service providers looked for alternative ways to meet lower-level needs including relying on more support from families, making fewer visits and introducing new services to provide meals and shopping, in conjunction with third sector organisations.

The degree to which these plans were implemented varied considerably with around one third of HSCPs needing to make little or no change. For the most part, these HSCP areas did not have the highest levels of recorded infection. The other two thirds of HSCPs reprioritised services to a greater or lesser extent, with the aim of ensuring that those with the highest assessed needs continued have these met. Just under half of the HSCPs reviewed care packages themselves, some delegated the responsibility for reviews and amendments to service providers.

Estimating the scale of the impact that COVID-19 had on the amount of care delivered across Scotland was difficult to gauge. The situation was dynamic, and many changes were short lived or agreed directly between people who experienced care and service providers or not recorded adequately on HSCP business systems.

We asked HSCPs to provide us with numbers of care packages that had been subject to changes during the pandemic up to end of June 2020. In addition, we asked about the number of packages that decreased or increased. As figure four shows, there were significant variations, between HSCPs, in the proportion of people's care packages that were changed.

Of the 23 HSCPs that provided information, 21 had changed care packages and 19 indicated that changes had involved reductions in provision. The proportion of people experiencing care affected by these reductions ranged from as low as 0.3% to as high as 71%. Nearly two-thirds increased a small number of packages. The proportion of people experiencing care who received increases in support ranged between 0.2% to 15%.

Figure 4: Proportion of people's care packages that were changed

Source: Care Inspectorate

The primary aim of reprioritisation was to protect people with critical needs from possible reductions to their care package. In some instances, some low-level elements of care and support were reduced for people who had other than critical needs. The most robust approaches included good joint working between the HSCP, operational social work teams, commissioning teams, service providers and community nursing to ensure that those with the most critical needs where effectively identified.

Despite the large numbers of people who experience care facing changes in their support in some HSCP areas, the number of hours of care released, by these changes was small. Of those HSCPs who could provide information, half had released less than 4% of the total number of care at home and housing support they had delivered before the start of the pandemic. The remaining percentage of hours released varied between 5-20%. This was consistent with the re-provision of capacity towards low intensity support and non-critical activities.

Almost all HSCPs communicated changes with people individually, but some combined this with large-scale communication strategies involving writing to everyone and publicising the need to prioritise in social media.

Almost all HSCPs undertook some form of review or risk assessment to determine if support could be reduced safely. Most HSCPs maintained contact with people who experienced care to check if their needs or situation had changed. Where partial assessments were undertaken under emergency legislation, many people received services. Most HSCPs commented that it was their intention that partial assessments would be revisited and reviewed in line with emergency legislation.

The challenge of enabling successful hospital discharges

In most HSCPs there was a drive early in the pandemic timeline, to release capacity in acute hospital services. Subsequent reduced admissions and flow through hospitals meant that the transfer of care became less of an issue. Some HSCPs temporarily purchased additional capacity of additional care home placements and two HSCPs re-opened previously closed care homes as part of the co-ordinated effort to reduce the numbers of people in hospital. A few HSCPs purchased additional dedicated bed-based intermediate care places. These HSCPs found that these measures were mostly not needed as the anticipated levels of demand did not materialise.

Overall, delayed discharges reduced during the pandemic with care at home and housing support services making an invaluable contribution to reducing these delayed discharges.

Service providers had some concerns about people being discharged own home without a test, in the early stages of the pandemic, or with incomplete information about their COVID-19 status or their health and/or social care needs. The lack of testing of people discharged from hospital and the limited availability of PPE were the main challenges for providers in supporting hospital discharges in the first weeks of the pandemic. HSCPs addressed this by introducing enhanced advice and guidance, better testing protocols and practice alongside improved PPE supply.

Rising to the challenges

Almost all HSCPs and service providers emphasised that their care at home and housing support staff had more than stepped up to the challenges of responding to this pandemic and had ‘gone the extra mile’. This included working through the uncertainty in the early stages of the pandemic and the fear and anxiety it produced.

Greater recognition of their care at home and housing support staff by the general public was a clear positive for most service providers, although some reflected that they had felt partially forgotten in the very early days, where public appreciation appeared to be focused more on the NHS.

‘Staff showed an amazing level of commitment to the people they were supporting, taking care to adhere to all guidelines, at work and at home, to prevent transmission of COVID-19. Staff created opportunities for people to keep fit and active and this led to supported people taking a lead role in organising activities, building on new skills as well as confidence.’

(HSCP)

Most service providers experienced stronger working relationships with families and carers. Some had improved their working relationship with their local HSCP. However, a few service providers continued to experience difficulties in their relationships with their HSCPs.

The response of care at home and housing support staff was identified across all sectors as an overwhelming and major achievement. No other single issue had a greater degree of unanimity. A main feature of our discussions with both service providers and HSCPs was that they identified improved working relationships and developing sense of trust during the pandemic to have been a key benefit for all. There was agreement across all HSCPs and service providers that the key support provided was the provision of PPE, advice and information.

Decision making and governance

At the beginning of the pandemic, most Integration Joint Boards (IJB) decided to amend many of their direct governance activities. HSCP chief officers and their senior management teams acted under delegated authority from the IJB. HSCPs were represented in local authority and NHS board ‘pandemic response’ groups.

HSCPs had in place, or quickly developed, escalation protocols for joint and robust decision-making in response to the unknown and unprecedented circumstances they faced. Strategic decisions to reprioritise care were most commonly made by HSCP chief officers or through emergency planning decision-making structures. Key factors influencing decisions to reprioritise included staffing capacity reductions and whether HSCPs anticipated significant and ongoing reductions in such capacity. Decisions at the operational and individual level were mainly made by local HSCP managers in co-operation with service providers and in consultation with people who experience care and their families.

Several service providers had been impressed by the strong directional leadership, shown by HSCP senior managers, particularly in the early pandemic timeline. Leadership and management had been responsive, assertive and decisive to ensure services were adaptable and staff resilient in a fast-changing environment.

This gave staff confidence and certainty about their approach and resulted in more active teamwork and a sense of shared purpose. This was not always the case and a few service providers commented that they were disappointed in their local HSCP leadership's performance.

Externally commissioned service providers implemented their own business continuity plans, undertaking risk assessments to identify whether service changes were necessary either due to individuals' circumstances or other pressures. This information was shared with HSCPs to support further risk assessment and to help ensure shared decision making.

Most HSCPs advised us that the pandemic had paradoxically enabled the development of a more open environment where there was space for more autonomous decision making. Projects and programmes that had been 'on the back burner' for some time had been accelerated as HSCPs were enabled to act quickly. This had been helped with the delegation of responsibility to lower levels of management and operational localities.

3. What were the known impacts on people who experience care?

In this section we consider how the pandemic impacted on people who experience care, and their carers, how HSCPs monitored this impact and the outcomes of any changes to care and support for vulnerable people.

Summary

- Some people who experience care, their families and carers chose to reduce or suspend their support to reduce the risk of infection. HSCPs needed to respond rapidly when carers were unable to sustain support needed over time.
- Social isolation, disruption to daily activities, limitations on physical activity and the suspension of reablement adversely impacted on the health and wellbeing of people who experience care, their families and carers..
- Care at home and housing support staff worked creatively and flexibly to find alternative ways of delivering support to minimise negative impacts on people experiencing care.
- Across all sectors, there was a consensus about the commitment and dedication of staff.
- People who experience care faced more detrimental impacts if they were unable to understand the need for infection control measures, such as social distancing or why staff were wearing PPE.
- Digital inclusion was important to reduce negative impacts, such as social isolation.

Impact on people who experience care, and carers

We acknowledge the limitations of this inquiry in relation to people who experience care, carers and staff experiences and outcomes. This section provides insights into the impact of the pandemic, on people who experienced care through the lens of the HSCPs and service providers.

Across all sectors, there was a consensus about the commitment and dedication of staff. Care at home and housing support staff had gone above and beyond the requirements of their role. The outcomes for people who experienced care directly benefitted from the actions of staff and families.

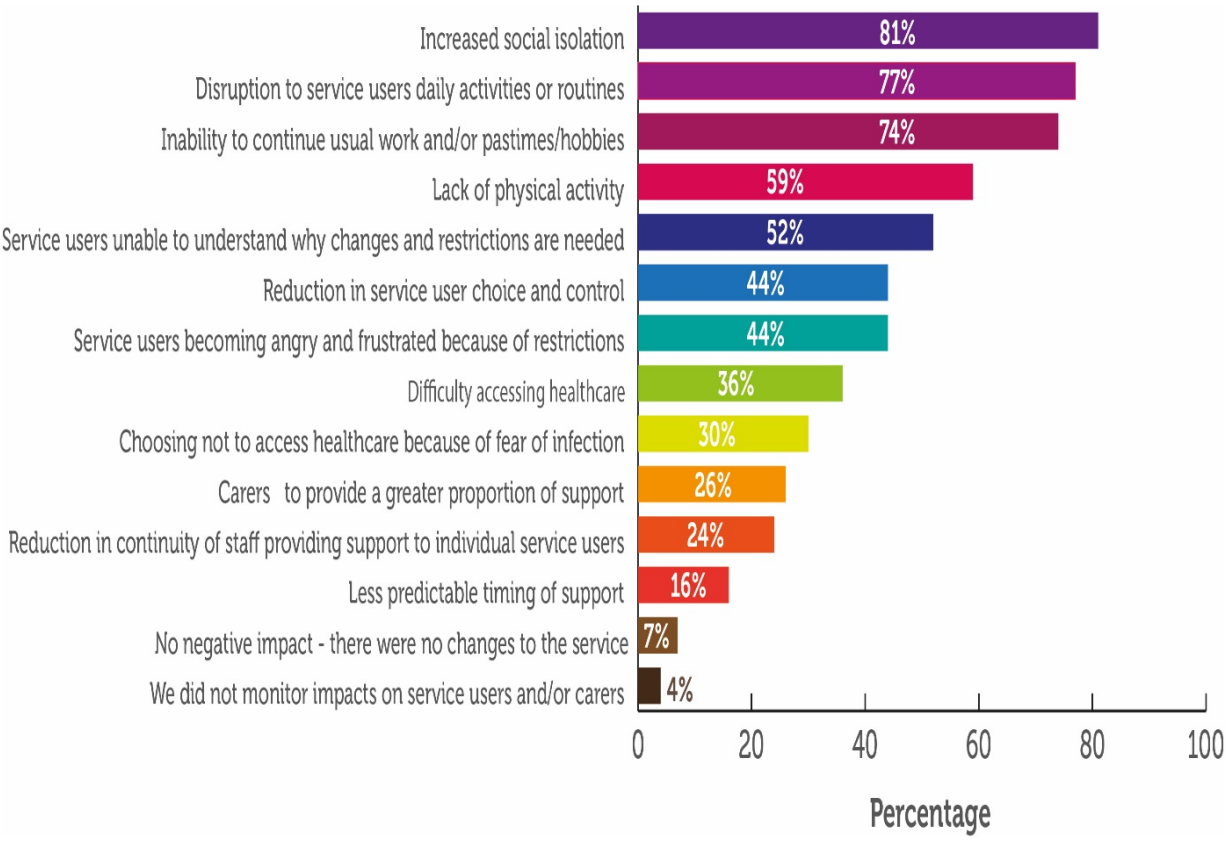
> ‘I have never been prouder of the staff … they were amazing and because of this, the people we supported were safe and well throughout.’
>
> (Local authority service provider)

This was crucial in supporting and sustaining people who experience care and protecting both statutory social work services and NHS healthcare services. The word 'willingness' frequently featured in HSCP responses when describing the co-operation of families taking on more of the caring role.

In almost all HSCP areas, some people who used services or their families, declined their normal service to reduce footfall in the home. Where respite or day services ceased to operate, the pressure on a carer's ability to continue to support was at times intense. Where families were not able to sustain additional support or contact, HSCPs and service providers had to step back in, to varying degrees. The duration of the lockdown period left many carers exhausted and anxious about the future.

Over four-fifths of service providers noted problems with people who used their service experiencing increased social isolation. This was the case across Scotland. Social isolation was closely connected to disruption with people's daily activities or routines and their inability to continue with their usual work, pastimes or hobbies. Increased levels of anxiety and stress were common. Figure five below illustrates the most noted adverse impacts reported by HSCPs and service providers.

Figure 5: Negative impacts on people who experience care
(% of respondents)



Source: Care Inspectorate

Lockdown restrictions had adversely impacted on people's choice and control. The health and wellbeing of people who experienced care was also adversely affected by the lack of physical activity.

A third of service providers reported that people who experienced care faced difficulty accessing healthcare or chose not to access health services during the pandemic. There were the difficulties with people not having routine health appointments, access to medical interventions or advice from healthcare professionals. Many service providers reported that they had no or very limited access to the NHS 'Near Me' online video consulting service. Service providers believed that the difficulties in accessing healthcare had adversely impacted on the health and wellbeing of people who experienced care.

Differences between care groups' experiences

Just over half of HSCPs identified that there were significant differences between care groups in terms of the challenges they experienced from COVID-19, the response to these challenges and how they planned to recover.

HSCPs' responses highlighted that people experienced more detrimental impacts if they were unable to understand the need for infection control measures such as social distancing or why staff were wearing PPE. Staff often used creative ways to engage with people, such as 'easy read' paperwork, social stories and pictorial cues to encourage a better understanding of the virus and the necessary restrictions.

The potential impacts on the mental health of people who experienced care, as family members returned to work were not wholly known. Both mental and physical health needed to be closely monitored and services planned to monitor potential future rise in the incidence of illness in those using care at home and housing support services. It would be important for HSCPs to understand the impact of social isolation and reduced mobility on health and wellbeing to inform responses to future spikes in infection rates or further outbreaks.

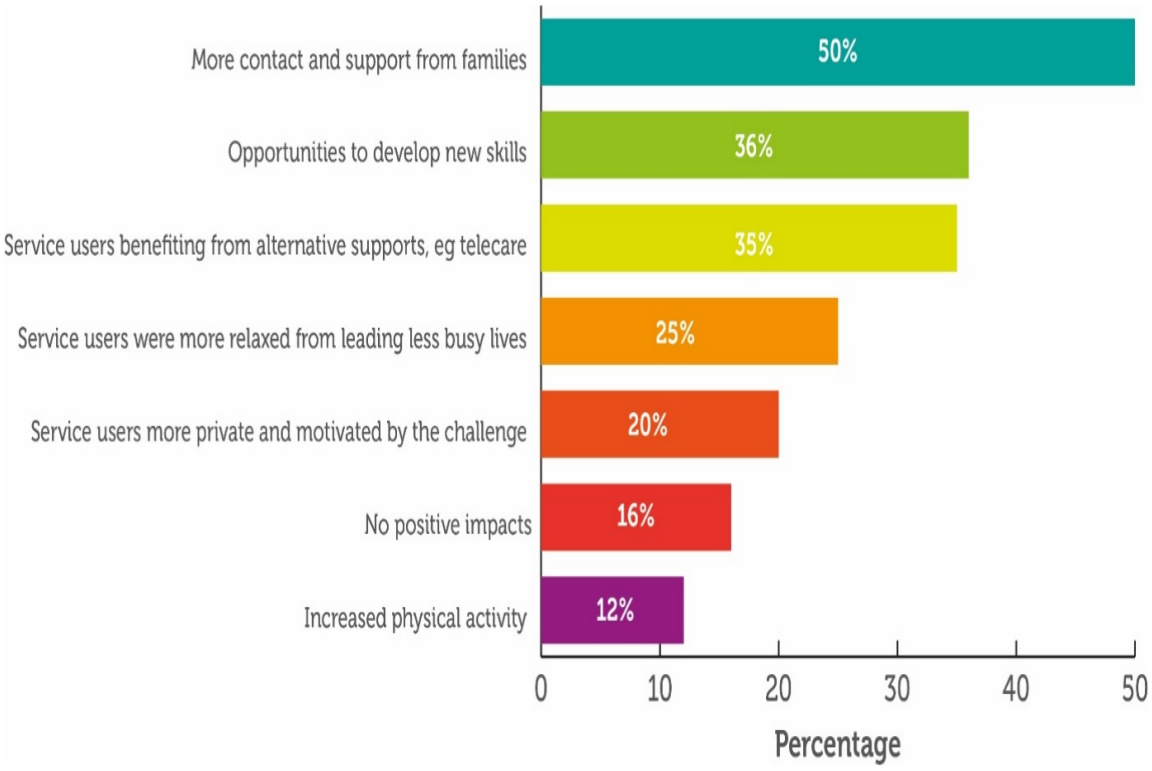
When combined with the cessation of respite and planned breaks from caring, people with a learning disability and their carers experienced a particularly significant loss of service. It was more difficult for those people who had less capacity to understand the enforced changes. There was increased care at home activity by some learning disability care providers to compensate for the loss of community service provision.

Regarding the impact on people with autism, reduced community access, due to lockdown, resulted in a loss of daily routines and predictability. Service providers described higher levels of stress for those who used their service.

While there was a reduction in activity out with the household, this was not all negative. Some people who experienced care seemed to achieve a better life balance with less busy routines. For others, this was an opportunity to develop new skills and maintain or develop higher levels of independence and benefitting from alternative supports such as assistive technology and digital inclusion.

There were some positive examples of how people were supported by technology to see families and staff via online platforms. This online presence facilitated creative and practical supports including telecare, online shopping and engagement with physical exercise regimes. This promoted stimulation, activity and entertainment, positive outcomes consistent with the Scottish Government's promotion of technology enabled care. Figure six below illustrates the most commonly noted positive impacts on people experiencing care, and their carers, reported by HSCPs and service providers.

Figure 6: Positive impacts on people experiencing care and their carers (% of respondents)



Source: Care Inspectorate

There were increased risks of social isolation for people who experience care, who had neither the resources, skills nor capacity to engage with online solutions. Remote support through telecare and video communication required careful assessment, supplementing rather than replacing face-to-face interactions. There was a 'digital divide', where some older people were less likely to be confident with technologically supported means of social contact.

Carer organisations and carer centres provided critical support to carers. HSCPs acknowledged the need to recognise the important work of these organisations and to include them in future strategic planning around critical services of support for people who experience care in emergency responses.

> 'The Carer Centre continued to provide a range of services via digital or phone. Visits were prioritised for those most vulnerable in the critical category.This provided contact for those shielding or carers who were shielding.'
>
> (HSCP)

Particular issues for children and young people

There was a mixed picture across Scotland in terms of maintaining or amending services for children and young people. The experiences of children and young people were broadly in line with other care groups but there were some distinct issues.

Children with disabilities were particularly reliant on care at home service providers and personal assistants (PAs). Some of these services ceased during lockdown. As some families were shielding, this reduced the level of care at home support that was needed.

The impact of the suspension of day services and respite had a particular impact on children and young people with additional support needs, learning disabilities or behaviours that were challenging. Children and young people, whose school education and building-based social activities had been suspended, were particularly adversely affected as were their parents who, in some situations, became quickly exhausted. The level of understanding of children and young people regarding the lack of these services' availability put additional strain on families.

It was evident that demands of children and young people with challenging behaviour and or particular care requirements were often considerable for those families coping in these circumstances.

Communities, friends, neighbours, volunteer groups, input from social work and education, were all significant in supporting families and providing practical and emotional support. While the resilience of supported individuals and families was apparent, the longer-term impact, potential burnout and shift in goodwill needed to be considered going forward. Regular family contact, arms-length practical and emotional support was mobilised to prevent families entering crisis. This included shopping, food parcels, medicine collection and technology equipment. Increased access to direct payments alleviated the costs associated with PAs shielding or this service being replaced by care at home.

Education hubs offered support for some of the children at highest risk. Local authority children's services staff and service providers worked effectively to resume limited support to those most in need whenever possible.

The risk of hidden harm for children during the pandemic was a concern. Recovery planning needed to focus on the educational and social deficits that the pandemic had created for children and young people.

Prevention, early intervention and reablement

Responses from HSCPs highlighted very differing views about how essential it was to carry on with prevention, early intervention and reablement during the pandemic in the context of immediately competing demands. For some, actively continuing with this work was a priority. However, most HSCPs deemed early prevention and reablement work as 'non-essential' with service delivery prioritised for critical care and support during the pandemic.

This approach had led to unintended consequences such as increased numbers of falls and reduced mobility for people who experience care, and an increase in waiting times for 'non-essential' services including preventative and reablement services. The critical role of prevention, early intervention, rehabilitation and reablement needed to be reviewed in the context of defining 'essential' and 'non-essential' services in the future.

HSCPs recognised, as they progressed their recovery planning, the need for a greater emphasis on actions to support an individual's capacity for self-care and self-management to manage long term conditions.

Promoting choice and control

Maintaining the usual levels of choice and control for people who experience care was a challenge during the pandemic. Even when the impact of reductions in staffing capacity required unavoidable changes, the best approaches included personalised contingency plans for each person. Self-directed support (SDS) provided an opportunity to achieve meaningful choice and control but meeting desired outcomes through SDS sometimes became problematic. Public Health guidelines impacted significantly on the way that social care services could be delivered.

Choices became limited, and agreed budgets were at times not in keeping with the demands resulting from lockdown restrictions. When staffing capacity reduced, changes to SDS care packages were often unavoidable. Only one HSCP made clear that they were able to maintain all SDS options, in full, during the pandemic.

HSCPs worked hard to maintain available SDS options with the most successful solutions achieved by taking a more flexible approach. For example, the blending of SDS options with HSCP's available capacity not only resulted in benefits for the people experiencing care but also for working relationships between HSCPs and service providers. Another effective approach was to allow more discretion on how direct payments could be used, by providing funding to cover for shielding personal assistants (PAs), procuring PPE for PAs or where PAs left their employment and recruitment was difficult, HSCPs freeing up additional support from in-house care at home staff.

Monitoring the impact on the care and support experienced by people.

HSCPs used a range of methods to monitor the pandemic's impact on people's care and support. Formal reviews and needs assessments by care managers played an important part. Monitoring information was received from service providers. Nearly three-quarters of HSCPs had undertaken surveys of people who experience services or who had direct contact with those that do. Over half had contact with or surveyed carers. However, this means that there were still large numbers of people who experienced care, or their carers, in some HSCP areas, that had not received any direct contact.

The changes to care packages did not generate a substantial number of complaints to HSCPs or the Care Inspectorate. Between mid-March and 30 June 2020, a few HSCPs received a very small number of formal complaints about service reductions Most received no complaints at all. The Care Inspectorate received 156 complaints, from April until the end of August 2020, regarding care at home and housing support services, that were potentially linked to COVID-19 issues. This was a small proportion of the overall numbers (approximately 60,000) of people who experience care at home services across Scotland.

4. What were the risk management arrangements in place to mitigate the risks to service delivery?

In this section we consider how the decisions to change the care and support provided were informed by the wider risk assessment processes applied.

Summary

- HSCPs implemented their resilience plans to manage the strategic and operational risks.
- The most robust approaches to identifying and managing individual risk involved a person-centred approach that was supported by service providers, social work and community health teams working together.
- Keeping in regular contact with people who experienced care was essential to responding appropriately to changing needs and risks.

Strategic and operational risk management

At a strategic level, HSCP senior management teams were responsible for assessing, gauging and addressing the strategic risks. Some HSCPs, local authorities and NHS boards had dedicated 'resilience' or 'pandemic' groups which had HSCP senior officer representation. These bodies oversaw the pandemic strategic risk registers and reported to the Integration Joint Boards and NHS boards through the HSCP's chief officer or other senior officers. With hindsight, some partnerships acknowledged it would have been beneficial for these 'resilience' or 'pandemic' groups to have had a wider membership, including the third and independent sectors, as well as local authority housing representation.

The strategic risks for HSCPs included consideration of public protection, governance arrangements, staffing capacity, technology and communication and the financial sustainability of services. Almost all HSCPs had identified, assessed and managed the risks relating to care at home and housing support services as part of their wider assessment of the impact of COVID-19 across all its activities.

Just over half the HSCPs had undertaken risk assessments when individual care packages were changed as a result of its response to the pandemic. Over a third had specifically assessed risk in relation to care at home and housing support provision. Just over a quarter had risk assessed the impact of the changes it planned to make to care at home and housing support services. For future planning a more detailed focus on the exact nature of the risks, including those at a local and individual level, involving care at home and housing support would be beneficial rather than as part of a generic high-level framework. Detailed assessments on the impact of the changes would be essential.

Some of identified risks were mitigated by, for example, developing improved protocols between agencies, training on PPE, delivering staff engagement sessions and developing staff wellbeing hubs. Most HSCPs had accelerated the availability of a range of digital communication platforms (for instance, online training materials). Increasing investment in information technology had made a major contribution to improving how local services worked. It helped to increase the potential for staff to have more agile working and improved their communication and risk assessments between staff, families and people who experienced care. A few HSCPs were at a very early stage of taking this forward.

Risk management for people experiencing care

Needs, risk assessments and reviews identified people at high, medium and low risk. These assessments considered known adult support and protection concerns, high levels of unpaid carer stress, complexity of condition or complexity of existing care arrangements. The aim was to undertake these through discussions with service users and their families.

Most, but not all cases, were kept under review, to help monitor changing circumstances. Regular (for instance, telephone contact) was maintained in many instances with individuals identified as higher risk, with additional face to face contact provided where necessary. Some HSCPs had completed these reviews of care packages themselves. Some delegated this to their externally commissioned providers. Enhanced risk assessment tools helped to assess risks for people living alone or with no family support and people whose family supports would be unable to undertake tasks due to self-isolation or COVID-19 symptoms.

There were potential ‘unseen risks’ in telephone reviews during COVID-19 rather than with face to face equivalents. These risks were higher for those who lacked capacity or exhibited challenging behaviours. Risks could be mitigated, in part, by regular staff contact with families and reporting to care managers. Some HSCPs had reduced the frequency of contact with people who experienced care, their carers and care mangers, as risk assessment practices became more established.

HSCP senior managers were confident that, where relevant, they had assessed and reviewed packages and that appropriate tools and processes to assess and manage risks were in place. However, some service providers reported that, in some HSCPs areas, people who experienced care had not always received the level of risk assessment and review suitable for their needs.

5. How effective were the partnership working arrangements?

In this section we consider whether engagement with service providers demonstrated a true partnership approach.

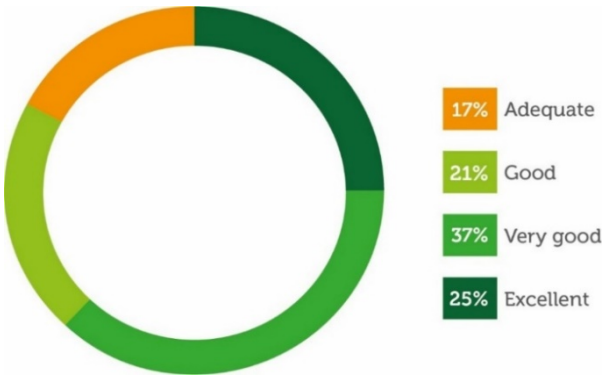
Summary

- Most HCSPs and service providers considered their working relationships had improved during the pandemic crisis.
- Most service providers considered the HSCP gave them good support with key challenges, however, one in ten service providers said that they had received no or little support.
- Service providers were concerned about the impact of the pandemic on their financial viability.
- Service providers highlighted the requirement to provide similar information to a range of agencies and the need for this to be streamlined.
- HSCPs that generally worked well with their in-house and externally commissioned service providers to deliver well-functioning and well-balanced social care markets, suitable for their respective areas, were more readily able to respond swiftly to the sharp changes in the market demands.

The experience of service providers

The pattern of local service delivery influenced each individual HSCP and their externally commissioned service providers' contribution to delivering services during the pandemic. Where the HSCP had almost all the local care at home provision, it was less usual for them to have frequent dialogue with service providers. Supported living services were less likely to keep close and very regular communication with HSCPs. Care at home provision service providers were more likely to have more regular communication. Overall, service providers, as shown in figure seven, rated the quality of support or partnership working with their HSCP during the pandemic positively with most saying support was very good or excellent.

Figure 7: Service provider rating of HSCP support or partnership working (%)

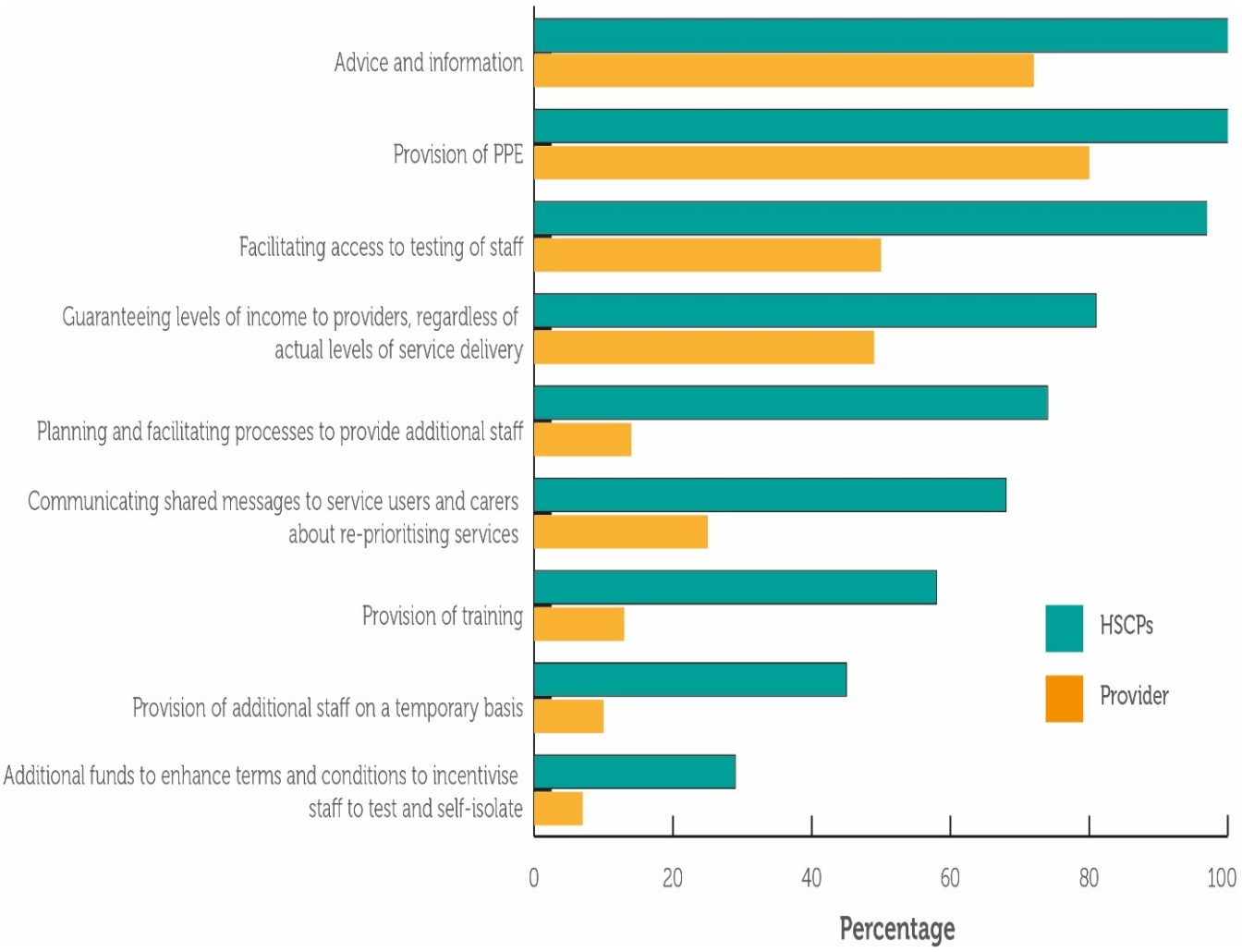


Source: Care Inspectorate

A mix of practical support and regular communication reinforced or improved relationships between HSCPs and local service providers. These are shown in figure eight below.

The most valued support included, advice and information, provision of PPE, facilitating access to testing of staff, guaranteeing levels of income to service providers regardless of actual levels of service delivery and enabling the provision of additional staff. However, one in ten service providers said that had received little or no support and were frustrated with what they saw as poor communication from HSCPs. A number of HSCPs were positive about the role of Scottish Care in supporting engagement and a few had provided additional funding to extend the availability of Scottish Care representatives.

Figure 8: Main areas of HSCP support for service providers (% of respondents)



Source: Care Inspectorate

HSCPs were mostly responsive to individual queries with just over half of service providers able to access forums using video or teleconferencing. Most service providers highlighted that there were several competing requests to provide information and data to a range of agencies, often the same information requested in different formats. This put service providers under stress and could be time consuming. This indicates a need to streamline information gathering and collection in relation to care at home and housing support services.

The quickly developing COVID-19 crisis meant that speed and communication of decisions were prioritised by HSCPs over consultative processes. HSCPs were clear that service provider involvement in the pandemic response was essential, welcomed and that all parties benefitted from collaborative working. Nearly two-thirds of HSCPs highlighted good communication and strong relationships with service providers during the pandemic. The remaining HSCPs felt working relationships had improved as a result of coming together to solve problems.

Some service providers felt their respective partnerships were very slow to adapt to changing circumstances and that forward planning had been at times cumbersome. While there were mixed experiences of how HSCPs had communicated and worked with service providers, on balance this was positive with the majority of service providers complimentary about the support that they had received.

Different sector's experience

Over a third of HSCPs identified that there were significant differences between in-house and external provision in relation to the challenges posed by the pandemic.

Differences tended to focus on matters, such as access to PPE and financial sustainability. In-house provision could draw on substantially greater resources in relation to accessing or procuring PPE, and staffing. HSCPs used their leverage to better access PPE and staffing to support service providers across all sectors. In-house services' staff generally had better terms and conditions, compared to third and independent sector employees, where statutory sick pay and zero-hour contracts issues featured more regularly. The Scottish Government's intervention to provide financial assurance in relation to topping up statutory sick pay was a welcome support.

HSCPs with a significant in-house share of the local market commented that this model conferred benefits around the speed and directness of their response in terms of decision-making and allocation of resources. Moving to a 'command and control' structure meant that these partnerships felt they were able to respond more dynamically and quickly to allocate resources than the third or independent sectors. On the other hand, those with a more diverse mixed local market expressed their views that their market profile enabled them to respond more flexibly.

For third and independent sector service providers, there was a more even spread of challenges. Staffing issues, self-isolating or shielding were less significant than for local authority in-house provision. The reasons for this were likely to include different staffing age profiles and less preferential terms and conditions of service in the third and independent sectors.

Commissioning

HSCPs that generally worked well with their in-house and externally commissioned service providers to deliver well-functioning and well-balanced social care markets, suitable for their respective areas, were more readily able to respond swiftly to the sharp changes in the market demands.

HSCPs that had capacity and quality issues with care at home and housing support prior to the pandemic found these exacerbated by COVID-19 and faced greater challenges during the pandemic.

Financial viability was a concern for a quarter of third sector service providers, nearly a third of independent service providers, and over one on ten of in-house service providers. This reflected an uncertainty created by the pandemic and a wider acknowledgement of the substantial public expenditure committed so far to support the response and whether this commitment was fully sustainable in the future.

Financial support to address additional costs for many service providers was appreciated but some thought the funding was inadequate. There were fears of possible future reductions in financial contributions from HSCPs. Some service providers saw a commitment to future funding as essential to protect services. Additional costs from routinely using PPE remained.

Sustaining the viability of the right blend of service providers would be essential for winter planning and beyond. Building on the positive collaborative approach established during the pandemic in most HSCPs would be important.

While almost all HSCPs had committed to continue to pay service providers on planned levels of service delivery, regardless of volumes actually delivered during the pandemic, service providers faced a very anxious time until this was delivered. Some services said that these agreements took too long to establish and that not all HSCPs had delivered on their promises. This placed service providers at substantial risk and compromised their sustainability. As activity reduced, some service providers experienced relatively higher reductions in demand for their services with care packages reallocated to in-house service providers.

Service providers welcomed the additional financial support from Scottish Government sustainability funds during the pandemic but had found the process for accessing them cumbersome and slow in some HSCP areas. Service providers were also concerned about the ability to meet the ongoing costs of additional PPE once dedicated funding came to an end.

Service providers reported, in some instances, short-sighted decision making of some HSCPs on items such as contract values, tendering arrangements during the pandemic. These were not well received by service providers in these respective areas.

The pandemic encouraged HSCPs to begin to review and, in due course, revise their strategic commissioning plans with updated HSCP priorities and related resource contributions that improved peoples' health and wellbeing outcomes. This work was at a very early stage in some HSCPs. If solely resource-driven decisions dominated commissioning decisions during recovery, the reserve of goodwill shared through the joint endeavour during the pandemic would wither, with adverse impacts for integrated and co-operative joint working. Forthcoming strategic commissioning and locality plans, alongside their implementation, required to be informed by the successful ongoing engagement with people who experience care, carers, the wider public, staff and service providers.

6. What were the recovery plans for services?

In this section we consider HSCPs recovery planning for care at home and support services.

Summary

- It was important that all stakeholders were included in discussions about recovery and that decisions were based on what was right for service users and carers.
- The impact of the pandemic and the response to it had been different for different people experiencing care, and their carers. Individual reviews were important to establishing needs and the best way to address them.
- In planning for recovery, HSCPs were concerned about the combination of pre-existing financial pressures and additional costs arising from this pandemic.

Moving towards recovery

In May 2020, the Scottish Government requested that health and social care services begin to remobilise[3], in the context of the pandemic. Each HSCP assessed the impact of changes that had taken place over the pandemic period and identified proposals for the recovery stage in service provision.

Regarding recovery planning for the care at home sector, just over half of HSCPs planned to review and revise care packages in line with individual needs. Four HSCPs did not intend to make any changes to care at home and housing support packages and one planned to restore care packages to previous levels but did not anticipate making any substantial changes to their immediate future service delivery.

Reviewing people's individual circumstances

There were substantial differences between HSCPs on how they intended to review and or reinstate care packages. Some planned to fully review all care packages. Some others intended to reinstate reviews as part of an ongoing programme that was suspended during the pandemic. A few HSCPs reported that that they intended to return suspended care packages to pre-pandemic levels as a starting point.

The impact of the pandemic and the response to it had been different for different people who experienced care, their families and carers. Individual reviews were important to establishing needs and the best way to address them. Returning care packages, automatically, to previous levels of support might not be suitable in every individual circumstance. Reductions in family support as furlough schemes ended meant that reviews needed to be undertaken promptly.

[3] Re-mobilise, Recover, Re-design: the framework for NHS Scotland, Scottish Government

HSCPs stated that these planned approaches to recovery would include a reablement approach. Few HSCPs reported, in any detail, how far they had gone in support of their recovery intentions. There were organisational capacity issues that had limited the progress in taking these matters forward.

HSCPs were sensitive to possible perceptions that the pandemic might provide an opportunity to arbitrarily reduce care and support hours on a substantial basis as a cost saving measure. All HSCPs were keen to stress that any reductions in care package hours would be with the involvement of the people who experience care, and carers, in accordance with an assessment of needs. Individual care packages would be reviewed in line with established policies and processes and not as a by-product of the pandemic. Service providers informed us, that there had been some instances, where this seemed to have happened in a number of HSCP areas.

It was important that all stakeholders were included in discussions about recovery and that decisions were based on what was right for people who experience care and their carers. Eligibility criteria for services needed to ensure that a person-centred approach continued to be the guiding principle seeking to promote improved outcomes.

Identifying the areas for future improvement

The main themes identified by HSCPs as areas for improvements arising from the pandemic included improved access to PPE supplies, testing programmes and investment in technology to help widen accessibility. For service providers the most prominent issue was improvement in relation to infection prevention and control. Shared priorities were promoting independence, increasing flexibility in how support was delivered, improving partnership working, delivering more efficient services and the recruitment of staff.

There were challenges to make sure that recovery planning had a whole-systems approach, aligned with strategic plans and supported by performance management and quality assurance systems. This would be important as HSCPs moved on from a pandemic response mode.

Most HSCPs intended to reflect on their current assessment, review and risk management policies and procedures including eligibility criteria. They were concerned about the significant financial implications and future Scottish Government financial support and their ability to meet the volume and the nature of the demand that might lie ahead.

Most HSCPs had an increasing focus on workforce planning. They were trying to ensure that employees received appropriate and relevant training (for instance, infection prevention and control) and, in some areas, making it available for other service providers.

There was a growing focus on developing flexible working patterns and deploying interactive technology. They were aiming to make sure that staff felt well supported and their workloads were appropriately managed to enable them to deliver positive outcomes.

Service providers' main issues were to return their services to more sustainable levels. Their key concern was in relation to additional costs, particularly that of PPE. Just under half were concerned about spikes in infection rates and the potential impact of testing programmes on staffing capacity.

Recovery planning

The pandemic acted as a catalyst to escalate and drive approaches to reflect on the care at home service as part of the wider local health and social care system. Recovery planning, for care home at home sector, was heavily influenced by the interdependencies with other elements of the health and social care system.

Recovery planning has been complex, with an emerging landscape and the development of recovery plans aligning with their respective council and NHS board recovery plans.

Recovery planning was at varying stages in HSCP areas and in some, there had been limited progress. A few HSCPs had established specific care at home plans with associated remobilisation groups. A quarter had consulted service providers in relation to the recovery plans and a third indicated that recovery planning was underway, in consultation with service providers. Three noted that recovery planning was not required for them because they had made limited changes to the level of service provision during the pandemic.

HSCPs had restarted their medium to long term integrated financial planning alongside updating their operational budgeting and control arrangements. They advised us that COVID-19 mobilisation funding was insufficient to address the additional costs of recovery. This, in combination with pre-existing financial pressures, would be central in HSCPs recovery plans.

7. Conclusions and next steps

Health and social care partnerships and service providers worked hard to maintain care at home and housing support services, particularly for people with complex health and social care needs, during the COVID-19 pandemic. All HSCPs prioritised support for people with critical needs, almost all made changes to packages of care to do this, but the number of people affected across HSCPs was very variable.

Frontline staff and families played a major role in supporting the efforts of the HSCPs. Their dedication and commitment were critical to maintaining care at home and housing support services during the pandemic.

Although not without significant tensions, relationships between service providers and HSCPs improved during this time from pre-COVID-19 through working together with a shared commitment to find solutions. The most robust responses to the challenges and uncertainties of the pandemic involved an integrated approach and included:

- targeting resources to meet gaps and pressures as they occurred and reviewing and refining approaches as new information came to light
- maintaining a focus on how staff remained confident, safe and secure by addressing the challenges of PPE, guidance and testing
- responding quickly with additional financial support and guarantees to ensure services remained viable and that the commitment was not undermined by unpredictable reductions in income and additional costs
- investing in staff terms and conditions to reduce disincentives to testing and self-isolating when required
- working together across health and social care, service providers and the community to:
    - deliver responses in a way which allowed priority to be given to those in greatest need.
    - provide less critical support in different ways.
    - make decisions together with people who experienced care, their carers and families based on assessments, views and risk assessments.
    - maintain contact with people who experienced care, and their carers to identify and respond when circumstances change.

Looking to the future there is still considerable uncertainty about COVID-19. There are substantial risks from COVID-19 to the ongoing resilience of the care at home and housing support sector and the people it supports. This is in the context of services that were already stretched before the onset of this pandemic. Staff are by now tired and may be less able or willing to continue to go the extra mile on an ongoing basis.

The social isolation, anxiety and disruption experienced in lockdown has had an impact on the mental and physical wellbeing of people experiencing care and their carers and many may need more support to regain independence and remain resilient. There are increasing financial pressures on HSCPs and concerns that future funding may impact on the sustainability of some services.

The COVID-19 pandemic exacerbated the significant challenges that already existed in the delivery of care at home and housing support in Scotland. There is now perhaps a greater awareness of the unique challenges in the delivery of these services and also of the critical role they play. There is a need to do everything we can to build on lessons learned from the pandemic to develop resilience in the system to meet the anticipated further challenges of this pandemic and beyond.

Next steps

We have set out our recommendations based on the findings of this inquiry. We recognise that HSCPs are at different stages in relation to addressing the issues behind these recommendations, but these are key areas for consideration by all partners as we continue to respond to the current pandemic and plan for the future.

Nationally and locally, partners need to ensure the findings of this inquiry are linked to feedback from people who experience care, and their carers, about their experiences during the pandemic. Listening to people who experience care will be essential to gaining a fuller understanding of the impact of COVID-19 and what we can learn from this.

The findings of this inquiry will help shape the Care Inspectorate's agenda for the future scrutiny, assurance and improvement of care at home and housing support services. We hope it will also inform deliberations on the reform of adult social care.

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NORTH AYRSHIRE
Health and Social Care Partnership

Agenda Item 8

Integration Joint Board
19th November 2020

Subject:	**Strategic Plan**
Purpose:	To provide an update to the IJB following the Strategic Planning Group on the progress in creating a bridging strategic plan to March 2022 with a supporting vision to 2030.
Recommendation:	The IJB to note the progress in creating the bridging strategic plan, to approve that further needs assessment work be undertaken, to promote the North Ayrshire Wellbeing Conversation across their networks, and to receive a first draft of the bridging plan in February 2021.

Glossary of Terms	
ADP	Alcohol and Drug Partnership
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
SPG	Strategic Planning Group
CPP	Community Planning Partnership
LPF	Locality Planning Forums
LP	Locality Partnerships
PSMT	Partnership Senior Management Team
RCOP	Reshaping Care for Older People
ASN R&R	Additional support needs residential and respite service

1.	**EXECUTIVE SUMMARY**
1.1	North Ayrshire IJB approval to create a bridging strategic plan with a longer vision to 2030 has resulted in the Strategic Planning Group (SPG) beginning this work. This paper highlights the outcomes of a review of the existing strategic priorities, areas of focus and review, findings from an initial analysis of needs and the commencement of the North Ayrshire Wellbeing Conversation.
1.2	The SPG reviewed the existing five strategic priorities and recommends continuing to use these until 31 March 2022; after which the priorities and their enablers will be reviewed, this approach will be incorporated into the bridging plan.
1.3	An initial analysis of needs has been produced and our Locality Planning Forums (LPFs) will undertake a review of this initial information. The Integration Joint Board will receive a needs assessment update in January 2021 as part of the budget development session.
1.4	The engagement plan is now complete having been discussed at the SPG, the Partnership Senior Management Team (PSMT) and discussed with our Third, Independent, Locality Planning Forums (LPFs), Community Planning Partnership (CPP) Locality Partnership (LPs) and NHS Caring for Ayrshire Programme. The North

	Ayrshire Wellbeing Conversation is our most ambitious to date and it will run for an 18-month period.
2.	**BACKGROUND**
2.1	The North Ayrshire IJB supported an approach to developing a bridging strategic plan with a longer vision to 2030 and through the Strategic Planning Group (SPG) this work is progressing at pace.
2.2	The SPG reviewed the existing five strategic priorities and recommend continuing to use these until 31 March 2022; after which the priorities and their enablers will be reviewed.
2.3	This paper highlights the areas of focus and review for the bridging plan, as noted in full at section **3.2**.
2.4	Working with our NHS LIST analysts, the Strategic Planning and Transformation Team has undertaken an initial analysis of need. This area requires further work, with the information broken down to locality level to be considered by the LPFs to inform a review of priorities. Early discussions have taken place with the Community Planning Team to ensure that these priorities are included, where appropriate, within CPP Locality Partnerships as part of their locality priority review commencing in June 2021. The Integration Joint Board will receive a needs assessment update in January 2021 as part of the budget development session.
2.5	In order to provide us with an added level of accountability and transparency, whilst drawing on a wide range of expertise and knowledge, an engagement oversight group was established with representatives from the following areas: Community Planning, Housing, Contract Management, Planning and Performance, Community Link Workers, Health Improvement Scotland, third sector, independent sector, Libraries, NHS Person Centred Care Team and Caring for Ayrshire. An ambitious engagement plan was developed and agreed by the group, which will seek a wide conversation with the people of North Ayrshire, specifically targeting those who are often marginalised and/or excluded. The commencement of the North Ayrshire Wellbeing Conversation is our most ambitious programme of engagement to date and it will run for an 18-month period. For it to succeed, we need the IJB, our staff and partners to **share the questions, ask the questions** and **answer the questions** as much as possible. Full details are included in section 5.2
3.	**PROPOSALS**
3.1	The SPG reviewed the existing five strategic priorities and recommends continuing to use these until 31 March 2022; after which the priorities and their enablers will be reviewed, this approach will be incorporated into the bridging plan.
3.2	The SPG has developed a subgroup to support the development of the new bridging strategic plan. The subgroup is made up from a wide range of representatives, including: • Public Health • Strategic Planning and Transformation • Planner Managers from each service area • Organisational Development • Workforce Development • Business Administration

- Contracts and Commissioning
- Carers representative
- Performance and Information systems
- Justice Services
- Independent Sector
- Voluntary Sector
- Housing Services
- Community Learning and Development
- Community Planning

The areas of focus and review for the bridging strategic plan identified to date are:

- **Achievements 2018/2021** - An overview of key achievements identified by services, partners and localities over the past three years,
- **Pandemic Reflections** - Providing an overview of how services, partners and localities have coped during the COVID-19 pandemic,
- **Priorities and Outcomes** - Underpins the existing 5 strategic priorities for a further year. Mapped to Scottish Government's Pandemic Recovery outcomes and other partner outcomes e.g. Public Health Scotland,
- **Challenges –** Linked to Strategic Needs Assessment information e.g. Inequalities (child poverty) at North Ayrshire and Locality level,
- **Actions –** Identified by Transformation Board and Service Ambitions,
- **Engagement** – Review historical activity from 'Thinking Different Doing Better', LPF activity, Mental Health Conversations, ADP consultation, Advocacy engagement, ASN R&R Engagement, and the new North Ayrshire Well-being conversation,
- **Strategies** - An overview of status and need to refresh relevant HSCP strategies during 2021/2022 e.g. Carers strategy (2021), Volunteer Strategy (2021), Participant and Engagement Strategy (2021), Workforce Development (2021), Older People Strategy (RCOP 2021), ADP Strategy (2024), Children services plan (2023) Children's Poverty Action Plan (2023), NAC Council Plan (2024) and Caring for Ayrshire (2030),
- **Workforce and Organisational Development** - Review of plans to further develop HSCP workforce including Leadership Programmes, Induction, Succession planning, Mental Health Action 15, Primary Care Improvement Plan and Caring for Ayrshire approach,
- **Finance and Transformation**- Review Transformation plans linked to service improvement activity, Medium Term Financial Plan and Commissioning Intentions,
- **Policy and Legislation –** Review the relevant issues e.g. Charging policy (2021) Public Sector Equality Duty, Fair access to Services, Transport Policy, Eligibility Criteria (Adults and Young People), Transitions Policy and Housing Contribution Statement), Independent Review of Adult Social Care,
- **Measuring our performance** Overall statement on performance obligations. Highlighting National Health and Wellbeing outcomes and other relevant indicators and
- **Lead Partnership Statements** - Providing oversight of each Ayrshire HSCPs lead responsibility areas e.g. North – Mental Health and some children's services, East Ayrshire for Primary Care and South Ayrshire.

3.3	The timescales for the work are noted in the diagram below and it hoped that an initial draft will be available for February 2021 for the IJB to review and feedback prior to approval in March 2021.
	
3.4	The IJB are asked to promote the North Ayrshire Wellbeing Conversation across their networks as described in section 5.2.
3.5	**Anticipated Outcomes** The strategic plan will ensure North Ayrshire continues to meet its obligations in achieving the nine National Health & Wellbeing Outcomes, and other identified outcomes throughout its duration. In addition, it is also anticipated that the plan will provide local people and partners with our commitment to provide continued support and guidance to the local community, as we continue to manage our services through the Covid-19 pandemic and into our recovery. Further, we anticipate that through full support of our Locality Planning Forums and ensuring action on their identified locality priorities, we can achieve better outcomes for local people.
3.6	**Measuring Impact**
	North Ayrshire HSCP has a robust performance and financial management framework incorporating multiple levels of scrutiny. This includes: • Publishing an Annual Performance Report • Bi-annual joint performance review meetings with the Chief Executive of both North Ayrshire Council (NAC) and NHS Ayrshire and Arran • Quarterly Performance and Audit Committee Reports/Meetings • Medium Term Financial Plan • Strategic Plan progress reports to Strategic Planning Group
4.	**IMPLICATIONS**

Financial:	The Strategic Plan will include HSCP financial plans.
Human Resources:	The full impact on the Workforce is being considered, however it is not anticipated the impact on workforce over the 1-year life of the plan will be significant.
Legal:	In publishing this plan, the IJB are complying with the legal obligation to produce a new strategic plan with set timescales.
Equality:	An Equality Impact report will be completed on the new Strategic Plan prior to completion to ensure our intentions do not discriminate or adversely impact on any protected group.

	In addition, the bridging plan will also compliment the Ayrshire Shared Equality Outcomes that have been adopted by a number of public bodies across Ayrshire.
Children and Young People	In the development of this strategy, input has been sought from all service areas, including Children, Families and Justice Services. As such, all implications for children and young people will be accounted for and considered.
Environmental & Sustainability:	Environmental impacts are unknown at this stage, some key capital projects will continue to be developed or completed during 2020-21. It is assumed environmental impact has been assessed for these areas. In terms of sustainability, the strategic plan will set out the importance of delivering health and care service while still operating within the identified financial envelope.
Key Priorities:	The five strategic priorities established in 2015 will continue for the lifetime of this plan. In addition, during development, an exercise was undertaken to align the HSCPs 5 priorities to those of our partner and national bodies. This document is available as a supplementary to the main Strategic Plan document and demonstrates how our priorities compliment others.
Risk Implications:	N/A
Community Benefits:	We anticipate that through full support of our Locality Planning Forums and ensuring action on their identified locality priorities, we can achieve better outcomes for local people.

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

5.	**CONSULTATION**
5.1	In addition to the SPG, the strategic planning subgroup, the engagement oversight group and Locality Planning Forums; the Strategic Planning and Transformation Team have also presented the approach to the CPP Senior officer Group, the CPP Board, and the six CPP Locality Partnerships. There is partner support for our approach and a willingness to be involved in community engagement work.
5.2	Over the next 18 months, we will be speaking to people who live and work in North Ayrshire, to find out what matters to them. The North Ayrshire Wellbeing Conversation is our new programme of engagement, which aims to: • Find out what people usually do to keep well, so that we can support them to do more of it. • Ensure people's voices and experiences are at the heart of our strategic planning process. • Build a network of people who are keen to help us shape and design the future of health and social care in North Ayrshire. • Target specific groups and individuals who are often marginalised and ensure their voices are listened to and acted upon. 

	We have two, quick and easy questions to ask people. Whether you are someone working within the HSCP, one of our partners, or someone who lives in North Ayrshire, we are keen to hear from you. Your answers can have a big impact on the future of health and social care. Please share the link to our online questionnaire with your friends, family, colleagues and networks: https://forms.office.com/Pages/ResponsePage.aspx?id=stT1vp5s4E-b30U5irQzJx5MHFoe6nROnMVDHw5seExUNUNWMzlTVVo5NEFIQVMzUFg1U1BHUzhQRy4u We hope you will encourage people to answer the two questions within the online survey. If you work with or know someone who would be unable to answer the questions via the link, we would encourage you to ask them the two questions and complete the survey on their behalf. There will be further conversations and different ways to get involved once the current social distancing measures are relaxed. This is our most ambitious engagement programme to date and for it to succeed, we need our staff and partners to **share the questions, ask the questions** and **answer the questions** as much as possible.
6.	**CONCLUSION**
6.1	This report highlights the progress towards the development of the bridging strategic plan and this work will continue during the pandemic working with partners and stakeholders.

For more information please contact Michelle Sutherland on 01294 317751 or msutherland@north-ayrshire.gov.uk or Scott Bryan on (01294) 317747 sbryan@north-ayrshire.gov.uk

Agenda Item 9

Integration Joint Board
19th November 2020

Subject:	**Health and Social Care Clinical and Care Governance Group Update**
Purpose:	To provide an update to the IJB in relation to governance and assurance of activity reviewed via the North Ayrshire Health and Social Care Partnerships' Clinical and Care Governance Group
Recommendation:	The IJB are asked to note the report.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
AERG	Adverse Events Review Group
BBV	Blood-Borne Virus
AMHS	Child and Adolescent Mental Health Services
CCGG	Clinical Care Governance Group
DN	District Nurse
HB	Health Board
HSCP	Health and Social Care Partnership
IEP	Injecting Equipment Provision
LD	Learning Disability
MAPPA	Multi-Agency Public Protection Arrangements
MHO	Mental Health Officer
NACPC	North Ayrshire Child Protection Committee
PSMT	Partnership Senior Management Team
SAN	Safety Action Notice

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 April 2020 – September 2020 inclusive for consideration by the IJB. The paper also reflects specific issues that have been requested for presentation by the Clinical Care Governance Group (CCGG) to ensure appropriate challenge is made and assurance provided.
2.	**BACKGROUND**
2.1	As identified within previous papers presented to the IJB, the Partnership has developed Clinical and Care Governance arrangements in line with the commitments and requirements contained in the Integration Scheme. It is acknowledged that an

	ongoing review of process and reporting is in place to ensure we apply the principles of continuous improvement.
3.	**OVERVIEW OF ACTIVITY AND UPDATE**
3.1	The structures and expectations of the CCGG are now well established, with membership providing expertise to better ensure pan Ayrshire implications are considered and that Governance activity better aligns to that of other HSCP and National Health Service (NHS) frameworks. The activity and focus of the group over the past six months has been dominated with ensuring governance and assurance requirements across all service areas are met while responding to the challenges posed due to Covid 19. This has led to previous items which would normally have been 'single agenda items' being incorporated into the Lead Professionals regular updates to the Clinical and Care Governance Group. This report highlights these key areas alongside other notable activity.
3.2	**Staff Wellbeing** The wellbeing of health and social care partnership staff is of paramount importance. Covid – 19 has brought much challenge for our workforce – in the care they provide, the ways in which they work, use of Personal Protective Equipment, in addition to personal adjustments required in keeping safe, looking after children or vulnerable relatives, and potential concerns about their own health. In response to this staff rest areas were developed and enhanced within the Woodland View and Douglas Grant Rehabilitation areas at Ayrshire Central, as well as community staff being able to make use of wellbeing hubs based within libraries in the Three Towns and Garnock Valley localities. A Staff Wellbeing Hub was opened in Ayrshire Central Hospital in early May 2020, building on the progress made around staff wellbeing sanctuaries in acute settings. This hub is staffed by peer supporters – clinicians who have retired and returned to the organisation, and those redeployed from their substantive posts. It is for any member of the health and social care partnership workforce seeking support, and provides the opportunity for staff to take some time out from their day – for a rest, some reflection, a listening ear and some refreshments. In early July, a Staff and Volunteer Well-being Listening Service was established for anyone working or volunteering within a caring role across Ayrshire. This provided an opportunity to reach out to our partners and provide additional confidential well-being support to staff working across statutory, commissioned, independent and third sector services. The Listening Service is open seven days a week and provides a compassionate, 'trauma responsive' approach to supporting mental distress experienced by staff either directly or indirectly as a result of Covid – 19. There is currently a wider review of staff wellbeing services being undertaken by NHS Ayrshire and Arran and both of these services are being considered as part of this work stream.
3.3	**Mental Welfare Commission Annual Assurance Report** 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: • To challenge and to promote change • Focus on the most vulnerable • Increase their impact • Improve their efficiency and effectiveness 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. The Commission carries out their statutory duties by focussing on five main areas of work: • Visiting people • Monitoring the Acts • Investigations • Information and advice • Influencing and challenging Between April 2019 and March 2020 the MWC undertook a series of visits to services across Ayrshire & Arran. Of the six areas inspected, five were announced visits and one unannounced in nature. It is important to note that the structure of the visits are often based on the Commission's thematic review of pertinent issues throughout the year. During the past year, the MWC have paid particular focus on the care and treatment received by those with Autism & Complex Care Needs, as well as, the care and treatment delivered within Scotland's Mental Health Rehabilitation Wards. Following each visit 'hot' feedback is provided to the clinical site and senior management team. This is then followed up by a formal written report which is ratified and used as the basis for remedial work and improvement, as well as recognising positive practice. The past year has seen services across Ayrshire and Arran receive positive overall feedback from the MWC following each of their visits. 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: • Compassionate staff • The delivery of high standards of care • Excellent documentation – incorporating person centred care planning. Where areas of improvement were identified, our clinical teams have prioritised these and focussed on addressing any improvements required to either the environment, clinical care and / or engagement with patients, families, carers or the wider health and care system.
3.4	**Distress Pathway** Emergency Departments (EDs) at Ayr and Crosshouse Hospitals are experiencing increased numbers of distressed young people presenting with multiple attendances, leading to the need for clear processes / pathways to be in place ensuring appropriate supports and follow-up required are in place. In August 2019, the Distressed Children and Young People's Working Group was established, and this group recognises that this is a whole system issue as many of these young people are known to multiple

	services including: health and social care, social work, police and education. It is also important to note that a large percentage of these young people are not known to Child & Adolescent Mental Health services prior to admission. The working group has developed an action plan to improve the journey of a distressed young person through to the most appropriate place for them to be. Service structure has been reviewed and clinical/risk needs of staff have been identified and responded to. Work remains ongoing in order to develop clearer pathways from ED for distressed children and young people.
3.5	**Allied Health Professionals (AHP) Report** In North Ayrshire, the AHPs encompass several different professional groups – Dietetics, Physiotherapy, Podiatry, Occupational Therapy and Speech & Language Therapy – working as part of multi-disciplinary teams across health and social care; hospital and community settings, and across all stages of the life curve. AHPs provide services across the North Ayrshire mainland, Arran and Cumbrae; within the Ayrshire Central Hospital Campus – including inpatient and outpatient services at Douglas Grant Rehab Centre and Woodland View – and within communities – including day centres, care homes, people's own homes, social service premises, primary care, education premises and community facilities. In 2018, the first annual report on the activity of Allied Health Professionals (AHPs) in North Ayrshire Health & Social Care Partnership which set out the priority areas for focus during 2019 was brought to the Integration Joint Board. An updated report was completed late 2019, providing an overview on activity to date, as well as summarising the key challenges faced during the year as well as providing a renewed focus for 2020. The plans and priorities identified for 2020 include: • Continued maximisation of the AHPs contribution to Multi-disciplinary working • Progress of a Quality Improvement & Risk Management approach to waiting times • Implementing access to quality supervision for all AHPs • Continued prioritisation of the wellbeing of all AHP staff • Progress the collation of simple, consistent and robust service performance data, to ensure planning decisions are informed • Continued embracement of any opportunities presented by advancement in digital technology Work is ongoing across all of these areas**.**
3.6	**Pan Ayrshire Choose Life Steering Group** This group has responsibility for the development of an Ayrshire wide prevention action and training plan. Over the past year meetings were sporadic in nature, therefore following discussions with Public Health colleagues, Thelma Bowers Head of Mental Health, relaunched this group in June 2020 with remit, reporting, membership and programme of work currently under review. It should be noted however that there are also suicide prevention meetings taking place at a local level within each HSCP. All future programmes of work will be developed in response to the 'Ever Life Matters' action plan. Suicide prevention training has been developed and had been due to be delivered to staff within Acute General Hospitals, primarily focusing on the Emergency Department and Combined Assessment Unit as well as being attended by Paediatric staff. This

	should have been delivered during March / April / May however with arrival of Covid - 19 this was postponed and is now being developed to be delivered virtually.
3.7	**Professional Updates**
3.7.1	Lead Nurse (David Thomson)
	Discussions over the period have focused around workforce support due to Covid - 19. This has been enhanced via recruitment of additional nursing assistant posts, inclusion of student nurses at Band 4 / Band 3 level and ensuring the wellbeing and support of staff remains paramount. An ongoing need to review and re-evaluate workforce requirements and future planning and recruitment is required particularly regarding Mental Health nursing, AHPs and psychologists. This work will be taken forward in line with other workforce planning groups.
3.7.2	Lead AHP (Alistair Reid)
	Allied Health Professionals have continued to provide support to care homes digitally since March 2020, however this is continually reviewed via Covid- 19 recovery and remobilisation planning. A pan Ayrshire AHP workforce paper is being progressed and following extensive work an AHP Supervision Quality Assessment Tool can now be accessed via Athena.
3.7.3	Professional Lead – Psychology (Janet Davies)
	The redesign of Neuropsychology services is ongoing and a summary report will be produced by end of 2020. Both progress on the Workforce and Annual operating plans is also ongoing however the work regarding Waiting Times operating plans has been paused / extended by 6 months – 1 year due to Covid -19. Development of digital Mental Health tools is progressing well both nationally and locally.
3.7.4	Head of Mental Health (Thelma Bowers)
	Following the publication, in February 2020, of Trust & Respect – the Independent Inquiry into Mental Health Services in Tayside, the recommendations / learnings from the report have been mapped against current service provision across Mental Health services in Ayrshire. Covid 19 Mental Health Mobilisation Plans have been completed and highlight that very little work was paused during phase 1 of the pandemic, it has been delivered via remote systems i.e. telephony / digital platforms. In July 2020 Police Scotland announced that they would no longer be reporting on suspected drug related deaths, it has therefore been agreed that these will be reported via DATIX. The Scottish Government are committed to using the Distress Brief Intervention programme nationally and locally as a response to Covid 19. Assurance regarding

	accountability of the programme is being progressed as is the proposal to commission a third sector provider to deliver 'Level 2' locally.
3.7.5	Head of Service – Children & Families (Alison Sutherland)
	At the beginning of the pandemic a reduction in staffing numbers, due to issues with testing and redeployment, had been experienced however this is now improving. There has been evidence of families previously not known to services accessing support, and North Ayrshire Council has purchased 1000 laptops to support online learning. Concerns have been raised regarding an increase in emotional neglect and domestic abuse and these are being monitored closely. During the pandemic both nationally and locally there has been a drop in the number of child protection referrals and children's hearing being held. Child Protection case conferences continue to be held both virtually / physically distanced, and all children on the CP register are visited at least once per week. Children and Family services created a weekly data dashboard for all children and young people who are vulnerable, require immediate support, and who were being supported by the educational hubs or Rosemount project. This data was shared weekly with Scottish Government.
3.7.6	Head of Service – Justice / Chief Social Work Officer (David MacRitchie)
	During phase 1 of the pandemic there was a marked decrease in Adult Support and Protection referrals received, and all case conferences were being held virtually. In relation to Multi-Agency Public Protection Arrangements (MAPPA), a virtual reporting and communication process was put in place however the Police Scotland IT system was not compatible with other agency systems leading to police colleagues being unable to participate in meetings. Mitigation for this has now been established and information sharing is in place. Although an earlier pause was placed on those prisoners being released early from prison this has now been reviewed, and the Justice Service has plans and processes in place to ensure prisoners have all they need to successfully reintegrate back into their communities.
3.8	**Anticipated Outcomes**
	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.
3.9	**Measuring Impact**
	It is anticipated that through continuous quality improvement and enhanced reporting structures, the CCGG will ensure services are safe, effective, person-centred and responsive to the ongoing needs of the population.
4.	**IMPLICATIONS**

Financial:	No

Human Resources:	No
Legal:	Yes
Equality:	Activity is in line with equality requirements and good practice
Children and Young People	Positive impacts of work being conducted noted
Environmental & Sustainability:	Not Applicable
Key Priorities:	In keeping with all aspects of the wider delivery plan.
Risk Implications:	Governance contributes to risk management and risk mitigation activities
Community Benefits:	Not Applicable

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

5.	**CONCLUSION**
5.1	IJB is asked to consider and note the progress contained within this report.

For more information please contact David Thomson on 01294 317806 or david.thomson3@aapct.scot.nhs.uk

North Integrated Joint Board
19 November 2020

Subject:	**Scottish Government Waiting Times Standard for Psychological Therapies**
Purpose:	To provide an update on the progress of the Ayrshire and Arran Psychological Therapies performance against the waiting times standard in the context of Covid-19
Recommendation:	The North Integrated Joint Board to have knowledge of waiting times compliance and to support the improvement plans

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
SG	Scottish Government
MHS	Mental Health Service
AOP	Annual Operational Plan
CAMHS	Child and Adolescent Mental Health Service
TEC	Technology Enabled Care
CBT	Cognitive Behavioural Therapy

1.	**EXECUTIVE SUMMARY**
1.1	The Psychological Therapies waiting times report to Scottish Government (SG) is a pan-Ayrshire report on psychological therapies delivered by clinicians, working across the range of Mental Health and Acute Services, and delivering according to the waiting times standard specification. The standard is a 90% level of compliance in delivering an 18 week referral to treatment service. The current waiting times compliance of 80.4% remains below the 90% standard. However, the waiting times have continued to improve through the Covid period and overall numbers of people waiting, and numbers of people waiting longer than one year, have reduced. Psychological Therapies compliance has increased from 75.7% at August 2020 to 80.4% at September 2020. Prior to the impact of Covid, compliance at February 2020 was 74.9%.
1.2	Through further expansion of remote and digital working, and re-instatement of face-to-face individual and group work, therapeutic options and activity levels will continue to increase. The Psychological Therapies Waiting Times Annual Operating Plan (AOP) submitted to SG in March 2020, reported a trajectory for compliance with the 90% standard by April 2021, assuming stability in referral rates and full staff capacity. The improvement actions and trajectories are currently being reviewed in the context of current demand, capacity and Covid constraints.
2.	**BACKGROUND**
2.1	**Current Performance**

	Psychological Therapies waiting times are 80.4% compliant against the 90% standard. The local waiting times compliance has shown improvement through the period of the pandemic. In addition, the overall number of patients waiting, and the longest waits have reduced during this time period. Provision of Psychological Therapies has been maintained, as close to business as usual, from the outset of the pandemic using remote delivery (telephone and NearMe). While some Psychological Service staff were refocused on supporting staff wellbeing resources (e.g. Acute and Community Wellbeing Hubs) and contributing to essential service provision in the teams they were embedded in, the majority of staff retained their usual work focus and moved to remote working. The need to extend the delivery of remote therapeutic options remains in the context of the Covid constraints. SG is working with local Boards to clarify and ensure consistency in reporting reasonable offers of remote treatment. Referral demand has reduced to varying extents across the different services since March 2020 but is now rising as wider Primary Care, Acute and Mental Health Services implement their mobilisation plans. Reductions in referrals during the most restrictive phase of the Covid constraints enabled staff to work through existing cases and to start new patients remotely. Where possible, new patients were started in waiting time order. The exception was where remote delivery was not an option and patients required to wait for availability of face-to-face work. Waiting times must therefore be considered with some caution at present. While the reduced referral demand has contributed to improvements in overall level of compliance since the outbreak of Covid, there is considerable variability in waiting times compliance across the different services. For example, the Covid restrictions and pause in Acute Service out-patient clinics resulted in a considerable reduction in referrals to the Clinical Health Psychology and Neuropsychology Services, enabling staff to clear the historical backlog and introduce new service developments to maintain improvements. In contrast, there has been a negative impact on waiting times within the Child and Adolescent Mental Health Service (CAMHS) and Community Paediatrics, where there has been low acceptance and suitability for remote working. This relates to the predominance of specialist neurodevelopmental and neuropsychological work within these Services, and the limited evidence base and options to deliver these specialist assessments to children remotely.
3.	**PROPOSALS**
3.1	**Actions to Improve Performance** The service provision which has been paused includes: face-to-face assessment and treatment; neuropsychological assessment in adults; neurodevelopmental and neuropsychological assessment in children, and; therapeutic groups. To reinstate this provision, service adaptations and developments have been progressed and reported on in the mobilisation plan (August 2020 until March 2021). Actions include: - Strong recruitment drive to fill all vacancies, including increasing levels of maternity leave. All vacant posts are in the recruitment process, a skill-mix has been developed to increase recruitment to difficult-to-fill-posts (typically short-term fixed posts), and extended cover for maternity leave and additional bank work sessions made available using core budget underspend.

	- Continue remote delivery of psychological assessment and treatment where appropriate. Remote devices have been made available to all clinical staff and NearMe is now embedded in all Psychological Services. - Re-instate face-to-face clinical contact in out-patient and in-patient settings from October 2020, prioritising longest waits and neurodevelopmental and neuropsychological assessment. Use a blended face-to-face/remote approach to remove barriers to accessing psychological input and to increase patient choice (e.g. using remote delivery initially to engage a new patient who is anxious or restricted in their ability to attend a clinic setting). - Expand access to an increased range of SG supported digital options. We are working closely with the recently established TEC programme board to access the full range of new approaches. Our introduction of Silver Cloud has increased digital referrals for Cognitive Behavioural Therapy (CBT) based approaches by 50%, with further increase expected as our Acute colleagues begin to access the system. In addition, the planned roll-out in late October of the Internet-Enabled (IESO) CBT digital option will further increase our options within a tiered model of service delivery. - Development of local guidelines, based on current national and international evidence base, to inform on remote delivery of neuropsychological and neurodevelopmental assessments. Increased number and range of specialist test materials have been purchased to enable implementation of the guidance. - Development of a remote trans-diagnostic group therapy for Adults presenting with distress and emotional regulation problems. It is estimated that this therapeutic group would be suitable for the majority of the patients waiting for Psychological input, removing or reducing the need for additional individual input. - Re-instate training, clinical supervision and consultation to the wider workforce who are delivering psychological interventions, including clinicians training in Psychology and Psychological Therapies. This activity is key to increasing capacity in the wider workforce and will be expanded as the wider clinical staff group are released and given protected time for psychological work. - Ongoing provision of dedicated Psychology input to staff wellbeing resources in the Acute and Community settings until March 2021. This will maintain the positive momentum of these well utilised and highly valuable staff supports until a Board decision on a sustainable staff wellbeing service is decided early in the New Year.
3.2	**Anticipated Outcomes**
	Through further expansion of remote and digital working, and re-instatement of face-to-face individual and group work, therapeutic options and activity levels will continue to increase from October 2020. It is expected that waiting times will gradually improve between now and March 2021 assuming stability in referral rates, increased capacity and activity, and the implementation of service redesign and innovations.

	Following submission of the MHS mobilisation plan (August 2020 – March 2021), the improvement actions and trajectories relating to psychological therapies will be reviewed through the CAMHS and Psychological Therapies Waiting Times Group, in conjunction with our SG Mental Health Division representative. Two key pieces of improvement work have been progressed through the pandemic: Development of a strategic plan for psychological training and supervision, initially focused on Adult Mental Health, based on the development of clinical care pathways, and with more explicit knowledge of what resource is available and required for delivery of the different levels of psychological work. Development of data systems (Trak-care and Care-Partner), with an anticipated implementation date of end of year, with improved accuracy in reporting and access to service data to inform on demand capacity analyses and clinical outcomes.
3.3	**<u>Measuring Impact</u>**
	Impact will be monitored through the MHS CAMHS and Psychological Therapies Waiting Times Group, including regular communication with our SG Mental Health Directorate representative, the Board Access Performance Governance Group and the Corporate Management Team.
4.	**IMPLICATIONS**

Financial:	SG has increased funding allocation since 2016 to increase access to psychological therapies. Much of this funding is fixed term only. Recruitment to and retention of staff to fixed term posts is difficult, resulting in vacancies and reducing the impact of this additional funding. There remain four NES funded fixed term posts (March 2021) working across CAMHS, Adult Community and Older Adult for which no permanent funding has been identified. In addition, no permanent funding has been approved for the local Veterans First Point Service (funded to March 2021) which provides a holistic service, including quick access to psychological therapies, for people who typically have not engaged well with mainstream services.
Human Resources:	None
Legal:	None
Equality:	None
Children and Young People	
Environmental & Sustainability:	None
Key Priorities:	In alignment with the SG priorities and Partnership strategy to increase access to mental health services.
Risk Implications:	Covid related constraints on re-instating service provision, especially availability of face-to-face work to meet all patient needs.

	Increased referral demand related to the impact of Covid-19 on mental health. Reduced external interest and recruitment to vacant posts in the context of the Covid restrictions.
Community Benefits:	Not applicable

Direction Required to Council, Health Board or Both *(where Directions are required please complete Directions Template)*	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	Ongoing consultation through the pan-Ayrshire MHS Strategic Planning Group, the pan-Ayrshire MHS and North HSCP Clinical Care and Governance Groups, the MHS and HSCP Senior Management and Professional Leads, and the Acute Service Senior Management and Clinical Directors.
6.	**CONCLUSION**
6.1	At the outbreak of the Covid pandemic, SG paused the AOP detailing improvement actions and trajectories for the waiting time standard. Attention was refocused on developing mobilisation plans, with the most recent plan outlining our service adaptations and improvements to enable re-instatement of service delivery within Covid constraints. The Professional Psychology Leads, together with Senior Managers, are now reviewing the March 2020 AOP and developing new improvement actions and trajectories in anticipation of the March 2021 AOP. The plans, progress, risks and mitigation actions are being reported on and reviewed through the Pentana system to the MHS Waiting Times Group, the Corporate Management Team and the Performance Governance Groups. To achieve compliance, there remains a need for service improvement work, improved data systems, additional and stable resource where capacity is low relative to demand, and increased input from the wider team staff in the provision of psychological work. The impact of Covid needs to be factored in to plans and trajectories based on patterns of referral demand, ability to recruit to vacancies, and opportunity to deliver full service provision including individual face-to-face and therapeutic group work. While local compliance remains below the 90% compliance standard, progress has been made steadily through the Covid period, with the current compliance of 80% reflecting well relative to pre-Covid performance and the national average level of compliance.

For more information please contact Janet Davies on 01294 323325 or janet.davies@aapct.scot.nhs.uk

Minutes of North Ayrshire Strategic Planning Group Meeting
Held on Tuesday 22nd September 2020, 10:00am
Virtually on Teams Platform

Present:
Councillor Anthea Dickson (Chair)
Michelle Sutherland, Strategic Planning & Transformational Change Lead, NAHSCP
Trudi Fitzsimmons (Housing Representative) on behalf of Jacqueline Cameron, NAC
Louise McDaid, Staff Representative
Louise Gibson, Dietetic Lead, Integrated Services, NHS A&A
Councillor John Sweeney, Three Towns Locality Lead
Scott Bryan, Strategic Planning, Policy and Inequalities Officer, NAHSCP
Lorna McGoran, Primary Care Development Manager
Fiona Comrie, KA Leisure
Allison McAllister, Library & Information Manager, NAC
Lynne McNiven, Public Health
Elaine Young, Public Health Representative
Betty Saunders, Procurement Manager, NAC
Jacqueline Greenlees, Planning Officer, Policy and Performance
Elaine Young, NHS
Sharon Bleakley, Scottish Health Council
David Bonnellie, Optometry Representative
Vicki Yuill, Arran CVS & Arran Locality Lead
Dr Paul Kerr, Clinical Director, NAHSCP
David Donaghey, NHS Staff Representative
Clive Shephard, Confederation of North Ayrshire Community Associations
Glenda Hanna, Independent Sector Rep
Rosalyn Brown, Governance Assistant (Minutes) NAHSCP

Apologies Received:
Bob Martin (Chair)
Caroline Cameron, Chief Finance and Transformation Officer, NAHSCP
Alison Sutherland, Head of Service, Children and Families & Justice Services, NAHSCP
Val Allen, Independent Sector Lead
David Thomson, Associate Nurse Director/Lead Nurse, NAHSCP
Thelma Bowers, Head of Service, Mental Health Services, NAHSCP
Elaine McClure, Portfolio Programme Manager, NHS A&A
David MacRitchie, Chief Social Work Officer & Senior Manager, Justice Services, NAHSCP
Dalene Sinclair, Senior Manager, Children & Families, NAHSCP
Janet McKay, Garnock Valley Locality Lead
Andrew Keir, GIRFEC Manager/Three Towns Locality Lead
Jacqueline Cameron, Housing Manager
Ruth Betley, Island Services Senior Manager, NAHSCP

Item No	Item	Action
1.	**Welcome and Introductions**	
1.1	Councillor Anthea Dickson welcomed all to the virtual Strategic Planning Group meeting. Apologies were noted and accepted.	
2.	**Minutes of Meeting held on 10th August 2020**	
	The minutes from the previous were circulated and agreed to be an accurate reflection of the meeting, with no amendments.	

3.	**Matters Arising** • *Pandemic Reflections*	
	Michelle Sutherland commenced a discussion by confirming that the Bridging Plan was approved by the IJB. The subgroup has met twice and identified themes and plans, one of which was reflections of the pandemic across North Ayrshire. A report had been produced and circulated to the group prior to the meeting. Michelle summarised the contents of the report to the group. Further, it was confirmed that other services within the partnership such as, Children and Families, Mental Health, Learning Disabilities and Primary Care, reflections of the pandemic would be amalgamated into the report. Michelle also confirmed that Community Locality Partnerships undertook some work on gathering reflections of the pandemic around the community hubs and would also circulate that report. Louise McDaid wished to express her pride for the staff, third and independent sectors for their tremendous work during the pandemic within the community. She felt that it was important for their work to be recognised including, but not limited to, the huge social media presence, the setting up and maintaining the community hubs and the redeployment of job roles to support the community. This opened a further discussion and agreement was met that the reflections of staff also should also be highlighted. Following discussion, Betty Saunders added the HSCP Contract and Commissioning Team invite good news stories from care homes on a regular basis - this is fed into a weekly report which goes to Public Health for onward submissions to the Scottish Government. She said she was happy to link with Providers (all types) to encourage sharing of good news stories via Twitter etc, if helpful.	
Focus on: Engagement and Consultation		
4.	**Engagement Plan**	
	Scott Bryan delivered a presentation on behalf of Gavin Paterson. He highlighted the obstacles faced with engaging with the public during the current pandemic and ensuring rules are being followed and social distancing would be adhered to. Scott informed the group of a proposal currently being explored to engage with the public being a two-question survey aiming to build a network of engagement. The proposed two questions would be; • 1. Which of the following things are important to keep you (and your family) mentally and physically well? • 2. Would you like to be involved in shaping future health and social care services where you live? Engaging with the community for the survey includes using platforms such as, but not limited to, social media, North Ayrshire Council Contact Centre, during flu vaccinations, Teams and outdoor walking conversations.	

	Councillor Dickson advised that she was having trouble seeing the presentation and asked if it could be circulated following the meeting.	
4a.	**Group Discussion**	
	Following the presentation further feedback and/or suggestions was welcomed via email.	
Focus on: Strategic Plan 2021 – Sub-group Update		
5.	**Reviewing Strategic Priorities**	
	Michelle provided the group with an update from the Strategic Plan sub-group meetings regarding the possible revision of the current existing Strategic Priorities. She referred to the contents within the paper circulated prior to the meeting. It was confirmed that the outcome from the meetings were to identify and confirm new priorities over a longer period to consider.	
5a.	**Overview of Sub-group Activity/Workstreams**	
	Further, Michelle provided a brief overview of the current sub-group activities/workstreams that have been ongoing within the meetings, including the discussions surrounding the current Strategic Priorities, Locality Planning Forums and she confirmed that the group had been liaising with Eleanor Currie, Finance regarding financial planning.	
5b.	**Group Discussion**	
	There was no further discussion or questions to be asked within the group, however, any queries were welcomed by email following the meeting.	
Focus on: Equality Outcomes		
6.	**Review of Ayrshire Shared Equality Outcomes**	
	Scott Bryan mentioned that all Scottish public organisations have a duty to comply with the public sector equality duty where North Ayrshire Health and Social Care Partnership are required to consider or think about how their policies or decisions affect people who are protected under the Equality Act. He continued to deliver a presentation to the group highlighting key areas and a timeline of the publishing of a new Pan Ayrshire Equality Outcomes Plan, which will be subject to HSCP governance processes before the deadline of April 2021.	
6a.	**Group Discussion**	
	There was no further discussion on this, and feedback welcomed by Scott post meeting, if required.	
	Any Other Business	
7.	Michelle provided an update to the group in terms of work that has been done recently, including the Arran Youth Foundation securing support for Mental Health for the next 3 years. Vicki Yuill wished to add the recent Locality Planning Forum she attended was a great success and a lot of support was granted to the residents of Arran across a whole age spectrum. Scott Bryan confirmed the dates of upcoming Locality Planning Forums as;	

	• Three Towns: 22nd October 2pm • Kilwinning: 9th October 10am • North Coast: 15th October 2pm • Garnock Valley: 14th October 2pm • Irvine: 8th October 10am Finally, he confirmed LPF updates will be an agenda item at the next Strategic Planning Group meeting.	
	Future Meetings	
8.	Future Agenda Items: • Mobilisation Plan presentations by service There were no other suggestions for other agenda items, however, Councillor Dickson asked members to direct any suggestions to Scott Bryan prior to the next meeting.	
9.	Tuesday 10th November 2020 at 10am-12pm	