

## **Integration Joint Board Meeting**



**Thursday, 24 September 2020 at 10:00**

### **Virtual Meeting Venue Address**

#### **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. A recording of the meeting will be available to view at <https://north-ayrshire.public-i.tv/core/portal/home>

#### **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 27 August 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 by Stephen Brown, Director (NAHSCP) on developments within the North Ayrshire Health and Social Care Partnership (copy enclosed).

#### **5 Financial Performance: Period 4**

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 Annual Performance Report 2019-20**

Submit report by Neil McLaughlin, Performance and Information Systems Manager on the North Ayrshire Health and Social Care Partnership Annual Performance Report 2019-20 (copy enclosed).

**7 IJB PAC - Quarter 1 Performance Monitoring**

Submit report by Neil McLaughlin, Performance and Information Systems Manager on the progress being made by the Health and Social Care Partnership in delivering the strategic priorities set out in the 3-year strategic plan (copy enclosed).

**8 Meeting dates for 2021**

Submit report by Karen Andrews, Team Manager (Governance) on proposed dates for meetings of the IJB and IJB PAC for 2021 (copy enclosed).

**9 Urgent Items**

Any other items which the Chair considers to be urgent.

**Webcasting - Virtual Meeting**

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

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# Integration Joint Board

## Sederunt

### Voting Members

Councillor Robert Foster (Chair)  
Bob Martin (Vice-Chair)

North Ayrshire Council  
NHS Ayrshire & Arran

Councillor Timothy Billings  
Jean Ford  
Councillor Anthea Dickson  
John Rainey  
Adrian Carragher  
Councillor John Sweeney

North Ayrshire Council  
NHS Ayrshire and Arran  
North Ayrshire Council  
NHS Ayrshire and Arran  
NHS Ayrshire and Arran  
North Ayrshire Council

### Professional Advisors

Stephen Brown  
Caroline Cameron  
Dr. Paul Kerr  
David MacRitchie  
Dr. Calum Morrison  
Alistair Reid  
David Thomson  
Dr Louise Wilson

Director North Ayrshire Health and Social Care  
Chief Finance and Transformation Officer  
Clinical Director  
Chief Social Work Officer – North Ayrshire  
Acute Services Representative  
Lead Allied Health Professional Adviser  
Associate Nurse Director/IJB Lead Nurse  
GP Representative

### Stakeholder Representatives

David Donaghey  
Louise McDaid  
Marie McWaters  
Graham Searle  
Sam Falconer  
Clive Shephard  
Jackie Weston  
Val Allen  
Vicki Yuill  
Vacancy  
Janet McKay

Staff Representative – NHS Ayrshire and Arran  
Staff Representative – North Ayrshire  
Carers Representative  
Carers Representative (Depute for Marie McWaters)  
(Chair) IJB Kilwinning Locality Forum  
Service User Representative  
Independent Sector Representative  
Independent Sector Rep (Depute for Jackie Weston)  
Third Sector Representative  
(Chair) IJB Irvine Locality Forum  
(Chair) Garnock Valley Locality Forum



**North Ayrshire Health and Social Care Partnership  
Minute of Integration Joint Board Virtual meeting held on  
Thursday 27 August 2020 at 10.00 a.m.**

**Present**

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

Stephen Brown, Director of Health and Social Care Partnership  
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  
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  
Jackie Weston, Independent Sector Representative  
Janet McKay, Chair (Garnock Valley Locality Forum)

**In Attendance**

Thelma Bowers, Head of Service (Mental Health)  
Alison Sutherland, Head of Service (Children, Families and Criminal Justice)  
Michelle Sutherland, Partnership Facilitator  
Ruth Betley, Senior Manager (Arran Services)  
Karen Andrews, Team Manager Governance  
Angela Little, Committee Services Officer  
Diane McCaw, Committee Services Officer  
Mhari Lindsay, Senior Customer Officer (ICT)

**Also in Attendance**

Karlyn Watt, Deloitte

### **Apologies for Absence**

John Rainey, NHS Ayrshire and Arran  
David MacRitchie, Chief Social Work Officer  
Jean Ford, NHS Ayrshire and Arran

Dr. Louise Wilson, GP Representative  
Marie McWaters, Carers Representative  
Helen McArthur, Principal Manager (Health and Community Care Services)

### **1. Apologies**

Apologies were noted.

### **2. Declarations of Interest**

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

### **3. Minutes/Action Note**

The accuracy of the Minutes of the meeting held on 13 February and 16 July 2020 were confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973.

The Board discussed the Community Alarm/Telecare and UK Care Home Industry actions and the impact of the pandemic on the timescales for reporting. Whilst work will continue in these areas, full reports would not be available until 2021.

The Board agreed (a) when appropriate, the Director's report provide updates on progress on Community Alarm/Telecare and UK Care Home Industry; and (b) that full reports on these areas would be provided to the IJB in 2021.

### **4. North Ayrshire Alcohol and Drug Partnership Update**

Submitted report by Peter McArthur providing an overview of the activities and actions of the ADP since the Drug Death Summit. Appendix 1 to the report provided details of the £83,726 funding from the Drug Death Task Force (DDTF). The DDTF working Action Plan was outlined at Appendix 2.

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

- Work by North Ayrshire on a potential pan Ayrshire bid for Test of Change for Multiple Complex Needs, but that a local bid would be submitted if a pan Ayrshire bid was not feasible;
- Further work that is being done on information sharing agreements and a meeting that will take place in August between Public Health Scotland and Police Scotland to look at this area;

- Work of the Homelessness Taskforce that will include examining difficulties that can be experienced registering with a GP and securing a same day appointment and information on this that will be provided directly to Councillor Dickson;
- An application to the Home Office for a pilot on the use of Buprenorphine to offer a wider range of medication-assisted treatment to individuals and a report from the Specialist Pharmacist that will be provided to Members; and
- That the Chair, in consultation with officers, consider writing to the Scottish Government to encourage inclusion of the interface between services for those leaving prison in their protocol.

Noted.

## **5. Director's Report**

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

The report provided an update on the following areas:-

- Ayrshire and Arran Staff and Wellbeing Listening Service;
- Integrated Mental Health Service;
- IJB Self-Assessment Questionnaire;
- Foundation Apprenticeship success;
- Care Home Clinical and Professional Care Home Oversight Group;

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

- The continuation of the financial support to care homes through the Scottish Government's sustainability payments and the examination of claims to ensure staff are receiving full pay;
- Details of the Ayrshire and Arran Staff and Wellbeing Listening Service that will be recirculated to the Third Sector; and
- Low rates of Covid-19 infection in Ayrshire and Arran and that future Director reports that will include a brief update on Covid-19 related issues.

Noted.

## **6. 2019/20 Audited Annual Accounts**

Submitted report by Caroline Whyte, Chief Finance and Transformation Officer on the Audited Annual Accounts for 2019/20, attached at Appendix 1. Appendix 2 included the ISA260 letter from Deloitte LLP and the letter of representation to be signed by the Chief Finance Officer (NAHSCP ).

The IJB's accounts for the year to 31 March 2020 were submitted to Deloitte LPP in accordance with the agreed timetable. Deloitte have given an unqualified opinion that the 2019/20 financial statements give a true and fair view of the financial position and expenditure and income of the IJB for the year, concluding that the accounts have been properly prepared in accordance with relevant legislation, applicable accounting standards and other reporting requirements. No monetary adjustments have been identified and the IJB's position remains as reported to the IJB Performance and Audit Committee on 25 June 2020.

The Board agreed to (a) note (i) that Deloitte LLP have completed their audit of the annual accounts for 2019-20 and have issued an unqualified independent report auditor's report; and (ii) the recommendations within the Deloitte LLP report; and (b) approve the Audited Annual Accounts to be signed for issue.

## **7. External Audit Report**

Submit report by Deloitte on the External Audit Report 2019/20 for North Ayrshire Integration Joint Board. An Action Plan was appended to the report and detailed recommendations for improvement and follow-up information from the previous year's action plan.

The key messages of the report were:-

- it was expected that an unmodified audit opinion would be issued;
- effective financial planning and management arrangements were in place with a strong and consistent finance team;
- whilst a short-term financial balance had been achieved, the IJB had been unable to repay any of the debt due to North Ayrshire Council;
- the Medium Term Financial Plan had not yet been updated and the IJB was unable to evidence it is financially sustainable in the medium to longer term;
- the IJB had strong leadership and appropriate governance arrangements had been put in place in response to the Covid-19 pandemic; and
- It continues to have an embedded performance management culture.

Noted.

## **8. Quarter 1 Finance Update**

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 social care costs, including some growth, that have been projected to March 2021.

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 £0.027m at period 3; (ii) the estimated costs of the Covid mobilisation plan of £7.2m, including savings delays, and the associated funding received to date; (iii) the financial risks for 2020-21, including the impact of Covid 19, and that there is no recommendation at this time to implement a formal Financial Recovery Plan for the IJB; and (b) approve the budget changes outlined at section 2.8.

## **9. ASN Naming of Unit**

Submit report by Alison Sutherland, Head of Service (Children, Families and Justice Services) on the outcome of the consultation process undertaken with the community and relevant parties to name the residential and respite houses under construction in Stevenston and scheduled to open in summer 2021.

The Board agreed to name the residential facility, Red Rose House and the respite house, Roslin House.

## **10. Strategic Plan**

Submit report by Michell Sutherland, Partnership Facilitator on the development of a one year 'bridging plan' to be published by March 2021. Details were provided of the challenges identified as a result of the pandemic and discussions with the Scottish Government and other HSCPs that resulted in the 'bridging plan' approach, with the development of a longer-term Strategic Commissioning plan to be published by March 2022.

The Board agreed to (a) the production of a one-year bridging strategic plan covering the period April 2021 to March 2022, to reflect on the current plan, outline the recovery and the 2030 vision; and (b) develop a longer-term detailed strategic commissioning plan, setting out the IJBs direction to 2030, to be published by March 2022.

## **11. Arran Integrated Island Services – Changes to the Initial Agreement**

Submit report by Ruth Betley, Senior Manager (Health and Community Care) on changes to Arran Integrated Island Services Initial Agreement to align to the standard guidance within the Scottish Capital Investment Manual (SCIM).

The changes related to reformatting the order of the document to align specifically to the SCIM guidance, some small changes to link sections appropriately and an addition to address the possible disposal in the future of any existing buildings. An opening section was also added reflecting the changes/accelerated service change and models of delivery and accelerated facility closures that have taken place since the original Initial Agreement was submitted.



Members asked questions and were provided with further information in relation to an engagement exercise that had previously taken place and further engagement that would be arranged and include the community pharmacy and local community.

The Board agreed to (a) note the changes to the Arran Integrated Island Services Initial Agreement; and (b) the re-submission of the Initial Agreement to the Scottish Government.

## **12. Minutes of Meetings for Discussion**

### **12.1 IJB PAC**

Submit the Minutes of the meetings of the IJB PAC held on 6 March and 25 June 2020.

The IJB PAC Vice Chair advised that whilst the minutes related to the previous financial year, some significant areas to highlight included:-

- The Care Home Commissioning Strategy that will continue to be a major area;
- Whilst most performance targets are being met, a review/refresh of targets has been agreed to ensure they are still meaningful and appropriate;
- Disparity between North and the other Ayrshire IJB's in discharging from hospitals;
- Recommendations from the Auditor's report around the availability of PAC agendas and minutes; and
- The future 6-monthly provision of an Alcohol and Drugs report to the PAC.

Noted.

### **12.2 Strategic Planning Group**

Submitted the Minutes of the meeting of the Strategic Planning Group held on 28 January 2020.

Noted.

The meeting ended at 11.50 a.m.

## North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 27 August 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	Helen McArthur
2.	UK Care Home Industry	19/12/19  13/2/20	<p>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.</p> <p>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.</p>	Submit to meeting in April/May 2020	Stephen Brown

**Integration Joint Board  
24th September 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 the IJB note progress made to date.

<b>Glossary of Terms</b>	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
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.
<b>2.</b>	<b>CURRENT POSITION</b>
	<b>National Developments</b>
<b>2.1</b>	<u>Programme for Government</u>
	The Scottish Government launched their Programme for Government on 1 <sup>st</sup> September. Chapter 2 in the document outlines the Health and Social Care aspects. The headlines from this chapter include :-
	<ul style="list-style-type: none"> <li>• <b>Continue to suppress – and preferably eliminate – COVID-19.</b></li> <li>• <b>Remobilise our NHS Services</b> focusing on (1) a move to deliver safely as many of its normal services as possible; (2) ensuring the capacity that is necessary to deal with the continuing presence of COVID-19; and (3) preparing the health and care services for the wider pressures of the winter season</li> <li>• <b>Extend the seasonal flu vaccine</b> to those working in social care who provide direct personal care, those over 55, those living with someone who is shielding, and those aged 50-54 depending on vaccine supplies, to protect people and our NHS this winter.</li> </ul>

	<ul style="list-style-type: none"> <li>• Immediately establish <b>an independent review of adult social care</b>. This will examine how adult social care can most effectively be reformed to deliver a national approach to care and support services. <b>This will include consideration of a national care service</b>. This will report by Jan 2020. The Terms of Reference can be accessed through this <a href="#">link</a></li> <li>• Implementation of the <b>Drug Deaths</b> Taskforce recommendations</li> <li>• Create a new role of <b>Patient Safety Commissioner</b></li> <li>• New NHS <b>pay award</b> being negotiated and consideration being given in this in relation to rewarding staff for their recent efforts</li> <li>• <b>Scale up access to digital care</b> – for both physical (Near Me video consultations) and mental health (Cognitive Behavioural Therapies) care and. Develop its use in <b>social care</b> with initial focus on care homes.</li> <li>• Develop a nationwide <b>network of community treatment centres</b> to help patients manage their conditions and get treatments closer to home</li> <li>• <b>Redesign our accident and emergency services</b> to ensure patients get safe and effective care in a way that protects them from exposure to COVID-19</li> <li>• <b>Expand mental health and wellbeing support for health and social care staff</b>, including the development of a Health and Social Care Mental Health Network and enhanced access to digital resources</li> <li>• Implement a <b>Workforce Specialist Service</b>, which will provide confidential assessment and treatment for mental ill health. This will be delivered through a multi-disciplinary team of mental health care providers, and be supported by the continued delivery of digital wellbeing resources through the <b>National Wellbeing Hub</b> and the <b>National Wellbeing Helpline</b></li> <li>• Establish community <b>health and wellbeing services that will support children, young people and their families</b> – and have a particular focus on mental health – across all local authorities in 2021</li> <li>• Work with Boards to <b>retain, develop and support Mental Health Assessment Centres</b>, as part of a broader approach to improving access to appropriate help as quickly as possible for people with mental health needs or distress</li> </ul>
	The full document can be accessed <a href="#">here</a> .
	<b><u>Ayrshire Wide Developments</u></b>
2.2	<b><u>Learning Disability Information App</u></b>
	❖
	<div data-bbox="290 1496 774 1921" data-label="Image"> </div> <p>The new NHS A&amp;A Autism, ADHD, FASD, Learning Disability Information App was launched on 28<sup>th</sup> August 2020.</p> <p>The app provides a single space for local and national information on Autism, ADHD, FASD and Learning Disability. It is free and very easy to find. To get the app download “NHS Ayrshire &amp; Arran” container app by searching “NHS Ayrshire &amp; Arran” in your Apple or Android app store.</p> <p>If you have any information you would like to share through the App please email <a href="mailto:david.campbell3@aapct.scot.nhs">david.campbell3@aapct.scot.nhs</a></p>
	<b><u>North Ayrshire Developments</u></b>

2.3	<p><u>Suicide Prevention Week – 7<sup>th</sup> to 14<sup>th</sup> September 2020</u></p>
	<p>Every year in September a wide community of people across the world take time to raise awareness and consider the impact of suicide in our communities.</p> <p>Since 2002, when the Scottish Executive launched “Choose Life – A National Strategy and Action Plan to Prevent Suicide in Scotland”, this week in September has been used to raise the profile of the work, activity and experiences of those helping to achieve the target of reducing suicides across Scotland</p> <p><b>During Suicide Prevention Week 2020 in North Ayrshire :-</b></p> <ul style="list-style-type: none"> <li>❖ The 13 ways social media campaign for young people was re-launched to promote positive responses to those expressing suicidal thoughts and which supports young people to help and support each other</li> <li>❖ The North Ayrshire campaign “<b>13 ways to support your friend</b>” will seek to promote positive suicide prevention information which promote the message that suicide is not the solution</li> <li>❖ This year there was a recorded “Zoom” discussion with some of those involved in the original campaign highlighting how young people have been coping during lockdown and their thoughts on how relevant the messages still are.</li> <li>❖ Young people especially, and all partner organisations, will be encouraged to share Instagram, Tweets, and Facebook posts promoting the 13 key messages</li> <li>❖ The new National Campaign “United to prevent Suicide” featured across many digital platforms with new branding and new messages to highlight Scotland’s commitment to preventing Suicide</li> </ul>
	<ul style="list-style-type: none"> <li>❖ Key messages and other mental health information displayed across Council and other partner websites and social media.</li> <li>❖ Social Services Access teams are working on their own pathway for supporting young people referred to them after a suicide attempt-in order to ensure consistent support and information for the young people and their families.</li> <li>❖ Work continues across the area in addressing crisis interventions through local Distress Brief Interventions work in partnership with frontline staff such as police, primary care and ambulance.</li> </ul>

	<b>COVID Update</b>
2.4	<p><u>Support for Commissioned Care Providers</u></p> <p>COSLA Leaders and the Scottish Government have agreed an approach to supporting the social care sector to ensure that reasonable additional costs will be met. A consistent set of principles are in place to ensure that the social care sector remains sustainable during the emergency response to COVID 19. These principles have been agreed by Scottish Government on the basis that they will meet all reasonable additional provider costs as they are aligned to mobilisation plans.</p> <p>Transitional arrangements for the national principles for sustainability payments have been agreed and are in place from September 2020 onwards.</p> <p>There are two main areas:</p> <p><i>Social Care Staff Support Fund:</i></p> <ul style="list-style-type: none"> <li>• Criteria and eligibility is set out in the Coronavirus (Social Care Support Fund) Regulations 2020 and accompanying guidance <a href="#">here</a>.</li> <li>• Providers should pay staff who are absent from work as a result of COVID 19 their expected income (as defined by Employment Rights Act 1996).</li> <li>• The current regulations are in place until the end of September, this is under review by Scottish Government.</li> <li>• Consideration is being given to extending this beyond the end of September.</li> </ul> <p><i>Social Care Sustainability Payments:</i></p> <p>On 28<sup>th</sup> August 2020 the Scottish Government and COSLA Leaders agreed the transitional arrangements for Social Care Sustainability payments. These are :-</p> <ul style="list-style-type: none"> <li>• Care Home Occupancy Payments will begin to taper with 75% of voids caused by the continued impact of COVID paid in September, 50% in October and 25% in November. These will continue to be paid at 80% of the National Care Home Rate;</li> <li>• The planned care approach for care and support and community-based services will remain in place until the end of October to allow a transition period;</li> <li>• Additional costs for personal protective equipment, infection prevention control and staffing related costs, in line with Scottish Government guidance, will continue to be met in line with current arrangements and are subject to ongoing review and engagement with the sector; and</li> <li>• Social Care Support Fund payments will continue subject to extension of the regulations.</li> </ul> <p>In North Ayrshire we are working closely with our commissioned care providers to assess claims for support and also to understand and support the development of future business models to ensure ongoing sustainability. The Commissioning Team issued a survey to all providers to gather their feedback on the Covid-19 response and the responses are being collated, this will be reported back to the IJB at a later date.</p>
2.5	<p><u>Care Homes</u></p>

	All Care Homes in North Ayrshire remain COVID-free with no current outbreaks to report. Weekly staff testing in Care Homes has continued to improve with over one thousand staff per week now being tested. As restrictions have been lifted relating to visiting within Care Homes, risk assessments have been consistently submitted by Care Homes in advance of each phase. These have been scrutinised and signed-off by the Care Home Oversight Group and the Director of Public Health.
	Work is now underway to vaccinate Care Home staff and residents for seasonal flu.
<b>3.</b>	<b>PROPOSALS</b>
3.1	<b><u>Anticipated Outcomes</u></b>
	Not applicable.
3.2	<b><u>Measuring Impact</u></b>
	Not applicable

<b>4.</b>	<b>IMPLICATIONS</b>
<b>Financial:</b>	None
<b>Human Resources:</b>	None
<b>Legal:</b>	None
<b>Equality:</b>	None
<b>Children and Young People</b>	None
<b>Environmental &amp; Sustainability:</b>	None
<b>Key Priorities:</b>	N/A
<b>Risk Implications:</b>	N/A
<b>Community Benefits:</b>	N/A

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

<b>5.</b>	<b>CONSULTATION</b>
5.1	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.
<b>6.</b>	<b>CONCLUSION</b>
6.1	Members of IJB are asked to note the ongoing developments within the North Ayrshire Health and Social Care Partnership.

For more information please contact Stephen Brown, Director/Chief Officer on 01294 317723 or [sbrown@north-ayrshire.gov.uk](mailto:sbrown@north-ayrshire.gov.uk)

**Integration Joint Board**  
**24 September 2020**

**Subject:** **2020-21 – Month 4 Update**

**Purpose:** To provide an overview of the IJB's financial performance as at Period 4 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 overspend of £0.066m at period 4;
- (b) notes the estimated costs of the Covid mobilisation plan of £7.2m, 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.

<b>Glossary of Terms</b>	
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

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
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 July 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 overspend of £0.066m for 2020-21 which is an adverse movement of £0.039m. It should be noted that this is at a point relatively early in the financial year and there is scope for this



	<p>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. The South and East partnerships did not report at period 3 so this is the first month that their recharges are included in the report with a net adverse impact of £0.028m on the North HSCP.</p>
1.3	<p>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 projection of effectively a break-even position demonstrates the progress made towards financial balance as part of the 2019-20 recovery plan and other service transformation plans contributing to reduced costs. The position also 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 delayed or impacted 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.</p>
1.4	<p>The most up to date position in terms of the mobilisation plan for Covid-19 based on the return to the Scottish Government on 14 August projects £7.2m of a financial impact, which is split between additional costs of £6.1m and anticipated savings delays of £1.115m. 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 we have received a share of £83m nationally (£3.5m for North Ayrshire) to assist with pressures for social care services, we have not received any funding to date to fund any additional health costs. It is anticipated that funding for NHS Boards for Health Services will be allocated by the end of September.</p>
1.5	<p>Until the 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:</p> <ul style="list-style-type: none"> <li>• There is increasing confidence that additional costs will be funded based on the recently received and future expected funding allocations;</li> <li>• It is likely that any gap will be clearer towards the end of September when NHS Board funding allocations are expected to be confirmed;</li> <li>• The potential worst-case scenario in terms of any funding shortfall would be in the range of £1.3m and £1.9m, if this gap materialises there are areas we could explore to mitigate later in the year as part of a recovery plan if required;</li> <li>• The most significant area of additional Covid cost is the purchase of PPE for social care, the model for the purchase and supply is currently under review and any options to change from the current model are likely to reduce the future estimated costs;</li> <li>• The period 4 position projects a balanced financial 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.</li> </ul>

	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.
<b>2.</b>	<b>CURRENT POSITION</b>
2.1	<p>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.</p> <p>The report also includes detail of the estimated costs and potential financial impact of the Covid-19 response.</p>
	<b>FINANCIAL PERFORMANCE – AT PERIOD 4</b>
2.2	<p>The projected outturn position at period 4 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.</p> <p>Against the full-year budget of £252.768m there is a projected year-end overspend of £0.066m (0.03%). 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 £0.644m in social care services offset by a projected underspend of £0.578m in health services.</p> <p>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.</p> <p>Appendix A provides the financial overview of the partnership position. The sections that follow outline the significant variances in service expenditure compared to the approved budgets with detailed analysis provided in Appendix B.</p>
2.3	<b>Health and Community Care Services</b>
	<p>Against the full-year budget of £69.757m there is an underspend of £1.184m (1.7%) which is an adverse movement of £0.153m. The main variances are:</p> <p>a) Care home placements including respite placements (net position after service user contributions) – underspent by £1.024m (adverse movement of £0.373m). 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</p>

	<p>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 of £0.293m to the respite budget as the Carers funding previously allocated to this area is no longer required as the respite budget is projecting an underspend.</p> <p>b) Independent Living Services are overspent by £0.321m (adverse movement £0.021m) 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 October.</p> <p>c) Care at home is projected to overspent by £0.049m (adverse movement £0.033m). Significant progress was made during 2019-20 to reduce the overspend as part of the Financial Recovery Plan, the remaining overspend was considered and addressed as part of the budget approved for 2020-21 as part of the overall budget re-alignment, demand pressures and savings included in the budget. This left care at home with resources to grow the service during the year which has assisted with the response to Covid 19. The financial projections reflect recent recruitment and assumes maintaining the service at the current level until the end of 2020-21 and we are currently reviewing the financial impact of transferring work from two of the commissioned framework providers to the in-house service.</p> <p>d) Aids and adaptations projected underspend of £0.300m (no movement). There have been significant delays with carrying out assessments and providing equipment and adaptations during lock down. The year to date spend at period 4 is less than £0.100m, but there are some larger orders recently placed. It is expected that during the year there will be considerable delays with this spend, the level projected currently is in line with the underspend in 2019-20 and it is likely this underspend will be greater, however this cannot be determined at this stage in the year.</p> <p>e) Carers Act Funding is projected to underspend by £0.443m (£0.293m favourable 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 favourable movement is due to the return of £0.293m from the respite budget as the Carers funding previously allocated to this area is no longer required as the respite budget is projecting an underspend.</p>
2.4	<p><b>Mental Health Services</b></p> <p>Against the full-year budget of £77.324m there is a projected underspend of £0.202m (0.3%) which is an adverse movement of £0.558m. The main variances are:</p> <p>a) Learning Disabilities are projected to overspend by £1.827m (adverse movement £0.204m), included within this is £1.503m (£0.068m adverse movement) in relation to community care packages and £0.367m (£0.175m adverse movement) for residential placements. The adverse movement in residential placements relates</p>

to double running costs for service users unable to move to Trindlemoss due to COVID and we continued to pay for their previous placement until they could move in. 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 has been on the response to COVID-19, the financial benefits of the system are included in the projection later in the year. 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.

- b) Community Mental Health services are projected to underspend by £0.254m (£0.046m 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 £1.361m (adverse movement of £0.435m) which consists of:
- A projected overspend in Adult Inpatients of £0.600m (adverse movement of £0.329m) mainly due to the delay in closing the Lochranza ward on the Ailsa site. The ward closed during August 2020 but the assumption around staff re-deployment costs have been increased which is the reason for the adverse movement and the overspend may reduce if alternatives can be identified for displaced staff sooner.
  - UNPACS is projected to underspend by £0.187m (no movement) based on current placements, this is also an improved position from last year.
  - A projected underspend of £0.350m 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 (est £0.934m). Staff re-deployment costs have been included in the projection and the underspend may increase if alternatives can be identified for displaced staff sooner.
  - A projected underspend in MH Pharmacy of £0.190m (no movement) due to continued lower substitute prescribing costs.
  - The target for turnover or vacancy savings for the Lead Partnership is held within the Lead Partnership as this is a Pan-Ayrshire target. There is a projected over-recovery of the vacancy savings target of £1.187m in 2020-21, further information on this is included in the table below:

Vacancy Savings Target	(£0.400m)
Projected to March 2021	£1.587m
Over/(Under) Achievement	£1.187m

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

	<p>projection to the year-end is informed by the recruitment plans and the confidence in recruitment success and realistic timescales for filling individual vacancies.</p> <p>The main areas contributing to this position are noted below:</p> <ul style="list-style-type: none"> <li>• Adult Community Health services £0.143m</li> <li>• Learning Disability £0.060m</li> <li>• Addictions £0.041m</li> <li>• CAMHS £0.170m</li> <li>• Mental Health Admin £0.280m</li> <li>• Psychiatry £0.488m</li> <li>• Psychology £0.387</li> <li>• Associate Nurse Director £0.033m</li> </ul>
<b>2.5</b>	<b>Children Services &amp; Criminal Justice</b>
	<p>Against the full-year budget of £35.981m there is an overspend of £0.336m (1%) which is a favourable movement of £0.223m. The main variances are:</p> <p>a) Looked After and Accommodated Children are projected to overspend by £0.398m (favourable movement of £0.301m). The main areas within this are noted below:</p> <ul style="list-style-type: none"> <li>• Children's residential placements are projected to overspend by £0.543m (£0.178m favourable movement), as at period 4 there are 17 placements with plans to reduce this by 4 by the end of October and an assumption that there will be no further placements during the year, therefore ending the year with 13 placements. The favourable movement is mainly due to one placement ending sooner than budgeted (£0.126m movement) and another transferring to children's care packages (£0.052m movement). 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. However, despite these delays it is positive that there were no children placed into external residential placement during lock down and the numbers did not increase. Children's services are hopeful to further improve 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.</li> <li>• Fostering placements are projected to overspend by £0.093m (no movement) based on the budget for 129 places and 133 actual placements since the start of the year. The fostering service is an area we are trying to grow, and a recruitment campaign was undertaken early in the new year to attract more in-house foster carers to limit the ongoing requirement for external foster placements. There are a number of additional fostering placements attributed to Covid-19 which are out with these numbers as the costs have been included on the Covid-19 mobilisation plan.</li> <li>• Kinship placements are projected to underspend by £0.173m on the budget for 359 places and 342 actual placements since the start of the year.</li> </ul>
<b>2.6</b>	<b>Turnover/Vacancy Savings</b>

The payroll turnover target has been centralised for 2020-21 as it was noted last year that some service areas have historic targets which cannot be achieved whilst others overachieve, the financial monitoring report was cluttered with over and underspends as a result and a more transparent way to report on progress with the overall achievement of payroll turnover is to manage it centrally. 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	0.829m
Over/(Under) Achievement	0	0.184m

(\*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 vacancies there have been significant vacancy savings to period 4 due to delays with recruitment and a total of £0.856m 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 64% 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 4 £m
Red	-	0.274
Amber	2.801	1.887
Green	1.060	1.700
<b>TOTAL</b>	<b>3.861</b>	<b>3.861</b>

b) The main areas to note are:

	<div data-bbox="357 114 1489 591" data-label="List-Group"> <ul style="list-style-type: none"> <li>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;</li> <li>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 on hold as providers are focussing on COVID related service and staffing issues;</li> <li>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.</li> </ul> </div> <div data-bbox="261 629 1489 882" data-label="Text"> <p>Appendix C provides an overview of the savings plan, this highlights that during 2020-21 it is anticipated that a total of £2.872m of savings will be delivered in-year, with £0.989m 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.</p> </div> <div data-bbox="261 920 1489 1249" data-label="Text"> <p>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 has 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 budget gap rolled forward into 2021-22.</p> </div>
2.8	<div data-bbox="261 1285 520 1323" data-label="Section-Header"> <h2>Budget Changes</h2> </div>
	<div data-bbox="261 1361 1489 1509" data-label="Text"> <p>The Integration Scheme states that <i>“either party may increase it’s in year payment to the Integration Joint Board. Neither party may reduce the payment in-year to the Integration Joint Board nor Services managed on a Lead Partnership basis....without the express consent of the Integration Joint Board”</i>.</p> </div> <div data-bbox="261 1547 1489 1621" data-label="Text"> <p>Appendix D highlights the movement in the overall budget position for the partnership following the initial approved budget.</p> </div> <div data-bbox="261 1659 759 1697" data-label="Section-Header"> <h3><b>Reductions Requiring Approval:</b></h3> </div> <div data-bbox="261 1736 1110 1771" data-label="Text"> <p>The specific reductions the IJB are required to approve are:</p> </div> <div data-bbox="325 1809 1430 1951" data-label="List-Group"> <ul style="list-style-type: none"> <li>• Prescribing £1.497m – reduction to the prescribing budget to reflect revised base budgets for pharmacists and reparenting of cost centres.</li> <li>• TEC project £0.053m – non-recurring contribution to the pan Ayrshire TEC project</li> </ul> </div> <div data-bbox="261 1989 1369 2024" data-label="Text"> <p>It is recommended that the IJB approve the budget reductions outlined above.</p> </div>

	<p><b>Future Planned Changes:</b></p> <p>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.</p>
2.9	<p><b>NHS – Further Developments/Pan Ayrshire Services</b></p>
	<p><u>Lead Partnerships:</u></p> <p>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 will be the default position at the start of 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.</p> <p>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. East and South did not report at month 3 and an on-line impact on North was assumed. At month 4 the impact on NAHSCP is a £0.028m overspend (£0.053m underspend for East and £0.081m overspend for South)</p> <p><b>East HSCP</b> – projected underspend of £0.146m (£0.053m NRAC share for NAHSCP). The main areas of variance are:</p> <ul style="list-style-type: none"> <li>a) Primary Care and Out of Hours Services (Lead Partnership) - there is a projected underspend of £0.085m on the Primary Care Lead Partnership budget. This relates to savings in Primary Care Transformation / Integration offset by a small overspend on Ayrshire Urgent Care Services and Contracting and Support Services. In previous financial years, GP practices in difficulty have required additional funding to ensure sustainability and continuity of patient care. There are presently no practices in difficulty however this remains an extremely fluid area of the budget and continues to be closely monitored.</li> <li>b) Prison and Police Healthcare (Lead Partnership) - £0.054m projected underspend relates to anticipated part-year savings from vacant posts within the Service, partially offset by recharged costs in respect of temporary management arrangements.</li> </ul> <p><b>South HSCP</b> – projected overspend of £0.221m (£0.081m NRAC share for NAHSCP). The overspend is mainly due to an overspend in the community store.</p> <p><u>Set Aside:</u></p>



	<p>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.</p> <p>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.</p> <p>The acute directorate, which includes the areas covered by the set aside budget, is overspent by £2.1m after 4 months. £1.8 million is attributable to COVID-19.</p> <p>In the early stages of the pandemic the combination of additional social care provision and lower hospital attendance largely removed bed pressure at Crosshouse. In recent weeks however there has been an increase in demand.</p> <p>The Health Board and the IJBs continue to work together to ensure patients are looked after in the most suitable environment.</p>
	<b>COVID-19 – FINANCE MOBILISATION PLAN IMPACT</b>
2.10	<b>Summary of position</b>
	<p>The IJB were provided with a report on 16 July 2020 which highlighted the potential financial impact of the Covid-19 response and the significant financial risk to the IJB. 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.</p> <p>The IJB were updated in August outlining the up to date 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.</p>
2.11	<b>Mobilisation Plan Costs</b>
	<p>The cost return for North Ayrshire HSCP submitted on 22 June 2020 estimated additional costs of £7.255m for the duration of 2020-21. The costs remain estimates as the situation continually evolves and there have been several iterations of the financial plan. The most recent mobilisation plan cost submission submitted on 14 August 2020 estimates the costs to be £7.211m to March 2021.</p> <p>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.</p>

The mobilisation plan submission is included as Appendix E. The main areas of cost together with the change in estimates from June are summarised below:

<b>Service Area</b>	<b>Previous (22 June 2020) £m</b>	<b>Latest (14 Aug 2020) £m</b>	<b>Increase/( Decrease) £m</b>
Payments to Providers	1.648	1.655	0.007
Personal Protective Equipment (PPE)	1.628	2.052	0.424
Savings Delays	1.508	1.115	-0.393
Nursing – Students and Bank Staff	0.848	0.733	-0.115
Care at Home Capacity	0.669	0.416	-0.253
Loss of Income	0.442	0.442	0.000
Staff Cover	0.425	0.425	0.000
Care Home Beds – Delayed Discharges	0.396	0.396	0.000
Fostering Placements	0.000	0.196	0.196
Other costs	0.221	0.311	0.090
Offsetting cost reductions	-0.530	-0.530	0.000
<b>TOTAL</b>	<b>7.255</b>	<b>7.211</b>	<b>-0.044</b>

Further information on the elements of the plan are included in the IJB report from 16 July 2020. There is little movement in the overall estimated cost but there are some significant movements for individual cost elements, the main areas where estimates have been updated are noted below:

- Payments to providers have been re-phased to reflect the extension of the principles to the end of September and the cessation of support thereafter, this is currently being reviewed by COSLA and the Scottish Government to determine the best approach to taper down support and also the model of support for ongoing increases in costs beyond the end of September;
- PPE returns have been updated to include the continuation of the current purchasing arrangements that are currently in place for social care PPE, i.e. being that social care providers (including the HSCP) primarily source and procure their own supplies and use the cluster PPE hubs as a top up and emergency stock. A business case is being developed by the Scottish Government for approval at the end of August, this will determine the future supply of PPE, a change in approach, for example with SG centrally sourced and supplied PPE will change the estimated future costs;
- Savings delays have been re-visited based on the P3 position with a more optimistic view of deliverable savings in the year;
- Nursing – Students and Bank staff have been reduced in line with updated cost estimated supplied by NHS finance, the previous estimate was based on limited information provided by NES on the posts, the position has been clarified in relation to the individual students;
- Care at Home Capacity has been reduced following analysis of the period 3 position, the original estimate was a 5% increase in capacity, in reality the increase has been less as the 2020-21 budget already allowed for an element of growth within the service, the current estimates include maintaining the current capacity levels until March 2021 and for an additional 20 planned posts;
- Fostering placements have been added to the updated plan, there are 20 additional short term placements which have been necessary due to Covid-19, these have been facilitated by the Scottish Government permitting foster carers to look after 3 or more children and it has been difficult to reduce these

	placements with the impact on Children's Hearings. The updated estimates assume half of these placements will remain at the end of September and all will be removed by December.
2.12	<b>Covid-19 Funding Position</b>
	<p>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.</p> <p>On 12 May 2020 we received confirmation of initial funding of £50 million, particularly to support immediate challenges in the social care sector. This interim funding was released to support sustainability across the sector and the ongoing provision of social care, while further work is undertaken to provide the necessary assurance for further allocations of funding to support additional costs. The share of this allocation is £1.339m for North Ayrshire.</p> <p>Following on from this on 3 August it was confirmed that in recognition of challenges for Local Authorities, IJBs and social care providers, and commensurate with data submitted through the local mobilisation plan financial returns, the Scottish Government would provide an additional tranche of funding up to £50 million to meet costs. The full funding will be provided on the basis of appropriate evidence and assurance in respect of actual expenditure and will continue to be considered within the context of the overall package of financial support. On 10 August it was advised that £25m of this funding would be released immediately, the North Ayrshire share is £0.669m and has been allocated on an NRAC/GAE basis in line with the original £50m. Following submission of cash flow information £8m of the remaining up to £25million was allocated on 26<sup>th</sup> August of which £1.5m was allocated to North IJB. The remaining £17m has not yet been allocated and the distribution of this funding will be reliant on additional information being provided to the Scottish Government to evidence the funding requirement.</p> <p>To date this is the total funding received to date, i.e. £3.508m towards the social care response. No funding has been allocated for the Health delivered services, the NHS Boards were required to submit detailed quarter 1 returns to the Scottish Government on 14 August and these will inform an allocation at the start of October, this will include the allocation to IJBs for health services.</p> <p>Whilst the allocations of funding for social care are welcomed to support cash flow for Local Government and provides some assurance that funding will be released, this is clearly not sufficient to fund all our highlighted pressures and there remains a significant gap. The Scottish Government are considering the approach to a further funding allocation and we expect to be notified of the outcome early in October, for both Health and Social Care allocations.</p>
2.13	<b>Covid – Financial Risk</b>
	<p>There are a number of financial risks related to the Covid-19 response for North Ayrshire IJB, risks include:</p> <ul style="list-style-type: none"> <li>• Delays in funding being confirmed result in the IJB considering balancing the budget based on funding assumptions in the absence of a confirmed funding allocation;</li> </ul>

- 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 are due to cease at the end of September with tapering down of support, some elements may be extended beyond that time, there is an ongoing responsibility for HSCPs to ensure the sustainability of the social care sector;
- Financial position from 2021-22 onwards and the impact on public sector funding and the future funding of Health and Social Care services.

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

<b>ESTIMATED COVID COSTS</b>	<b>Social Care £m</b>	<b>Health £m</b>	<b>Total £m</b>
Additional Spend	5.414	0.682	6.096
Delayed Savings	1.115	0	1.115
<b>Total Costs</b>	<b>6.529</b>	<b>0.682</b>	<b>7.211</b>
Covid Funding - to date - £83m social care	(3.508)	0	(3.508)
Up to additional £17m	tbc	0	tbc
<b>Estimated Net Spend (Exc Savings)</b>	<b>1.906</b>	<b>0.682</b>	<b>2.588</b>
Actual Spend to 14 August (exc savings delay)	2.937	0.457	3.394
<b>YTD Net Spend (Exc Savings)</b>	<b>(0.571)</b>	<b>0.457</b>	<b>(0.114)</b>

- The savings delays impact estimated at £1.115m has been removed from the above net position as these delays have already been factored into the period 4 position, this is a prudent approach on the basis that despite this financial impact being highlighted on mobilisation plan returns there is no agreement in principle re savings delays being financially compensated for;
- The estimated additional costs to March 2021 compared to the funding received to date leaves an estimated balance of £2.588m for which funding has not yet been received or allocated;
- The year to date spend to 14 August is noted in the table and compared to the funding received to date gives a surplus of £0.114m

The funding received to date is not the final allocation of funding for IJBs for the Health and Social Care response to Covid-19, we fully expect to receive an allocation for Health services towards the end of September and the initial allocation of up to £100m for social care services has been allocated in response to cash flow issues faced by some Local Authorities and also to provide confidence that funding will flow through the system to allow for sustainability payments to be made to commissioned social care providers.

To two scenarios below illustrate the estimated worst-case scenarios where funding may not be sufficient to cover the estimated costs:

	Total Potential Gap £m
<u>Scenario 1</u> £100m NRAC/GAE Social Care & Health Fully Funded	<b>1.906</b>

or:

<u>Scenario 2</u> Policy Areas Fully Funded*	<b>1.311</b>
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\*policy areas/decisions including PPE, Sustainability Payments, delayed discharge care home beds, Student Nurses

The estimated worst-case scenario funding shortfall is estimated to be between £1.3m and £1.9m based on the two scenarios above. 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;
- It is likely that any gap will be clearer towards the start of October when NHS Board funding allocations are expected to be confirmed;
- The potential worst-case scenario in terms of any funding shortfall would be in the range of £1.3m and £1.9m, if this gap materialises there are areas we could explore to mitigate later in the year as part of a recovery plan if required;
- The most significant area of additional Covid cost is the purchase of PPE for social care, the model for the purchase and supply is currently under review

	<p>and any options to change from the current model are likely to reduce the future estimated costs;</p> <ul style="list-style-type: none"> <li>The period 4 position projects a balanced financial 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.</li> </ul> <p>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.</p>
<b>3.</b>	<b>PROPOSALS</b>
<b>3.1</b>	<b><u>Anticipated Outcomes</u></b>
	<p>Continuing to closely monitor the financial position will allow the IJB to take corrective action where required to ensure the partnership can deliver services in 2020-21 from within the available resource, thereby limiting the financial risk the funding partners, i.e. NAC and NHS AA.</p> <p>The estimated costs and funding in relation to the Covid-19 response also require to be closely monitored to ensure that the IJB can plan for the impact of this and to ensure that the IJB is in the position to re-claim funding to compensate for the additional costs.</p>
<b>3.2</b>	<b><u>Measuring Impact</u></b>
	Ongoing updates to the financial position will be reported to the IJB throughout 2020-21.
<b>4.</b>	<b>IMPLICATIONS</b>
<b>Financial:</b>	<p>The financial implications are as outlined in the report.</p> <p>Against the full-year budget of £252.768m there is a projected overspend of £0.066m (0.03%). The report outlines the main variances for individual services.</p> <p>This is an early indication of the projected outturn at month 4, 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.</p> <p>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.</p>
<b>Human Resources:</b>	None
<b>Legal:</b>	None
<b>Equality:</b>	None
<b>Children and Young People</b>	None
<b>Environmental &amp; Sustainability:</b>	None

<b>Key Priorities:</b>	None
<b>Risk Implications:</b>	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.
<b>Community Benefits:</b>	None

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

<b>4.</b>	<b>CONSULTATION</b>
4.1	<p>This report has been produced in consultation with relevant budget holders and the Partnership Senior Management Team.</p> <p>The IJB financial monitoring report is shared with the NHS Ayrshire and Arran and North Ayrshire Council Head of Finance after the report has been finalised for the IJB.</p>
<b>5.</b>	<b>CONCLUSION</b>
5.1	<p>It is recommended that the IJB:</p> <p>(a) notes the overall integrated financial performance report for the financial year 2020-21 and the overall projected year-end overspend of £0.066m at period 4;</p> <p>(b) notes the estimated costs of the Covid mobilisation plan of £7.3m, including savings delays, and the associated funding received to date;</p> <p>(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;</p> <p>(d) approve the budget changes outlined at section 2.8.</p>

**For more information please contact:**

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2020-21 Budget Monitoring Report–Objective Summary as at 31<sup>st</sup> July 2020

## Appendix A

Partnership Budget - Objective Summary	2020/21 Budget									Over/ (Under) Spend Variance at Period 3 £'000	Movement in projected variance from Period 3 £'000
	Council			Health			TOTAL				
	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
COMMUNITY CARE AND HEALTH	56,037	54,674	(1,363)	13,720	13,899	179	69,757	68,573	(1,184)	(1,337)	153
: Locality Services	23,317	22,669	(648)	4,755	4,799	44	28,072	27,468	(604)	(1,098)	494
: Community Care Service Delivery	28,600	28,592	(8)	0	0	0	28,600	28,592	(8)	14	(22)
: Rehabilitation and Reablement	1,982	1,694	(288)	1,922	1,910	(12)	3,904	3,604	(300)	(282)	(18)
: Long Term Conditions	1,776	1,345	(431)	4,949	5,100	151	6,725	6,445	(280)	35	(315)
: Integrated Island Services	362	374	12	2,094	2,090	(4)	2,456	2,464	8	(6)	14
MENTAL HEALTH SERVICES	24,843	26,465	1,622	52,481	51,061	(1,420)	77,324	77,526	202	(356)	558
: Learning Disabilities	18,643	20,470	1,827	448	448	0	19,091	20,918	1,827	1,623	204
: Community Mental Health	4,726	4,521	(205)	1,685	1,636	(49)	6,411	6,157	(254)	(208)	(46)
: Addictions	1,474	1,474	0	1,351	1,341	(10)	2,825	2,815	(10)	25	(35)
: Lead Partnership Mental Health NHS Area Wide	0	0	0	48,997	47,636	(1,361)	48,997	47,636	(1,361)	(1,796)	435
CHILDREN & JUSTICE SERVICES	32,136	32,472	336	3,845	3,845	0	35,981	36,317	336	559	(223)
: Irvine, Kilwinning and Three Towns	3,197	3,136	(61)	0	0	0	3,197	3,136	(61)	(45)	(16)
: Garnock Valley, North Coast and Arran	1,256	1,176	(80)	0	0	0	1,256	1,176	(80)	(76)	(4)
: Intervention Services	2,098	2,088	(10)	315	315	0	2,413	2,403	(10)	(10)	0
: Looked After and Accommodated Children	17,680	18,078	398	0	0	0	17,680	18,078	398	699	(301)
: Quality Improvement	4,310	4,393	83	0	0	0	4,310	4,393	83	(6)	89
: Public Protection	628	633	5	0	0	0	628	633	5	(2)	7
: Justice Services	2,506	2,506	0	0	0	0	2,506	2,506	0	(2)	2
: Universal Early Years	461	462	1	3,120	3,120	0	3,581	3,582	1	1	0
: Lead Partnership NHS Children's Services	0	0	0	410	410	0	410	410	0	0	0
PRIMARY CARE	0	0	0	51,024	51,024	0	51,024	51,024	0	0	0
ALLIED HEALTH PROFESSIONALS				5,498	5,498	0	5,498	5,498	0	0	0
MANAGEMENT AND SUPPORT COSTS	8,012	8,061	49	4,160	3,935	(225)	12,172	11,996	(176)	9	(185)
CHANGE PROGRAMME	1	1	0	1,011	1,011	0	1,012	1,012	0	17	(17)
OUTTURN ON A MANAGED BASIS	121,029	121,673	644	131,739	130,273	(1,466)	252,768	251,946	(822)	(1,108)	286
Return Hosted Over/Underspends East	0	0	0	0	441	441	0	441	441	582	(141)
Return Hosted Over/Underspends South	0	0	0	0	419	419	0	419	419	553	(134)
Receive Hosted Over/Underspends South	0	0	0	0	81	81	0	81	81	0	81
Receive Hosted Over/Underspends East	0	0	0	0	(53)	(53)	0	(53)	(53)	0	(53)
OUTTURN ON AN IJB BASIS	121,029	121,673	644	131,739	131,161	(578)	252,768	252,834	66	27	39

## 2020-21 Budget Monitoring Report – Detailed Variance Analysis

## Appendix B



	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
<b>COMMUNITY CARE AND HEALTH</b>	<b>69,757</b>	<b>68,573</b>	<b>(1,184)</b>	
Locality Services	28,072	27,468	(604)	<b>Older People care homes inc respite</b> - underspend of £1.024m based on 734 placements (694 plus 40 new funding) and including Income from Charging Orders - under recovery of £0.078m <b>Independent Living Services :</b> * Direct Payment packages- overspend of £0.131 on 62 packages. * Residential Packages - overspend of £0.058m based on 33 packages.
Community Care Service Delivery	28,600	28,592	(8)	Outwith the threshold for reporting
Rehabilitation and Reablement	3,904	3,604	(300)	<b>Aids and Adaptations</b> - underspend of £0.300m related to the reduced number of OT assessments taking place during COVID 19.
Long Term Conditions	6,725	6,445	(280)	Carers Centre - projected underspend of £441k, budget vired in 19/20 of £293k to OP Repsite returned to increase projected underspend Anam Cara - projected overspend in Employee costs of £25k due to pilot of temporary post with a view to longer term savings in bank & casual hours
Integrated Island Services	2,456	2,464	8	Outwith the threshold for reporting

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
<b>MENTAL HEALTH SERVICES</b>	<b>77,324</b>	<b>77,526</b>	<b>201</b>	
Learning Disabilities	19,091	20,918	1,827	<b>Residential Packages-</b> overspend of £0.367m based on 41 current packages, including future transfers to Trindlemoss. <b>Community Packages (inc direct payments)</b> - overspend of £1.84m based on 337 current packages. The direct payments projection is based on 41 current packages. Covid 19 community service reductions were approx. £191k for first qtr and a further £97k reduction for Day services not delivered
Community Mental Health	6,411	6,157	(254)	<b>Employee costs</b> - on line with budget <b>Community( inc direct payments) and Residential Packages</b> - underspend of £0.202m based on 92 community packages, 31 Direct Payments and 29 residential placements.
Addictions	2,825	2,815	(10)	Outwith the threshold for reporting
Lead Partnership (MHS)	48,997	47,636	(1,361)	<b>Adult Community</b> - underspend of £0.143m due to vacancies. <b>Adult Inpatients-</b> overspend of £0.600m due to a delay in closing the Lochranza wards and revised assumptions on redeployed staff. <b>UNPACs</b> - underspend of £0.187m based on current placements and assumed service level agreement costs. <b>Elderly Inpatients</b> - underspend of £0.300m which includes the £0.934m of unallocated funding following the elderly MH review. <b>Learning Disability</b> - underspend of £0.060m due to vacancies. <b>CAMHS</b> - underspend of £0.200m due to vacancies. <b>MH Admin</b> - underspend of £0.300m due to vacancies. <b>Psychiatry</b> - underspend of £0.508m due to vacancies. <b>MH Pharmacy</b> - underspend of £0.190m mainly within substitute prescribing. <b>Psychology-</b> underspend of £0.447m due to vacancies.

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
<b>CHILDREN'S AND JUSTICE SERVICES</b>	<b>35,981</b>	<b>36,317</b>	<b>336</b>	
Irvine, Kilwinning and Three Towns	3,197	3,136	(61)	Outwith the threshold for reporting
Garnock Valley, North Coast and Arran	1,256	1,176	(80)	<b>Employee Costs</b> - Projecting £0.054m underspend due to a substantive post being vacant . This will be offsetting an overspend in employee Costs within Quality Improvement. <b>Transport costs</b> - Projected underspend of 0.010m due a reduction in spend in Staff Mileage costs, assumes a 65% spend of all mileage budgets across the service.
Intervention Services	2,413	2,403	(10)	Outwith the threshold for reporting
Looked After and Accommodated Children	17,680	18,078	398	<b>Employee Costs</b> - Projected overspend of £0.029m which is due to additional hours/overtime hours being worked within the Children's Houses <b>Looked After Children placements - Projected underspend of £0.073m, favourable movement of £163k which is made up of the following:-</b> <b>Kinship</b> - projected underspend of £0.172m. Budget for 359 placements, currently 342 placement but projecting 350 placements by the year end. (Note £81k pressure money allocated in P4) <b>Adoption</b> - projected overspend of £0.033m. Budget for 69 placements, currently 71 placements. <b>Fostering</b> - projected overspend of £0.93m. Budget for 129 placements, currently 133 placements and projecting 133 placements by the year end. <b>Fostering Xtra</b> - projected overspend of £0.037m. Budget for 32 placements, currently 34 placements but projecting 34 placements by the year end. <b>Fostering Respite</b> - Projected underspend of £0.050m which is due to respite services not taking place due to COVID <b>Private fostering</b> - projected underspend of £0.018m. Budget for 10 placements, currently 10 placements. <b>IMPACCT carers</b> - projected online Budget for 2 placements, currently 2 placements. <b>Residential School placements</b> - Projected overspend £0.543m, current number of placements is 17, assumption that 3 will end in September and 1 ending in October and no further new admissions resulting in 13 placements at the year end. No secure placements.
Quality Improvement	4,310	4,393	83	<b>Employee Costs</b> - Projected Overspend £67k, Note £60k overspend relates to employee acting up to Senior Manager which will being offset with her vacant post within the Irvine Locality. Additional costs CSW payments, £30k also being paid to employee for ASN School, these additional costs are being offset with vacant posts in other teams. - No Movement <b>Transport costs</b> - Projected underspend of £25k due a reduction in spend in Staff Mileage costs, assumes a 65% spend of all mileage budgets across the service. Favourable movement £1k due to previously % reduction in expected mileage spend. <b>Community Packages</b> - Projected underspend of £17k, adverse movement of £8.8k 110 Community Packages on establishment list. <b>Direct Payments</b> - Projected Underspend £39k, favourable movement of £9k which is due to increase % clawback from 8% to 10%. Current number of packages in place is 42 and projecting an increase of further 5 packages until end of FY, savings of around £36k made due to temporary decreases in packages due to PA being furloughed.
Public Protection	628	633	5	Outwith the threshold for reporting
Justice Services	2,506	2,506	0	Outwith the threshold for reporting
Universal Early Years	3,581	3,582	1	Outwith the threshold for reporting
: Lead Partnership NHS Children's Services	410	410	0	Outwith the threshold for reporting
PRIMARY CARE	51,024	51,024	0	Outwith the threshold for reporting
ALLIED HEALTH PROFESSIONALS	5,498	5,498	0	Outwith the threshold for reporting
MANAGEMENT AND SUPPORT	12,172	11,996	(176)	Over recovery of payroll turnover on health services.
CHANGE PROGRAMME & CHALLENGE FUND	1,012	1,012	0	Outwith the threshold for reporting
<b>TOTAL</b>	<b>252,768</b>	<b>251,946</b>	<b>(822)</b>	

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 4	Saving Delivered @ Month 4 £m	Projected to Deliver during Year £m	Projected Shortfall £m	Comment
<b>Children, Families &amp; Criminal Justice</b>								
1	Children and Young People - External Residential Placements	Amber	0.583	Amber	-	0.284	0.299	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 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	Amber	-	-	0.036	Not been able to reduce placements, may progress later in the year.
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.
<b>Mental Health and LD Services</b>								
6	LD - Reduction to Sleepover Provision	Amber	0.200	Red	-	-	0.200	Cluster sleepover models centred around core supported accommodation are being considered but will be delayed. The supported accommodation 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 but will be delayed until January 2021.
8	Trindlemoss	Green	0.150	Amber	0.150	-	-	Fully achieved but final tenancies to be decided.
9	Mental Health - Flexible Intervention Service	Green	0.008	Green	0.008	-	-	Fully achieved, slightly over-delivered (£10k)
<b>Health and Community Care</b>								
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, level of service activity within budget.
13	Care at Home - Efficiency and Capacity Improvement	Amber	0.135	Green	-	0.135	-	Expect to fully achieve, level of service activity within budget.
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	Amber	-	-	0.050	New charging policy in place, achieving the saving has been impacted by movement in care home placements.
<b>Whole System</b>								
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	-	0.512	0.126	Implementation of CM2000 was delayed due to Covid, expect to bring system on line for Adult providers from the start of October.
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 September.
<b>TOTAL SOCIAL CARE SAVINGS</b>			<b>3.045</b>		<b>0.489</b>	<b>1.441</b>	<b>1.115</b>	

**Health:**

Savings reference number	Description	Deliverability Status at budget setting	Approved Saving 2020/21 £m	Deliverability Status Month 4	Saving Delivered @ Month 4 £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

<b>TOTAL HEALTH SAVINGS</b>	<b>0.816</b>	<b>0.816</b>	<b>0.000</b>	<b>0</b>
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<b>TOTAL NORTH HSCP SAVINGS</b>	<b>3.861</b>	<b>1.305</b>	<b>1.441</b>	<b>1.115</b>
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## 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 Language funding transferred to Democratic Services	3	P	(5)
<b>Budget Reported at Month 4</b>			<b>121,029</b>
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)
Prescribing 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
<b>Budget Reported at Month 4</b>			<b>131,739</b>
<b>COMBINED BUDGET</b>			<b>252,768</b>

## COVID-19 Local Mobilisation Plan- Financial Plan- H&amp;SCP

Name of Body	North Ayrshire HSCP
Finance Contact:	Caroline Cameron, Chief
Date of last update	11/08/2020

Delayed Discharge Reduction- Assumptions	Supporting Narrative
	32 placements from March to date where funding accelerated or agreed to reduce DD in hospital and expediate discharge, further DD in hospital but not all will require care home placement
Delayed Discharge Reduction- Additional Care Home Beds	
Delayed Discharge Reduction- other measures	Anam Cara Respite in-house respite facility being used temporarily for step down

H&SCP Costs	Revenue												Revenue	Capital	Body incurring cost (NHS or LA)	Supporting Narrative
	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	2020/21	2020/21		
Delayed Discharge Reduction- Additional Care Home Beds	82,102	78,564	78,564	78,564	78,564								396,358		LA	Only requested funding to August on the basis that interim funding is to facilitate discharge and HSCP would have to fund placements in the longer term. This is to fund 32 specific placements, not assuming there will be additional funding for any new discharges to maintain DD performance.
Delayed Discharge Reduction- other measures	5,453	4,362	4,362	4,362	4,362	4,362							27,263		LA	Anam Cara Respite facility being used temporarily for step down - cost is only in relation to lost income from respite charging, existing staff group delivering care
Delayed Discharge Reduction- other measures	60,151												60,151		LA	Adaptations and equipment purchased to get social care surge sites ready for use, would likely to be further costs if sites are required to be brought into use in the future.
Personal protection equipment	259,469	263,477	249,157	142,248	142,248	142,248	142,248	142,248	142,248	142,248	142,248	142,248	2,052,335		NHS/LA	Sourcing majority of PPE for social care locally. Currently sourcing about 85%-95% (range depending on items) of social care PPE supply by HSCP with the rest coming from NSS top up supply. Orders placed totalling £912k as at 18th June. Assumption that from October onwards (linked to MoU for PPE Hub) NSS supply will potentially increase to provide 50% of requirement, however there remains a risk that costs will continue to rise and this depends on arrangement for national distribution.
Deep cleans		224	971										1,195		NHS	
Estates & Facilities cost		4,790	3,549										8,339		NHS	
Additional staff Overtime and Enhancements	70,596	43,682	47,882	50,000	50,000	50,000	25,000	25,000	25,000	12,500	12,500	12,500	424,660		LA	Cost of additional staff hours to cover absence, mainly in Care at Home Services and residential Children's Houses
Additional temporary staff spend - Student Nurses & AHP		227,159	142,067	142,067	142,067	79,704							733,063		NHS	Actual spend to June for student nurses and other nursing and AHP additional hours, from July onwards based on student costs plus £50k estimate of ongoing additional bank hours.
Additional temporary staff spend - Health and Support Care Workers			40,958										40,958		NHS	
Additional costs for externally provided services	220,798	278,694	314,548	264,036	264,036	188,268	25,000	25,000	25,000	25,000	25,000	-	1,655,380			Provision per month for additional payments to providers primarily for PPE and sickness absence, position statement shared with providers in line with COSLA commissioning guidance. Additional provision for occupancy payments to care homes from April to September and assuming tapered reduction in Sept. Included provision for 5% increase in costs for community support services (care at home and adults) from April to September, not included at 25% as not seen requests at that level, this may increase as sickness policy is implemented. Included small provision for support after Sept with PPE and infection control costs.
Additional FHS Payments- GP Practices	13,527	6,203	7,000	7,000	7,000								40,730		NHS	Additional GP sessions for Arran for the hospital and to support local team in co-ordinating planning and response
Loss of income	88,500	88,500	88,500	88,500	88,500								442,500		LA	Ceased provision of day services and respite, also suspended charges for community supports on basis of rapid changes to care, capacity to ensure accurate financially assessed charges and also financial hardship.
Additional Travel Costs		1,304	4,553										5,857			
IT & Telephony Costs		937											937			
Equipment & Sundries		75,584											75,584		NHS/LA	Thermometers moved here from PPE
Children and Family Services	6,952	12,166	20,856	34,760	34,760	34,760	17,380	17,380	17,380				196,394			Additional Fostering Placements, 20 increased placements from April to now which are Covid related temporary placements, delay in children's hearings and housing has led to a delay in moving children on from foster care. Cost of 20 placements as they came on line from April, assume 10 will leave care by Sept and a further 10 between October and December.
Other- Security Costs PPE Store	8,000	8,000	8,000	8,000	8,000	8,000							48,000		LA	
Other- Additional Care at Home Capacity	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		LA	Additional costs for in-house service to ensure service can facilitate hospital discharge and put in place care packages despite operating at high absence levels. Demands for this service have increased with more individuals and families choosing to be cared for at home.
Offsetting cost reductions - HSCP	(108,007)	(108,007)	(108,007)	(68,583)	(68,583)	(68,583)							(529,770)		NHS/LA	
<b>Total</b>	<b>746,386</b>	<b>1,024,484</b>	<b>941,805</b>	<b>789,799</b>	<b>789,799</b>	<b>470,408</b>	<b>241,277</b>	<b>241,277</b>	<b>241,277</b>	<b>211,397</b>	<b>211,397</b>		<b>6,095,703</b>	<b>-</b>		
													<b>Subtotal</b>	<b>6,095,703</b>		
Expected underachievement of savings (HSCP)	139,375	139,375	139,375	139,375	139,375	139,375	46,458	46,458	46,458	46,458	46,458	46,458	1,115,000		NHS/LA	
<b>Total</b>	<b>885,761</b>	<b>1,163,859</b>	<b>1,081,180</b>	<b>929,174</b>	<b>929,174</b>	<b>609,783</b>	<b>287,735</b>	<b>287,735</b>	<b>287,735</b>	<b>257,855</b>	<b>257,855</b>		<b>7,210,703</b>	<b>-</b>		
													<b>Total</b>	<b>7,210,703</b>		

Cash Flow Analysis	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21
Local Authority- Actual Spend	535,748	831,861	1,050,255	858,028	358,372							
Local Authority- Accrual	904,830	970,158	928,998	787,599	787,599	537,571	287,735	287,735	287,735	257,855	257,855	232,855

## Integration Joint Board September 2020

<b>Subject:</b>	<b>Annual Performance Report 2019-20</b>
<b>Purpose:</b>	To approve the publication of the North Ayrshire Health and Social Care Partnership (NAHSCP) Annual Performance Report 2019-2020
<b>Recommendation:</b>	Integration Joint Board (IJB) to approve the publishing of Partnership's 2019-20 Annual Performance Report

<b>Glossary of Terms</b>	
NHS AA	NHS Ayrshire and Arran
NAHSCP	North Ayrshire Health and Social Care Partnership

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	Section 42 of the Public Bodies (Joint Working)(Scotland) Act 2014 requires partnerships to publish an annual performance report setting out an assessment of performance in planning and carrying out the integration functions for which they are responsible.
1.2	Guidance for Health and Social Care Integration Partnership Performance Reports (published by the Scottish Government, March 2016) was followed to ensure the content of our performance report met the requirements set out in the guidance.
1.3	The legislated publication date for Annual Performance Reports is 31st July, however, the Scottish Government understood that Integrated Authorities (IA) may not be able to publish their final 2019-20 reports by the 31st July deadline and may postpone publication until 30th September in accordance with provisions made in the <a href="#">Coronavirus (Scotland) Act 2020</a> .
1.4	Latterly the publication date being extended to 30th September 2020 as a resultant impact of the COVID-19 pandemic on operational and support services was agreed at the Performance and Audit Committee on the 25th June 2020.
<b>2.</b>	<b>CURRENT POSITION</b>
2.1	With the agreed extension to the publication of the annual report a public notice was added to the partnership website stating the reason for the publication being extended to 30th September.

2.2	A draft of Annual Performance Report was presented at the Performance and Audit Committee on the 03rd September for initial review and following discussion a few amendments were made and the final document completed.
2.3	The annual report meets the minimum requirements as set out in the Guidance for Health and Social Care Integration Partnership Performance Reports (published by the Scottish Government, March 2016). We continue to build on this minimum requirement by including dedicated sections reporting on Children and Justice services.
	<p>The report is the collation, through collaboration with stakeholders, of the significant service highlights relating to the works and initiatives undertaken by partnership services in the support of our strategic plan objectives.</p> <p>These highlights include cross-service exemplars:</p> <ul style="list-style-type: none"> <li>• <b>Drug and Alcohol Recovery Service:</b> maintaining the of low levels of methadone prescribing at 757 people at year end</li> <li>• <b>Money Matters Team:</b> enabling over £15M in life supporting entitled benefits to be accessed</li> <li>• <b>Children and young people becoming accommodated:</b> at year end the number of children accommodated in external placements was 26; a reduction from 33 at the beginning of the year</li> <li>• <b>Care at Home and Community Alert Services:</b> service inspection added to the Very Good grading for Care and Support with an Excellent grading for Management and Leadership</li> </ul> <p>These specific highlights are representative of the varied services provided by the partnership and the role they play in the support of some of the most vulnerable people in the community to live independently for as long as possible.</p>
2.4	<b><u>Publication</u></b>
	This annual performance report is part of a suite of partnership public-facing documents. These documents are available from the NAHSCP website, <a href="http://www.nahscp.org">www.nahscp.org</a> .
3.	<b>PROPOSALS</b>
3.1	The NAHSCP 2019-20 Annual Performance Report is published by the revised deadline of 30th September 2020.
3.2	<b><u>Anticipated Outcomes</u></b>
	Informing the people of North Ayrshire and wider stakeholders on the progress of health and social care integration, specifically relating to:



	<ul style="list-style-type: none"> <li>• Outcomes for local people;</li> <li>• Locality health and social care needs;</li> <li>• Service provision (including lead partnership responsibilities and commissioned services);</li> <li>• Transformational Change;</li> <li>• Budget and financial information.</li> </ul>
3.3	<b><u>Measuring Impact</u></b>
	With the publication of the Annual Performance Report 2019-20 the partnership will have met its obligations under the Public Bodies (Joint Working)(Scotland) Act 2014.
<b>4.</b>	<b>IMPLICATIONS</b>

<b>Financial:</b>	There are no additional financial implications
<b>Human Resources:</b>	There are no implications for staff
<b>Legal:</b>	There are no legal issues.
<b>Equality:</b>	No issues
<b>Children and Young People</b>	No issues
<b>Environmental &amp; Sustainability:</b>	No issues
<b>Key Priorities:</b>	This would ensure we fulfil our obligations in the Integration Scheme.
<b>Risk Implications:</b>	None identified.
<b>Community Benefits:</b>	Community is aware and informed about community-based health and social care services, plans and outcomes.

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

<b>5.</b>	<b>CONSULTATION</b>
5.1	Staff, partnership stakeholders, the Partnership Senior Management Team (PSMT) and IJB Performance and Audit Committee (PAC) were consulted on the Annual Performance Report.
<b>6.</b>	<b>CONCLUSION</b>
6.1	The Integrated Joint Board are asked to consider and approve the publication of the North Ayrshire Health and Social Care Partnership's 2019-20 Annual Performance Report.

**For more information please contact:**

**Neil McLaughlin, Manager Performance and Information Systems on 01294 317744 or**  
**[NMcLaughlin@north-ayrshire.gov.uk](mailto:NMcLaughlin@north-ayrshire.gov.uk)**

**Or**

**Caroline Whyte, Chief Finance and Transformation Officer on 01294 324954 or**  
**[carolinewhyte@north-ayrshire.gov.uk](mailto:carolinewhyte@north-ayrshire.gov.uk)**

# North Ayrshire Health and Social Care Partnership



## Annual Performance Report 2019-20

Vision:

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

## Reflections from Stephen Brown

Our annual performance report 2019-20 reflects on how Partnership services have contributed to meeting national and local priorities over the year. We have continued to deliver safe, sustainable health and social care services throughout the year and, although we have faced significant pressures in the areas of mental health, hospital discharges and some aspects of our children's services, there has also been some significant progress and success.

These highlights include the continued progress around Recovery in our alcohol and drugs services, including the sustained reductions in the number of individuals being supported via methadone prescriptions. Our Money Matters Team supported people across our communities to successfully claim for over £15 million of benefits that they were entitled to but not previously receiving. The positive inspection of our care at home and community alert services retaining a grading of *Very Good* for Care and Support and adding to this with an *Excellent* grading for Management and Leadership highlights the significant role these services play in supporting some of our most vulnerable people to continue to live independently for as long as possible.

Our greatest challenge remains our ability to manage demand within budget. The HSCP ended the year with a £0.154m overspend. This will be added to the debt to the Council carried forward from previous years.

Our transformation plan continues to drive forward our programme of improvement aligned to bringing services closer together to improve the health and social care outcomes for the people of North Ayrshire. These plans ensure we can use our resources effectively but also ensures that services are mobilised effectively to meet the demands of the COVID-19 pandemic through 2020-21 and beyond.

As committed to last year, I engaged with over 2,000 staff members through our *Thinking Different Doing Better* experience, and we were able to extend the experience to local community groups as well as hundreds of Health and Care students from Ayrshire College. The suggestions, feedback and conversations provided through these sessions has helped inform our transformation programme and will also inform our forthcoming refresh of our Strategic Plan.

I want to thank all of our partners and all of the staff working within North Ayrshire Health and Social Care Partnership for their continued hard work and dedication to improving the lives of people living in North Ayrshire.



**Stephen Brown**  
Director, North Ayrshire Health and Social Care Partnership

Contents

Visions, Values and Priorities	2
Structure of this report	3
Performance related to National Health and Wellbeing Outcomes	4
National Indicators	27
Performance related to Children and Justice Services Outcomes	31
Localities	45
Transformation Programme	55
Lead Partnership Reporting	60
Inspection of Services	66
Financial Performance and Best Value	70
Appendix	81

## Vision, Values and Priorities

North Ayrshire Health and Social Care Partnership (NAHSCP/the Partnership) is striving for a vision where:

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

Our Partnership includes health and social care services within **Health and Community Care Services, Mental Health and Learning Disability Services** and **Children, Families and Justice Services**.

In this, our fifth annual performance report, we look back on the progress we have made, share some of our successes and reflect on some areas that have proved challenging.

The partnership refreshed the three-year Strategic Plan, this report aligns with the second year of our second Strategic Plan. The new Strategic Plan allowed us to confirm with the people who use our services and North Ayrshire residents and staff that we should continue to focus on these five **priorities**:

- Tackling Inequalities
- Engaging Communities
- Bringing Services Together
- Prevention and Early Intervention
- Improving Mental Health and Wellbeing

People who use our services and North Ayrshire residents will experience our Partnership **values** in the way our staff and volunteers engage with you and how we behave. We will:

- Put you at the centre
- Treat you with respect
- Demonstrate efficiency
- Care
- Be inclusive
- Embody honesty
- Encourage innovation

## Structure of this report

We have measured and evaluated our performance in relation to:

- **Scottish Government National Health and Wellbeing Outcomes**
- **Children's and Justice Services Outcomes**
- **Local measurements**

The North Ayrshire Health and Social Care Partnership continues to have lead partnership responsibilities across Ayrshire and Arran for Mental Health and Learning Disability Services as well as Child Health Services (including immunisation and infant feeding). We have reflected on some of the highlights and challenges of leading these services across Ayrshire.

We will show that all our services (those provided by our Partnership staff and those provided by other organisations on our behalf) are providing high quality care and support to the people of North Ayrshire.

Finally, the partnership continues to face financial challenges in delivering and improving services from within the available budget. During the year we have made significant progress towards achieving financial balance and overall service sustainability. We have detailed our financial position and reflected on how we continue to provide assurance that we are delivering Best Value in North Ayrshire for Health and Social Care services



# 1

## Performance in relation to National Health and Wellbeing Outcomes

As we completed our fifth year, the Partnership continued to focus our efforts on providing services that improve the lives of all the people living in North Ayrshire.

Our five strategic objectives link directly to the nine national Health and Wellbeing Outcomes. These outcomes provide a roadmap for us and we can demonstrate progress against each.

## Outcome 1

People are able to look after and improve their own health and wellbeing and live in good health for longer

### Our Highlights

**58% increase** in referrals/ signposting to the Community Link Workers

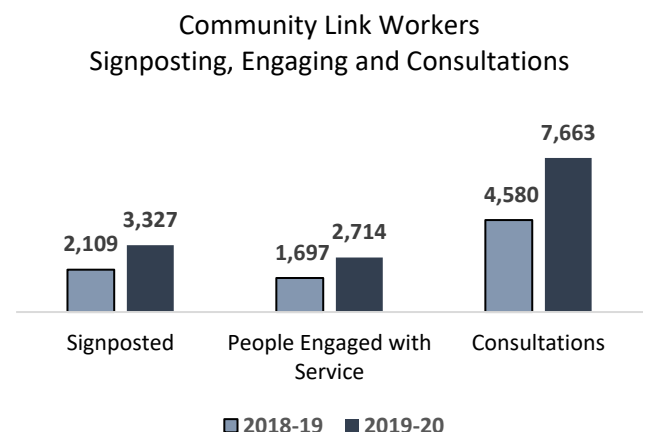
**67% increase** in Community Link Worker consultations

**76% Reduction** in Alcohol intake for those supported by NADARS

- 1.1 **The Community Link Worker Service** continues to provide a valuable support within all GP Surgeries in North Ayrshire. There was a total of 3,327 people signposted or referred to the Community Link Worker service in North Ayrshire from April 2019 to March 2020. This is an increase of 58% from the previous year. 82% of the people engaged with the service (2,714). The significant increase in consultation numbers is likely as a result of the additional staff members being fully embedded within the team.

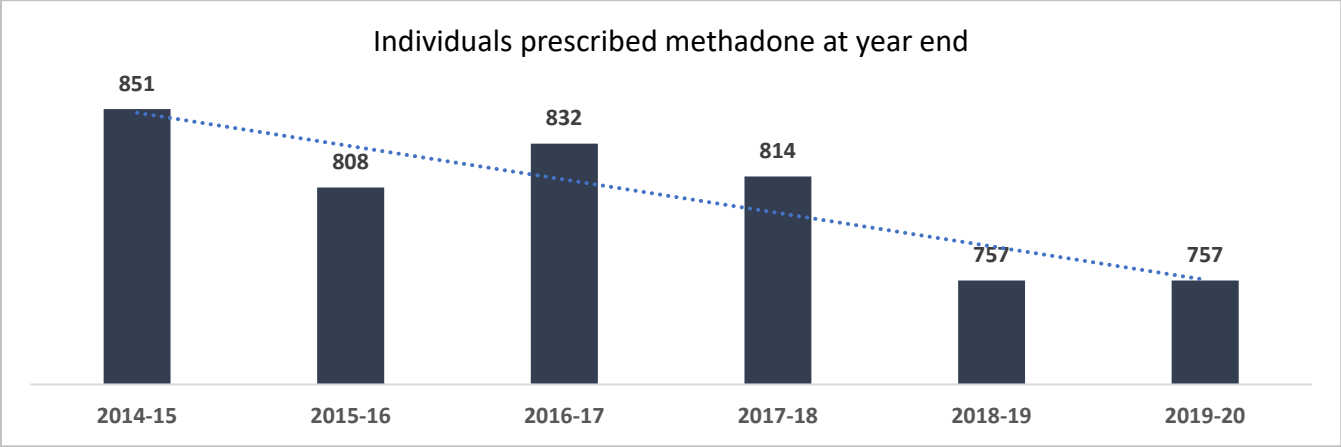
The three highest recorded reasons for attending the service are for:

- Mental Health and Wellbeing
- Financial
- Social



- 1.2 **The Health & Wellbeing Service** delivered by KA Leisure received 773 new referrals and undertook 2,695 classes, with a total of 42,132 attendances at supported physical activity sessions in 2019/20. The **Mind and Be Active Service** delivered by KA Leisure received 276 new referrals, undertook 490 supported classes and had 11,041 attendances at specific Mind and Be Active supported physical activity sessions in 2019-20. Across the year there were 885 follow up consultations completed at 6/12 months and 114 referrals made to health care providers or external agencies.

1.3 The **North Ayrshire Drug and Alcohol Recovery Service (NADARS)**, has continued to demonstrate high levels of performance by meeting national and local standards and targets, such as, access to treatment waiting times, provision of alcohol brief interventions (ABIs), the roll out of Naloxone supplies and maintaining a low level of methadone prescribing to individuals.




The team continues to identify new ways of working to provide a more agile and streamlined service and further improve performance. This work has been evidenced by the delivery of early intervention services in the delivery of Alcohol Brief Interventions (ABI).

Target set by Scottish Government – Priority Settings	3,419
Total ABI delivery in Priority Settings ( <b>Ayrshire &amp; Arran</b> )	3,524


Target set by Scottish Government in Wider Settings	855
Total ABI delivery in Wider Settings ( <b>Ayrshire &amp; Arran</b> )	2,927

People being supported by NADARS during 2019 -20 can be evidenced further by;



**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

## Outcome 2

People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community

### Our Highlights

**58% increase** in service users receiving Care at Home Support

**4% increase** in service users receiving Community Alarm

**Emergency Admissions 2%** above 2015-16 baseline

- 2.1 The number of Service users being provided with **Care at Home** support increased to 3,527 in 2019-20 from 2,230 in 2018 -19, a 58% increase. The number of people receiving a **Community Alert** increased from 4,912 in 2018-19 to 5,103, a 4.5% increase in support.
- 2.2 Through independent inspection, '**Excellent**' grades were awarded to Three Towns, North Coast and Arran Care at Home Service and Irvine, Garnock Valley & Community Alarm for leadership. The Inspection report stated that;



*"People receiving the service should be sure that the service is well managed. We found the service had an excellent management team who were skilled and highly motivated in their role. Managers showed and promoted leadership values at all levels of the service"*

The inspection sought comments and views about the quality of service through the distribution of questionnaires, as well as, telephone calls and emails to service users, relatives and carers. Additionally, service users were visited in their own homes and inspectors spoke to a small group of people who received support from the service. Some of the comments from across the inspections are captured below:



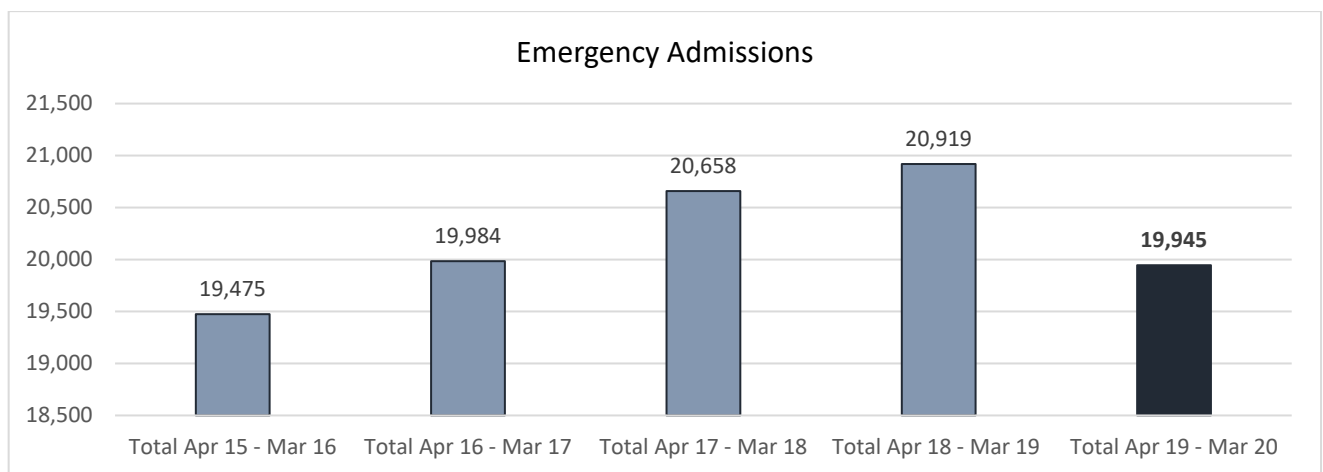
“I am very grateful for the service North Ayrshire Council Care at Home team provide, it allows me to stay at home and they help me to be as independent as possible”

“Staff are so helpful and caring”

“The girls have been a great help to my recovery”

“I am really happy with and very grateful for the service provided”

- 2.3 A report was presented to the Integration Joint Board on the supports that the Partnership will provide Community Alert and Telecare users during telecommunication providers switch to Digital from Analogue telephony systems, [Community Alarm/ Telecare Service Transition from Analogue to Digital](#).
- 2.4 At 31 March 2020 we have seen an improvement in Emergency Admissions compared with 2018-19 and nearing the initial the Ministerial Strategic Group baseline year of 2015-16 with only 2% variance.



## Outcome 3:

**People who use health and social care services have positive experiences of those services, and have their dignity respected**

### Our Highlights

The Dirrans Centre carried out a total of 40 'What Matters to You' conversations

The Health and Social Care Partnership received a total of 54 compliments

Creation of "Opening the Shutters!"

3.1 **The Dirrans Centre** carried out a total of 40 '***What Matters to You***' conversations in June 2019. The 'What matters to you?' conversation aims to encourage and support more conversations between people who provide health and social care and the individuals, families and carers who receive that care. This aims to shift the focus from '*what is wrong with you*' to '*what matters to you*'

The key findings from the conversations were as follows;

- Attending the Dirrans Centre
- Having regular support and meaningful activities
- Family
- Having appropriate support as they grow older
- Mobility
- Getting out into the Community/accessibility
- Financial support

This positive re-framing of conversations using a person-centred approach resulted in the ability to address personal issues and difficulties raised during the conversations. From these conversations it was agreed that the following would be actioned;

- Individuals with accessibility issues would be supported to obtain a **MyBus** pass which was successfully advocated to cover the Garnock Valley area. Staff also support individuals by travelling with them on public transport to build confidence and promote independence.
- Events would take into consideration the wider family unit, with the aim of building positive relationships to enable open and honest conversations.
- Individuals are referred to the Money Matters team and supported with their financial worries to enable them to continue attending and benefitting from the service. This will help attendees cut costs and budget where necessary.

- 3.2 During 2019-20, **69** compliments (54 Social Care; 15 NHS) were recorded by the Health and Social Care Partnership relating to the service provided and the professionalism demonstrated by partnership staff. A sample of the compliments received include:



### Compliments

*Compliment to staff at the Eating Disorder Clinic in Irvine. Their support and guidance helped service users get well. Family wrote email to comment on the determination of staff*

*Thankyou letter, thanking staff for treating with consideration and kindness during recent stay in Ward 1 Rehab at Woodland View*

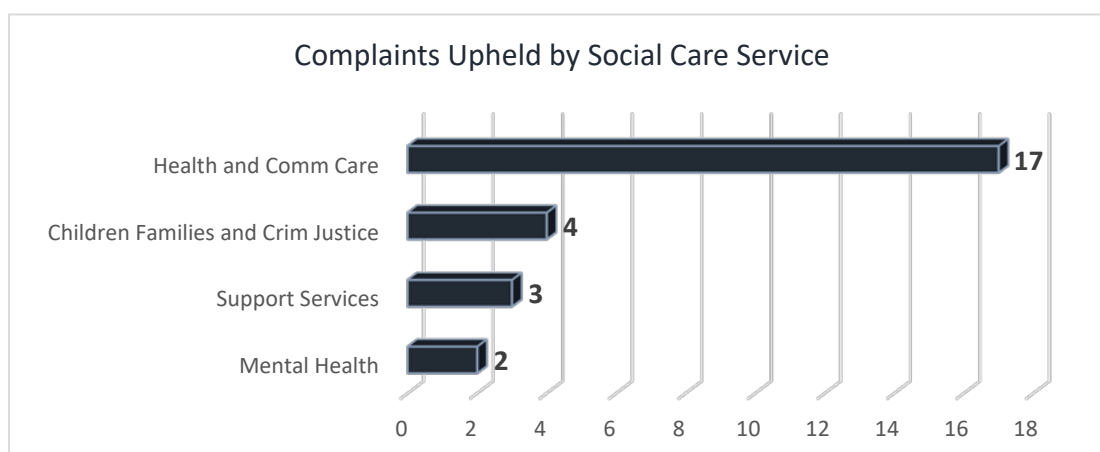
*Compliment received in relation to adaptations in place enabling SU to safely and confidently use stairs. Grateful for HSCP allowing work to go ahead.*

*The gentleman has been attending the Douglas Grant Rehabilitation Centre for the last 6 weeks and wished to let us know that he feels the Centre has a wonderful team of staff.*

*Compliment to care at home staff with gratitude on behalf of family for support they provided to the service user. Their professionalism and dedication made it possible for him to remain at home until he passed away.*

*"Service Access Irvine member of staff received thank you for all aids provided and for service they provided"*

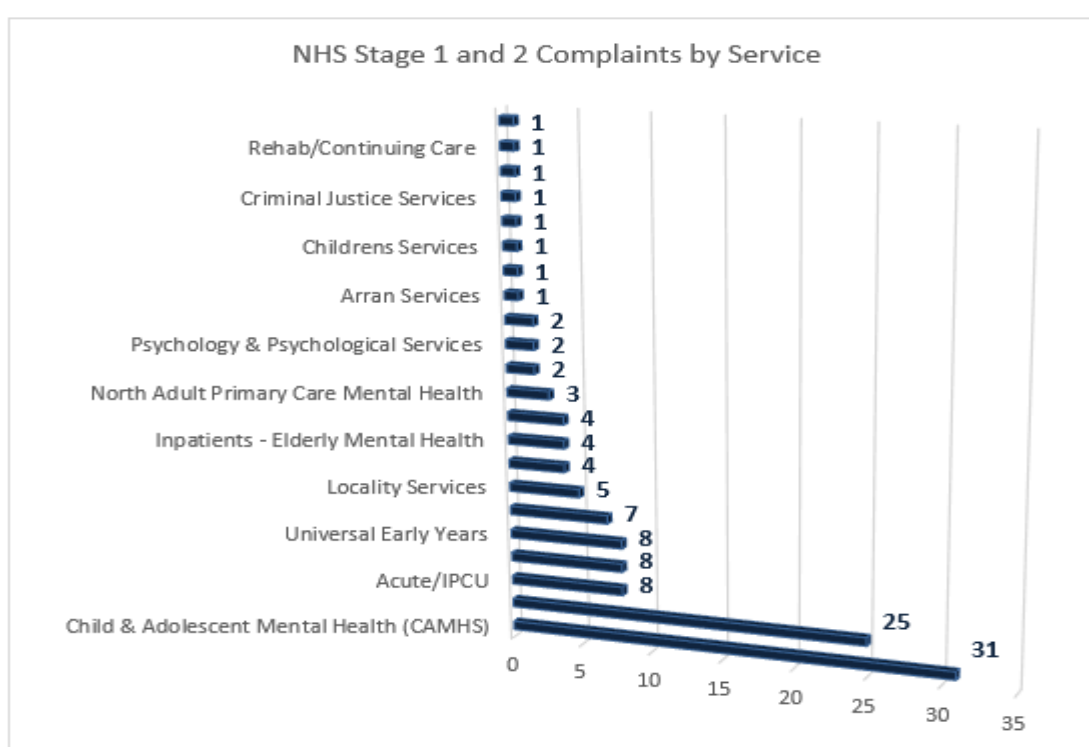
- 3.3 In total 246 complaints were received, 125 Social Care; 121 NHS. Of the Social Care complaints 20.8% (26) were upheld across all service areas.



Of the 26 upheld complaints, 7 (27.9%), were categorised as relating to a vulnerable person. In terms of categories the table shows the recorded category and whether it related to a vulnerable person.

Complaint Category	Upheld	Vulnerable Person
Communication	5	1
Missed/late appointment	1	0
Sensitive issue	1	1
Service provision/delivery	9	2
Staff behaviour (incl. alleged or perceived)	6	1
Waiting times	3	1
Other	1	1

Of the 121 recorded North Ayrshire NHS complaints, 40 were Stage 1 and 81 were stage 2 complaints.



Complaint Category	Stage 1	Stage 2
Attitude and behaviour	8	13
Clinical treatment	18	43
Communication (oral)	1	7
Communication (written)	3	1
Competence	0	1
Date for appointment	7	10
Patient property / expenses	1	0
Personal records	2	2
Premises	0	1
No Category	0	3



- 3.4 Our Community Link Worker Service was involved in the creation of a mental health and wellbeing group called **Opening the Shutters**. This group meets weekly and has an active presence on social media. The age range is 18 to 80 giving people a safe and secure space to feel part of something and not feel alone in the world of mental health. The group is supportive of each other and pick topics each week to discuss.



*"I hit rock bottom and didn't know how I was going to come through that journey, thanks for caring reaching out and listening I can now see light at the end of the tunnel and getting stronger every day!"*

*"I personally think this an amazing group, we trust and support each other through out struggles"*

*"This group is organised and maintained from the heart, where we find the energy to keep going"*

## Outcome 4

**Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services**

### Our Highlights

**Successful Pilot** of OT being placed in General Practices

**97% increase** in Naloxone kits distributed in Ayrshire and Arran

**100** key partners attend addictions summit

- 4.1 An **Occupational Therapist** (OT) has been funded temporarily in the Largs Medical Group practice one day per week and early indications show positive outcomes. The OT provides follow up appointments helping people get people back into work and preventing long term mental health problems.

Feedback from GP's and patients offered the following when asked what has been beneficial about having an OT based within the practice;



#### GP

*"Practical skills to patients so they can move forward in their lives, good to intervene early before symptoms entrenched"*

*"Enable trust to be built up in the MDT. She has helped us to understand which patients may benefit from her input"*

*"As she is based here, we can speak to her directly, and tell our patients that she will see them here rather than them having to go elsewhere"*

#### Patients

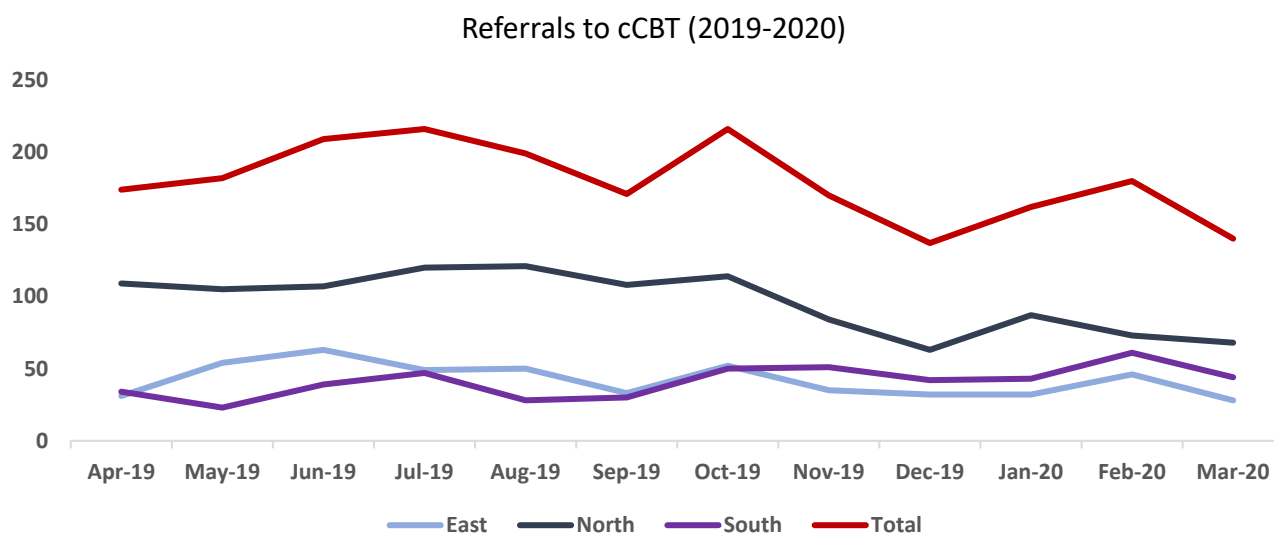
*"I got support returning to work following a period of depression and anxiety. I was supported to evaluate myself and put strategies in place."*

*"I made good progress with managing my anxiety. Also made beneficial changes to my lifestyle."*

*"My sleep has improved, and I now have a clear mind and improved lifestyle."*

- 4.2 **Beating the Blues and Silver Cloud** are interactive online treatment programmes that use cognitive behavioural therapy (CBT) to help people experiencing mild depression and/or anxiety. The programme involves completing exercises and learning CBT techniques that can help with depression and anxiety. To embed the learning and techniques each week tasks are to be completed between sessions.

The graph below is for the new system and represents the number of patients referred to the service from across Ayrshire.



- 4.3 North Ayrshire held a Drugs Summit in January 2020 at Saltcoats Town Hall to explore what is currently being carried out locally and nationally relating to the prevention of drug related deaths. Over 100 key partners, stakeholders and members of the community were in attendance. Following the summit Engagement Officers from Connected Communities engaged in Naloxone training to cascade within North Ayrshire localities.



- 4.4 **1,268 Naloxone kits** were distributed within Ayrshire 2019-20 in Community Settings. The number of kits distributed has almost doubled compared with 2018/19 with 642 kits.

Training in Naloxone also continues:



99  
622  
59

NHS staff completed the Naloxone LearnPro module  
Overdose Awareness sessions provided  
People completed Naloxone Training for Trainers

This training can be put into practice at any moment as was the case for one worker:

### Case Study

*A Justice Services Worker recognised individuals she had previously worked with in a shopping centre in Irvine. Noticing something was wrong, she approached the group and identified a person unconscious and displaying other signs of overdose. She administered her naloxone kit and phoned an ambulance. The person came around and was later taken to hospital.*

- 4.5 The North Ayrshire Alcohol and Drug Partnership released their new strategy in 2019. The strategy is underpinned with the following vision:

*“People in North Ayrshire have the right to be treated with dignity, enjoying a healthy life – free from the harms of alcohol and drugs. People are fully supported within their communities to find their own type of recovery”*

In order to deliver this vision, the Partnership will focus on five strategic priorities:

- Prevention, education and early intervention
- A whole family approach
- A reduction in the affordability, availability and attractiveness of alcohol
- A public health approach to justice and
- A recovery orientated approach which reduces harm and prevents deaths.

These priorities have been generated from:

- Successes and learning from the North Ayrshire Alcohol and Drug Partnership Strategy 2015 – 2018
- Engagement with and feedback from people, our local communities and partners, including young people
- Learning from people with lived experience of drugs and alcohol, their families and carers
- Undertaking a detailed needs assessment
- Reviewing national strategy and policy developments
- Assessing current performance and
- Developing an outcomes framework to meet local and national priorities.

Feedback was gathered by the Engagement Steering Group and was focussed around four key questions

1. What more do you think can be done to prevent alcohol or drugs related problems?
2. What more can communities do to help overcome alcohol or drug problems?
3. What do you think has worked well in terms of dealing with alcohol or drugs misuse?
4. What do you think has not worked so well?

329 individual responses were received via our online questionnaire, “doorstep interviews” and individual questionnaires. We also had summary responses from eight focus groups – three young person groups and five adult groups. Of the total number of responses (384), 82 reported being young people (The rest being unknown or adult).



“I have personally found groups, drug education and peer mentoring a massive help”

“Presence and visibility of police”

“Nothing or very little”

“People on methadone – being on a substitute for over 20 years is not therapeutic”

“Discharging service users for DNA without finding out why”

4.6 **Action on Hearing Loss** Scotland’s Community Hearing Support Service is a pan-Ayrshire funded service providing hearing aid maintenance and support. During 2019-20 the service supported 129 Community Hearing drop-ins. The **Help to Hear** service support people to make the most of their hearing aid and manage their hearing loss effectively. During the year 158 people completed the annual survey with the following highlight results:

- 74% of participants rated the quality of our hearing aid maintenance and repairs as ‘excellent’, with a further 24% rating it as ‘good’
- 82% of people rated the friendliness of staff and volunteers as ‘excellent’, and the remaining 18% rating it as ‘good’
- 77% of people rated the service overall as ‘excellent’, with a further 21% rating it as ‘good’
- 57% of participants told us that the support we provided had made a ‘big improvement’ to their daily life
- 78% told us they felt better because they could talk to someone who really understood their hearing loss
- 77% told us that socialising with family and friends is easier
- 77% said they felt more independent because they could hear better

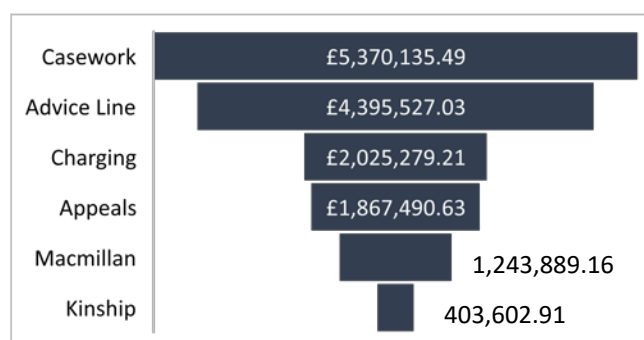
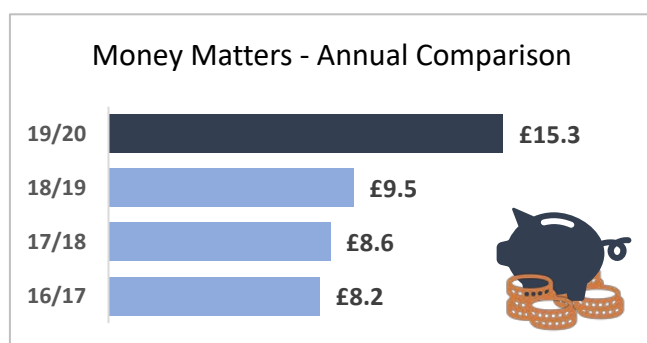
## Outcome 5

### Health and social care services contribute to reducing health inequalities

#### Our Highlights

**23.84%** of Learning Disability Service Users accessed employment opportunities  
The final Syrians from our resettlement programme were in homes by March 2020  
The money matters financial gains for 2019/20 was **over £15.3m**

- 5.1 During January, together with the opening of Trindlemoss Day Opportunities Centre, Job Coaches have focused on exploring their role within learning disability day services, with a view to ensuring that their activity reflects and benefits the community change agenda. Collaboration with a broad range of community partners was key to developing current and creating new collaborations. This resulted in 23.84% of learning disability service users accessing employment opportunities during 2019/20.
- 5.2 The final Syrians from our resettlement programme were in homes by March 2020 – meaning the Council has supported **over 200 people** since the first families arrived five years ago. Now as part of a new UK-wide programme for Syrian Resettlement, the Council will provide a haven for a further 30 refugees (six families) by March 2021.
- 5.3 Our **Money Matters Team** once again supported the most vulnerable people in our communities accessing entitled benefits to the incredible sum of £15.3m, an increase of £5.8m from 2018-19. This is a great achievement against a backdrop of austerity/welfare reform cuts and is testimony to everyone's work in the Money Matters Team.



- 5.4 We finalised our Independent Advocacy Strategic Plan: '**Empowering Inclusion**'. We are committed to ensuring people have their voice heard, can express their needs, make informed decisions and have their rights and interests protected.

The Partnership recognises the importance of advocacy in:

- **Empowering** people to express their own needs and make their own decisions
- **Enabling** people to access information, explore options and make informed decisions
- **Providing** a voice for people who are unable to do so
- **Ensuring** a safeguard for vulnerable people

This has resulted in advocacy being available to adults with learning disabilities, adults affected by mental ill health, adults with addiction issues, adults with physical disabilities, adults with brain injury, children and young people, and older adults.

## Outcome 6

**People who provide unpaid care are supported to look after their own health and wellbeing. Including to reduce any negative impact of their caring role on their own health and wellbeing**

### Our Highlights

2 unpaid adult carers supported to successfully complete their Level 2 SVQ

Carers Development Officer is now in post

27% increase in uptake of Carers registration cards

- 6.1 **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.



“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.”



- 6.2 We expanded training options available to unpaid carers across North Ayrshire by working in partnership with the Learning and Development Team, Housing Team and Unity North Ayrshire Carers Centre to offer access to online and face to face training.
- 6.3 We also involved carers in dementia training being delivered across North Ayrshire. Pictured is Sally Powell (carer) supporting Craig Hatton – Chief Executive North Ayrshire Council who is experiencing the ageing suit

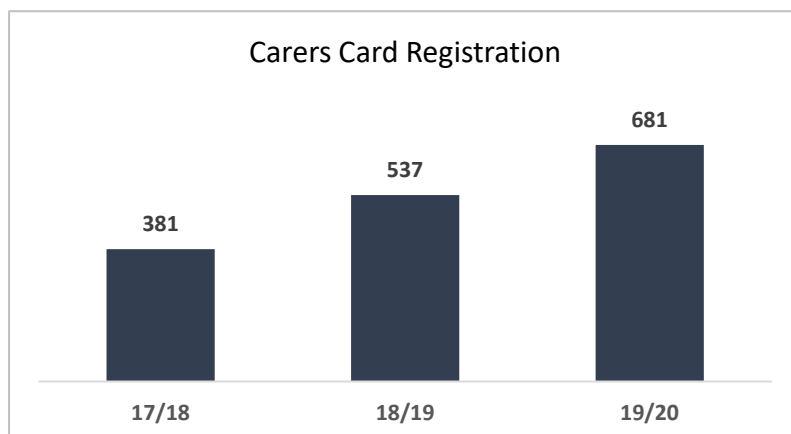




- 6.4 The Team have been pivotal in the pan Ayrshire pilot to improve carer involvement in hospital discharge and ensure unpaid carers are equal partners in the care of their family/friends. They are building on previous acute services centred work led by Angela Rowe – NHS A&A and have commenced the same with our Community Hospital sites at Woodland View.

The work has been initiated with four wards within Woodland View to provide staff with resources, training and a carer referral pathway to assist in the identification and support around hospital discharge and including unpaid carers.

This work will be further supported by the expanded team after recruiting a new Carers Development Officer whose focus is to update and implement the current NAHSCP Carers Strategy.



- 6.5 We have seen a further uptake in the use of the Carers Appreciation Card with 681 carers now registered for their card, an increase of 27% from the previous year.

- 6.6 In collaboration with Carers UK/Scotland, a **Digital resource for Carers** has been launched to provide comprehensive information and support for carers.



# Outcome 7

## People who use health and social care services are safe from harm

### Our Highlights

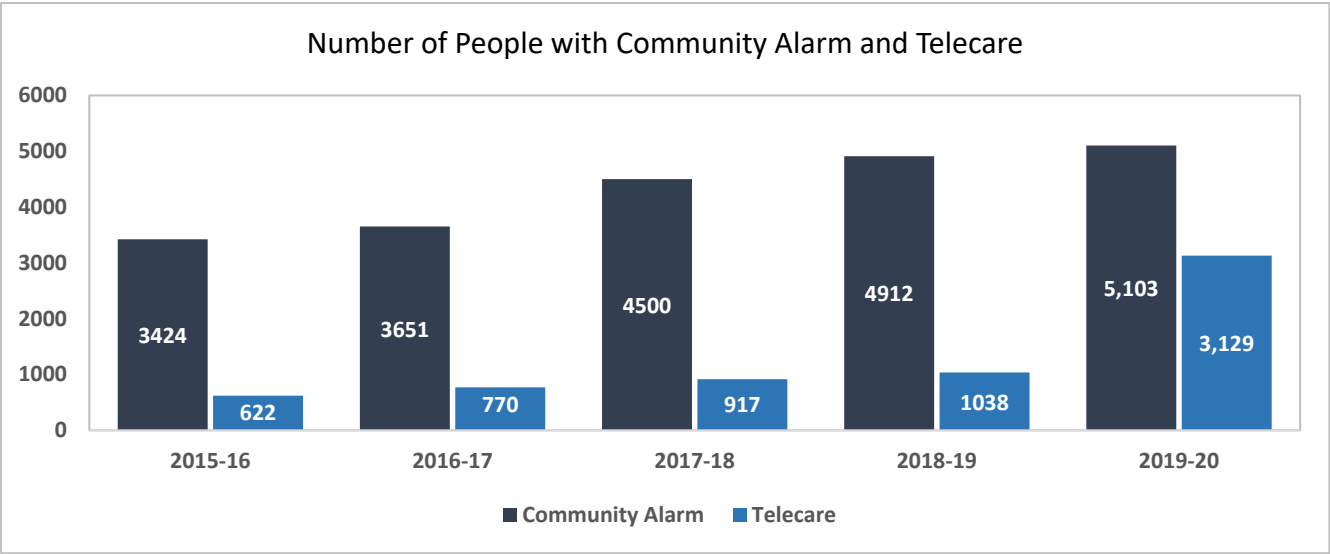
5,103 people received a Community Alarm

3,129 people received Enhanced Telecare

Care at Home and Community Care Inspections resulted in 'Excellent' gradings

22% increase in Child Protection Registrations

7.1 In 2019-20 we continued to expand the use of **Community Alarms** and **Enhanced Telecare** with 5,103 people receiving a community alarm and 3,129 in people receiving enhanced telecare.



7.2 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 it's '**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 grades at this level across Scotland, all 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 2,000 people across North Ayrshire with our Community Alert Service supporting over 5,000 people.

The reports can be found on the Care Inspectorate site:

[Inspection Report – Irvine, Garnock Valley and Community Alarm – Housing Support Service](#)

[Inspection Report Three Towns, North Coast and Arran – Housing Support Service](#)

- 7.3 We ended the year 2019-20 with an increase of children registered on the Child Protection Register; 137 children from 73 families registered, an increase of 17% on the previous year.

## Outcome 8

**People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide**

### Our Highlights

Over 2,000 members of staff experienced our Thinking Different Doing Better

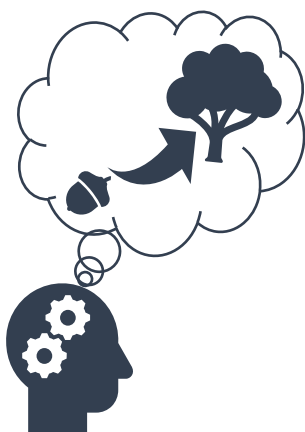
New HSCP Facebook page launched

8.1 Over 2,000 members of staff have now experienced our **Thinking Different Doing Better** sessions.

Thinking Different Doing Better is a unique, interactive experience, which has been designed in partnership with local community groups, businesses, volunteers, our third and independent sector partners and staff working across the Health and Social Care Partnership.



Staff attended a 3-hour experience, which consists of 90 minutes of experiential learning, followed by a 90-minute intimate discussion with the HSCP Director, Stephen Brown. The experience was developed to enable 3 objectives to be met:



- To facilitate a greater learning by all staff on the North Ayrshire Health and Social Care Partnership, our priorities, values and partners
- To provide an opportunity for participants meet colleagues from other services and give their views on things such as financial spend and how we, as a Partnership, can do better.
- To inspire staff to think differently and focus on our assets, both in the community and within people, which should ultimately lead to improved outcomes across each of our five priorities.

The initiative was also extended to the public for the same purpose of providing an immersive visual experience on all the partnership's assets and constraints.



- 8.2 The new partnership Facebook page was launched in February 2020 - [www.facebook.com/NorthAyrshireHSCP](https://www.facebook.com/NorthAyrshireHSCP). This will enable the partnership to reach the wider communities, sharing more news and events.
- 8.3 The partnership measures and develops internal engagement through the use of **iMatter** and the **NAC Our Voice** staff surveys. These helped to determine areas for support, improvement and innovation across teams and services through learning experience.

In 2019-20 partnership staff scored high engagement rates within both surveys with **79%** in iMatter and **72.5%** in Our Voice. In total 1,474 partnership staff across 204 teams responded to the iMatter questionnaire and 548 NAHSCP Council employed staff responding to the NAC Our Voice survey.

- 8.4 Each year we **celebrate the contribution individuals and teams** make to the health and wellbeing of the people of North Ayrshire in our Breakfast for Champions event. In previous years our Partnership Staff Awards have successfully recognised employees and volunteers from North Ayrshire Council, NHS Ayrshire and Arran, the Third Sector and the Independent Sector.

This time the Partnership Staff Awards became **the Partnership Awards**. We developed our awards to better appreciate the role of the community as partners in health and social care – reflecting our “delivering care together” approach. We did this by two main changes. For the first time we invited members of the public to nominate individuals and teams. Second, we ensured that nominations included community champions, unpaid carers and other members of the public.



The twelve categories (Individual and Team) look for evidence for the demonstration of our seven values. We had 16 team finalists and 23 individual finalists.

The finalists included Bourtreehill Drop in centre (Age Concern), The Scottish Centre for Personal Safety, Ailn Volunteer Board, Ward 2 Woodland View, Break the Silence, Justice Services, Care at home, A New Hope, Lend an Ear volunteer team, North Ayrshire Carers Centre staff team, Psychology Management administrators, Child Protection post admissions administration team plus individuals from the community including unpaid carers and staff from the Partnership.

Outcome 9:

Resources are used effectively and efficiently in the provision of health and social services

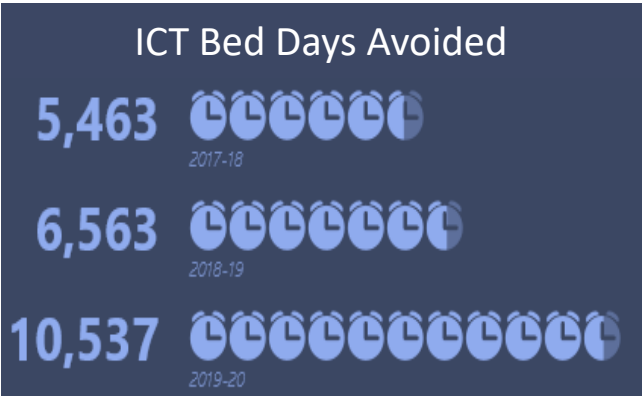
Our Highlights

99.14% of ICT service users were seen within 1 day of referral.

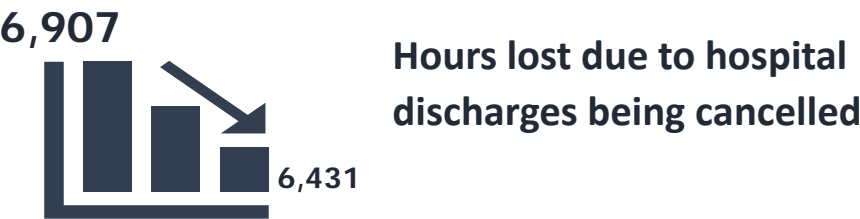
6,431.27 Care at Home hours lost

10,537 days of ICT service as an alternative to hospitalisation

9.1 Our **Intermediate Care Team (ICT)** supports people to regain their independence by supporting them when they are either discharged from hospital, or in their own homes, to prevent admission to hospital. This early intervention and prevention approach provided **10,537 days** of ICT service (during 2019-20) as an alternative to hospitalisation, a continued improvement from 2018-19. A specific highlight is in the performance of initial service user contact with 99% service users being seen within 1 day of referral.



9.2 Compared to 2018-19 we have seen a decrease in care at home hours lost due to the cancellation of hospital discharges with **6,431** hours lost compared to 6,907 from the previous year. This is as a result of our dedicated team within Crosshouse hospital continuing to work with our hospital colleagues to reduce the number of discharge cancellations.



9.3 We launched the Scottish Government’s whole system approach to the diet and healthy weight Public Health priority in October with our other partners such as NHS and Leeds Beckett University. We are one of three early adopter sites for this priority and have agreed one of four in-depth partnerships with Sports Scotland to progress a shared approach. The focus of the programme is to improve the food and physical activity environment experienced by children and their families.

- 9.4 The HSCP has co-produced a mental health and wellbeing information 'pocket guide' with Largs Academy Mental Health Youth Ambassadors and The North Coast Locality Forum. This approach was shared with Education Services who are developing this approach across all the North Ayrshire localities. The aim of this pocket guide raises awareness to the services/people in the North Coast to assist young people achieve positive mental wellbeing. The intention is to produce the 'Pocket Guide' for every academy pupil and every cluster school Primary 7 pupil as part of their transition.
- 9.5 The HSCP Alcohol and Drug Partnership sponsors the Third Sector Interface on Arran, which is the lead agency in hosting a drug and alcohol research post. This post is exploring the specific impacts of drugs and alcohol on island communities and developing a partnership action plan.



## 2

# National Health and Wellbeing Indicators

The Scottish Government identified 23 indicators (4 remain in development) that were felt evidenced the 9 National Health and Wellbeing Outcomes. Nine indicators come from the biennial Health and Care Experience Survey (see below) and the additional 14 indicators (also below), which evidence the operation of NAHSCP, come from the NHS Information Services Division (ISD) survey. This survey represents a sample of the community and asks about the collective services received whether it be from Social Services, NHS, the collective HSCP or private or voluntary organisations. The survey responses do not separate each organisation's service provision.

Due to the COVID-19 pandemic, the data completeness and validation for these indicators has been delayed as Public Health Scotland personnel have been re-tasked to other prioritised works. The information below represents the most up-to-date **calendar** year information with the financial year updates available in due course accessible from [Public Health Scotland](#). The rates presented below relate to the year for which data is most recently available for each indicator and as such the ranking value should also be regarded as an indicator and not the final rank.



Health and Social Care Experience Indicators	2015–16	2017–18	2019-20 Not available	Scottish Av % Diff	Rank against Family Group (2017-18)
Adults able to look after their health very well or quite well	93%	91%	-	93%	4
Adults supported at home who agreed that they are supported to live as independently as possible	82%	84%	-	81%	1
Adults supported at home who agreed that they had a say in how their help, care, or support was provided	77%	70%	-	76%	7
Adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	78%	74%	-	74%	6
Adults receiving any care or support who rated it as excellent or good	79%	78%	-	80%	7
People with positive experience of the care provided by their GP practice	84%	80%	-	83%	6
Adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	82%	82%	-	80%	2
Carers who feel supported to continue in their caring role	43%	39%	-	37%	4
Adults supported at home who agreed they felt safe	79%	80%	-	83%	6

To support service improvement, the Scottish Government has identified local authority / Partnership benchmarking families. These family groups are made up of eight local authorities that share similar social, demographic and economic characteristics. Comparing our performance information with our family group should provide a more meaningful comparison with similar areas and allow for greater opportunities for shared learning and best practice. Rankings are on a scale of 1–8, where 1= best performing, 8=worst performing.

North Ayrshire is partnered in its family group with: East Ayrshire, Dundee, Western Isles, Glasgow, Inverclyde, North Lanarkshire and West Dunbartonshire.

Indicators based on Administrative data	2016–17	2017–18	2018–19	Value (calendar year)	Scottish Av/ % Diff	Rank against Family Group
Premature mortality rate. (Under 75s age-standardised death rates for all causes per 100,000 population).	490		456	456 (2019)	432	2
Rate of Emergency Hospital Admissions for adults (per 100,000 population)	16,249	16,481	16,513	16,894 (2019)	12,602	8
Rate of emergency bed days for adults.*	139,750	149,902	142,441	149,356 (2019)	117,478	7
Readmissions to hospital within 28 days of discharge.	105	106	107	112 (2019)	104	6
Proportion of last 6 months of life spent at home or in community setting.	87%	87%	88%	88% (2019)	89%	8
Falls rate per 1,000 population aged 65+	20	24	22	22 (2019)	23	3
Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections.	81%	87%	88%	88% (2019-20)	82%	3
Percentage of adults with intensive needs receiving care at home. (all levels of CAH)	49%	49%	63% (2018)	63% (2018)	62	3
Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1000 population)	624	1,033	1,126	1,366 (2018-19)	793	7
Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency.	26%	29%	28%	28% (2018-19)	24%	8

As well as the National Health and Wellbeing indicators, we regularly report on local measures to help us to evidence performance against the nine National Health and Wellbeing Outcomes and our Strategic Priorities. The list of local indicators can be found in Appendix 1 (see page 69).

From January 2017, The Ministerial Strategic Group for Health and Community Care (MSG) advised that in order to measure the impact of integration they would be monitoring a suite of indicators. These are indicators which the government view as being

appropriate to measure progress with integration and for which data is available to enable a comparison across partnership areas and to report on progress at a national level. The full list of indicators can be found in Appendix 2 (see page 82).

# 3

## Performance in relation to the three Children's Outcomes and three Justice Service Outcome

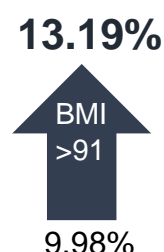
## Children's Outcomes

**Outcome 1: Our children have the best start in life and are ready to succeed**

**Outcome 2: Our young people are successful learning, confident individuals, effective contributors and responsible citizens**

**Outcome 3: We have improved the life chances for children, young people and families at risk**

- 1.1 There has been an increase in the percentage of children either solely breastfed or mixed. With **19.69%** either breastfed or mixed at the 6-8 weeks review, which is a slight improvement from the 2018-19 figure of 19.51%
- 1.2 Our Universal Early Years team which consists of social workers, health visitors, speech and language therapists, welfare rights advisors, mental health nurses and employability workers. This multi-disciplinary team continued to provide support to ensure the improving health of young children was priority. The percentage of children with BMI centile greater than 91 (meaning they are overweight or very overweight) at 27-month review increased from 9.98% to **13.19%**.
- 1.3 Through various consultations with stakeholders; the Partnership has implemented several initiatives throughout the year to support children, young people and their families. These include:
- A fully implemented the **National Health Visiting Pathway** which promotes the importance of prevention and early identification: getting the right support for families at the right time.
  - Our integrated Universal Early Years' Service provides individualised, early intervention care and supports to the child and their family. This service includes expertise from health visiting, social work, speech and language and perinatal mental health. In addition, we have a strong support team who can provide in house, person centred support to families on a variety of issues as and when families need it.
  - Almost half of requests from health visitors remain within Universal Early Years, demonstrating our focus on early intervention and prevention;
  - The service has access to wide range of additional supports from within the wider NHS, local authority (day care and early nursery placement) and third sector (Barnardos)



- A refresh of our award-winning **Young People's Citizenship and Participation Strategy** ensuring our young people continue to have a voice in local and national decisions that affect them.
- The Partnership Learning and Development Team have been working in partnership with colleagues in Education to deliver a **Foundation Apprenticeship** course in Social Services and Healthcare. This was delivered to nine 6th year pupils from across North, East and South Ayrshire at Irvine Royal Academy. All nine pupils achieved the National Progression Award as part of the course, with five going on to successfully complete a placement in a health and social care setting, achieving an SVQ and completing the full Foundation Apprenticeship.



- **Mental Health Youth Ambassadors** from Kilwinning Academy have engaged in democratic decision-making processes in the co-creation of Kilwinning Library as a **Wellbeing Hub and learning Centre**. Our Youth Ambassadors are contributing to our Youth Poverty Commission, the first in Scotland, as part of the Year of Young People Poverty and Inequality workstream
- There was a consultation with the Mental Health Youth Ambassadors in an '**En-Lightening Capacity Building Event**' to redress their perceived deficit of bespoke Mental Health services for young people on Arran. The Capacity Building session was very well received by The Mental Health Youth Ambassadors who engaged enthusiastically articulating their needs, issues and aspiration for bespoke Youth Mental Health Services.
- There was an event within the North Coast which aimed to engage the Mental Health Youth Ambassadors in a bespoke breakfast blether & capacity building session to a co-

produce a pocket guide to wellbeing services in the North Coast; designed for and by young people. The initiative was a direct result from the discussion dinner/expressed needs, issues and aspirations of the young people.

- Our **Family Firm** corporate parenting policy, procedures and protocols, which supports young care experienced people with training and employability.
- Our **Joint Child Poverty Action Plan** was submitted to the Scottish Government in June 2019. Initial feedback suggests we are demonstrating more progress than many other local authorities to prevent and mitigate the effects of child poverty and reduce future levels

- 1.4 Since its inception, the **SNAP (STOP NOW AND PLAN)** initiative has supported children ages 8 -11 engaging in aggressive and anti-social behaviour at school or in the community. Experienced and highly trained staff work with each family to assess challenges and problems and develop an action plan aimed to reduce the potential of anti-social behaviour and chances of conflict with family, peers and authority figures.

For the period 2019-20, 100% of children who have been involved through SNAP have been sustained within their local school.

- 1.5 The **Rosemount Team** deliver family focused, consistent and connected practice that supports positive change through meaningful relationships. From April 2019 to March 2020 the Rosemount team worked with 324 young people and their parents/carers. Although the number of referrals to the service have decreased (the previous financial year the team worked with 359 cases) the numbers of young people being maintained at home remains high with 94% of young people remaining with their parents/carers on a long-term basis.

- 1.6 The re-structured Children and Families Services included **School-based Social Workers** ensuring greater integration between health and social care and we are in the process of creating three multi-disciplinary Locality Teams based in local secondary schools. The first of these teams, located at Kilwinning Academy, became operational in early September 2019 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 compulsory and 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 further work is being driven forward in the Garnock Valley.

- 1.7 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 team work alongside children and families, supporting them to thrive, whilst aiming to create profound change within the community they live in. Support is offered to families to help them understand and address the challenges and risks which may have led to their vulnerability, promote connection to their local communities, and improve financial stability and resilience.



The primary aims of the support to communities to become more resilient and a place where children feel safe, valued, understood and supported with some highlights being:

- 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 a Programme of Community Engagement events to the community and other families connected to the HUB over a 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.

- 1.8 **Reducing the number of children and young people becoming accommodated** continues to be a priority. At the start of 2019-20 there were 33 children and young people looked after in external residential placements, and at the end of the year that number was down to 26. This continues to be a focus for session 2020-21.
- 1.9 **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. Advice offered is adaptable to suit individual needs as their employment, education or training journey progresses. In addition, staff can assist young people in finding their own accommodation and provide bespoke emotional and practical support through what can be, for some, challenging and uncertain times, as well as exciting. 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%.

66% of CYP receiving aftercare services were in employment, education or training

The teams are dynamic, creative and flexible to meet the emerging and individual needs of care experienced young people offering advice and guidance to those who need support in applying for benefits, as well as those who are applying for educational bursaries, care leaver's bursaries and financial support. Assistance can also be provided on legal matters, emotional health and wellbeing and life skills.

- 1.10 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. Barnardo's run specialist advocacy services across the UK and are there for young people who need someone to support them, protect their rights and help them speak out. Their advocates are independent, and they don't work for local councils, social services or the NHS. They strive to explain the wishes of the young person, represent their case and do not give their personal opinions.

96 children (including 62 CEYP) receiving advocacy support

Barnardo's advocates role includes:

- Attending meetings with or on behalf of children/young people where decisions are made – for example, children's hearings, looked after reviews, child protection processes.
- Writing letters on behalf of young persons and assisting them with complaints or appeals.
- Helping children and young people to access information so that they can make informed decisions.
- Helping children and young people understand decision making processes and what their rights are within these.
- Giving children and young people a voice to help them achieve their full potential.
- Empowering children and young people to develop their confidence/skills in self-advocacy
- Listening to young people is at centre to all the work they carry out as advocates.

Around the end of the year there were 96 children receiving advocacy support, 62 of whom were care experienced young people (CEYP).

- 1.11 **Nurture-based training** approaches continue to be cascaded across the Children and Families residential services. In order to introduce and develop these approaches, there has been extensive work in: awareness raising sessions for all staff; the concept of nurture being utilised within supervision, team meetings and development sessions. Nurture Champions have been identified across the service and managers have been completing a four-day training course. Nurture training continues to be rolled out across other services including Early Years, Education & Housing.

We have a child protection training calendar for professionals to ensure that children are protected from violence and can recover from traumatic experiences. This includes training on children's rights, domestic abuse and, trauma informed practice.

Our Child Protection Committee is supporting the ***Everyone Has a Story*** training it has been agreed that this training will be delivered towards the end of 2020 early 2021. There will be scope for 15 staff to attend this training and the course will support practitioners in adult and children's services to respond to children affected by parental substance use.

To enhance the skills of our workforce and improve outcomes for young people and families the North Ayrshire Alcohol and Drug Partnership (ADP) has invested in the **C.H.A.T.** training (**Children Harmed by Alcohol Tool**). 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.

- 1.12 Our **Fostering and Adoption Team** continues to run successful campaigns to increase the number of foster carers and families who would like to foster and adopt children. The number of foster carers in the local authority remains steady (98 as at the end of 2019-20) but since the launch of a communications campaign in January 2020 we have had 33 enquiries and recruited 6 new carers.

Our Fostering and Adoption Team launched their communications campaign which aims to encourage local people to consider becoming a foster carer or adoptive parent to a child in North Ayrshire. As part of the campaign one of our looked after children designed a new colourful logo for the Family Placement Team. The logo will appear on outdoor adverts, as well as being rolled out across our social media channels, with the hashtag #youjusthaventmetmeyet.

- 1.13 At the start of 2019-20 there were 328 children and young people in a **Kinship placement** to 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 to 262 Carers.
- 1.14 We know that North Ayrshire proportionally has higher levels of **Child Protection** activity than across the country as a whole (the rate per 1,000 of children aged 0-15 on the Child Protection register in North Ayrshire at the end of July 2019 was 4.6, which was higher than the national figure of 2.8). Despite this, there has been a marked improvement around Child Protection timescales in 2019-20 compared to previous years.
- 1.15 The **North Ayrshire Child Protection Committee** (NACPC), on updating their website - <http://childprotectionnorthayrshire.info/cpc/#> - launched a social media campaign around child protection and distributed child protection materials, in partnership with the community hubs distributing food during the pandemic, to families who received food deliveries. The CPC also offers multi-agency practice development opportunities for workers in relation to child protection. This training is designed and delivered in relation to the general contact workforce, the specific contact workforce and the intensive contact workforce. A total of 1362 people attended multi-agency training, bespoke inputs and workshops in 2019.
- 1.16 The Significant Case Review working group, renamed ***Making Change Happen***, has now met on three occasions. The three areas for improvement we shall be taking forward will focus on: Increasing professional curiosity/responsibility; enhancing opportunities for reflection (including self/peer supervision); and improving understanding of the child's experience/perspective, ensuring adult voices are not over-privileged.
- 1.17 The **Young People's (YP) Suicide Taskforce** (formerly the Young People's Operational Suicide Prevention Group) has continued to meet regularly, with governance from the Young People's Strategic Suicide Prevention Group (YPSSPG). A key piece of work taken forward by the YP Suicide Taskforce has been the **13 Ways campaign**. A series of 13 animations with key messages focusing on young people supporting each other, were developed and released via social media. The animations illustrated one of each of 13 messages, with a narration by a young person and an animation to illustrate the message. Young people were central to developing the language, visuals and stories, and were supported to contribute meaningfully specifically (but not exclusively) through the Year of the Young People (YOYP) Ambassadors. The campaign has been very well received and has been given a positive response perhaps because of the ownership by all groups and the young people of the messages and the rationale. Young people have been the best ambassadors – the YOYP ambassadors winning the category prize for Mental Health and Wellbeing in the Youth Link awards for this work. The campaign has continued to be further developed in 2019 and 2020, with celebrity endorsement to widen the reach of the messages.
- 1.18 The **Champions Board** is a group of care experienced young people aged 15-23yrs who work together with Corporate Parents to create change within the care system, as well as

working to develop a Mental Health toolkit and advice specifically for care experienced Children and Young People. Over the past year the champions Board have continued to challenge the language and stigma that exists within the care system.



The Champions Board have created the new Children, Families & Justice Services logo.

- 1.19 The recently refurbished **Meadowcroft** building which opened in mid-January, is a bespoke facility which 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; Rosemount Crisis Intervention Team, Programmes Approach Team, Corporate Parenting Team, Throughcare Team and Residential Social Workers.



The teams relocated to the Meadowcroft building just before the COVID-19 pandemic and have continued to provide a robust service to our vulnerable young people and families. The facility provides first rate space for staff as well as comfortable meeting rooms for young people, kitchen facilities to help work on independent-living skills, and an art room.



- 1.20 Work is well underway in the construction of the brand new, state of the art **Additional Support Needs (ASN) School** and Respite and Residential Accommodation in Stevenston. This development presents a unique, exciting and innovative opportunity for the Partnership and Education Services to better meet the needs of children and young people with additional support needs in North Ayrshire. The facility will enable professionals to work together, in an integrated way, to benefit some of our most disadvantaged children and young people. This opportunity affords our children and young people with complex needs the opportunity to access the very best in technology, facilities and resources, in their local area.
- 1.21 Through 2019-20 we have increased communication 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.



- 1.22 Our new Head of Service appointed in September, has implemented monthly 'drop-in' sessions for staff and for young people to increase communication, chat over good practice and take forward any items which need to be addressed. In addition, 'Collegialitea' sessions were established so that staff could come together, from a range of services, to meet each other discuss key areas for improvement. These sessions have been well received.

## Justice Service Outcomes

**Outcome 1: Community safety and public protection**

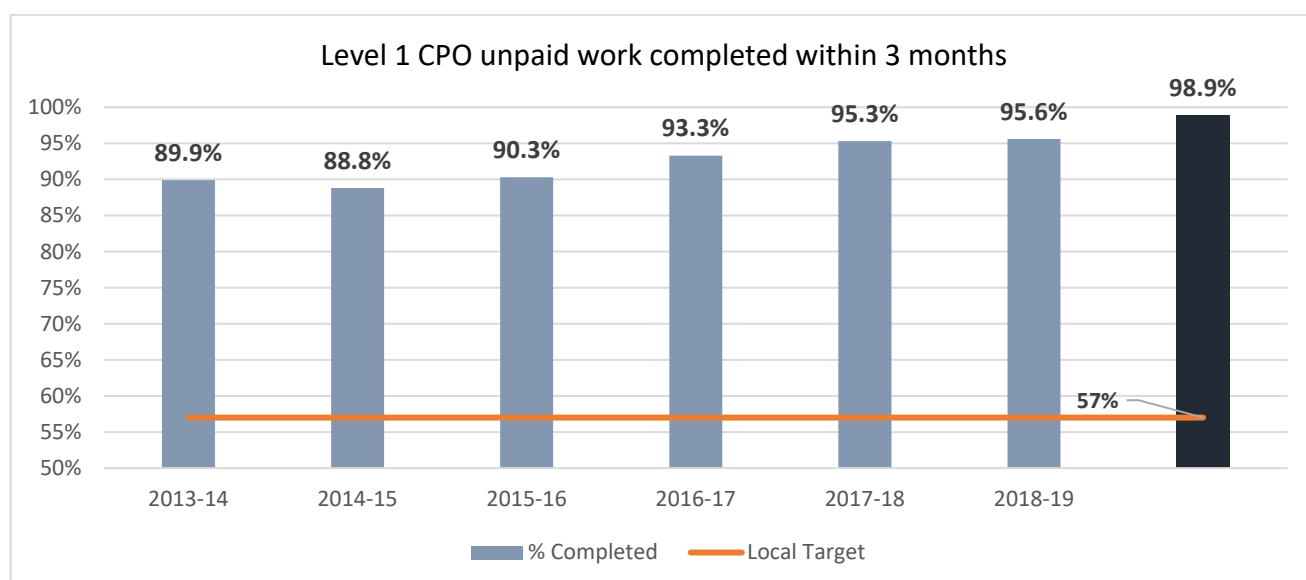
**Outcome 2: The reduction of re-offending**

**Outcome 3: Social inclusion to support desistance from offending**

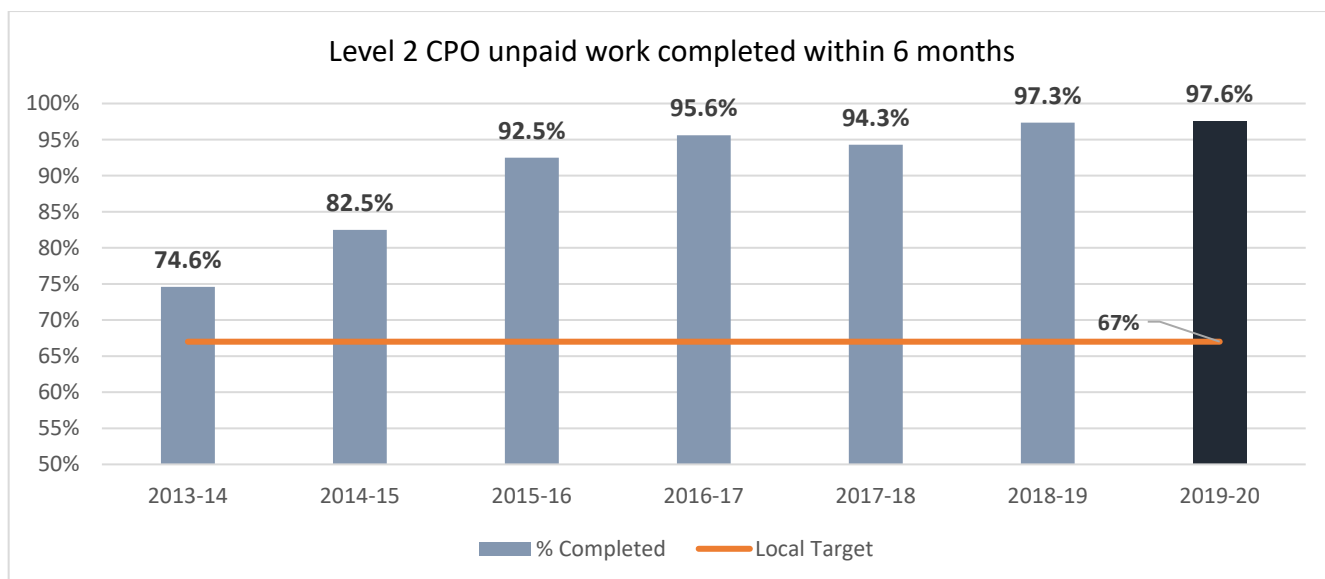
- 1.1 The targets set for unpaid work are pan-Ayrshire targets. The latest Government statistics on **Community Payback Orders (CPO)** (2018-19) show that North Ayrshire has the third highest number of CPO's imposed per 10,000 population in Scotland at 64.5 per 10,000 population. In comparison, East Ayrshire has the highest in Scotland at 65.7 and South Ayrshire sit at 52.3. The Scottish average is 42.6 per 10,000 population.

There has been a steady decline in the number of Criminal Justice Social Work Reports (CJSW) since 2015-16, however 2019-20 has indicated a slight upward turn. The latest Government statistics on CJSWs for 2018-19 reveal North Ayrshire at 80.8 per 10,000 population. In comparison, East Ayrshire has the second highest at 113.5 and South Ayrshire sit at 82.6. The Scottish average is 70.8 per 10,000 population.

- 1.2 Our Justice Services continue to have a positive impact on the local community through the **Community Payback Order (CPO)** unpaid work scheme. For the seventh year we have continuously over-achieved against targets for CPO level 1 and level 2.







1.3 We currently have 190 people of all ages and abilities undertaking unpaid work. The unpaid work teams undertake a variety of tasks for the benefit of local communities, including;

- **Foodbank** - undertaking collections for a local Foodbank at Church of Nazarene in Ardrossan. They then carry out distribution of the allocated food across North Ayrshire.
- **Painting and Decorating** - our teams undertook painting the Main Hall in Whitlees Community Centre, Ardrossan. There is ongoing work in community-based facilities in Arran.
- **Removals** – support is provided to local Charity shops by collecting donated furniture and delivering purchased items. This is a valuable resource for those who might find it difficult to pay for uplift and delivery of large items.
- **Workshops** - our three workshops are equipped to undertake training in woodworking skills and arts and crafts. Service users who have disabilities or health issues may not be able to undertake heavier work, they also have an opportunity to make items which are sold with the funds going to the Income Generation Fund.
- **Employability** - working with all justice service users to provide support in working towards employment; a significant factor in reducing re-offending.

1.4 Reintegration into communities is very much the ethos of Community Payback Orders and with that aim in mind we have **Employability Mentors** based within the Community Payback, Unpaid Work Team. Since coming into post the mentors have been successful in supporting 27 service users into full time employment, 9 in the last year. The team have sourced and placed a significant number of service users into training that is likely to increase future employment opportunities. In addition to this they have supported 3 services users into various full-time education courses.



The Mentors, alongside Economies and Communities, CEIS (Community Enterprise in Scotland) and DWP (Department for Work and Pensions) organised a 'Recruit with Conviction Event' at the Ardrossan Hub in May 2019. Employers from a variety of sectors attended including advice from Disclosure Scotland. In addition to this they completed a presentation at HMP Kilmarnock to 20 employers to demonstrate skills and abilities of service users to aid their further employment

- 1.5 The **Early Intervention from Custody (Women)** project continued to offer support to women to access existing health and other services, particularly Addictions and Mental Health services, to improve their health outcomes. The project also seeks to develop improved integrated pathways between Health and Social Care Services in North Ayrshire, leading to sustainable improvements in how services work together and deliver services more effectively.

### Case Study

Ms G

*Ms G appeared in court in October and was referred to the Early Intervention Service for extra support. The allocated staff member completed a home visit and discussed what support could be provided by staff. Ms G was having difficulty in relation to her existing welfare benefits and was unsure if she was eligible for other benefits as a result of a recent serious injury. A referral to Money Matters was made and Ms G was able to resolve the issue surrounding her existing welfare issue. Moreover, she was provided with relevant information regarding her recent injury and helped apply for relevant welfare. Additionally, Ms G reported that she suffered from depression and would like to be provided a safe space to undertake counselling for childhood sexual abuse. A referral was made to the Occupational Therapy to address these issues. Furthermore, Ms G was provided with information for a local charity - Break The Silence, which was established to provide support to survivors of childhood sexual abuse. Ms G continues to attend Occupational Therapy and has reported great improvements in her mood.*



## Case Study

Ms E

*Ms E has been engaging with the Early Intervention Service since August 2019 after being referred for support regarding substance abuse and counselling. During this time, she lost her partner to an overdose which left her in a state of uncertainty as they had previously managed the household and benefits. Thus, on the passing of her partner she was now required to set up her own bank account and update her housing application. Ms E was supported by the allocated worker who drove her to attend Housing Services with the necessary paperwork. Within the same day, Ms E was helped to set up her own bank account, so she may receive her welfare payments. Ms E noted how excited and proud she felt on doing this as it had been years since she had, had her own bank account.*

*During her engagement with the service Ms E has had great difficulty at times affording food. On one such occasion, the allocated worker alongside the supporting Occupational Therapist accompanied Ms E to several food banks within the area to source a food parcel. This involved driving from Ms E's home address to her local food bank, however, they had no parcels left. Following this, Ms E was driven to two further foodbanks within the North Ayrshire locale until a food parcel could be sourced for her. This support ran past normal working hours, however, both workers felt it was imperative to ensure Ms E had food at home. Ms E continues to engage with the service and reports how "thankful and grateful" she is of the support.*

- 1.6 The **Caledonian Women's Service** offers emotional and practical support to women, advice on safety planning, risk assessment and advocacy. Working in partnership with the women, we aim to reduce their vulnerability and work with other services, including; education, housing, Police Scotland and the voluntary sector, so that women and their families are better supported.

In 2019-20 the team worked with **140** individuals across Ayrshire (an increase of 17 from the previous year). Offering a variety of services and support, from safety planning sessions, to longer term interventions and support the team currently continue to support 54 women across North Ayrshire.

The Caledonian Women's Service are currently piloting women's well-being groups as a means of reducing isolation, building new relationships and gaining feedback in a more trauma informed way – 2 have taken place across Ayrshire so far.

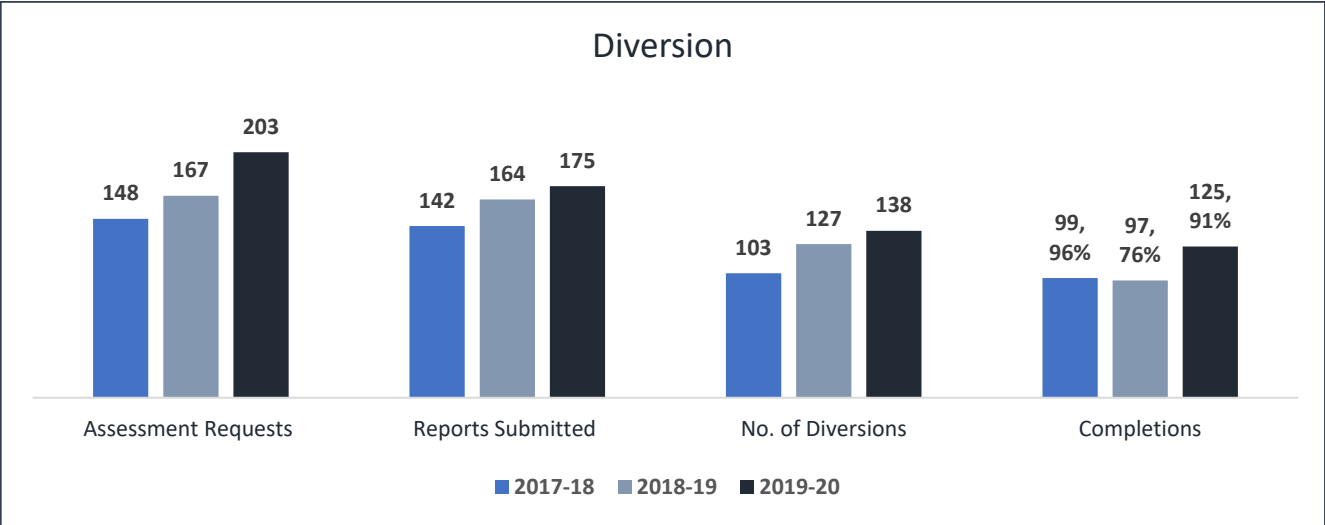
1.7 **Women’s Service** staff provide supervision and case management of Community Payback Orders (CPOs) imposed by the courts for women who have more complex risk and needs as referred by Justice Services locality teams. Some of the positive outcomes are listed below;

- Reduction in number of revocations
- Reduction in offending behaviour whilst subject to a CPO
- Excellent advocacy from case managers regarding mental health issues and improved pathways to Health Services in North and South Ayrshire due to collective work with the Occupational Therapist
- Collaborative work in all areas with services such as Money Matters and the Financial Inclusion Team has led to services user’s income being maximised and numerous women received significant amounts of backdated money

Whilst there have been positive destinations for many women, this is an area where we would hope to improve. Our aim is to encourage and support service users to be in education/training or employment (either voluntary or paid) prior to the end of their Order.

1.8 **Diversion From Prosecution (Diversion)** is delivered within each locality Justice Service following an assessment by a Justice Social Worker. However, up until the past few years referrals from the Procurators Fiscal (PFs) were very small and it was agreed to develop a more structured service across the Partnership in order to coordinate more directly with the Crown Service. Since integration, referrals have increased significantly, and particularly in the past year with a drive to increase Diversion nationally in response to specific Justice outcomes in the updated national alcohol and drug policy ‘**Rights, Respect and Recovery**’

The numbers of Procurators Fiscal (PF) assessment requests have increased by 37% from 2017-18 to 2019-20, which has resulted in a 34% rise in the number of Diversions allocated. In the past, Diversion would last approx. 6 - 8 weeks and generally be for first offences, so that the intervention would be offence focussed, whereas recently a change in PF referral criteria places the focus on less serious offences rather than whether it is a first offence, so that many cases presenting in the past year have had a longer offending history.



The Diversion service has proved a positive support based on feedback received:

- 96% rated the intervention as excellent/very good in helping them address their offending behaviour
- 98% rated staff as excellent/very good in helping them address their issues
- 100% of participants stated the Diversion service had met their needs.

## Case Study

### Mr C

*Mr C was referred to the service following several reports of public disorder. When undertaking the assessment, the writer was made aware that Mr C had been diagnosed with Asperger's a few years earlier, however no community-based supports were presently in place due to him refusing to engage with services – stating that he could not tell people how he was feeling. Much frustration, reported feelings of helplessness and being misunderstood by society resulted in his withdrawal from his family, friends and the community and any attempts to reintroduce him resulted in displays of threatening and abusive behaviour. Through much engagement with Mr C, partnership working with the Learning Disability Team and the National Autistic Society, staff utilised additional pictorial cues and interventions to encourage Mr C to understand his feelings and to communicate more effectively. This intervention changed the focus of communication for Mr C and he now feels able to express himself in alternative ways which (though the use of emojis on his phone) do not result in frustration and inappropriate behaviour. Mr C recently applied for College, where he hopes to develop his passion for music.*

## 4

# Reporting on Localities

North Ayrshire is home to over 136,000 people, all living in its many towns, villages and islands. These places are home to many different communities, each with their own characteristics and needs.

We recognise that a one – size all approach to services delivery is not appropriate. A blanket service may be of great benefit to one community and of little value to another.

That is why we are now designing local services based on local need, identifying the health and social care priorities in communities and developing services that help people access the right services at the right time.



## Overview

Throughout the 2019-20 service year, our six **Locality Planning Forums (LPF)** have continued to represent local communities within the Health and Social Care Partnership.

Following on from the review of the LPF governance structures in September 2018, each forum has engaged in further information and awareness raising sessions in order to better serve their local communities. In addition to inputs by HSCP officers at LPF meetings, a half day capacity building seminar was hosted in December 2019. The outcome of these sessions has included:

- Clarity on the role and value of planning health and care services at the local level
- A greater understanding - for all members - on how to progress concerns, issues or recommendations through the HSCPs governance structure
- The development of an 'engagement calendar' highlighting various activities, events and celebration days that LPFs can be involved in

Further, throughout 2019-20, HSCP Locality Planning Forums have increased representation on Community Planning Partnership Locality Partnerships. This has resulted in several pieces of joint engagement work with local communities across North Ayrshire.

It is anticipated, that as HSCP teams become more organised into localities, our LPFs will have a greater role in engaging with local communities to understanding local needs and concerns. Through effective engagement, it is the continued role of LPFs to be the voice of local people in the HSCP, ensuring services are designed to meet local need.

## Arran

Throughout the service year, Arran initiated their first joint Locality Planning Partnership and Locality Planning Forum meetings. These new joint groups aligned the CPP and HSCP locality groups into one structure. In December 2019, an engagement event was held with the Patient Service User groups in Lamlash Medical Practice and Brodick Library to inform residents of the **joined-up** way of working and discussing how local people can be involved. This event resulted in several positive outcomes, such as:

- Enhancing the engagement network on Arran
- Improved awareness of the roles of local groups and organisations
- Highlighted concerns identified by local resident groups for action

Focus has been on improving services that support the **mental health of young people**. In early December 2020 a capacity building event took place with Mental Health Youth Ambassadors from Arran High School, to discuss local services and address a perceived lack of appropriate youth mental health services on the island.

The **Capacity Building** session was very well received by The Mental Health Youth Ambassadors who engaged enthusiastically articulating their needs, issues and aspirations for bespoke Youth Mental Health Services. The young people expressed the need:

- to de-stigmatise the 'Wellbeing Centre' and develop safe spaces all around the school
- explore more creative types of wellbeing including art, music and pet therapy
- develop balanced physical wellbeing by ensuring more sporting options directly targeting girls and prioritising all sports like football, basketball, netball & rugby
- explore the potential of group therapies
- introduce qualifications around Mental Health including an alternative curriculum
- enhance communications regarding wellbeing and the opportunities within the wellbeing centre.

Following this event, it was agreed to explore the pursuit of Community Investment Funding. In March 2020, a further capacity building event took place with several local partners at the Arran Outdoors Centre with the aim to pursue a joint CIF bid to address the needs identified by young people. This event was considered a success and activity will now take place to pursue a CIF application and other funding to support developments for young people on the island.

In support of the local community and **encourage younger people** into a career in the Health and Social Care Partnership, a jobs fair was held in support of choice and opportunities available.







During the service year, the Garnock Valley progressed work to help address the concern of **social isolation and loneliness** experienced by local people. On 8th December 2019, the LPF hosted an event in the Montgomery Court Community Hub bringing together local partners from Community Learning and Development, Community Link Workers, St Bridget's Primary School and the Beith Trust.

The session aimed to:

- Identify local need in the Garnock Valley
- Consider how social isolation and loneliness could be address in the locality.

The session included many active engagement methods, including:

- Icebreakers, brainstorming, idea snowballing, social singing and inter-generational work.

**Impact Stars** were used to evaluate participants experiences, and importantly they had the opportunity to identify what they would like to see developed in their locality that they could redress the issues of Social Isolation and Loneliness moving forward.

One agreed solution was for Montgomery Court to develop lunch and/or activity clubs with additional developmental support to them to help build more local capacity. Further development was identified with other third sector groups, who may wish to develop new services in the area with possible groups to include the Beith Trust who have agreed to deliver cooking sessions and training for the targeted communities.

This bottom-up approach at a locality level was identified as a positive way to redress Social Isolation and Loneliness based on expressed needs, issues and aspirations. Further sessions are planned to engage with more groups to further enhance the approach and address the concerns of social isolation and loneliness.



Following concerns raised by LPF members in relation to **local mental health** concerns, a decision was made with local partners to pursue a consortium bid for funding from the National Lottery.

Discussions then raised awareness that several local groups and third sector partners were seeking to apply for funding to deliver local programmes to support mental health. The suggestion was made to pursue a joint bid in order to ensure a more collaborative approach to service delivery and perhaps lever in greater resources for local people.

A '**Coffee, Cake and Chat**' event took place in December 2019 bringing together partners from Community Learning and Development, Community Link Workers, Kilwinning Library and Third sector Partners.

The event proved to be very enlightening and positively motivating regarding new developments and a more co-operative approach:

- to build more bespoke family services
- to minimise silo working within the locality
- to develop/detail a consortium lottery bid to add leverage/resources within the locality
- to use the library space for future developments to de-stigmatise services
- to introduce qualifications around Mental Health including an alternative curriculum

The group will now seek further partners to participate in the consortium approach including Further Education and explore the development of a Wellbeing Academy.

Further developing the consortium approach, in March 2020, the LPF led on an engagement activity with local partners to consider the development of a local Wellbeing Curriculum for the Kilwinning area, namely in delivering the '**Practical Approaches to Mental Health**' programme to the local people and groups.

The event discussed how best to deliver to jointly deliver the curriculum, ensuring wide reaching engagement and participation by local people who require the service. Going forward the consortium of organisations pledged to a more corporate way forward; maximising the impact and minimising duplication by:

- Co-facilitating the course
- Minimising silo working within the locality
- Using corporate approaches to monitor/evaluate the programme
- Using the library space for future developments
- De-stigmatising Mental Health Services
- Introducing accredited and non-accredited learning around Mental Health





In February 2020, Irvine Locality Planning Forum engaged with the Parent Council from Irvine

In February 2020, Irvine Locality Planning Forum engaged with the Parent Council from Irvine Royal Academy to raise awareness of the forthcoming **Addictions Participatory Budgeting** (PB) Event. As part of their new strategy, North Ayrshire Alcohol and Drug Partnership ran a PB event to provide funding to local groups to deliver local projects to help address drug and alcohol misuse.

The Irvine LPF, along with colleagues from Connected Communities and other senior staff, provided key support and guidance to members of Parent Council. This was identified as a need following an increase in concerns in relation to drug misuse among pupils. In addition to addressing concerns over substance misuse, discussions looked at the potential to ‘**co-deliver**’ a response to mental health concerns within the school.

The Awareness Raising Session was positively received by the parent council, pupil representatives and senior staff, identifying evolving mental health/drug concerns within the school community and potential partnership responses.



During 2019-20, the North Coast LPF invited two Mental Health ambassadors from Largs Academy to join the forum. Both S6 pupils, they added a much-valued youth voice to the group. Following on from discussions at the forum and concerns raised regarding the increase in mental health concerns of pupils in the North Coast, the LPF organised a ‘Discussion Dinner’ with pupils of Largs Academy and their parents to look at addressing local Mental Health Concerns. The discussions then generated the idea of producing a Mental Health information leaflet for all young people in the North Coast area that would be ‘**co-produced**’ by young people.

On World Mental Health Day (10th October 2019) a bespoke ‘**Breakfast Blether**’ and capacity building session took place in order to co-produce a ‘Pocket Guide to Wellbeing Services’.

The Capacity Building Session was sponsored by UNISON enabling a social breakfast as a medium to engage. Pupils felt strongly that the Guide should be a discrete fold away, paper-based tool rather than an app or online medium as some young people don’t always have access to the internet. It was also agreed that this would be a useful tool for all primary seven pupils transitioning to the academy from the associated cluster schools. As such, many aspects had to be considered, such as; the language used, advice provided was suitable for all ages, and signposted supports were approved by Education and CAMHS.

Through further support from the LPF, funding was sought to enable the printing and distribution of 2000 guides.

In February 2020, the LPF took part in a capacity building session looking at Practical Approaches to Mental Health. The overall aim was to enable members to increase their knowledge and awareness of Mental Health and thereafter be empowered to cascade the session within their respective communities.

The Capacity Building session was very well received by the participants and the potential impact within communities enthusiastically discussed. The participants were in the main practitioners, a parent and 2 youth ambassadors all keen to implement.



Over the past year, the Three Towns Locality Planning Forum has continued to work towards addressing their local priorities of; improving the mental health and wellbeing of young people, reducing social isolation, and improving support to those with complex needs.

Several key action points were planned for delivery by LPF members during the 2019-20 service year but have been postponed due to the COVID-19 Pandemic. Actions for delivery included:

- Rolling out of '**Practical Approaches to Mental Health**' to communities and Third Sector organisations in the Three Towns.
- Accessing '**Cash Back for Communities**' funding to implement a 2-year physical wellbeing programme
- Deliver a '**Hogwarts**' themed event to help reduce the impact of Social Isolation on young people
- Seek to develop a '**Wellbeing curriculum**' in the Three Towns

It is hoped these actions can still be delivered when safe and appropriate to do so.

Throughout the service year, in recognising the value of working closely with the local community, the LPF began actively engaging with local support groups and projects. In this way, the group aims to work in collaboration within their local community to address their identified priorities.

In February, discussion took place with forum members, colleagues from Connected Communities and representatives from Ardeer Church to assess the possibility of establishing a support base there to provide support to young people with poor mental health. This service would also seek to implement some form of financial inclusion, such as a Credit Union for young people. Unfortunately, discussion have been delayed due to the impact of the COVID-19 Pandemic.

Community Link Workers based in the Three Towns have benefitted from the identification of local support groups. When working with local people, Community Link Workers have been

able to advise of the wide range of support groups available within the local area. This has included referrals to projects that support men's mental health, such as the '**New Hope project**'; and the Saltcoats '**Link-up project**' and the '**Hope project**' delivered by CLASP, which aim to address social isolation.

# 5

## Transformation Programme

**North Ayrshire's Transformation Team support Partnership teams to identify, develop and deliver system wide change to local services and improve outcomes for the people of North Ayrshire**



## **Review of Integration**

The North Ayrshire Integration Joint Board submitted its Ministerial Steering Group (MSG) Review of **Integration self-assessment** which highlighted areas of both good practice and improvement to the Scottish Government in May 2019. The Scottish Government MSG integration review identified the following key areas, with sub proposals, to both enable and improve the effectiveness and pace of integration:

- Collaborative Leadership and Relationship Building
- Integrated finance and financial planning
- Effective strategic planning for improvement
- Governance and accountability
- Ability and willingness to share information
- Meaningful and sustained engagement

Since May 2019 a wide range of work has been undertaken across service areas to address identified areas of improvement, which will improve the pace of integration and these are noted below:

### **Collaborative Leadership and Relationship Building**

- Development of a partnership Workforce Development Strategy
- Third and Independent Sector teams are represented as part of Thinking Different: Doing Better
- Independent sector involved in the development of the new Care Home Commissioning Strategy

### **Integrated finance and financial planning**

- Development of medium-term financial plan
- The support for a section 95 officer and the HSCP reserves policy has been approved
- Development of IJB Directions. Workshops have been held pan – Ayrshire to discuss a consistent approach to Directions

### **Effective strategic planning for improvement**

- Succession planning and ongoing IJB development sessions
- Review governance processes, budget setting arrangements and the links to succession planning

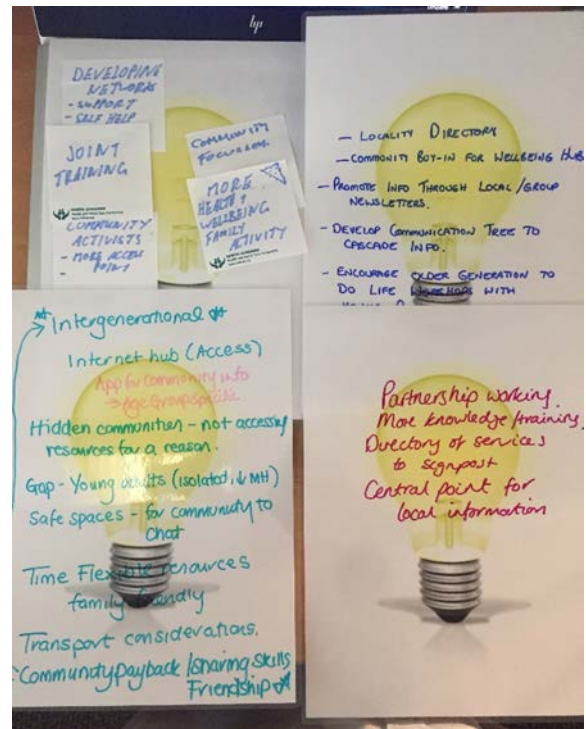
### **Ability and Willingness to share information**

- Improvements around performance information, benchmarking and reporting information to the Performance & Audit Committee continues.
- Drive to make information more accessible to the public and delivery of an accessible Annual Performance Report



## Meaningful and sustained engagement

- A new approach of working directly with communities and key groups in their settings has been developed.



## Communities

- The HSCP '**Thinking Different: Doing Better**' initiative has delivered 137 staff sessions in total (2113 attendees), 17 college sessions (292 attendees), champions board (11 participants), University of West of Scotland (10 attendees), 5 community sessions (75 attendees) and 24 sessions for colleges/community (388 attendees).
- This promotes the HSCP as a positive employer offering access positions after young people have completed their studies.
- The HSCP, building on its positive relationships with the connected communities' team, was identified by Scottish Government as one of three national test sites for '**co-creating libraries for wellbeing**' leading to the creation of a wellbeing hub in Kilwinning library, which was co-designed with the Mental Health Youth Ambassadors from Kilwinning academy.

## Health and Community Care

- **Primary Care Implementation Plan** - Primary Care continues to move its model to a multidisciplinary approach with the provision of practice-based pharmacists, MSK physiotherapists and mental health practitioners.
- Community link workers cover all the practices across North Ayrshire. GP Practices continue to develop their GP clusters, working together on quality improvement activities within their geographical areas.
- The HSCP has been working with NHS Ayrshire and Arran in developing its '**Caring for Ayrshire**' 10-year vision for locality health and wellbeing. Within Ayrshire, 90 per cent of all health and care contacts take place within a community setting, with the remaining 10 per cent in a hospital setting. We want to improve all these contacts, beginning with providing more services closer to home or in a homely setting, and working in partnership with our communities to support improved health and wellbeing. In support of the initiative a number of project updates have been presented to the Integration Joint Board in recognition of the North Ayrshire HSCP requirements to the initiative;

[Caring for Ayrshire – Project Initiation Document \(PID\).](#)

[Caring for Ayrshire Programme – Informing, Engagement and Communication Plans](#)

## Children, Families and Justice Services

- NHS Ayrshire & Arran and North Ayrshire Health and Social Care Partnership are building a new national facility for young people at Ayrshire Central Hospital in Irvine.
- The Council has approved plans for the new **National Secure Adolescent Inpatient Service (NSAIS)**, with building expected to start in July / August 2020. This will be a 12-bedded unit for children aged 12 to 17 years who have complex difficulties and need a high level of care. It will provide the first secure adolescent inpatient service for young people in Scotland.
- This unit is a key strand of NHS Scotland's Mental Health Strategy 2017-2027
- **ASN development** -The construction phase of the New ASN Residential & Respite (R&R) Houses and the new ASN Campus has seen us work together with various different teams across the Council including Education, NHS, Facilities Management, Property Maintenance & Investment as well as continued engagement with the parents and the young people who currently attend the Mungo Foundation Respite facility to improve the lives and the wellbeing of all of the children & young people who will reside in the new facilities.

- The Children with Disabilities team are going to have offices within the new ASN school which will also contribute to improving the lives of the Children & Young people who will attend the New ASN School as well as those who reside in the R&R Houses.

## Mental Health and Learning Disability Services

- **Warrix Avenue** is a purpose-built community-based rehabilitation services located in Irvine, North Ayrshire. The service offers time limited interventions to individuals with severe and enduring mental health needs. The environment offers opportunity for individuals, as part of their recovery journey, as close to independent living as possible.

The interdisciplinary team at Warrix Avenue aspire to promote hope, opportunity and recovery through “**doing with, not for**” by working in partnership with individuals. Warrix Avenue has now been open for 1 year; our first admission into the unit was on the August 2019.

Since the opening of Warrix Avenue we have:

- Received 15 referrals.
- Supported 8 admissions.
- Required to transfers 3 individuals back to acute in-patient service at Woodland View (due to relapse in mental health, which has led to lack of engagement within their rehabilitation programmes)
- Facilitated 1 discharge back to the community
- As part of setting up **Trindlemoss** (our “day opportunities” centre), we welcomed around 60 representatives, volunteers and community leaders to visit the premises in December 2019 (in parallel with service user, family and staff visits). Invitees ranged from Irvine Locality Policing Team and the Local Debating group through to Waterbabies and Turtletots who were both interested in the pool facility as a possible rental facility.
- With a new emphasis on community-based health and wellbeing (“from the heart of the community”), the facility has the potential for use by such community groups - combining enterprise and the community integration.



# 6

## Reporting on Lead Partnership Responsibility

**Each Ayrshire health and social care partnership has lead responsibility for specific services across Ayrshire.**

**North Ayrshire Health and Social Care Partnership** has lead responsibility for:

**Mental health services** (including psychology, CAMHs, learning disability assessment and treatment)

**Child health services** (including child immunisation and infant feeding)

**East Ayrshire Health and Social Care Partnership** has lead responsibility for primary care and out of hours community response

**South Ayrshire Health and Social Care Partnership** had lead responsibility for technology enable care (TEC) and falls prevention.

Details of North Ayrshire’s performance in these services is available from the other Partnership publications that can be found by clicking on each Partnership name:

**[East Ayrshire Health and Social Care Partnership](#)**

**[South Ayrshire Health and Social Care Partnership](#)**

## Mental Health Services

Across Scotland both primary and secondary schools have reported increase numbers of children and young people presenting with stress, anxiety, depression, low mood and self-harm. This demand has also been reflected by an increase in referrals to specialist **Child and Adolescent Mental Health Teams (CAMHS)**. This increase has undoubtedly put a strain on several services, not least on the families of the young people.

In January 2018, the Ayrshire and Arran **Wellness Model** looked to test a whole system model of mental health support by developing a fully integrated approach aligning specialist child and adolescent mental health teams with developing initiatives in partnership with North Ayrshire schools and other parts of the community. The aim of the whole system approach:

- By the end of 2020, there will be clear evidence of a shift in the emotional wellbeing of children and young people within one locality (Kilwinning) evidenced by more appropriate requests for assistance being made to CAMHS.

The Ayrshire & Arran Wellness Model has significantly influenced, managed and changed the demand pressures placed on specialist mental health services to children and young people in a locality, ensuring those individuals with serious mental health concerns are seen timeously and appropriately. This model fits around children and young people's needs using a broader lens for mental health services, and one that incorporates the wider system, supporting young people wherever they are.



### Stakeholder comments

*"Feel really empowered after today"*

*"What is the follow up to today; needs to be something"*

*"There is improved communication with CAMHS and School. Great there are named people in CAMHS to contact –Education, Kilwinning Academy."*

*"Make all parents aware of what is out there other than CAMHS"*

*"The KWM is much better from a GP point of view – GP KMP"*

*"Whole world of support that people need to know about"*

*"Didn't know all these services were in Kilwinning schools – Parent"*

*"It has raised confidence of what is urgent and what isn't – Primary HT"*

In addition, being a positive approach to children and young people's needs, the Wellbeing Model has received various accolades:

- ICIC19 – 19th **International Conference on Integrated Care**, San Sebastian, Basque Country 1-3 April 2019. A successful abstract based on the Kilwinning Wellness Model has resulted in the Kilwinning Wellness Model being asked to present a poster at the Conference in San Sebastian at the International Conference on Integrated Care in April 2019.
- 9th May 2019 - **Mental Health Access Improvement Support Team** - Kilwinning Wellness won a prize for its innovative work and showing both qualitative and quantitative data.
- 24th June 2019 **Dynamic Earth Edinburgh** – the Kilwinning Wellness Model is part of the presentation of Improving outcomes for children and young people and Parental empowerment.

NHS Ayrshire & Arran developed a **Drug and Alcohol mobile application** (app) which provides people with all the information someone might need to seek help for themselves or someone they know who has a drug or alcohol addiction.

This app provides information about:

- Local services and support
- Helpful websites
- Current alerts
- Who to contact in an emergency
- Events in your including free training
- Self-help
- What is happening in Ward 5 (Addiction facility at Woodland View)

As of 1st April 2020, the **Adult Community Mental Health Service** was due to **co-locate** and reside at the 3 Towns Resource Centre. All construction and cosmetic works were completed on time, however, due to the COVID-19 pandemic essential ICT works were redirected and reprioritisation and therefore has not been completed at this time. As such a decision was taken to postpone all staff moving in. The footfall of staff through the building, and existing accommodations (Ayrshire Central Hospital and Caley Court) has been reduced to minimum numbers, with other staff working from home but able to mobilise from there as appropriate.

The Annual operating plan for **Psychological therapies and CAMHS** waiting times was submitted to the Scottish Government during December 2019. Regular meetings have been established with the Scottish Government during January to March 2020. An update report was provided to the Integration Joint Board, [Scottish Government Waiting Times Standard for Psychological Therapies](#), in September providing an update on progress against the waiting times standards.

The planned trajectories/actions are being revised further due to the impact of the COVID-19 emergency to reflect anticipated change in demand.

One of our **Alzheimer Scotland dementia nurse consultants** in NHS Ayrshire and Arran, was nominated in the **Leader of the Year** category at the Scottish Health Awards. She recently helped set up a **Carers Academy** to offer support and advice to those caring for someone with dementia. The joint initiative between University Crosshouse Hospital in Kilmarnock and the University of the West of Scotland has been a big success so far. She said,



“We have a huge vision about helping people with dementia to live longer and healthier lives at home, if that’s what they want to do. A lot of people who are living at home are dependent on family members, so we wanted to try to support them in meeting the care needs of their loved ones. The Carers Academy has been running for six months. We focus on helping people develop practical skills so they can continue in their caring role. Our carers are totally inspiring in their commitment to their loved ones and their willingness to do what they can to help someone stay at home. It’s hugely rewarding to be part of it.”



“We’ve had great feedback. A lot of carers have said it helps in terms of advance planning and understanding some of the signs and symptoms. They’ve also spoken about it reducing some of the isolation they feel and the benefits of peer-to-peer learning and sharing experiences with other carers.”

During 2019-20, **Woodland View** was visited twice by the Mental Welfare Commission in July and September. On both occasions the inspectors responded with recommendations. Woodland View provides older people’s rehabilitation as well as dementia, mental health and addiction services for people across Ayrshire and Arran.

During the July visit inspectors met and reviewed the care and treatment of all five patients, whilst speaking with the charge nurse, staff nurses and healthcare assistants throughout the day and noted 1 recommendation related to additional training needs.

The full report can be found here – [Report on unannounced visit to Woodland View, Wards 9, 10 and 11.](#)

During the September visit inspectors met with and reviewed the care and treatment of 11 patients and two relatives. They spoke with charge nurses, staff nurses, health care assistants and the bed manager and made 2 recommendations related to essential document access and the delayed discharge process.

The full report can be found here – [Report on announced visit to Woodland View.](#)

## Child Health Services

Child Health Service is responsible for the comprehensive immunisation/screening/health review programmes and fail-safe aspects provided to the eligible population across Ayrshire and Arran. The Child Health Service is governed by Scottish Government legislation and protocols.



- The Children's Immunisation Service provides the Ayrshire school-based immunisation programme, including Human Papilloma virus (HPV), Diphtheria, Tetanus and Polio, Meningitis ACWY, and Measles, Mumps and Rubella (MMR). In North Ayrshire this programme is offered to 7,712 (0.55% increase on previous year) pupils between the cohorts of S1 to S6. The annual influenza vaccine is offered to 12,585 (23.03% increase on previous year) pupils from Primary 1 to 7. As part of the roll out of the Vaccination Transformation programme, 8 new staff nurses have been recruited to deliver the routine childhood clinics within North Ayrshire.
- Health visitors in the infant feeding service continue to promote, protect and support breastfeeding, referring mums to the community infant feeding nurse for support with more complex issues. Audit shows that the care provided is of a high standard and well received. Work remains ongoing across Ayrshire to increase the number of premises signed up to the Breastfeeding Friendly Scotland scheme

# 7

## Inspection of Services

The Partnership works closely with independent care providers to ensure that the care and support provided is being delivered in line with peoples' outcomes, offers best value, meets regulatory requirements and keeps people healthy, safe and well.

Care services provided by Partnership teams also undergo external inspections and are subject to rigorous review and inspection. Working together, we ensure that all required standards of quality and safety are met.



## Independent Care Providers who provide care services on our behalf

Independent care and 3rd sector providers, via the contract management framework, maintain and improve their standards of care and support on an on-going basis. We use a range of methods to monitor performance, including:

- Compliments, complaints and feedback from staff, carers and people who use services
- Information that we collect, before visits, from the provider or from our records
- Local and national information, for example, Care Inspectorate reports
- Visits to providers, including observing care and support and looking at records and documents

The information below represents how services are performing, monitored via the contract management framework and ensures services are safe, effective and most of all, that they meet people's needs.

Ensuring an acceptable level of support is provided to all service users our contract monitoring team undertake assessment for quality assurance.

Registered Services: Minimum Grades Across All Themes		Current lowest grade in any assessed quality theme						
Care Service	Subtype	1 - Unsatisfactory	2 - Weak	3 - Adequate	4 - Good	5 - Very Good	6 - Excellent	Total
Adoption Service						1		1
Adult Placement Service						2		2
Care Home Service	Older People			6	9	4		19
	Children & Young People			2	4	1	2	9
	Learning Disabilities				4	1		5
	Mental Health Problems			1				1
Fostering Service					2			2
Housing Support Service			1		5	9	3	18
School Care Accommodation Service					2	5		7
Support Service	Care at Home		1	1	8	13		23
	Other than Care at home				8	1	1	10
<b>Total</b>			<b>2</b>	<b>10</b>	<b>42</b>	<b>37</b>	<b>6</b>	<b>97</b>

<https://www.careinspectorate.com/index.php/publications-statistics/93-public/datastore>



## Care services provided by Partnership teams

The services that the Partnership provides undergo inspection from the Care Inspectorate. In 2019–20, 12 internal services were inspected, 2 scheduled and 10 unscheduled, and the table below shows the care grades awarded.

The highlights of the inspections over the last year have been:

- 'Very Good' grade awarded to Achnamara Children's House.
- 'Very Good' grades awarded to our Adoption Service and Fostering Service
- 'Excellent' grades awarded to Three Towns, North Coast and Arran CAH Service and Irvine, Garnock Valley & Comm Alarm
- 'Very Good' grade for Anam Cara
- 'Very Good' grade for Stevenson Day Care & Resources

Children & Families		
Service	Care Inspectorate Number/Inspection Date	Quality Theme – Care Grades (Out of 6)
Canmore (U)	08 May 19 CS2003001160	Quality of Care & Support – 4 Quality of Environment – 4 Quality of Management & Leadership – 3
Adoption Service (A – Short Notice)	04 June 19 CS2004080741	Quality of Care & Support – 5 Quality of Management & Leadership – 5
Fostering Service (A – Short Notice)	04 June 19 CS2004085341	Quality of staffing – 5 Quality of Care & Support - 5
Canmore Children's House (U) - <i>Follow up visit</i>	15 August 2019 CS2003001160	<b>Gradings from May 2019</b> Quality of Care & Support – 4 Quality of Environment – 4 Quality of Management & Leadership – 3
The Meadows Children's House (U)	27 August 2019 CS2007142325	Quality of Supporting Wellbeing – 4 Quality of Leadership – 3 Quality of Care & Support – 4
Achnamara Children's House (U)	6 February 2020 CS2007142322	Quality of Supporting Wellbeing – 5 Quality of Care & Support - 5

Community Care		
Service	Care Inspectorate Number/Inspection Date	Quality Theme – Care Grades (Out of 6)
Anam Cara (U)	02 May 19 CS2008177877	Quality of Care & Support – 4 Quality of Supporting Wellbeing – 5
Stevenson Day Care & Resource (U)	08 May 19	Quality of Care & Support – 5 Quality of Staffing – 5 Quality of Environment - 5
Montrose House (U) – Follow up visit	11 July 2019 CS2003001167	Quality of Supporting Wellbeing – 4 Quality of Care & Support – 4
Three Towns, North Coast and Arran CAH Service (U)	18-Feb-20 CS2008192560	Quality of Leadership – 6 Quality of Care & Support - 5
Irvine, Garnock Valley & Comm Alarm (U)	18 February 2020 CS2008192553	Quality of Leadership – 6 Quality of Care & Support - 5
Dementia Support Service (U)	3 February 2020 CS2012306108	Quality of Staffing – 4 Quality of Care & Support - 4

One of the Scottish Government's suite of National Indicators is the proportion of care services graded as 'good' (4) or above in Care Inspection grades.

At the end of 2019-20 there had been 3 inspections of 2 services where 1 quality theme resulted in a value below 4.

All reports on inspected Partnership services are reviewed within the applicable service groups led by senior management. Further assurance and oversight will be performed by the Social Work Governance Board to ensure inspection recommendations and actions are met and reviewed as necessary.

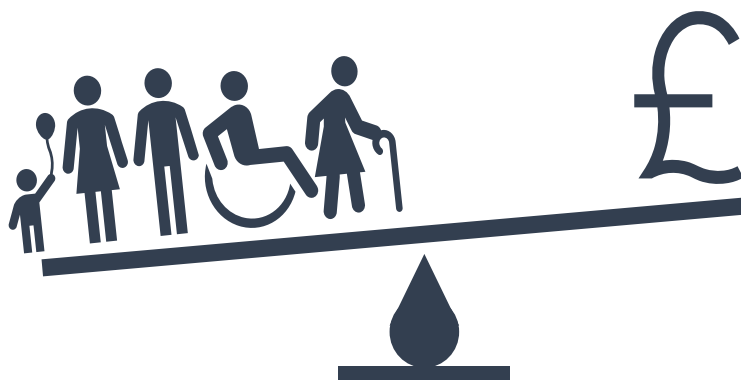
All inspection reports are available via the Care Inspectorate web site here -> [Inspection Reports](#).

# 8

## Financial Performance and Best Value

Financial information is part of our performance management framework with regular reporting of financial performance to the IJB.

This section summarises the main elements of our financial performance for 2019/20.



## Partnership Revenue Expenditure 2019/20

The overall financial performance against budget for the financial period 2019-20 was an overspend of £0.154m (£1.250m over in social care services and £1.096m underspend in health services). This position includes the £1.486m budget being held on behalf of the IJB by the Council for debt repayment, as this was required to be transferred back to the IJB at the financial period-end.

This overspend will add to the historic debt carried forward from previous years.

The IJB plans during 2019-20 were that prior to the £1.486m set aside for debt repayment being reallocated to the partnership that the IJB would work towards delivering financial balance in-year which would have allowed the full amount set-aside to be allocated towards the debt at the period-end. The full repayment was not possible during 2019-20.

2018-19 Budget £000	2018-19 Actual £000	Variance (Fav) / Adv £000		2019-20 Budget £000	2019-20 Actual £000	Variance (Fav) / Adv £000
65,900	65,952	52	Health and Community Care	71,521	72,051	530
73,308	72,982	(326)	Mental Health	77,490	78,245	755
35,591	35,705	114	Children, Families and Justice	35,392	36,665	1,273
48,916	48,839	(77)	Primary Care	53,154	53,007	(147)
4,636	4,588	(48)	Allied Health Professionals	5,200	5,089	(111)
6,821	5,970	(851)	Management and Support Costs	9,456	7,114	(2,342)
2,623	2,290	(333)	Change Programme	1,579	1,435	(144)
<b>237,795</b>	<b>236,326</b>	<b>(1,469)</b>	<b>TOTAL EXPENDITURE</b>	<b>253,792</b>	<b>253,606</b>	<b>(186)</b>
<b>(237,795)</b>	<b>(237,795)</b>	<b>0</b>	<b>TOTAL INCOME</b>	<b>(253,792)</b>	<b>(253,792)</b>	<b>0</b>
<b>0</b>	<b>(1,469)</b>	<b>(1,469)</b>	<b>OUTTURN ON A MANAGED BASIS</b>	<b>0</b>	<b>(186)</b>	<b>(186)</b>
0	524	524	Lead Partnership Allocations	0	133	133
<b>0</b>	<b>(945)</b>	<b>(945)</b>	<b>OUTTURN ON AN IJB BASIS</b>	<b>0</b>	<b>(53)</b>	<b>(53)</b>
0	277	277	Earmarking	0	207	207
<b>0</b>	<b>2,562</b>	<b>2,562</b>	<b>FINAL OUTTURN POSITION</b>	<b>0</b>	<b>154</b>	<b>154</b>

**Table 1: Financial Performance for 2018/19**

The main areas of variance during 2019-20 are noted below:

**Health and Community Care – overspend of £0.530m** mainly relates to an overspend in care at home placements, models of care and elderly in-patients partially offset by underspends in care homes, adaptations, district nursing and health care packages.

**Mental Health – overspend of £0.755m** which relates to an overspend in learning disability care packages partly offset by underspends in community mental health and the Lead Partnership for mental health (psychology, child and adolescent mental health services (CAMHS), Action 15 and psychiatry).

**Children, Families and Justice – overspend of £1.273m** is mainly related to an overspend in residential and secure placements.

In general, the areas above are overspent within the social care aspect of service provision which is demand led and subject to fluctuations throughout the period. These are at times difficult to deliver within budget as some services by their nature can be low in volume but at very high cost.

**Management and Support Costs – underspend of £2.342m** mainly relates to the period-end allocation of the £1.5m for the debt repayment and budget pressure funding where spend commitments were delayed and therefore funding was not transferred to services in-year.

It is disappointing that the IJB end the financial period with a relatively small increase (£0.154m) to the debt owed to North Ayrshire Council, taking the total closing debt balance to £5.293m. Despite this there were a number of key successes for 2019-20:

- Continue to demonstrate the IJB position being accounted for in a truly integrated way with resource shifting from the NHS budget to offset Social Care pressures;
- 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;
- Savings totalling £4.5m were delivered in-year, against an approved plan of £6.1m, with savings delivered in excess of those being assessed as low risk for delivery at the start of the financial year;
- 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; and
- Further work has been undertaken to establish where there are areas where there has been a significant variation and movement during the period which has resulted in a re-alignment of the opening budget moving into 2020-21.

Moving into 2020/21, the Partnership is proactively working to provide safe and effective services for the residents of North Ayrshire within the financial envelope. However, the main risk to the partnership moving into the new financial period is the uncertainty around the **Covid-19** pandemic.

From the outset of the pandemic the HSCP acted very swiftly to respond by reprioritising resources to protect and adapt core services to support the safety of our staff and communities.

Whilst responding to the specific needs of North Ayrshire communities our approach is informed by the extensive and continually evolving range of national guidance which has been produced at pace by the Scottish Government and other agencies. It has been a real challenge for the North Ayrshire HSCP, and for partnerships across Scotland, to operate in this unprecedented environment, keeping up with the evolving position and associated demands and impacts on services.

The HSCP developed a mobilisation plan detailing the additional activities to support our response to COVID-19, alongside the estimated financial impact. The plan provides a focal point for the partnership's response to the pandemic and this set out clearly from the start how we would adapt and mobilise services to either expand or retract, re-prioritise activities and resources and highlights the areas of greatest risk.

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 to avoid further hospital admissions from the community, including planning for contingency surge capacity;
- Supporting adults with complex needs by ensuring alternative community supports on closure of respite and day services alongside social distancing requirements;
- Maintaining existing levels of care in our children's services to protect vulnerable children and adopting new ways of keeping in touch with vulnerable children;
- Established "enhanced" locality-based Community Hubs to support vulnerable individuals, including those shielding; and
- Sourcing and establishing reliable supply chains of Personal Protective Equipment (PPE).

The mobilisation plan is monitored regularly and updates on the costs associated with the NAHSCP response to COVID-19 are submitted to the Scottish Government.

## Financial outlook, risks and plans for the future

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 longer and an increasing number of younger adults living with disabilities. The report recognised that despite additional planned investment in health and social care the system still needs to adapt and change.

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.

The **Ministerial Strategic Group (MSG)** for Health and Community Care published a report following the Review of Progress with Integration of Health and Social Care (February 2019). Within the integrated finance and financial planning area the proposals include:

- Health Boards, Local Authorities and IJBs should have a joint understanding of their respective financial positions as they relate to integration
- Delegated budgets for IJBs must be agreed timeously
- Delegated hospital budgets and set aside requirements must be fully implemented
- Each IJB must develop a transparent and prudent reserves policy



- Statutory partners must ensure appropriate support is provided to IJB Section 95 officers
- IJBs must be empowered to use the totality of resources at their disposal to better meet the needs of their local populations.

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

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

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

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

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

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

Pan-Ayrshire workshops have been held with representatives from the Scottish Government to take forward a national pilot project on '**fair share**' commissioning using Directions. This national pilot will ensure that delegated hospital budgets and Set Aside budget requirements will be fully implemented. The Ministerial Strategic Group for Health and Community Care Review



of Progress with Integration of Health and Social Care report published February 2019 set this out as a key proposal under integrated finances and financial planning requirements.

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

Preparatory work is well underway with the support of the Scottish Government, NHS Ayrshire and Arran and the other Ayrshire HSCPs to progress and develop the set-aside arrangements and lead partnership services to fully implement the legislative requirements. Including arrangements in relation to the use of Directions, Commissioning Plans and overall progress towards a **Fair Share allocation of resources**. Progress with this work has been delayed due to focussing on the COVID-19 response and will require to be progressed later in 2020-21.

In March 2017, the IJB approved the first **Medium Term Financial Plan** covering the period 2017-2020. This is being refreshed and will be presented to the IJB during 2020, this was planned to be presented to the IJB in June 2020, however this has not been possible due to focussing on the COVID-19 response and also the ongoing uncertainty over costs and funding not only for 2020-21 as part of the response but also the impact on future funding for the public sector.

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

Impact of budgetary pressures	Delivery of the Change Programme	Culture and practice
<p>•Mitigation</p> <ul style="list-style-type: none"> <li>•Medium Term Financial Plan</li> <li>•Strategic Plan</li> <li>•Change Programme/Service Redesign</li> <li>•Active Demand Management</li> <li>•COVID-19 Funding</li> </ul>	<p>•Mitigation</p> <ul style="list-style-type: none"> <li>•Transformation Board</li> <li>•Programme Leads</li> <li>•Strategic Planning Officers Group (SPOG)</li> <li>•Transformation Team Project Management Support</li> </ul>	<p>•Mitigation</p> <ul style="list-style-type: none"> <li>•Thinking Different, Doing Better HSCP experience</li> <li>•Multi Disciplinary Team Approach</li> <li>•Strategic Workforce Plan</li> <li>•Valued Health and Social Care Services</li> </ul>

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

To achieve its vision, the Partnership recognises it cannot work in isolation. The Partnership will continue to strengthen relationships with colleagues within the Community Planning Partnership to ensure a joint approach to improving the lives of local people.

Most importantly, the Partnership must **work more closely with local people** and maximise the use of existing assets within communities to improve the overall health and wellbeing of people in North Ayrshire.

## Best Value

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

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

Regular performance information is provided to the Performance and Audit Committee, IJB members and operational managers. Benchmarking is used to compare performance with other organisations to support change and improvement. The contribution towards the national outcomes is monitored through its quarterly and annual performance reports. The budget also

recognises the need to link expenditure to outcomes, but there is still a need to improve the links between budget and outcomes. There is evidence of transformation taking place at strategic and operational level within the partnership.

We have begun to see some of the benefits of integrated system working for example in supporting older people to remain at home or get home from hospital as soon as possible.

Some of our achievements in 2019/20 include:

- The **Community Link Worker** service provided **6,273** links to local and national supports and services.
- The **Money Matters Team** undertook 4,951 and achieved financial gains of over **£15million** for individuals
- Our new **Facebook** page launched in February. The page will enable the partnership to reach a wider audience, sharing our news and events with more people within our communities. [www.facebook.com/NorthAyrshireHSCP](https://www.facebook.com/NorthAyrshireHSCP).
- Work began on the new **ASN Campus** which will provide respite and residential accommodation for young people with additional support needs.
- **The Alcohol and Drug Partnership** produced a new 5-year Alcohol and Drug Strategy 2019-2024 focussed on the prevention of harm across communities.
- **Justice Services** appointed a dedicated Desistance Officer to support people in the justice system to integrate meaningfully within local communities.
- Joint working between the Health and Social Care Partnership, North Ayrshire Council's Communities Directorate and partners has led to the creation of a North Ayrshire **Intergenerational working** case study booklet
- In collaboration with Carers UK/Scotland, a **Digital resource for Carers** has been launched to provide comprehensive information and support for carers.
- The Police Triage Pathway is now fully rolled out with regular referrals through the **Crisis Resolution Team**.
- **Child and Adult Mental Health Service (CAMHS)** the wellness model was implemented in the Largs locality.
- NHS Ayrshire and Arran and the three Integration Joint Boards of the health and social care partnerships in East, North and South Ayrshire launched their "**Caring for Ayrshire**" vision, outlining how health and care services could be delivered over the next ten years across Ayrshire and Arran.

- Around 150 key partners, stakeholders and members of the community including emergency services, charities and community groups attended a **Drugs Death Summit** to collectively explore what is currently being carried out locally and nationally and discuss what else can be done collectively to prevent drug related deaths.
- The new state-of-the-art **Trindlemoss** day opportunities service and residential accommodation unit for North Ayrshire residents with learning disabilities is now up and running. It offers the chance for people with learning disabilities to take part in a host of activities and learn new skills whilst promoting their independence.
- The interactive staff and public experience **Thinking Different Doing Better** has welcomed staff, community and students to challenge how we all work together to improve the health and wellbeing of our population.

The fifth year as an integrated Health and Social Care Partnership has seen progress towards achieving financial balance and overall service sustainability. The IJB has a deficit of £5.293m (2018-19 £5.139m) as it moves into 2020-21. There is a repayment plan to allow the deficit to be recovered over the medium term to support the financial sustainability of the Partnership.

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 provided, with a realism that maintaining the status quo 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.

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 integration of health and social care 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 health and social care service.

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.

## Reporting on Localities

The Partnership has arrangements to consult and involve localities via their locality forums. The IJB has established six Locality Planning Forums, reflecting the previously agreed local planning areas. These provide Board Members with the opportunity to be involved in

considering the priorities for each area and outline the role for each Community Planning Partner in meeting these priorities in conjunction with the local communities.

This spend has been split into localities by initially allocating spend which could be directly identified to a locality and the remainder which was not locality specific was allocated on a population basis. Per the table below 38.1% of spend was allocated based on population which means at this stage the spend per locality can only be used as a guide and will not fully reflect actual locality usage of services. This is an area which developed during the year with Children and Justice Services moving to a locality-based approach in late 2019/20. The full impact of this will be seen in 2020/21.

The population information used is given below and was taken from the 2018 mid-year population statistics (sourced from NRS).

Age Group	Irvine	Kilwinning	Three Towns	Garnock Valley	North Coast & Cumbrae	Arran	TOTAL	% of spend allocated on this basis
Children age 0-15	31.1%	13.0%	25.5%	14.1%	13.8%	2.5%	<b>100%</b>	12.3%
Adults aged 16-64 years	29.9%	12.1%	24.6%	15.2%	15.1%	3.0%	<b>100%</b>	24.3%
Older People aged 65+	25.6%	10.2%	21.9%	13.8%	23.6%	4.9%	<b>100%</b>	17.2%
Share of total population	29.1%	11.8%	24.2%	14.7%	16.7%	3.4%	<b>100%</b>	8.1%
<b>Total allocated on population basis</b>								<b>61.9%</b>
By locality								38.1%
<b>Total</b>								<b>100%</b>

This resulted in the following spend per locality:

	Irvine £000's	Kilwinning £000's	Three Towns £000's	Garnock Valley £000's	North Coast £000's	Arran £000's	TOTAL £000's
2018/19 Expenditure	<b>74,679</b>	<b>28,266</b>	<b>58,860</b>	<b>36,975</b>	<b>42,655</b>	<b>12,171</b>	<b>253,606</b>
% share of spend	29.4%	11.1%	23.2%	14.6%	16.8%	4.8%	100.0%
% of total population	29.1%	11.8%	24.2%	14.7%	16.7%	3.4%	100.0%

## Where to find more information

If you would like more information on IJB strategies, plans and policies and our performance and spending, please refer to the following websites.

[www.north-ayrshire.gov.uk/council/strategies-plans-and-policies](http://www.north-ayrshire.gov.uk/council/strategies-plans-and-policies)

[www.north-ayrshire.gov.uk/council/performance-and-spending](http://www.north-ayrshire.gov.uk/council/performance-and-spending)



## Local Indicators

Performance Indicator	2016 -17	2017-18	2018-19	2019-20	Target	Status
People subject to level 1 Community Payback Order (CPO) Unpaid Work completed within three months	93.37%	95.33%	95.6%	98.9%	57%	✓
Individuals subject to level 2 Community Payback Order (CPO) Unpaid Work completed within six months	95.63%	94.27%	97.3%	97.6%	67%	✓
Number of Learning Disability service users in voluntary placements	71	67	58	57	43	✓
Number of bed days saved by ICT, Intermediate Care Team (formerly ICES), providing alternative to acute hospital admission	4,730	5,463	6,563	10,537	3,060	✓
People seen within 1 day of referral to ICT	98.5%	95.66%	100%	99.14%	90%	✓
Number of people receiving Care at Home	1,715	2,021	1,793	1,970	1,703	✓
Number of secure remands for under 18s	1	0	-	-	5	✓
Addictions referrals to treatment within 3 weeks (Alcohol)	93.7% (at Q3)	95%	100%	98.6%	90%	✓
Addictions referrals to treatment within 3 weeks (Drugs)	95.0% (at Q3)	98%	100%	100%	90%	✓
Children who have been through Stop Now and Plan (SNAP) who have been sustained within their local school	100%	100%	100%	N/A	100%	✓
Preschool children protected from disease through % uptake of child immunisation programme (Rotavirus)	95.53%	96.10%	91%	91.1%	92.2%	⚠
Preschool children protected from disease through % uptake of child immunisation programme (MMR1)	96.21%	96%	95%	93.3%	98.2%	⚠
Care at Home capacity lost due to cancelled hospital discharges (shared target with acute hospital services) (number of hours)	7,153	6,305	6,907	6,431.2 7	4,000	✗
Uptake of Child Flu Programme in schools	75.25%	74.70%			72.1%	✓

## MSG Indicators

Performance Indicator	2016-17	2017-18	2018-19	2019-20	Target	Status
Emergency admissions to acute hospitals	1,840	1,763	1,622	1,334	1,836	✓
Emergency admissions to acute hospitals (rate per 1000)	13.6	13	12	12	13.6	✓
Admissions from emergency department	1,202	1,131	1,007	638	1,173	✓
Admissions from emergency department (rate per 1000)	8.9	8.4	7.5	8.0	8.7	✓
% people at emergency department who go onto ward stay (conversion rate)	36	34	33	32	33	✓
Unscheduled 'hospital bed days' in acute hospital	12,333	8,798	9,348	9,528	12,320	✓
Unscheduled 'hospital bed days' in acute hospital (rate per 1000)	91	65	69	81	91	✓
Unscheduled 'hospital bed days' in long stay mental health hospital	6,782	5,866 (Mar18)	8,128 (Dec18)	7,149 (Mar20)	6,782	✗
Unscheduled 'hospital bed days' in long stay mental health hospital (rate per 1000)	50	43.3	60	52	50.1	✗
Unscheduled 'hospital bed days' in geriatric long stay	1,665	1,454	943	1,211	1,772	✓
Unscheduled 'hospital bed days' in geriatric long stay (rate per 1000)	12.3	10.7	7	10.2	13	✓
Emergency department attendances	3,385	3,292	3,039	2,527	3,292	✓
Emergency department attendances (rate per 1000)	25	24.3	22.5	24.9	24.4	✗
% people seen within 4 hrs at emergency department	91.4	88.5	87	90	95	✗
Delayed Discharges bed days (all reasons)	781	1,889	1,916	2,073	1,515	✗
Delayed Discharges bed days (all reasons) (rate per 1000)	7.1	17.3	17.5	18.5	13.9	✗
Delayed Discharges bed days (code 9)	308	279	196	372	770	✓
Delayed Discharges bed days (Code 9) (rate per 1000)	2.8	2.5	1.8	2.1	7	✓



## Where to find more information

If you would like more information on IJB strategies, plans and policies and our performance and spending, please refer to the following websites.

- [www.nahscp.org/partnership-strategies-plans-reports/](http://www.nahscp.org/partnership-strategies-plans-reports/)
- [www.nahscp.org/performance/](http://www.nahscp.org/performance/)
- [www.nhsaaa.net/about-us/how-we-perform/](http://www.nhsaaa.net/about-us/how-we-perform/)
- [www.north-ayrshire.gov.uk/council/strategies-plans-and-policies](http://www.north-ayrshire.gov.uk/council/strategies-plans-and-policies)
- [www.north-ayrshire.gov.uk/council/performance-and-spending](http://www.north-ayrshire.gov.uk/council/performance-and-spending)

Additional financial information for Ayrshire wide services can be found in:

[www.east-ayrshire.gov.uk/SocialCareAndHealth/East-Ayrshire-Health-and-Social-Care-Partnership/Governance-Documents.aspx](http://www.east-ayrshire.gov.uk/SocialCareAndHealth/East-Ayrshire-Health-and-Social-Care-Partnership/Governance-Documents.aspx)

[www.south-ayrshire.gov.uk/health-social-care-partnership/strategy.aspx](http://www.south-ayrshire.gov.uk/health-social-care-partnership/strategy.aspx)

**Integration Joint Board**  
**September 2020**  
**Agenda Item No.**

<b>Subject:</b>	<b>Q1 2020-21 IJB PAC Report</b>
<b>Purpose:</b>	To update the Committee on the Quarter 1 performance monitoring information of the Partnership
<b>Recommendation:</b>	Committee reviews the summary and agrees the content of the full report.

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	This report is to provide for discussion the Health & Social Care Partnership (HSCP) Integration Joint Board (IJB) Quarterly Performance Report in delivering the 5 strategic priorities as set out in the strategic plan and against the National Outcomes.
<b>2.</b>	<b>CURRENT POSITION</b>
2.1	<p>The report is structured around the HSCP service areas delivering against the five strategic priorities:</p> <ul style="list-style-type: none"> <li>• Tackling Inequalities</li> <li>• Engaging Communities</li> <li>• Bringing Services Together</li> <li>• Prevention and Early Intervention</li> <li>• Improving Mental Health &amp; Wellbeing</li> </ul> <p>and includes additional elements as; areas of focus, Head of Service highlights and challenges, finance, MSG indicator updates and absence information.</p>
2.2	<b>Measure and Target Review</b>
	<p>For 2020-21 a full and complete cross-service review of all performance measures was undertaken resulting in changes to the set of measures attributed to our strategic objectives and to reflect the continuing transformation of services to meet continual service demand.</p> <p>A specific report was presented to the Performance and Audit Committee listing all changes for 2020-21. These included:</p> <ul style="list-style-type: none"> <li>• Target resetting</li> <li>• Removal of measures are that no longer reflective of the service improvement</li> </ul>

	<ul style="list-style-type: none"> <li>The inclusion of new measures to meet service improvement and current operational demand</li> </ul> <p>All measures continue to be aligned to the current strategic plan and the monitoring of services through 2020-21 and bridging year as well as the re-mobilisation of teams and services while retaining focus on the changing COVID-19 restrictions.</p>										
2.3	<p>The unprecedented situation of the COVID-19 pandemic saw partnership services react fluidly to meet the new demands in support of the community and hospitals. Throughout the coming year the quarterly report will highlight the effect of the pandemic across our services and communities and will show the ways in which integrated partnership working progresses change at pace and scale, ensuring positive person-centred care.</p>										
2.3	<p><b><u>Anticipated Outcomes</u></b></p>										
	<p>Specific key performance measures are scrutinised in detail and with context, reasoning and mitigating actions discussed in explanation of those measures not meeting target and actions to improve performance.</p>										
2.4	<p><b><u>Measuring Impact</u></b></p>										
	<p>Regular review of key performance measures will allow members to monitor the progress of the Partnership in implementing and delivering our five Strategic Priorities. The high-level position at 30<sup>th</sup> June 2020 is as follows:</p> <div data-bbox="507 1180 1176 1536" data-label="Figure"> <table border="1"> <thead> <tr> <th>Category</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>R</td> <td>16</td> </tr> <tr> <td>A</td> <td>1</td> </tr> <tr> <td>G</td> <td>28</td> </tr> <tr> <td>Reported 1 Qtr Behind</td> <td>6</td> </tr> </tbody> </table> </div> <p>For Quarter 1 we have 6 measures that are reported 1 quarter in arrears. The applicable RAG status for these measures will be included in the subsequent quarter counts.</p>	Category	Count	R	16	A	1	G	28	Reported 1 Qtr Behind	6
Category	Count										
R	16										
A	1										
G	28										
Reported 1 Qtr Behind	6										
	<p>Where applicable measures are reviewed at monthly service specific Senior Management Team meetings in order that any measure not meeting target is identified early for implementing rectifying actions.</p>										
	<p>At Q1 The projected outturn, before the impact of COVID-19, is a year-end overspend of £0.027m for 2020-21. There is scope for this position to fluctuate due to in-year cost and demand pressures. The position has been adjusted to reflect the potential impact of Lead Partnership services.</p>										

<b>3</b>	<b>IMPLICATIONS</b>
	With the undertaking of a full review the report will provide a greater focus on the context and reasoning provided for fluctuations in those measures not meeting targets. With continual review, the measures presented will bring closer together the thread of the of monitoring and management of local and national performance information. There is then a greater opportunity for more dedicated and detailed analysis as identified.

<b>Financial:</b>	None
<b>Human Resources:</b>	None
<b>Legal:</b>	None
<b>Equality:</b>	A balance of performance indicators is shown for all age ranges and across our 5 strategic priorities
<b>Environmental &amp; Sustainability:</b>	None
<b>Key Priorities:</b>	The report is structured around the HSCP service areas and the 5 strategic priorities.
<b>Risk Implications:</b>	None
<b>Community Benefits:</b>	None

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

<b>5.</b>	<b>CONSULTATION</b>
5.1	Discussion has taken place with all service Senior Management Teams, HSCP Director, Performance and Audit Committee members as well as performance and data analysts.
<b>6.</b>	<b>CONCLUSION</b>
6.1	The Integrated Joint Board are asked to review and consider the content of the Q1 2020-21 report.

**For more information please contact Neil McLaughlin on:  
 01294 317744 or NMcLaughlin@north-ayrshire.gov.uk**



NORTH AYRSHIRE  
**Health and Social Care Partnership**

# Performance and Audit Committee Report

Quarter 1 2020-21  
(April 2020 – June 2020)

August 2020

## Contents

Introduction .....	6
Overview .....	6
Summary of Performance .....	8
Red – Areas of Focus Summary .....	9
Children, Families and Justice .....	25
Head of Service Statement .....	25
Health and Community Care.....	29
Head of Service Statement .....	29
Mental Health.....	31
Head of Service Statement .....	31
System Wide.....	37
Absence Statement.....	37
Finance .....	38
MSG Trajectories.....	39
Appendix I.....	41
Appendix II – All Performance Measures.....	42
Appendix III – Workforce Absence.....	46
Appendix IV – Finance.....	49
Appendix V – Glossary of Acronyms .....	50

## Introduction

The purpose of this report is to afford a high-level overview of the progress being made by the Health & Social Care Partnership in delivering the strategic priorities as set out in our 3-year strategic plan.

A glossary of acronyms used within this report is contained in Appendix V.

## Overview

The 2018-21 Partnership strategy is focused on core impact actions that add tangible service benefits and have subsequent influence on associated areas of challenge and transformation. Throughout the implementation period of this strategy, we will continue to monitor progress on core performance areas whilst benchmarking and setting new targets and actions to support our strategic objectives. The performance measures provided during this period reflect the transformational change being undertaken, as well as the continued demand and impact on core services. The measures are grouped where impact, dependency and causation has been defined between measures and are connected to service improvement.

Through consultation we will continue to measure our performance against the 9 National Health and Wellbeing Outcomes plus the Partnership's 5 Strategic Priorities:

- Tackling Inequalities
- Engaging Communities
- Improving Mental Health and Wellbeing
- Bringing Service Together
- Prevention and Early Intervention

The projected outturn, before the impact of COVID-19, is a year-end overspend of £0.027m for 2020-21, it should be noted that this is the first monitoring period and at a point relatively early in the financial year. 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.

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 projection of effectively a break-even position demonstrates the progress made towards financial balance as part of the 2019-20 recovery plan and other service transformation plans contributing to reduced costs. The position also 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 delayed or impacted 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.

Workforce absence information is still being affected by national system issues within the NHS resulting in detailed information not being accessible. NHS partnership employee's absence at the end of Quarter 1 is 3.81, 0.68 days below the quarterly target of 4.5 days. NAC partnership employee's absence at the end of Quarter 1 is 2.76 days, 0.35 days below the quarterly target of 3.11 days.



## Summary of Performance

Position at Quarter 1 2020-21

### Areas of Focus - RED

**Children, Families, Justice - 4**

**Health & Community Care - 1**

**Mental Health - 11**

**1 - Strategic Plan  
Measures to  
Monitor - Amber**

**28 - Strategic Plan  
Measures Meeting  
Targets - Green**

### Absence Measures Not Meeting Targets

Both NAC & NHS met target for Quarter 1

### Financial Position

£0.027m projected overspend

### Measures reported in arrears

% uptake of child immunisation programme  
(Rotavirus)

% uptake of child immunisation programme  
(MMR1)




% of preschool children protected from disease  
through uptake of primary immunisations (12  
months)

The percentage of babies still being breast-fed at  
6/8 week review (Breastfeeding drop-off rate)

% of children with BMI percentile >91

% of children meeting developmental milestones

### Quarterly Comparison

Quarter				Reported 1 Quarter Behind
Q1	16	1	28	6
Q2				
Q3				
Q4				

Thresholds: - **Red**: 10+%; **Amber**: >5% and <10%; **Green**: <5%

## Red – Areas of Focus Summary



Service	Strategic Objective	Indicator Description	Target	Value	Go to page
Children, Families & Justice Services	Bringing Services Together	Average waiting time on C&F fieldwork waiting list	86	125	11
Children, Families & Justice Services	Tackling Inequalities	% of new CPO clients with a supervision requirement seen by a supervising officer within a week	93%	50%	12
Children, Families & Justice Services	Tackling Inequalities	% of individuals subject to CPO Unpaid Work Level 1 completed within expected timescale	90%	0%	12
Children, Families & Justice Services	Tackling Inequalities	% of individuals subject to CPO Unpaid Work Level 2 completed within expected timescale	90%	0%	13
Health and Community Care	Bringing Services Together	Number of patients waiting for CAH package (Community)	30	64	14
Mental Health Services	Improving Mental Health and Wellbeing	Number of ABIs Delivered (Priority Area – Pan Ayrshire)	855	607	14
Mental Health Services	Improving Mental Health and Wellbeing	Number of ABIs Delivered (Non - Priority Area – Pan Ayrshire)	241	92	15
Mental Health Services	Improving Mental Health and Wellbeing	CAMHS – Seen within 18 weeks (RTT)	90%	63%	16
Mental Health Services	Improving Mental Health and Wellbeing	Psychological Therapies – Seen within 18 weeks (RTT)	90%	75%	17
Mental Health Services	Improving Mental Health and Wellbeing	AMHT - All accepted routine referrals will be offered assessment within 4 weeks.	100%	26%	19
Mental Health Services	Improving Mental Health and Wellbeing	Adult Liaison (Psych & Alcohol) - All accepted Emergency Department referrals will be seen within 60 minutes.	100%	85%	20
Mental Health Services	Improving Mental Health and Wellbeing	Every patient assessed by mental health liaison will be offered an individualised discharge care plan	100%	Not Available	21
Mental Health Services	Improving Mental Health and Wellbeing	EMH - All accepted urgent referrals within the acute hospital will be seen within 24 hours	100%	45%	21
Mental Health Services	Improving Mental Health and Wellbeing	EMH - All accepted routine referrals within the acute hospital will be seen within 48 hours	100%	38%	22
Mental Health Services	Improving Mental Health and Wellbeing	EMH - All accepted referrals from community hospitals will be seen within 5 working days	100%	33%	23
Mental Health Services	Improving Mental Health and Wellbeing	All accepted urgent Crisis Resolution Team referrals will receive contact within 4 hours	100%	63%	23

## Positive movements



### Red -> Green

Measure	Target	Change
Number of days individuals spend in hospital beyond their discharge date (Bed Days Lost)	1,936	3,919 to 1,223
Average working days lost to sickness absence per employee - NAC	3.11 p/q	3.67 to 2.76
Percentage working days lost to sickness absence per employee - NHS	4.5% p/q	5.45% to 3.81%

## Areas of Focus - In Detail

Description		Average waiting time on C&F fieldwork waiting list				
Health and Wellbeing Indicator		Improve Life Chances				
Strategic Objective		Bringing Services Together				
Target	Current Status	Q4 2019-20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21
86	Red 		125 			
<b>Trend Commentary</b>						
<p>This is a new measure being reported in the PAC for the first time</p> <p>We have historic data for this measure, however these figures relate to a pre-COVID-19 baseline, so are inappropriate for comparison</p>						
<b>Actions to Improve Performance</b>						
<p>COVID-19 has had an impact on delivery of services, with only the most critical cases receiving services. In addition to this, the availability of staff in order to address waiting lists has been impacted on – due to shielding and underlying health conditions of staff members.</p> <p>There have also been vacancies due to staff leaving post. In addition to this, it has been identified that further resources are required in order to address demand.</p> <p>Actions</p> <ul style="list-style-type: none"> <li>• Staff who have been shielding are returning to work as are those with underlying health conditions.</li> <li>• Recruitment on going for members of staff who have left post</li> <li>• Recruitment on going for new 17.5-hour Social Worker post which has been created in order to address demand.</li> </ul>						
<b>Timescale for Improvements</b>						
<p>It is hoped that in the next 3 months an improvement will be noted in the number of cases waiting to be allocated. This will allow for recruitment process to be completed and new staff members to join the team.</p>						

Description	% of new CPO clients with a supervision requirement seen by a supervising officer within a week
Health and Wellbeing Indicator	Community Safety & Public Protection
Strategic Objective	Tackling Inequalities

Target	Current Status	Q4 2019-20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21
93	Red 		50% 			

#### Trend Commentary

This is a new measure being reported in the PAC for the first time

We have historic data for this measure, however these figures relate to a pre-COVID-19 baseline, so are inappropriate for comparison

As a result of COVID-19 restrictions and courts prioritising serious cases, only 2 CPO's were disposed during this quarter.

#### Actions to Improve Performance



Due to the unprecedented nature of the lockdown, it is difficult to propose any actions. 1 of the 2 new CPOs were not seen in a week however we continue to experience difficulties with some court related activities in terms of information as different parts of the system respond to lockdown easing at different rates.

Any potential actions are deferred until comparable data from the second quarter is available; this will hopefully identify any gaps that may be present/appear as we continue to shape our services to respond to easing of restrictions, return of staff to offices, etc.

#### Timescale for Improvements

Please see above.

Description	% of individuals subject to level 1 CPO unpaid work completed within expected timescale
Health and Wellbeing Indicator	Community Safety & Public Protection
Strategic Objective	Tackling Inequalities

Target	Current Status	Q4 2019-20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21
90	Red 		0% 			

#### Trend Commentary



This is a new measure being reported in the PAC for the first time

We have historic data for this measure, however these figures relate to a pre-COVID-19 baseline, so are inappropriate for comparison

No Unpaid work was carried out during the quarter as a result of COVID-19 restrictions, resulting in no completed unpaid work CPO's



<b>Actions to Improve Performance</b>
<p>All Unpaid work was suspended due to COVID-19, this was recognised by the Scottish Government and an automatic 12-month extension for all unpaid work orders was imposed to ensure no Order's expired during COVID-19 restrictions.</p> <p>Unpaid work office resumed on a small scale as of 1st August 2020, it must be noted that some COVID-19 social distancing remains, therefore the number of hours and days offered to service users has reduced significantly since pre-COVID-19.</p>
<b>Timescale for Improvements</b>
Continue to monitor throughout year as social distancing rules change

<b>Description</b>	% of individuals subject to level 2 CPO unpaid work completed within expected timescale
<b>Health and Wellbeing Indicator</b>	Community Safety & Public Protection
<b>Strategic Objective</b>	Tackling Inequalities

Target	Current Status	Q4 2019-20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21
90	Red 		0% 			

<b>Trend Commentary</b>
<p>This is a new measure being reported in the PAC for the first time</p> <p>We have historic data for this measure, however these figures relate to a pre-COVID-19 baseline, so are inappropriate for comparison</p> <p>No Unpaid work was carried out during the quarter as a result of COVID-19 restrictions, resulting in no completed unpaid work CPO's</p>
<b>Actions to Improve Performance</b>
<p>All Unpaid work was suspended due to COVID-19, this was recognised by the Scottish Government and an automatic 12-month extension for all unpaid work orders was imposed to ensure no Order's expired during COVID-19 restrictions.</p> <p>Unpaid work office resumed on a small scale as of 1st August 2020, it must be noted that some COVID-19 social distancing remains, therefore the number of hours and days offered to service users has reduced significantly since pre-COVID-19.</p>
<b>Timescale for Improvements</b>
Continue to monitor throughout year as social distancing rules change

Description	Number of patients waiting for CAH package (Community)
Health and Wellbeing Indicator	Quality of Life
Strategic Objective	Bringing Services Together

Target	Current Status	Q4 2019-20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21
30	Red 		64 			

#### Trend Commentary

This is a new measure being reported in the PAC for the first time

#### Actions to Improve Performance




There are a number of actions in place which have been implemented throughout Quarter 1 to ensure improvement in performance to achieve the target of 30 service users in the community awaiting a Care at Home service. Whilst this is a new target which hasn't previously been reported, the number of individuals in the community awaiting a Care at Home service has reduced throughout 2020 and work continues to achieve the target of 30 individuals awaiting Care at Home services in the community.

Within the In-House Care at Home service there has been a number of actions taken to increase Care at Home capacity to ensure greater scope to support individuals getting home from hospital without delay. This includes additional contracted hours to existing Care at Home staff, temporary contracts for bank Care at Home staff and several recruitment events to increase staffing within the Care at Home establishment. These actions have been successful in increasing the capacity of the Care at Home service to facilitate greater levels of support to those in the community awaiting Care at Home services.

#### Timescale for Improvements

This work is ongoing and is a priority area for the Partnership.

Description	Number of ABIs Delivered (Priority Area - Pan Ayrshire)
Health and Wellbeing Indicator	Healthier
Strategic Objective	Improving Mental Health and Wellbeing

Target	Current Status	Q4 2019-20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21
855	Red 	860 	607 			




#### Trend Commentary

This is the first quarter that we have failed to meet the trajectory since the ABI standard was introduced. The number of Priority Area ABI's completed in the quarter has decreased by 253 (29%) from the Quarter 4 figure

- For the first time since reporting that this quarterly target has not been met – ostensibly due to the impact of COVID-19

Performance was reduced due to the impact of COVID-19 (limited face to face contact with clients, staff working from home, renegotiation of the GP ABI Local Enhanced Service agreement, fewer opportunities for staff to deliver an ABI & some staff being redeployed into different priority tasks).
<b>Actions to Improve Performance</b>
<ul style="list-style-type: none"> <li>Given the current situation regarding COVID-19 we await the Scottish Governments Guidance for ABI delivery for 2020/21 (and to ascertain if an ABI can be reported on if delivered via Virtual Technology as opposed to the traditional face to face approach)</li> <li>Agreement to be reached regarding GP ABI delivery and reporting</li> <li>The Prevention and Service Support Team (PSST) will continue to monitor, record and report all ABI activity, on a quarterly basis, provided by our partners from both priority areas and non-HEAT wider settings.</li> <li>PSST will continue to offer support and training, if requested, to our partners.</li> <li>North Ayrshire ADP is seeking funding to engage with local pharmacies to deliver ABI's (within the Priority Setting group)</li> </ul>
<b>Timescale for Improvements</b>
To be delivered by March 2021 with ongoing review each quarter

Description	Number of ABIs Delivered (Non – Priority Area – Pan Ayrshire)
<b>Health and Wellbeing Indicator</b>	Healthier
<b>Strategic Objective</b>	Improving Mental Health and Wellbeing

Target	Current Status	Q4 2019-20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21
214	Red 	438 	92 			

<b>Trend Commentary</b>
<p>This is the first quarter that we have failed to meet the trajectory since the ABI standard was introduced.</p> <p>The number of Priority Area ABI's completed in the quarter has decreased by 346 (79%) from the Quarter 4 figure</p> <ul style="list-style-type: none"> <li>For the first time since reporting that this quarterly target has not been met – ostensibly due to the impact of COVID-19</li> </ul> <p>Performance was reduced due to the impact of COVID-19 (limited face to face contact with clients, staff working from home, renegotiation of the GP ABI Local Enhanced Service agreement, fewer opportunities for staff to deliver an ABI &amp; some staff being redeployed into different priority tasks).</p>
<b>Actions to Improve Performance</b>





- Given the current situation regarding COVID-19 we await the Scottish Governments Guidance for ABI delivery for 20/21 (and to ascertain if an ABI can be reported on if delivered via Virtual Technology as opposed to the traditional face to face approach)
- Agreement to be reached regarding GP ABI delivery and reporting
- The Prevention and Service Support Team (PSST) will continue to monitor, record and report all ABI activity, on a quarterly basis, provided by our partners from both priority areas and non-HEAT wider settings.
- PSST will continue to offer support and training, if requested, to our partners.
- North Ayrshire ADP is seeking funding to engage with local pharmacies to deliver ABI's (within the Priority Setting group)

### Timescale for Improvements

To be delivered by March 2021 with ongoing review each quarter

Description	CAMHS – Seen within 18 weeks (RTT)
<b>Health and Wellbeing Indicator</b>	Healthier
<b>Strategic Objective</b>	Improving Mental Health and Wellbeing

Target	Current Status	Q4 2019-20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21
90%	Red 		63% 			

### Trend Commentary

This is a new measure being reported in the PAC for the first time

We have historic data for this measure, however these figures relate to a pre-COVID-19 baseline, so are inappropriate for comparison

Alongside the impact of COVID-19, due to a change in data recording guidance on what constitutes treatment, as of February 2020, a new Referral to Treatment data set has been used. Previously CAMHS recorded Referral to Assessment as treatment as long as it covered the advice set out from ISD (January 2020 figures). Figures recorded from February 2020 cover the new way of recording, treatment has only started when they are allocated and working with a clinician

Quarterly Breakdown:

Total Seen: 308

Total Seen within 18 weeks:194

This data is subject to change

The numbers seen and numbers seen within 18 weeks may change slightly as a result of priority piece of clinical admin validation

### Actions to Improve Performance

CAMHS about to undergo Service Review in line with new CAMHS Service Specification.

CAMHS data is monitored weekly through weekly activity reports as well as monthly in the Waiting Times Meeting and NHS Performance Governance Report. The Team also has regular meetings with Scottish Government where any current and potential future issues are discussed.



14<sup>th</sup> Sept 2020 – Initial update to SPOG with plan of work and agreed direction.

21<sup>st</sup> Dec 2020 – Progress update to SPOG

### Timescale for Improvements

31<sup>st</sup> March 2021 – New arrangements/processes/ways of working to be implemented. If Board agreement is required for any changes, these should be sought prior to 31 March.

Description	Psychological Therapies – Seen within 18 weeks (RTT)
Health and Wellbeing Indicator	Healthier
Strategic Objective	Improving Mental Health and Wellbeing

Target	Current Status	Q4 2019-20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21
90%	Red 		75% 			

### Trend Commentary

This is a new measure being reported in the PAC for the first time

We have historic data for this measure, however these figures relate to a pre-COVID-19 baseline, so are inappropriate for comparison

Of the 14 teams included in this measure, 4 were compliant.

Quarterly Breakdown:

Total Seen: 640

Total Seen within 18 weeks: 482

Psychological Therapies waiting times continue to remain below the 90% compliance standard. However, the waiting times have remained stable through the COVID-19 period and overall numbers of patients waiting have reduced. Psychological Therapies were 75.2% compliant as of July 2020 compared to 74.9% compliant in February 2020.

The Psychological Service 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 Wellbeing Hub) 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.

Referral demand and Waiting Times. Referral demand has reduced across all Psychological Specialties. This has enabled staff to work through existing cases and to start new patients. Where possible, new patients have been started in waiting time order. The exception is where remote delivery has not been an option. Waiting times must therefore be considered with some caution at present.

While the reduced referral demand has enabled overall waiting time compliance to hold up since February, there is variability across the Psychological Specialties. Some Specialties are experiencing improved waiting times while others are experiencing increased waiting times. For example, the COVID-19 restrictions have had positive impact on the waiting times for the Clinical Health and Neuropsychological Specialties, with both managing to achieve compliance, while there has been a negative impact on waiting times within the Specialties of CAMHS and Community Paediatrics.

The majority of Adult patients have accepted remote delivery of treatment. Within the Psychological Specialties of CAMHS and Community Paediatrics, there has been low acceptance and suitability for remote working. This relates to the predominance of neurodevelopmental and neuropsychological work within CAMHS and Community Paediatrics, and the limited evidence base and options to deliver these specialist assessments to children remotely.

### **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:

- Continue remote delivery of psychological assessment and treatment where this is appropriate (e.g. dependent on individual circumstances, risk assessment and management, therapeutic modality).
- Expand access to an increased range of SG supported SilverCloud Computerised Cognitive Behavioural Therapy (cCBT) digital options.
- Assess the requirement for and implement the recently available SG supported Internet-Enabled (IESO) digital option, as part of a tiered model of service delivery.
- Development of local guidelines, based on recent national and international evidence base and guidance, to provide guidance on remote delivery of neuropsychological and neurodevelopmental assessments.
- Re-instate face-to-face clinical contact that had been paused. Local guidelines have been co-produced, with Infection Control, to inform staff of the necessary safety measures and PPE to resume face-to-face assessment, as domiciliary visit and at out-patient clinics. The Service is now receiving confirmation of availability of clinic space and is planning reinstatement of face-to-face clinics in September.
- Reinstatement face-to-face therapy using a blended approach with remote therapy when the benefits of doing so off-set risks (e.g. using remote delivery initially to engage a new patient who is anxious about attending a clinic setting, or to review a patient who otherwise could not attend their appointment due to financial costs), therefore removing barriers to accessing psychological therapy.
- 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 clinical supervision, reflective practice sessions and consultation to the wider clinical team who are delivering psychological interventions, including clinicians training in psychological treatments (e.g. Diploma in CBT, Masters and Doctorate Trainees). This activity will be expanded as the wider clinical staff group are released and given protected time for psychological work.
- Continue to adapt provision of teaching, training and clinical placements to support Trainees in formal professional Psychology training courses as key to increasing capacity and access to psychological therapies.
- Reinstate training in psychological therapies for the wider staff team to increase capacity for delivery of psychological work.
- Staff wellbeing Supports. Psychological Service staff have provided dedicated Psychology provision to support local staff wellbeing resources in the Acute and Community settings. During the COVID-19 response period, where reduced referrals were experienced, this support was delivered without detriment to the waiting times standard. However, this provision is being phased down as the COVID-19 related staff wellbeing needs reduce to enable clinical staff to refocus their capacity on patient care. A local Board proposal to sustain staff wellbeing supports through additional resource has been submitted.

### Timescale for Improvements

Through further expansion of remote and digital working, and re-instatement of face-to-face activity, increase activity levels across the Psychological Service are expected to be achieved to pre-COVID-19 levels by September 2020. In April 2019, 335 new patients were seen. In April 2020, a reduced number of 209 new patients were seen, related to COVID-19 restrictions. It is expected that waiting times will hold and gradually improve over the next quarter based on reduced referrals, increased activity, including face-to-face, service redesign and new ways of working.

The Waiting Times for Psychological Therapies AOP submitted to SG in March 2020, reported a trajectory for compliance with the 90% standard by April 2021, assuming full staff capacity. Greater clarity on these trajectories will be available over the next two quarters as we see the changing referral demand against our ability to meet with existing capacity and within the context of COVID-19 restrictions and available clinic space.

<b>Description</b>	AMHT – All accepted routine referrals will be offered assessment within 4 weeks.
<b>Health and Wellbeing Indicator</b>	Healthier
<b>Strategic Objective</b>	Improving Mental Health and Wellbeing

Target	Current Status	Q4 2019-20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21
100%	Red 		26% 			
<b>Trend Commentary</b>						
This is a new measure being reported in the PAC for the first time						

Please treat this figure with caution. The North recording systems have been changed to capture the new way of integrated working. There has also been confusion across the Teams on how to update the system with virtual contacts (virtual /telephone consultations implemented during COVID-19).

#### Quarterly Breakdown

Total Routine Referrals: 266

Total Seen Within 4 Weeks: 69

#### Actions to Improve Performance



The data will be validated and updated/amended accordingly. This measure will be reviewed/monitored at the Mental Health SMT Performance and Finance monthly management meeting

Quarter 2 report will include updated Quarter 1 figures

#### Timescale for Improvements

End of Quarter 2, 2020

Description	Adult Liaison (Psych & Alcohol) – All accepted Emergency Department referrals will be seen within 60 minutes.
Health and Wellbeing Indicator	Healthier
Strategic Objective	Improving Mental Health and Wellbeing

Target	Current Status	Q4 2019-20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21
100%	Red 		85% 			

#### Trend Commentary

This is a new measure being reported in the PAC for the first time

#### Quarterly Breakdown

Total Referrals: 119

Total Seen within 60 minutes: 101


#### Actions to Improve Performance

This measure will be reviewed/monitored at the Mental Health SMT Performance and Finance monthly management meeting



#### Timescale for Improvements

Continue to be monitored throughout the year

<b>Description</b>	Every patient assessed by mental health liaison will be offered an individualised discharge care plan
<b>Health and Wellbeing Indicator</b>	Healthier
<b>Strategic Objective</b>	Improving Mental Health and Wellbeing



Target	Current Status	Q4 2019-20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21
100%	Red 		Not Available			
<b>Trend Commentary</b>						
<p>This is a new measure being reported in the PAC for the first time</p> <p>We are currently unable to get this data for Quarter 1. The CarePartner reporting functions have impacted the gathering of this data which has to be done manually.</p>						
<b>Actions to Improve Performance</b>						
<p>Senior Data Analyst to undertake a bespoke piece of work to identify the incident rate of care plan. Initial findings will be shared with Service Manager to identify any gaps in provision and subsequent actions will be identified and monitored. This measure will be reviewed/monitored at the Mental Health SMT Performance and Finance monthly management meeting</p> <p>The Quarter 2 report will include the Quarter 1 figures</p>						
<b>Timescale for Improvements</b>						
End of Quarter 2, 2020						

<b>Description</b>	EMH – All accepted urgent referrals within the acute hospital will be seen within 24 hours
<b>Health and Wellbeing Indicator</b>	Healthier
<b>Strategic Objective</b>	Improving Mental Health and Wellbeing

Target	Current Status	Q4 2019-20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21
100%	Red 		45% 			
<b>Trend Commentary</b>						
<p>This is a new measure being reported in the PAC for the first time</p> <p>EMH – Elderly Mental Liaison Team</p> <p>Quarterly Breakdown</p> <p>Total Urgent Referrals: 66 Total Seen within 24 Hours: 30</p>						

<p>This data is subject to change and is to be treated with caution.</p> <p>Since the beginning of the COVID-19 lockdown period some administration constraints have been identified that have contributed to a delay in data input. There has also been confusion on how to record telephone/virtual contacts since the implementation at the start of COVID-19.</p> <p>The EMH Liaison data for the numbers of patients seen within the specific timescale is known to be lower than have actually been seen.</p>
<b>Actions to Improve Performance</b>
Data Cleansing task in operation. This measure will be reviewed/monitored at the Mental Health SMT Performance and Finance monthly management meeting
<b>Timescale for Improvements</b>
End of Quarter 2, 2020



<b>Description</b>	EMH – All accepted routine referrals within the acute hospital will be seen within 48 hours
<b>Health and Wellbeing Indicator</b>	Healthier
<b>Strategic Objective</b>	Improving Mental Health and Wellbeing

Target	Current Status	Q4 2019-20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21
100%	Red 		38% 			



<b>Trend Commentary</b>
<p>This is a new measure being reported in the PAC for the first time</p> <p>Quarterly Breakdown</p> <p>Total Routine Referrals: 77 Total Seen within 48 Hours: 29</p> <p>This data is subject to change and should be treated with caution. Since the beginning of the COVID-19 lockdown period some administration constraints have been identified that have contributed to a delay in data input.</p> <p>The EMH Liaison data for the numbers of patients seen within the specific timescale is known to be lower than have actually been seen.</p>
<b>Actions to Improve Performance</b>
Data Cleansing task in operation. This measure will be reviewed/monitored at the Mental Health SMT Performance and Finance monthly management meeting.
<b>Timescale for Improvements</b>
End of Quarter 2, 2020



<b>Description</b>	EMH – All accepted referrals from community hospitals will be seen within 5 working days
<b>Health and Wellbeing Indicator</b>	Healthier
<b>Strategic Objective</b>	Improving Mental Health and Wellbeing

Target	Current Status	Q4 2019-20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21
100%	Red 		33% 			
<b>Trend Commentary</b>						
<p>This is a new measure being reported in the PAC for the first time</p> <p>Quarterly Breakdown</p> <p>Total Referrals: 39 Total Seen within 5 working days: 13</p> <p>This data is subject to change and is to be treated with caution Since the beginning of the COVID-19 lockdown period some administration constraints have been identified that have contributed to a delay in data input. The EMH Liaison data for the numbers of patients seen within the specific timescale is known to be lower than have actually been seen.</p>						
<b>Actions to Improve Performance</b>						
Data Cleansing task in operation. This measure will be reviewed/monitored at the Mental Health SMT Performance and Finance monthly management meeting.						
<b>Timescale for Improvements</b>						
End of Quarter 2, 2020						

<b>Description</b>	All accepted urgent Crisis Resolution Team referrals will be received contact within 4 hours
<b>Health and Wellbeing Indicator</b>	Healthier
<b>Strategic Objective</b>	Improving Mental Health and Wellbeing

Target	Current Status	Q4 2019-20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21
100%	Red 		63% 			
<b>Trend Commentary</b>						
<p>This is a new measure being reported in the PAC for the first time</p> <p>Quarterly Breakdown – The figure of 63% is significantly underreported</p> <p>This data is subject to change and is to be treated with caution.</p>						



All referrals need to be categorised to ensure the correct criteria is applied. In addition, data gaps were identified and will be addressed in the categorisation exercise. This was missed as the Team has changed processes during lockdown with more phone calls than face to face assessments and the Team were unsure on how to record.

#### **Actions to Improve Performance**

Data cleaning exercise to be completed by Senior Data Analyst and refreshed figures will be available shortly. This measure will be reviewed/monitored weekly in the Weekly Acute Activity Reports in addition to the Mental Health SMT Performance and Finance monthly management meeting.

#### **Timescale for Improvements**

End of Quarter 2, 2020

## **Children, Families and Justice**

### **Head of Service Statement**

The COVID-19 pandemic has created challenges for all services on global, national and local levels. As expected, this has had an impact on child protection strategic and operational practice within North Ayrshire. This briefing provides an update on the work that is currently happening to protect our vulnerable children, young people and families during these unprecedented times.

### **Child Protection Practice**

**HSCP** – Child Protection Conferences are continuing to take place either on a virtual or a physical basis and on a smaller scale (Senior Officer, Social Worker and Social Work Team Manager present).

There is still a requirement to visit children on the Child Protection Register on at least a weekly basis. Currently 98% of children with a child protection plan have been visited within a 2 week period within North Ayrshire.

Virtual Child Protection training is ongoing within the partnership.

A child protection sub-group is meeting fortnightly on a multi-agency basis to give regular updates and share information.

**Education** – HSCP & Education staff have an agreed protocol for supporting our vulnerable children and young people. This has involved establishing a multi-agency forum which meets weekly to allocate support to children and young people (CYP) & families at risk. The multi-agency meetings consider applications submitted in advance using a robust resilience matrix and assessment process based on the National Practice model. Several forums have taken place with 94 vulnerable young people discussed and support measures implemented via the mainstream hubs. There are 8 hubs across North Ayrshire Council.

Outreach support and respite is being offered for a very small number of families where children have severe and complex needs. This is discussed on a case by case basis.

Education support is also ongoing in our outreach facilities for young people who would not benefit from attending a hub.

157 Pre-5 children have now also been allocated a place in day-care or with a childminder.

Children & Families staff have been developing packs of resources, distributing craft sets, colouring books, letters to all care experienced CYP and gift packs to support our most vulnerable families. This has been well received.

**Acute Health Services** – Health have noted an increase in Initial Referral Discussion (IRD) activity. Child protection concerns are varied and include parental mental health concerns, domestic abuse, drug and alcohol issues, assault of child, unexplained injuries, indecent images, neglect and poor home conditions. For those CYP who do not meet the IRD threshold in North Ayrshire, a multi-agency IRD scrutiny group has been set up to review referrals (highlighting very strong practice).

**Police** – Police Scotland response to child protection has not changed. If there is any risk to a child, then the Police will adopt their current procedures and take steps to safeguard the child in question. Inter-Agency Referral Discussions are a crucial part in multi-agency decision making, ensuring that any investigations or actions are undertaken in a child centric manner and decisions made are recorded in an auditable and transparent fashion.

**SCRA** – The children's hearings system and Scottish Children's Reporter Administration (SCRA) is significantly affected by the Coronavirus pandemic. Some discretion applies to the timing of other

hearings by virtue of the emergency legislation. Given the limited amount of participation that can be accommodated, the reporter applies discretion, using criteria to decide whether to proceed with hearings or to postpone. The reporter makes every effort to consult with the allocated social worker as part of making the decision on whether to arrange any of these hearings.

### **Child Health Services**

Childhood immunisations have continued to be delivered throughout the COVID-19 pandemic in North Ayrshire. The family is contacted prior to the appointment to ensure there is no one within the home with COVID-19 symptoms, to advise that only one adult should attend the appointment with the baby/child and to be reassured that the nurse will be wearing PPE. The nurses have reported that the attendance and immunisation uptake rates have been good. There have been a few occasions where a home visit has been supported to immunise the baby due to shielding requirements.

The School Immunisation programme has been stalled as a result of the schools not operating. The missed immunisations will be caught up in 2020/21 session. However, this, along with the implications for the staggered school attendance, will have significant implications to how we staff this service in the coming year to ensure we maintain this public health requirement. Planning is underway to consider the implications for the school flu programme for 2020.

North Ayrshire Universal Early Years (UEY) service has continued to support children and families throughout COVID-19. Initially Primary Visits (baby aged 11 – 14 days) and the 6-week check, in addition to any supports needed for families identified as having additional requirements, e.g. child protection, complex parenting issues, were the only home visits performed. Health Protection Guidance and NHS Ayrshire and Arran's Infection Control Guidance has always been adhered to by staff attending home visits. The other HV National Timeline visits were performed over telephone supports, however in the last number of weeks we have piloted "Near Me" technology which allows the UEY teams to send an appointment for the parents to attend a virtual consultation. The plan is to roll Near Me out to all UEY staff as we move forward in the "new normal", especially to support our core families.

Weekly reports have been requested by Scottish Government on the number of Pathway visits performed.

In addition to the Pathway visits, UEY staff have continued to support vulnerable families, weekly contacts for the Shielding families and provided Named Person reports.

There has been excellent joint work between UEY and education to identify places for children within Early Years establishments and day care.

During COVID-19 breastfeeding supports have continued via Universal Early Years and for the most complex feeding issues, Mums have been supported through a variety of routes: home visits, telephone consultations and *near me* appointments.

Recruitment was stalled for school nurse appointments, but interviews are scheduled to take place in June/July.

### **Children's Houses**

Throughout the lockdown period our children and young people in our children's houses and in foster care, kinship care and external placements have managed exceptionally well. We have experienced a very small number of young people absconding from the children's houses, and in these cases, professionals' meetings have taken place to support the young people involved. To this end, four young people were taken into respite accommodation during the lockdown period. We have successfully moved one young person to his own tenancy from one of our children's houses and a further two housing applications have been submitted.

We are continuing with 'virtual' Fostering Panels, Adoption & Permanency Panels.

Since our Communications campaign started, we have approved a further 12 foster carers.

## **Child Protection / Vulnerable Children & Young People Statistics**

We have created a weekly data dashboard for all children and young people who are vulnerable and require support.

The updated weekly dataset provides information 'at a glance' in relation to child protection and vulnerable young people statistics throughout the COVID-19 pandemic. This is analysed and discussed on a weekly basis. We are now required to send this data to Scottish Government on a weekly basis as part of a National dataset.

Key Messages from this data include:

- Increased CP activity in all localities
- Increase in numbers of CYP being moved to other family members because of safeguarding issues
- Professionals meetings taking place to support CYP who are having difficulty during lockdown period & as a result of absconding from our Houses.

## **Child Protection Public Engagement**

Messages via social media and our updated website and are accessible to young people and members of the community within North Ayrshire. We also co-ordinated the publication and delivery of child protection resources to all of the community hubs to promote child protection messages to all members of communities within North Ayrshire.

## **Suicide Prevention in Young People**

The Young People's Strategic Suicide Prevention Group (YPSSPG) and Young People's Suicide Taskforce will be reconvened in June 2020. Young people who overdose in the current situation are being monitored and further support from the Taskforce is being requested as necessary.

## **Early Release Prisoners**

12 prisoners were released between 30 April to 28 May. Robust planning and support ensured that there were no issues surrounding reintegration back into communities.

MAPPAs are ongoing and taking place virtually.

## **SCR 'Making Change Happen' Group**

The group met on two occasions between January and March and work was postponed because of Lockdown. The group met for the first time on 16 June and there was a real appetite to progress actions. One such action for the next meeting is to scope current practice in relation to Supervision across all services and write a proposal for how we integrate better practice with partners to empower and support staff but ultimately to improve outcomes for children, young people and families. A written update will be taken to the Child Protection Committee after the summer to report on progress.

### **Next steps**

- Continue to build on existing progress to deliver high quality outcomes for children and families
- Continue to adapt practice & procedure as we move through the different phases of the Routemap through and out of lockdown
- Careful planning is underway regarding re-instating physical Contact arrangements (based on Government, Public Health & SWS guidelines)
- Continue to reduce the number of children and young people in external placements
- Work is ongoing to deliver our Recovery Strategy taking on board the learning from this experience
- Creation of a CF&J improvement and action plan
- Progress the recommendations from the Independent Care Review

## **Health and Community Care**

### **Head of Service Statement**

#### **COVID-19 Challenges**

Quarter 1 of 2020/2021 saw the beginning of the Partnership's response to the COVID-19 Pandemic which impacted greatly on Health and Community Care services. Due to the restrictions in place on social distancing and lockdown measures, several services were required to adapt their normal working practices to ensure compliance to the restrictions in place, whilst continuing to deliver essential services to the most vulnerable service users in the communities across North Ayrshire. Staff across all areas of Health and Social Care have shown extraordinary resilience in the face of such challenging times and have continued to deliver much needed support.

As part of Health and Community Care Services Business Continuity Planning, several services were temporarily closed and/or reduced in capacity including Older People's Day Services and Dementia Support Services. Anam Cara's Respite service was adapted to form part of the COVID-19 response to surge capacity and was created as a step-down facility for individuals being discharged from acute settings. A further two surge sites were identified and readied in preparation for a peak in the virus. Furthermore, several lower level Care at Home services were temporarily suspended to ensure provision could be directed to those most in need of critical services.

As part of the Scottish Government's response to the COVID-19 pandemic the Partnership were set a target of having 0 delayed discharges from all acute hospital settings. In order to achieve this target a Pan Ayrshire Hospital Transitions working group was established, led by NAHSCP, with colleagues from East Ayrshire Health and Social Care Partnership, South Ayrshire Social Care Partnership and Crosshouse Hospital. Furthermore, within Health and Community Care a Delayed Discharge working group was established to provide a daily focus on reviewing Delayed Discharges across all hospital sites. Throughout Quarter 1 Health and Community Care services in North Ayrshire continued to prioritise hospital discharges to ensure continuous flow from all acute sites, achieving a significant reduction in delays from 78 Delayed Discharges at the beginning of Quarter 1 to the lowest of 5 Delayed Discharges during this quarter. North Ayrshire has been recognised nationally by Scottish Government with the significant improvement in the reduction of delayed discharges.

#### **Care at Home**

There remain significant pressures on Care at Home Services within the North Partnership and further additional pressures around discharges for people who require funding to transfer to care homes. This is further complicated by Health Protection Scotland and Public Health Guidance around the admission to and operation of Care Homes in that further delays can be attributed to both testing requirements and service users/families' anxieties in moving into a Care Home facility. However, staff within Health and Community Care Services are continuing to work alongside colleagues in all acute sites, families and service users with a focus on supporting individuals to return home safely following admissions into hospital, and where they cannot do so, to be safely supported in the most appropriate care setting.

The Care at Home service has continued to respond to the demand for Care at Home provision and have delivered vital services to thousands of individuals who remained at home throughout the pandemic. The Care at Home service has also seen a significant reduction in delays for

individuals awaiting Care at Home supports on discharge from hospital to its lowest levels in 12 months. Within the In-House Care at Home service there has been a number of actions taken to increase Care at Home capacity to ensure greater scope to support individuals getting home from hospital without delay. This includes additional contracted hours to existing Care at Home staff, temporary contracts for bank Care at Home staff and several recruitment events to increase staffing within the Care at Home establishment. These actions have been successful in increasing the capacity of the Care at Home service to facilitate greater levels of support to those both in acute hospital sites and the community awaiting Care at Home services.

Over 173,000 Care at Home visits were delivered across North Ayrshire in the month of May at the height of the COVID-19 pandemic by both Partnership Care at Home, Community Alarm and Telecare staff and external Care at Home Providers.

### **Personal Protective Equipment (PPE)**

The response to the COVID-19 pandemic also saw the introduction of enhanced infection control requirements, which had a significant impact on the North Partnership's delivery of community services. This required the enhancement of infection control measures around personal protective equipment (PPE) and these requirements have remained in place throughout Quarter 1. As such, a dedicated team within Health and Community Care Services was established to manage and focus on the ongoing sourcing, purchasing, stock management, delivery and distribution of personal protective equipment. The Community Equipment Store in Kyle Road, Irvine, has been the hub for the Partnership's PPE activity, with a dedicated production line established in Bridgegate House Irvine, to support the daily distribution of PPE across North Ayrshire. There are currently over 26 daily distributions of PPE at drop off points across North Ayrshire, totalling over 100 PPE drop offs weekly to Partnership staff across mainland North Ayrshire and on the islands of Cumbrae and Arran. The North Partnership's Community Equipment Store was identified as the Social Care PPE Hub for the whole of North Ayrshire for the Scottish Government's distribution of PPE from the National Distribution Centre for all social care providers, unpaid carers and Personal Assistants and continues to operate as a vital resource for PPE and infection control support. It is anticipated that the Social Care PPE Hubs will continue for a minimum of six months and will be reviewed again nationally in October 2020.

### **Enhanced Intermediate Care**

North Ayrshire Health and Social Care Partnership's Enhanced Intermediate Care Team has continued to provide a seven-day service throughout Quarter 1 with a focus on facilitating early discharge from hospital and providing an alternative to acute hospital admission. This service has continued with direct input in service users' homes, following strict Health Protection Scotland infection control guidance, to support individuals to remain safe and well in their own homes throughout the COVID-19 pandemic. The team formed close working relationships with colleagues within Crosshouse Hospital during the pandemic response. One example of this has been the close links made with colleagues within the Intensive Care Unit in Crosshouse Hospital as part of the In:Spire (Intensive Care Syndrome: Promoting Independence and return to employment) project. This allowed the team to work alongside intensive care consultants in supporting early referral for post COVID-19 patients who had experienced a lengthy stay in intensive care to receive multi-disciplinary supports via the North's Enhanced Intermediate Care Team on discharge from hospital to aid and support their recovery.



## **Mental Health**

### **Head of Service Statement**

The ten- year Ayrshire Mental health strategy developed in 2019/2020 in alignment with the national mental health strategy continues to be the driving force to whole systems transformation across communities and services with key impact actions developed at a local level which also reflect the 9 National Health and Wellbeing Outcomes plus the Partnership's 5 Strategic Priorities.

The North Ayrshire Health and Social Care Partnership as Lead Partnership for Mental health has Governance oversight for monitoring of progress and reporting against the strategy. In the capacity of Lead Partnership for mental health, North HSCP has also led on the development of a phase 2 and 3 mobilisation plan in response to the COVID-19 Pandemic. The plan for phase 3 takes account of the learning from COVID-19 response and covers the longer period to March 21 demonstrating how the full range of services will be delivered by the end of the timeline, specifically bringing back any services that have paused, the detail of the work undertaken to model demand and projected plans to tackle waiting lists. The plan illustrates in alignment with this request the development of new ways of working and innovations in service delivery and work which will be delivered on renewal and re-design. This includes a response to the Minister for Mental Health request issued to Boards in her letter of 14<sup>th</sup> July with a specific request that services established for the assessment of unscheduled mental health presentations are visible in mobilisation plans

This urgent mobilisation activity however has enabled some service developments to be expedited at pace whilst some have required to be paused.

### **Adult Community Mental Health Services**

As of 1<sup>st</sup> April 2020, the Adult Community Mental Health Service was due to integrate and reside at the 3 Towns Resource Centre. All construction and cosmetic works were completed on time and the furniture had arrived and was built. Due to COVID-19, IT required prioritisation and therefore has not been completed at this time. There has been a delay to the teams moving into the building given reduced IT availability, COVID-19 and business continuity planning. The community mental health services teams moved into the new accommodation in June 2020 and are fully operationalising the new integrated model of service delivery. The footfall of staff through the building, and existing accommodations (Ayrshire Central Hospital and Caley Court) has been reduced to minimum numbers, with other staff working from home but able to mobilise from there as appropriate.

### **PAN-Ayrshire Unscheduled Care Mental Health Services**

As of 1<sup>st</sup> April 2020, there was an agreement that Crisis and Liaison (Adult, Alcohol and Elderly) teams would align together under a new unscheduled care mental health service managed by Julie Barrett as Senior Manager, and Mairi Gribben as Service Manager. However, due to COVID-19 and associated challenges, this realignment was expedited on 23<sup>rd</sup> March 2020. The service has continued to work through this period on service re-design to maximise workforce capacity, whilst also working on the development of a longer term proposal for a fit for purpose Unscheduled care Mental Health service which continues to build on developments in previous years. This includes the investment required in a sustainable solution to Emergency department re-directions at the request of the Scottish Government and embedded in mobilisation plans.



## **Psychological Services**

**Baseline** – The Psychological Service 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). The infrastructure for NearMe was already in use within the Psychological Specialties of Adult Mental Health and Clinical Health and has since been rolled out across the wider Psychological Specialties.

At the outset of the pandemic, and in preparation for disruption to service delivery, RAG ratings were undertaken of open cases, the most vulnerable patients identified, and care plans developed. Patients waiting for assessment and treatment were contacted by letter or telephone. While some Psychological Service staff were refocused on supporting staff wellbeing resources (e.g. Acute Wellbeing Hub) and contributing to essential service provision in the teams they were embedded in, most staff retained their usual work focus and moved to remote working.

**Referral demand and Waiting Times** – Referral demand has reduced across all Psychological Specialties. This has enabled staff to work through existing cases and to start new patients. Where possible, new patients have been started in waiting time order. The exception is where remote delivery has not been an option. Waiting times must therefore be considered with some caution at present. Waiting times have been maintained at pre-COVID-19 levels.

In the earlier phase of the COVID-19 response, there was reduced activity related to staff shifting from a clinic based face-to-face service to a home and remote working service, and to identifying those patients suitable for remote working. While the reduced referral demand has enabled overall waiting time compliance to hold up since February, there is variability across the Psychological Specialties. Some Specialties are experiencing improved waiting times while others are experiencing increased waiting times. The COVID-19 restrictions have had greatest impact on the waiting times for the Child Specialties of CAMHS and Community Paediatrics.

New referrals have been accepted, assessed remotely and, where suitable for psychological input, placed on waiting lists. The majority of Adult patients have accepted remote delivery of treatment. Within the Psychological Specialties of CAMHS and Community Paediatrics, there has been low acceptance and suitability for remote working. This is in contrast to Medical Paediatrics which has a 95% acceptance of remote working. This relates to the predominance of neurodevelopmental and neuropsychological work within CAMHS and Community Paediatrics, and the limited evidence base and options to deliver these specialist assessments to children remotely.

**Recovery Plan** – 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:

- Continue remote delivery of psychological assessment and treatment where this is appropriate (e.g. dependent on individual circumstances, risk assessment and management, therapeutic modality).
- Expand access to an increased range of SG supported SilverCloud Computerised Cognitive Behavioural Therapy (cCBT) digital options.
- Assess the requirement for and implement the recently available SG supported Internet-Enabled (IESO) digital option, as part of a tiered model of service delivery.

- Development of local guidelines, based on recent national and international evidence base and guidance, to provide guidance on remote delivery of neuropsychological and neurodevelopmental assessments.
- Re-instate face-to-face clinical contact that had been paused. Local guidelines have been co-produced, with Infection Control, to inform staff of the necessary safety measures and PPE to resume face-to-face assessment, as domiciliary visit and at out-patient clinics. Psychological Service staff are now receiving notification of their access to clinics and are planning a return to face-to-face work in September. Access is reduced from pre-COVID-19 levels but will enable targeting of patients waiting for face-to-face.
- Reinstatement of face-to-face therapy using a blended approach with remote therapy when the benefits of doing so off-set risks (e.g. using remote delivery initially to engage a new patient who is anxious about attending a clinic setting, or to review a patient who otherwise could not attend their appointment due to financial costs), therefore removing barriers to accessing psychological therapy.
- Development of a remote trans-diagnostic group therapy for Adults presenting with distress and emotional regulation problems. It is estimated that this therapeutic group will be suitable for the majority of the patients waiting for Psychological input, removing or reducing the need for additional individual input.
- Through the developments of further expansion of remote and digital working, and re-instatement of face-to-face activity, increase activity levels across the Psychological Service to pre-COVID-19 levels by September 2020. In April 2019, 335 new patients were seen. In April 2020, a reduced number of 209 new patients were seen, related to COVID-19 restrictions.
- Re-instate clinical supervision, reflective practice sessions and consultation to the wider clinical team who are delivering psychological interventions, including clinicians training in psychological treatments (e.g. Diploma in CBT, Masters and Doctorate Trainees). This activity will be expanded as the wider clinical staff group are released and given protected time for psychological work.
- Continue to adapt provision of teaching, training and clinical placements to support Trainees in formal professional Psychology training courses as key to increasing capacity and access to psychological therapies.
- Reinstatement of training in psychological therapies for the wider staff team to increase capacity for delivery of psychological work.

**Staff Wellbeing** – Local health and social care staff can access first phase psychological first aid and brief intervention through the local Staff Care service, the recently launched local Listening Service which will expand its remit to the independent care sector staff, the national information and helpline resource of PRoMIS and NHS 24, and the Acute and Community Wellbeing Hubs. Immediate access to stepped-up formal Psychological Therapy provision will continue to be provided from within existing Psychological Services resource until end August. A local proposal to sustain staff wellbeing supports, positively evaluated during the COVID-19 response, is being presented to the Board late August.

## **CAMHS & CEDS**

Key priorities for noting:

- The national CAMHS Specification was released during January/February and meetings with the Scottish Government established to agree revised actions to ensure compliance and reporting progress for the new specification. These planning conversations have continued through this period, aligned to mobilisation planning with Scottish Government representatives on the daily, then weekly Mental Health briefing meetings.
- The AOP mitigation plan for the Scottish Government re projected shortages in Psychological Service provision has been revised to reflect current challenges in alignment with the mobilisation plan for services phase 2 and 3. In response to this the service will be undertaking an exercise to harmonise what is currently three locality caseloads into one Pan Ayrshire caseload. It is envisaged that all waiting lists will also be merged when the current COVID-19 working arrangements have ceased.

The following actions were implemented successfully to manage the pandemic:

- All known children and young people already engaged in the service have been receiving telephone contact over the course of fortnightly cycles with their parents/ carers/ guardians' able contact us at any point
- Patients actively contacted and kept engaged, waiting no more than a fortnight between contacts.
- Anticipated adaptation of Neuro assessment clinics with consideration for infection control to allow engagement with children for completion of assessment, to recommence August 2020
- Continued to undertake 'urgent' work throughout the pandemic
- Restructure of team into two staff groups: one group of staff at work undertaking triage, assessment & allocation of referrals with the other team working from home engaging via Attend Anywhere and telephone,
- All team clinic locations have been risk assessed and able to utilise the space however in a reduced capacity,
- Moved the young people who are known to the service and requiring a face to face contact from their Locality care coordinators or the Intensive Support Team to release capacity for the duty and triage system,
- Organised clinic space to increase available face to face appointments from 3 per day to 24 per day offering a mixture of nursing, OT, Psychology, SALT and Psychiatry,
- Worked with the staff team to review their caseloads and allocated appointments to people who are on the waiting list, and offered face to face appointments to young people who have indicated that they would prefer to wait rather than use NHS Near Me
- National Adolescent Secure In-patient Service – Design work is complete, and the full business case has continued to be developed through this period – projected completion date for the full business case is the end of August 2020.

## **Addiction Services**

- Staff have continued to offer all interventions during the last 3 months with more face to face appointments/visits being offered in addition to increased telephone contact.
- Staff have been trialling out the use of Virtual Technology (Near Me)
- A new Mobilisation Plan (phase 3) has been agreed and is being implemented which includes increasing face to face contacts for all new and existing clients
- Ward 5 reintroduced the rehabilitation element of its programme over the last month (although Ward is working on a reduced bed capacity basis as the ward environment has had to be relocated to another ward to help facilitate essential fire stop work in Woodland View)

- Our Prevention and Service Support Team staff have reintroduced some training (on agreed priority topics) and as part of the Mobilisation Plan, have adapted their training courses so that they be delivered remotely, virtually and now face to face (although at a smaller scale than previous)

The Pan Ayrshire Alcohol Brief Intervention quarterly delivery target has not been met for the first time ever, ostensibly due to the impact of COVID-19. An improvement plan has been identified and is being implemented.

### **Learning Disabilities**

The Learning Disability Service continues to undergo significant transformation, driven now by the need to respond to and advocate on behalf of clients in the context of the pandemic, as much as by its existing change agenda. After opening in January of this year, Trindlemoss Day Opportunities continued to develop its collaborations and programme of activities. Of the 20 available tenancies at Trindlemoss, 17 are now occupied.

The Assessment and Treatment Unit at Arrol Park has successfully moved to its new site in Ward 7a at Woodlands View.

As with all services, the impact of the pandemic has been profound, and introduced delays to some planned activities, particularly the move to the new Complex Needs Unit at Trindlemoss. That move did take place on the 8<sup>th</sup> of June, and the Unit (now known as Trindlemoss House) is currently functioning, with 5 of 6 available spaces occupied. The planned co-location of the Social Work and NHS components of the community team has by necessity been postponed; however, their existing strong joint working practices have ensured a co-ordinated response to the ongoing crisis.

Remote support has also been a feature of other activity across the service, including the delivery of Wellness Recovery Action Planning (WRAP) sessions by Day Opportunities staff, and the use of Near Me by the Community Team. All within the service are deeply conscious of the marginalisation experienced by people with learning disabilities in general; the potential for the pandemic to compound this through the erosion or diversion of activity; and the need to ensure that they benefit from the learning and any investment which flows out of the ongoing crisis.

### **Inpatient Services**

Service development highlights include the following during the Quarter 1 period:

#### **Highlights**

- Reconfigured inpatient services in face of COVID-19 pandemic to create assessment ward and potential treatment ward for COVID-19 positive cases.
- Continued review of contingency plans and operational practice as new expectation/guidance received re PPE etc
- Successfully recruited to a number of important posts including AMH and EMH Consultant Psychiatrist posts and CNM for Rehabilitation and Forensic Services
- Supported introduction of Emergency Department redirection pathway to avoid persons in mental health/social crisis being assessed at Emergency Department where possible
- Had positive visits to Ailsa and Woodland View by A&A Chief Executive, Medical Director, Nurse Director, Head of Mental Health and Associate Nurse Director to visit staff on wards and hear how COVID-19 has affected them and service delivery
- Refurbishment works continued to Clonbeith and Dunure wards at Ailsa

- Plan to allow eventual closure of Lochranza Ward at Ailsa identified with alternative community provision identified
- Opening of Staff Wellbeing Hubs – ACH and Ailsa

## Challenges

- Supporting anxious families unable to visit loved ones due to coronavirus considerations
- Sustaining delivery of services while 20+ substantive staff unavailable longer term due to COVID-19 shielding considerations
- Ensuring resilience across services associated with Coronavirus recognising will be months in duration and encouraging staff to take annual leave
- Supporting development of NHS A&A remobilisation plans for Scottish Government
- Supporting increased demand for inpatient services whilst balancing Woodland View Fire Stop works programme and potential need to reconfigure services if COVID-19 considerations become priority again

## System Wide

### Absence Statement

**NAC** – staff absence to 30<sup>th</sup> June 2020 is detailed in Appendix 2. The quarterly target has changed from 2.75 to 3.11. Sickness absence from NAC staff in the partnership is 2.76 days, 0.35 days below the quarterly target of 3.11 working days and 34% lower than the same period in 2019/20 (3.69 days).

The teams not meeting target at the end of Q1: CF-Fieldwork; HCC-Primary Care Service; HSCP-Planning; MHS-Community; MHS-Learning Difficulties. (Appendix III, page 49)

**NHS** – Sickness absence from NHS staff in the partnership is 3.81 days, 0.68 days below the quarterly target of 4.5 working days and is 57% lower than the same period in 2019/20 (5.97 days).

## **Finance**

### **Projected Financial Position**

The projected outturn, before the impact of COVID-19, is a year-end overspend of £0.027m for 2020-21, it should be noted that this is the first monitoring period and at a point relatively early in the financial year. 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.

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 projection of effectively a break-even position demonstrates the progress made towards financial balance as part of the 2019-20 recovery plan and other service transformation plans contributing to reduced costs. The position also 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 delayed or impacted 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.

### **Savings**

The savings plan for 2020-21 anticipates that a total of £2.746m of savings will be delivered in-year, with £1.115m 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.

### **COVID-19 impact**

The IJB were provided with a report on 16 July 2020 which highlighted the potential financial impact of the COVID-19 response and the significant financial risk to the IJB. 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. In July the IJB agreed that a follow up report would be presented to the IJB in August outlining the updated 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.

### **Moving Forward**

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 A&A.

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 also to ensure that the IJB is in the position to re-claim funding to compensate for the additional costs.

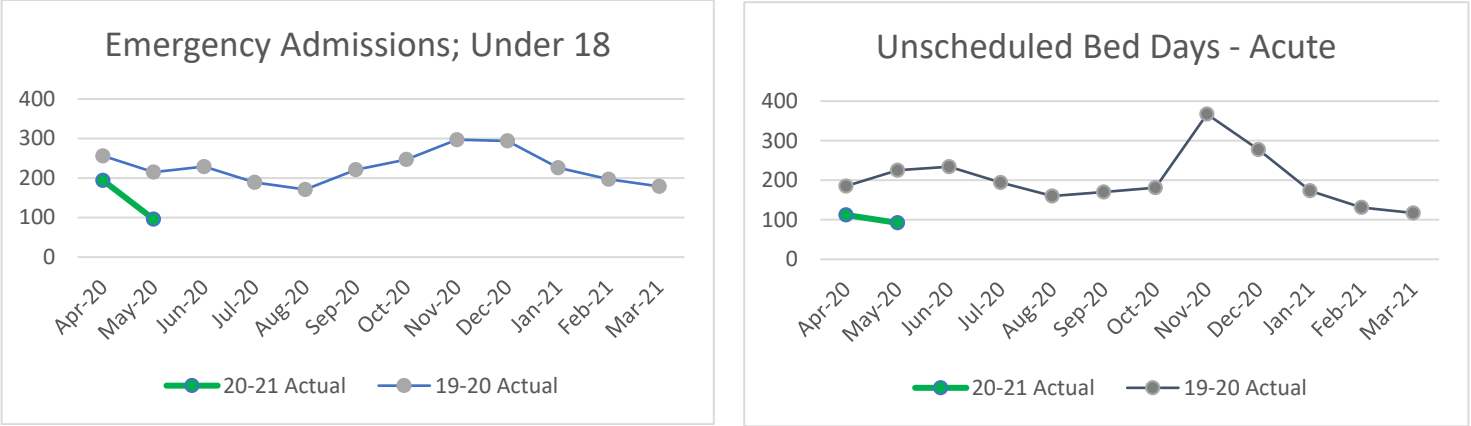
The full Quarter 1 financial report will be available via the North Ayrshire website - [IJB 2020/21 Quarter 1 Finance Update](#)



# MSG Trajectories

MSG information is provided by the Information Services Division of the NHS and is subject to monthly change due to the data completeness and validation process undertaken by the SOURCE team.

**Under 18** – The information in the data cards represent the last 3 months available data.



## Emergency Admissions - Acute

March 2020 - 194

April 2020 - 96

May 2020 - 99

## Unscheduled Bed Days - Acute

March 2020 - 180

April 2020 – 112

May 2020 – 92

## A&E Attendances

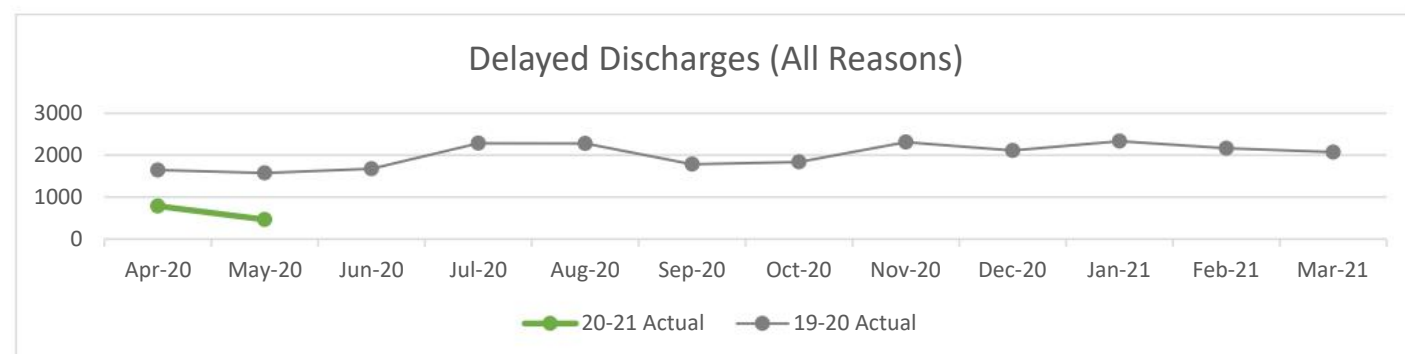
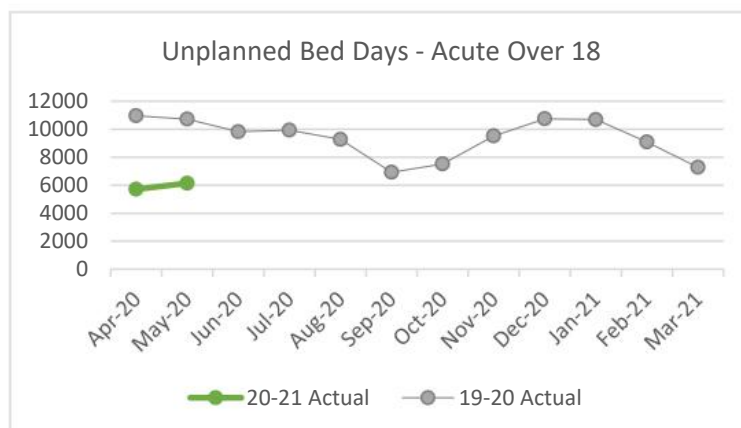
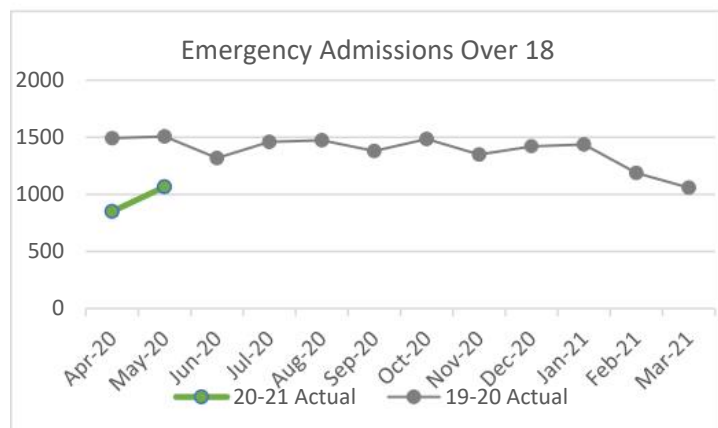
March 2020 - 176

April 2020 - 90

May 2020 - 96



**Over 18** – The information in the data cards represent the last 3 months available data.



#### Emergency Admissions - Acute

March 2020 – 1,137

April 2020 – 850

May 2020 – 1,066

#### Unscheduled Hospital Days

March 2020 – 8,851

April 2020 – 5,713

May 2020 – 6,144

#### A&E Attendances

March 2020 – 638

April 2020 – 793

May 2020 – 996

#### Delayed Discharge bed Days – All

March 2020 – 2,073

April 2020 – 787

May 2020 – 466

#### Delayed Discharge bed Days –H&SC

March 2020 – 1,701

April 2020 – 595

May 2020 – 332

## Appendix I

### MSG Trajectories with Rates







Note – figures up to January 2020 are presented as complete, others a subject to change due to data completeness and are for restricted management information purposes only.


	Monthly Data						
Performance Indicator	Dec 2019	Jan 2020	Feb 2020	Mar 2020	April 2020	May 2020	Performance Data Last Updated
Number of Emergency Admissions to Acute Hospitals	1,715	1,663	1,385	1,237	946	1,165	May
Emergency Admissions to Acute Hospitals Rate per 1000	12.7	12.3	10.3	9.2	7.0	8.6	May
Number of Admissions from Emergency Dept.	1,121	1,034	943	814	883	1,092	May
Admissions from Emergency Dept. Rate per 1000	8.3	7.7	7.0	6.0	6.6	8.1	May
Emergency Dept. conversion rate	35	32	32	32	45	42	May
Number of unscheduled hospital bed days in Acute	11,021	10,870	9,216	7,396	5,825	6,236	May
Unscheduled Hospital Bed days in acute rate per 1000	81.8	80.7	68.4	67.0	43.2		April
Number of Emergency Dept. Attendances	3,241	3,268	2,975	2,527	1,961	2,592	May
Emergency Dept. attendances Rate per 1000	24.1	24.3	22.1	18.8	14.6	19.2	May
Number of Delayed Discharges bed days (all reasons)	2,110	2,333	2,164	2,073	787	466	May
Number of Delayed Discharges bed days (all reasons) rate per 1000	19.3	21.3	19.8	18.9	7.2	4.3	May
Number of Delayed Discharges bed days (code 9)	217	229	197	372	192	134	May
Number of Delayed Discharges bed days (Code 9) rate per 1000	2.0	2.1	1.8	3.4	1.8	1.2	May



















## Appendix II – All Performance Measures

Thresholds: **Red** – 10+%; **Amber** - >=5% and <10%; **Green** - <5%

Measure	Target	Current Status	Q4 2019-20	Q1 2020-21	Q2 2020-21	Q3 2020-21	Q4 2020-21
% of children looked after in a community placement	91%	Green ✓	90% ✓	90.52% ✓			
Number of families with more than 1 consecutive foster placements	3	Green ✓	New Measure	3 ✓			
Number of families with more than 1 moves into care	3	Green ✓	New Measure	2 ✓			
Number of families with more than 1 consecutive residential placements	3	Green ✓	New Measure	0 ✓			
Increase the number of Children accessing Direct Payments	43	Green ✓	45 ✓	44 ✓			
Increase the number of in-house foster carers	95	Green ✓	98 ✓	101 ✓			
Preschool children protected from disease through % uptake of child immunisation programme (Rotavirus)	97%	Amber ⚠	90.3% ⚠	Information reported in arrears due to data validation timescales			
Preschool children protected from disease through % uptake of child immunisation programme (MMR1)	96.5%	Green ✓	93.7% ✓				
% of preschool children protected from disease through uptake of primary immunisations (12 months)	97%		New Measure				
The percentage of babies still being breast-fed at 6/8-week review (Breastfeeding drop-off rate)	49.3%		New Measure				
% of children with BMI percentile >91	10.5%		New Measure				
% of children meeting developmental milestones	78%		New Measure				
% young people receiving aftercare who are in employment, education or training	44%	Green ✓	New Measure	58.82% ✓			

Average waiting time on C&F fieldwork waiting list	86	Red 	New Measure	125 			
% of new CPO clients with a supervision requirement seen by a supervising officer within a week	93%	Red 	New Measure	50% 			
% of individuals subject to level 1 CPO unpaid work completed within expected timescale	90%	Red 	New Measure	0% 			
% of individuals subject to level 2 CPO unpaid work completed within expected timescale	90%	Red 	New Measure	0% 			
Number of Adults accessing Direct Payments	140	Green 	139 	137 			
Percentage of ICT service users seen within 1 day of referral	90%	Green 	99.14% 	98.01% 			
Number of Service users receiving Care at Home	2,167	Green 	1,970 	1,980 			
Number of days individuals spend in hospital beyond their discharge date (bed days lost)	1,936	Green 	3,919 	1,223 			
Number of patients waiting for CAH package (Hospital)	12	Green 	84 	6 			
Number of individuals waiting for CAH package (Community)	30	Red 	New Measure	64 			
Number of Service Users delayed due to funding being confirmed	10	Green 	8 	2 			
Number of Service Users delayed in discharge to a care home after funding confirmed	10	Green 	-	1 			
Number of individuals confirmed with a care at home package	650 p/q	Amber 	New Measure	590 			
Number of individuals in receipt of Digital/Telecare Technology	5,500	Green 	New Measure	4,400 			
Number of LD service users in voluntary placements.	43	Green 	57 	57 			

Addictions referrals to Treatment within 3 weeks (Alcohol)	90%	Green 	98.6% 	100% 			
Addictions referrals to Treatment within 3 weeks (Drugs)	90%	Green 	100% 	100% 			
Addictions referrals to Treatment within 6 weeks (Alcohol)	100%	Green 	100% 	100% 			
Addictions referrals to Treatment within 6 weeks (Drugs)	100%	Green 	100% 	100% 			
Number of ABIs Delivered (Priority Area – Pan Ayrshire)	855 p/q (Pan Ayrshire)	Red 	860 	607 			
Number of ABIs Delivered (Non-Priority Area – Pan Ayrshire)	214 p/q (Pan Ayrshire)	Red 	438 	92 			
Number of Naloxone Kits Supplied	60	Green 	145 	955 			
CAMHS – Seen within 18 weeks (RTT)	90%	Red 	New Measure	63% 			
Psychological Therapies – Seen within 18 weeks (RTT)	90%	Red 	New Measure	75% 			
AMHT – All accepted urgent referrals will be offered assessment within 24 hours.	100%	Green 	New Measure	100% 			
AMHT – All accepted routine referrals will be offered assessment within 4 weeks.	100%	Red 	New Measure	26% 			
Adult Liaison (Pysch & Alcohol) - All accepted Emergency Department referrals will be seen within 60 minutes.	100%	Red 	New Measure	85% 			
All accepted Urgent mental health referrals will be seen within 24 hours from Acute wards (Medical & Surgical at Ayr and Crosshouse)	100%	Green 	New Measure	100% 			
Every patient assessed by mental health liaison will be offered an individualised discharge care plan	100%	Red 	New Measure	 Not Available			
EMH - All accepted urgent referrals within the acute hospital will be seen within 24 hours	100%	Red 	New Measure	45% 			

EMH - All accepted routine referrals within the acute hospital will be seen within 48 hours	100%	Red 	New Measure	38% 			
EMH - All accepted referrals from community hospitals will be seen within 5 working days	100%	Red 	New Measure	33% 			
The elderly mental health liaison service will aim for a reduction in return referrals by 20%	20% Reduction	Green 	New Measure	-25% 			
All accepted urgent Crisis Resolution Team referrals will be received contact within 4 hours	100%	Red 	New Measure	63% 			
The Crisis Resolution Team will support individuals for up to a maximum of 21 days	100%	Green 	New Measure	95.3% 			
The Crisis Resolution Team will support the early discharge of patients from inpatients, reducing average lengths of stay	5% Reduction	Green 	New Measure	-14.3% 			
Average working days lost to sickness absence per employee - NAC	3.11 p/q	Green 	14.43 	2.76 			
Percentage working days lost to sickness absence per employee - NHS	4.5% p/q	Green 	5.45% 	3.81% 			

## Appendix III – Workforce Absence

Table 1a NAC 2020-21 Data

Directorate/Section	FTE	April	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	YTD Target	Variance
CF - Fieldwork	84.90	1.29	1.39	1.22										3.91	1.90	2.01
CF - Intervent Serv	83.10	0.75	0.66	1.01										2.42	3.16	-0.74
CF - Justice Services	67.70	0.83	0.93	1.05										2.81	3.24	-0.42
CF - LAAC	123.01	1.43	1.37	0.52										3.31	4.56	-1.24
CF - Pract Dev & Rev	19.50	0.00	0.00	0.36										0.36	1.25	-0.89
CF - Univer Early Yrs	16.20	0.00	0.00	0.00										0.00	1.25	-1.25
Child, Families&Justice	400.41	1.04	1.01	0.54										2.59	3.12	-0.53
HCC - Arran Services	9.64	0.00	0.00	0.00										0.00	1.25	-1.25
HCC - Comm Care Serv	617.84	0.95	1.00	0.93										2.89	3.22	-0.33
HCC - Locality Services	100.03	1.12	0.19	0.51										1.83	2.55	-0.72
HCC - Long Term Cond	22.84	0.17	0.88	0.04										1.09	1.25	-0.16
HCC - Primary Care Serv	10.00	2.20	0.00	0.00										2.20	1.25	0.95
HCC - Rehab & Reable	13.40	0.00	0.00	0.00										0.00	2.95	-2.95
Health & Community Care	776.75	0.94	0.85	0.81										2.60	3.02	-0.42
HSCP - Finance	27.14	0.48	0.02	0.00										0.50	2.38	-1.88
HSCP Performance	8.50	0.00	0.00	0.00										0.00	1.25	-1.25
HSCP Planning	8.80	3.59	2.48	2.91										8.98	2.39	6.59
HSCP Finance & Transform	39.94	0.61	0.13	0.20										0.94	2.15	-1.21
MHS - Addictions	21.60	1.04	0.83	0.19										2.06	4.45	-2.39
MHS - Community	18.00	2.98	2.10	1.87										6.94	6.25	0.69
MHS - Learning Diff	49.56	2.88	2.33	1.92										7.13	6.25	0.88
Mental Health	89.16	2.46	1.92	1.49										5.87	5.82	0.05
HSCP Business Admin	174.59	0.89	0.48	0.48										1.84	2.41	-0.56
HSCP Senior Managers	10.00	1.44	0.00	0.00										1.44	2.05	-0.61
HSCP	1,489.35	1.05	0.90	0.81										2.76	3.11	-0.34

Table 1b NAC 2019-20 Data

#	Directorate/Section	April	May	June	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	YTD	YTD Target	Variance
40	Business Administration	0.45	0.70	0.97										2.12	2.75	-0.63
41	CF - Fieldwork	0.83	1.02	1.14										2.99	2.75	0.24
42	CF - Intervent Serv	1.71	1.54	0.92										4.17	2.75	1.42
43	CF - Justice Services	1.14	2.07	2.02										5.23	2.75	2.48
44	CF - LAAC	1.73	2.06	2.15										5.94	2.75	3.19
45	CF - Pract Dev & Rev	0.00	0.00	0.00										0.00	2.75	-2.75
46	CF - Univer Early Yrs	0.00	0.45	0.00										0.45	2.75	-2.30
47	HCC - Arran Services	0.00	0.17	0.00										0.17	2.75	-2.58
48	HCC - Comm Care Serv	1.22	1.26	1.18										3.66	2.75	0.91
49	HCC - Locality Services	1.50	0.81	0.79										3.11	2.75	0.36
50	HCC - Long Term Cond	0.71	0.13	0.13										0.97	2.75	-1.78
51	HCC - Primary Care Serv	0.00	1.10	0.00										1.10	2.75	-1.65
52	HCC - Rehab & Reable	2.26	2.86	3.46										8.58	2.75	5.83
53	HSCP - Finance	0.09	0.00	0.19										0.28	2.75	-2.47
54	MHS - Addictions	0.59	1.59	1.92										4.10	2.75	1.35
55	MHS - Community	1.30	3.50	1.91										6.71	2.75	3.96
56	MHS - Learning Diff	2.87	3.47	2.67										9.01	2.75	6.26
57	Plan & Performance	0.31	1.04	1.31										2.66	2.75	-0.09
58	Senior Managers	0.00	0.00	0.00										0.00	2.75	-2.75
59	HSCP	1.16	1.30	1.23										3.69	2.75	0.94



Table 2 **NHS 2020–21**

- Continuing system issues has resulted in data being unavailable.

## Appendix IV – Finance

Partnership Budget - Objective Summary	2020/21 Budget								
	Council			Health			TOTAL		
	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b>COMMUNITY CARE AND HEALTH</b>	<b>56,074</b>	<b>54,590</b>	<b>(1,484)</b>	<b>13,752</b>	<b>13,899</b>	<b>147</b>	<b>69,826</b>	<b>68,489</b>	<b>(1,337)</b>
: Locality Services	23,630	22,532	(1,098)	4,799	4,799	0	28,429	27,331	(1,098)
: Community Care Service Delivery	28,608	28,622	14	0	0	0	28,608	28,622	14
: Rehabilitation and Reablement	1,985	1,695	(290)	1,902	1,910	8	3,887	3,605	(282)
: Long Term Conditions	1,487	1,363	(124)	4,941	5,100	159	6,428	6,463	35
: Integrated Island Services	364	378	14	2,110	2,090	(20)	2,474	2,468	(6)
<b>MENTAL HEALTH SERVICES</b>	<b>24,794</b>	<b>26,234</b>	<b>1,440</b>	<b>52,748</b>	<b>50,952</b>	<b>(1,796)</b>	<b>77,542</b>	<b>77,186</b>	<b>(356)</b>
: Learning Disabilities	18,572	20,195	1,623	448	448	0	19,020	20,643	1,623
: Community Mental Health	4,739	4,531	(208)	1,635	1,635	0	6,374	6,166	(208)
: Addictions	1,483	1,508	25	1,340	1,340	0	2,823	2,848	25
: Lead Partnership Mental Health NHS Area Wide	0	0	0	49,325	47,529	(1,796)	49,325	47,529	(1,796)
<b>CHILDREN &amp; JUSTICE SERVICES</b>	<b>32,186</b>	<b>32,745</b>	<b>559</b>	<b>3,815</b>	<b>3,815</b>	<b>0</b>	<b>36,001</b>	<b>36,560</b>	<b>559</b>
Irvine, Kilwinning and Three Towns	3,281	3,236	(45)	0	0	0	3,281	3,236	(45)
Garnock Valley, North Coast and Arran	1,256	1,180	(76)	0	0	0	1,256	1,180	(76)
Intervention Services	2,104	2,094	(10)	315	315	0	2,419	2,409	(10)
North Ayrshire Wide Services	17,626	18,325	699	0	0	0	17,626	18,325	699
Quality Improvement	4,310	4,304	(6)	0	0	0	4,310	4,304	(6)
Public Protection	636	634	(2)	0	0	0	636	634	(2)
Justice Services	2,506	2,504	(2)	0	0	0	2,506	2,504	(2)
Universal Early Years	467	468	1	3,090	3,090	0	3,557	3,558	1
: Lead Partnership NHS Children's Services	0	0	0	410	410	0	410	410	0
<b>PRIMARY CARE</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>52,521</b>	<b>52,521</b>	<b>0</b>	<b>52,521</b>	<b>52,521</b>	<b>0</b>
<b>ALLIED HEALTH PROFESSIONALS</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5,443</b>	<b>5,443</b>	<b>0</b>	<b>5,443</b>	<b>5,443</b>	<b>0</b>
<b>MANAGEMENT AND SUPPORT COSTS</b>	<b>7,975</b>	<b>8,186</b>	<b>211</b>	<b>3,888</b>	<b>3,686</b>	<b>(202)</b>	<b>11,863</b>	<b>11,872</b>	<b>9</b>
<b>CHANGE PROGRAMME</b>	<b>1</b>	<b>18</b>	<b>17</b>	<b>1,011</b>	<b>1,011</b>	<b>0</b>	<b>1,012</b>	<b>1,029</b>	<b>17</b>
<b>OUTTURN ON A MANAGED BASIS</b>	<b>121,030</b>	<b>121,773</b>	<b>743</b>	<b>133,178</b>	<b>131,327</b>	<b>(1,851)</b>	<b>254,208</b>	<b>253,100</b>	<b>(1,108)</b>
Return Hosted Over/Underspends East	0	0	0	0	582	582	0	582	582
Return Hosted Over/Underspends North	0	0	0	0	0	0	0	0	0
Return Hosted Over/Underspends South	0	0	0	0	553	553	0	553	553
Receive Hosted Over/Underspends South	0	0	0	0	0	0	0	0	0
Receive Hosted Over/Underspends East	0	0	0	0	0	0	0	0	0
Allocation of PCIF from East	0	0	0	0	0	0	0	0	0
Allocate the Action 15 underspend to East and South	0	0	0	0	0	0	0	0	0
<b>OUTTURN ON AN IJB BASIS</b>	<b>121,030</b>	<b>121,773</b>	<b>743</b>	<b>133,178</b>	<b>132,462</b>	<b>(716)</b>	<b>254,208</b>	<b>254,235</b>	<b>27</b>

## Appendix V – Glossary of Acronyms

Acronym	Description
<b>A&amp;E</b>	Assessment and Enablement
<b>ABI</b>	Alcohol Brief Intervention
<b>ACH</b>	Ayrshire Central Hospital
<b>ADHD</b>	Attention Deficit Hyperactivity Disorder
<b>AMHT</b>	Adult Mental Health Team (North Ayrshire Only)
<b>AOP</b>	Annual Operating Plan
<b>C&amp;F</b>	Children and Families
<b>CAH</b>	Care at Home
<b>CAMHS</b>	Child and Adolescent Mental Health Team
<b>CareNA</b>	Care North Ayrshire
<b>CBT</b>	Cognitive Behaviour Therapy
<b>CMHT</b>	Community Mental Health Team
<b>CNM</b>	Clinical Nurse Manager
<b>COVID-19</b>	The naming associated with the global pandemic
<b>CP</b>	Child Protection
<b>CPO</b>	Community Payback Order
<b>CYP</b>	Children & Young People
<b>CYPSG</b>	Children & Young Peoples Strategic Group
<b>EMH</b>	Elderly Mental Health (Pan Ayrshire)
<b>FBC</b>	Full Business Case
<b>GP</b>	General Practitioner (Practice)
<b>HCC</b>	Health and Community Care
<b>HSCP</b>	Health & Social Care Partnership
<b>ICT</b>	Intermediate Care Team
<b>IGPAG</b>	Information Governance Pan Ayrshire Group
<b>IRD</b>	Initial Referral Discussion
<b>LAA</b>	Looked After & Accommodated
<b>LAAC</b>	Looked After & Accommodated Children
<b>LD</b>	Learning Disabilities
<b>LOT</b>	Local Operational Teams
<b>MADART</b>	Multiple Agency Domestic Abuse Response Team
<b>MH</b>	Mental Health
<b>MH PRG</b>	Mental Health Public Reference Group
<b>MHS</b>	Mental Health Service
<b>MSG</b>	Ministerial Strategy Group for Health and Community Care
<b>NAC</b>	North Ayrshire Council
<b>NADARS</b>	North Ayrshire Drug and Alcohol Service
<b>ORT</b>	Opiate Replacement Therapy
<b>OT</b>	Occupational Therapy
<b>PAC</b>	Performance and Audit Committee
<b>PC</b>	Primary Care

<b>PCMHT</b>	Primary Care Mental Health Team
<b>PDS</b>	Post Diagnostic Support
<b>PRG</b>	Public Reference Group
<b>PRoMIS</b>	Patient-Reported Outcomes Measurement Information System
<b>PPE</b>	Personal Protective Equipment
<b>PSST</b>	Prevention and Service Support Team
<b>Res</b>	Resources
<b>RTT</b>	Referral To Treatment
<b>SALT</b>	Speech and Language Therapy
<b>SCRA</b>	Scottish Children's Reporter Administration
<b>SDS</b>	Self-Directed Support
<b>SG</b>	Scottish Government
<b>SSSC</b>	Scottish Social Services Council
<b>TCAT</b>	Transforming Care After Treatment
<b>UEY</b>	Universal Early Years
<b>YPSSPG</b>	Young People's Strategic Suicide Prevention Group

**Integration Joint Board  
24th September 2020**

**Subject:** Meeting Dates 2021

**Purpose:** To advise members of the draft timetable for meetings of the IJB and the IJB PAC for 2021

**Recommendation:** That IJB agree the dates for meetings of the Integration Joint Board and the Performance and Audit Committee.

<b>Glossary of Terms</b>	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
PAC	Performance and Audit Committee

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>																						
1.1	The schedule of meetings for the Integration Joint Board (IJB) and Performance and Audit Committee (PAC) is required for the forthcoming year.																						
<b>2.</b>	<b>PROPOSALS</b>																						
2.1	Meetings of the IJB have previously taken place on a monthly basis (12 meetings). It is proposed to reduce this to 10 meetings per year and remove the meetings in April and July to avoid the council recess periods.																						
2.2	The Performance and Audit Committee will continue to meet on a quarterly basis.																						
2.3	The timing of meetings has taken budget reporting and performance schedules into consideration. The timetable has been created to avoid clashes with other NHS and Council meetings and avoid recess periods of the Council.																						
2.4	The proposed dates for the IJB and PAC meetings are detailed below. The schedule of meetings are attached in Appendix 1.																						
	<table> <tr> <th><b>Integration Joint Board</b></th><th><b>Performance and Audit Committee</b></th></tr> <tr> <td>14<sup>th</sup> January 2021</td><td>5<sup>th</sup> March 2021</td></tr> <tr> <td>11<sup>th</sup> February 2021</td><td>25<sup>th</sup> June 2021</td></tr> <tr> <td>18<sup>th</sup> March 2021</td><td>3<sup>rd</sup> September 2021</td></tr> <tr> <td>13<sup>th</sup> May 2021</td><td>26<sup>th</sup> November 2021</td></tr> <tr> <td>17<sup>th</sup> June 2021</td><td></td></tr> <tr> <td>26<sup>th</sup> August 2021</td><td></td></tr> <tr> <td>23<sup>rd</sup> September 2021</td><td></td></tr> <tr> <td>21<sup>st</sup> October 2021</td><td></td></tr> <tr> <td>18<sup>th</sup> November 2021</td><td></td></tr> <tr> <td>16<sup>th</sup> December 2021</td><td></td></tr> </table>	<b>Integration Joint Board</b>	<b>Performance and Audit Committee</b>	14 <sup>th</sup> January 2021	5 <sup>th</sup> March 2021	11 <sup>th</sup> February 2021	25 <sup>th</sup> June 2021	18 <sup>th</sup> March 2021	3 <sup>rd</sup> September 2021	13 <sup>th</sup> May 2021	26 <sup>th</sup> November 2021	17 <sup>th</sup> June 2021		26 <sup>th</sup> August 2021		23 <sup>rd</sup> September 2021		21 <sup>st</sup> October 2021		18 <sup>th</sup> November 2021		16 <sup>th</sup> December 2021	
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2.5	<b><u>Anticipated Outcomes</u></b>
	N/A
2.6	<b><u>Measuring Impact</u></b>
	N/A
3.	<b>IMPLICATIONS</b>

<b>Financial:</b>	None
<b>Human Resources:</b>	None
<b>Legal:</b>	None
<b>Equality:</b>	None
<b>Children and Young People</b>	None
<b>Environmental &amp; Sustainability:</b>	None
<b>Key Priorities:</b>	None
<b>Risk Implications:</b>	None
<b>Community Benefits:</b>	None

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

4.	<b>CONSULTATION</b>
4.1	Consultation has taken place with the Chair and Vice Chair, IJB and Chair, PAC as well as other relevant officers and officers on the proposed timetable.
5.	<b>CONCLUSION</b>
5.1	IJB members are asked to agree the proposed dates for both IJB and PAC.

**For more information please contact Karen Andrews, Team Manager (Governance) on [01294 317725.] or [kandrews@north-ayrshire.gov.uk]**

## NORTH AYRSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP MEETINGS SCHEDULE 2021

### INTEGRATION JOINT BOARD

Integration Joint Board [10.00 a.m.]	IJB Pre-Agenda Meeting [10.00 a.m.]
14 <sup>th</sup> January 2021 <b>[Private Session]</b>	N/A
11 <sup>th</sup> February 2021	2 <sup>nd</sup> February 2021
18 <sup>th</sup> March 2021	9 <sup>th</sup> March 2021 <b>[2.00 p.m.]</b>
13 <sup>th</sup> May 2021	4 <sup>th</sup> May 2021
17 <sup>th</sup> June 2021	8 <sup>th</sup> June 2021
26 <sup>th</sup> August 2021	17 <sup>th</sup> August 2021
23 <sup>rd</sup> September 2021	14 <sup>th</sup> September 2021 <b>[2.00 p.m.]</b>
21 <sup>st</sup> October 2021	12 <sup>th</sup> October 2021
18 <sup>th</sup> November 2021	9 <sup>th</sup> November 2021
16 <sup>th</sup> December 2021	7 <sup>th</sup> December 2021

### IJB PERFORMANCE AND AUDIT COMMITTEE [10.00 a.m.]

5<sup>th</sup> March 2021  
 25<sup>th</sup> June 2021  
 3<sup>rd</sup> September 2021  
 26<sup>th</sup> November 2021