

## **Integration Joint Board Meeting**



**Thursday, 15 December 2022 at 10:00**

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

### **Meeting Arrangements - Hybrid Meetings**

This meeting will be held on a predominantly physical basis but with provision, by prior notification, for remote attendance by Elected Members in accordance with the provisions of the Local Government (Scotland) Act 2003. Where possible, the meeting will be live-streamed and available to view at <https://north-ayrshire.public-i.tv/core/portal/home>.

#### **1 Apologies**

#### **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 17 November 2022 will be confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973 (copy enclosed).

#### **4 Director's Report**

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

#### **5 Financial Performance**

Submit report by Paul Doak, Head of Finance and Transformation on the IJB's financial performance as at October 2022, including an update on the estimated financial impact of the Covid-19 response (copy enclosed).

**6 Locality Planning Update**

Submit report by Michael McLennan, Partnership Engagement Officer on the planned approach to improving locality engagement through redevelopment of the Locality Planning Forum structure (copy enclosed).

**7 North Ayrshire Children's Services Plan 2020-2023: Progress Report 2021-22**

Submit report by Caroline Cameron, Director HSCP on the annual progress report in terms of the Children Services Plans (copy enclosed).

**8 Prevention Actions for Drug and Alcohol Related Deaths**

Submit report by Thelma Bowers, Head of Service (Mental Health) providing an update on prevention actions for drug and alcohol related deaths (copy enclosed).

**9 Support for Unpaid Carers in North Ayrshire**

Submit report by Kimberley Mroz, Manager, Professional Standards (SDS/Carers) providing an update on developments to improve support for unpaid carers in North Ayrshire (copy enclosed - This report replaces and supersedes the version previously issued).

**10 Improving the Cancer Journey**

Submit report by Clair McCamon, Senior Manager, Primary Care on proposals for partnership working to meet the needs of people affected by cancer across Ayrshire and Arran (copy enclosed).

**11 Urgent Items**

Any other items which the Chair considers to be urgent.

## **Webcasting**

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

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

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

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

# Integration Joint Board

## Sederunt

### Voting Members

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

### Professional Advisors

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

### Stakeholder Representatives

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



**North Ayrshire Health and Social Care Partnership**  
**Minute of Integration Joint Board meeting held on**  
**Thursday 17 November 2022 at 10.00 a.m.**  
**involving participation by remote electronic means and physical attendance**  
**within the Council Chambers, Irvine.**

**Present (Physical Participation)**

*Voting Members*

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

*Professional Advisers*

Caroline Cameron, Director of Health and Social Care Partnership  
Paul Doak, Head of Service (HSCP Finance and Transformation)/Section 95 Officer  
Scott Hunter, Chief Social Work Officer

*Stakeholder Representatives*

Louise McDaid, Staff Representative (North Ayrshire Council)/Chair, North Coast Locality Forum

**Present (Remote Participation)**

*Voting Members*

Adrian Carracher, NHS Ayrshire and Arran  
Christie Fisher, NHS Ayrshire and Arran  
Marc Mazzucco, NHS Ayrshire and Arran

*Professional Advisers*

Iain Jamieson, Clinical Director  
Dr Louise Wilson, CP Representative

*Stakeholder Representatives*

Pamela Jardine, Carers Representative  
Vicki Yuill, Third Sector Representative

**In Attendance (Physical Participation)**

Elaine Young, Head of Health Improvement/Assistant Director of Public Health (NHS)  
Alison Sutherland, Head of Service (Children, Families and Criminal Justice)  
David Thomson, Head of Service (Health and Community Care)  
Hayley Clancy, Committee Services Officer  
Diane McCaw, Committee Services Officer

**In Attendance (Remote Participation)**

Billy Brotherston, Independent Chair of ADP

Eleanor Currie, Manager, HSCP  
Michelle Sutherland, Partnership Facilitator, HSCP  
Ruth Wilson, Team Manager (Democratic Services)

### **Apologies**

Thelma Bowers, Head of Service (Mental Health), HSCP

#### **1. Apologies for Absence**

Apologies for absence were noted.

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

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

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

The accuracy of the Minutes of the meeting held on 20 October 2022 were confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973.

##### **3.1 Matters Arising from the Action Note**

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

- **Unscheduled Care Performance** – Complete.
- **Director's Report** – Suicides, drugs and alcohol related deaths – Complete.
- **The Promise in North Ayrshire Update on Progress** – further report and action plan to a future meeting – date to be confirmed.
- **North Ayrshire HSCP and ADP Annual Performance Management Report – Alcohol and Drugs** – report to be presented to IJB in December 2022.
- **Directors Report: Suicides, Drug and Alcohol Related Deaths** – report to be provided to IJB in February 2023, specifically on suicide prevention.
- **Analogue to Digital** – Update to be provided to IJB in February 2023.

Noted.

#### **4. Director's Report**

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

The report provided an update on the following areas:-

- National Developments that included the Independent Review of Inspection, Scrutiny and Regulation (IRISR) and the call for evidence to support the review, and the Mental Welfare Commission Adults with Incapacity Monitoring Report 2021-2022 published on 27 October 2022;
- Ayrshire wide developments that included the publication of the MAPPA Annual Report 2021-22 for the South West Scotland area, the 14-day Whole System

event sponsored by the three Ayrshire directors of Health and Social Care Partnerships, securing UNICEF Baby Friendly Gold Achieving Sustainability accreditation; and

- North Ayrshire Developments that included the commencement of a Care at Home service recruitment programme, the expansion of the Money Matters Service pilot where Income Advisers work with GP practices, approval of the plans for Foxgrove, the official opening of Red Rose House and Roslin House in Stevenston, the final handover session at Trindlemoss in relation to the Glasgow School of Art project, and the opening of Harper House National Specialist Family Service based in Saltcoats.

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

- the expansion of the Money Matters work with GP practices, supported by Improvement Service funding;
- a report to Cabinet at the end of November on the review of financial inclusion services; and
- future discussion on the Breastfeeding Network funding.

Noted.

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

Submitted report by Billy Brotherston, Independent Chair of ADP on the North Ayrshire Alcohol and Drug Partnership's Annual Report. The full report, submitted to the Scottish Government, was attached at Appendix 1 to the report and outlined the contribution to achieving the key outcomes and ministerial priorities. The Annual Report detailed all sources of income which the ADP received and provided information on the monies spent to deliver the priorities set out in the ADP Action Plan.

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

- the re-introduction of the bottle marking scheme in licenced premises and on information to be provided to the IJB on the effectiveness of the scheme;
- support provided by the Team in terms of gambling addiction;
- the future establishment of a Lived Experience Panel;
- the number of children and young people affected by drug and alcohol problems;
- the future recommencement of the Licensing Forum; and
- the requirement to produce an annual self-assessment in terms of performance.

The Board agreed to note the Annual Report attached as Appendix 1 to the report.

## **6. Financial Monitoring Report – Month 6**

Submitted report by Paul Doak, Head of Service (HSCP Finance and Transformation) on the IJB's financial performance, including an update on the estimated financial impact of the Covid-19 response. Appendix A to the report provided the financial overview of the partnership position, with the full Transformation Plan for 2022/23 provided in Appendix B. Appendix C provided an overview of those service changes with financial Savings attached to them and the current BRAG status around the deliverability of each saving. Appendix D outlined the movement in the overall budget position for the Partnership following the initial approved budget. The

local finance mobilisation plan submission was provided at Appendix E to the report with Appendix F showing the IJB reserves position in detail.

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

- the repayment of the debt to North Ayrshire Council by the end of the current financial year;
- the underspend in purchase care and overspend within the inhouse care at home service;
- the vacancy savings in terms of Integrated Island Services; and
- the current position in terms of savings targets and on what is reflected in the year-end position.

The Board agreed to (a) note (i) the overall integrated financial performance report for the financial year 2022-23 and the current overall projected year-end underspend of £0.051m, (ii) the progress with delivery of agreed savings, (iii) the remaining financial risks for 2022-23, including the impact of remaining Covid-19 estimates and costs; and (b) approve the budget reductions which were detailed at paragraph 2.12 of the report.

## **7. Financial Outlook**

Submitted report by Paul Doak, Head of Service (HSCP Finance and Transformation) on the financial outlook of the Partnership for 2023-24 and provided information in relation to the scale of any potential budget gap prior to the budget being submitted to the IJB for approval in March 2023. Information provided included three different scenarios for the potential budget gap, based on anticipated cost pressures and different funding assumptions and also gave an updated position in terms of reserves, highlighted the associated risks and the timetable for setting next year's budget.

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

- the use of unearmarked reserves as part of the budget settlement; and
- clarity in terms of where any savings will be made ie Council or NHS.

The Board agreed to note (i) the financial outlook for 2023-24; and (ii) the ongoing work to allow a balanced budget to be presented to the IJB for approval in March 2023.

## **8. Unscheduled Care Update**

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

- the responsibilities of the IJBs in commissioning and oversight of performance in terms of Unscheduled Hospital Care in relation to the Acute Set Aside resource;
- ongoing areas of concern in relation to performance detailed at section 1.4 of the report;
- delegated services and set aside resources;
- the impact of the operation of acute capacity at both University Hospital Crosshouse and University Hospital Ayr leading to additional financial and workforce pressures;

- the Whole System Intervention taking place across both sites from 7 November 2022 until 20 November 2022;
- the establishment of a programme of work with the aim to improve patient experience and outcomes;
- emergency department attendances and wait times;
- delayed discharge statistics and limitations in relation to community capacity in Care and Home and Care Home services;
- the ongoing programme of recruitment within the Care at Home service;
- discharge without delay events to support the decongestion of the acute hospitals; and
- winter planning for all three Partnerships.

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

- the impact on staff from what is reported in the media;
- the continued commitment of the Social Work service to address the risk regarding unmet need across the system;
- any evaluation of the 14-day exercise going forward; and
- the importance of Power of Attorney campaigns.

The Board agreed to note (i) the ongoing programme of work in relation to Unscheduled care and specifically the improvements required in length of stay for patients and performance in relation to the ED compliance standards for which the IJB should receive ongoing performance updates; (ii) that any additional resource required to facilitate performance improvement activity should be through a spend to save methodology by closing all 138 additional acute hospital beds during 2022-23; and (iii) the North Ayrshire plans in relation to Winter Planning and other actions being progressed to improve delayed discharge performance and hospital flow.

## **9. Primary Care & Social Care Workforce Health & Wellbeing Update**

Submitted report by Caroline Cameron, Director (NAHSCP) on the Staff Wellbeing Programme. Information provided included key areas identified as local priorities and updates in terms of support for teams to 'take a step back' together and participate in wellbeing opportunities, mindfulness interventions and support and management of distress and anxiety, post-traumatic stress disorder, bereavement and staff affected by 'long-Covid'. The Partnership Senior Management Team endorsed a proposal to set aside additional funding of £250,000 to continue the staff wellbeing programme for the next two years, to be funded from earmarked reserves in place from Winter Funding.

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

- the additional funding in the sum of £250,000, which is reflected in the budget position; and
- sharing of best practice between the three Ayrshire Councils.

The Board agreed to (a) note the content of the report and support the ongoing development and delivery of the Staff Wellbeing Programme; and (b) approve the continuation of funding for two years, setting aside £250,000 from the Winter Funding carried forward from 2020-21.

## **10. Exclusion of the Public – Paras 8 and 9**

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

## **11. Island Accommodation**

Submitted report by the Paul Doak, Head of Service (HSCP Finance and Transformation) on Island Accommodation on Arran.

The IJB agreed to approve the proposal as outlined in the report.

The meeting ended at 12.35 p.m.

DRAFT

## North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 17 November 2022

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	The Promise in North Ayrshire: Update on Progress	25/8/22	The Board agreed to note (b) that a further progress report and action plan will be remitted to IJB following The Promise Conference to be held in November 2022.	Date tbc	Alison Sutherland
2.	North Ayrshire HSCP and ADP Annual Performance Management Report – Alcohol and Drugs	25/8/22	A future report to IJB from the ADP giving a clearer understanding in terms of drug types which have contributed to drug death statistics.	Complete – on agenda December 2022.	Thelma Bowers/ Billy Brotherston
3.	Director's Report	25/8/22	A future report to be provided to the IJB on suicides, drug and alcohol related deaths.	Report to be presented to the IJB in February 2023 specifically on suicide prevention.	Thelma Bowers
4.	Analogue to Digital	16/6/22	Further update on progress to be brought back to IJB.	Update to be provided to IJB in February 2023.	Kerry Logan

## Integration Joint Board 15 December 2022

**Subject :** **Director's Report**

**Purpose :** This report is for **awareness** to advise members of North Ayrshire Integration Joint Board (IJB) of developments within North Ayrshire Health and Social Care Partnership (NAHSCP)

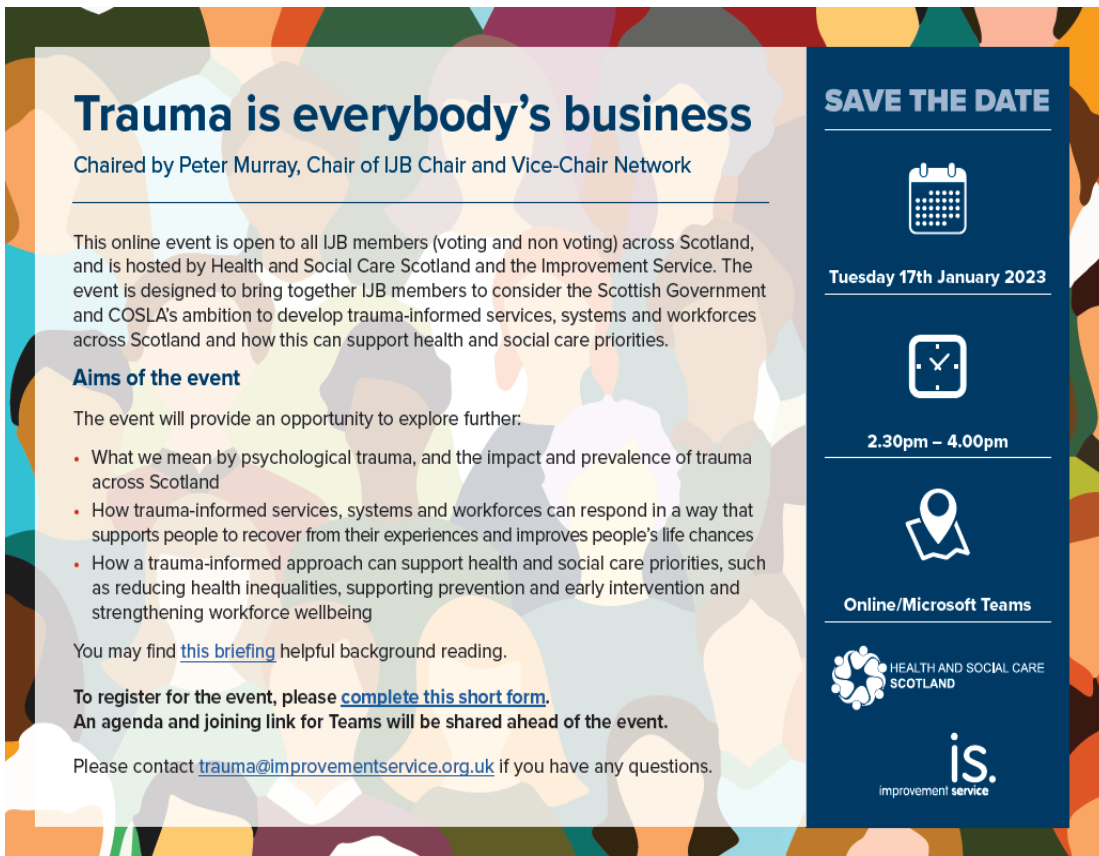
**Recommendation :** IJB members are asked to note progress made to date.

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

### Glossary of Terms

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

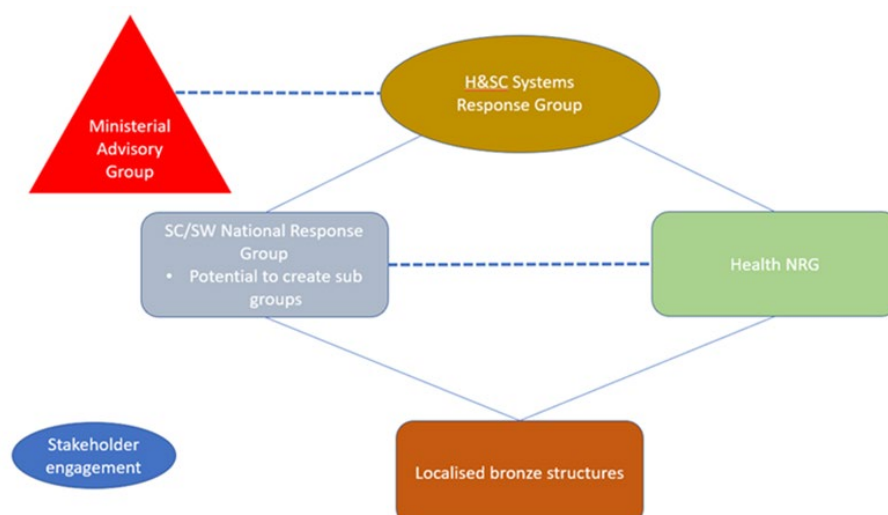
<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	This report informs members of the Integration Joint Board (IJB) of the work undertaken within North Ayrshire Health and Social Care Partnership (NAHSCP), nationally, locally and Ayrshire wide.
<b>2.</b>	<b>BACKGROUND</b>
2.1	This report provides IJB with up to date information on recent activity across the HSCP since the last IJB. The report will also provide COVID related information by exception.
<b>3.</b>	<b>CURRENT POSITION</b>

	<b><u>National Developments</u></b>
3.1	<b><u>NHS 24 Strategy Development Survey</u></b>
	<p>NHS 24 is currently developing its Corporate Strategy, which will help to shape how it will provide health and care services to the people of Scotland for the next five years and beyond.</p> <p>The organisation understands the many challenges facing the health and care system. As such, it is seeking to engage with a broad range of stakeholders to provide an opportunity to contribute ideas, experience and insights.</p> <p>If you'd like to share your views, questionnaires for both professionals and the public are now available to fill in online.</p> <p>Both can be accessed online via the <a href="#">NHS 24 strategy page</a>, where you can also find additional information about the background and aims of the strategy consultation.</p>
3.2	<b><u>Trauma is Everybody's Business - Online Event</u></b>
	<p>Health and Social Care Scotland are hosting an event open to all IJB members across Scotland. Details of the event can be found in the flyer below.</p> 

### 3.3 National Winter Response Structure

The Scottish Government has established a National Winter Response Structure to ensure the SG and system partners can address the pressures facing the health and social care system over the winter period. A Health and Social Care Senior Leadership Group has been established to consider joint planning with senior representation from COSLA, SOLACE, Chief Officers, NHS and Scottish Government, the Cabinet Secretary has also convened a Ministerial Assurance Group.

A command structure of a Health and Social Care System Response Group (Gold), Social Care and Social Work National Response Group (Silver) and local Bronze structures has been established. There will be read across between Social Care and Social Work NRG to the NHS National Response Group with representation from both on the GOLD Group, this is illustrated below:



The purpose of the Senior Leadership Group is to “provide advice on the deployment of options that support the resilience of the Health and Social Care in the context of the response to winter pressures. The Group will seek to enact activity on a whole system basis and will address the issues that are impacting on health and social care services throughout Scotland as a result of winter. The Group’s immediate focus will be to improve the position in relation to delayed discharge in the Health and Social Care system”.

The Senior Leadership Group has identified a range of actions focusing on goal of getting delayed discharges down to around 1,500 in the very short term:

- Analysis of winter plans, to give intelligence on the pinch-points in local systems and help us unblock these.
- Understanding Care home capacity, with the aim of ensuring the most effective use of existing capacity.

- Building on existing work around Adults With Incapacity (AWIs), incorporating the good existing work and local improvements already planned.
- Focus on Self-Directed Support (SDS), with the aim of lowering unmet care needs. COSLA officers are working with the Scottish Government on this.
- Workforce issues, including international recruitment (a longer-term solution) and steps to reduce sickness and people leaving the sector.
- Bringing together the data to report progress. This needs to be iterative and focused on the essentials in the short term: a comprehensive data dashboard will take longer. There are currently good analysts to deploy on this, including in Public Health Scotland.
- The development of national and local improvement plans with national support for local areas where this is required.

In North Ayrshire we have representation on the Social Work & Social Care National Response Group and also have our own localised Bronze Group and structures including continuation of our oversight and assurance arrangements for care homes and care at home services.

### **Ayrshire Wide Developments**


#### **3.4 Caring for Ayrshire Launch**

Following on from the postponement of the Caring for Ayrshire event in North Ayrshire, previously scheduled on *21 November 2022*, a new date has now been identified, as **16<sup>th</sup> January 2023 1000-1200, Fullarton ConneXions, Irvine KA12 8PE**

Further information will be issued in due course, but IJB members should note the revised date in diaries.

#### **3.5 Learning Disability Nursing Celebration Event**



	<p>The National Learning Disability Nurses Day had its inaugural launch on 1/9/22. The learning disability nurses across Ayrshire decided, rather than organise a rushed event they agreed to arrange a celebratory event several weeks later. The North Ayrshire event took place on 9<sup>th</sup> December.</p>
	<p><b><u>North Ayrshire Developments</u></b></p>
3.6	<p><b><u>Mental Health and Wellbeing Support Survey</u></b></p>
	<div data-bbox="218 645 662 1261" data-label="Complex-Block">  <p><b>NORTH AYRSHIRE MENTAL HEALTH &amp; WELLBEING SERVICE SURVEY</b></p> <p><b>We want to hear from you!</b></p> <p>We are conducting a survey that will help us find out more about mental health and wellbeing support within primary care and the community in North Ayrshire.</p> <p><b>How to access the survey</b></p> <p>Scan the QR code or visit the link below</p> <p><a href="https://forms.office.com/r/qpi6JjzQGgb">https://forms.office.com/r/qpi6JjzQGgb</a></p> <p>This survey will take about 5 minutes to complete. The answers collected will help shape the future of services in North Ayrshire.</p> <p>whatmatterstoyou@north-ayrshire.gov.uk</p> </div> <p>North Ayrshire Health and Social Care Partnership are conducting a 6 week consultation period focusing on mental health and wellbeing support within General Practice surgeries and the wider community. This will involve the uses of an online survey which opened on 5<sup>th</sup> December and will close on 13<sup>th</sup> January 2023. The information obtain from the survey will help inform future service redesign and improve mental health and wellbeing supports for our communities.</p> <p>Improving mental health and well-being support in North Ayrshire is a priority for NAHSC and listening to the views of those who access services - or who may need to access services in the future - is crucial when considering how best to do that.</p>
	<p>If anyone would like to share your experiences, the survey can be accessed online at <a href="https://forms.office.com/r/qpi6JjzQGgb">https://forms.office.com/r/qpi6JjzQGgb</a>.</p> <p>The survey should only take around five minutes to complete and will close on <b>Friday 13 January 2023</b>.</p> <p>I would encourage IJB members to share the link with colleagues and service users where possible, and look out for our social media posts on the NAHSCP <a href="#">Facebook</a> and <a href="#">Twitter</a> pages and share where appropriate.</p>
3.7	<p><b><u>Suicide Prevention</u></b></p>
	<p>Following the publication of Creating Hope Together, the new <a href="#">Suicide Prevention Strategy and Action Plan for Scotland</a>, the Pan Ayrshire Suicide Prevention Group are currently seeking views to inform the next Action Plan.</p>

Preventing suicide is not just the responsibility of mental health services, action is required at various stages from the promotion of wellbeing (primary prevention) through early intervention, intervention, postvention and recovery. With the ongoing challenges our residents and communities are currently facing we need to work together to prevent suicide and offer support to those experiencing difficult times.

An event was held on 14<sup>th</sup> December 2022, attended by a wide range of stakeholders, with the aim of :-

- Sharing our knowledge so far about Suicide Prevention (National and Local);
- Consider what local areas have been doing to prevent suicide;
- Identify the gaps and areas where more work can be done collaboratively;
- Start developing a whole systems approach to preventing suicide across the life stages.



### 3.8 SAMH Suicide Prevention Campaign


A new SAMH suicide prevention campaign, launched in December, Ask Them About Suicide, aims to empower all of us to ask the question 'are you thinking about suicide' if we are worried about someone. The campaign was developed with people who have been affected by suicide who told us this is the most important question you can ask.

Ask Them About Suicide is spearheaded by a [short film](#) which will appear across social media, a wide range of podcasts and on STV. All adverts will run for 3 weeks, and then again in January 2023.

The film directs the audience to a new campaign [web hub](#) where they will find resources and guidance, in particular, help in asking the question and what to do next.

For further details please use this [link](#) to download a campaign toolkit which includes details of how you can share the campaign with your networks.

If you have any queries please get in touch [ask@samh.org.uk](mailto:ask@samh.org.uk)

3.9	<u>Official Opening – Harper House</u>
	<div data-bbox="220 385 890 878" data-label="Image">  </div> <div data-bbox="906 385 1441 564" data-label="Text"> <p>The First Minister opened Harper House, the new facility to support parents and their children and the service have welcomed their first residents.</p> </div> <div data-bbox="906 609 1441 754" data-label="Text"> <p>Parents with problematic drug or alcohol use can now enter residential rehabilitation without the fear of being separated from their children.</p> </div> <div data-bbox="906 788 1441 900" data-label="Text"> <p>Harper House in Saltcoats, North Ayrshire – which is run by the Phoenix Futures charity – was</p> </div> <div data-bbox="226 900 1441 1046" data-label="Text"> <p>awarded over £8 million in Scottish Government grant funding last year to establish a family rehabilitation service, accepting referrals from across Scotland. The facility can support up to 20 families at any one time for placements between three and six months long, meaning up to 80 families will be supported annually.</p> </div> <div data-bbox="226 1079 1441 1236" data-label="Text"> <p>The service is designed to make it easier for parents to access treatment by allowing mothers or fathers to care for their family while in recovery with the help of the centre's staff who support child development, parenting skills and the overall health and wellbeing of all family members.</p> </div>
3.10	<u>Care at Home Recruitment</u>
	<div data-bbox="226 1344 1441 1489" data-label="Text"> <p>Care at Home recruitment events have taken place on a weekly basis throughout December and will commence again early January. An STV advert campaign ran from 14 Nov until 30 Nov, alongside ongoing daily radio advertising on West FM and a 50k plus leaflet drop across Ayrshire advertising.</p> </div> <div data-bbox="226 1523 1441 1601" data-label="Text"> <p>These events have continued to be very successful with attendance of over 100 people at recruitment events through Oct/Nov (68 interviewed on the days).</p> </div>
3.11	<u>Breastfeeding Rates – North Ayrshire</u>
	<div data-bbox="226 1715 1441 1975" data-label="Text"> <p>Promoting and supporting mums to breastfeed has been a longstanding priority for staff working in North Ayrshire. The integrated community infant feeding team which includes midwives, health visitors, Family Nurses, support staff, Community Infant Feeding Nurse and Support Nurse, as well as colleagues from the Breastfeeding Network (BfN) work closely with families to help them make an informed choice about feeding. Staff have all received regular high quality training to ensure they are knowledgeable and skilled in relation to infant feeding.</p> </div>

In the last two years, North Ayrshire has seen improvements in all performance measures for breastfeeding: % of babies exclusively breastfed and overall breastfed at Health Visitor first visit, and % of babies exclusively breastfed and overall breastfed at 6-8 week visit. We have also seen a reduction in the breastfeeding drop off rates between birth and first visit and between first visit and 6-8 week visit (reduction in 1.1% since 2020/21). With the exception of % of babies exclusively breastfed at first visit, which has remained the same as last year's figure, all measures are the best rates we have seen over a five-year period. The performance rates are highlighted in the table below.

	2020/21	2021/22	Narrative
% of babies exclusively breastfed at Health Visiting first visit	25.7%	25.6%	Last year was the highest rate in 4 years
% of babies breastfed overall at Health Visiting first visit (mixed feeding included)	36.3%	40.5%	Highest % in 5 years
% of babies exclusively breastfed at 6-8 weeks	20.9%	22%	Highest % in 5 years
% of babies breastfed overall at Health Visiting first visit (mixed feeding included)	27.9%	31.1%	Highest % in 5 years
% drop off between birth and first visit	30.8%	26%	Lowest % drop off in 5 years
% drop off between birth and 6-8 week visit	44.8%	43.7%	Lowest % drop off in 5 years

### 3.12 Foxgrove Newsletter

The latest newsletter for Foxgrove, the new national adolescent secure unit can be accessed through the link below :-

<https://www.nhsaaa.net/media/13014/mis20-142-cc-foxgrove-newsletter-november-2022.pdf>

Work remains underway to complete the construction alongside the work to take forward the phased recruitment plan, the opening date for the service which will be during 2023 is not yet confirmed.

### 3.13 COVID Update

No new updates.

<b>4.</b>	<b>IMPLICATIONS</b>
4.1	<u>Financial</u> None
4.2	<u>Human Resources</u> None
4.3	<u>Legal</u> None
4.4	<u>Equality/Socio-Economic</u> None
4.5	<u>Risk</u> None
4.6	<u>Community Wealth Building</u> None
4.7	<u>Key Priorities</u> None
<b>5.</b>	<b>CONSULTATION</b>
	No specific consultation was required for this report. User and public involvement is key for the partnership and all significant proposals will be subject to an appropriate level of Consultation.

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

Appendices  
Nil

**Integration Joint Board  
15th December 2022**

**Subject: 2022-23 – Month 7 Financial Performance**

**Purpose:** To provide an overview of the IJB's financial performance as at Month 7 (October) including an update on the estimated financial impact of the Covid-19 response.

**Recommendation:** It is recommended that the IJB:

- (a) notes the overall integrated financial performance report for the financial year 2022-23 and the current overall projected year-end underspend of £0.077m;
- (b) notes the progress with delivery of agreed savings;
- (c) notes the remaining financial risks for 2022-23, including the impact of remaining Covid-19 estimates and costs; and
- (d) approves the budget reduction which is detailed at paragraph 2.11.

<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
BRAG	Blue, Red, Amber, Green
UNPACS	UNPACS, (UNPlanned Activities) – Extra Contractual Referrals
NRAC	NHS Resource Allocation Committee
GAE	Grant Aided Expenditure
PAC	Performance and Audit Committee
MARAC	Multi Agency Risk Assessment Conference

<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 end of October, further work is undertaken following the month end to finalise projections, therefore the projected outturn position is as current and up to date as can practicably be reported.
1.2	The projected outturn is a year-end underspend of £0.077m (0%) for 2022-23. This includes the financial impact of the recently agreed local authority pay award but

	excludes the NHS pay award which has still to be agreed so this is still an unquantified risk.
1.3	From the core projections, overall, the main areas of pressure are learning disability care packages, residential placements for children, supplementary staff in wards and Unplanned Activities (UnPACs) within the lead partnership for mental health.
<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 and an update on progress in terms of savings delivery.</p> <p>The report also includes detail of the estimated costs and potential financial impact of the Covid-19 response.</p>
	<b>FINANCIAL PERFORMANCE – AT MONTH 7</b>
2.2	<p>At Month 7 against the full-year budget of £282.672m there is a projected year-end underspend of £0.077m (0%). The Integration Scheme outlines that there is an expectation that the IJB takes account of the totality of resources available to balance the budget in year. Following this approach, an integrated view of the financial position should be taken, however it is useful to note that this overall position consists of a projected overspend of £0.129m in social care services and a projected underspend of £0.206m in health services.</p> <p>Appendix A provides the financial overview of the Partnership position. The sections that follow outline the significant variances in service expenditure compared to the approved budgets.</p> <p>The projections for some areas will be subject to fluctuations as they depend on recruitment plans for new funding and also the capacity of providers to take on work.</p>
2.3	<b>Health and Community Care Services</b>
	<p>Against the full-year budget of £80.666m there is a projected overspend of £0.422m (0.5%) which is an adverse swing of £0.092m and the main variances are:</p> <p>a) Care home placements including respite placements (net position after service user contributions and charging order income) are projected to underspend by £1.003m which is a favourable movement of £0.080m.</p> <p>The budgeted number of permanent placements is 778 and at month 7 there are 787 placements. The projection assumes that the current number of placements will continue to increase to 799 placements by the end of the year. Within the projection there is an assumption that recent placements which do not have a completed financial assessment (often due to the pressure to discharge from hospital) are costed with 50% of the cases at the current average cost of a placement and 50% at the gross or interim funded rate. It is likely that there will still be some cases being gross or interim funded at the year end. Their actual cost will not be known until the FA1 financial assessment is completed and this can impact on the final position.</p>

The level of income recovered from charging orders was under recovered in 2021-22 but an online position is assumed at month 7 as the income received to date is in line with the target.

- b) Care at home (in house and purchased) is projected to be £0.004m overspent which is a favourable movement of £0.096m. The position is made up of an underspend in purchased care at home as providers are not always able to accept referrals due to staffing / recruitment issues and an overspend in the in-house service. As there are vacant posts some of the current capacity is being met by existing staff working additional hours and casual staff. Bank staff are being offered contracts and additional staff are being recruited which will replace the need for existing staff to work additional hours.
- c) Community alarms are projected to be £0.096m underspent which is a favourable movement of £0.010m.
- d) Reablement services are projected to be £0.182m underspent which is an adverse movement of £0.005m due to vacancies which are being actively recruited to.
- e) Care at Home Charging Income is projected to under recover by £0.084m (no movement) due to an ongoing shift towards personal care which is non chargeable. This is after applying £0.076m of Covid funding.
- f) Physical Disability Care Packages (including residential and direct payments) - projected overspend of £0.128m in community care packages, £0.170m in direct payments and £0.262m for residential placements. This is an overall adverse movement of £0.025m.
- g) Adaptations are projected to be online based on spend to date.
- h) Anam Cara is projected to overspend by £0.174m which is an adverse movement of £0.019m due to an overspend on employee costs relating to covering vacancies and sickness.
- i) Integrated Island Services is projected to be £0.126m overspent which is a £0.009m adverse movement. The overspend is mainly due to additional accommodation costs for mainland staff working at Montrose House due to local recruitment challenges and adaptation costs to Montrose following the increase to the capacity.
- j) District Nursing is projected to overspend by £0.029m due to an overspend on supplies.
- k) Rehab wards are projected to overspend by £0.212m (Redburn ward £0.310m overspent and Douglas Grant £0.098m underspent), no movement from month 6. The overspend at Redburn is due to cover costs for vacancies as well as supplementary staffing for patients who require one to one support.
- l) Ward 2 is projected to break even which is an adverse movement of £0.040m due to increased drug costs.

2.4	<b>Mental Health Services</b>
	<p>Against the full-year budget of £87.950m there is a projected overspend of £0.740m (0.8%) which is a favourable movement of £0.261m. This excludes any potential variance on the Mental Health Recovery and Renewal Funding where any underspend will be earmarked at the year-end for use in 2023-24. The main variances are:</p> <p>a) Learning Disabilities are projected to overspend by £1.330m and the main variances are:</p> <ul style="list-style-type: none"> <li>Care Packages (including residential and direct payments) - projected overspend of £0.324m in community care packages, £0.231m in direct payments and £0.512m for residential placements. This is an overall favourable movement of £0.088m. Community Learning Disability Care packages are proving to be one of the most challenging areas to address overspends. The data from CM2000 will be reported back to the service to allow them to see where care has deviated from the planned level and focus reviews to those areas.</li> <li>Residential Respite is projected to overspend by £0.148m (no movement). The overspend reflects funding the new facility (Roslin House) to full capacity (£0.091m) and increased energy costs (£0.057m).</li> <li>Agency staffing is projected to overspend by £0.088m due to the use of agency staff during the period of recruiting to full establishment.</li> </ul> <p>b) Community Mental Health services are projected to underspend by £0.601m which is mainly due to an underspend of £0.560m in community packages (including direct payments).</p> <p>c) The Lead Partnership for Mental Health is projecting to be £0.039m overspent which is a favourable movement of £0.213m and the main variances are as follows:</p> <ul style="list-style-type: none"> <li>A projected underspend in Adult Inpatients of £0.066m which is a favourable movement of £0.030m. This is mainly due to overspends in supplementary staff, staff in redeployment and reduced bed sale income which are offset by £0.306m of income in relation to the firestop works.</li> <li>The UNPACS (Unplanned Activities) budget is projected to overspend by £1.200m (no movement) based on current number of placements remaining until the year end. These placements are for individuals with very specific needs that require a higher level of security and/or care from a staff group with a particular skill set/competence. There are no local NHS secure facilities for women, people with a learning disability or people with neurodevelopmental disorder. This can necessitate an UNPACS placement with a specialist provider which can be out-of-area. The nature of mental health UNPACS spend is that it is almost exclusively on medium or long term complex secure residential placements which are very expensive so a small increase in placements can have a high budgetary impact. Due to the complexity and risk involved, transitions between units or levels of security can take many months. Applications to approve a placement are made to the Associate Medical Director for Mental Health who needs to be satisfied that the placement is appropriate and unavoidable prior to this being agreed.</li> </ul>

- A projected overspend in MH Pharmacy of £0.100m (no movement) due to an increase in substitute prescribing costs.
- Learning Disability Services are projected to overspend by £0.275m which is an adverse movement of £0.025m. This is mainly due to high usage of supplementary staffing, cross-charging for a LD patient whose discharge has been delayed and redeployment staffing costs. Supplementary staffing costs relate to backfill for sickness, increase and sustained enhanced observations and vacancies. The enhanced observations are reviewed on a daily basis however, due to the individuals being acutely unwell at present, this level of enhanced observations has been maintained for a lengthy period of time. The projection assumes that we begin cross charging another HSCP for the ongoing costs of the person detailed above where, despite having extensive time to identify an alternative placement there has, as yet been no solution identified.
- Elderly Inpatients are projected to overspend by £0.134m which is a favourable movement of £0.030m mainly due to the reduced use of supplementary staffing.
- The reduction in National Insurance contributions has resulted in a part year saving to the Lead Partnership of £0.148m which is included in the projection.
- The turnover target for vacancy savings for the Lead Partnership is held within the Lead Partnership as this is a Pan-Ayrshire target. There is a projected over-recovery of the vacancy savings target of £1.187m in 2022-23, further information is included in the table below:

Vacancy Savings Target	(£0.481m)
Projected to March 2023	£1.718m
Over/(Under) Achievement	£1.237m

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

The areas contributing to this vacancy savings position are noted below:

- Adult Community Health services £0.192m
- CAMHS £0.546m
- Mental Health Admin £0.300m
- Psychiatry £0.100m
- Psychology £0.540m
- Associate Nurse Director £0.040m

## 2.5 Children and Justice Services

### **Children's Services**

Against the full-year budget of £36.325m there is a projected overspend of £2.501m (6.9%) which is an adverse movement of £0.551m. The main variances are:

- a) Care Experienced Children and Young People is projected to overspend by £2.451m which is an adverse movement of £0.459m. The main areas within this are noted below:

	<ul style="list-style-type: none"> <li>Children's residential placements are projected to overspend by £2.911m prior to Covid funding and projected to overspend by £2.015m after £0.896m of Covid funding. This is an adverse movement of £0.180m. We started 22/23 with 23 placements and there are currently 24 placements. Of these placements two were assumed to be discharged October and two in December but will continue until March 2023, additionally one new place has commenced; we are assuming all current placements are continuing until the end of the year.</li> <li>Fostering placements are projected to underspend by £0.176m (no movement). This is based on the budget for 115 places and 110 actual placements (of which 6 are Covid related and are funded through the Covid-19 funding) since the start of the year. Recruitment of foster carers is an active priority for the team, both to limit the requirement for external foster placements and reduce pressures elsewhere on the service. This is promoted through regular targeted recruitment campaigns, community awareness raising and daily presence on various social media platforms. Our active recruitment strategy is gaining some interest and we are actively pursuing a number of enquiries as a result.</li> <li>Fostering Xtra placements are projected to be on-line after applying £0.086m of Covid funding. The projection is based on the budget for 30 placements and 29 current placements since the start of the year.</li> <li>Private Fostering placements are projected to be £0.047m underspent (no movement) based on the budget for 17 placements and 16 current placements.</li> <li>Kinship placements are projected to underspend by £0.180m which is a favourable movement of £0.030m and this is based on the budget for 376 places and 356 current placements.</li> <li>Adoption placements are projected to overspend by £0.072m (no movement). This is based on the budget for 56 places and 67 actual placements.</li> </ul> <p>b) Children with disabilities – residential placements are projected to underspend by £0.173m which is an adverse movement of £0.100m. This is based on an increased number of placements (11) which are expected to continue until the end of the year.</p> <p>c) Residential respite – placements are projected to overspend by £0.405m which is an adverse movement of £0.070m. These short-term placements are used to prevent an admission to full residential care. There is one placement continuing at month 7 but it is expected to cease at the end of November.</p>
2.6	<b>ALLIED HEALTH PROFESSIONALS (AHP)</b>
	AHP services are projected to underspend by £0.122m due to underspends in non-employee costs.
2.7	<b>CHIEF SOCIAL WORK OFFICER</b>
	There is a projected underspend of £0.992m due to a projected underspend in the Carers Strategy funding. There is no movement since month 6.
2.8	<b>MANAGEMENT AND SUPPORT</b>
	Management and Support Services are projected to underspend by £2.855m which is a favourable movement of £0.522m. The main areas of underspend are:

- An over-recovery of payroll turnover of £2.072m for social care services and an over-recovery of payroll turnover of £0.537m for health services as outlined in the table below.
- The reduction in National Insurance contributions has resulted in a part year saving to the Non-Lead Partnership of £0.148m and £0.150m for social care which is included in the projection for Management and Support.
- The additional saving in LD day care employee costs of £0.130m has transferred to the HSCP strategy code to be held as a saving for future years.
- The 2022-23 budget included a budgeted surplus on the social care side offset by a budgeted deficit on the health side of the budget. The net impact is neutral but Appendix A will show this position for each element.

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

	<b>Social Care</b>	<b>Health Services</b>
Vacancy Savings Target	(2.014m)	(1.183m)
Projected to March 2023	4.086m	1.720m
<b>Over/(Under) Achievement</b>	<b>2.072m</b>	<b>0.537m</b>

The position in the table above reflects the assumption in the current financial projections. For social care, a total of £2.759m (137% of annual target) has been achieved to date. The turnover achieved to date is higher than usual as the 22/23 budget included investment in various areas of staffing and these posts are not fully recruited to yet. The underspend in day care for older people has also been included as payroll turnover in 2022/23 which is a change from 2021/22 when the underspend was held to offset additional care at home costs.

The health vacancy projection to the year-end is based on the month 7 position and is informed by the recruitment plans and confidence in recruitment to posts for the remainder of the year.

The areas contributing to the health and social care vacancy savings are spread across a wide range of services with vacancy savings being achieved in most areas. The main areas at month 7 are:

- Learning Disability £0.430m
- Management and Support £0.359m
- Community Care Service Delivery £0.427m
- Rehab and Reablement £0.298m
- Locality Services £0.266m
- Integrated Island Services £0.256m
- Community Mental Health £0.220m

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

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

2.9	<b>LOCAL AUTHORITY PAY AWARD SHORTFALL</b>																		
	<p>The recently agreed local government pay award was not fully funded. The total cost of the pay award was £4.384m against the budgeted increase of £2.077m. The additional cost of £2.307m will be partially met by additional recurring Scottish Government funding of £1.866m and the gap of £0.441m will be an in-year overspend with the recurring cost being factored into the 23/24 budget.</p> <p>There is also an additional cost in relation to the additional day of leave as some frontline posts will require to be covered during this leave. The estimated cost of this is £0.120m.</p>																		
2.10	<b>Savings Progress</b>																		
	<p>a) The approved 2022-23 budget included £0.683m of savings.</p> <table><tr><th>BRAG Status</th><th>Position at Budget Approval £m</th><th>Position at Month 7 £m</th></tr><tr><td>Red</td><td>-</td><td>0.060</td></tr><tr><td>Amber</td><td>0.060</td><td>-</td></tr><tr><td>Green</td><td>0.623</td><td>-</td></tr><tr><td>Blue</td><td>-</td><td>0.623</td></tr><tr><td>TOTAL</td><td>0.683</td><td>0.683</td></tr></table> <p>b) The main area to note is that red savings of £0.060m relating to adoption allowances will not be achieved but this is accounted for in the projected outturn. The review of allowances is complete, but the benefit will not be realised until future years as the changes will apply to future cases.</p> <p>Appendix B shows the full Transformation Plan for 2022/23 which has been agreed by the Transformation Board; the Board is in place to provide oversight and governance to the programme of service change. A focus of the Board is to ensure plans are in place to deliver savings and service change, with a solution focussed approach to bringing programmes back on track.</p> <p>Not all the service changes on the Transformation Plan have savings attached to them but there is an expectation that they will lead to service improvements. The Plan is critical to the ongoing sustainability and safety of service delivery and to supporting the delivery of financial balance in future.</p> <p>Appendix C provides an overview of those service changes which do have financial savings attached to them and the current BRAG status around the deliverability of each saving.</p>	BRAG Status	Position at Budget Approval £m	Position at Month 7 £m	Red	-	0.060	Amber	0.060	-	Green	0.623	-	Blue	-	0.623	TOTAL	0.683	0.683
BRAG Status	Position at Budget Approval £m	Position at Month 7 £m																	
Red	-	0.060																	
Amber	0.060	-																	
Green	0.623	-																	
Blue	-	0.623																	
TOTAL	0.683	0.683																	
2.11	<b>Budget Changes</b>																		
	<p>The Integration Scheme states that “either party may increase it’s in year payment to the Integration Joint Board. Neither party may reduce the payment in-year to the Integration Joint Board nor Services managed on a Lead Partnership basis.... without the express consent of the Integration Joint Board.”</p>																		

	<p>Appendix D highlights the movement in the overall budget position for the Partnership following the initial approved budget.</p> <p><b>Reduction Requiring Approval:</b></p> <p>1) Drug Tariff Reduction 2022-23 £0.320m</p>
2.12	<p><b>NHS – Set Aside and Pan Ayrshire Services</b></p> <p><u>Lead Partnerships:</u>  The IJB outturn position is adjusted to reflect the impact of Lead Partnership services. The outturn for all Lead Partnership services is shared across the 3 Partnerships on an NRAC basis; this position is currently the default pending further work to develop a framework to report the financial position and risk sharing across the 3 Partnerships in relation to hosted or lead service arrangements, which has been delayed by the requirement to focus efforts on the Covid response.</p> <p>The final outturn in relation to North Lead Partnership services would not be fully attributed to the North IJB as a share would be allocated to East and South Partnerships; similarly, the impact of the outturn on East and South led services will require to be shared with North. At Month 7 the MH lead partnership is projected to overspend by £0.039m (£0.013m NRAC share for East and £0.012m for South). The information reported for South is the month 6 info as they do not report at month 7.</p> <p><b>East HSCP</b> –the month 6 position is a projected £0.974m underspend of which £0.360m (37%) is attributable to North. The main variances are:</p> <ul style="list-style-type: none"> <li>• <u>Primary Care and Out of Hours Services (Lead Partnership)</u>  There is a projected underspend of £0.824m on the Primary Care Lead Partnership budget and is due largely to projected underspends in Primary Care, Primary Medical Services and Dental services where staffing numbers are running at less than establishment. The projected underspend within Dental services is largely due to reduced staffing costs in Childsmile and within the Dental management team, with both service areas running with vacancies. In addition, there are reduced costs within Primary Care contracting and support, largely due to staffing turnover, as well as projected savings in diabetic retinopathy services and East Ayrshire Community Hospital medical and general pharmaceutical services.</li> </ul> <p>These reduced costs are partially offset by additional costs in the GP element of Out of Hours services, as well as additional costs in the overnight nursing service. These elements of additional cost result in a projected overspend of £0.217m, with work ongoing to address, as far as possible, over the course of the 2022/23 financial year. Ayrshire Urgent Care Services costs related to the Covid-19 pandemic are recharged against the Local Mobilisation Plan (Community Clinical Hub). As highlighted previously in this report, projected costs for 2022/23 require to be reduced as far as possible, with a recovery plan, to ensure costs can be contained within budget going forward.</p> <ul style="list-style-type: none"> <li>• <u>Prison and Police Healthcare (Lead Partnership)</u>  The £0.150m projected underspend at month 7 is largely due to net staffing savings. Medical contracts at both Prison and Police have reduced and is contributing to the projected underspend. These contracts have been renegotiated with 2021/22 being the first year of the new contract for Prison and Police</li> </ul>

	<p>Custody. A review of the prison service is being undertaken and it is anticipated that surplus funds will go towards improving staffing levels within the prison.</p> <ul style="list-style-type: none"> <li>• <u>Other Lead Services</u></li> </ul> <p>The £0.100m projected outturn is online with budget and relates to anticipated charges for services from Marie Curie. All three Ayrshire IJBs approved additional funding of £0.004m on a non-recurring basis as part of their 2022/23 budgets to increase the overall budget from the £0.088m baseline. This additional funding is required to offset identified cost pressures and to meet service demands from 1 April this year. The non-recurring nature of the approved uplift reflects that a service review is to be undertaken in 2022/23.</p> <p><b>South HSCP</b> – projected overspend of £0.143m of which £0.053m will be allocated to North. The overspend is mainly due to an overspend in the community store and continence service offset by vacancies in the Family Nurse Partnership.</p> <p><b>Set Aside:</b> - an approach has yet to be decided on for 22/23, which may be used as a “shadow year” for using current year activity. This will depend on how representative the activity is felt to be. By default, inflation will be applied to the 2021/22 budget. The annual budget for Acute Services is £379.3m. The directorate is overspent by £8.2m, caused by increasing overspends on agency medical and nursing staff, together with increasing drug expenditure. These have been required due to the level of operational pressure being experienced, in common with many other areas in Scotland.</p> <p>There is a material underlying deficit caused by:</p> <ul style="list-style-type: none"> <li>• Unachieved efficiency savings</li> <li>• High expenditure on medical and nursing agency staff, high rates of absence and vacancies causing service pressure</li> <li>• High numbers of delayed discharges and high acuity of patients.</li> </ul> <p>The IJBs and the Health Board work closely in partnership to maintain service and improve performance.</p>
2.13	<b>FINANCIAL RISKS</b>
	<p>There are a number of ongoing financial risk areas that may impact on the 2022-23 budget during the year, these include:</p> <ul style="list-style-type: none"> <li>• High risk areas of low volume / high-cost services areas e.g. Learning Disability care packages, children’s residential placements and complex care packages.</li> <li>• Progress with the work to develop set aside arrangements and the risk sharing arrangements agreed as part of this</li> <li>• Ongoing implementation costs of the Scottish Government policy directives</li> <li>• Lead / hosted service arrangements, including managing pressures and reporting this across the 3 IJBs</li> <li>• The impact on Lead Partnership and acute services from decisions taken by other Ayrshire areas</li> <li>• The Covid recovery process and re-mobilisation of services, including the ability to change and improve services following learning from the Covid response</li> <li>• The impact and implementation of the National Care Service.</li> <li>• The NHS pay award is not settled for 2022-23 and negotiations are ongoing.</li> </ul>

	<ul style="list-style-type: none"><li>• The current extremely high levels of inflation</li><li>• The review of the Care at Home service which commenced in Spring 2022</li><li>• Supported Accommodation - funding has been included in the budget for the new developments but the adequacy of the funding will only be known when the final occupants are agreed.</li><li>• Fire dampener compensation – the final level of compensation has still to be agreed and may vary from the £0.306m assumed in the current projection.</li></ul> <p>These risks will be monitored during 2022-23 and the financial impact reported through the budget monitoring report.</p>																																								
2.14	<b>COVID-19 – FINANCE MOBILISATION PLAN IMPACT</b>																																								
	<b>Summary of position</b>																																								
	<p>From the outset of the pandemic the HSCP acted very swiftly to respond and developed a mobilisation plan detailing the additional activities to support our response, alongside the estimated financial impact. Financial returns were submitted to the Scottish Government on a regular basis during 2020-21 and 2021-22, on the premise that any additional costs aligned to mobilisation plans would be fully funded. This process will continue during 2022-23 with returns moving from quarterly to monthly. Covid funding of £13.321m was carried forward from 2021-22 for use in services delegated to the Partnership during 2022-23 and the costs outlined below will be met from this funding. Any unused funding, based on the projected spend in the month 6 return, will be reclaimed by the Scottish Government and redistributed to Health Boards for Covid-related costs in non-delegated services.</p>																																								
2.15	<b>Mobilisation Plan and Funding Position</b>																																								
	<p>The initial month 3 mobilisation plan cost submission was submitted in July and estimated the costs to be £4.067m to March 2023. The changes since month 3 are summarised in the table below with the main area being payments to providers to reflect the payments made to date and the extension of part of the scheme to 31st March 2023. The costs remain estimates as the situation continually evolves there will be a further update submitted each month.</p> <p>The local finance mobilisation plan submission is included as Appendix E. The main areas of cost are summarised below:</p> <table><tr><th>Service Area</th><th>Initial Month 3 Return £m</th><th>Month 4 Return £m</th><th>Month 5 Return £m</th><th>Months 6 and 7 Return £m</th></tr><tr><td>Payments to Providers</td><td>1.100</td><td>1.100</td><td>1.953</td><td>2.143</td></tr><tr><td>PPE</td><td>0.418</td><td>0.418</td><td>0.419</td><td>0.326</td></tr><tr><td>Additional Staff</td><td>1.317</td><td>1.317</td><td>1.315</td><td>1.318</td></tr><tr><td>Loss of Income</td><td>0.246</td><td>0.246</td><td>0.246</td><td>0.210</td></tr><tr><td>Children &amp; Families</td><td>0.957</td><td>0.957</td><td>0.957</td><td>1.107</td></tr><tr><td>Other Areas</td><td>0.029</td><td>0.029</td><td>0.015</td><td>0.015</td></tr><tr><td><b>TOTAL</b></td><td><b>4.067</b></td><td><b>4.067</b></td><td><b>4.905</b></td><td><b>5.119</b></td></tr></table>	Service Area	Initial Month 3 Return £m	Month 4 Return £m	Month 5 Return £m	Months 6 and 7 Return £m	Payments to Providers	1.100	1.100	1.953	2.143	PPE	0.418	0.418	0.419	0.326	Additional Staff	1.317	1.317	1.315	1.318	Loss of Income	0.246	0.246	0.246	0.210	Children & Families	0.957	0.957	0.957	1.107	Other Areas	0.029	0.029	0.015	0.015	<b>TOTAL</b>	<b>4.067</b>	<b>4.067</b>	<b>4.905</b>	<b>5.119</b>
Service Area	Initial Month 3 Return £m	Month 4 Return £m	Month 5 Return £m	Months 6 and 7 Return £m																																					
Payments to Providers	1.100	1.100	1.953	2.143																																					
PPE	0.418	0.418	0.419	0.326																																					
Additional Staff	1.317	1.317	1.315	1.318																																					
Loss of Income	0.246	0.246	0.246	0.210																																					
Children & Families	0.957	0.957	0.957	1.107																																					
Other Areas	0.029	0.029	0.015	0.015																																					
<b>TOTAL</b>	<b>4.067</b>	<b>4.067</b>	<b>4.905</b>	<b>5.119</b>																																					

	Based on the projected spend, it is anticipated that £8.202m will be reclaimed by Scottish Government. IJBs have been advised by Government that a year-end reconciliation and balancing adjustment will be carried out in the event that too much or too little funding has been retained by IJBs.																																												
2.16	<p><b>Provider Sustainability Payments and Care Home Occupancy Payments</b></p> <p>COSLA Leaders and Scottish Government have agreed an approach to supporting the social care sector to ensure that reasonable additional costs will be met. We have been making payments to commissioned social care providers in line with the agreed national principles for sustainability and remobilisation payments to social care providers during COVID 19.</p> <p><b>Care Home Occupancy Payments</b> - The Scottish Government ceased these payments at the end of October 2021 but exceptions were made following the Omicron outbreak and limited payments were made to eligible care homes. Meetings are being held with each care home to discuss ongoing sustainability and to provide support.</p> <p><b>Sustainability payments</b> – the most recent guidance issued on 22<sup>nd</sup> June reduces the scope of what providers can claim for. The main costs that can be claimed relate to testing and vaccination and this is extended to 31<sup>st</sup> March 2023. The Social Care Staff Support Fund was also extended to 31<sup>st</sup> March 2023 (previously to 30<sup>th</sup> September 2022).</p> <p>The sustainability payments are estimated to be a significant cost in our mobilisation plan and the timely submission and assessment of claims is key to ensuring we can accurately estimate the financial cost and ensure the costs are reclaimed from the Scottish Government. The breakdown of payments made in 2022-23 up to 31<sup>st</sup> October 2022 are shown in the tables below:</p> <table><tr><th>PROVIDER SUMMARY</th><th>NCHC Care Homes</th><th>Other</th><th>Total</th></tr><tr><td>Total Number of Providers</td><td>17</td><td>49</td><td>66</td></tr><tr><td>Number contacting NAC</td><td>16</td><td>11</td><td>27</td></tr><tr><td>Providers Supported to date</td><td>16</td><td>11</td><td>27</td></tr></table> <table><tr><th>OUTSTANDING CLAIMS</th><th>NCHC Care Homes</th><th>Other</th><th>Total</th></tr><tr><td>Total Number of Claims</td><td>-</td><td>4</td><td>4</td></tr><tr><td>Value of Claims</td><td>-</td><td>156,720</td><td>156,720</td></tr></table> <table><tr><th>SUPPORT PROVIDED</th><th>NCHC Care Homes</th><th>Other Services</th><th>TOTAL</th></tr><tr><td></td><td>£</td><td>£</td><td>£</td></tr><tr><td>Occupancy Payments</td><td>81,650</td><td>0</td><td>81,650</td></tr><tr><td>Staffing</td><td>631,342</td><td>191,215</td><td>822,556</td></tr></table>	PROVIDER SUMMARY	NCHC Care Homes	Other	Total	Total Number of Providers	17	49	66	Number contacting NAC	16	11	27	Providers Supported to date	16	11	27	OUTSTANDING CLAIMS	NCHC Care Homes	Other	Total	Total Number of Claims	-	4	4	Value of Claims	-	156,720	156,720	SUPPORT PROVIDED	NCHC Care Homes	Other Services	TOTAL		£	£	£	Occupancy Payments	81,650	0	81,650	Staffing	631,342	191,215	822,556
PROVIDER SUMMARY	NCHC Care Homes	Other	Total																																										
Total Number of Providers	17	49	66																																										
Number contacting NAC	16	11	27																																										
Providers Supported to date	16	11	27																																										
OUTSTANDING CLAIMS	NCHC Care Homes	Other	Total																																										
Total Number of Claims	-	4	4																																										
Value of Claims	-	156,720	156,720																																										
SUPPORT PROVIDED	NCHC Care Homes	Other Services	TOTAL																																										
	£	£	£																																										
Occupancy Payments	81,650	0	81,650																																										
Staffing	631,342	191,215	822,556																																										

	<table><tr><td>PPE, Infection Control</td><td>181,778</td><td>47,994</td><td>229,772</td></tr><tr><td>Other</td><td>74,075</td><td>7,894</td><td>81,969</td></tr><tr><td><b>TOTAL</b></td><td><b>968,845</b></td><td><b>247,102</b></td><td><b>1,215,947</b></td></tr></table>	PPE, Infection Control	181,778	47,994	229,772	Other	74,075	7,894	81,969	<b>TOTAL</b>	<b>968,845</b>	<b>247,102</b>	<b>1,215,947</b>													
PPE, Infection Control	181,778	47,994	229,772																							
Other	74,075	7,894	81,969																							
<b>TOTAL</b>	<b>968,845</b>	<b>247,102</b>	<b>1,215,947</b>																							
2.17	<b>RESERVES</b>																									
	<p>The IJB reserves position is summarised in the table below with full detail given in Appendix F.</p> <p>The ‘free’ general fund balance of £7.248m is held as a contingency balance, this equates to around 2.5% of the IJB budget for 2021-22 which is above the lower target level of 2% and does demonstrate significant progress towards establishing a contingency reserve of between 2% and 4%.</p> <p>£1.486m is held by the Council to support a further repayment of debt at the end of 2022-23 and this is not reflected in the financial projection. The Council and Partnership are currently exploring options to clear the full debt by the end of the current financial year.</p> <table><tr><th rowspan="3"></th><th colspan="2">General Fund Reserves</th><th colspan="3">Earmarked Reserves</th><th rowspan="2">Total</th></tr><tr><th>Debt to NAC</th><th>Free GF</th><th>SG Funding</th><th>Non-SG Funding £m</th><th>HSCP</th></tr><tr><th>£m</th><th>£m</th><th>£m</th><th>£m</th><th>£m</th><th>£m</th></tr><tr><td><b>Opening Balance - 1 April 2022</b></td><td><b>(2.321)</b></td><td><b>7.248</b></td><td><b>23.106</b></td><td><b>0.699</b></td><td><b>0.500</b></td><td><b>29.232</b></td></tr></table>		General Fund Reserves		Earmarked Reserves			Total	Debt to NAC	Free GF	SG Funding	Non-SG Funding £m	HSCP	£m	£m	£m	£m	£m	£m	<b>Opening Balance - 1 April 2022</b>	<b>(2.321)</b>	<b>7.248</b>	<b>23.106</b>	<b>0.699</b>	<b>0.500</b>	<b>29.232</b>
	General Fund Reserves		Earmarked Reserves			Total																				
	Debt to NAC		Free GF	SG Funding	Non-SG Funding £m		HSCP																			
	£m	£m	£m	£m	£m	£m																				
<b>Opening Balance - 1 April 2022</b>	<b>(2.321)</b>	<b>7.248</b>	<b>23.106</b>	<b>0.699</b>	<b>0.500</b>	<b>29.232</b>																				
3.	<b>PROPOSALS</b>																									
3.1	<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 2022-23 from within the available resource, thereby limiting the financial risk to the funding partners.</p> <p>The estimated costs and funding in relation to the Covid-19 response also require to be closely monitored to ensure that the IJB can plan for the impact of this and to ensure that the IJB is in the position to re-claim funding to compensate for the additional costs.</p>																									
3.2	<b><u>Measuring Impact</u></b>																									
	<p>Ongoing updates to the financial position will be reported to the IJB throughout 2022-23.</p>																									

<b>4.</b>	<b>IMPLICATIONS</b>
<b>Financial:</b>	The financial implications are as outlined in the report. Against the full-year budget of £282.672m there is a projected underspend of £0.077m. The report outlines the main variances for individual services.
<b>Human Resources:</b>	The report highlights vacancy or turnover savings achieved to date. Services will review any staffing establishment plans and recruitment in line with normal practice when implementing service change and reviews as per agreement with the IJB, there is no intention to sustain this level of staffing capacity reduction on a recurring or planned basis.
<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>	<p>Para 2.13 highlights the financial risks.</p> <p>The report falls in line with the agreed risk appetite statement which is a <b>low</b>-risk appetite in respect to adherence to standing financial instructions, financial controls and financial statutory duties and a <b>high</b>-risk appetite in relation to finance and value for money.</p>
<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>5.</b>	<b>CONSULTATION</b>
5.1	<p>This report has been produced in consultation with relevant budget holders and the Partnership Senior Management Team.</p> <p>The IJB financial monitoring report is shared with the NHS Ayrshire and Arran Director of Finance and North Ayrshire Council's Head of Finance after the report has been finalised for the IJB.</p>
<b>6.</b>	<b>CONCLUSION</b>
6.1	<p>It is recommended that the IJB:</p> <p>(a) notes the overall integrated financial performance report for the financial year 2022-23, the overall projected year-end underspend of £0.077m;</p> <p>(b) notes the progress with delivery of agreed savings;</p> <p>(c) notes the remaining financial risks for 2022-23;</p>

	(d) approves the budget reduction which is detailed at para 2.11.
--	---

**For more information please contact:**

**Paul Doak, Head of Finance and Transformation at [pdoak@north-ayrshire.gov.uk](mailto:pdoak@north-ayrshire.gov.uk) or  
Eleanor Currie, Principal Manager – Finance at [eleanorcurrie@north-ayrshire.gov.uk](mailto:eleanorcurrie@north-ayrshire.gov.uk)**

# 2022-23 Budget Monitoring Report–Objective Summary as at 31<sup>st</sup> October 2022

## Appendix A

Partnership Budget - Objective Summary	2022/23 Budget										
	Council			Health			TOTAL				
	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Over/ (Under) Spend Variance at Period 6	Movement in projected variance from Period 6
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
COMMUNITY CARE AND HEALTH	64,242	64,174	(68)	16,424	16,914	490	80,666	81,088	422	330	92
: Locality Services	27,764	27,473	(291)	5,250	5,350	100	33,014	32,823	(191)	(203)	12
: Community Care Service Delivery	31,489	31,399	(90)	0	0	0	31,489	31,399	(90)	(97)	7
: Rehabilitation and Reablement	1,849	1,846	(3)	0	0	0	1,849	1,846	(3)	(7)	4
: Long Term Conditions	925	1,118	193	9,083	9,473	390	10,008	10,591	583	522	61
: Community Link Workers	184	181	(3)	0	0	0	184	181	(3)	(2)	(1)
: Integrated Island Services	2,031	2,157	126	2,091	2,091	0	4,122	4,248	126	117	9
MENTAL HEALTH SERVICES	30,968	31,759	791	56,982	56,931	(51)	87,950	88,690	740	1,001	(261)
: Learning Disabilities	21,482	22,812	1,330	482	482	0	21,964	23,294	1,330	1,325	5
: Community Mental Health	5,780	5,239	(541)	1,649	1,589	(60)	7,429	6,828	(601)	(518)	(83)
: Addictions	3,706	3,708	2	1,658	1,628	(30)	5,364	5,336	(28)	(58)	30
: Lead Partnership Mental Health NHS Area Wide	0	0	0	53,193	53,232	39	53,193	53,232	39	252	(213)
CHILDREN & JUSTICE SERVICES	32,355	34,856	2,501	3,970	3,970	0	36,325	38,826	2,501	1,950	551
: Irvine, Kilwinning and Three Towns	3,082	3,124	42	0	0	0	3,082	3,124	42	7	35
: Garnock Valley, North Coast and Arran	2,106	2,077	(29)	0	0	0	2,106	2,077	(29)	(33)	4
: Intervention Services	1,753	1,768	15	340	340	0	2,093	2,108	15	(19)	34
: Care Experienced Children & Young people	21,674	24,125	2,451	0	0	0	21,674	24,125	2,451	1,992	459
: Head of Service - Children & Families	1,191	1,215	24	0	0	0	1,191	1,215	24	9	15
: Justice Services	2,385	2,385	0	0	0	0	2,385	2,385	0	(3)	3
: Universal Early Years	164	162	(2)	3,195	3,195	0	3,359	3,357	(2)	(3)	1
: Lead Partnership NHS Children's Services	0	0	0	435	435	0	435	435	0	0	0
CHIEF SOCIAL WORK OFFICER	2,552	1,560	(992)	0	0	0	2,552	1,560	(992)	(986)	(6)
PRIMARY CARE	0	0	0	49,330	49,330	0	49,330	49,330	0	0	0
ALLIED HEALTH PROFESSIONALS			0	8,801	8,679	(122)	8,801	8,679	(122)	(124)	2
COVID NHS	0	0	0	806	806	0	806	806	0	0	0
MANAGEMENT AND SUPPORT COSTS	13,924	11,260	(2,664)	2,318	2,127	(191)	16,242	13,387	(2,855)	(2,333)	(522)
LOCAL AUTHORITY PAY AWARD SHORTFALL	0	561	561	0	0	0	0	561	561	441	120
OUTTURN ON A MANAGED BASIS	144,041	144,170	129	138,631	138,757	126	282,672	282,927	255	279	(24)
Return Hosted Over/Underspends East	0	0	0	0	(13)	(13)	0	(13)	(13)	(82)	69
Return Hosted Over/Underspends South	0	0	0	0	(12)	(12)	0	(12)	(12)	(78)	66
Receive Hosted Over/Underspends South	0	0	0	0	53	53	0	53	53	53	0
Receive Hosted Over/Underspends East	0	0	0	0	(360)	(360)	0	(360)	(360)	(223)	(137)
OUTTURN ON AN IJB BASIS	144,041	144,170	129	138,631	138,425	(206)	282,672	282,595	(77)	(51)	(26)

## 2022-23 Transformation Plan

## Appendix B

Savings reference number	Project	Project Description	Deliverability Status	Saving/ Investment	Approved Saving 2022/23 £	Investment	Saving Delivered at Month 7 £	Projected Saving	Projected Shortfall 22/23 £
<b>Children, Families and Justice Services</b>									
SP/HSCP/20/1	Children and Young People - External Residential Placements	Monitor and review all placements with a view to reducing the overspend.	Amber	Saving			-	-	
SP/HSCP/20/4	Adoption Allowances	Monitor Adoption Allowances. With a view to reduce the overspend	Red	Saving	59,535		-	-	59,535
SP/HSCP/20/19	Fostering - reduce external placements.	Monitor Fostering Placements with a view to reduce the overspend	Red	Saving			-	-	
	Transport review	Review of costs relating to taxi utilisation and implementation of new electronic form. Aim to reduce transport budget in council. Links in with David Hammonds Transformation Project.	Red	Saving					
	Grow internal fostering capacity	Review capacity of existing foster carers with a view of increasing existing capacity	Amber	Cost neutral					
NACSTA4030	Fostering Short Breaks	Develop an inhouse short break service to replace the commissioned service provided by Cornerstone.	Amber	Saving			-	-	-
<b>Mental Health and LD</b>									
	Transformation of CAMHS - CAMHS Specification	CAMHS have reviewed and updated referral guidance to align with the CAMHS National Specification. Some risks identified in order to facilitate the continued changes are accommodation, and recruitment of clinical staff.	Amber	Investment		1,091,463			
	Transformation of CAMHS - CAMHS Age 25	CAMHS are developing specific pathways to provide care and support up to the age of 25 where appropriate e.g. Eating Disorders, Neuro, Personality Disorders, Early Psychosis.	Amber	Investment		623,402			
	Transformation of CAMHS - CAMHS Waiting List	Two external providers have been procured to support Neuro waiting for assessment (Purple House	Amber	Investment		311,701			

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

Savings reference number	Project	Project Description	Deliverability Status	Saving/ Investment	Approved Saving 2022/23 £	Investment	Saving Delivered at Month 7 £	Projected Saving	Projected Shortfall 22/23 £
<b>Health and Community Care</b>									
	TEC Solutions	To appoint a temporary 'Project Manager' post, who will oversee the procurement and installation of	Green	Investment		50,000		-	-
	Analogue to Digital	Funding received for a Project Manager to manage the process of moving all services users from analogue to digital technology.	Amber	Investment		996,000			
SP/HSCP/20/17	Care at Home - Service Review	This project will incorporate the review of the care at home job role and any implications for service as a	Amber	Investment				-	-
	Hospital Team Model		Green						
	Arran Integrated Services model	Continue to work towards an Integrated Hub on Arran building on the frailty work and developing a single point of contact for all health and social care services. It is anticipated there will be a substantial amount of investment required and a business case will be developed.	Green						
	Primary Care Investment Fund	Remodel how we deliver primary care locally, ensuring that multi-disciplinary teams are available in each medical practice across North Ayrshire. This will help ensure that when needed local people will get the right care and support they need	Green	Investment					
	HSCP MDT - Community Health & Care	Implement HSCP MDTs across each of the localities to support GP practices and HSCP service coordinate care for those with the most complex needs. This approach will replace Older People Local Operational Teams.'							
	Develop Care at Home - Minimum data set	Scope all current recording processes for data and look to consolidate a dataset that can be used for all reporting needs.		Cost neutral					
	AHP Whole System redesign	exercise; to better understand the distribution and contribution of AHPs in health and care in North Ayrshire, to support future workforce planning that maximises this contribution for the benefit of the people of North	Amber						
	Interim Beds	To utilise a one-off lump sum, provided by the Scottish Government, to provide interim beds, for a maximum of 6 weeks, for clients who will have an onward move to permanent care.	Green						

Savings reference number	Project	Project Description	Deliverability Status	Saving/ Investment	Approved Saving 2022/23 £	Investment	Saving Delivered at Month 7 £	Projected Saving	Projected Shortfall 22/23 £
<b>Partnership Wide</b>									
	Supported acc models - NAC housing/ Sleepover/ outreach model	Continue working with third sector providers to implement supported accommodation models in the	Green	Saving				-	-
	SDS Review	Engage with all stakeholders to look at how we encourage a more innovative and person centred approach to SDS. Implement an SDS Review Learning Board to help progress.							
	Carers Review	Develop a resource release model for allocation of funds for carers as well as implement a short break service.	Amber	Saving			-	-	-
	Adult Complex Care Model - Call Monitoring	Review of call monitoring system for provision of adult community supports. This will include evaluation of current provision and development of a specification for future tender as the current contract is due to expire.							
	Implementation of Eclipse information system	Implementation of new information recording system for social care to replace Care First. This will include development of new protocols and transfer of data from current system to the new one.							
	Money matters and GP Practice Welfare Rights service	Facilitate the introduction of a money advise service available within GP practices.		Investment		78,000			
	Payroll Turnover Inflation	Monitor slippage through staff turnover with a view to meeting the savings target.		Saving	301,201		301,201	-	-
	Business Support Review (linked to Care at home review)	Scope and review the remit of the business support unit and how it could be adapted to the benefit of all HSCP teams.							
	North Elderly Mental Health inpatients (lead partnership)	Agree the spend going forward for the recurring savings achieved through bed retraction from Ailsa.		Saving	321,000		321,000	-	-
	HSCP Challenge Fund - invest to save	Monitoring of all projects approved through the Challenge Fund with a focus on invest to save ideas.							
	Transitions	Improve transition pathways from Childrens to Adult services as well as into older adults in order to improve outcomes for service users.							
	Caring for Ayrshire	The focus for Caring for Ayrshire is to bring a greater proportion of health provision into local communities. The Caring for Ayrshire work will ensure local GP practices are fit for purpose and have the capacity to host multi-disciplinary teams and meet local health and care needs.		Investment					
	Advocacy Strategy	Refresh of Advocacy strategy with a view to incorporating both adult and childrens services.		Cost neutral					

## 2022-23 Savings Tracker

## Appendix C

### North Ayrshire Health and Social Care Partnership 2022/23 Savings

Savings ref number	Description	Deliverability Status at budget setting	Approved Saving 2021/22 £m	Deliverability Status Month 7	Saving Delivered @ Month 7 £m	Projected to Deliver during Year £m	Projected Shortfall £m	Comment
1	Adoption Allowances	Amber	0.060	Red	-	0.060	-	Currently projecting an overspend.
<b>TOTAL SOCIAL CARE SAVINGS</b>			<b>0.060</b>		<b>0.000</b>	<b>0.060</b>	<b>0.000</b>	

Savings ref number	Description	Deliverability Status at budget setting	Approved Saving 2021/22 £m	Deliverability Status Month 7	Saving Delivered @ Month 7 £m	Projected to Deliver during Year £m	Projected Shortfall £m	Comment
2	Payroll Turnover Inflation	Green	0.302	Blue	0.302		-	Achieved
3	Elderly Mental Health inpatients (lead partnership)	Green	0.321	Blue	0.321	-	-	Achieved
<b>TOTAL HEALTH SAVINGS</b>			<b>0.623</b>		<b>0.623</b>	<b>0.000</b>	<b>0.000</b>	
<b>TOTAL NORTH HSCP SAVINGS</b>			<b>0.683</b>		<b>0.623</b>	<b>0.060</b>	<b>0.000</b>	

## 2022-23 Budget Reconciliation

## Appendix D

COUNCIL	Period	Permanent or Temporary	£'m
Initial Approved Budget			116.017
Base budget adjustments	1		(0.046)
<b>Uploaded Budget</b>			<b>115.971</b>
Resource Transfer	1	P	26.228
Software Licences transfer to IT	3	P	(0.002)
Montrose Cleaning Post to Facilities Management	3	P	(0.014)
Software Licences transfer to IT	4	P	(0.003)
Summer of Play Funding from Education	5	T	0.056
Insurance – transfer to corporate	6	P	(0.075)
Software Licences transfer to IT	6	P	(0.006)
MARAC funding	6	T	0.009
Pay Award Funding	7	P	1.866
Commercial Waste - Corporate adjustment	7	P	0.013
Roundings			(0.002)
<b>Budget Reported at Month 7</b>			<b>144.041</b>

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

Admin Post transferred to Medical Records	4	T	(0.034)
Naloxone for Police Scotland	4	T	0.026
Dean Funding	5	P	0.095
Rx Top Slicing to Pharmacy	5	P	(0.008)
Uplift DOAC (Direct Oral Anticoagulant) Rebate	5	P	0.06
Uplift CRES to Primary Care Rebate Scheme	5	P	0.068
Dysphagia Post	5	P	(0.021)
ADP PSST Support	5	T	0.008
CAMHS Liaison Funding	5	T	(0.350)
Specialist Pharmacist in Substance Misuse	6	T	0.012
BBV (Blood Borne Virus) Funding	6	T	0.242
Maternal and Infant Nutrition Allocation	6	T	0.020
Dean Funding Pay Award	6	P	0.061
GP Office 365 Upgrade	6	T	(0.137)
HD200 Drug Tariff Reduction 2022-23	7	P	(0.320)
Medical Pay Award 2.5% Top Up	7	T	0.170
Roundings	7		(0.001)
<b>Budget Reported at Month 7</b>			<b>138.631</b>

<b>COMBINED BUDGET MONTH 7</b>	<b>282.672</b>
--------------------------------	----------------

## Mobilisation Submission – Month 7

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

## Reserves Position in Detail

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

## Integration Joint Board 15<sup>th</sup> December 2022

<b>Subject:</b>	<b>HSCP Locality Engagement Approach</b>
<b>Purpose:</b>	Awareness
<b>Recommendation:</b>	It is recommended that IJB endorse the proposed approach for implementation across all mainland NA localities.

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

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
LPF	Locality Planning Forums
PSMT	Partnership Senior Management Team
IJB	Integration Joint Board

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	The North Ayrshire Health and Social Care Partnership has committed to reviewing the current Locality Planning structures in the updated Participation and Engagement Strategy (2022-2025). The strategy document outlines a plan to review our current engagement approaches with communities, HSCP staff, and partners, throughout 2022 to work towards fulfilling our local and strategic priorities.
1.2	North Ayrshire HSCP has many areas of strength in relation to engagement and participation. However, there are also areas where improvement can be made. This paper outlines our planned approach to improving our locality engagement through redevelopment of our Locality Planning Forum structure. The new approach will aim to increase levels of participation from communities and representation from HSCP service areas.
1.3	It will propose facilitating: <ul style="list-style-type: none"> <li>• 2 x Stakeholder Events in each locality per year</li> <li>• 2 x Locality Planning Review Group meetings per year.</li> </ul>

<b>2.</b>	<b>BACKGROUND</b>
2.1	<p>The current HSCP locality planning structures have been in place since 2015. Development of the North Ayrshire Locality Planning Forums (LPFs) was informed by Scottish Government Guidance on Locality Planning. The guidance set out the importance of establishing and considering the needs of localities when creating Strategic Commissioning Plans. It identified the need to engage effectively with all stakeholders of Health and Social Care Services within a locality but said little on what the local structures or mechanisms to achieve this should be.</p>
2.2	<p>The local structure identified for LPFs, established a core group of three senior officers with the HSCP structure; an LPF Chair who is a member of the IJB, a GP based in the locality in which they represent, and an HSCP Senior Manager.</p> <p>This core group would then identify additional members and organisations for inclusion on the LPF. These additional members would include health and social care stakeholders from across the locality.</p>
2.3	<p>Since 2015, the LPF structures set out to facilitate an opportunity for professionals and people to come together, use their experience, and help influence the strategic direction of the Partnership by the development of locality priorities.</p>
2.4	<p>Since their launch, the LPFs have had varying experiences. All localities have been successful in identifying local challenges and priorities and have effectively engaged and participated in other locality planning structures. However, LPFs have experienced challenges including difficulties in recruiting to core member roles, undertaking effective engagement with communities, and forums being unclear how their activity leads to overall change in the HSCP. In addition, the LPFs have never truly been optimised as a resource for Community Engagement by HSCP services.</p>
2.5	<p>The pandemic has undoubtedly had an impact on the way people engage with us and each other. The ethos of our participation and engagement activity focuses on continuing to develop meaningful engagement pathways for people who access services, carers, staff, third sector partners, and the wider community.</p>
2.6	<p>In response to this, we must consider a more effective approach to locality planning. Our approach must be inclusive of people in our localities, our staff teams and community groups. We must facilitate meaningful opportunities for people to engage and participate in the decision-making process of the HSCP.</p>
2.7	<p>The Partnership are currently in the process of piloting the Healthcare Improvement Scotland Framework for Community Engagement and Participation with the Community Mental Health Team. Using the framework has enabled the team to:</p> <ul style="list-style-type: none"> <li>• Establish a baseline of how engagement is considered</li> <li>• Have a conversation about current positive practice and potential areas for development; and</li> </ul>

2.8	<ul style="list-style-type: none"> <li>• Compile an action plan which focuses on the methods and outcomes the team will strive to achieve in relation to engagement.</li> </ul> <p>Following the CMHT pilot, it is anticipated the Framework will be rolled out across all HSCP services. If approved, the proposed approach to locality engagement (as detailed in section 3 below) can be promoted within the Partnership and be utilised as a vehicle for engagement by our staff teams with our local communities. Encouraging our services to include Locality Conversations as part of their service reviews enhances the link between our locality engagement structures and our services.</p>
3.	<b>PROPOSALS</b>
3.1	<p><b><i>“Engagement that takes place routinely helps to develop trust between communities and public bodies, fosters mutual understanding, and makes it easier to identify sustainable service improvements” (Planning with People, 2021).</i></b></p>
3.2	<p>To help increase our presence within localities and encourage greater participation from local people in communities it is recommended that we adapt our methods for facilitating conversations across our 6 localities.</p>
3.3	<p>Our localities and current chairs:</p> <ul style="list-style-type: none"> <li>• Irvine - Louise Gibson</li> <li>• 3 Kilwinning - Vacancy</li> <li>• 3 Towns - Vacancy</li> <li>• Garnock Valley - Vacancy</li> <li>• North Coast &amp; Cumbrae – Louise McDade</li> </ul> <p><u>Arran</u></p> <p>Arran has taken a slightly different approach to facilitating Locality Planning in recent times. The Partnership Engagement Team will work alongside our colleagues on Arran to support them to develop a model that works best for the island but ensures there is a level of consistency in our approach across North Ayrshire. It is vital that links with the Locality Partnership on Arran, and across North Ayrshire, are maintained.</p>
3.4	<p><u>The Structure</u></p> <p>In place of the current structure of 4 locality planning forum meetings per annum we would facilitate:</p> <ul style="list-style-type: none"> <li>• 2 Larger stakeholder events in each locality per year called, ‘Locality Conversations’</li> <li>• 2 Locality Planning Review Groups meetings per year</li> </ul>

3.5	<p><u>Locality Conversations</u></p> <p>These will be larger stakeholder events and will be facilitated in community settings in each locality in North Ayrshire. Staff members from across services in the Partnership, Council, NHS, and 3<sup>rd</sup> sector and independent providers will be encouraged to attend alongside the community members in each locality.</p> <p>The events will be facilitated by the Partnership Engagement Officer team with staff teams being encouraged to help share topic discussions based on the activities and priorities in services at that time. These events will be structured but relaxed to enable people to have conversations, ask questions and share ideas around health and social care services in their locality.</p> <p>It is also anticipated that these events could also be used to help respond to other relevant national and local consultations.</p> <p>The Partnership Engagement Officers will compile a report after each stakeholder event detailing the themes and ideas shared from the session.</p> <p>The sessions will be planned in partnership with our Locality Partnership colleagues in January 2023. This will ensure we are maximising our opportunities to work together and avoiding any duplication. We will endeavour to have our first session in early March 2023.</p>
3.6	<p><u>Locality Planning Review Groups</u></p> <p>The purpose of the review groups is to explore the themes and ideas shared from the Locality Conversation events. The role of the review group will be to scrutinise the information collected through the Locality Conversation and provide updates, feedback and recommendations through the Partnership's governance structures, including Strategic Planning Group, PSMT and IJB. Each Locality Planning Review Group will have a nominated Chair who will have the responsibility of providing feedback on the Locality Conversations and take forward any actions to relevant services.</p> <p>The membership of the Locality Planning Review Groups will consist of:</p> <ul style="list-style-type: none"> <li>• Chairperson (IJB member)</li> <li>• Senior Manager from Partnership Services</li> <li>• Locality Officer from Connected Communities</li> <li>• Community Link Worker</li> <li>• Practice Manager</li> <li>• Representative from the Partnership Performance Team</li> <li>• Representative from the Strategic Planning Team</li> <li>• Other relevant officers, co-opted on an ad-hoc basis based on expertise to subject matter.</li> </ul>

3.7	<p><u>Care Improvement Network</u></p> <p>The Care Improvement Network will act as a virtual network for people in North Ayrshire. This will give people the opportunity to engage online if they are unable to participate in the locality-based conversations and again is a captive audience for our services to engage with our communities on relevant national and local conversations and thematic priorities.</p>
3.8	<p>Representation from the IJB is required on the Locality Planning Review Groups. IJB members are asked to consider whether this representation would be taken on by the current membership or by proposing new members.</p>
3.9	<p><u>Anticipated Outcomes</u></p> <p>To facilitate an opportunity for local people, our communities, and staff to come together and take part in an ongoing, inclusive, accessible, and meaningful conversation to help influence, develop and shape the direction of local health and care services. The voice of localities has a greater influence on informing our strategic decisions and future planning.</p>
3.10	<p><u>Measuring Impact</u></p> <p>A report will be produced following every Locality Conversation which will be inclusive of an engagement evaluation. This information will also be reflected within our Annual Performance Reports.</p>
4.	<p><b>IMPLICATIONS</b></p>
4.1	<p><u>Financial</u></p> <p>There will be modest financial costs for booking venues and providing tea/coffee for delegates.</p>
4.2	<p><u>Human Resources</u></p> <p>The sessions will be facilitated by the Partnership Engagement Officer Team. Admin support will be required to help consolidate the information for the locality conversation reports.</p>
4.3	<p><u>Legal</u></p> <p>None.</p>
4.4	<p><u>Equality/Socio-Economic</u></p> <p>The sessions aim to create a more accessible and inclusive opportunity for the community and our staff teams to come together and discuss health in social care in their locality.</p>

	The locality conversations will endeavour to include representation from HSCP key service users, many of whom possess protected characteristics. In addition, representation will also be sought from other communities of interest.
4.5	<p><u>Risk</u></p> <p>Low risk – Focusing on developing our engagement with the local community will enable the Partnership to inform people across our localities about their services, which will hopefully lead to more informed decision making.</p>
4.6	<p><u>Community Wealth Building</u></p> <p>Greater levels of inclusion on the planning, development, and design of local HSCP services.</p>
4.7	<p><u>Key Priorities</u></p> <p>These events will help meet the strategic priority of Enabling Communities. In addition, the conversations that take place and subsequent outputs will help contribute to positive action across all other strategic planning priorities.</p>
<b>5.</b>	<b>CONSULTATION</b>
5.1	The approach was presented to and endorsed by the Partnership Senior Management Team (PSMT) on 17 <sup>th</sup> November 2022, there is buy-in from services to support the new approach and embrace as a positive framework and structure for services to engage directly with our communities.

**Caroline Cameron, Director**

**Report Author: Michael McLennan, Partnership Engagement Officer,**  
[michaelmclennan@north-ayrshire.gov.uk](mailto:michaelmclennan@north-ayrshire.gov.uk)

#### Appendices

- Nil

## Integration Joint Board 15 December 2022

<b>Subject :</b>	<b>North Ayrshire Children's Services Plan 2020-2023 : Progress Report 2021-22</b>
<b>Purpose :</b>	To present the draft North Ayrshire Children's Services Plan 2020-2023 : Progress Report covering 2021-22.
<b>Recommendation :</b>	<p>IJB are asked to :-</p> <ul style="list-style-type: none"> <li>(a) Approve the draft North Ayrshire Children's Services Plan 2020-23: Progress Report 2021-22; and</li> <li>(b) Agrees that the Progress Report is submitted to the Scottish Government and published on the North Ayrshire HSCP website, subject to sign-off by relevant governance groups.</li> </ul>

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

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

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	The Children and Young People (Scotland) Act 2014 places a duty on Local Authorities, Health Boards, and other Community Planning partners to publish an annual progress report in terms of their Children Services Plans.
1.2	The North Ayrshire Children's Services Plan 2020-23: Progress Report 2021-22 is attached at Appendix 1.
1.3	A new Children's Services Plan covering the period 2023-26 is currently in development and will be presented to IJB in early 2023.
1.4	Following approval, the Children's Services Plan 2020-23: Progress Report 2021/22 will be submitted to the Scottish Government and published on the North Ayrshire HSCP and Community Planning Partnership websites.

<b>2.</b>	<b>BACKGROUND</b>
2.1	The North Ayrshire Children's Services Plan 2020-23 was developed by the North Ayrshire Community Planning Partnership following a Strategic Needs Assessment which drew data from a range of sources including the views and experiences of our children and young people, school census data, child protection data and public health data
2.2	The North Ayrshire Children's Services Plan 2020-23 was approved and published in October 2020 and sets out five key priorities which are outlined below to achieve our vision in North Ayrshire – <b><i>“for all our children and young people to have the best start in life and for North Ayrshire to be the best place in Scotland to grow up”.</i></b>
	<p><b>Priority 1: Young people's rights and views are respected and listened to.</b></p> <p><b>Priority 2: Acting early to improve what happens next.</b></p> <p><b>Priority 3: Making things fairer and better.</b></p> <p><b>Priority 4: Supporting mental health.</b></p> <p><b>Priority 5: Helping children and young people to be active and healthy.</b></p>
2.3	The Children and Young People (Scotland) Act 2014 places a duty on Community Planning Partners to produce an Annual Progress Report in terms of their Children's Services Plan.
2.4	A draft Progress Report covering 2021-22 is attached at Appendix 1 and sets out some of the key highlights in terms of achieving our Children's Services Plan 2020-23 vision. The Progress report is split into five sections covering the key priorities outlined at paragraph 2.2. above.
2.5	A selection of the highlights contained within the Progress Report are provided below :
	<p><b>Priority 1: Young people's rights and views are respected and listened to.</b></p>
	We have allocated £250,000 in a Digital Families Fund, providing access to devices and connectivity for online learning and activities. This enabled us to provide over 1,000 laptops and connectivity solutions to our children and young people who need them the most. We also provided 265 devices which included 54 Chromebooks, 45 laptops and 25 iPads to children who are looked after and care leavers.

	<p>Our Scottish Youth Parliament elections took place in November with young people from across North Ayrshire voting on their preferred candidates. Four members of the Scottish Youth Parliament (MSYPs) were elected and took their office in March to start their two-year term.</p> <p>Positive Steps with Partners is a structured development programme for individuals that have been developed by The Ayrshire Community Trust (TACT) (part of the North Ayrshire Third Sector Interface) in partnership with the Scottish Fire and Rescue Service Community Action Team. The programme helps people develop skills and gain practical work experience. In addition, participants gain accredited qualifications. Participants complete a programme of development modules before commencing a placement with the Scottish Fire and Rescue Service Community Action Team.</p>
	<p><b>Priority 2: Acting early to improve what happens next.</b></p>
	<ul style="list-style-type: none"> <li>▪ We were able to support 314 children, parents and carers through the Rosemount Project which supports families and young people to remain together and in their communities. The service is committed to whole family support and, wherever possible, will include siblings, parents/carers and extended family members in the parenting interventions and family work that the service facilitates.</li> <li>▪ 'Team Around the Parent' is a new way of working with families who have their child removed from their care. It was developed in conjunction with families with lived experience. The aim of Team Around the Parents is to help them feel supported and heard at the time of such a distressing event. This service helps them to link with any necessary supports which should assist them to take part in the parenting assessment. We developed a communication profile along with the parents to highlight where barriers have been experienced in either others communicating with them or what they need from others to feel included or heard.</li> </ul>
	<p><b>Priority 3: Making things fairer and better.</b></p>
	<ul style="list-style-type: none"> <li>• The Money Matters Team generated over £17.5m in financial gains for our residents in receipt of Welfare Benefits.</li> <li>• We have extended universal free school meals (UFSM) to Primary 4 and 5 children and are working on the future provision for Primary 6 to 7. This is expected to greatly increase uptake. Currently the UFSM uptake for Primary 1 to 3 is around 80% and, if replicated across the other year groups, would represent a significant increase in children accessing healthy and nutritious food during the school day. This is likely to have an impact on local employment by increasing the number of jobs with local suppliers.</li> <li>• We have been distributing winter aid funding directly to families to tackle fuel and clothing poverty and administered the Scottish Government child bridging payments. As well as administering the low-income pandemic payments, we have</li> </ul>

	engaged with our vulnerable families regarding Covid-19 isolation grants and supported families to access services.
	<b>Priority 4: Supporting mental health</b>
	<ul style="list-style-type: none"> <li>• The Communities Mental Health and Wellbeing Fund was established in 2021, with</li> <li>• £15 million allocated to support mental health and wellbeing in communities across Scotland. The fund is being delivered and managed by Arran CVS supported by the Health and Social Care Partnership and the Community Planning Partnership.</li> <li>• Our Health and Social Care Partnership's (HSCP), Service Access Team has been instrumental in the development of a Support Pathway for Children and Young people who have attempted suicide. The pathway is intended for young people up to 18 years old who have made a significant attempt at taking their life such as a non-fatal overdose, act of self-harm significant enough to require treatment and intervention or deliberate act of a suicidal nature, and who are not open to any other social work services.</li> <li>• The importance of perinatal mental health is recognised across North Ayrshire. Within Universal Early Years, 2021-22 saw an expansion to the support available to expectant and new mums experiencing mild to moderate mental health difficulties through the recruitment of a second Perinatal Mental Health Nurse within the integrated Universal Early Years' team. Between April 2021 and March 2022, 85 women were referred for early intervention support. Autumn of 2021 also saw the launch of the Ayrshire and Arran Perinatal Mental Health Service, which aims to offer support to expectant and new mums with severe and enduring mental health difficulties.</li> </ul>
	<b>Priority 5: Helping children and young people to be active and healthy</b>
	<ul style="list-style-type: none"> <li>• Our team of Health Visitors has continued to deliver full national universal health visiting pathways throughout the pandemic. This is despite more complex caseloads dealing with higher levels of vulnerability and staff absence partially due to Covid-19.</li> <li>• We are working with children with a BMI on or above the 91st centile. Jumpstart Tots is a 10-session family and community focused series of activities. The two-hour weekly programme focuses on healthy eating, physical activity, and positive health behaviour change, with children attending alongside their parents or carers. The number of referrals for the year was 17, with the consumption of fruit and vegetables increasing, whilst take away and high sugar consumption was drastically reduced.</li> </ul>

	<ul style="list-style-type: none"> <li>Working alongside KA Leisure and further community partners we provided a range of free places for our young people to participate in our holiday programme. These places were offered to families with low income within the care system or other children from vulnerable backgrounds. The summer programme also included free skating and swimming for young people which we funded. This year's opportunity proved extremely popular with Swimming attracting 91,35 and 5,527 taking part in skating.</li> </ul>
2.6	Some of our areas of focus during 2-22-23 are highlighted below :
	<b>Priority 1: Young people's rights and views are respected and listened to.</b>
	<ul style="list-style-type: none"> <li>CPP partners, notably Police Scotland and Scottish Fire and Rescue, will continue to build relationships with the Champions Board, Education and other partners and further support activity in relation to care experienced young people to ensure that they are active contributors in Corporate Parenting.</li> <li>We will introduce new models of provision for free period products across schools and communities.</li> <li>We will review our approach to nurture across our educational establishments.</li> </ul>
	<b>Priority 2: Acting early to improve what happens next.</b>
	<ul style="list-style-type: none"> <li>Refresh and strengthen the focus of the school-college partnership and provide enhanced opportunities for achievement, e.g., through the Regional Improvement Collaborative, in the senior phase.</li> <li>Design tailored programmes with partners to provide enhanced support for specific groups of school leaders, including those with identified needs.</li> </ul>
	<b>Priority 3: Making things fairer and better.</b>
	<ul style="list-style-type: none"> <li>Develop a three-year Raising Attainment Strategy to improve outcomes for all learners and reduce inequity of outcomes, including a focus on accelerating progress in early primary and early learning centres following the implementation of 1,140 hours of funded childcare for all 3–5-year-olds.</li> <li>Work closely across North Ayrshire services and third sector partners to reduce the cost of the school day and mitigate the impact of child poverty.</li> <li>The Ayrshire Community Trust will develop a strand of mentoring within the Positive Steps with Partners Project employability project. The project will have</li> </ul>

	volunteer mentors who will support new referrals, supporting them to attend volunteer interviews and placements helping mentees to overcome worries and fears and helping to increase confidence in individual abilities and be more included in their communities.
	<b>Priority 4: Supporting mental health</b>
	<ul style="list-style-type: none"> <li>• Review the impact of school counselling services and external counselling / community wellbeing supports and refresh provision, strengthening the relationship between school counselling and other available supports.</li> <li>• Assist education establishments to implement the national mental health and wellbeing Whole School Approach, including curricular, professional learning, and parental supports.</li> <li>• Promote staff mental health and wellbeing in a range of ways, including through the development of a programme of supported reflective practice sessions.</li> </ul>
	<b>Priority 5: Helping children and young people to be active and healthy</b>
	<ul style="list-style-type: none"> <li>• Recruit additional dental health support workers to support vulnerable families across NHS Ayrshire and Arran focusing on minority ethnic and our most deprived communities.</li> <li>• As the cost-of-living increases, we are working to ensure that the whole family can be active for one affordable price. Ur family membership will launch later in the year and provide a tailored package of opportunities which suits each individual family's setup.</li> <li>• We are working closely with Active Schools to develop a community programme on Arran. The recruitment of key delivery staff will allow us to ensure that the island's location does not restrict their opportunities to stay active.</li> </ul>
2.7	It should be noted that officers are currently working with community planning partners, communities and children and young people to define priorities as they develop a new suite of strategic children's services documents including a Children's Services Plan 2023-26, a Child Poverty Strategy 2023-26, and Children's Rights Report 2-23-26. It is anticipated that these documents will come forward for approval early in 2023.

<b>3.</b>	<b>PROPOSALS</b>
3.1	It is proposed that IJB :-
	(a) Approves the draft North Ayrshire Children's Services Plan 2-20-23: Progress Report 2021-22; and
	(b) Agrees that the progress report is submitted to the Scottish Government and published on the North Ayrshire Community Planning website, subject to sign off via the relevant governance routes.
<b>4.</b>	<b>IMPLICATIONS</b>
4.1	<u>Financial</u> None. All children's commitments are aligned within the Council's agreed budgets.
4.2	<u>Human Resources</u> None
4.3	<u>Legal</u> The production of the Children's Services Plan 2020-23: Progress Report 2021-22 meets the Council's statutory obligations in terms of the Children and Young People (Scotland) Act 2014.
4.4	<u>Equality/Socio-Economic</u> None
4.5	<u>Risk</u> None.
4.6	<u>Community Wealth Building</u> None
4.7	<u>Key Priorities</u> The Children's Services Plan and Progress Report link directly to the key priorities contained the Local Outcomes Improvement Plan and the Council Plan 2019-2024.
<b>5.</b>	<b>CONSULTATION</b>
	The Children's Services Plan 2020-23: Progress Report 2020/21 is the result of ongoing collaboration. The Community Planning Partnership and the Children's Services Strategic Partnership have influenced and been consulted on the production of this report

**Caroline Cameron, Director**

**For further information please contact Neil Sugden, Policy Officer (Child Poverty and UNCRC), email: [NeilSugden@North-Ayrshire.gov.uk](mailto:NeilSugden@North-Ayrshire.gov.uk), Telephone on 01294 324163.**

**Background Papers**  
**[North Ayrshire Children's Services](#) Plan 2020-23**

# Children's Services Plan 2020-23

**Progress Report  
2021-22**



North Ayrshire Council  
Comhairle Siorrachd Àir a Tuath

# Contents

	► Foreword	3
	► Introduction: Local Context and key facts	5
	► Progress on our Priorities	6
Priority		
1	► Young people's rights and views are respected and listened to.	7
Priority		
2	► Acting early to improve what happens next	10
Priority		
3	► Making Things Fairer and Better	12
Priority		
4	► Supporting mental health	16
Priority		
5	► Helping children and young people to be active and healthy	18

# Foreword

Welcome to our Children's Services Plan Report 2021/22. This report will provide a summary of what our Community Planning Partners (including our Council, NHS Ayrshire and Arran, Scottish Fire and Rescue, Police Scotland and Scottish Enterprise) have achieved in supporting our children and young people during the past year. Moving away from lockdown and moving to a more normal way of life has been a welcome relief. Our focus is now on recovery, building on our strong relationships and what we have learned during the past two years to improve the lives of all our residents. The impact from Covid-19 on our children and families cannot be underplayed and the longer term impact is yet to be fully understood, it is important that we are there to respond and provide support and guidance when and if needed.

Looking forwards we are developing our 2023-26 Children's Services Plan. We are currently working with our communities and our young people in particular to define our priorities for our Children's Services Plan 2023-26. We would welcome your views on what you feel is important. Please contact us at (01294 324648) or [NorthAyrshirePerforms@north-ayrshire.gov.uk](mailto:NorthAyrshirePerforms@north-ayrshire.gov.uk). It is important we always remember who this plan is for and ensure the voices of our children and young people are heard.





## Key Facts and Figures

Measure	North Ayrshire	Scotland
Child Protection Registrations per 1,000	5.2	2.3
Teenage pregnancies per 1000	36.1	29.2
Exclusively breastfed at 6-8 weeks	22.0%	32.2%
Domestic abuse incidents per 10000	129.4	115.1
Looked after children of 0-17 years old population	2.1%	1.3%
Claimant Count as a % of 16-24 Population	10.59%	7.17%
% of leavers attaining literacy at SCQF level 5	85%	83.41
% of leavers attaining numeracy at SCQF level North Ayrshire	72.25%	72.7%
% of children living in poverty (after housing costs)	24.73%	20.86%
% of school leavers in a positive post school destination	95.2%	95.48%
% of care experienced leavers achieving level 5 in literacy	53.47%	40.96%
% of care experienced leavers achieving level 5 in numeracy	37.62%	27.37%
% of Care Experienced Leavers achieving a positive destination	94.06%	87.94%

# Progress on our Priorities

**Our Children's Services Plan 2020-23 has five priorities. This section explores the progress we have made in partnership with our Community Planning Partners (CPP).**

# Priority 1:

## Young people's rights and views are respected and listened to.

Ensuring the rights, views and aspirations of children and young people are at the centre of everything we do.

### ➔ Areas of Focus

#### ***During 2022-23 we will:***

- ▶ CPP partners, notably Police Scotland and Scottish Fire and Rescue, will continue to build relationships with the Champions Board, Education and other partners and further support activity in relation to care experienced young people to ensure that they are active contributors in Corporate Parenting.
- ▶ We will introduce new models of provision for free period products across schools and communities.
- ▶ We will review our approach to nurture across our educational establishments.
- ▶ We will raise the awareness of children's rights (UNCRC) across all our partners.
- ▶ Police Scotland are building on the excellent work already carried out by Campus Officers in school by identifying other ways that they can provide mentor support and enhance life skills for school leavers. This will be extended to include young people who have already left school or further education.
- ▶ Police Scotland will work with partners over the coming three years to conduct focussed activity with individuals and support them into employment or other positive destinations. They have identified an Inspector to lead on this work and engagement has already begun with partners.

## Key Activities

- ▶ We have reviewed the way we reach those in our communities who struggle to access period products:
  - We have rebranded from Period Poverty to Period Dignity.
  - We are promoting the service with the aim of broadening awareness.
  - We have launched a range of promotional updates using various marketing platforms including press releases and social media.
  - We are expanding the number of distribution sites and using the 'Pick Up My Period' app to direct our residents.
  - We launched a consultation to seek views of the current service provision to shape future improvements based on user led experiences.
- ▶ We have allocated £250,000 in a Digital Families Fund, providing access to devices and connectivity for online learning and activities. This enabled us to provide over 1,000 laptops and connectivity solutions to our children and young people who need them the most. We also provided 265 devices which included 54 Chromebooks, 45 laptops and 25 iPads to children who are looked after and care leavers.
- ▶ The EQUAL Programme within our Council supports parents, young people and people with disabilities into employment. It works in partnership with other services to identify employment opportunities and support our residents. We have worked with 135 people with a disability during 2021/22 with 34 progressing to employment.
- ▶ The Ayrshire Community Trust (part of the North Ayrshire Third Sector Interface) provides placement opportunities for volunteers within TACT to support the development of employability skills. Several people who volunteered at TACT have secured employment within the organisation.
- ▶ Our Scottish Youth Parliament elections took place in November with young people from across North Ayrshire voting on their preferred candidates. We have appointed four Members of the Scottish Youth Parliament (MSYPs) who took office in March to start their two-year term. These young people are the representative voice of young people locally and nationally.
- ▶ The Police Scotland Youth Volunteering scheme in North Ayrshire builds life skills, enhances confidence and provides a supportive platform for the young people to move on to the next stage in their lives. It seeks to support care experienced young people in this programme to contribute to achieving better outcomes for them.
- ▶ Our Champions Board goes from strength to strength, established three years ago as a group of care experienced young people who work alongside corporate parents to create change in the care system.





The Champions Board has been split into two groups to focus on specific issues in relation to young people aged 12 to 21 and for those up to aged 26 to consider the specific needs of different groups.

- ▶ Positive Steps with Partners is a structured development programme for individuals that have been developed by The Ayrshire community Trust (TACT) (part of the North Ayrshire Third Sector Interface) in partnership with the Scottish Fire and Rescue Service Community Action Team. The programme helps people develop skills and gain practical work experience. In addition, participants gain accredited qualifications. Participants complete a programme of development modules before commencing a placement with the Scottish Fire and Rescue Service Community Action Team.
- ▶ The Scottish Fire and Rescue Service Youth Volunteer Scheme gives our young people who are aged from 12 to 18 years the opportunity to learn new skills and contribute to a safer Scotland. By participating, our young people gain a really good understanding of the Scottish Fire and Rescue Service and develop skills to help them actively contribute to their communities.

- ▶ The Police Scotland Youth Volunteering scheme in North Ayrshire builds life skills, enhances confidence and provides a supportive platform for our young people to move on to the next stage in their lives. It seeks to support care experienced young people in this programme to contribute to achieving better outcomes for them.



# £250,000

in a Digital Families Fund, providing access to devices and connectivity for online learning and activities.

## Priority 2:

### Acting early to improve what happens next.

Focussing on early intervention and prevention.

#### ➔ Areas of Focus

##### *During 2022-23 we will:*

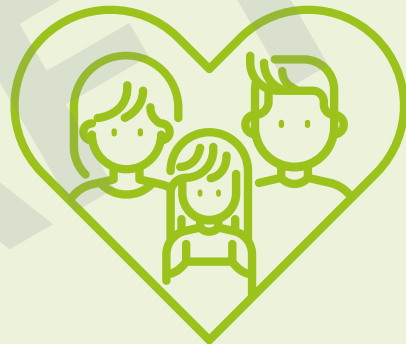
- ▶ Refresh and strengthen the focus of the school-college partnership and provide enhanced opportunities for achievement, e.g. through the Regional Improvement Collaborative, in the senior phase.
- ▶ Design tailored programmes with partners to provide enhanced support for specific groups of school leavers, including those with identified needs.
- ▶ Improve the quality and accessibility to services for children and young people who themselves (or whose parent/care givers) are at risk of the harmful effects of alcohol or drug use, by establishing a specialist support team in partnership with the Alcohol and Drug Partnership.

#### Key Activities

- ▶ Our Health & Social Care Partnership has worked to enhance the support and services it provides to parents/carers, children and young people. We are now able to offer the following:
  - **Family Centred Wellbeing Service** – Created to provide early intervention family support.
  - **Community-Based Short Breaks Service** – Created to provide short break carers for children aged from birth to 16 years old who reside in the community with birth parents, as well as for children and young people who are placed with kinship carers.
  - **Enhanced Early Years Support Programme** – Created to see a shift in relationship-based support with identified families from the ante-natal period to a child starting nursery.
- ▶ We were able to support 314 children, parents and carers through the Rosemount Project who supports families and young people to help families remain together and in their communities. The service is committed to whole family support and, wherever possible, will include siblings, parents/carers and extended family members in the parenting interventions and family work that the service facilitates.



- ▶ 'Team Around the Parent' is a new way of working with families who have had their child removed from their care. It was developed in conjunction with families with lived experience. The aim of Team Around the Parents is to help families feel supported and heard at the time of such a distressing event. This service helps them to link with any necessary support which should assist them to take part in the parenting assessment. We worked with parents to identify barriers in communication.
- ▶ We Work for Families, in particular via Health Visiting teams, link strongly with our Council. "We Work For Families," delivered by the Lennox Partnership, is a key partner of the universal Early Years' service, supporting parents/carers to access training, education and employment. Health Visitors and Family Nurses have referred around 650 individuals since early 2018. Recently, support has extended to include low-income households as well as those who are unemployed, and new pathways with social work colleagues have been developed.



# 314

We were able to support 314 children, parents and carers through the Rosemount Project who supports families and young people to help families remain together and in their communities.

## Priority 3:

### Making Things Fairer and Better.

Reducing inequalities and improving outcomes.

#### ➔ Areas of Focus

##### ***During 2022-23 we will***

- ▶ Develop a three-year Raising Attainment Strategy to improve outcomes for all learners and reduce inequity of outcomes, including a focus on accelerating progress in early primary and early learning centres following the implementation of 1,140 hours of funded childcare for all 3–5-year-olds.
- ▶ Reprioritise our targeted interventions to reduce the poverty-related attainment gap in North Ayrshire, maximising the coherence and impact of our work.
- ▶ Continue to work collaboratively in partnership across the local authority, South West Education Improvement Collaborative (SWEIC) and national networks to support sharing of highly effective practice that reduces the poverty related attainment gap.
- ▶ Work closely across North Ayrshire services and third sector partners to reduce the cost of the school day and mitigate the impact of child poverty.
- ▶ The Ayrshire Community Trust will develop a strand of mentoring within the Positive Steps with Partners Project employability project. The project will have volunteer mentors who will support new referrals, supporting them to attend volunteer interviews and placements helping mentees to overcome worries and fears and helping to increase confidence in individual abilities and be more included in their communities.



# 1,140

hours of funded childcare  
for all 3–5-year-olds



## Key Activities

- ▶ We have been distributing winter aid funding directly to families to tackle fuel and clothing poverty and administered the Scottish Government child bridging payments. As well as administering the low-income pandemic payments, we have engaged with our vulnerable families regarding Covid-19 isolation grants and supported families to access services.
- ▶ We embarked on a two-year financial inclusion demonstrator project 'Better Off Hub' in October 2020. The Better Off Hub delivers vital financial advice services in a new holistic way, focussing on the individual's needs. Ultimately it is expected to build capacity by addressing the causes of financial issues and reducing future demand on services. The proposals align with Community Wealth Building ambitions and support our economic recovery. A total of 183 people from the Three Towns engaged with Better Off North Ayrshire during 2021-22. Of these residents, 35% were from vulnerable families, with supported families including a total of 64 children.
- ▶ We have extended universal free school meals (UFSM) to Primary 4 and 5 children and are working on the future provision for Primary 6 to 7. This is expected to greatly increase uptake. Currently the UFSM uptake for Primary 1 to 3 is around 80% and, if replicated across the other year groups, would represent a significant increase in children accessing healthy and nutritious food during the school day. This is likely to have an impact on local employment by increasing the number of jobs with local suppliers.
- ▶ Bags of Hope continue to make a difference to many of HSCP Families. Alongside the amazing donations by North Ayrshire's foodbank of hampers provided for our vulnerable families, which included butcher packs donated by Stalkers Butchers in Dalry, we were able to share some vouchers from our Hope bags to help those who are struggling. The delight from the families involved was immeasurable and obviously made a difference to their wellbeing.
- ▶ There is a focus by Police Scotland on supporting fair employment and procurement and they are exploring how best to contribute within the confines of national structures.

# Money Matters



**The Money Matters Team generated over £17.5m in financial gains for our residents in receipt of Welfare Benefits.**



**Money Matters received 4,432 enquiries in 21/22 via their Advice Line.**

This included referrals from Health and Social Care Partnership (HSCP), NHS, Council employees and the website. It ensures our most vulnerable residents have support to check their entitlements and that they are receiving their legal rights to benefits.



**Money Matters began a two-year pilot with North Ayrshire Council's Communities and Education Directorate in August 2021, delivering a Welfare Rights service in seven secondary schools.**

The first six months focussed on establishing the project in the schools but also resulted in over 50 referrals – generating £38k in financial gains to families.



## Priority 4:

### Supporting mental health.

Supporting social, emotional and mental wellbeing.

#### ➔ Areas of Focus

##### ***During 2022-23 we will:***

- ▶ Review the impact of school counselling services and external counselling/ community wellbeing supports and refresh provision, strengthening the relationship between school counselling and other available supports.
- ▶ Assist education establishments to implement the national mental health and wellbeing Whole School Approach, including curricular, professional learning, and parental supports.
- ▶ Promote staff mental health and wellbeing in a range of ways, including through the development of a programme of supported reflective practice sessions.
- ▶ Review approaches to promoting positive relationships and whole school nurture and continue to adapt our approaches based on an analysis of need.
- ▶ We will continue to prioritise mental health and wellbeing in schools and communities.

#### Key Activities

- ▶ Our Health and Social Care Partnership's (HSCP), Service Access team has been instrumental in the development of a Support Pathway for children and young people who have attempted suicide. The pathway is intended for our young people up to 18 years old who have made a significant attempt at taking their life such as a non-fatal overdose, act of self-harm significant enough to require treatment and intervention or deliberate act of a suicidal nature and who are not accessing any other social work services.
- ▶ The importance of perinatal mental health is recognised across North Ayrshire. Within Universal Early Years, 2021/22 saw an expansion to the support available to expectant and new mums experiencing mild to moderate mental health difficulties through the recruitment of a second Perinatal Mental Health Nurse within the integrated Universal Early Years' team. Between April 2021 and March 2022, 85 women were referred for early intervention support. Autumn of 2021 also saw the launch of the Ayrshire and Arran Perinatal Mental Health Service, which aims to offer support to expectant and new mums with severe and enduring mental health difficulties.



- ▶ Community Mental Health and Wellbeing Fund: The Communities Mental Health and Wellbeing Fund was established in 2021, with £15 million allocated to support mental health and wellbeing in communities across Scotland. The fund is being delivered and managed by Arran CVS supported by the HSCP and the Community Planning Partnership.
- ▶ Roslin House, a brand new, purpose-built respite facility for children and young people with additional support needs (ASN), welcomed its first guests on the 21st June 2021. Adjacent to the new Lockhart ASN Campus in Stevenston, it is an eight-bedroom, state of the art facility providing respite breaks for young people known to North Ayrshire Health and Social Care Partnership's Children and Families Disabilities Team as part of their care and support plan. As well as providing a comfortable, 'home from home' stay for young people, the new facility will provide a bespoke respite experience and offers a smooth transition from child to adult respite services in the familiar surroundings of the complex, with the adult respite facility Red Rose House being situated next door.
- ▶ We launched 'Confident Kids Can' in April 2021. This is a 12-week Pan-Ayrshire project delivered in partnership with the Child and Adolescent Mental Health Service (CAMHS) to support neuro divergent children and their families who are experiencing emotional, behavioural and mental health difficulties.
- ▶ Positive Steps with Partners is a structured development programme for individuals that has been developed by The Ayrshire Community Trust (TACT) (part of the North Ayrshire Third Sector Interface) in partnership with the Scottish Fire and Rescue Service Community Action Team. The programme helps people develop skills and gain practical work experience. In addition, participants gain accredited qualifications. Participants complete a programme of development modules before commencing a placement with the Scottish Fire and Rescue Service Community Action Team.

## Priority 5:

### Helping children and young people to be active and healthy.

Helping children and young people to be physically active and maintain a healthy lifestyle.

#### ➔ Areas of Focus

##### ***During 2022-23 we will:***

- ▶ Recruit additional dental health support workers to support vulnerable families across NHS Ayrshire and Arran focusing on minority ethnic and our most deprived communities.
- ▶ As the cost-of-living increases, we are working to ensure that the whole family can be active for one affordable price. Our family membership will launch later in the year and provide a tailored package of opportunities which suits each individual family's circumstances.
- ▶ We are working closely with Active Schools to develop a community programme on Arran. The recruitment of key delivery staff will allow us to ensure that residents have opportunities to stay active.

#### Key Activities

- ▶ Our team of Health Visitors has continued to deliver full national universal health visiting pathways throughout the pandemic. This is despite more complex caseloads dealing with higher levels of vulnerability and staff absence partially due to Covid-19.
- ▶ We are working with children with a BMI on or above the 91st centile. Jumpstart Tots is a 10-session family and community focussed series of activities. The two-hour weekly programme focuses on healthy eating, physical activity, and positive health behaviour change, with children attending alongside their parents or carers. The number of referrals for the year was 17, with the consumption of fruit and vegetables increasing, whilst take away and high sugar consumption was drastically reduced.
- ▶ Our Active Schools team saw an increase in all areas work as the schools have returned much more to a normal environment. We continued our focus around extra-curricular provision across 43 primary schools, all nine secondaries and our Additional Support Needs school Lockhart campus. Across our Primary, Secondary and our ASN schools, 6,754 sessions were delivered. 107,036 visits were recorded, and 6,754 of our children and young people took part.



- ▶ Champions For Change uses sport and physical activity sessions to educate children and young people on the dangers of substance misuse including smoking, alcohol and drugs. A referral programme has been introduced for partner agencies to signpost individuals in addiction recovery to receive access to our gyms, classes, and pools. The new referral programme includes a buddy system to aid individuals recovering from addiction to attend our facilities.
- ▶ 56 of our young people graduated from our sector leading Leadership Programme. They volunteered over 1,600 hours across our schools and communities over the academic year. Each participant achieved between 15-18 sports and physical activity qualifications which can be added to their CV's.
- ▶ Working alongside KA Leisure and further community partners we provided a range of free places for our young people to participate in our holiday programme. These places were offered to families with low income within the care system or other children from vulnerable backgrounds. The summer programme also included free skating and swimming for young people which we funded. This year's opportunity proved extremely popular with Swimming attracting 91,35 and 5,527 taking part in skating.



# 56

of our young people graduated from our sector leading Leadership Programme.

**North Ayrshire Council**  
Cunninghame House,  
Irvine KA12 8EE

**Twitter: @north\_ayrshire**  
**Facebook: North Ayrshire Council**  
**Instagram: lovenorthayrshire**

**[www.north-ayrshire.gov.uk](http://www.north-ayrshire.gov.uk)**



North Ayrshire Council  
Comhairle Siorrachd Àir a Tuath

## Integration Joint Board 15 December 2022

<b>Subject :</b>	<b>Update Report on Prevention Actions for Drug and Alcohol Related Deaths</b>
<b>Purpose :</b>	An update report presented for Information and Discussion
<b>Recommendation :</b>	IJB to note the content and assertive improvement actions contained within the report

<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>Glossary of Terms</b>	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
MAT	Medication Assisted Treatment
ADP	Alcohol and Drug Partnership

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
<b>1.1</b>	<p><b>Drug related Deaths</b></p> <p>Across Scotland during 2020, 1,330 people died from drug related causes. There were nine less deaths in 2021 than in the previous year<sup>1</sup>. The decrease is not statistically significant.</p> <p>This figure remains at over twice the figure reported in 2014 (n=614), and more than three times the rate recorded in England and Wales in 2021 (25 v. 8.4 per 100,000 population: age-standardised rates<sup>2</sup>), 22.9/100,000<sup>3</sup>. Data reported for 2021 indicates a marginal, not statistically significant shift in death events across HSCP geographies with the previous five-year rate of 27.2/100,000. These rates translate to 100 deaths among people from the Ayrshire &amp; Arran Health Board area: 75 men and 25 women, with 39 deaths in North Ayrshire, 38 in East Ayrshire and 23 in South Ayrshire<sup>4</sup>.</p>

<sup>1</sup> Drug-related Deaths in Scotland 2021: <https://www.nrscotland.gov.uk/files/statistics/drug-related-deaths/21/drug-related-deaths-21-report.pdf>

<sup>2</sup> Deaths related to Drug Poisoning in England and Wales, 2021: <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsrelatedtodrugpoisoninginenglandandwales/2021registrations>

<sup>3</sup> Drug-related Deaths in Scotland 2021: <https://www.nrscotland.gov.uk/files/statistics/drug-related-deaths/21/drug-related-deaths-21-report.pdf>

<sup>4</sup> Drug-related Deaths in Scotland 2021: <https://www.nrscotland.gov.uk/files/statistics/drug-related-deaths/21/drug-related-deaths-21-report.pdf>

Critically these deaths are preventable and represent a considerable human cost for individuals, families, and communities. There has been slower progress than expected in reducing drug deaths across Scotland which requires an expectation of change at pace across systems and services from the Scottish Government.

### **Alcohol related Deaths**

Information extracted from the National Records for Scotland - Alcohol-specific deaths 2021 report:

- There were 1,245 alcohol-specific deaths in Scotland in 2021, an increase of 5% (55 deaths) on 2020.
- After adjusting for age, the alcohol-specific mortality rate was higher than the Scottish average in Greater Glasgow and Clyde and in Lanarkshire (at health board level).
- Alcohol-specific deaths were 5.6 times as likely in the most deprived areas of Scotland compared to the least deprived areas.

Alcohol related deaths\* – Health Board level

Year	Scotland	NHS Ayrshire and Arran
2017	1,120	70
2018	1,136	79
2019	1,020	108
2020	1,190	87
2021	1,245	91

\*Deaths which are known to be direct consequences of alcohol misuse, registered in Scotland

1.2 The IJB is asked to note the evident challenges in preventing drug and alcohol related deaths and to acknowledge the extensive range of related work being undertaken across the health and social care system by the Alcohol and Drug Partnerships (ADPs) and HSCP clinical and social care teams to evidence an impact on incidents of drug and alcohol related deaths in North Ayrshire.

## **2. BACKGROUND**

### **2.1 Drug Death Task Force**

Every drug-related death is a loss and a personal tragedy for partners, children, families, and friends with impacts that reverberate to the wider community and service providers. The Minister for Public Health, Sport and Wellbeing released a public

statement in July 2019 noting that the rising number of drug-related deaths in Scotland represented a public health emergency and announced the establishment of the Drug Death Taskforce to enable the delivery of Scotland's alcohol and drug strategy: "Rights, Respect, and Recovery. The primary role of the Taskforce was to co-ordinate and drive action to improve the health outcomes for people who use drugs, reducing the risk of harm and death.

The Drug Death Taskforce concluded its work programme in July 2022 with a summary report: 'Changing Lives', submitted to the Scottish Government. The report concludes that 'to bring about transformational change, much greater resource and a strong commitment to increasing system capacity are needed'.

The aim of the national mission is save and improve lives through:

- Fast and appropriate access to treatment and support through all services.
- Improved frontline drugs services (including third sector).
- Services in place and working together to react immediately and maintain support for as long as needed.
- Increased capacity in and use of residential rehabilitation.
- More joined-up approach across policies to address underlying issues - such as poverty, debt, and addiction including measures to address suicide.

The Scottish Government will fund the Scottish Recovery Network as part of the initial three-year action plan. This will boost community peer-support groups to allow people to discuss their feelings and drive down suicide.

### 3. PROPOSALS

#### 3.1 Drug and Alcohol related death data

##### North Ayrshire Drug related death information

Published confirmed deaths (Extracted from National Records of Scotland Drug Related Deaths (DRD) in Scotland, 2021)

##### North Ayrshire

Year	Number of DRD's
2018	38
2019	41
2020	39
2021	39

##### Alcohol-specific death rate 2017-2021:

At council area in the last five years, Inverclyde, Glasgow City, West Dunbartonshire, North Lanarkshire, Dundee City, Renfrewshire, and North Ayrshire all had alcohol

specific death rates higher than the Scottish average. Some other areas also had rates higher than the Scottish average but had large confidence intervals which make it hard to tell whether there was a true difference.

**Drug and alcohol related death prevention** – North Ayrshire ADP and NADARS prevention activities include:

- Continued roll out and expansion of the Medication Assisted Treatment (MAT) standards.
- The implementation of a new MAT Improvement Implementation Plan and submission to the Scottish Government of a North Ayrshire MAT progress report.
- Increased support to individuals following a Non-Fatal Overdose.
- Increased promotion and supply of Naloxone.
- Steering Group meetings arranged to focus on improvement actions to ensure that there is increased support for individuals with 'co-existing mental health and drug and/or alcohol use.
- The roll-out of a new Alcohol and Drug Liaison Service across Ayrshire and Arran.
- Compliance with all Alcohol and Drug 'Access to Treatment' waiting times standards.
- Continued promotion and availability of drug and alcohol related training
- Promotion and delivery of Alcohol Brief Interventions (ABI) across priority and non-priority settings whilst continuing to meet the ABI national standards
- New pathway and processes formally approved by the North Ayrshire ADP to support individuals into, during and after external Residential Rehabilitation placements
- Support to Phoenix Futures in the launch and delivery of the new residential rehabilitation facility 'Harper House', in North Ayrshire to support families affected by drug and alcohol use (official opened in November 2022)

### **North Ayrshire Drug and alcohol related deaths reviews**

In North Ayrshire, the North Ayrshire Drug and Alcohol Recovery Service (NADARS) reviews every death where an individual was known to service (or recently discharged).

The aim of all reviews is to reflect on areas of good practise but also to share any learning or improvements. Any identified points of good practise or improvement areas are shared with the North Ayrshire Drug Death Prevention Group (an ADP sub group) for further consideration of shared improvement actions.

Since not all services across North Ayrshire conduct a review of each death (and some individuals were also not in contact with statutory services) – the local review process has been enhanced to encourage every Agency (who had been involved in supporting

	<p>an individual) to conduct, as a minimum, their own service review and share any learning:</p> <p>The North Ayrshire Drug Death Prevention Group (which is a multi-agency group) has recently updated its 'Preventing Drug Related Deaths – Action Plan'. The identified actions are being implemented and will then be reviewed and evaluated.</p> <p>Alcohol and Drug related Performance Management Information will be included in a further full year report covering the period April 2022 to March 2023 will be submitted to the IJB in 2023 and will include updated alcohol and drug related death information and information around specific drugs implicated in DRDs.</p>
3.2	<u>Anticipated Outcomes</u>
	Reduction in drug and alcohol related deaths in Ayrshire and Arran.
3.3	<u>Measuring Impact</u>
	There is a significant programme of national and local performance monitoring linked to ADP strategic priority plans and the Medication Assisted Treatment delivery standards service response.
<b>4.</b>	<b>IMPLICATIONS</b>
4.1	<u>Financial</u> <p>The Drug Death Taskforce concluded its work programme in July 2022 with a summary report: 'Changing Lives', submitted to the Scottish Government. The report concludes that 'to bring about transformational change, much greater resource and a strong commitment to increasing system capacity are needed'. There has been additional SG ADP investment allocated during 2021/22, including development of the national Harper house Family support service based in North Ayrshire. There continue to be evident risks however in relation to management of ADP reserves in the context of national budgetary pressures.</p>
4.2	<u>Human Resources</u> <p>Workforce development and planning across the whole system in response to national and local strategy priorities and plans.</p>
4.3	<u>Legal</u> <p>None.</p>
4.4	<u>Equality/Socio-Economic</u> <p>The majority of people at risk of drug and alcohol related deaths are among the most marginalised and disadvantaged in our population. Many of those people experience</p>

	significant disadvantage of opportunity and poorer health outcomes. The work of the North Ayrshire ADP and delivery priorities of NADARS progresses and strengthens prevention. The necessary work through ADP, HSCP and the NHS Board contributes to effective means of preventing drug-related deaths.
4.5	<p><u>Risk</u></p> <p>The strategic whole systems approach is critical to the success of the national mission to reduce drug and alcohol related deaths with a whole public health population outcome driven approach across the whole of government and society to address risk. It is important that there is coherence moving forward to all the new strategic developments in mental health and wellbeing at both a national and local level to ensure successful targeted, whole system, population, and cross governmental delivery.</p> <p>Investment in continued workforce planning, capacity and development is critical to maintain planning commitments.</p>
4.6	<p><u>Community Wealth Building</u></p> <p>The ADP and statutory services continue to develop employability opportunities and peer support and recovery focused roles embedded within workforce plans for people with lived experience.</p>
4.7	<p><u>Key Priorities</u></p> <p>The report notes key priorities and actions aligned to national strategy and local strategic plans.</p>
5.	<b>CONSULTATION</b>
	This report notes the significant collaboration and engagement underway both nationally and locally across the health and social care system to prevent drug and alcohol related deaths.

**Caroline Cameron, Director**

**Thelma Bowers, Head of Service, Mental Health, [tbowers@north-ayrshire.gov.uk](mailto:tbowers@north-ayrshire.gov.uk)**

Appendices

- None

## Integration Joint Board 15<sup>th</sup> December 2022

<b>Subject :</b>	<b>Support for Unpaid Carers in North Ayrshire</b>
<b>Purpose :</b>	For information and to provide Integration Joint Board members with an update on developments to improve support for unpaid carers in North Ayrshire.
<b>Recommendation :</b>	Integration Joint Board members are asked to: <ul style="list-style-type: none"> <li>• Note and support the work ongoing for unpaid carers</li> <li>• Endorse the routes for resource release</li> </ul>

<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	

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
PSMT	Partnership Senior Management Team
IJB	Integration Joint Board
ACSP	Adult Carers Support Plan
YCS	Young Carers Statement

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	This update headlines some of the progress for improving carer identification, information and support services. This fits our ambitions and strategic priorities in 'Caring together' 2022-30 of engaging the carer community, early and effective 'upstream' support, improving carer mental, emotional and physical health & wellbeing and strengthens partnerships.
1.2	The paper highlights a range of actions and collective decisions on how to expand the reach of carer information, assessment and support, how to involve more carers in collaborative decision making and get resources (both personnel and financial) to carers quickly. It ensures North Ayrshire Health & Social Care Partnership (NAHSCP) continues with the implementation of the Carer (Scotland) Act 2016 and the statutory responsibilities therein.
<b>2.</b>	<b>BACKGROUND</b>

2.1	<p>Duties under the Carer's (Scotland) Act 2016 came into force in April 2018. The Act sets out several responsibilities for carer assessment and provision of support to identify and sustain caring roles as well as a key principle of carer involvement, among others.</p> <p>NAHSCP have been awarded Carer's Act Implementation funds from the Scottish Government since 2018. The use of this funding is not ringfenced or stipulated but should enable and support the implementation of duties under the Act. The recurring revised annual budget for 2022/23 is £1,959k.</p>
3.	<p><b>PROPOSALS</b></p>
3.1	<p>The Carers Team and Advisory Group have developed a range of proposals to further develop the positive supports for carers in North Ayrshire. This programme of work has oversight and sponsorship by Scott Hunter our Chief Social Work Officer.</p> <p>Alongside the range of supports in place for all unpaid carers and their loved ones, the Carers Act is underpinned by the ability for unpaid Carers to have an assessment of their own individual needs and supported provided in line with this. There is a particular challenge with the promotion and uptake of carers assessments both to request and to accept a support plan. In North Ayrshire HSCP during 2021-22 there were a total of 360 adult carer assessments offered with 80 leading to a carers assessment (22%) and 55 of those agreeing with care assessment and support plan put in place (15% of those offered). A number of proposals have been developed to ensure carers are identified and supported to take up the options available.</p> <p>The undernoted proposals were discussed and approved by the Partnership Senior Management Team (PSMT) on 17<sup>th</sup> November 2022 and detailed throughout the paper.</p> <ul style="list-style-type: none"> <li> <p><b>Increased staff capacity</b></p> <p>Recruitment of three carer posts have been supported to enable the Carers team to increase workload and improve timescales for change. Two posts (Carer Support Worker – Social Work Assistant &amp; Project Delivery Officer) commenced in October 2022 with plans to recruit the third (Short Breaks Co-ordinator) in 2023 as we develop a short break service and increase the variety and offer of breaks in line with the upcoming National Care Service directive of 'rights to breaks from caring' for unpaid carers.</p> </li> <li> <p><b>Provision of Support</b></p> <p>A retrospective one-off payment of £300 for each completed ACSP (55) and YCS (52) in 2021/22 will be issued to the carer/ family/ guardian for the purpose of meeting identified carer support needs. The carers support worker will work with the service and care manager to ensure this resource is still required and there remains an identified need, the deployment of this resource will also support those flexibility if they are waiting for their service or support to commence.</p> </li> </ul>

- **Provision of Support (Adult Carer)**

Resource and processes are now in place to offer a softer approach to access assessment and support for adult carers by way of:

- Self-Referral Form
- Carer Team Inbox for receiving referrals and enquiries
- Carer Support Worker to offer and complete ACSP and arrange support
- Carer Funding paperwork
- Agreed recurring resource for the provision of low level support
- Finance administration support

- **Provision of Support (Young Carer)**

In partnership with **KA Leisure**, NAHSCP will offer one year's subscription to help support positive and active lives for young carers currently registered with the carer service. KA Leisure also included an offer of 10 young carer subscriptions free of charge for 3 months. **Active Schools** have offered a two-day residential placement for 20 young carers free of charge scheduled for January/ February 2023.

The pathway for young carers to be identified, offered their YCS and provided support is both through HSCP Services and North Ayrshire Council Education. For the year 2021/22, 52 YCS were completed through schools. Education services will receive recurring resource to support young carers to meet identified outcomes through the YCS. This will cover all 63 schools and allow staff to provide a break from caring or support young people to have a life alongside their caring role whilst maintaining their wellbeing.

- **Reprovision of North Ayrshire commissioned Carers Service**

Work is ongoing to seek a strategic partner and commission a sustainable and expanded carer service. NAHSCP have engaged with the market, assessed our neighbouring HSCP provision and conducted prior interest procurement activities. The current contract ends in June 2023, the successful provider will commence the new contract April 2023 allowing for any handover/ lead in or recruitment time that may be required. The provision for carer support services will cover 3 years with the option of 24 months extension. The service being commissioned will be a broader offering reflecting the need for a Carers service to take a more active role in supporting the completion of carer assessments, particularly those who may not want to seek support from statutory services.

- **Carers Collaborative (Review of Carer Engagement Model)**

The remodelling of the longstanding Carers Advisory Group and more recent staff Carer Support Development Group to a Carers Collaborative/ Network approach for local carers, organisations, professionals who work with carers and volunteers will help extend the HSCP reach and ensure carers voices are heard and included. Core Carers Advisory Group members, including IJB Carers Representative Pamela Jardine and the North Ayrshire Council Carers

	<p>Champion Nairn MacDonald will help lead on this development supported by the Carers Team and Michael McLennan – The HSCP's Engagement Officer.</p> <ul style="list-style-type: none"> <li>• <b>Involving Carers in Discharge Planning (Section 28 Carers Act)</b> Each Health Board must ensure before a person is discharged from hospital, they involve any carer of that person in the discharge plan and process.</li> </ul> <p>Section 28 of the Act is key to the Discharge without Delay agenda to improve pathways through hospital settings and reduce inpatient stay. Working with carers from admission ensures people and their families can make informed decisions and are as prepared as possible for loved ones to return home or to a homely setting.</p> <p>A pan Ayrshire team, led by East Ayrshire HSCP/ Carers Service and supported by HIS have made good progress over the past few weeks as part of the intensive support to the acute hospitals. East Ayrshire have recruited 2 carer support staff based at Crosshouse and Ayr acute sites, to work with staff, to identify carers, and support in delivering the right information and support at the right time for carers. A referral process is also implemented for workers to signpost onto appropriate local carer services.</p>
3.2	<b><u>Anticipated Outcomes</u></b>
	<p>The key objectives through this programme of carers development work are both statutory and because it is the right thing to do so that:</p> <ul style="list-style-type: none"> <li>• Carers are Identified</li> <li>• Carers are supported and empowered to manage their caring role</li> <li>• Carers are enabled to have a life outside caring</li> <li>• Carers are free from disadvantage or discrimination related to their caring role</li> <li>• Carers are fully engaged in the planning and shaping of services</li> <li>• Carers are recognised and valued as equal partners in care</li> </ul>
3.3	<b><u>Measuring Impact</u></b>
	<p>Plans and timescales have been agreed by PSMT. This work will be progressed through current carer and governance groups. Developments will be composite to the learning and overarching change taking place through the Self-directed Support Learning Review Board.</p> <p>Quarterly reporting is presented to PSMT (commenced August 22) and IJB updates are agreed as bi-annual (commenced June 2022).</p> <p>Impact will further be measured through carer contract monitoring and financial reporting. Adjustments to the carer engagement model will also provide a robust measure of impact/ success.</p>

<b>4.</b>	<b>IMPLICATIONS</b>
4.1	<p><b><u>Financial</u></b></p> <p>The recurring revised annual budget for 2022/23 is £1,959k, although additional funding has been received in line with the Carers Act implementation the resource is not earmarked nor ringfenced for this purpose. The proposals outlined do not fully utilise all of the available funding for Carers. The funding is now in the final year of 5 of implementation where there was an expectation of an incremental increase in demand. Where funding is not required to support the delivery of the Carers programme, the commissioned Carers Service and the uptake and completion of carers assessments and those supports provided it has been utilised for a number of years to offset the cost of other services which support carers, this includes the waiving of charges, respite provision for adults and young people and day services. The proposals outlined will place North Ayrshire in a strong position to fully meet the requirements of the Act.</p>
4.2	<p><b><u>Human Resources</u></b></p> <p>Recruitment of three carer posts is underway.</p> <p>It should be noted also that North Ayrshire Council is a Carer Positive employer and holds Level 2: <b>Accomplished in providing carer support</b> meaning we provide a range of practical support for carers in the workplace. Communicate support available for carers throughout the organisation. Enable carers to feel comfortable in accessing available support both from within and outside the organisation.</p>
4.3	<p><b><u>Legal</u></b></p> <p>North Ayrshire Council and NHS Ayrshire &amp; Arran must meet their duties under the Carers (Waiving of Charges for Support) 2014 Regulations, Carers (Scotland) Act 2016, Terminal Illness Regulations (July 2021) and upcoming National Care Service Bill. This legislation should be held in the same regard as any other directive pertaining to professional assessment of need and provision of support.</p>
4.4	<p><b><u>Equality/Socio-Economic</u></b></p> <p>Under the Fairer Scotland agenda, it is commonly noted that unpaid care places added strain on multiple areas of a person's life including personal health, relationships &amp; social opportunities, finances, appropriate housing, ability to retain education or employment. Having less access to resources can mean carers fare worse. Carers living in more deprived areas also tend to care more and/ or for longer (North Ayrshire was 5<sup>th</sup> in the deprivation index at 2020). The carer population also tends to be predominantly female.</p> <p>These are all factors for consideration to justify and support the proposals contained in the paper and to continue to develop better routes for carer support.</p>

4.5	<p><b><u>Risk</u></b></p> <p>The integrated joint board should note the risks if this work does not continue to be a key priority.</p> <ul style="list-style-type: none"> <li>• Carers will not be identified, informed and supported resulting in carer roles/ relationship breakdown.</li> <li>• Carers and services will feel more overwhelmed and experience increasing pressure, leading the carer into crisis and resulting in higher demand and cost for health and social care services.</li> <li>• Current approaches to carer support are not working or are not sufficient to sustain caring roles.</li> <li>• Statutory carer duties will not be met.</li> <li>• Fiscally conditions are not going to improve immediately for citizens, carers, local government or the care sector. Mobilising resources to mitigate some of the pressure's carers are experiencing is the right thing to do.</li> </ul> <p style="text-align: right;"><b>(Moderate)</b></p>
4.6	<p><b><u>Community Wealth Building</u></b></p> <p>This work is centred on carers being equal partners in care design and delivery. It focuses on the wellbeing of carers and increases their involvement and inclusion to build resilience and confidence. It encourages a much-needed shift to citizen &amp; community based/ led approaches.</p>
4.7	<p><b><u>Key Priorities</u></b></p> <p>The vision for North Ayrshire 'Caring Together' 2022- 2030' is <b><i>'People who live in North Ayrshire are able to have a safe, healthy and active life'</i></b>. To help realise this vision for carers NAHSCP must engage the carer community, provide early and effective 'upstream' support, sustain/ improve carer wellbeing but most importantly strengthen partnerships with carers, community and third sector services to develop and deliver these changes together.</p>
5.	<p><b><u>CONSULTATION</u></b></p>
5.1	<p>As noted earlier the range of actions and collective decisions within this report have been discussed and agreed through appropriate governance routes including Carers Advisory Group, Carer Support Development Group, PSMT and Transformation Board. Carer involvement and collaborative working is a key principle in all our ambitions for carers and we recognise they are equal partners and experts in caring.</p>

**Scott Hunter, Chief Social Worker**

Prepared by - Kimberley Mroz, Manager – Professional Standards (SDS/ Carers),  
[kmroz@north-ayrshire.gov.uk](mailto:kmroz@north-ayrshire.gov.uk)

## Integration Joint Board 15 December 2022

**Subject :** Improving the Cancer Journey

**Purpose :**

- Awareness
- Approval

**Recommendation :** The Integration Joint Board is asked to:

1. Note the vision and aim for the Macmillan Improving Cancer Journey within North Ayrshire;
2. Support the development and delivery model proposed;
3. Approve the proposed governance and oversight arrangements and
4. Issue a Direction to NHS Ayrshire & Arran to recruit staff for Programme delivery.

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

Glossary of Terms	
NHS AA	NHS Ayrshire & Arran
HSCP	Health and Social Care Partnership
ICJ	Improving the Cancer Journey
PSF	Project Support Facilitator
HNA	Holistic Needs Assessment
TCAT	Transforming Care After Treatment

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	This paper sets out the proposed arrangements and opportunities for partnership working between Macmillan Cancer Support and East, North & South Ayrshire Health & Social Care Partnerships (HSCPs) to deliver key objectives of the Scottish Cancer Plan and other Scottish Government strategies by implementing an Improving the Cancer Journey (ICJ) model to help better meet the needs of people affected by cancer from the point of diagnosis across Ayrshire and Arran.

1.2	This £1.1m programme will be delivered on a pan Ayrshire basis with an aim to develop and work with HSCPs in Ayrshire and Arran building on the learning from the two local Transforming Care After Treatment (TCAT) projects to provide holistic care solutions and improve the personalised experiences of all people affected by cancer. Together, Macmillan in partnership with East, North & South Ayrshire HSCPs and working with local health providers, local authorities, third sector, communities and people affected by cancer and carers will combine our expertise with the aim of ensuring everyone diagnosed with cancer can easily access all the support they need as soon as they need it to enable them to live as well and as independently as possible. In addition, there will be scope to consider the learning from the work and its transferability to other long term conditions to support the longer term sustainability of the work.
1.3	NHS Ayrshire & Arran (NHS AA) Health Board is the host for the pan Ayrshire led Programme which will be delivered via East Ayrshire HSCP as Lead HSCP for Primary Care with local delivery and governance arrangements in place.
<b>2.</b>	<b>BACKGROUND</b>
2.1	The first ICJ was developed in Glasgow in 2014, which was a UK first and won many awards for its innovative and inclusive approach. The ICJ has since been implemented across Scotland with ICJs in Ayrshire and Arran, Dumfries & Galloway, Borders and Lanarkshire being considered more recently within 2022.
2.2	<p>Macmillan Cancer Support (2020) report that with the significant advances in treatment, many people, 1 in every 2, are now surviving their cancer. It is projected that across Scotland by 2030 that 350,000 people will be living with a cancer diagnosis, however it doesn't necessarily mean that people will be living well. Projections show that 70% of people with cancer will also have at least one or more co-morbidity, with cancer now increasingly recognised as a long-term condition.</p> <p>The increasing incidence and prevalence of cancer is also having a wider impact not only with an increase in informal carers but also on children (i.e. young carers or children with parents with cancer) and employers/education.</p>
2.3	<p>Macmillan Cancer Support highlight that returning to normality for those affected by cancer is fraught with difficulties, as the consequences of the disease and treatment pathways not only impact on their physical condition, but also on their psychological, financial and social wellbeing that necessitates;</p> <ul style="list-style-type: none"> <li>• Support with mental health issues arising from their experience of cancer;</li> <li>• Help to make lifestyle choices to aid survival and prevention of secondary occurrences and</li> <li>• Assistance with returning to and/or enabling independent living (including self-management) and maintaining wellbeing (including employment) or to access welfare benefits, and end-of-life and bereavement support.</li> </ul>

2.4	Other key statistics reported by Macmillan Cancer Support (2020) suggest that 2 in 3 people living with cancer have practical or personal needs, 4 out of 5 have emotional needs, 83% of people living with cancer are impacted financially and 10,000 people are at risk of losing their home as a result of cancer. The 'Hidden at Home – the social care needs of people with cancer' Report revealed that 1 in 10 people with cancer in the UK say they are constantly or often left housebound due to a lack of support. Results from the 2016 Scottish Cancer Experience Survey revealed that nearly half of all the respondents (49%) who wanted it indicated that they received no information on financial assistance or benefits. These figures highlight that people affected by cancer have widespread needs that cannot be met solely by a medical model of care.
2.5	Macmillan Cancer Support also reported headline figures for Ayrshire and Arran which include a cancer incidence rate of approximately 645 per 100,000 equating to approximately 2,463 people within Ayrshire and Arran being diagnosed with cancer annually broken down to 785, 942 and 736 for East, North & South Ayrshire respectively. In addition, the incidence of cancer is also anticipated to increase by 33% over the next 5-10 years. As well as a rising incidence of cancer, with more people now surviving their cancer diagnosis the prevalence of cancer will also be increasing. With a current prevalence of 3.8% of the population living with cancer it would be safe to assume that approximately 22,300 people are currently living with cancer across Ayrshire and Arran and this does not count the carers providing support.
2.6	Over the last few years Macmillan has invested significantly in Ayrshire and Arran across a number of different services including the TCAT programme, clinical services, welfare benefits, information & support and Move More, with MoveMore implemented across our three HSCPs.
<b>3.</b>	<b>PROPOSALS</b>
3.1	<p>It is proposed the Macmillan ICJ service across Ayrshire and Arran will be delivered by:</p> <ul style="list-style-type: none"> <li>• Utilising dedicated Project Support Facilitators (PSFs) to support delivery of the service;</li> <li>• Utilising local assets to assist with the signposting of ongoing referrals;</li> <li>• Ensuring cancer support is embedded in our three HSCPs strategic plans;</li> <li>• Accessing cancer services and associated clinical teams and wider support services;</li> <li>• Co-producing with service users and people affected by cancer. This will involve the development of an engagement plan to ensure those affected by cancer are able to influence local delivery of ICJ to ensure it meets their needs;</li> <li>• Ensuring income maximisation for service users with finance and housing services included in design;</li> <li>• Ensuring the ICJ is integrated within local health and social care systems;</li> <li>• Ensuring the electronic Holistic Needs Assessment system is utilised;</li> <li>• Reviewing current IT and other systems for case management and recording outcomes;</li> </ul>

	<ul style="list-style-type: none"> <li>• Supporting learning and development for the programme;</li> <li>• Supporting the attainment of the nine National Health &amp; Wellbeing outcomes and</li> <li>• Evaluating impact to inform future delivery.</li> </ul>
	<p>Following a detailed Option Appraisal process, which considered a wide range of implementation and delivery models, the model below was agreed at the ICJ Programme Board on 30 November 2022:</p> <p><b>Option 3: Develop into Community Connector/Links Practitioner/Worker Services</b></p> <p>This option meets the strategic aim of embedding the ICJ service into the community. Within Ayrshire HSCPs the Community Connector/Links Practitioner/Worker services are aligned to and delivered within GP practices, however they are managed within different services across the three locality areas:</p> <ul style="list-style-type: none"> <li>• North Ayrshire Community Links Workers as a local authority-based HSCP service</li> <li>• East Ayrshire Community Connectors within their Third Sector Interface (CVO EA)</li> <li>• South Ayrshire Community Links Practitioners as an NHS-based HSCP service</li> </ul> <p><b>Each of the IJBs are asked to support this approach to delivery.</b></p>
	<p>Oversight and management arrangements of the Programme have also been considered with wide engagement across the HSCPs, cancer support services and wider community services.</p> <p>It was agreed at the Programme Board on 30 November 2022 that the Programme Lead will work on a pan Ayrshire basis along with a Project Assistant to oversee the programme. The Ayrshire wide referral team will also be based centrally with the programme team, with the overall team linking closely with the Project Support Facilitators in each HSCP. As noted above, for North HSCP, the facilitators will be based within the communicator connector team (1.5wte).</p> <p>The Programme Board Terms of Reference are attached as Appendix 1. It has been agreed that a pan Ayrshire Operational Steering Group will also be established, Chaired by the Programme Lead.</p> <p><b>The IJB is asked to approve these arrangements.</b></p>
3.2	<u>Anticipated Outcomes</u>
	<ul style="list-style-type: none"> <li>• Improved access to, and increased uptake of, practical, emotional and financial support to those affected by a cancer diagnosis across North Ayrshire; this support is essential for wellbeing and quality of life;</li> <li>• Individuals affected by cancer will benefit from having an outlet to discuss their concerns, particularly those related to financial burdens and emotional worries</li> </ul>

	<p>they did not feel were appropriate to be addressed within a clinical setting, and so improving their experience of cancer;</p> <ul style="list-style-type: none"> <li>• Release of clinical time previously taken up with the non-clinical aspects of supporting those affected by cancer and</li> <li>• Development of a skilled workforce who acknowledge and work within their own competency to address the non-clinical needs of those affected by cancer.</li> </ul>
3.3	<p><u>Measuring Impact</u></p>
	<p>Work is currently underway with Macmillan Cancer Support and Edinburgh Napier University to develop a minimum dataset with which to measure the impact of ICJ within each local authority or health board area, and across Scotland.</p> <p>The ICJ across Ayrshire and Arran will contribute to this work and also consider any additional local requirements.</p>
<b>4.</b>	<p><b>IMPLICATIONS</b></p>
4.1	<p><u>Financial</u></p> <p>This programme work sits within Macmillan's Strategic Plan in Scotland and the Scottish Government's financial support for the Transforming Cancer Care Programme.</p> <p>£1.1 million has been agreed to support the development of an ICJ across Ayrshire and Arran over a minimum of three years utilising the robust approach that has been developed in Glasgow and with other ICJs. NHS AA will manage the flow of these funds.</p> <p>NHS AA finance representation is on the overarching Programme Board.</p>
4.2	<p><u>Human Resources</u></p> <p>The overall programme includes:</p> <ul style="list-style-type: none"> <li>• 1wte x Programme Manager (pan Ayrshire Lead)</li> <li>• 1wte x Project Assistant (pan Ayrshire)</li> <li>• It is anticipated that 4.5 WTE Support Facilitators will be required to fulfil the aims and objectives of the project across Ayrshire and Arran with 1.5 WTE being managed by NHS Ayrshire &amp; Arran/North Ayrshire HSCP.</li> </ul> <p>Further discussions are required to determine who will employ the Project Support Facilitators, but it is anticipated this will be NHS AA.</p> <p>HR and staff side are represented are included on the overarching Programme Board.</p>
4.3	<p><u>Legal</u></p> <p>There are no legal implications from this report.</p>

4.4	<p><u>Equality/Socio-Economic</u></p> <p>As reported in the report of the evaluation of the ICJ in Glasgow in 2015, there is a link between socio-economic factors, negative health related behaviours and incidences of cancer.</p> <p>The prevalence of cancer primarily resides within populations with the highest deprivation and Ayrshire &amp; Arran has a number of areas (123 datazones), which would be regarded as being some of the most deprived in Scotland.</p> <p>Although deprivation is an important factor in outcomes for cancer patients, those affected by cancer can also experience a range of physical, emotional, and social, as well as financial concerns.</p>
4.5	<p><u>Risk</u></p> <p>There is a risk that the ICJ is not embedded within core services at the end of the Programme term which will affect the sustainability of the ICJ service across Ayrshire and Arran.</p> <p>Different approaches for training and resilience across services to embed the model will be explored and tested throughout the programme to mitigate this risk.</p>
4.6	<p><u>Community Wealth Building</u></p> <p>The development of an ICJ will create additional posts in North Ayrshire which will support the employability agenda. Additionally, there is the possibility of a future opportunity to enhance third sector delivery on the isle of Arran.</p>
4.7	<p><u>Key Priorities</u></p> <p>The ICJ Programme aims to:</p> <ul style="list-style-type: none"> <li>• Improve mental and physical health and wellbeing;</li> <li>• Tackle inequalities by providing “early and effective support” to those affected by a cancer diagnosis which are stated as ambitions within the North Ayrshire HSCP strategic plan and</li> <li>• develop self-care/self-management, coping skills and improve health literacy.</li> </ul>
5.	<p><b>CONSULTATION</b></p> <p>The content and proposals within this paper have been explored in detail with the Programme Board on 30 November 2022.</p> <p>An engagement plan has also been developed and is currently being implemented to allow those affected by cancer, as well as wider group, to influence the local delivery of the ICJ. This is being taken forward by the Macmillan Programme Lead with support from local organisations such as Ayrshire Cancer Support, and the Macmillan Engagement Officer.</p>

**Report submitted by:**  
**Claire McCamon, Senior Manager, Primary Care**

**Report Author and Implementation Lead:  
Fiona Smith, Macmillan Programme Lead - ICJ,  
Fiona.Smith3@aapct.scot.nhs.uk/0782 459 6406**

Appendices

- Appendix 1, Macmillan ICJ (A&A) Programme Board Terms of Reference

## Appendix 1: ICJ (A&A) Programme Board Terms of Reference



### Macmillan Improving the Cancer Journey (Ayrshire & Arran) Programme Board

#### Terms of Reference

##### 1. Purpose and Role of Group

The Macmillan Improving Cancer Journey (ICJ) Programme Board (Ayrshire and Arran) will oversee the direction, development and delivery of the programme, ensuring that the desired outcomes and benefits are achieved.

##### 2. Responsibilities of Group

The ICJ (A&A) Programme Board is responsible for:

- Providing overall strategy and direction of the ICJ, including ensuring any changes in the internal and external environment that present opportunities for the project are considered
- Ensuring coherent development and delivery of programme plans and service model, authorising any significant changes
- Directing resources within respective organisations that are required to deliver organisational and cultural changes
- Providing financial governance of the project
- Monitoring and reviewing performance and quality
- Project communications and engagement strategy and plans
- Risk and issue management, with authority for the day-to-day management of risks and issues being delegated to the ICJ (A&A) Operational Steering Group
- Ensuring the sustainability of the programme
- Championing and advocating for the project both internally and externally.

##### 3. Principles of Working

The ICJ (A&A) Programme Board will:

- Maintain focus on the strategic goals and objectives, achieving positive impact for all stakeholders

- Ensure that the programme is based on the best available evidence and good practice
- Embrace co-production, working alongside people affected by cancer
- Work collaboratively across the partnerships and beyond, building a strong coalition for change

#### **4. Chairperson**

The chair of the group will be Vick Campbell, Head of Primary & Urgent Care Services, NHS Ayrshire & Arran.

#### **5. Membership**

The membership of the ICJ (A&A) Programme Board is as follows:

- Strategic Partnership Manager, Macmillan Cancer Support
- Senior Manager, Primary Care Services, East Ayrshire HSCP
- Partnership Lead, East Ayrshire Health & Social Care Partnership
- Partnership Lead, North Ayrshire Health & Social Care Partnership
- Partnership Lead, South Ayrshire Health & Social Care Partnership
- Third Sector Interface Representative
- Clinical Nurse Consultant, NHS Ayrshire & Arran
- General Practitioner
- NHS Ayrshire & Arran Finance Representative
- NHS Ayrshire & Arran O&HRD Representative
- Staff side representation
- HMP Kilmarnock Representative
- Macmillan Programme Lead, ICJ, NHS Ayrshire & Arran

Deputies can be nominated where members are not able to attend. The presence of a deputy will be included in the calculation of a quorum.

Additional members may be required to attend as requested by the group for specific areas as the ICJ progresses.

#### **6. Quorum**

To be quorate the meeting requires to have six members present.

#### **7. Meetings**

The ICJ (A&A) Programme Board will meet six weekly during the early implementation stage, which may reduce to quarterly after the early implementation phase.

The agenda for each meeting will be agreed in advance and the agenda and papers for each meeting will be circulated at least five working days before the date of the meeting.