



Integration Joint Board Meeting

NORTH AYRSHIRE
Health and Social Care
Partnership

Thursday, 15 June 2023 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 11 May 2023 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 MAT Standards Update

There will be a presentation by Peter McArthur, Senior Manager in respect of MAT Standards Update.

5 North Ayrshire ADP Annual Reporting Survey 2022/23

Submit report by Michael McLennan, Interim ADP Lead Officer/Partnership Engagement Officer, Strategic Planning on the North Ayrshire ADP Annual Reporting Survey 2022/23 (copy enclosed).

6 Director's Report

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

- 7 Directions and Review of Integration Scheme**
Submit report by Paul Doak, Head of Service (HSCP Finance and Transformation) on the Directions and Review of the Integration Scheme (copy enclosed).
- 8 2022-23 Year End Performance**
Submit report by Paul Doak, Head of Service (HSCP Finance and Transformation) providing an overview of the IJB's financial performance for the year ended 2022-23 and the implications for the IJB's overall financial position including an update on the financial impact of the Covid-19 response (copy enclosed).
- 9 Community Wealth Building Update**
Submit report by Paul Doak, Head of Service (HSCP Finance and Transformation) providing an update on Community Wealth Building (copy enclosed).
- 10 Corporate Parenting Plan and The Promise 3 Years On**
Submit report by Elizabeth Stewart, Interim Head of Service (Children, Families and Justice) on the ongoing work within North Ayrshire to develop the Corporate Parenting Plan and to deliver "The Promise" to our Children and Young People (copy enclosed).
- 11 North Ayrshire Children's Services Plan 2023-26**
Submit report by Elizabeth Stewart, Interim Head of Service (Children, Families and Justice) presenting the North Ayrshire Children's Services Plan 2023-26.
- 12 Whistleblowing Report**
Submit report for information in relation to whistleblowing concerns raised in Quarter 4 (January – 31 March 2023) (copy enclosed).
- 13 Urgent Items**
Any other items which the Chair considers to be urgent.

Webcasting

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IJB

Voting Members

Margaret Johnson (Chair)	North Ayrshire Council
Joyce White (Vice- Chair)	NHS Ayrshire & Arran
Cllr Timothy Billing	North Ayrshire Council
Adrian Carragher	NHS Ayrshire & Arran
Cllr Anthea Dickson	North Ayrshire Council
Cllr Robert Foster	North Ayrshire Council
Christie Fisher	NHS Ayrshire & Arran
Marc Mazzucco	NHS Ayrshire & Arran

Professional Advisors

Caroline Cameron	Director
Paul Doak	Head of Service/Section 95 Officer
Aileen Craig	IJB Monitoring Officer
Iain Jamieson	Clinical Director
Scott Hunter	Chief Social Work Officer – North Ayrshire
Thelma Bowers	Mental Health Adviser
Darren Fullarton	Associate Nurse Director/ Lead Nurse
Dr Victor Chong	Acute Services Representative
Dr Louise Wilson	GP Representative
Sharon Hackney	Lead Allied Health Professional
Elaine Young	Public Health Representative
Vacancy	Psychology Lead

Stakeholder Representatives

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



North Ayrshire Health and Social Care Partnership

**Minute of Integration Joint Board meeting held on
Thursday 11 May 2023 at 10.00 a.m.**

**involving participation by remote electronic means and physical attendance
within the Council Chambers, Irvine.**

Present (Physical Participation)

Voting Members

Councillor Margaret Johnson, North Ayrshire Council (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
Darren Fullarton, Associate Nurse Director/IJB Lead Nurse
Victor Chong, Medical Representative

Stakeholder Representatives

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

Present (Remote Participation)

Voting Members

Joyce White (Vice-Chair)
Adrian Carragher, NHS Ayrshire and Arran
Christie Fisher, NHS Ayrshire and Arran

In Attendance (Physical Participation)

Elaine Young, Head of Health Improvement/Assistant Director of Public Health (NHS)
Thelma Bowers, Head of Service (Mental Health), HSCP
Elizabeth Stewart, Senior Manager, HSCP
Eleanor Currie, Manager, HSCP
Kerry Logan, Senior Manager (Health and Community Care)
Ruth Wilson, Team Manager (Democratic Services)
Karen Andrews, Team Manager
Shannon Wilson, Committee Services Officer
Diane McCaw, Committee Services Officer

Apologies

Marc Mazzucco, NHS Ayrshire and Arran

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 16 March 2023 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:-

- **2022-23 – Month 7 Financial Performance** – report on Dental Services – planned for 24 August 2023.
- **The Promise in North Ayrshire Update on Progress** – further progress report and action plan to be remitted to IJB following The Promise Conference in November 2022 – planned for June 2023.
- **Director's Report** – Suicides, drugs and alcohol related deaths – report to be presented to IJB in May 2023 specifically on suicide prevention strategy. Other elements covered in previous updates to IJB. On Agenda 11 May 2023 - Action closed.
- **Analogue to Digital** – Update on Agenda 11 May 2023 – Action closed.
- **Implementation of the National CAMHS and Neurodevelopmental Specifications** – further update - date tbc.

Noted.

4. IJB Membership Update

Submitted report by Caroline Cameron, Director (NAHSCP) on the recent appointments and changes to the IJB, IJB Performance and Audit Committee and Strategic Planning Group. The full updated membership list was detailed at Appendix 1 to the report.

The report detailed the appointments as follows:-

- Councillor Margaret Johnson, as Chair of the IJB, following the rotation of the roles of Chair and Vice-Chair;
- Joyce White OBE, as the new non-Executive NHS Ayrshire and Arran member of the IJB who will assume the role of Vice-Chair of the IJB and also Chair of the Strategic Planning Group;
- Marc Mazzucco rotating to assume the role of Chair of the IJB Performance and Audit Committee;
- Timothy Billings rotating to assume the role of Vice-Chair of the IJB Performance and Audit Committee; and

- Sharon Hackney as the Lead Allied Health Professional for North Ayrshire commencing from 12 June 2023.

The Director further advised that discussions are underway within the Partnership in relation to the current vacancies on the IJB which should be resolved by the end of the summer period, and on the recruitment exercise in relation to a Head of Service (Health & Community Care) and Head of Service (Children, Families and Justice). Expressions of interest were also sought from IJB Members to join the Performance and Audit Committee.

Councillor Billings joined the meeting at this point.

The Chair welcomed Joyce White as non-Executive NHS Ayrshire and Arran Member to the IJB and confirmed that Elaine Young would be detailed on the membership as a Professional Adviser in terms of Public Health representative.

Noted.

5. 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 publication on 6 April 2023 of the Accounts Commission report on IJB workforce pressures and financial challenges, the Care Inspectorate thematic review of the experiences of disabled children and young people, the HMICS thematic review in relation to policing mental health in Scotland, the Scottish Government review of National Outcomes, and the extension to the Scottish Parliament's consideration of the National Care Service Bill until after summer 2023;
- The Ayrshire wide development of the award of the Baby Friendly Initiative (BFI) Gold accreditation; and
- North Ayrshire Developments that included the closure of nominations for the North Ayrshire Partnership Awards with winners to be announced on 20 June 2023, the commencement of the transformation from analogue to digital Community Alarm and Telecare equipment, the transfer of all Care at Home delivery to the HSCP in-house Care at Home service, and the alignment of Financial Inclusion Services to meet the needs and increasing demand for support from our citizens.

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

- The potential for early learning from the Care Inspectorate review to allow proactive assistance to be provided;
- North Ayrshire's commitment to undertaking a degree of self-evaluation work in relation to services for children with disabilities;
- Partnership working in terms of mental health and financial services;
- Representation from Public Health on the Financial Inclusion Partnership;
- An update to a future meeting regarding the in-house Care at Home service following the transfer from an external care provider; and
- Covid-19 balances now being fully recovered by the Scottish Government.

Noted.

6. Community Alarm/Telecare Service Transition from Analogue to Digital

Submitted report by Kerry Logan, Senior Manager, on the North Ayrshire programme of work for Community Alarm and Telecare Service transition from Analogue to Digital Service including information on a procurement exercise in terms of the digital technology required to replace the existing analogue equipment in the homes of service users, interim arrangements to ensure services can continue to be delivered while there is a blend of communication methods, the development of a project plan for the transition, the conducting of a procurement exercise for a Call Monitoring and Alarm Receiving Centre, and the possible introduction of a specific eligibility criteria for the service as a result of potential cost implications linked to the transition.

Victor Chong left the meeting at this point.

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

- Potential risk in terms of possible widening of inequalities within rural locations;
- Enhanced community engagement to provide reassurance in terms of the changes;
- The need to highlight the requirement for additional funding to deliver services; and
- The importance of the level of kit which is purchased.

The Board agreed to note the content of the report and implications detailed therein.

7. Suicide Prevention: Strategy, Learning and Development

Submitted report by Thelma Bowers, Head of Service providing an oversight on the extensive range of suicide prevention work ongoing across health and social care by suicide prevention groups and HSCP clinical and social care teams to evidence an impact on incidents of suicide in North Ayrshire. The report provided updates in relation to the New National Suicide Prevention Strategy: Creating Hope Together: Scotland's Suicide Prevention Strategy 2022-2032, the North Ayrshire and wider Ayrshire and Arran Suicide Prevention Strategy and Planning, learning achieved through suspected deaths by suicide and development of training. Action plans to support longer term outcomes were also detailed.

Louise McDaid joined the meeting at this point.

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

- Progressive and detailed actions for consideration in relation to all outcomes;
- Alignment with public health priorities and partnership working in this regard;
- Guidance for Managers on support for staff;
- The impact of gambling addiction on the number of suicides;
- The need to review training and education in relation to gambling as a risk factor;
- Ensuring our communities have a clear understanding of suicide, risk factors and its prevention;
- Links with the private sector and corporate businesses to highlight risks;
- The provision of training to those who work within the financial support sectors and the level of need and demand for this specialist training; and
- The requirement for a whole system approach involving communities.

Darren Fullarton advised a summary of training levels and availability could be provided to a future meeting of the IJB.

The Board agreed to support the current plans and direction of travel.

8. Equality Mainstreaming and Outcomes Report 2021-22

Submitted report by Scott Bryan, Interim Programme Manager, Strategic Planning detailing progress in terms of Equality Outcomes. The Equality Mainstreaming and Outcomes Report 2021-22 was detailed in full at the Appendix to the report.

The Board agreed to (a) approve for publication the Equality Mainstreaming and Outcomes Report 2021-22 as detailed at the Appendix to the report; and (b) otherwise note the terms of the report.

9. Whistleblowing Update

Submitted report by Karen Callaghan, Corporate Governance Co-ordinator, in relation to whistleblowing concerns raised in Quarter 3 (October - 31 December 2022).

Noted.

The meeting ended at 11.40 a.m.

North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 11 May 2023

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	2022-23 – Month 7 Financial Performance	15/12/22	Noted that a report on dental services would come to a future meeting of the Board for Members' consideration.	Scheduled for August 2023	Michelle Sutherland (via East HSCP)
2.	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.	On agenda	Alison Sutherland
3.	Implementation of the National CAMHS and Neurodevelopmental Specifications	16/3/23	Further update being provided to the IJB, potentially prior to the summer recess period.	Thelma Bowers will provide verbal update on progress at June meeting, with report to be presented to IJB in August 2023.	Caroline Cameron / Thelma Bowers
4.	Director's Report	11/5/23	An update to a future meeting regarding commissioned services, to provide the IJB with an overview of provider landscape.	Planned for September 2023	Paul Doak
5.	Suicide Prevention: Strategy, Learning and Development	11/5/23	Darren Fullarton advised a summary of training levels and availability could be provided to members of the IJB	tbc	Darren Fullerton

Integration Joint Board

15th June 2023

Subject :	North Ayrshire ADP Annual Reporting Survey 2022/2023
Purpose :	Approval
Recommendation :	The IJB to consider and approve the responses to the ADP Annual Reporting Survey for submission to the Scottish Government.

Direction Required to Council, Health Board or Both	Direction to :-	
	1. No Direction Required	
	2. North Ayrshire Council	X
	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
ADP	Alcohol and Drug Partnership
IJB	Integration Joint Board

1.	EXECUTIVE SUMMARY
1.1	To present, for approval, the ADP Annual Reporting Survey for 2022/2023 detailing a range of information to the Scottish Government on a range of aspects relating to the delivery of the National Mission.
2.	BACKGROUND
2.1	This year the report provides high level information on the range of substance misuse support available in North Ayrshire.
3.	PROPOSALS
3.1	List the specific actions that need to be considered and approved: It is requested that IJB consider and sign off the responses to the survey before submission to the Scottish Government on the 27 th of June 2023.
3.2	<u>Anticipated Outcomes</u> The survey provides a broad overview of the work of the ADP and does not reflect the totality of the work covered by the ADP, NADARS and wider partners.
3.3	<u>Measuring Impact</u>

	The data will help understand the challenges and opportunities with the findings informing the monitoring of the National Mission, the work of national subgroups focused on topics such like the Whole Family Approach and Residential Rehabilitation.
4.	IMPLICATIONS
4.1	<u>Financial</u> None.
4.2	<u>Human Resources</u> None
4.3	<u>Legal</u> None.
4.4	<u>Equality/Socio-Economic</u> Add information on the equality/socio-economic implications of the proposals or "None".
4.5	<u>Risk</u> The survey details responses mainly focuses on support available to people in North Ayrshire so carries a 'low' risk rating.
4.6	<u>Community Wealth Building</u> Details within the responses raise awareness of the impact of alcohol and drugs and the work of the HSCP, ADP and partner agencies to reduce alcohol and drug related harms.
4.7	<u>Key Priorities</u> The survey has helped the ADP identify areas of strength and areas of opportunity and development. This will be considered when developing the next ADP strategic plan and associated action plans.
5.	CONSULTATION
	A core group of individuals involved with the ADP contributed to the survey responses.

Director – Caroline Cameron
Michael McLennan, Interim ADP Lead Officer,
michaelmclennan@north-ayrshire.gov.uk

Appendices

- Appendix 1: ADP Annual Reporting Survey

Alcohol and Drug Partnership (ADP) Annual Reporting Survey: 2022/23

This survey is designed to collect information from all ADPs across Scotland on a range of aspects relating to the delivery of the National Mission **during the financial year 2022/23**. This will not reflect the totality of your work but will cover those areas where you do not already report progress nationally through other means.

The survey is primarily composed of single option and multiple-choice questions, but we want to emphasise that the options provided are for ease of completion and it is not expected that every ADP will have all of these in place. We have also included open text questions where you can share more detail.

We do not expect you to go out to services in order to respond to questions relating to activities undertaken by them in your area. Where questions refer to service level activities, we are interested in the extent to which you are aware of these at an ADP level.

We are aware of some element of duplication with regards to questions relating to MAT Standards and services for children and young people. To mitigate this, we've reviewed the relevant questions in this survey and determined the ones that absolutely need to be included in order to evidence progress against the national mission in the long-term. While some of the data we are now asking for may appear to have been supplied through other means, this was not in a form that allows for consistently tracking change over time.

The data collected will be used to better understand the challenges and opportunities at the local level and the findings will be used to help inform the following:

- The monitoring of the National Mission;
- The work of a number of national groups including the Whole Family Approach Group, the Public Health Surveillance Group and the Residential Rehabilitation Working Group, amongst others; and
- The priority areas of work for national organisations which support local delivery.

The data will be analysed and findings will be published at an aggregate level as [Official Statistics](#) on the Scottish Government website. All data will be shared with Public Health Scotland to inform drug and alcohol policy monitoring and evaluation, and excerpts and/or summary data may be used in published reports. It should also be noted that the data provided will be available on request under freedom of information regulations and so we would encourage you to publish your return.

The deadline for returns is Tuesday 27th June 2023. Your submission should be signed off by the ADP and the IJB, with confirmation of this required at the end of the questionnaire. We are aware that there is variation in the timings of IJB meetings so please let us know if this will be an issue.

If you require clarification on any areas of the survey or would like any more information, please do not hesitate to get in touch by email at substanceuseanalyticalteam@gov.scot.

Cross-cutting priority: Surveillance and Data Informed

Q1) Which Alcohol and Drug Partnership (ADP) do you represent?

[single option, drop-down menu]

North Ayrshire ADP

Q2) Which groups or structures were in place **at an ADP level** to inform surveillance and monitoring of alcohol and drug harms or deaths? (select all that apply)

[multiple choice]

- ☐ Alcohol harms group
- ☐ Alcohol death audits (work being supported by AFS)
- ☒ Drug death review group
- ☒ Drug trend monitoring group/Early Warning System
- ☐ None
- ☒ Other (please specify): Drug Death Prevention Group

Q3a) Do Chief Officers for Public Protection receive feedback from drug death reviews?

(select only one)

[single option]

- ☐ Yes
- ☒ No
- ☐ Don't know

Q3b) If no, please provide details on why this is not the case.

[open text – maximum 255 characters]

Drug death reviews are reported and managed through the North Ayrshire Mental Health Adverse Event Review Group (AERG) process. Any service learning or omissions are collated and circulated as learning notes across the NA HSCP Mental Health Services

Q4a) As part of the structures in place for the monitoring and surveillance of alcohol and drugs harms or deaths, are there local processes to record lessons learnt and how these are implemented? (select only one)

[single option]

- ☒ Yes
- ☐ No
- ☐ Don't know

Q4b) If no, please provide details.

[open text – maximum 255 characters]

N/A

Cross-cutting priority: Resilient and Skilled Workforce

Q5a) What is the whole-time equivalent staffing resource routinely dedicated to your ADP Support Team as of 31st March 2023.

[open text, decimal]

Total current staff (whole-time equivalent including fixed-term and temporary staff, and those shared with other business areas)	1.00
Total vacancies (whole-time equivalent)	1.5

Q5b) What type of roles/support (e.g. analytical support, project management support, etc.) do you think your ADP support team might need locally? Please indicate on what basis this support would be of benefit in terms of whole-time equivalence.

[open text – maximum 255 characters]

Further resource in a Support Officer type role to help further develop the work of the ADP. The ADP could benefit from analytical support around the MAT experiential analysis.

Q6a) Do you have access to data on **alcohol and drug services** workforce statistics in your ADP area? (select only one)

[single option]

☐ Yes

☒ No (please specify who does): This is available on request via NAC, NHS and the HSCP senior management and workforce planning.

☐ Don't know

6b) If yes, please provide the whole-time equivalent staffing resource **for alcohol and drug services** in your ADP area.

[open text, decimal]

Total current staff (whole-time equivalent)	
Total vacancies (whole-time equivalent)	

Q7) Which, if any, of the following activities are you aware of having been undertaken in your ADP area to improve and support workforce wellbeing (volunteers as well as salaried staff)? (select all that apply)

[multiple choice]

☒ Coaching, supervision or reflective practice groups with a focus on staff wellbeing

☒ Flexible working arrangements

☒ Management of caseload demands

☒ Provision of support and well-being resources to staff

☒ Psychological support and wellbeing services

☒ Staff recognitions schemes

☐ None

☐ Other (please specify):

Cross cutting priorities: Lived and Living Experience

Q8a) Do you have a formal mechanism at an ADP level for gathering feedback from people with lived/living experience using services you fund? (select all that apply)

[multiple choice]

☒ Feedback/complaints process

☐ Questionnaire/survey

☐ No

☒ Other (please specify): We facilitated a Development Day to give stakeholders the chance to providers feedback and input on the direction of the ADP. We also have a Community Recovery Forum and a Lived Experience Panel.

Q8b) How do you, as an ADP, use feedback received from people with lived/living experience and family members to improve service provision? (select all that apply)

[multiple choice]

	Lived/living experience	Family members
Feedback used to inform service design	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Feedback used to inform service improvement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Feedback used in assessment and appraisal processes for staff	<input type="checkbox"/>	<input type="checkbox"/>
Feedback is presented at the ADP board level	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Feedback is integrated into strategy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (please specify)		

Q9a) How are **people with lived/living experience** involved within the ADP structure?

(select all that apply)

[multiple choice]

	Planning (e.g. prioritisation and funding decisions)	Implementation (e.g. commissioning process, service design)	Scrutiny (e.g. monitoring and evaluation of services)	Other (please specify)
Board representation at ADP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Focus group	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Lived experience panel/forum	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Questionnaire/ surveys	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Other (please specify)				

Q9b) How are **family members** involved within the ADP structure? (select all that apply)
[matrix, multiple choice]

	Planning (e.g. prioritisation and funding decisions)	Implementation (e.g. commissioning process, service design)	Scrutiny (e.g. monitoring and evaluation of services)	Other stage (please specify)
Board representation at ADP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Focus group	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lived experience panel/forum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Questionnaire/ surveys	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other (please specify)				Annual ADP Development Day

Q9c) If any of the above are in development for either people with lived/living experience and/or family members, please provide details.
[open text – maximum 2000 characters]

The ADP are currently developing a new process to distribute funding. As part of the this process we will be involving people with lived experience on the scoring panels which will be responsible for deciding which projects the ADP should invest in. We will be developing our LEP to further embed people with lived experience views in the direction of the ADP.

Q10) What monitoring mechanisms are in place to ensure that services you fund are encouraged/supported to involve people with lived/living experience and/or family members in the different stages of service delivery (i.e. planning, implementation and scrutiny)?

[open text – maximum 2000 characters]

We ask funded providers to produce a progress report which is inclusive of feedback and case studies from people with lived/living experience. We have also involved people with lived experience in the procurement process in selecting a new providers for our P.E.A.R service. However, in 2023/2024, the ADP will focusing on involving people with lived experience more often in the planning/implementation of services.

Q11) Which of the following support is available to people with lived/living experience and/or family members to reduce barriers to involvement? (select that apply)
[multiple choice]

- ☒ Advocacy
- ☒ Peer support
- ☒ Provision of technology/materials
- ☒ Training and development opportunities
- ☐ Travel expenses/compensation
- ☒ Wellbeing support
- ☐ None

☐ Other (please specify):

Q12a) Which of the following volunteering and employment opportunities for people with lived/living experience are offered by services in your area? (select all that apply)

[multiple choice]

- ☒ Community/recovery cafes
- ☒ Job skills support
- ☒ Naloxone distribution
- ☒ Peer support/mentoring
- ☒ Psychosocial counselling
- ☐ None
- ☐ Other (please specify):

Q12b) What are the main barriers to providing volunteering and employment opportunities to people with lived/living experience within your area?

[open text – maximum 2000 characters]

Perception of not being able to be employed "not good enough" lack of confidence and self esteem.
Lack of identified services to take volunteers on - waiting list
Lack of capacity for training people with lived experience prior to volunteering or Employment - Financial implications (reimbursement)
No main recovery hub in North Ayrshire - no "go to place".
Limited capacity for practical support with job applications and limited advocacy support
Demographics of recovery opportunities
Adult learning to boost skills and confidence - Job Centre is definite barrier and won't promote jobs if the individual has a criminal conviction
Not enough promotion of volunteering and employment at colleges
Stigma between recovery/ peer workers - dependant on addiction or substances used previously

Q13) Which organisations or groups are you working with to develop your approaches and support your work on meaningful inclusion? (select all that apply)

[multiple choice]

- ☒ MAT Implementation Support Team (MIST)
- ☒ Scottish Drugs Forum (SDF)
- ☐ Scottish Families Affected by Drugs and Alcohol (SFAD)
- ☒ Scottish Recovery Consortium (SRC)
- ☐ None
- ☒ Other (please specify): TPS P.E.A.R Service, CAFAS, Health and Wellbeing Group, Scottish Ambulance Service, North Ayrshire partner agencies, Barnardos, Children 1st.

Cross cutting priorities: Stigma Reduction

Q14) Do you consider stigma reduction for people who use substances and/or their families in any of your written strategies or policies (e.g. Service Improvement Plan)? (select only one)

[single option]

☒ Yes (please specify which): LOP's, SOP's, guidelines, improvement plans are written in a mindful way using language to address reduction of stigma. Forthcoming plan to hold events addressing stigma and providing information to the public about BBV, overdose awareness and naloxone.

☐ No

☐ Don't know

Q15) Please describe what work is underway to reduce stigma for people who use substance and/or their families in your ADP area.

[open text – maximum 2000 characters]

Forthcoming plan to hold events addressing stigma and providing information to the public about BBV, overdose awareness and naloxone provision.
Staff group have undertaken SDF Stigma awareness training

Fewer people develop problem substance use

Q16) How is information on local treatment and support services made available to different audiences **at an ADP level** (not at a service level)? (select all that apply)

[multiple choice]

	Non-native English speakers (English Second Language)	People with hearing impairments	People with learning disabilities and literacy difficulties	People with visual impairments	Other audience (please specify)
In person (e.g. at events, workshops, etc)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Leaflets/posters	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Online (e.g. websites, social media, apps, etc.)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Other (please specify)					

Q17) Which of the following education or prevention activities were funded or supported by the ADP? (select all that apply)
[multiple choice]

	0-4 (early years)	5-12 (primary)	13-15 (secondary S1-4)	16-24 (young people)	25+ (adults)	Parents	People in contact with the justice system	Other audience (please specify)
Counselling services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Information services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Physical health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Mental health	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Naloxone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Overdose awareness and prevention	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Parenting	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Peer-led interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Personal and social skills	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Planet Youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pre-natal/pregnancy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Reducing stigma	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Seasonal campaigns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sexual health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Teaching materials for schools	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Wellbeing services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Youth activities (e.g. sports, art)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Youth worker materials/training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Other (please specify)								

Risk is reduced for people who use substances

Q18a) In which of the following settings is **naloxone** supplied in your ADP area? (select all that apply)

[multiple choice]

- ☒ Accident & Emergency departments
- ☒ Community pharmacies
- ☒ Drug services (NHS, third sector, council)
- ☐ Family support services
- ☐ General practices
- ☒ Homelessness services
- ☒ Justice services
- ☒ Mental health services
- ☒ Mobile/outreach services
- ☒ Peer-led initiatives
- ☒ Women support services
- ☐ None
- ☒ Other (please specify): Children and Families Social Work, Front facing local authority offices, Alcohol and Drug Liaison Team

Q18b) In which of the following settings is **Hepatitis C testing** delivered in your ADP area? (select all that apply)

[multiple choice]

- ☐ Accident & Emergency departments
- ☐ Community pharmacies
- ☒ Drug services (NHS, third sector, council)
- ☐ Family support services
- ☒ General practices
- ☒ Homelessness services
- ☒ Justice services
- ☒ Mental health services
- ☒ Mobile/outreach services
- ☒ Peer-led initiatives
- ☒ Women support services
- ☐ None
- ☐ Other (please specify):

Q18c) In which of the following settings is the **provision of injecting equipment** delivered in your ADP area? (select all that apply)

[multiple choice]

- ☐ Accident & Emergency departments
- ☒ Community pharmacies
- ☒ Drug services (NHS, third sector, council)
- ☐ Family support services
- ☐ General practices
- ☒ Homelessness services
- ☒ Justice services
- ☒ Mental health services
- ☒ Mobile/outreach services
- ☐ Peer-led initiatives
- ☐ Women support services
- ☐ None
- ☐ Other (please specify):

Q18d) In which of the following settings is **wound care** delivered in your ADP area? (select all that apply)

[multiple choice]

- ☒ Accident & Emergency departments
- ☒ Community pharmacies
- ☒ Drug services (NHS, third sector, council)
- ☐ Family support services
- ☒ General practices
- ☒ Homelessness services
- ☐ Justice services
- ☒ Mental health services
- ☒ Mobile/outreach services
- ☐ Peer-led initiatives
- ☒ Women support services
- ☐ None
- ☐ Other (please specify):

Q19a) Are there protocols in place to ensure **all** prisoners identified as at risk are offered with naloxone upon leaving prison? (select only one)

[single option]

- ☒ Yes
- ☐ No
- ☐ No prison in ADP area

Q19b) If no, please provide details.

[open text – maximum 255 characters]

N/A

People most at risk have access to treatment and recovery

Q20a) Are referral pathways in place in your ADP area to ensure people who experience a near-fatal overdose (NFO) are identified and offered support? (select only one)

[single option]

- ☒ Yes
- ☐ No
- ☐ Don't know

Q20b) If yes, have people who have experienced a near-fatal overdose been successfully referred using this pathway? (select only one)

[single option]

- ☒ Yes
- ☐ No
- ☐ Don't know

Q20c) If no, when do you intend to have this in place?

[open text – maximum 255 characters]

N/A

Q21) In what ways have you worked with justice partners? (select all that apply)

[multiple choice]

- ☐ Contributed towards justice strategic plans (e.g. diversion from justice)
- ☒ Coordinating activities
- ☐ Information sharing
- ☒ Joint funding of activities
- ☒ Justice partners presented on the ADP
- ☐ Prisons represented on the ADP (if applicable)
- ☒ Providing advice/guidance
- ☐ None
- ☐ Other (please specify):

Q22a) Do you have a prison in your ADP area? (select only one)

[single option]

- ☐ Yes
- ☒ No

Q22b) Which of the following activities did the ADP support or fund at the different stages of engagement with the justice system? (select all that apply)
[multiple choice]

	Pre-arrest	In police custody	Court	Prison (if applicable)	Upon release	Community justice
Advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol interventions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alcohol screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Buvidal provision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Detoxification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychological screening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Harm reduction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
"Life skills" support or training (e.g. personal/social skills, employability)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opioid Substitution Therapy (excluding Buvidal)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Peer-to-peer naloxone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recovery cafe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery wing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referrals to alcohol treatment services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Referrals to drug treatment services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Staff training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)						Recovery Development Workers

Q23a) How many [recovery communities](#) are you aware of in your ADP area?

[open text, integer]

43

Q23b) How many recovery communities are you actively engaging with or providing support to?

[open text, integer]

35

Q24a) Which of the following options are you using to engage with or provide support to recovery communities in your area? (select all that apply)

[multiple choice]

- ☒ Funding
- ☒ Networking with other services
- ☒ Training
- ☐ None
- ☐ Other (please specify):

Q24b) How are recovery communities involved **within the ADP**? (select all that apply)

[multiple choice]

- ☒ Advisory role
- ☒ Consultation
- ☒ Informal feedback
- ☐ Representation on the ADP board
- ☐ Recovery communities are not involved within the ADP
- ☐ Other (please specify):

People receive high quality treatment and recovery services

Q25) What treatment or screening options are in place to address **alcohol harms**? (select all that apply)

[multiple choice]

- ☒ Access to alcohol medication (Antabuse, Acamprase, etc.)
- ☒ Alcohol hospital liaison
- ☒ Alcohol related cognitive testing (e.g. for alcohol related brain damage)
- ☒ Arrangements for the delivery of alcohol brief interventions in all priority settings
- ☒ Arrangement of the delivery of alcohol brief interventions in non-priority settings
- ☒ Community alcohol detox
- ☒ In-patient alcohol detox
- ☒ Fibro scanning
- ☒ Psychosocial counselling
- ☐ None
- ☐ Other (please specify):

Q26) Which, if any, of the following barriers to residential rehabilitation exist in your ADP area? (select all that apply)

[multiple choice]

- ☐ Current models are not working
- ☐ Difficulty identifying all those who will benefit
- ☐ Further workforce training required
- ☐ Insufficient funds
- ☒ Lack of specialist providers
- ☐ Scope to further improve/refine your own pathways
- ☐ None
- ☐ Other (please specify):

Q27) Have you made any revisions in your pathway to residential rehabilitation in the last year? (select only one)

[single option]

- ☐ No revisions or updates made in 2022/23
- ☒ Revised or updated in 2022/23 and this has been published
- ☐ Revised or updated in 2022/23 but not currently published

Q28) Which, if any, of the following barriers to implementing MAT exist in your area? (select all that apply)

[multiple choice]

- ☐ Difficulty identifying all those who will benefit
- ☐ Further workforce training is needed
- ☒ Insufficient funds
- ☐ Scope to further improve/refine your own pathways
- ☐ None
- ☐ Other (please specify):

Q29a) Which of the following treatment and support services are in place specifically for children and young people **aged between 13 and 24** using **alcohol**? (select all that apply)
[multiple choice]

	13-15 (secondary S1-4)	16-24 (young people)
Alcohol-related medication (e.g. acamprosate, disulfiram, naltrexone, nalmefene)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Diversionary activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Employability support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family support services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Information services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Justice services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outreach/mobile	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Recovery communities	<input type="checkbox"/>	<input checked="" type="checkbox"/>
School outreach	<input type="checkbox"/>	<input type="checkbox"/>
Support/discussion groups	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (please specify)		Some of the interventions above only support up to age 18 or 21.

Q29b) Please describe what treatment and support is in place **specifically for children aged 0-4 (early years) and 5-12 (primary)** affected by **alcohol**.
[open text – maximum 2000 characters]

The Child and Adolescent Specialist Substance Team (CASST) offer's support to children aged 5-21 who are affected by either their parental/caregivers alcohol/substance use or their own. Within the 5 – 12 age group we support children within school and at home, depending on their preference. We work on child centred plans, drawing support from their wider support network. We contribute to CP meetings, core groups, school meetings etc and work collaboratively with both families and professionals involved within the careplan. Key outcomes we strive to achieve are: better understanding of circumstances, improved family relationships, better links with recovery services and general community groups etc. Our approach is underpinned by our knowledge of trauma and how this can manifest within behaviours and we regularly use this knowledge to support the children we work with to find their voice.

CASST's referrals come from across social services and we regularly receive referrals from our health partners via Service Access. This allows for strong partnership working whereby we regularly offer joint family sessions and inputs at groups. We undertake a flexible approach to working with our young people and our families and regularly refer into partner agencies.

Q30a) Which of the following treatment and support services are in place specifically for children and young people **aged between 13 and 24** using **drugs**? (select all that apply)
[multiple choice]

	13-15 (secondary S1-4)	16-24 (young people)
Diversionary activities	<input type="checkbox"/>	<input type="checkbox"/>
Employability support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family support services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Information services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Justice services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Opioid Substitution Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outreach/mobile	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Recovery communities	<input type="checkbox"/>	<input checked="" type="checkbox"/>
School outreach	<input type="checkbox"/>	<input type="checkbox"/>
Support/discussion groups	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (please specify)		

Q30b) Please describe what treatment and support is in place **specifically for children aged 0-4 (early years) and 5-12 (primary)** affected by **drugs**.

[open text – maximum 2000 characters]

As above.

Quality of life is improved by addressing multiple disadvantages

Q31) Do you have specific treatment and support services in place for the following groups? (select all that apply)
[multiple choice]

	Yes	No
Non-native English speakers (English Second Language)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People from minority ethnic groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People from religious groups	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People who are experiencing homelessness	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People who are LGBTQI+	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People who are pregnant or peri-natal	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People who engage in transactional sex	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People with hearing impairments	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People with learning disabilities and literacy difficulties	<input checked="" type="checkbox"/>	<input type="checkbox"/>
People with visual impairments	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Veterans	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Women	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other (please specify)		

Q32a) Are there formal joint working protocols in place to support people **with co-occurring substance use and mental health diagnoses** to receive mental health care? (select only one)
[single choice]

- ☒ Yes (please provide link here or attach file to email when submitting response):
☐ No

Q32b) If no, please provide details.
[open text – maximum 255 characters]

N/A

Q33) Are there arrangements (in any stage of development) within your ADP area for people who present at substance use services with mental health concerns **for which they do not have a diagnosis**?

[open text – maximum 2000 characters]

NADARS have an open referral system and clients can access a service assessment which includes MH assessment and treatment.

Q34) How are you, as an ADP, linked up with support service **not directly linked to substance use** (e.g. welfare advice, housing support, etc.)?

[open text – maximum 2000 characters]

ADP funded posts within Advocacy and Women's Aid. Money Matters workers sit within NADARS. North Ayrshire Council Housing Department fund an Addiction post that sits as part of the housing first team.

Q35) Which of the following activities are you aware of having been undertaken in local services to implement a trauma-informed approach? (select all that apply)

[multiple choice]

- ☒ Engaging with people with lived/living experience
- ☒ Engaging with third sector/community partners
- ☒ Recruiting staff
- ☒ Training existing workforce
- ☒ Working group
- ☐ None
- ☐ Other (please specify):

Children, families and communities affected by substance use are supported

Q36) Which of the following treatment and support services are in place for **children and young people** (under the age of 25) **affected by a parent's or carer's substance use**? (select all that apply)
[multiple choice]

	0-4 (early years)	5-12 (primary)	13-15 (secondary S1-4)	16-24 (young people)
Carer support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Diversionary activities	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Employability support	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family support services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Information services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mental health services	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outreach/mobile services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recovery communities	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
School outreach	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support/discussion groups	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (please specify)		Support to access other services such as GP, sexual health, dieticians etc.	Support to access other services such as GP, sexual health, dieticians etc.	Support to access other services such as GP, sexual health, dieticians etc.

Q37a) Do you contribute toward the integrated children's service plan? (select only one)
[single option]

- ☒ Yes
☐ No
☐ Don't know

Q37b) If no, when do you plan to implement this?
[open text – maximum 255 characters]

N/A

Q38) Which of the following support services are in place **for adults** affected by **another person's substance use**? (select all that apply)

[multiple choice]

- ☒ Advocacy
- ☒ Commissioned services
- ☒ Counselling
- ☒ One to one support
- ☒ Mental health support
- ☒ Naloxone training
- ☒ Support groups
- ☒ Training
- ☐ None
- ☐ Other (please specify):

Q39a): Do you have an agreed set of activities and priorities with local partners to implement the Holistic Whole Family Approach Framework in your ADP area? (select only one)

[single option]

- ☒ Yes
- ☐ No
- ☐ Don't know

Q39b) Please provide details.

[open text – maximum 255 characters]

Training is being provided to addiction services staff
--

Q40) Which of the following services supporting Family Inclusive Practice or a Whole Family Approach are in place? (select all that apply)

[multiple choice]

	Family member in treatment	Family member not in treatment
Advice	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Advocacy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Mentoring	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Peer support	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Personal development	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Social activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Support for victims of gender based violence	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Other (please specify)		

Confirmation of sign-off

Q41) Has your response been signed off at the following levels?

[multiple choice]

☒ ADP

☒ IJB

☐ Not signed off by IJB (please specify date of the next meeting):

Thank you for taking the time to complete this survey, your response is highly valued. The results will be published in the forthcoming ADP annual report, scheduled for publication in the autumn.

Please do not hesitate to get in touch via email at substanceuseanalyticalteam@gov.scot should you have any questions.

[End of survey]

Integration Joint Board 15th June 2023

Subject: **Director's Report**

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

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

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

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

1.	EXECUTIVE SUMMARY
1.1	This report informs members of the Integration Joint Board (IJB) of the work undertaken within North Ayrshire Health and Social Care Partnership (NAHSCP), nationally, locally and Ayrshire wide.
2.	BACKGROUND
2.1	This report provides IJB with information on recent activity across the HSCP since the last IJB.
3.	CURRENT POSITION
	<u>National Developments</u>
3.1	<u>Launch of Coming Home Dynamic Support Registers</u>
	On 25 th May 2023, the Scottish Government published the Memorandum of Understanding (MoU) jointly agreed by the Minister for Social Care, Mental Wellbeing

	<p>and Sport and COSLA Leaders on the use of Dynamic Support Registers, as proposed within the Coming Home Implementation Report.</p> <p>The Scottish Government and COSLA jointly set out ambitions to greatly reduce out of area residential placements and inappropriate hospital stays for people with learning disabilities and complex care needs with the publication of the Coming Home Implementation Report in February 2022.</p> <p>One of the key recommendations in the Report was to raise visibility, through improved monitoring and planning for and with people with learning disabilities and complex care needs through the development and implementation of Dynamic Support Registers.</p> <p>Strong local and national partnerships are a key theme of the Coming Home Implementation Report which highlighted that collaborative working will be essential to deliver on the Coming Home Implementation Report recommendations.</p> <p>The MoU sets out the key expectations upon Scottish Government, COSLA and Integration Authorities to continue working in partnership on this high priority agenda. Key actions include the importance of embedding Dynamic Support Registers in all Integration Authorities by July 2023 and reporting data through a new national reporting mechanism delivered in partnership with Public Health Scotland (PHS).</p> <p>North Ayrshire HSCP have supported development of the work nationally and are taking forward plans locally in relation to our own Dynamic Risk Register and the Complex Care agenda. A future update will be brought to the IJB.</p>
	<p><u>National Dementia Strategy</u></p>
3.2	<p>The new national Dementia Strategy for Scotland: Everyone's Story was published on 31 May - Ministerial Foreword - New dementia strategy for Scotland: Everyone's Story - gov.scot (www.gov.scot).</p> <p>The Strategy follows a period of engagement with stakeholders across Scotland and describes a joint commitment by national and local government to a positive, shared vision for dementia in Scotland over the next 10 years. The Strategy commits to producing rolling 2 year delivery plans which will be developed with national and local oversight, with the first plan developed and agreed later this year with implementation from 2024-25.</p> <p>The Strategy describes the importance of:</p> <ul style="list-style-type: none"> • Ensuring people have pre and post diagnosis support. • Taking steps to allow more people to live well in their communities. • Leveraging the experience and expertise of those affected by the disease to design and deliver their own support. • Enabling access to skilled and trauma-informed professionals, when necessary.

	North Ayrshire HSCP will engage with national and local colleagues with a local report and action plan brought to the IJB following the publication of the first national delivery plan.
	<u>National Care Service</u>
3.3	<p>The NCS Communications and Engagement Team have shared plans for National Care Service co-design events in Summer 2023.</p> <p>The programme will be centred around ‘regional forums’, to provide the opportunity to engage with a wide range of people and stakeholders across the country.</p> <p><i>Regional forum locations:</i></p> <p>There are nine planned in-person forums across Scotland and five online forums.</p> <p>The in-person forums will take place as follows:</p> <ul style="list-style-type: none"> • Forth Valley - Tuesday 20 June - Albert Halls, Stirling • Glasgow - Wednesday 28 June - William Quarriers Conference Centre, Govan • Tayside – Friday 14 July - Hilltown Community Centre, Dundee • Dumfries and Galloway - Tuesday 18 July - Millennium Centre, Stranraer • Argyll and Bute – Wednesday 26th July – The Corran Hall, Oban • Skye - Tuesday, 1 August - The Hub - An Crùbh Community Centre • Highlands - Tuesday, 8 August – Strathpeffer Community Centre • Shetland - Thursday 17 August - Islesburgh Community Centre, Lerwick • Moray - Tuesday 22 August - The Inkwell Centre, Elgin <p>To supplement activity at these locations, the team are working with stakeholders to identify opportunities for additional engagement. This will specifically focus on reaching a diverse range of participants. In addition, online events, to support the broadest attendance and accessibility, will take place on 24 and 29 August.</p> <p>To find out more information about the events or sign up, full details can be found at gov.scot/ncs.</p>
	<u>North Ayrshire Developments</u>

3.4	<p><u>Glenartney Staff Accommodation, Arran</u></p>  
	<p>Glenartney House, the new staff accommodation in Brodick, Isle of Arran opened and welcomed the first guests on 22nd May 2023.</p>
	<p>As previously reported to the IJB, the house will be used for short-term staff accommodation on the island for care workers within Montrose House; Care at Home staff; Medical, Nursing and Clinical staff at Arran War Memorial.</p>   <p>Two housekeepers are now in post and will ensure the upkeep and maintenance of the building and gardens on a daily basis as well as co-ordinating bookings and changeovers of staff.</p>  
	<p><u>Appointments</u></p>
3.5	<p>IJB members are asked to note the resignation of Councillor Louise McPhater from the North Ayrshire IJB with effect from 5th May 2023. On 17th May 2023, North Ayrshire</p>

	Council agreed the appointment of Councillor Robert Foster to the position. Cllr Foster has also agreed to join the IJB's Performance and Audit Committee.
	<u>HSCP Website</u>
3.6	A North Ayrshire HSCP website is currently in development. The site is live now and most of the content has been transferred across from the old site, but some areas are still under construction. We are still in the process of making all of the documents on the site accessible and these will be uploaded once completed. The new site will be fully accessible and easier to maintain and update. The new look site can be found at nahscp.org where feedback on the refreshed site is welcomed.
	<u>Day Services</u>
3.7	<p>North Ayrshire Health and Social Care Partnership temporarily closed its Older Peoples Day Services early in 2020 due to the COVID-19 Pandemic. Day Services staff were redeployed to critical frontline services including Care at Home and PPE distribution, with alternative Day Services supports delivered during the period of closure such as outreach and befriending services.</p> <p>The remobilisation of Day Services began on a phased basis in June 2022 and all four in-house mainland day centres re-opened by the end of August 2022.</p> <p>As part of that remobilisation process it was necessary to make changes to how we deliver the services going forward to include reflecting on how we have supported people over the period of closure with virtual support and outreach visits.</p> <p>All day services have been increasing their capacity each week and as of 31 May 2023 all are open to provide building based support 5 days per week (Mon-Fri). The waiting list for each service is reviewed weekly and a robust action plan is in place to fully reopen at maximum capacity to ensure the demand for day opportunities can be met.</p> <p>Day Service Outreach remains in place for some of the day services and a team of Day Service outreach workers will be recruited by the end of 2023 which will enable the Partnership to deliver outreach and Day Service support over 7 days including early evenings and weekends. This will also include a befriending model and enable the most vulnerable service users throughout North Ayrshire to benefit from Day Services in their own home and also have a weekly virtual supports to reduce loneliness and social isolation.</p> <p>A community-based pilot approach to the restart of Day Services on Arran has commenced and will be evaluated over the coming months to inform the future provision on the Island.</p>
	<u>Report highlights lives saved by Naloxone</u>

3.8	<p>A new report produced by NHS Ayrshire & Arran's Prevention and Service Support Team has highlighted the positive impact of Naloxone distribution and use in North Ayrshire.</p> <p>This safe and easy-to-administer medication temporarily counteracts the effects of opioids, such as heroin, methadone, codeine, morphine and buprenorphine, and can save lives by reversing an overdose for 20 to 40 minutes until emergency help arrives.</p> <p>1,710 Naloxone kits were distributed in Ayrshire between April 2022 and March 2023 (846 of which were in North Ayrshire), with 51 lives reported to have been saved in that time (31 in North Ayrshire). However, the true number of lives saved is thought to be higher, with many instances of Naloxone use going unreported.</p> <p>In addition, a total of 1,311 people received overdose awareness training across Ayrshire in the same time period, with a further 378 people attending a virtual or face to face Naloxone awareness course.</p> <p>If you'd like to see a further breakdown of figures, demographics and more information on who supplied the kits, you can request a copy of the full report by emailing irt.info@aapct.scot.nhs.uk</p> <p>If you're concerned about your own or someone else's alcohol and/or other drug use, you can find out more about the support available on the NAHSCP website.</p>
	<u>COVID Update</u>
3.9	<p>Following a review of the Covid-19 pandemic guidance that was introduced to protect staff, patients and visitors, the Scottish Government has confirmed that face coverings are no longer required in hospitals, health centres, community sectors, primary care, social work and care homes.</p> <p>Staff will continue to advise on the use of face coverings where it is considered best practice for infection prevention and control reasons.</p> <p>You can read more on the NHS A&A website.</p>
4.	IMPLICATIONS
4.1	<u>Financial</u> None
4.2	<u>Human Resources</u> None
4.3	<u>Legal</u> None
4.4	<u>Equality/Socio-Economic</u> None
4.5	<u>Risk</u>

	None
4.6	<u>Community Wealth Building</u> None
4.7	<u>Key Priorities</u> None
5.	CONSULTATION
5.1	No specific consultation was required for this report. User and public involvement is key for the partnership and all significant proposals will be subject to an appropriate level of Consultation.

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Appendices
Nil



Integration Joint Board

15th June 2023

Subject:	Directions and Review of Integration Scheme
Purpose:	<ul style="list-style-type: none"> • Awareness • Discussion
Recommendation:	It is recommended that the IJB notes the recommencement of work in relation to the implementation of Directions and associated pan-Ayrshire workstreams and considers the requirement to review the Integration Scheme in 2023.

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
MSG	Ministerial Steering Group
NRAC	National Resource Allocation Committee
PSMT	Partnership Senior Management Team
SPG	Strategic Planning Group

1.	EXECUTIVE SUMMARY
1.1	Pan-Ayrshire work to progress a number of key aspects of integration has recently been recommenced, following a pause due to the pandemic.
1.2	This work covers the use of Directions, the development of a Joint Commissioning Plan and large hospital Set Aside budgets, and the review of the Integration Scheme.
1.3	This report provides IJB with an update on progress with these workstreams.
2.	BACKGROUND
2.1	In February 2019, the Scottish Government Ministerial Steering Group (MSG) for Health and Community Care published the findings of it's review of progress with the integration of health and social care services across Scotland.



2.2	This review included 25 proposals to build on the good practice which was already being developed, to ensure that challenges were addressed and to drive forward health and social care integration.
2.3	Many of these proposals were implemented following the publication of the report but some required more significant work on a pan-Ayrshire basis to ensure that they were fully delivered on a consistent basis across the three Integration Joint Board areas.
2.4	A pan-Ayrshire working group was established to take these proposals forward. This work was paused in 2020 due to the need for health and social care services to prioritise their operational response to the pandemic.
2.5	The working group has recently been re-established with representatives from NHS Ayrshire and Arran and the three IJBs, chaired by the Head of Service (Finance and Transformation) of the North Ayrshire IJB. This group is progressing a number of workstreams and an update on each of these is provided below.
	Directions
2.6	The Public Bodies (Joint Working) (Scotland) Act 2014 (the Act) places a duty on Integration Authorities to develop a strategic commissioning plan for integrated functions and budgets under their control. This sets out how the IJB will plan and deliver services over the medium term to achieve the National Health and Wellbeing Outcomes prescribed by Scottish Ministers. The strategic plan for North Ayrshire IJB was most recently approved in March 2022 and covers the period from 2022 to 2030.
2.7	Integration Authorities require a mechanism to action their strategic commissioning plans, and this is laid out in sections 26 to 28 of the Act. This mechanism takes the form of binding directions from the Integration Authority to one or both of the Health Board and Local Authority. Directions are also the means by which a record is maintained of which body decided what and with what advice, which body is responsible for what, and which body should be audited for what, whether in financial or decision-making terms.
2.8	Directions are also the legal basis on which the Health Board and the Local Authority deliver services that are under the control of the IJB and are a key aspect of the governance and accountability arrangements between the partners.
2.9	<p>A direction should always be prompted by a decision made by the IJB. The following should be considered when thinking about when a direction requires to be issued and what it might include:</p> <ul style="list-style-type: none"> • Scope and scale of the function • Finance involved • Scale and nature of change • Those impacted by the change



	• Timescale for delivery
2.10	The Scottish Government published statutory guidance on the issuing of directions in January 2020 but full compliance with this has been delayed by the pandemic.
2.11	Through the pan-Ayrshire working group, agreement has been reached on the format of directions and a mechanism for recording and tracking their implementation. Each of the three IJBs has now implemented the use of directions from the beginning of the 2023-24 financial year for decisions made by the IJB.
	Joint Commissioning Plan and Set Aside Budgets
2.12	Integration Authorities are responsible for the strategic planning of those hospital services most commonly associated with the emergency care pathway, alongside primary care, community health care and social care. The objective is to create a cross-sector system for local joint strategic commissioning of health and social care services and to support a shift in the balance of care towards community settings.
2.13	Fundamental to this is a clear understanding of how large hospital services are being consumed and how that pattern can be changed by whole-system redesign. There needs to be clarity about the financial impact of any changes which are agreed and there needs to be an overarching strategic plan for delegated large hospital services, co-ordinated by the Health Board. The hospital capacity included in the strategic plans must evolve from the existing capacity for those services.
2.14	The funding for these large hospital services is referred to as the 'set aside' budget – it is excluded from the payment to the Integration joint Board but is 'set aside' for direction by the IJB through the Strategic Plan. Legislation requires that the method for determining the amount to be set aside should be included in the Integration Scheme.
2.15	It is recommended that the consumption of hospital services by partnership populations should be determined by analysis of hospital activity and cost information. The cost can be based on standard rates or by local costing methodologies.
2.16	Health Boards and Partnerships should identify what the 'fair share' of large hospital resources should be for each, based on NRAC (National Resource Allocation Committee) methodology which utilises population and other data to determine an appropriate share. This will then enable a determination of whether Partnerships are consuming more or less than their 'fair share' of large hospital resources.
2.17	The Joint Strategic Commissioning Plan should set out what large hospital services will be commissioned by Integration Joint Boards and the planned activity changes which will reduce the consumption of these services over a period of time alongside the movement of resources to support services in the community.



2.18	Work is being take forward around the development of a Joint Commissioning Plan by colleagues from NHS Ayrshire and Arran and the three HSCPs. This will be brought to a future meeting of the IJB.
2.19	Alongside this, Finance Leads are developing a set aside model to determine the cost of large hospital services which are being used by each of the HSCPs. This will be based on actual activity and actual costs being incurred by the Health Board.
	Integration Scheme
2.20	The Integration Scheme is the legal agreement between North Ayrshire Council and NHS Ayrshire and Arran which sets out the arrangements for integration of health and social care, including the governance and financial arrangements and the functions which are delegated to the IJB. It is intended to achieve the National Health and Wellbeing Outcomes prescribed by Scottish Ministers.
2.21	There is a requirement under the Public Bodies (Joint Working) (Scotland) Act 2014 to review the Integration Scheme at least every five years. This was last done in 2018 so is required again in 2023.
2.22	Preparatory work has commenced locally to review the Integration Scheme. It is important that this is done in close liaison with East Ayrshire and South Ayrshire to ensure that the 3 documents remain consistent to support the Health Board to work with all the IJBs.
2.23	Following consultation with Legal Services and with colleagues in East Ayrshire and South Ayrshire, a timeline has been set out which will include appropriate consultation and engagement.
2.24	The initial phase of the consultation is ongoing at present and this focusses on the need to review the Scheme. This has already been discussed through the Partnership Senior Management Team (PSMT) and the Strategic Planning Group (SPG) during May and IJB is also being consulted on. Both North Ayrshire Council and NHS Ayrshire and Arran, as the 'constituent authorities' and taking account of the views of the persons consulted, must then decide whether changes to the Scheme are necessary. If so, they must work together to prepare an updated Scheme.
2.25	An updated Scheme will require to be approved by both the Council and Health Board, as well as endorsed by the IJB, by December 2023, prior to submission to Scottish Ministers.
3.	PROPOSALS
3.1	It is proposed that the IJB: <ul style="list-style-type: none"> • Notes the recommencement of work in relation to the implementation of Directions and associated pan-Ayrshire workstreams



	<ul style="list-style-type: none"> considers the requirement to review the Integration Scheme.
4.	IMPLICATIONS
4.1	<u>Financial</u> None.
4.2	<u>Human Resources</u> None.
4.3	<u>Legal</u> Reviewing the Integration Scheme will help ensure ongoing compliance with the Public Bodies (Joint Working) (Scotland) Act 2014.
4.4	<u>Equality/Socio-Economic</u> None.
4.5	<u>Risk</u> Add information on the risk implications and how it compares to the agreed risk appetite (Low, Moderate or High).
4.6	<u>Community Wealth Building</u> None.
4.7	<u>Key Priorities</u> None.
5.	CONSULTATION
5.1	Consultation has taken place with colleagues from East Ayrshire, South Ayrshire and NHS Ayrshire and Arran through the various workstreams and with Legal Services in relation to the requirement to review the Integration Scheme.

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Appendices

- None.



Integration Joint Board 15th June 2023

Subject: **2022-23 – Year End Performance**

Purpose: To provide an overview of the IJB's financial performance for the year ended 2022-23 and the implications for the IJB's overall financial position including an update on the financial impact of the Covid-19 response.

Recommendation: It is recommended that the IJB:

- (a) notes the overall integrated financial performance for the financial year 2022-23 and the overall year-end underspend of £7.938m, adjusted to £3.719m after earmarking of funds which have been received for a specific purpose;
- (b) notes the updated costs of the Covid response and the funding received;
- (c) notes that outwith the IJB overall position, the £2.321m debt repayment has been made to North Ayrshire Council as planned;
- (d) approve the budget changes outlined at section 2.11; and
- (e) approve the proposed earmarking of the in-year surplus as detailed in the report, leaving a balance of £6.448m in free general fund reserves.

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

1.	EXECUTIVE SUMMARY
1.1	This report provides an overview of the financial position for the partnership and outlines the unaudited year-end outturn position for 2022-23. The outturn is an overall year-end underspend of £7.938m, which when adjusted for new earmarked reserves of £4.219m is reduced to £3.719m.

1.2	<p>The last reported position to the IJB in March 2022 highlighted a projected underspend of £1.181m.</p> <p>Projecting the IJB financial position continued to be challenging during 2022-23 as there were a number of areas of uncertainty throughout the year e.g. pay awards, NCHC rate etc. These challenges will continue into 2023-24.</p>
1.3	<p>The main areas of pressure continued to be learning disability care packages, residential placements for children, supplementary staff in wards and Unplanned Activities (UnPACs) within the lead partnership for mental health.</p>
1.4	<p>The final unaudited IJB outturn position is adjusted to reflect the impact of Lead Partnership services. In line with the current risk sharing agreement for lead partnership services, an NRAC share of the projected position has been assumed as this would be in line with the allocation in previous years. The underspend in relation to North Lead Partnership services for Mental Health is not fully attributed to the North HSCP as a share has been allocated to East and South HSCPs, similarly the impact of the outturn on East and South led services has been shared with North.</p>
1.5	<p>Financial balance has been achieved in 2022-23 and whilst progress has been made to ensure the ongoing financial sustainability of the IJB, the 2023-24 budget highlights several areas of significant risk. Financial modelling also anticipates a very challenging position in subsequent years.</p>
2.	2022-23 UNAUDITED BUDGET OUTTURN POSITION
2.1	<p>The report provides an overview of the financial position for the partnership and outlines the unaudited year-end outturn position for 2022-23.</p> <p>The report includes the following:</p> <ul style="list-style-type: none"> • Explanations of main areas of variance; • Update on progress with savings delivery; • Budget changes requiring IJB approval; • Impact of the outturn on IJB reserves position; • Lead partnerships and the impact of risk sharing; and • Detail of the funding and costs of the Covid-19 response.
2.2	FINANCIAL OUTTURN
	<p>Against the full-year budget of £283.948m there is a reported underspend of £7.938m pre-earmarking. The Integration Scheme outlines that there is an expectation that the IJB take 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 an underspend of £5.065m in social care services and an underspend of £2.873m in health services. This position is before the earmarking of funds for use in future years.</p> <p>Appendix A provides the financial overview of the partnership position, this details the outturn on an HSCP managed basis, on an IJB delegated basis (following Lead Partnership recharge adjustments) and the final adjusted outturn position after accounting for new earmarked reserve balances.</p>

	The sections that follow outline the most significant variances in service expenditure compared to the approved budgets.
2.3	<p>Health and Community Care Services</p> <p>Against the full-year budget of £85.261m there is an overspend, pre-earmarking, of £0.025m (0%) 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 underspent by £0.872m. This includes the backdated increase for care homes providing nursing care to reflect the increase in the pay settlement for registered nursing staff from 3% to 7.17% which cost an additional £0.165m.</p> <p>The budgeted number of permanent placements is 778 – the number of actual placements changed throughout the year but at month 12 there were 771 placements.</p> <p>The level of income recovered from charging orders was over-recovered by £0.510m.</p> <p>b) Interim Care Funding has underspent by £0.206m.</p> <p>c) Care at home (in house and purchased) underspent by £0.118m. The position is made up of an underspend in purchased care at home (as providers are not always able to accept referrals due to staffing / recruitment issues) and an overspend in the in-house service. As there are vacant posts some of the current capacity is being met by existing staff working additional hours and casual staff. Bank staff are being offered contracts and additional staff are being recruited which will replace the need for existing staff to work additional hours.</p> <p>d) Community alarms underspent by £0.078m.</p> <p>e) Reablement services are underspent by £0.221m which reflects the level of vacant posts within the service.</p> <p>f) Care at Home Charging Income is online after applying £0.150m of covid funding. The underlying under-recovery of income is likely to continue into 2023/24 due to an ongoing shift towards personal care which is non chargeable.</p> <p>g) Physical Disability Care Packages (including residential and direct payments) – there was an overspend of £0.030m in direct payments and £0.262m for residential placements partially offset with a small underspend of £0.037m in community care packages. The overspend in direct payments reduced which is the impact of a full review of all direct payments cases resulting in some material ‘clawbacks’ of funds.</p> <p>h) Purchased day care underspent by £0.089m due to a revised contract.</p> <p>i) Anam Cara overspent by £0.058m due to covering vacancies and sickness absence.</p>

	<p>j) Integrated Island Services is £0.481m overspent which is mainly due to additional accommodation costs for mainland staff working at Montrose House due to local recruitment challenges and additional agency costs to ensure the required staffing levels. The purchase of staff accommodation in Brodick, which opened in May 2023, is expected to significantly reduce these costs in 2023/24.</p> <p>k) Adaptations underspent by £0.084m.</p> <p>l) District Nursing is overspent by £0.162m due to an overspend on supplies and reduced national uplift funding.</p> <p>m) Rehab wards are overspent by £0.480m (Redburn ward £0.407m overspent and Douglas Grant £0.073m overspent). The overspend at Redburn is due to cover costs for vacancies as well as supplementary staffing for patients who require one to one support. Both wards also incurred costs in relation to the band 2 to band 3 regrade. Budgetary provision has been made for the regrade in 2023/24.</p> <p>n) Wards 1 and 2 overspent by £0.420m (ward 1 £0.168m overspend and ward 2 £0.252m overspend) due to increased use of supplementary staffing and the impact of the band 2 to band 3 regrade. Budgetary provision has been made for the regrade in 2023/24.</p> <p>o) Cumbrae Lodge Continuing Care beds underspent by £0.178m due to a reduced charge to reflect the reduction in beds used during the transition to the new service.</p>
2.4	Mental Health Services
	<p>Against the full-year budget of £96.133m there is an underspend of £3.402m (3.5%). This includes the underspend on the Mental Health Recovery and Renewal Funding of £1.170m which will be earmarked for use in 2023-24. The main variances are:</p> <p>a) Learning Disabilities overspent by £1.249m and the main variances are:</p> <ul style="list-style-type: none"> • Care Packages (including residential and direct payments) - overspend of £0.385m in direct payments and £0.540m for residential placements partially offset by an underspend of £0.044m in community packages. 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. • Trindlemoss non-employee costs are underspend by £0.222m. This partly relates to budgets set aside for the running costs of the pool. <p>b) LD Staff Agency Costs overspent by £0.161m due to the need to maintain services during difficulties in recruiting.</p> <p>c) Supported Accommodation overspent by £0.120m in relation to transition costs for service users at the Stevenson supported accommodation. These are additional costs during the settling in period.</p>

- d) Community Mental Health services are underspent by £1.079m which is mainly due to an underspend of £0.879m in community packages (including direct payments) and an underspend in residential placements of £0.148m.
- e) The Alcohol and Drugs partnership underspent by £0.715m but this includes £0.891m of funding carried forward from 2021/22. This full underspend will be earmarked for use in future years.
- f) The Lead Partnership for Mental Health is £2.802m underspent prior to earmarking and £1.321m after earmarking. The main variances are as follows:
- An overspend of £0.589m in Adult Inpatients. This overspend is mainly due to overspends in supplementary staff, staff in redeployment, reduced bed sale income and provision for the band 2 to band 3 regrade.
 - The UNPACS (Unplanned Activities) budget is overspent by £1.503m. 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.
 - MH Pharmacy overspent by £0.019m due to an increase in substitute prescribing costs. This is the position after drawing £0.100m of Buvidal funding held in reserves.
 - Learning Disability Services overspent by £0.223m. 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 outturn includes 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 been no solution identified.
 - Elderly Inpatients overspent by £0.403m mainly due to the use of supplementary staffing and provision for the band 2 to band 3 regrade.
 - The Innovation Fund is underspent by £0.210m due to recruitment slippage within some of the projects and not all of the funding was allocated.
 - CAMHS underspent by £2.176m of which £0.592m relates to payroll turnover on the main CAMHS budget and £1.584m relates to an underspend on the additional Scottish Govt funding. This £1.584m will be earmarked and carried forward for use in 23-24.
 - 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 an over-

recovery of the vacancy savings target of £1.857m in 2022-23, further information is included in the table below:

Vacancy Savings Target	(£0.481m)
Achieved at March 2023	£2.338m
Over/(Under) Achievement	£1.857m

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

- Adult Community Health services £0.183m
- CAMHS £0.592m
- Mental Health Admin £0.468m
- Psychiatry £0.158m
- Psychology £0.873m
- Associate Nurse Director £0.064m

2.5

Children and Justice Services

Children's Services

Against the full-year budget of £38.076m there is an overspend of £2.214m (5.8%). The main variances are:

a) Care Experienced Children and Young People overspent by £2.950m and the main areas within this are noted below:

- Children's residential placements overspent by £3.270m prior to Covid funding and overspent by £2.200m after £1.170m of Covid funding. We started 22/23 with 23 placements and there are currently 32 placements. This financial risk will continue into 2023/24.
- Fostering placements underspent by £0.190m. This is based on the budget for 115 places and 114 placements at the year-end (of which 6 are Covid related and are funded through the Covid-19 funding).
- Fostering Xtra placements underspent by £0.038m.
- Private Fostering placements are £0.096m underspent based on the budget for 17 placements and 12 placements at the year end.
- Kinship placements are £0.125m underspent based on the budget for 376 places and 351 placements at the year end.
- Adoption placements overspent by £0.088m which is based on the budget for 56 places and 62 actual placements. This also reflects the unachieved saving of £0.060m.

b) Whole Family Wellbeing Fund - underspent by £0.804m which will be earmarked for use in 2023/24.

c) Unaccompanied Asylum-Seeking Children (UASC) – income over-recovery of £0.169m but this only partially offsets spend in other areas.

d) Children with disabilities – residential placements overspent by £0.559m. This is based on an increased number of placements (11) which are expected to continue into 2023/24.

	<p>e) Residential respite – placements are overspent by £0.450m. These short-term placements are used to prevent an admission to full residential care. There are no placements at the year end.</p> <p>f) CEYP Team Employee Costs - overspent by £0.319m which includes £0.203m within the children's houses, this is after applying £0.164m of covid funding.</p> <p>g) Roslin House overspent by £0.188m which reflects the current contract costs.</p>
2.6	ALLIED HEALTH PROFESSIONALS (AHP)
	AHP services underspent by £0.069m due to underspends in non-employee costs.
2.7	CHIEF SOCIAL WORK OFFICER
	There is an underspend of £1.704m due to an underspend in the Carers Strategy funding.
2.8	MANAGEMENT AND SUPPORT
	<p>Management and Support Services are underspent by £6.113m and the main areas of underspend are:</p> <ul style="list-style-type: none"> • An over-recovery of payroll turnover of £2.465m for social care services and an over-recovery of payroll turnover of £0.709m for health services as detailed in the table below. • The in-year reduction in National Insurance contributions has resulted in a part year saving to the Non-Lead Partnership of £0.148m which is included in the outturn for Management and Support. The £0.150m saving in relation to social care was spread across all of the services and has contributed to the payroll turnover achieved. • The additional saving in LD day care employee costs of £0.169m has transferred to the HSCP strategy code and is an approved saving for 2023/24. • There was one-off slippage on the LD and MH transition funding of £0.517m due to delays in children transitioning into adult services. • 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. • There is an underspend of £0.300m in relation to the planned redesign of the West Road building and this will be earmarked for use in 2023/24. • Scottish Government Allocations have underspent by £1.457m and are partially earmarked for use in 2023-24. <p>The turnover targets and projected achievement for the financial year for Health and Social Care services out with the Lead Partnership is noted below:</p>

	Social Care	Health Services
Vacancy Savings Target	(2.014m)	(1.183m)
Actual Achieved to March 2023	4.479m	1.892m
Over/(Under) Achievement	2.465m	0.709m

The turnover achieved is higher than usual as the 22/23 budget included investment in various areas of staffing and these posts were not fully recruited to at the start 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 12 are:

- Learning Disability £0.523m
- Management and Support £0.752m
- Community Care Service Delivery £0.707m
- Rehab and Reablement £0.434m
- Locality Services £0.401m
- Integrated Island Services £0.414m
- Community Mental Health £0.242m

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 LOCAL AUTHORITY PAY AWARD SHORTFALL

The 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 was an in-year overspend with the recurring cost being factored into the 23/24 budget.

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 annual estimated cost of this is £0.120m and it is included in the 22/23 outturn.

2.10 Savings Progress

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

BRAG Status	Position at Budget Approval £m	Position at Month 12 £m
Red	-	0.060
Amber	0.060	-
Green	0.623	-
Blue	-	0.623
TOTAL	0.683	0.683

	<p>b) The main area to note is that red savings of £0.060m relating to adoption allowances were not achieved but this is accounted for in the outturn. The review of allowances is complete, but the benefit will not be realised until future years as the changes will only apply to future cases.</p>
2.11	<p>Budget Changes</p> <p>The Integration Scheme states that <i>“either party may increase it’s in year payment to the Integration Joint Board. Neither party may reduce the payment in-year to the Integration Joint Board nor Services managed on a Lead Partnership basis.... without the express consent of the Integration Joint Board.”</i></p> <p>Appendix D highlights the movement in the overall budget position for the Partnership following the initial approved budget.</p> <p>Reductions Requiring Approval:</p> <ol style="list-style-type: none"> 1) Transfer to capital re accommodation £0.800m 2) Transfer to HR re temporary post for care at home recruitment £0.020m 3) Justice Services – additional income per updated finance circular £0.080m 4) Reduction in the net resource transfer position (Covid underspend payback £11.390m). 5) MH Admin Posts to East £0.006m 6) Training Grade adjustment £0.007m 7) Alcohol Brief Intervention - transfer to East HSCP to provide a GP service £0.010m 8) Medical Discretion Point Funding – reduction for staff who have left post £0.013m 9) Methadone – funding transferred to East GP led service £0.034m 10) Learning Disability – funding transferred to East – Alloway Practice £0.008m 11) MH Outcomes Allocation reduced to match the award letter £0.383m 12) Perinatal Mental Health allocation reduce to match the award letter £0.146m 13) CAMHS reduced to match the award letter £0.762m
2.12	<p>NHS – Set Aside and Pan Ayrshire Services</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 was delayed by the requirement to focus efforts on the Covid response but has now recommenced.</p> <p>The final outturn in relation to North Lead Partnership services is not fully attributed to the North IJB as a share is allocated to East and South Partnerships; similarly, the impact of the outturn on East and South led services is shared with North. At Month 12 the Mental Health lead partnership is underspent by £2.802m (£1.013m NRAC share for East and £0.809m for South).</p>

East HSCP – prior to earmarking, there is an overall underspend of £1.970m in East Ayrshire managed services of which £0.513m will be allocated to North.

Primary Care and Out of Hours Services (Lead Partnership)

On a managed services basis, there is an underspend of £1.736m on the Primary Care Lead Partnership budget. This includes a net overall underspend of £0.374m on the Primary Care Improvement Fund which has been earmarked for carry-forward on an actual spend basis at individual IJB level. The £1.110m underspend in Dental services includes savings due to reduced service provision with an anticipated increase in staffing costs going forward. This 2022/23 underspend reduced Childsmile costs, which will be earmarked for carry-forward on an individual IJB basis.

Prison and Police Healthcare (Lead Partnership)

The £0.215m underspend is largely due to net staffing savings. In addition, the medical contracts at both Prison and Police have reduced and contributes to the underspend.

Other Lead Services

The £0.020m underspend wholly relates to less than budgeted Marie Curie care and support services.

South HSCP – overspend of £0.139m of which £0.051m 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.

Set Aside: NHS Ayrshire and Arran were able to inform the 22/23 Set Aside with local activity data for 22/23. Whilst a proposed pricing methodology using budgetary information has been developed, Ayrshire Finance Leads agreed to use historic pricing for consistency with prior year's annual accounts.

	2022/23 NRAC Share	2022/23 NRAC Share	2022/23 Spend	2022/23 Variance
	%	£	£	£
East	31.90%	28,543,045	26,555,104	1,987,941
North	36.80%	32,917,081	32,267,475	649,606
South	31.30%	27,988,464	30,626,010	(2,637,546)
Total	100.00%	89,448,590	89,448,590	0

The directorate overspent by £18.7m, 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. COVID-19 spend exceeded funding by £4.2 million, with the majority of this being incurred within the Acute Directorate.

There is an ongoing and material underlying deficit caused by:

- Unachieved efficiency savings
- High expenditure on medical and nursing agency staff, high rates of absence and vacancies causing service pressure.

- High numbers of delayed discharges and high acuity of patients.

The IJBs and the Health Board continue to work closely in partnership to maintain service and improve performance.

2.14 COVID-19 – FINANCE MOBILISATION PLAN IMPACT

Summary of position

From the outset of the pandemic the HSCP acted very swiftly to respond and developed a mobilisation plan detailing the additional activities to support our response, alongside the estimated financial impact. Financial returns were submitted to the Scottish Government on a regular basis during 2020-21, 2021-22 and 2022-23, on the premise that any additional costs aligned to mobilisation plans would be fully funded. 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 have been met from this funding. The unused funding has been reclaimed by the Scottish Government and redistributed to Health Boards for Covid-related costs in non-delegated services.

2.15 Mobilisation Plan and Funding Position

The initial month 3 mobilisation plan cost submission was submitted in July and estimated the costs to be £4.067m to March 2023. The changes since month 3 are summarised in the table below:

Service Area	Initial Month 3 Return £m	Month 4 Return £m	Month 5 Return £m	Months 6,7,8,9 Returns £m	Month 10 Return £m	Month 12 Return £m
Payments to Providers	1.100	1.100	1.953	2.143	2.143	1.237
PPE	0.418	0.418	0.419	0.326	0.265	0.251
Additional Staff	1.317	1.317	1.315	1.318	1.318	1.285
Loss of Income	0.246	0.246	0.246	0.210	0.210	0.361
Children & Families	0.957	0.957	0.957	1.107	1.107	1.384
Other Areas	0.029	0.029	0.015	0.015	0.015	0.049
TOTAL	4.067	4.067	4.905	5.119	5.058	4.567

Based on the projected spend, £8.648m of funding has now been reclaimed by Scottish Government and the small remaining balance has been earmarked to repay the balance in 2023-24 when the final reconciliation and balancing adjustment will be conducted.

2.16 Provider Sustainability Payments and Care Home Occupancy Payments

COSLA Leaders and Scottish Government agreed an approach to supporting the social care sector to ensure that reasonable additional costs were met during the pandemic. We have made payments to commissioned social care providers in line

with the agreed national principles for sustainability and remobilisation payments to social care providers during COVID 19.

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

Sustainability payments – the most recent guidance issued in September 2022 continued the reduced the scope of what providers can claim for and also outlined deadlines for claims to be submitted. The main costs that could be claimed relate to testing and vaccination and this is extended to 31st March 2023. The Social Care Staff Support Fund was also extended to 31st March 2023 (previously to 30th September 2022).

The breakdown of payments made in 2022-23 are shown in the tables below:

PROVIDER SUMMARY	NCHC Care Homes	Other	Total
Total Number of Providers	17	49	66
Number contacting NAC	17	15	32
Providers Supported to date	17	15	32

SUPPORT PROVIDED	NCHC Care Homes	Other Services	TOTAL
	£	£	£
Occupancy Payments	66,210	0	66,210
Staffing	607,292	230,325	837,617
PPE, Infection Control	147,060	38,682	185,742
Other	141,071	6,401	147,472
TOTAL	961,633	275,408	1,237,041

Both the care home occupancy and sustainability payment funding has ceased and there will be no further Covid funding in 2023-24.

2.17 RESERVES

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

The full outstanding debt to North Ayrshire Council of £2.321m has now been repaid; the increased payment was funded by a transfer of budget from the Council so there was no detriment to the IJB financial position.

The 'free' general fund balance of £6.448m is held as a contingency balance, this equates to around 2.3% of the IJB budget for 2022-23 which is within, but towards the lower end, of the target range of 2%-4%.

	General Fund Reserves		Earmarked Reserves		Total
	Debt to NAC	Free GF	External Funding £m	HSCP	
	£m	£m	£m	£m	
Opening Balance - 1 April 2022	(2.321)	7.248	23.805	0.500	29.232
Transfers Out	2.321	(0.800)	(21.027)	-	(19.506)
Transfers In	-	-	4.219	3.719	7.938
Closing Balance – 31 March 2023	-	6.448	6.997	4.219	17.664

It is proposed that the in-year surplus of £3.719m is earmarked as follows:

- £2.000m will be earmarked to support the financial position in 2023-24. IJB members are aware that a balanced budget was agreed in March; however, the financial position remains extremely challenging and work is required to bring a number of budget lines back into financial balance, most notably the high number of children's residential placements.
- £1.719m will be earmarked to create a Service Redesign and Change Fund. This will support the work which will be required to transform services to meet future financial challenges and to fund any costs associated with the Council's Voluntary Early Release (VER) scheme for staff employed within the Partnership. The £0.500m currently earmarked in a 'Challenge Fund' will be added to this to create a total Service Redesign and Change Fund of £2.219m.

It is also worth reiterating that in March 2023 the IJB approved the use of £1.252m of currently earmarked reserves to support a balanced budget position for 2023-24.

3. PROPOSALS

3.1 Anticipated Outcomes

The focus during the year was to ensure the final outturn position was at least online for core service delivery whilst closely monitoring the additional Covid costs.

This was achieved and the overall debt owed to the Council has been repaid.

The transformational change programme will have the greatest impact on the financial sustainability of the partnership, the IJB require to have a clear understanding of progress with plans and any actions that can be taken to bring the change programme into line, including the impact of the Covid response financially and on the delivery of the transformation plan.

3.2 Measuring Impact

The position reported is the unaudited year-end outturn position for 2022-23, further information will also be contained within the unaudited IJB annual accounts. Ongoing updates to the financial position including the reserves position will be reported to the IJB throughout 2023-24.

4.	IMPLICATIONS	
Financial:	The outturn is a year-end underspend of £3.719m after earmarking £4.219m of funds for future use and this is also after £2.321m of debt repayment budget back to the Council. The main areas of overspends and underspends are highlighted in the report.	
Human Resources:	The report highlights vacancy or turnover savings achieved in 2022-23. Services will review any staffing establishment plans and recruitment in line with normal practice when implementing service change and reviews as per agreement with the IJB; there is no intention to sustain this level of staffing capacity reduction on a recurring or planned basis.	
Legal:	None	
Equality:	None	
Children and Young People	None	
Environmental & Sustainability:	None	
Key Priorities:	None	
Risk Implications:	The report falls in line with the agreed risk appetite statement which is a low -risk appetite in respect to adherence to standing financial instructions, financial controls and financial statutory duties and a high -risk appetite in relation to finance and value for money.	
Community Benefits:	None	
Direction Required to Council, Health Board or Both	Direction to: -	
	1. No Direction Required	
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	√

5.	CONSULTATION
5.1	<p>This report has been produced in consultation with relevant budget holders and the Partnership Senior Management Team.</p> <p>The IJB financial monitoring report is shared with the NHS Ayrshire and Arran Director of Finance and North Ayrshire Council's Head of Finance after the report has been finalised for the IJB.</p>

6.	CONCLUSION
6.1	<p>It is recommended that the IJB:</p> <p>(a) notes the overall integrated financial performance for the financial year 2022-23 and the overall year-end underspend of £7.938m, adjusted to £3.719m after earmarking of funds which have been received for a specific purpose;</p> <p>(b) notes the updated costs of the Covid response and the funding received;</p> <p>(c) notes that outwith the IJB overall position, the £2.321m debt repayment has been made to North Ayrshire Council as planned;</p> <p>(d) approve the budget changes outlined at section 2.11; and</p> <p>(e) approve the proposed earmarking of the in-year surplus as detailed in the report, leaving a balance of £6.448m in free general fund reserves.</p>

For more information please contact:

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Appendices

- A) 2022-23 Budget Monitoring Report– Objective Summary as 31 March 23
- B) Reserves Position in Detail
- C) 2022-23 Savings Tracker
- D) 2022-23 Budget Reconciliation

2022-23 Budget Monitoring Report–Objective Summary as at 31st March 2023

Appendix A

Partnership Budget - Objective Summary	2022/23 Budget								
	Council			Health			TOTAL		
	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
COMMUNITY CARE AND HEALTH	66,330	65,496	(834)	18,931	19,790	859	85,261	85,286	25
: Locality Services	27,983	27,086	(897)	5,870	6,050	180	33,853	33,136	(717)
: Community Care Service Delivery	33,596	33,222	(374)	0	0	0	33,596	33,222	(374)
: Rehabilitation and Reablement	1,782	1,696	(86)	0	0	0	1,782	1,696	(86)
: Long Term Conditions	1,078	1,184	106	10,165	10,789	624	11,243	11,973	730
: Community Link Workers	183	174	(9)	0	0	0	183	174	(9)
: Integrated Island Services	1,708	2,134	426	2,896	2,951	55	4,604	5,085	481
MENTAL HEALTH SERVICES	28,807	28,272	(535)	67,326	64,459	(2,867)	96,133	92,731	(3,402)
: Learning Disabilities	21,191	22,441	1,250	467	466	(1)	21,658	22,907	1,249
: Community Mental Health	5,969	4,890	(1,079)	1,725	1,687	(38)	7,694	6,577	(1,117)
: Addictions	1,647	941	(706)	1,695	1,669	(26)	3,342	2,610	(732)
: Lead Partnership Mental Health NHS Area Wide	0	0	0	63,439	60,637	(2,802)	63,439	60,637	(2,802)
CHILDREN & JUSTICE SERVICES	33,731	35,947	2,216	4,345	4,343	(2)	38,076	40,290	2,214
: Irvine, Kilwinning and Three Towns	3,044	3,104	60	0	0	0	3,044	3,104	60
: Garnock Valley, North Coast and Arran	3,086	2,226	(860)	0	0	0	3,086	2,226	(860)
: Intervention Services	1,703	1,553	(150)	356	356	0	2,059	1,909	(150)
: Care Experienced Children & Young people	22,005	24,955	2,950	0	0	0	22,005	24,955	2,950
: Head of Service - Children & Families	1,366	1,423	57	0	0	0	1,366	1,423	57
: Justice Services	2,310	2,471	161	0	0	0	2,310	2,471	161
: Universal Early Years	217	215	(2)	3,566	3,564	(2)	3,783	3,779	(4)
: Lead Partnership NHS Children's Services	0	0	0	423	423	0	423	423	0
CHIEF SOCIAL WORK OFFICER	2,570	866	(1,704)	0	0	0	2,570	866	(1,704)
PRIMARY CARE	0	0	0	51,357	51,277	(80)	51,357	51,277	(80)
ALLIED HEALTH PROFESSIONALS	0	0	0	9,532	9,463	(69)	9,532	9,463	(69)
COVID NHS	0	0	0	853	850	(3)	853	850	(3)
MANAGEMENT AND SUPPORT COSTS	3,946	(262)	(4,208)	(3,780)	(5,851)	(2,071)	166	(6,113)	(6,279)
OUTTURN ON A MANAGED BASIS	135,384	130,319	(5,065)	148,564	144,331	(4,233)	283,948	274,650	(9,298)
Return Hosted Over/Underspends East	0	0	0	0	1,013	1,013	0	1,013	1,013
Return Hosted Over/Underspends South	0	0	0	0	809	809	0	809	809
Receive Hosted Over/Underspends South	0	0	0	0	51	51	0	51	51
Receive Hosted Over/Underspends East	0	0	0	0	(513)	(513)	0	(513)	(513)
OUTTURN ON AN IJB BASIS	135,384	130,319	(5,065)	148,564	145,691	(2,873)	283,948	276,010	(7,938)
Less Earmarking									
: Alcohol & Drug Partnership	0	0	715	0	0	0	0	0	715
: Mental Health Action 15	0	0	0	0	0	125	0	0	125
: Covid19 Funding	0	0	76	0	0	0	0	0	76
: Multi-Disciplinary Teams	0	0	0	0	0	644	0	0	644
: MH Recovery and Renewal	0	0	0	0	0	1,170	0	0	1,170
: Cossette Funding	0	0	0	0	0	18	0	0	18
: Mental Health Wellbeing in Primary Care	0	0	0	0	0	40	0	0	40
: Buvidal	0	0	0	0	0	168	0	0	168
: Childsmile	0	0	0	0	0	13	0	0	13
: West Road	0	0	300	0	0	0	0	0	300
: LD Health Checks	0	0	0	0	0	146	0	0	146
: Whole Family Wellbeing Funds	0	0	804	0	0	0	0	0	804
FINAL OUTTURN POSITION	135,384	130,319	(3,170)	148,564	145,691	(549)	283,948	276,010	(3,719)

Reserves Position in Detail

Appendix B

Area of Reserves	Opening Balance	Transfers Out 2022-23	Transfers In 2022-23	Balance at 31 March 2023
Earmarked Funds				
: Alcohol & Drug Partnership	890	(890)	715	715
: Mental Health Action 15	511	(511)	125	125
: Primary Care Improvement Fund	1,856	(1,856)	0	0
: 21-22 Budget Gap	0	0	0	0
: Challenge Fund / Service Redesign	500	0	1,719	2,219
: Community Living Change Fund	513	0	0	513
: Covid19 Funding	13,321	(13,321)	76	76
: Neighbourhood Networks	145	(145)	0	0
: Mental Health Officer Development Grant	41	(41)	0	0
: NAC Recovery and Renewal – Mental Health Element	71	0	0	71
: Joint Equipment	5	(5)	0	0
: Nethermain Adaptations	40	(40)	0	0
: Supported Accommodation	50	(50)	0	0
: West Road	0	0	300	300
: Care at Home Capacity	1,192	(127)	0	1,065
: Interim Care	1,046	(310)	0	736
: Trauma Training	50	0	0	50
: Trauma Trainer	48	(48)	0	0
: Family Wellbeing Fund	106	(106)	804	804
: Perinatal MH Nurse	65	(31)	0	34
: Unaccompanied Asylum-Seeking Children	11	(11)	0	0
: Multi-Disciplinary Teams	644	(644)	644	644
: Health Care Support Workers	144	(144)	0	0
: MH Recovery and Renewal	2,057	(2,057)	1,170	1,170
: Medical photography	4	(4)	0	0
: Data Sims	28	(28)	0	0
: School Nursing	56	(56)	0	0
: Buvidal	109	(109)	168	168
: AHP Winter Funding	51	(51)	0	0
: Perinatal and Infant Mental Health	86	(86)	0	0
: Cossette Funding	18	(18)	18	18
: Replacement Mattress Programme	78	(78)	0	0
: Expansion of Primary Care Estates	55	0	0	55
: GP Premises Improvements - tranches 1 and 2	81	(10)	0	71
: Mental Health Wellbeing in Primary Care	40	0	40	80
: Dental Practice Improvement	265	(164)	0	101
: Childsmile	0	0	13	13
: Dental Winter Preparedness	128	(86)	0	42
: LD Health Checks	0	0	146	146
: 23-24 Budget Support	0	0	2,000	2,000
Total Earmarked	24,305	(21,027)	7,938	11,216
Outstanding Debt	(2,321)	2,321	0	0
Unallocated General Fund	7,248	(800)	0	6,448
General Fund	29,232	(19,506)	7,938	17,664

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 12	Saving Delivered @ Month 12 £m	Shortfall £m	Comment
1	Adoption Allowances	Amber	0.060	Red	-	0.060	Included in the outturn
TOTAL SOCIAL CARE SAVINGS			0.060		0.000	0.060	

Savings ref number	Description	Deliverability Status at budget setting	Approved Saving 2021/22 £m	Deliverability Status Month 12	Saving Delivered @ Month 12 £m	Shortfall £m	Comment
2	Payroll Turnover Inflation	Green	0.302	Blue	0.302	-	Achieved
3	Elderly Mental Health inpatients (lead partnership)	Green	0.321	Blue	0.321	-	Achieved
TOTAL HEALTH SAVINGS			0.623		0.623	0.000	
TOTAL NORTH HSCP SAVINGS			0.683		0.623	0.060	

2022-23 Budget Reconciliation

Appendix D

COUNCIL	Period	Permanent or Temporary	£'m
Initial Approved Budget			116.017
Base budget adjustments	1		(0.046)
Uploaded Budget			115.971
Resource Transfer	1	P	26.228
Software Licences transfer to IT	3	P	(0.002)
Montrose Cleaning Post to Facilities Management	3	P	(0.014)
Software Licences transfer to IT	4	P	(0.003)
Summer of Play Funding from Education	5	T	0.056
Insurance – transfer to corporate	6	P	(0.075)
Software Licences transfer to IT	6	P	(0.006)
MARAC funding	6	T	0.009
Pay Award Funding	7	P	1.866
Commercial Waste - Corporate adjustment	7	P	0.013
Family Wellbeing Fund	7	T	0.959
Software Licences transfer to IT	7	P	0.001
DWP income re CHIS	9	P	0.008
Carer Support to Education	10	T	(0.020)
ADP Funding to Money Matters	10	T	0.098
HSCP Debt Repayment	11	T	2.320
Drawdown Arran Staff Accommodation	11	T	0.100
Drawdown Arran Staff Accommodation	12	T	(0.800)
Carer Support to Education - reversal	12	T	0.020
CAH funding HR temporary post	12	T	(0.020)
Insurance Allocation	12	T	0.110
Financial Inclusion Funding	12	T	0.010
ICT Licence	12	T	0.000
MARAC HSCP	12	T	0.030
CJ Funding Corrections 2223	12	T	(0.080)
Resource Transfer - year end adjustment	12	T	(11.390)
Roundings	12	T	(0.003)
Budget Reported at Month 12			135.384

HEALTH	Period	Permanent or Temporary	£'m
Initial Approved Budget			163.988
Resource Transfer			(26.228)
Month 10-12 Adjustments			22.401
Adjust for Non-recurring funding			(22.408)
Full Year effect of Part Year Reductions			0.128
REVISED 22-23 BUDGET			137.881
Training Grade Adj – April	1	P	(0.064)

Vire No 2 - East to North CAMHS Admin	1	P	0.099
Band 2-4 SG Funding reduction	1	P	(0.007)
AHP Clinical Admin Budget Transfer	2	P	0.048
Dean Funding to Partnerships	2	P	0.085
Prescribing Uplift	2	P	1.631
Prescribing Cres	2	P	(0.715)
Prescribing out non schedule 5	2	P	(0.429)
Scottish Huntington's Post	3	P	0.014
Daldorch Income Shortfall	3	P	0.045
Community Store Contributions	3	P	(0.006)
Iona/Lewis Patient to South	3	T	(0.046)
Marie Curie contract uplift	3	P	(0.004)
Trakcare/Huntington's/ Daldorch	3	P	0.086
Staff Wellbeing Posts from OH&RD	4	P	0.193
Top Slicing Posts- Prescribing	4	P	(0.071)
Admin Post transferred to Medical Records	4	T	(0.034)
Naloxone for Police Scotland	4	T	0.026
Dean Funding	5	P	0.095
Rx Top Slicing to Pharmacy	5	P	(0.008)
Uplift DOAC (Direct Oral Anticoagulant) Rebate	5	P	0.06
Uplift CRES to Primary Care Rebate Scheme	5	P	0.068
Dysphagia Post	5	P	(0.021)
ADP PSST Support	5	T	0.008
CAMHS Liaison Funding	5	T	(0.350)
Specialist Pharmacist in Substance Misuse	6	T	0.012
BBV (Blood Borne Virus) Funding	6	T	0.242
Maternal and Infant Nutrition Allocation	6	T	0.020
Dean Funding Pay Award	6	P	0.061
GP Office 365 Upgrade	6	T	(0.137)
HD200 Drug Tariff Reduction 2022-23	7	P	(0.320)
Medical Pay Award 2.5% Top Up	7	T	0.170
Training Grades Reduction	8	P	(0.029)
Pulmonary Rehab Physio Monies	8	P	0.023
Franking transfer to Acute	8	P	(0.001)
AHP Clinical Admin to South HSCP	9	P	(0.021)
ADP Reduction	9	T	(0.324)
District Nursing Funding	9	T	0.037
A&E Liaison funding rtn'd to South/East ADP's	9	P	(0.139)
Prescribing Uplift	9	T	1.787
NSAIS - Revenue Costs	9	T	(0.014)
Revenue to Capital - North Bladder Scanners	9	T	(0.008)
HD342 VETERAN MENTAL HEALTH SUPPORT	9	T	0.105
HD336 LD HEALTH CHECKS	9	T	0.039
BUVIDAL FUNDING 8A PHARMACIST TO ACUTE	9	T	(0.014)

MDT Reduction	9	P	(0.006)
TEC Contribution	10	T	(0.053)
COVID Funding returned to the Scottish Govt	10	T	(8.263)
Mental Health After Covid	10	T	0.102
Diabetes Prevention	10	T	0.042
VIREMENT 15 MHS ADMIN POST TO EAST/SOUTH - HL	11	T	(0.006)
Training Grade Adjustment	11	T	(0.007)
Anticipate Action 15	11	T	0.714
HD361 Trauma Funding	11	T	0.044
Dementia PDS	12	T	0.071
North Pay Award 22.23	12	T	3.750
ADP	12	T	0.783
South Mat funding to North	12	T	0.029
North Pay Award 22.23 on NR Budgets	12	T	0.378
South Contribution to Trak	12	T	0.017
South Contribution to Veteran's 1st	12	T	0.034
Re-parent ACH Admin from Acute to North HSCP	12	T	0.244
Alcohol Brief Intervention	12	T	(0.010)
RX Budget adjustments	12	T	0.240
Apprenticeship Levy	12	T	0.320
Medical Discr Points 22-23	12	T	0.034
Medical Discr Points Leavers 22-23	12	T	(0.013)
Methodone Shortfall	12	T	(0.034)
LDS Shortfall - Alloway Place	12	T	(0.008)
East Contribution to Veteran's 1st	12	T	0.036
LD Health checks	12	T	0.073
Reduce MH Outcomes Alloc	12	T	(0.383)
LD Health checks	12	T	0.034
MDT	12	T	0.276
Perinatal Mental Health	12	T	(0.146)
CAMHS Earmarked Reduction	12	T	(0.762)
CAMHS Liaison Funding	12	T	0.247
Resource Transfer - year end adjustment	12	T	11.393
Covid Funding returned to the Scottish Government	12	T	(0.408)
Roundings	12	T	0.005
Budget Reported at Month 12			148.564

COMBINED BUDGET MONTH 12	283.948
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Integration Joint Board

15th June 2023

Subject:	Community Wealth Building update
Purpose:	<ul style="list-style-type: none"> Awareness
Recommendation:	It is recommended that the IJB notes the work which has been carried out that supports the Community Wealth Building agenda and agrees to receive future updates.

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
CWB	Community Wealth Building

1.	EXECUTIVE SUMMARY
1.1	Community Wealth Building (CWB) is an approach to economic growth which supports the local economy. North Ayrshire Council has been at the forefront of developing CWB in Scotland.
1.2	The IJB has signed the 'anchor charter' to demonstrate its commitment to CWB alongside other Community Planning Partners.
1.3	This report provides an initial update on the work which is being taken forward.
2.	BACKGROUND
2.1	North Ayrshire Council was the first in Scotland to adopt a 'Community Wealth Building' strategy. Community Wealth Building is an approach to economic development that aims to ensure fair and resilient local and regional economies and seeks to use the economic levers available to local authorities and partner organisations, known as 'anchor institutions', to support the local economy.
2.2	The Integration Joint Board signed the 'Anchor Charter' in October 2021 and became an anchor institution alongside partners including the 3 Ayrshire Councils, the other



	Integration Joint Boards, NHS Ayrshire and Arran, Ayrshire College, and TACT (The Ayrshire Community Trust). This is attached at Appendix 1 for information.
2.3	A Community Wealth Building Commission has been established, chaired by the Leader of North Ayrshire Council, which brings together the anchor institutions to drive forward progress.
	<u>Community Wealth Building approach</u>
2.4	<p>The Community Wealth Building approach is built around a number of 'pillars' which harness existing resources. These are:</p> <ul style="list-style-type: none"> • <u>Procurement</u> – we commit to using our spend to support a diverse local business base. • <u>Employment</u> – we commit to being a fair employer. • <u>Land and Assets</u> – we commit to the productive use of our land and assets to support communities and enterprises. • <u>Financial Power</u> – we commit to harnessing and growing local wealth. • <u>Plural Ownership</u> – we commit to supporting plural ownership of the local economy. • <u>Climate Action</u> – we commit to becoming a net-zero carbon organisation.
2.5	A working group has been established to take forward the Community Wealth Building agenda within the Partnership, chaired by the Head of Service (Finance and Transformation) and with senior representation from across other service areas. An action plan is being developed by the group to take forward the Partnership's approach to CWB. This work has only begun to progress in recent months following the need for the Partnership to prioritise its operational response to the pandemic in the period following the signing of the anchor charter.
2.6	Work so far in the Partnership has focussed on the first two pillars – procurement and employment – as almost all of the Partnership's financial resources are spent either on staffing costs or on purchasing services from other organisations and whilst the Partnership has an influencing role around the other pillars there isn't any direct control. Each of the pillars is supported by several 'anchor pledges' and the action plan will be structured around these.
2.7	The anchor pledges for our key areas of focus are as follows:
	Procurement
	<ul style="list-style-type: none"> • 'Commit to undertaking supply chain and spend analysis and work towards increasing local spend where possible' – this analysis has recently been completed for 2021-22 spend and is now being refreshed for 2022-23 following the closure of accounts. The findings of this analysis will help to support our action plan in this area.



	<ul style="list-style-type: none"> • ‘Proactively engage with other Anchor Institutions to identify and progress joint procurement opportunities, while supporting local businesses to bid and respond’ – we will continue to engage with other local anchor institutions around opportunities for joint procurement and the recent changes to the Quick Quotes process by the Council will help to support local organisations to bid for smaller contracts.
	Employment
	<ul style="list-style-type: none"> • ‘Work towards becoming a Living Wage employer’ – both the Council and NHS pay the living wage to all of their staff and have done so for a number of years. The Partnership also supports adult social care providers and care homes to pay their staff the Living Wage through our contract rates which fund the payment of the £10.90 rate to employees from April, in line with the Scottish Government Policy. Our Contracts and Commissioning Team have also been working to support providers around developing the Fair Work approach, in line with the Fair Work Convention’s framework. • ‘Seek to recruit locally and from priority groups where appropriate’ – a significant proportion of the Partnership’s workforce lives in North Ayrshire. Much of our recruitment is targeted at local people; a good example of this is the in-person recruitment events which are being held by Care at Home. • ‘Commit to providing secure, safe employment, addressing gender pay imbalance and developing strategies for in-work progression and wellbeing support’ – this is in place through the policies of the partner organisations who employ the Partnership’s staff. • ‘Ensure workers are respected and have access to trade union membership’ – staff have access to trade union membership where they choose to take this up. We have the Staff Partnership Forum in place which supports regular engagement between senior management and trade union representatives and both Council and NHS staff representatives are members of the IJB.
	<u>Future Developments</u>
2.8	A consultation on ‘Building Community Wealth in Scotland’ was launched by the Scottish Government in January 2023. This sought to gather views on whether new legal measures or changes to existing laws are required to accelerate implementation of CWB across Scotland. It included a proposal for the advancement of CWB through a new CWB duty as well as open questions to seek views on potential legislative changes required to advance activity across all pillars of CWB.
2.9	This followed a commitment in the Scottish Government’s 2021-22 Programme for Government, which stated “Building on the development of the approach across Scotland, we will take forward a Community Wealth Building Bill in this Parliament, to enable more local communities and people to own, have a stake in, access and benefit from the wealth our economy generates. The Bill will cement and augment the role local authorities and other public sector anchor organisations, such as Health Boards,



	play in supporting local economic development and advancing a wellbeing economy, legislating for them to consider their economic footprint within a wider place system.”
2.10	Partnership officers were part of the local consultation process which was undertaken by the Council; this informed the submission to the national consultation which closed at the end of April. Further clarity is awaited on the form the new legislation will take but if this is introduced through Parliament it will place CWB on a more statutory footing moving forward.
3.	PROPOSALS
3.1	The IJB is asked to note the work which has been carried out that supports the Community Wealth Building agenda and agrees to receive future updates once our action plan is fully developed.
4.	IMPLICATIONS
4.1	<u>Financial</u> CWB aims to direct spend into the local economy.
4.2	<u>Human Resources</u> None.
4.3	<u>Legal</u> None.
4.4	<u>Equality/Socio-Economic</u> A CWB approach will help support the local economy through employment for local people, both directly and indirectly.
4.5	<u>Risk</u> None.
4.6	<u>Community Wealth Building</u> The report describes the Partnership’s approach to CWB.
4.7	<u>Key Priorities</u> CWB supports the IJB’s strategic priorities of ‘Develop and Support our Workforce’ and ‘Tackle inequalities’.



5.	CONSULTATION
5.1	No consultation has been required in the preparation of this report.

Caroline Cameron, Director

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Appendices

- Appendix 1, CWB Anchor Charter

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Community Wealth Building...uses the economic levers available to Anchor Institutions to develop resilient, inclusive local economies with more local spend and fair employment, as well as a larger and more diverse business base, ensuring that wealth is more locally owned and benefits local people.

Anchor Institutions...are organisations which are rooted in particular places by their mission, histories, physically fixed land and assets, and established local relationships.

Anchor Charter Mission Statement

To commit to long-term collaboration between Ayrshire Anchor Institutions, supporting shared Community Wealth Building goals to improve collective wellbeing and create a strong, resilient and inclusive local and regional economy. This includes a commitment to the embedding of Community Wealth Building principles and reporting on progress to the CWB Commission.

Pillar Purpose	Pillar Objective	Anchor Pledge
Procurement We commit to using our spend to support a diverse local business base	Maximise economic, social and environmental benefit for the community through development of dense local supply chains comprising local SMEs, employee owned businesses, social enterprises, cooperatives and other community owned enterprises.	<ul style="list-style-type: none"> • Commit to undertaking supply chain and spend analysis and work towards increasing local spend where possible • Proactively engage with other Anchor Institutions to identify and progress joint procurement opportunities, whilst supporting local businesses to bid and respond to opportunities

Pillar Purpose	Pillar Objective	Anchor Pledge
Fair Employment We commit to being a fair employer	Creating fair and meaningful employment opportunities by recruiting from priority groups, paying the living wage and building progression routes for workers.	<ul style="list-style-type: none"> • Work towards becoming a Living Wage Employer • Seek to recruit locally and from priority groups where appropriate e.g. young people, people with long-term health problems, people experiencing poverty • Commit to providing secure, safe employment, addressing gender pay imbalances and developing strategies for in-work progression and wellbeing support • Ensure workers are respected and have access to Trade Union membership
Land and Assets We commit to the productive use of our land and assets to support communities and enterprises	Anchors are often major land holders and can support equitable land development and ownership models, including the imaginative use of assets for community and wider social and economic use.	<ul style="list-style-type: none"> • Commit to undertaking an asset review to identify opportunities for Community Wealth Building • Proactively support communities who wish to use or develop under-utilised assets
Financial Power We commit to harnessing and growing local wealth	Increase flows of investment within local economies by harnessing wealth that exists locally.	<ul style="list-style-type: none"> • Seek to invest in environmentally sustainable, local economic development opportunities • Support and promote progressive finance initiatives including local credit unions • Encourage staff and service providers to shop locally and ethically, supporting 'Keep it Local' campaigns

Pillar Purpose	Pillar Objective	Anchor Pledge
Plural Ownership We commit to supporting plural ownership of the local economy	Advance inclusive economic ownership models such as local SMEs, employee owned businesses, social enterprises, cooperatives, community enterprises and mutually owned companies and thus enable more wealth generated locally to stay within the community.	<ul style="list-style-type: none"> • Proactively engage with communities to co-produce local services and initiatives • Commit to involving local SMEs, employee owned businesses, social enterprises, cooperatives and community owned enterprises within local supply chains
Climate Action We commit to becoming a net-zero carbon organisation	The global climate emergency requires immediate and sustained action to reduce carbon and greenhouse gas emissions and remove them from the atmosphere.	<ul style="list-style-type: none"> • Commit to a timescale for achieving net zero carbon and greenhouse gas emissions • Support and encourage environmentally sustainable supply chains • Consider strategies to embed environmental benefits through, for example, capital investment projects, active travel and sustainable energy generation

We commit to this Anchor Charter to deliver Community Wealth Building in Ayrshire



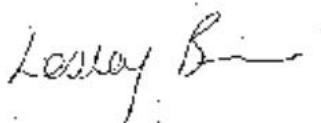
Councillor Joe Cullinane
Leader of North Ayrshire Council




Councillor Douglas Reid
Leader of East Ayrshire Council




Councillor Peter Henderson
Leader of South Ayrshire Council

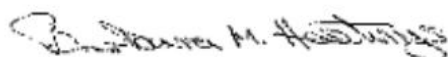
Lesley Bowie
Board Chair, NHS Ayrshire and Arran



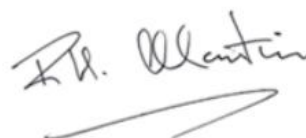

Carol Turnbull
Principal, Ayrshire College




Mark Newlands
Head of Partnerships, Scottish Enterprise

Barbara Hastings
Chief Executive Officer, TACT

Bob Martin
Chair, North Ayrshire Integration Joint Board (IJB)




Councillor Douglas Reid
Chair, East Ayrshire Integration Joint Board (IJB)




Councillor Julie Dettbarn
Chair, South Ayrshire Integration Joint Board (IJB)



Agenda Item 10

Integration Joint Board 15th June 2023

Subject :	Corporate Parenting Plan and The Promise 3 Years On
Purpose :	This report is for awareness to update IJB members on the ongoing work within North Ayrshire to develop the Corporate Parenting Plan and to deliver “The Promise” to our Children and Young People.
Recommendation :	<ol style="list-style-type: none"> 1. Note the progress in North Ayrshire to lay the foundations in Phase 1 of The Promise delivery plan which will then enable us to deliver on the ambitions 10 year change plan to 2030. 2. Note North Ayrshire’s The Promise: Three Years on Progress Report (2020-2023), our achievements to date and next steps. 3. Note North Ayrshire’s first Promise Conference report and key actions to be progressed. 4. Note the Corporate Parenting Plan 2023-26 co-designed by Care Experienced Young People.

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

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
WFWF	Whole Family Wellbeing Funding
UNCRC	United Nations Convention on the Rights of the Child

1.	EXECUTIVE SUMMARY
1.1	North Ayrshire has welcomed the findings of the Independent Care review and subsequent publication of the “The Promise” and the call to action that lies within. We are committed to improving outcomes for children, young people and families in our North Ayrshire communities and recognise that, whilst progress has been made in the first three years, there are many areas we will continue to develop and improve over the next 7 years of this 10 year ambitious change plan.
1.2	Substantial work has been undertaken to lay the foundations to deliver on The Promise. The Promise: Three Years On Summary Report (2020-2023), included as Appendix 1, provides an update on the progress that has been made both locally and nationally and the areas of focus between now and March 2024 and beyond. The calls for action in The Promise are significant and involve whole system and culture change with an agreed timeframe of no later than 2030.
1.3	The progress report sets out how the foundations have been laid in North Ayrshire for the delivery of The Promise including governance and oversight arrangements, engagement activities across services with young people and the workforce, capacity and resources to support engagement and practice change.

1.4	<p>Key achievements and progress in North Ayrshire are measured against the five priority areas of:</p> <ul style="list-style-type: none"> • A Good Childhood • Whole Family Support • Supporting the Workforce • Planning • Building Capacity
1.5	<p>The funding available to realise the full ambitions of The Promise is unclear at this stage. To date funding has been allocated via the Children's Services Planning Partnership through the Whole Family Wellbeing Funding (WFWF). North Ayrshire's allocation is £959k, which is multi-year funding for the lifetime of the parliament. Whilst this funding is welcome, there remains a risk that the scale and pace of change locally could be constrained by resources being made available to deliver, for example, the transfer of resources to early intervention services and approaches rather than crisis intervention.</p>
1.6	<p>Every three years the Scottish Government requires a report on our activities surrounding Corporate Parenting and based on our Corporate Parenting Plan. Our Corporate Parenting Plan (2023-2026) has been co-designed by Care Experienced Young People and addresses their priorities and commitments we have made to them. All the priorities and actions lead to the fulfilment of the Promise.</p>
2.	BACKGROUND
2.1	<p>The Scottish Government announced in 2016 that an independent, root and branch review of Scotland's care system would be undertaken, following extensive lobbying from care experienced people and advocacy organisations. Commencing in 2017, the review examined the underpinning legislation, practices, culture and ethos of the care system. The Care Review concluded at the end of March 2020 with the publication of "The Promise".</p>
2.2	<p>The National Independent Care Review heard that Scotland needed to change how it cares for children, young people and their families and concluded that the care system required a radical overhaul. "The Promise" was subsequently developed; consisting of 80 changes to support the whole system redesign required and narrating a vision for Scotland. Built on five foundations of Voice, Family, Care, People and Scaffolding, it made a promise that all children in Scotland will grow up loved, safe and respected. The calls for action in The Promise are significant and involve whole system change with an agreed timeframe of no later than by 2030.</p>
2.3	<p>The Promise is a large-scale, complex, 10-year change programme with multiple objectives and interlinked activities across multiple partners. As we know, building for the future takes time. To maximise impact and ensure sustainability of approach, a firm foundation needed to be built to give assurance of governance and accountability; to allow all partners to be clear of their own, and collective, roles and responsibilities which will enable a solid platform to build all future developments.</p>
2.4	<p>The timeline below provides a high-level illustration of the implementation of the plan by 2030 and the expectations at each phase of delivery:</p> <p>Years Two to Four: Bedding Down (April 2021 to March 2024)</p> <ul style="list-style-type: none"> • Early intervention and prevention will become standard with obsolescence of crisis services commenced. • The necessary legislative reform will be underway to make sure The

- Rules are enabling.
- A practice and culture change programme will be embedded.

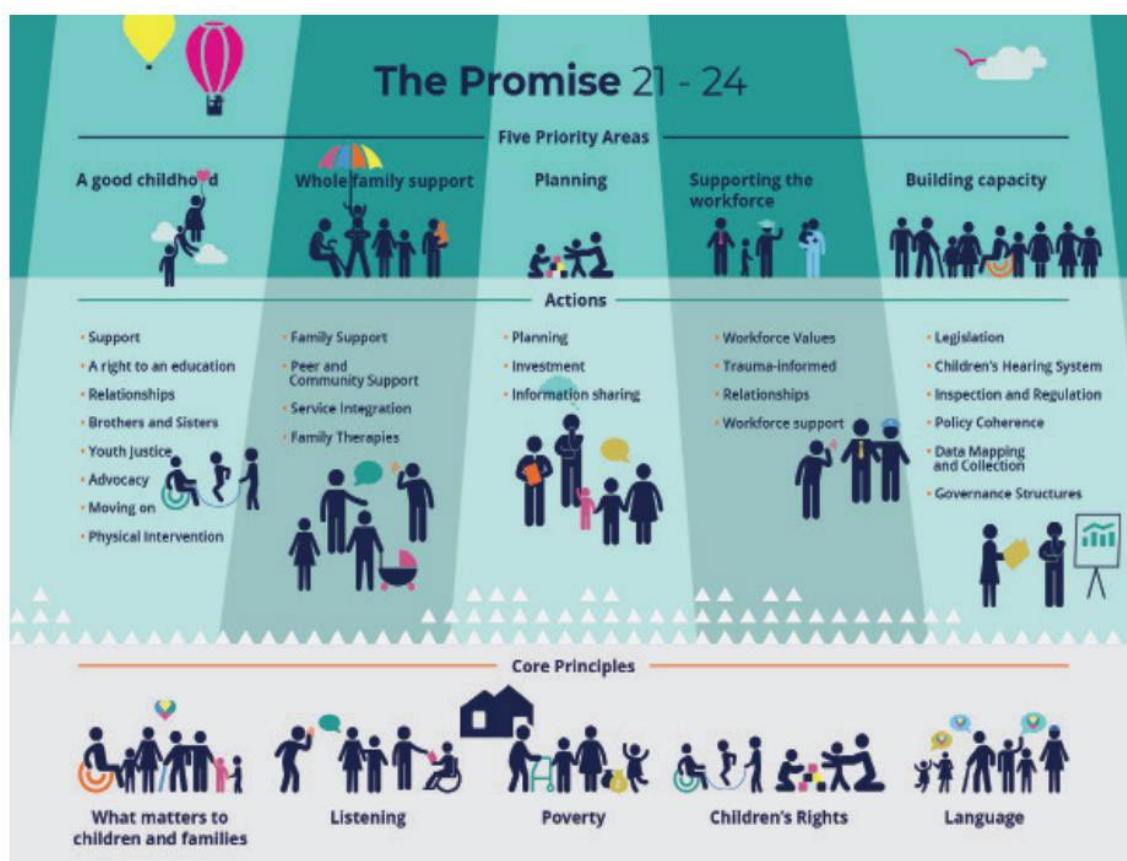
Years Five to Seven: Consolidation (April 2024–March 2027)

- A midpoint review of The Plan will be carried out to ensure pace and performance is on track.
- The Promise will be being realised and the impact felt by children and families.

Years Eight to Ten: Continuous improvement (April 2027–March 2030)

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

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



- 2.6 Building this foundation and the subsequent scaffolding around the change programme has been the major focus for North Ayrshire in the last three years. It must be recognised that the first 16 months of implementing Phase 1 of The Promise actions coincided with the global Covid pandemic, therefore opportunities to progress change during this time were limited. That being said, North Ayrshire had a good foundation on which to build given our multi-agency commitment to Getting it Right for Every Child (GIRFEC) over a number of years. To make sure we 'get it right' for North Ayrshire's care experienced community, we need to be clear of the

	linkages between different parts of the system, the intended and unintended impact of introducing new ways of working, and making sure the child, young person and their families are central to this.
2.7	The Promise sets out a clear commitment for all corporate parents to have an enhanced understanding of the experiences of those who have spent time in care and to drive forward the findings and recommendations. Moreover, delivery of The Promise sits alongside the commitment to incorporation of the United Nations Convention on the Rights of the Child (UNCRC), North Ayrshire's Child Poverty Strategy, the Children's Services Plan and work in relation to children and young people's mental health and wellbeing. Delivery and progress with all these plans require multi-agency working across a number of partners and there are further reports presented to the Council which contribute to the delivery of the Council's commitment to The Promise, for example, the annual report presented to Cabinet in relation to Educational Attainment for care experienced children and the Child Poverty Action Plan.
2.8	<p>Every three years the Scottish Government requires a report on our activities surrounding Corporate Parenting and based on our Corporate Parenting Plan. The Scottish government does not receive the Corporate Parenting Plan and it is used to guide our work locally.</p> <p>Our Corporate Parenting Plan (2023-2026), included as Appendix 2, has been co-designed by Care Experienced Young People and addresses their priorities and commitments we have made to them. All the priorities and actions lead to the fulfilment of the Promise. The actions associated with the plan are highlighted in The Promise Three Year On report under Voice, Family, Care, People and Scaffolding.</p>
3.	<p>PROPOSALS</p> <p>The Promise: Three Years on Report Impact and Highlights</p>
3.1	<p>The Promise – Three Years on Summary Report 2020-23, included as Appendix 1, provides Cabinet with an update on specific pieces of work completed and planned to further take forward the Promise as set out by the 5 priority areas. Services are proud of the work taken forward, despite the challenges faced, in the last three years. Key highlights include:</p> <ul style="list-style-type: none"> • There has been a 15% decrease in the number of Looked After and Accommodated children and young people in North Ayrshire across all care settings. • Health and Social Care are implementing the Signs of Safety approach, taking a rights-based approach to fully align with the principles and shift in culture and practice required to deliver on the ambitions of The Promise. 'Signs of Safety' being a relationship-based model working within the context of child welfare and protection. The approach develops a shared and explicit understanding between professionals and families of where the risk from harm lies, in what set of circumstances it may arise and how these risks will be mitigated through effective safety planning. • There has been a significant increase in the number of young people requesting Continuing Care and we have a significant increase in the number of care experienced young people in college, university and training/employment and sustaining these places. • We have extended our Family Wellbeing Service to compliment the work already in place from the Rosemount Project. This has had a positive impact

	<p>on the numbers of children and young people being received into care.</p> <ul style="list-style-type: none"> • A number of sporting support, engagement and mentoring events have removed any barriers to care experienced young people accessing sport and physical activity. • We have employed a 'Dad's Worker' to improve the visibility and voice of dads in our early year's service. • A Welfare Rights Officer has been appointed to work with families to deliver welfare rights services and signpost to other support services in 7 of North Ayrshire Council's Secondary Schools, more than £468k has been secured for families in the past year. • Education have employed a Home Tutor to provide one to one tuition for care experienced young people. • A care experienced housing officer is in place to be a single point of contact for Care Experienced Young People, improving the housing service and minimising their need to repeat their story to multiple people. • Planning is well underway for our first care experienced Joint Cabinet in June. • Health and Social Care have developed and implemented their 'Keeping Sisters and Brothers Together' policy (a key focus of the Promise). 73% of Sibling Groups are together in the same living environment. • There has been a 10.7% increase in young people in kinship care placements which firmly aligns with our 'family first' approach. • A Communications Plan continues to ensure key messages and progress related to The Promise are shared across wide-ranging partners. Over 150 workshops and presentations have already been delivered by the Corporate Parenting Team to over 100 strategic and practice groups within the Community Planning Partnership, Promise Champions, third sector partners and individual agencies.
3.2	<p>Chapter 5 in the Promise Report outlines proposed actions for 2023-2026, highlighting those which we specifically want to achieve during 2023 and those which are for future years. The actions and outcomes are set against the National Call to Action and the Voices of our Young People and have also been informed by the feedback from the Annual Promise Conference.</p>
	<p><u>Annual Promise Conference</u></p>
3.3	<p>In November 2022 we held our first Annual Promise Conference with Care Experienced Young People, Senior Leaders from across the Community Planning Partnership, Government officials including the Minister for Children and Young People and the CEO's of the Promise Scotland and Children's First. This was the first conference of this kind in Scotland and the voices of the Care Experienced community were heard and actions from the conference will support the development of our future plans.</p> <p>Of the 130 delegates 23 were carers and care experienced young people. The conference focused on relationships, voice and the UNCRC, and family support. The full report from the Conference, which can be accessed in the Promise 3 Years On report, captures the views of our Care Experienced young people, in addition there were over 300 comments from Senior Leaders that on the whole chimed with the views of our Young People.</p> <p>The feedback from the conference highlighted important suggestions from our delegates, including:</p> <ul style="list-style-type: none"> • Relationships – Sustainable relationships are critical to wellbeing, and this

	<p>should be encouraged by providing time, safe spaces, and workers with the attributes they highlighted. Relationships should be sustained even if a worker moves and through transitions, whether at school, living arrangements, or to adult services.</p> <ul style="list-style-type: none"> • Voice and the UNCRC – Children, Young People and families’ voices are important in their individual journeys and collectively to effect change. The delegates called for young people’s forums and groups to plan and comment on new policy and practice changes. They want more awareness around the UNCRC and to tackle stigma for the care experienced community. • Family Support – Delivered at an earlier stage and is community based so that relationships can be strengthened. Services should do be more open to sharing resources and responsibilities, with collaboration at an earlier stage. <p>In May 2023 we had our first Practitioners Promise Conference with front line staff from across the Community Planning Partnership.</p>
	<p><u>Governance</u></p>
3.4	<p>Our Corporate Parenting Steering Group and Promise Operational Group (PrOG) continue to ensure consistency and involvement across partners at a strategic and operational level. These forums include all key strategic partners, frontline staff and care experienced individuals and have met regularly throughout the last three years. The Corporate Parenting Steering Group meets once every three months and is attended by Senior Managers.</p> <p>The PrOG meets every six weeks and is attended by front line managers, front line staff and six care experienced young people; one of whom co-chairs the meetings. It has four sub-groups and we continue to progress work around:</p> <ul style="list-style-type: none"> • Language and Communications • Alternative Care • Trauma Informed Practice, and • Data and Discovery Mapping <p>Each of these sub-groups have agreed their own priorities.</p> <p>To ensure we listen and engage our workforce, a Promise Champion’s Group has been established. They are linked together by our SharePoint site and through a number of face to face activities. Each Team and service area has been asked to nominate a Champion from their team to join this support and consultation network. At present we have 25 Promise Champions across wide-ranging partners.</p>
	<p><u>Summary</u></p>
3.5	<p>There has been positive progress made in relation delivering Phase 1 of The Promise over the past three years. The foundations have been laid for progressing the change required to 2030 which will radically redesign the whole care system. Our data, both qualitative and quantitative, shows we are making a positive impact and we will continue to drive changes in line with what our needs are at a local level and the 10 year change plan. Local activity has focused on putting strong foundations in place regarding our partnership approaches, hosting the first of our annual conferences and securing multi- agency and multi-disciplinary commitment to key actions and outcomes. A number of service and practice developments are underway and links have been made with other major projects and programmes which are related to care experienced children and young people both locally and nationally.</p>

3.6	<u>Anticipated Outcomes</u>
	<p>All care experienced children and young people in North Ayrshire grow up feeling loved, safe and respected so they can realise their potential.</p> <p>The number of children and young people coming into the care system decreases. However, if statutory measures are considered necessary, then we always consider 'family first'.</p> <p>There is an increase in more preventative, early intervention and community-based supports for children, young people and families.</p>
3.7	<u>Measuring Impact</u>
	Specific actions from the PrOG sub-groups are being monitored via the performance management system, Pentana. Quarterly reports provide ongoing progress tracking. There are also individual work plans relevant to areas of development which are monitored over time. Regular updates will be submitted to IJB.
4.	IMPLICATIONS
4.1	<u>Financial</u> The report details specific funding received to date. Further financial implications are likely and expected as services undergo various stages of re-design to meet our commitment to The Promise. Financial implications will be identified at the earliest stage in planning and development processes as our work towards achieving The Promise actions are progressed. There is a significant risk of realising the full ambitions of The Promise if the system is not sufficiently resourced or funded to respond and change.
4.2	<u>Human Resources</u> There will be an impact on staff as we reframe how some our services support care experienced children and young people, for example changes required to professional practice. The specifics of this will be clarified as more detailed plans emerge.
4.3	<u>Legal</u> Unknown at this time however it is likely that legislation will follow as The Promise contains the commitment to legislative reform.
4.4	<u>Equality/Socio-Economic</u> The vision of The Promise seeks to address the inequality of outcome experienced by our children and young people who have been or are in the care system. If the ambitions of The Promise are realised, not only will there be improved outcomes but also a reduction, and ideally, an elimination of the inequity that exists between care experienced children and young people and children and young people with no experience of care.
4.5	<u>Risk</u> Add information on the risk implications and how it compares to the agreed risk appetite (Low, Moderate or High).
4.6	<u>Community Wealth Building</u> None.

4.7	<p><u>Key Priorities</u></p> <p>Implementation of The Promise aligns to the following priorities:</p> <ul style="list-style-type: none"> • North Ayrshire's vision that Children and young people experience the best start in life. • North Ayrshire's residents and communities enjoy good life-long health and wellbeing ensuring our communities are inclusive for all. • Community Planning Partnership strategic vision of: Working together to improve well-being, prosperity and equity in North Ayrshire, through Aspiring Communities and Inspiring Place. • Implementation of The Promise is a key ambition of the HSCP Tackling Inequalities Strategic Commissioning Plan 2022-2030: Caring Together. • The Promise features heavily as part of North Ayrshire's work to tackle poverty. • The Promise is a key aspect of the work of NHS Ayrshire and Arran's Corporate Parenting Steering Group, Corporate Parenting Taskforce, Infant Children and Young People's Board and Poverty Taskforce.
5.	CONSULTATION
5.1	<p>As evidenced within this paper and throughout North Ayrshire's The Promise - Three Years On report, ensuring the voices of care experienced children, young people and their families is integral to the delivery of The Promise in North Ayrshire. We have described many examples of where young people have been at the heart of decision making, including through the governance arrangements locally, and also in service developments such as recruitment processes. This will continue and be an integral part of delivery of North Ayrshire's commitment to The Promise. The delivery of The Promise does not sit in isolation and also cannot be delivered by North Ayrshire Council alone, delivery and progress with plans requires multi-agency working across a number of partners, who have been involved in taking forward the work and progress to date.</p>

Caroline Cameron
Director HSCP

For further information please contact **Elizabeth Stewart, Interim Head of Service, Children, Families and Justice**, on **01294 317727**.

Appendices

1. North Ayrshire's The Promise Three Years on Report (2020-2023)
2. Corporate Parenting Plan 2023-2026

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North Ayrshire

The Promise - Three Years On

Summary Report on Progress 2020-2023



CHAPTER 1: INTRODUCTION

Three years ago, the National Independent Care Review heard that Scotland needed to change how it cares for children, young people, and their families, and concluded that the care system required a radical overhaul:

“The Promise” was subsequently developed consisting of 80 changes to support a whole system redesign. Since then, the National Promise Team have published a National Plan for 2021-2024 and the Promise ‘Change One Programme’, highlighting their expectations around what should be accomplished by 2024.

North Ayrshire Community Planning Partnership (NA CPP) has welcomed The Promise. We are committed to improving outcomes for children, young people and families in our North Ayrshire communities and recognise that, whilst progress has been made in the first three years, there are many areas we will continue to develop, evolve, and improve in the years to come.

Underpinning all our work are the five foundations on which The Promise must be built:

Voice – Family – Care – People – Scaffolding

As well as considering progress around scaffolding and governance, we will describe some of the work that has been taken forward locally.

CHAPTER 2: BACKGROUND

Prior to and upon the publication of The Promise North Ayrshire has made considerable progress in improving outcomes for care experienced children and young people and their families. We are confident that:

The Getting it Right for Every Child (GIRFEC) principles and values are embedded in all that we do; our workforce recognises our children and young people are the most important people in our communities.

Partnership working is embedded in our operational and strategic efforts through our Corporate Parenting Steering Group. This is not just across the Corporate Partnership but also in partnership with young people and our care experienced networks.

Our dedicated Corporate Parenting Team was established to support the participation of young people but has widened its remit to the implementation of The Promise, taking forward policy developments and to ensure collaboration between Corporate Parents.

We have strong partnership working across all public services, including Community Planning Partners and third sector (highlighted as a strength in our recent Children's Services Inspection).

Our partnership strengths have resulted in –

- **A focus on prevention and early intervention programmes.**
- **Co-locating the workforce from different disciplines to reduce silo working.**
- **Listening and responding to parents at a pace that is right for them.**

This has contributed to a reduced use of external living arrangements, and we have developed policies that provide better housing and financial support to care experienced young adults in North Ayrshire.

The Promise is a large-scale, complex, 10-year change programme with multiple objectives across multiple partners. For North Ayrshire to realise the asks of The Promise, all our partners need to be clear on respective roles and responsibilities as a foundation for future development. Building this foundation alongside our key partners and strengthening the scaffolding around the change programme has been the major focus for North Ayrshire in the last three years.

The COVID-19 pandemic had impacted our ability to progress our ambitions as originally planned. There were reduced opportunities to work alongside children and young people. Despite this, we have included them when it was safe to do so, and our partners have remained strongly committed to progressing The Promise and have sought out creative and innovative ways to overcome some of the challenges presented by the pandemic.

It is also important to highlight The Promise does not sit in isolation: it sits alongside North Ayrshire's commitment to the incorporation of the United Nations Convention on the Rights of the Child (UNCRC); our Children's Services Plan; core elements of our 2017-2020 Corporate Parenting Plan and our planned Corporate Parenting Plan 2023-2026; (Appendix 1), North Ayrshire's Child Poverty Strategy and Action Plan; and work in relation to children and young people's mental health and wellbeing

Corporate Parenting Plan 2023 -2026

Every three years the Scottish Government requires a report on our activities surrounding Corporate Parenting and based on our Corporate Parenting Plan. The Scottish Government does not receive the Corporate Parenting Plan and it is used to guide our work locally.

Our Corporate Parenting Plan (2023-2026) has been co-designed by Care Experienced Young People and addresses their priorities and commitments we have made to them. All the priorities and actions lead to the fulfilment of the Promise. The actions associated with the plan are highlighted in this report under Voice, Family, Care, People and Scaffolding and are documented on a separate document that will be used for monitoring actions.

CHAPTER 3: SCAFFOLDING AND GOVERNANCE ARRANGEMENTS

The support that young people and families need to ensure they prosper and thrive is identified by The Promise as Scaffolding and is one of The Promise's Foundation Principles. We have accomplished the following:

- Engaged with children and young people young people and involved them in discussions.
- Employed a full time Participation and Engagement Lead
- Employed a full time Corporate Parenting Youth Worker
- Appointed a Part time Temporary Participation Assistant
- Agreed the Governance arrangements to ensure partnership approach and accountability internally and with our partners.
- Developed a Promise Operational Group (PrOG) and sub-groups to drive priorities.

A Steering Group and Promise Operational Group (PrOG) have been established to ensure consistency and involvement across the Partnership at a strategic and operational level.

The Promise Operational Group is attended by operational staff. There are four PrOG sub-groups. These are:

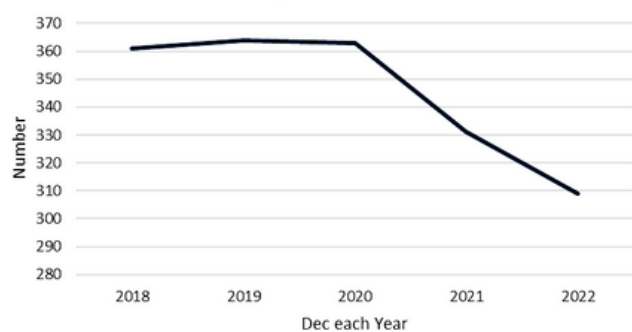
1. Communication and Language
2. Alternatives to Care
3. Trauma Informed
4. Data and Discovery Mapping

Promise Operational Sub-Group Priorities for 2023

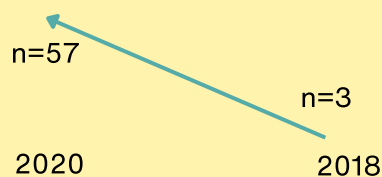
Language and Communication	Alternative Care	Trauma Informed	Data and Discovery Mapping
<ol style="list-style-type: none"> 1. A Multi-agency, cross partnership Social Media Platform. 2. 'A Talk about Language Day' which will be linked to our Champion Board's 'Anti-Discrimination and Stigma Policy' for Corporate Parents and the associated campaign. 3. Have a greater representation of care experienced young people on the Youth Council and Executive Groups. 	<ol style="list-style-type: none"> 1. Develop interactive materials to reduce the anxiety of a child or young person when they are first looked after. 2. Develop a Quality Assurance Framework around the Family Finding activity when a child or young person needs to be looked after away from home. 3. Work with Barnardo's and MCR Pathways to investigate a sustainable mentoring model for those in alternative care. 4. Align more services to prevention and early intervention to prevent children and young people coming into the care system. 5. Look into wrap-around support for families who need it. 	<ol style="list-style-type: none"> 1. Explore the benefits of rolling out a training programme for 'Dyadic Developmental Practice.' 2. Conduct research across the Partnership to ascertain level of knowledge, understanding and training. 3. Roll out of trauma aware and trauma skilled resources, training and consider language and environments. 	<ol style="list-style-type: none"> 1. Mapping early intervention services and recommending actions. 2. Data Mapping across multi-partnerships.

Trends and Impact

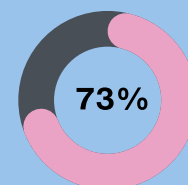
Away from Home



In the last 4 years there has been a significant increase in numbers of young people requesting continuing care.



As of January 2023, 53 of the 73 sibling groups were together at their latest place of residence.

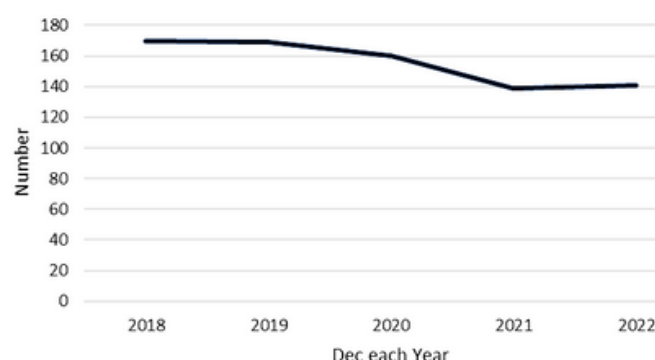


14% (n= 52) reduction in CYP looked after away from home



In the last three years there has been a **10.7%** increase in young people in kinship care placements.

At Home

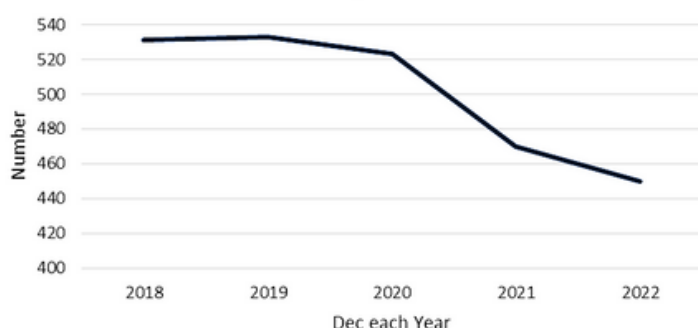


17% (n = 29) reduction in CYP looked after at home

Lowest number of Looked After in 4 years with a positive trend.

15% reduction in Children Looked After over 4 years across all care settings.

Number of Looked After Children and Young People



15% (n = 81) reduction in total numbers of looked after CYP

Family Wellbeing Service:

From November 2021 to the end of June 2022, the FCWS took 69 requests, with 54 of these (78%) being made from the beginning of January 2022.

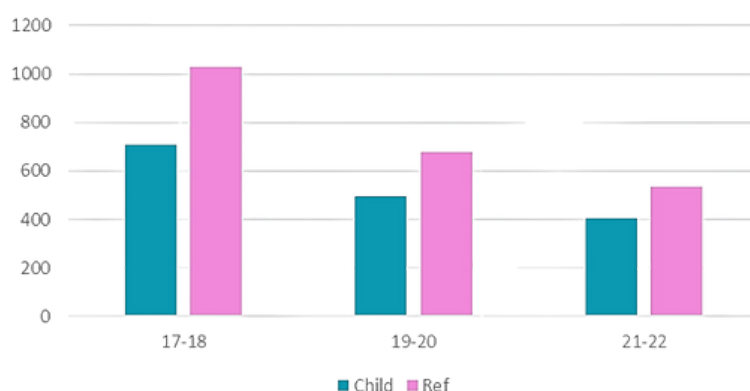
The service currently operates in the Irvine and Three Towns localities, as part of a test for change.

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

Over the last three years there has been a significant reduction in the number of children being referred to the Children's Reporter. The number of referrals includes where a child has been referred more than once.

Although further analysis is required our early intervention strategy is thought to be having a positive impact.

North Ayrshire Children's Hearing Referrals



CHAPTER 4: ACHIEVEMENTS

Whilst not an exhaustive list some specific examples of achievements and actions to date across delivery partners as part of the bedding down phase are highlighted below:

- Education services continue to focus on closing the poverty-related attainment gap and raising the educational attainment and achievement of care experienced children and young people, including through nurture.
- Education have employed an additional Home Tutor to provide one to one tuition for care experienced children and young people.
- The Corporate Parenting Team have provided summer activities and wellbeing days for care experienced children, young people, parents and carers .
- Provision of employability support for care experienced people through group work sessions and one to one support with resilience, interview skills and employability skills.
- All teams and departments have appointed a Promise Champion to be the central point of contact for all consultations, views and to disseminate information and developments to their teams. A 'Promise Champions' network has been established and has 25 Champions as members.
- Offering mental health and wellbeing support for care experienced young people through Mental Health Project workers, this has included full mapping of mental health services and group work/ one to one sessions.
- A Welfare Rights Officer has been appointed to work with families to deliver welfare rights services and signpost to other support services in 7 of North Ayrshire Council's Secondary Schools, more than £468k has been secured for families in the past year with £506k since the project commenced
- The Signs of Safety model and Safe and Together models are currently being implemented across Health and Social Care and wider partners. Both models take a rights-based approach and fully align with the principles and shift in culture and practice required to deliver on the ambitions of The Promise. 'Signs of Safety' being a relationship-based model working within the context of child welfare and protection. The approach develops a shared and explicit understanding between professionals and families of where the risk from harm lies, in what set of circumstances it may arise and how these risks will be mitigated through effective safety planning.
- A care experienced housing officer is in place to be a single point of contact for Care Experienced Young People, improving the housing service and minimising their need to repeat their story to multiple people.
- The Active Schools Team work closely with key school staff to target care experienced young people to access all sport and physical activity opportunities, both in the school environment and their local communities.
- Care experienced young people are embedded within the Youth Participation and Citizenship Strategy with the inclusion of young people from the Champions Board as part of our Executive Youth Council, Joint Youth Forum Meetings and other voice and rights structures.
- Our Champions Board* have produced an Anti-Discrimination and Stigma Policy for Corporate Parents.
- The Family Centred Wellbeing Service was introduced in October 2021 and is a collaborative partnership between the Health and Social Care Partnership and Education. The service is predicated on early intervention approaches.

**Our Champions Board are a group of care experienced young people who come together weekly to affect change in the 'care system'.*

- Dartington Research was commissioned to speak to practitioners in Health and Social Care and Education regarding our current strengths and next steps in achieving the Promise.
- We have increased the number of children and young people involved in strategic and operational groups.

"Being involved in the PrOG has allowed me to feel listened to for the first time by people who make changes that affect my life."

Young Person in one of our Groups

- Bi-monthly staff briefings have been circulated to staff across the Partnership, updating on progress and new developments.
- We have now carried out over 100 awareness raising session that has helped individuals, teams, managers and policy forums to better understand The Promise. We also have a bi-monthly staff newsletter.
- We held a 'Cost of the School Day' conference to look at mitigating the impact the cost of the school day has on families and individuals' finances.
- Care experienced young people have had a crucial part in interviews for new Health and Social Care staff where that role could potentially impact of the lives of the care experienced community.

"It's welcoming to be involved in shaping the future workforce and services while enhancing my own interview skills."

Young Person involved in interviews

- Our Champions Board have drafted a Glossary of preferred terms to be used when describing the 'Care System' to be used in paperwork, meetings, and written material.

"The Champions Board has helped me in a way no other group could. It has made me realise that being care experienced isn't a bad thing that I should be ashamed of. Being part of the board has helped me recover who I am again, and the members have supported me through thick and thin. It's given me opportunities I didn't think I would ever get."

Champions Board member

- Our Champions Board have started to work with developers to create a 'North Ayrshire Care Experienced App', to help inform their community of supports, opportunities and information.
- The Hasta Barista project was launched at the Promise Conference. Hasta Barista is based at Meadowcroft in Irvine and allows young people aged from 14 to 26 to achieve an industry recognised certificate in barista skills that will enable them to seek employment in hospitality settings.
- The voices of the Care Experienced community were heard at our Annual Promise Conference. A Conference report (Appendix 2), has been written with recommendations.

The annual Promise Conference focused on relationships, voice and the UNCRC, and family support. The report from the Conference captures the views of our Care Experienced young people, however there were over 300 comments from Senior Leaders that on the whole chimed with the views of our Young People. The feedback from the conference highlighted important suggestions from our delegates: and summarised here-

- Relationships – Sustainable relationships are critical to wellbeing, and this should be encouraged by providing time, safe spaces, and workers with the attributes they highlighted. Relationships should be sustained even if a worker moves and through transitions, whether at school, living arrangements, or to adult services.
- Voice and the UNCRC – Children, Young People and families' voices are important in their individual journeys and collectively to effect change. The delegates called for young people's forums and groups to plan and comment on new policy and practice changes. They want more awareness around the UNCRC and to tackle stigma for the care experienced community.
- Family Support – Delivered at an earlier stage and is community based so that relationships can be strengthened. Services should do be more open to sharing resources and responsibilities, collaborating at an earlier stage.

CHAPTER 5: NEXT STEPS

Actions 2023-2026 –We have set a number of outcomes we specifically want to achieve in 2023. (These are indicated beside each action below). All other actions will be initiated in 2023 and will have a target set for coming years. These are set against the National calls for action and our own young people's voices.

Voice:

Children must be listened to and meaningfully and appropriately involved in decision-making about their care, with all those involved actively listening and responding to what children want and need.

National Call to Action

- All care experienced children and their families will have access to independent advocacy at all stages of their experience of care.
- Advocacy provision will follow the principles set out in the promise.
- Care experienced children and young people will be able to easily access child centred legal advice and representation.
- There will be well communicated and understood guidance in place that upholds children's rights and reflects equal protection legislation

Local Actions

- Engagement activities and the outcomes of these are included in plans and are reported and evaluated.
- The planning and delivery of the priorities and actions are being taking forward and the co-design of services and supports is in place.
- We gather views and experiences as part of the process to redesign services and supports for care experienced children and young people.
- The tools and resources are developed, applied, and reported on. This includes: • Having your say • Care experienced app. **(2023)**
- The 'Each and Every' child toolkit is used to reframe the care experienced journey.
- We will publish and implement our Anti-Discrimination and Stigma Policy. **(2023)**
- We will increase the number of children, young people, and their families through participation activities.
- Advocacy is available to all children and young people who need it.
- We will ensure Children's Rights are promoted

Our Young People said:

- Review of UNCRC training delivered to a range of partners. i.e the workforce, Care experienced children and young people, carers, and members of the public.
- Explore the concept of having 'Rights Champions' within teams, departments, services etc
- Review 'Children's Rights' training and awareness raising within schools and the use of PSE lessons.
- Explore the idea of Care Experience being a protected characteristic
- Replace the 'Having your say' form.
- We need spaces to be developed and enabled to bring together many voices, either at school, groups, or forums.
- Develop communications to help people to know how to connect with and hear young people activities around separate consultations
- Explore the possibility of streamlining communications, engagements, and consultations

- Explore the idea of having Young People's committees to engage with services. (These forums could be used for services to share their draft policies, give feedback, and take questions to professionals.
- Develop tools that indicate that children and young people have been involved in the co-design of strategies, policy, or practice changes.
- Explore having young people having a role in recruitment and appraisal.

Family:

Where children are safe in their families and feel loved they must stay there – families must be given support to nurture their children and young people to help them overcome any difficulties.

National Call to Action:

- Decisions about transitions for young care experienced people who move onto independent living or need to return to a caring environment, will be made based on individual need.
- Each young care experienced adult will experience their transition as consistent, caring, integrated and focussed on their needs, not on 'age of services' criteria.
- The 10 principles of intensive family support will be embedded into the practice (planning, commissioning, and delivery) of all organisations that support children and their families, directly or indirectly.
- There will be a consistent, national approach to ensure there are places in every community for parents of young children to meet other local parents, to stay and play with children, get support and advice.
- Scotland's family support services will feel and be experienced as integrated to those who use them.
- All families will have direct and clear access to family therapies and specific support across a range of issues, so that accessing support is seen as something that a range of families may need throughout life.
- Scotland will have a national, strategic planning process in place that ensures that children who are cared for away from their family of origin 'belong to a loving home'. The planning process will reflect the needs of Scotland's children and young people whilst operating with the expectation that more children will remain with their families

Local Actions

- Further develop the refreshed GIRFEC early identification processes through multi-agency teams working across local areas.
 - Develop clear options for early intervention family support, based on Family Support Principles and including parenting approaches.
 - Develop an understanding of the association of poverty and neglect and the impact on families.
 - Information surrounding identifiable concerns are securely and appropriately shared between agencies to prevent escalation of concerns.
 - Continued roll out The Family Centred Wellbeing Service.
 - Continued implementation of Signs of Safety and Safe and Together models across the Health and Social Care Partnership and wider partners.
- (2023)**

Our Young People said:

- Review supports that are provided out of normal office hours

Care:

Where living with their family is not possible, children must stay with their brothers and sisters where safe to do so and belong to a loving home, staying there for as long as needed.

National Call to Action

- There will be no barriers to 'contact' and children will be supported to have time with people they care about.
- Scotland will stop the practice of separating brothers and sisters, unless for reasons of safety
- Relationships between brothers and sisters will be cherished and protected across decision making and through the culture and values of the people who care for them.
- Housing pathways for care experienced young people will include a range of affordable options that are specifically tailored to their needs and preferences. Youth homelessness will be eradicated.

Our Young People said:

- Explore decision making in residential houses and the call to let young people to work together on boundaries.

Local Actions

- Ongoing training for all carers focussing on nurture and trauma. **(2023)**
- Targeted support to families when children and young people have been removed from their family with the objective of those children and young people returning to their care.
- North Ayrshire care experienced housing protocol covers all care sectors in line with legislative looked after definitions. **(2023)**
- All eligible young people are offered continuing care, and this is provided in line with current legislation. **(2023)**
- We will increase the number of children and young people coming back to North Ayrshire from external placements (where appropriate). **(2023)**
- The Alternate Care Group will progress their agreed actions These are :-
Develop interactive materials to reduce the anxiety of a child or young person when they are first looked after, Work with Barnardo's and MCR Pathways to investigate a sustainable mentoring model for those in alternative care, Align more services to prevention and early intervention to prevent children and young people coming into the care system, and Develop a Quality Assurance Framework around the Family Finding activity when a child or young person needs to be looked after away from home. **(2023)**

People:

Care for must be actively supported to develop relationships with people in the workforce and wider community, supporting all areas of care through listening and compassionate decision making.

National Call to Action

- The disproportionate criminalisation of care experienced children and young people will end.
- 16- and 17-year-olds will no longer be placed in Young Offenders Institutes for sentence or on remand
- There will be sufficient community-based alternatives so that detention is a last resort
- Children who do need to have their liberty restricted will be cared for in small, secure, trauma-informed environments that uphold their rights.
- All care experienced children, wherever they live, will be protected from violence, and experience the safeguard of equal protection legislation.
- There will be a national values-based recruitment and workforce development framework in place and adhered to by all organisations and professions involved in supporting children and their families.
- There will be no blanket policies or guidance that prevent the maintenance of relationships between young people and those who care for them. Settings of care will be able to facilitate the protection of relationships that are important to children and young people
- A new framework of support will be in place to ensure people involved in the care of care experienced children and young people feel valued, encouraged and have supportive relationships for reflection with high quality supervision and environmental conditions
- Organisations with responsibilities towards children and families will be confident about when, where, why and how to share information with partners. Information sharing will not be a barrier to supporting children and families.

Local Actions

- We will increase the number of young adults with care experience who are connected with a significant adult to support them into a positive destination. **(2023)**
- Implement developing the Young Workforce projects for vulnerable young people, care experienced young people and those in the justice system. **(2023)**
- Promote the importance of maintaining stable, supportive relationships whilst ensuring safety of every person involved. **(2023)**
- Our workforce is supported and trained to support the changing needs of children, young people and their families.
- Our first of our Annual Promise Conferences was held in November 2022. We will organise another one in 2023 along with one mini conference aimed at front-line staff. **(2023)**
- Corporate Parenting induction e-learning module for all staff to be launched in 2023.
- Promote the importance of maintaining stable, supportive relationships whilst ensuring safety of every person involved.

Young People said:

- Explore ways that children and young people can maintain a relationship with a previous trusted adult.
- Review procedures/policy relating to relationships between workers and care experienced children and young people
- Identify 'safe spaces' for children and young people to meet as peers or with others they have a relationship with
- Explore the idea of children and young people choosing their good adult.
- Review of meetings, formal and informal to ensure the child or young persons 'trusted adults' as consistently represented.
- Develop a 'shadowing' or 'getting to know you' activities for all staff at all levels so they can get to know their young people
- Corporate Parenting duties to be included in all partners induction training.

Scaffolding:

Children, families and the workforce must be supported by a system that is there when it is needed. The scaffolding of help, support and accountability must be ready and responsive when it is required.

National Call to Action

- Every child that is 'in care' in Scotland will have access to intensive support that ensures their educational and health needs are fully met.
- Local Authorities and Health Boards will take active responsibility towards care experienced children and young people, whatever their setting of care, so they have what they need to thrive.
- Care experienced children and young people will receive all they need to thrive at school. There will be no barriers to their engagement with education and schools will know and cherish their care experienced pupils.
- Care experienced young people will be actively participating in all subjects and extra-curricular activities in schools.
- Schools will support and ensure care experienced young people go on to genuinely positive destinations, such as further education or employment.
- There will be well communicated and understood guidance in place that upholds children's rights and reflects equal protection legislation.
- The workforce will feel supported to respond to behaviour in a trauma informed way that reflects a deep understanding of the children in their care.

Local Actions

- Progress and roll out the refresh of GIRFEC Planning Pathways and continue delivery of staff briefings and guidance. **(2023)**
- Develop our practice to better integrate performance and measurement into planning and review of our workstreams.
- Support the workforce to better understand their Corporate Parenting Duties and apply them in their day-to-day activities.
- Children and young people with care experience have all they need to thrive at school and beyond.
- Increasing the numbers of looked after children and young people given opportunities to pursue sports, cultural and leisure activities
- Increasing the number of looked after children remaining in their existing care placements beyond the age of 16 and 18. **(2023)**
- Reducing the number of care experienced young people who experience homelessness. **(2023)**
- Increasing training and employment opportunities for looked after young people and care-experienced young people.
- Improving timely access to assessment and effective health interventions for care experienced young people.
- Continue to target actions to close the poverty-related attainment gap and raise educational attainment and achievement of care experienced children and young people.
- Continue to develop the Promise Operational Groups workstreams.
- We will review and improve current practice in relation to promoting and managing attendance and preventing and managing school exclusions **(2023)**
- We will work towards improving skills and sustained, positive school-leaver destinations.
- Language is one of the fundamentals of The Promise and all partners will be asked to review their paperwork, processes and use alternative language **(2023)**
- Roll out of trauma aware and trauma skilled resources and training.

Our Young People said:

- Trauma aware training delivered to all levels of staff.

APPENDIX 1: CORPORATE PARENTS

1. The Scottish Ministers
2. 32 Local Authorities
3. The National Convener of Children's Hearings Scotland
4. Children's Hearings Scotland
5. The Principal Reporter
6. The Scottish Children's Reporter Administration
7. A Health Board
8. A board constituted under section 2(1)(b) of the National Health Service (Scotland) Act 1978
9. Healthcare Improvement Scotland
10. The Scottish Qualifications Authority
11. Skills Development Scotland Co. Ltd (registered number SC 202659)
12. Social Care and Social Work Improvement Scotland
13. The Scottish Social Services Council
14. The Scottish Sports Council
15. The Chief Constable of the Police Service of Scotland
16. The Scottish Police Authority
17. The Scottish Fire and Rescue Service
18. The Scottish Legal Aid Board
19. The Commissioner for Children and Young People in Scotland
20. The Mental Welfare Commission for Scotland
21. The Scottish Housing Regulator
22. Bòrd na Gàidhlig
23. Creative Scotland
24. A body which is a "post-16 education body" for the purposes of the Further and Higher Education (Scotland) Act 2014
25. Independent Living Fund Scotland
26. Care Inspectorate

Corporate Parent Duties – Part 9 of the Children and Young People (Scotland) Act 2014

- Be alert to matters which, or which might, adversely affect the wellbeing of children and young people to whom corporate parenting applies.
- Assess the needs of those children and young people for the services and support they provide.
- Promote the interests of those children and young people.
- Provide those children and young people with opportunities to participate in activities designed to promote their wellbeing.
- Take such action as it considers appropriate to help those children and young people to (i) access the opportunities it provides, and (ii) make use of services, and access support, which it provides.
- Take such action as it considers appropriate for the purposes of improving the way in which it exercises its functions in relation to the children and young people to whom corporate parenting applies.

NORTH AYRSHIRE'S

**Corporate
Parenting Plan**

2023 - 2026



NORTH AYRSHIRE
CHILDREN'S SERVICES
STRATEGIC PARTNERSHIP

Introduction

In North Ayrshire, we all believe that ensuring effective support, care, and protection for infants, children and young people who are looked after, is one of the most important responsibilities for agencies, staff, carers and the Care experienced community.

Infants, Children and Young People who are looked after may need extra support, love, time, and positive relationships to help them reach their potential.

We all need to do everything we can to ensure that those that are Care Experienced are safe, nurtured and supported, and that we all work together so that life experiences are positive, and improves life chances.

Over the last few years the term 'Care Experienced' has become prominent in the language to collectively describe those who are or have ever been Looked After. The Care Experienced Attainment Fund National Guidance says this: –

The term 'care experience' is now a widely used term within the sector to describe any person who has experience of being in care, regardless of the placement length, type or age.



Care may have been provided in one of many different settings, such as in residential care, foster care, kinship care or through being looked after at home with a supervision requirement.

"Corporate parent" is another term and is used to describe a collection of public bodies that have a duty to work together to safeguard and promote the wellbeing of looked after infants, children, young people and care leavers.

However, it is all our responsibility to work with and alongside families, children, young people and the services that support them.

We all must approach this parenting role with as much passion and commitment as any family would and ensure that all looked after infants, children and young people are given the best start in life and maintain this throughout their lives .

At the end of this plan there is a graphic that lets you know who are our Corporate Parents.

This plan outlines our collective priorities and has been co-produced by the North Ayrshire Champion's Board. Our action plan (separate document) is based on the 'Promise', and local priorities'.

All organisations and services within North Ayrshire with corporate parenting responsibilities and the care experienced community are essential contributors to ensuring that care experienced infants, children and young people's outcomes are as good as those for any other children.

Delivering positive outcomes for care experienced children and young people is a key priority for the Community Planning Partnership and its partners. We must now make sure that these priorities are put into practice and that the commitment to those who are Care Experienced is delivered through the implementation of this plan and tangible actions

North Ayrshire has committed to #KeepThePromise which provides a benchmark for corporate parents, carers, practitioners, managers, care experienced community, and decision makers in fulfilling the goal to meet the collective and individual needs of all of our Care Experienced infants, children and young people.



In 2017 an Independent Care Review was carried out over a three year period focusing on the Children's Care System in Scotland. The Review not only listened to Care Experienced young people but had them at the centre of their research and enquires. The Review produced a number recommendations on what needs to change in the care system and challenges Corporate Parents to work alongside children, young people and their families to make these changes happen. This plan will incorporate some of these recommendations, so that all care experienced children and young people can have the best start in life and continued success into adulthood. They have developed five foundation principles. These are:-



VOICE



FAMILY



CARE



PEOPLE



SCAFFOLDING

For further explanation on these Five Promise Foundations please see :- Foundations of the promise – The Promise

North Ayrshire



Number of Looked after children and young people

Date	2018	2019	2020	2021	2022
Number of CYP Looked After	531	533	523	470	450
At Home	170	169	160	139	141
Away from Home	361	364	363	331	309

In the last 5 years,

17% (n = 29) reduction in CYP looked after at home
 14% (n= 52) reduction in CYP looked after away from home
 15% (n = 81) reduction in total numbers of looked after CYP

Of the 81 CYP no longer under looked after :

57% (n=46) are living with parents
 17% (n=14) are living with friends /relatives
 4% (n=11) remain in continuing care
 4% (n=3) have moved into their own tenancy
 3% (n=2) have moved into supported accommodation and
 5% (n=4) other

10.7% increase in young people in kinship care placements

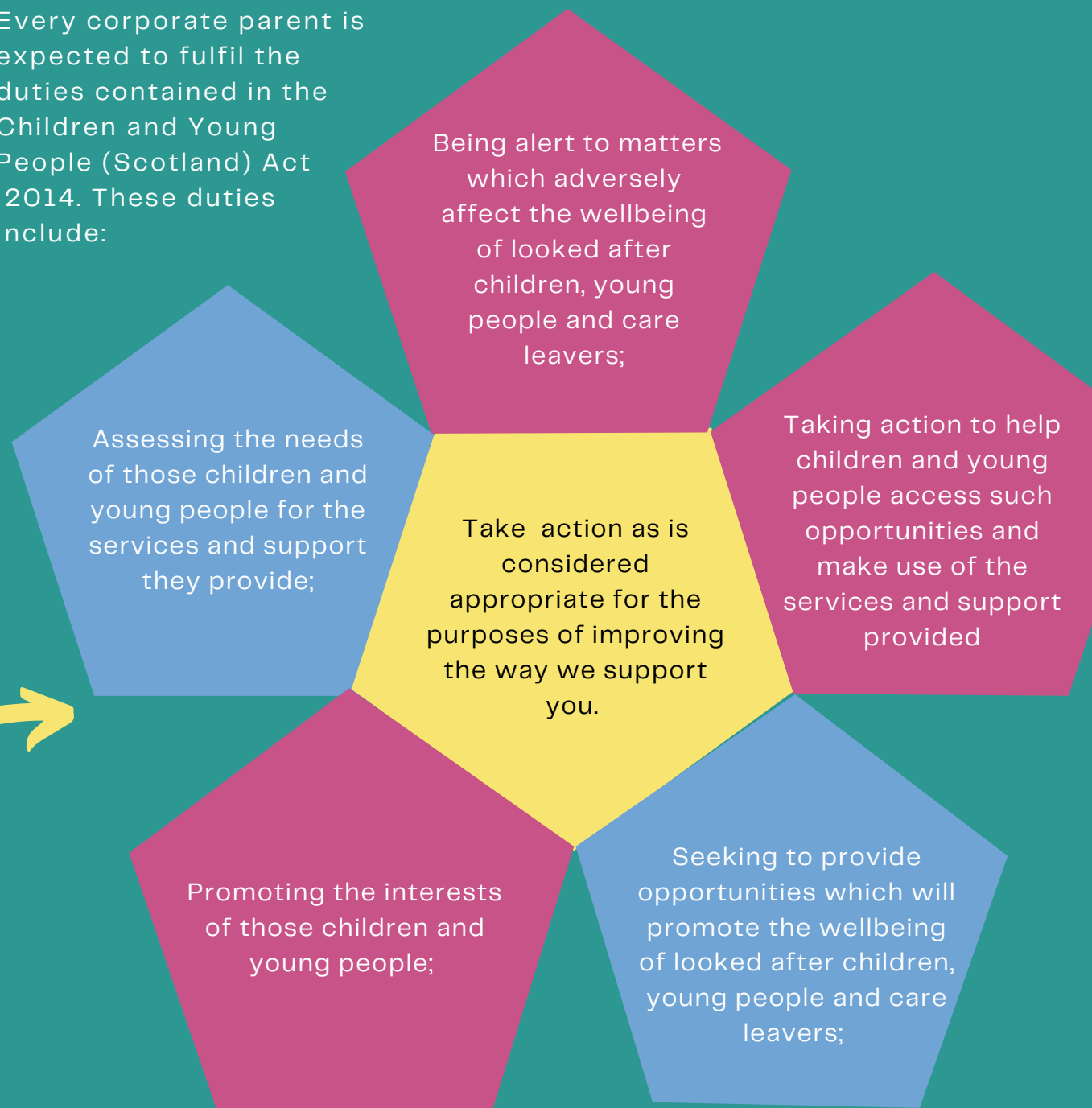
Significant increase in numbers of young people requesting continuing care (n=3 to n= 57) in 4 years



Every corporate parent is expected to fulfil the duties contained in the Children and Young People (Scotland) Act 2014. These duties include:

Core elements of this Plan

- The rights and views of Looked After Children and Young People will be considered when designing services and interventions
- Partnership working and close collaboration between Corporate Parents.
- Measurable promises made to Looked After children and young people
- Actions to progress the six duties within the 2014 Act.



Vision, Values and High level priorities

Our collective plan focusses on key areas which have been identified by children and young people as being important to them.

Embedded within these priorities is a commitment to supporting looked after infants, children, young people and care leavers to develop and maintain meaningful relationships with those who are important to them.

Together we have set out our priorities for the period April 2023 to March 2026 and identified the actions we will undertake to achieve these and the measures we will use to make sure they have made a difference to infants, children and young people's lives.

Throughout all we do we will ensure that rights are protected and the 4 guiding principles of the the United Nations Convention on the Rights of the Child (UNCRC) are the basis for all that we do. These are that Children and Young People:-

- shouldn't be discriminated against (Article 2)
- should have their best interests accounted for as a primary consideration (Article 3)
- have the right to survive and develop (Article 6)
- have the right to have their views heard and taken seriously (Article 12)

High level priorities

Prevention and early help

Focusing on those who need the most support

Commitment to reducing child poverty

Further embedding Getting it Right for Every Child

Listening/voice/use of technology

Consider our children in care who still live at home with their families

Education and Work

Health & Leisure activities

Training (Trauma aware and informed) & raising awareness

Events/activists led by Children and Young People

The United Nations Convention on the Rights of the Child

Use of intelligence and data to inform practice

Support for care leavers



The Care Experienced community and Corporate Parents make a promise to all Care experienced children, young people and their families. This Promise is that endeavours will be made to involve you in the decisions that affect your life. This will be carried out by giving you the opportunity to:-

- join our 'Champions Board'
- be involved in interviews for staff members
- be involved in operational groups looking at changing practice. e.g The Promise Operational Group (PrOG etc)
- be involved in planning and supporting events
- be involved in groups at school and in the community that are for Care Experienced children, young people and their families.
- have your say on your plan.
- be involved in the redesign of processes, paperwork and what language you want to be used about you.
- join focus groups looking at a particular topic.
- help design our social media communications

Our Corporate Parenting Team and other Corporate Parents will endeavour to reach out to you check if you want to be involved in any of the above. Contact us on corporateparenting@north-ayrshire.gov.uk

Our generic promises to you as your Corporate Parents



- ✓ **Involve you in all decisions made about you and in designing new ways of working.**
- ✓ **Take account of your rights when working with you and/or supporting you.**
- ✓ **Support you to have positive family time and with friends.**
- ✓ **Create forums where we can better understand your issues, life experiences and the impact this has had on the care experienced community.**
- ✓ **Provide opportunities for you to come and talk to us, have taster days, shadow workers etc**
- ✓ **Do everything we can to help you achieve your potential within education, employment and having the life skills to lead an independent life**
- ✓ **Identify and promote care leavers needs and achievements by celebrating their achievements.**
- ✓ **Support and provide you with opportunities for you to seek employment, further education or training**
- ✓ **Create stronger links with the North Youth Citizenship and Participation Strategy ensuring your voices are included through structures like the executive Youth Council. MSYPs and Joint Youth Forums**
- ✓ **Allocate spaces identified for care experienced young people to access mental health and wellbeing peer support training, accreditation and form part of the mental health ambassador programme.**

How?

We have already set up an 'Corporate Parenting Steering Group', and a 'Promise Operational Group' (PrOG). Children and Young peoples voices are represented on both these Groups. There are also a number of other ways Care Experienced people can get involved.

This Steering Group and PrOG have been set up to identify the Corporate Parenting Duties and 'Promise' priorities and actions. This will result in developing new ways of working and how we monitor what we said we would all do.

The most important factor is that we all work together, children, young people, parents and carers, and all Corporate Parents

Action Plan

We will have an action plan that sets out what we say we are going to do, when it has to be done by, who is going to do it and how we will know the action has made a difference.



What now?

The Corporate Parenting Steering Group and the PrOG are all meeting regularly and setting out plans to take forward the promises above.

We have a particular focus on the following right now and are progressing all of these



Language and Stigma -

Our Champions Board have written an Anti Discriminatory and stigma policy for all Corporate Parents. We hope to launch a campaign this year.



The PrOG has a Communication and Language sub Group who this year Will develop.

- A New North Ayrshire Will Keep The Promise' Social Media Channel
- Form a Care Experienced Youth Exec Group, and
- Hold a 'Let's Talk About Language Day'



All interviews for posts within the H&SCP that have an impact on Care Experienced people will have Care Experience Young People involved in the interview.

Corporate Parents



Integration Joint Board 15th June 2023

Subject :	North Ayrshire Children's Services Plan 2023-26
Purpose :	This report is for awareness to present to members the North Ayrshire Children's Services Plan 2023-26.
Recommendation :	The IJB endorses the North Ayrshire Children's Services Plan 2023-26.

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
CPP	Community Planning Partnership
GIRFEC	Getting it Right for Every Child
CSSP	Children's Services Strategic Partnership

1.	EXECUTIVE SUMMARY
1.1	Every local authority and its relevant Health Board are required to jointly prepare a Children's Services Plan for the area of the local authority for each three year period, whilst the overall responsibility rests with the Council and Health Board it is expected that we will work collaboratively with other members of the Community Planning Partnership (CPP), as well as with children, young people and their families at various stages of the development and review of the Plan.
1.2	This report presents the North Ayrshire Children's Services Plan 2023-26 (Appendix 1), the Plan builds on the progress made since the previous Children's Services Plan 2020-23, in addition the plan reports on progress during 2022-23 against the previous plan.
1.3	The Children's Services Plan should be read in conjunction with the Children's Poverty Strategy and Action Plan and Children's Rights Report which form part of our suite of children's services planning documents. These will be presented to North Ayrshire Council's Cabinet for approval and published online.

2.	BACKGROUND
2.1	Part 3 of the Children and Young People (Scotland) Act 2014 seeks to improve outcomes for all children and young people in Scotland by ensuring that local planning and delivery of services is integrated, focused on securing quality and value through preventative approaches, and dedicated to safeguarding, supporting and promoting child wellbeing. It aims to ensure that any action to meet need is taken at the earliest appropriate time and that, where appropriate, this is taken to prevent need arising. The aims are about creating and maintaining a local environment which facilitates Getting it Right for Every Child Practice (GIRFEC) for individual children and young people.
2.2	Section 8(1) of the Act requires every local authority and its relevant health board to jointly prepare a Children's Services Plan for the area of the local authority, in respect of each three-year period.
2.3	The publication of the new plan brings the 2020-2023 Children's Service Plan to a close. A recent progress report was published for the period 2021-22 and previously presented to Cabinet, progress for 2022-23 is incorporated into the new plan and formally concludes the previous plan.
2.4	The 2023-26 plan builds on the work of the previous plan. The plan maintains its previous vision that in North Ayrshire, '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'.
2.5	To achieve this vision, the plan has identified five priorities to progress: <ul style="list-style-type: none"> 1. The rights of children and young people are promoted and protected. 2. Acting early to improve what happens next. 3. Making Things Fairer. 4. Promoting good mental health and wellbeing. 5. Inspiring children and young people to be active.
2.6	In supporting these priorities, a suite of actions has been identified that will be delivered by CPP partners, progress will be monitored through the Children's Services Strategic Partnership (CSSP) with work undertaken across partners to establish a set of outcomes indicators to measure progress.
3.	PROPOSALS
3.1	That IJB endorses the North Ayrshire Children's Services Plan 2023-26 as attached at Appendix 1.

3.2	<p><u>Anticipated Outcomes</u></p> <p>That IJB agrees that the North Ayrshire Children's Services can be submitted to the Scottish Government and published on the Community Planning Partnership website.</p>
3.3	<p><u>Measuring Impact</u></p>
3.4	<p>The plan contains a range of actions aligned to the Children's Services Plan priorities. A progress report will be provided on these actions by agreed timescales. In addition, an annual CSP will also be published.</p> <p>Following publication, work will be undertaken to identify appropriate key performance indicators for the plan.</p>
4.	<p>IMPLICATIONS</p>
4.1	<p><u>Financial</u></p> <p>None. All commitments are aligned with existing resources, the report contains information specifically on how the Whole Family Wellbeing Fund will support delivery of the Plan.</p>
4.2	<p><u>Human Resources</u></p> <p>None. All commitments are aligned with Council and Partners agreed resources.</p>
4.3	<p><u>Legal</u></p> <p>Section 8(1) of the Children and Young People (Scotland) Act 2014 requires every local authority and health board to jointly prepare a Children's Services Plan for the area of the local authority, in respect of each three-year period.</p>
4.4	<p><u>Equality/Socio-Economic</u></p> <p>The Children's Services Plan assists us to meet our Socio-Economic Duty set out in the Fairer Scotland Duty and the Children and Young People (Scotland) Act 2014. The Plan aims to reduce inequalities and make things fairer and better.</p>
4.5	<p><u>Climate Change and Carbon</u></p> <p>None</p>
4.6	<p><u>Key Priorities</u></p> <p>The Children's Services Plan and Children's Rights Report links directly to the key priorities contained the Local Outcomes Improvement Plan, the Council Plan 2019-2024 and the HSCE Strategic Commissioning Plan 2022-30.</p>
4.7	<p><u>Community Wealth Building</u></p> <p>None</p>

5.	CONSULTATION
5.1	To inform the plan a period of engagement was carried out with local children and young people. During the 2022-23 service year, engagement activity was undertaken across a number of North Ayrshire Schools (Primary and Secondary), and across a number of local youth forums. In total, engagement took place with 195 children and young people.
5.2	Methods adopted included the use of the Jamboard engagement tool with school pupils, and focus groups, conversation cafes and surveys to engage with youth forums and modern apprentices. Young people were asked their views on the proposed priorities and asked to suggest what work could be undertaken to ensure the priorities were actioned. In addition to the CSP focused engagement, learning was also taken from other children and young people engagement groups, such as the North Ayrshire Champions Board.
5.3	CSSP partners have been fully engaged on the priorities and contributed to the actions described in the Plan and the Plan will also be presented to North Ayrshire Council's Cabinet and NHS Ayrshire and Arran for approval.

Caroline Cameron
Director (Health and Social Care Partnership)

For further information please contact **Scott Bryan, Interim Programme Manager, Strategic Planning (HSCP), on 01294 317747**

Appendices
1. Children's Services Plan 2023 - 2026



North Ayrshire Children's Services Plan 2023-26

Contents

Foreword.....	2
National Performance Framework	4
Policy Context and Strategic Themes.....	5
Children’s Services Plan 2020 - 2023	7
North Ayrshire.....	7
Vision and Key Priorities	13
1. The rights of children and young people are promoted and protected.....	13
1. Acting early to improve what happens next.....	14
2. Making things fairer.....	15
3. Promoting good mental health and wellbeing.....	15
4. Inspiring children and young people to be active.....	16
Children’s Services Strategic Partnership	18
Local Policy.....	20
Resourcing the Plan	24
Financial Resources.....	24
Support Services and Committees.....	24
Evaluating this plan.....	28
Appendix	29

Foreword

Welcome to our Children's Services Plan 2023-26. Collectively across Community Planning Partners we want North Ayrshire to be the best place in Scotland to grow up, our 2023-26 plan builds on earlier plans and continues our focus on promoting children and young people's wellbeing, underpinned by Getting it Right for Every Child (GIRFEC). Our Children's Services Plan is part of a suite of plans which outline how we are actively supporting the wellbeing and wellness of our children and young people. These include our Child Poverty Action Plan, Children's Rights Report, Corporate Parenting Plan, The Promise implementation, and our Child Protection Plans, all of which are at the centre of everything we do to support and nurture children and young people. Our Children's Services Strategic Partnership (CSSP) leads on the development of these plans and consists of representatives from across our Community Planning Partners.

We have a duty under the **Children and Young People (Scotland) Act 2014** to produce a Children's Services Plan every three years to demonstrate how we will improve the lives of our children and young people. Focussing on how services will work together to best safeguard, support and promote the wellbeing of all children in the area, have a local workforce that is trauma informed, ensuring that action is taken to meet needs at the earliest appropriate time, that we have an integrated approach and make the best use of our collective resources. Central to plans is ensuring children and young people's voices are heard and their rights are respected. We engaged with our children and young people to confirm our five priorities for the next three years and ensure they should be the key areas of focus. Our priorities are:



More information on how we identified these priorities, including how they align with GIRFEC, can be found in appendix 2.

These priorities directly link to our CPP [Community Plan](#) (Local Outcomes Improvement Plan) vision of North Ayrshire – Fair For All. It also directly aligns with the Scottish Government Outcome for Children: We grow up loved, safe and respected so that we realise our full potential, as well as the National Performance Framework. Of course, underpinning our approach is the United Nations Convention on the Rights of the Child (UNCRC).

The last few years have been some of the most challenging for everyone, the impact of the Covid-19 Coronavirus Pandemic on our children, families and services was significant and continues to affect all our lives. The economic outlook remains uncertain and the cost of living situation has further impacted on the wellbeing of our residents in North Ayrshire – which is covered in great detail in our

Child Poverty Action Plan 2023-26. As we continue to adapt to our very changed environment, we are seeking opportunities to work differently and more effectively, and we will require to be agile and adaptable to addressing the challenges which our communities and services face.

During the pandemic our Children's Services were inspected in relation to those children who were at risk of harm. The inspectors concluded - *'Leaders in North Ayrshire were driving forward a coherent, shared vision, 'North Ayrshire – a Better Life'. This was underpinned by the following key priorities: a working North Ayrshire, a thriving North Ayrshire – children and young people, a healthier North Ayrshire and a safer North Ayrshire. This provided the strategic direction for improving the lives of people in local communities and protecting children and young people. Partners had an acute understanding of the persistent inequalities that existed in the area and had a purposeful focus on improving outcomes for children living in poverty.'*

We recognise the strong partnership foundation in North Ayrshire provides a strong commitment to continue to collectively focus on improving outcomes for our children, young people and their families. We will continue to strive to ensure we place them at the very heart of delivery of services so we can get the right support at the right time. There is no doubt that supporting our children and young people and their families will be one of the most valuable long-term investments we can make, through focussing on early intervention and preventative approaches we have the opportunity to make a real difference to life outcomes.

The plan provides a framework for partners to shape and improve how we work together to ensure services are planned and delivered in a way which best meets the needs of children and families, our focus being securing a joined-up approach, between local partners, to service planning and delivery, with collaboration at every level and across all service providers. We thank all those who contributed to the plan and their ongoing commitment to achieving the best possible outcomes for children and young people in North Ayrshire.

Caroline Cameron – Director North Ayrshire HSCP
(Chair of North Ayrshire Children's Services Strategic Partnership)

Craig Hatton

CEX North Ayrshire Council

Claire Burden

CEX NHS AA

National Performance Framework

The National Performance Framework (NPF) sets out the government's vision for Scotland and its overarching approaches, which apply across all the GIRFEC wellbeing indicators and outcomes for children, young people, and their families. These are summarised as SHANARRI (Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible, and Included).

The 11 national outcomes are interlinked, and actions taken to drive progress in each area are crucial to improving the lives of children and young people and into adulthood. Focusing on national wellbeing outcomes will help us understand what we need to do to make North Ayrshire the best place to grow up and contribute to the achievement of this vision. The improvement in children and young people's health and wellbeing is one of the key priorities in the framework, recognising the need to improve outcomes and support the wellbeing of our children and young people by offering the right help at the right time from the right people.



Policy Context and Strategic Themes

Improving outcomes and life chances for children and young people is a key priority for the North Ayrshire Community Planning Partnership and all its partner organisations. It is also a key priority at the national level too. This section will help provide some of the context around the policy direction to help improve the lives of young people.

National Policies

The Promise

An independent review into the children's care system in Scotland resulted in a publication called the 'Promise' that focused on changes that should be made to Scotland's care system to ensure that more families were looking after their own children and when this was not possible their alternative living arrangements met their needs including family contact if appropriate.

Although the Promise implementation is aimed to address the needs of all our Care Experienced children and young people, the fundamentals outlined in the Promise are relevant to all our work across prevention, early intervention, and targeted specialist services. In all that we do we will take account of these in our approach to planning and service delivery. These are:

- What matters to Children and Families?
- Listening
- Poverty
- Children's Rights
- Language.

We are fully committed to the promise made to Scotland's infants, children, young people, adults and families. Our specific activities around the Promise and our Corporate Parenting Duties are highlighted in our Corporate Parenting Plan (2023-2026) and our Promise 3 Years On Report where the needs of our Care Experienced community are at the forefront of our planning and delivery around the five priorities of the National Promise plan, namely, **Care, Family, Voice, People and Scaffolding**.

Children's Rights and Getting it Right for Every Child (GIRFEC)

In North Ayrshire we are progressing Getting it Right for every Child (GIRFEC), a national approach in Scotland to improving outcomes and supporting the wellbeing of children and young people by identifying the right help at the right time from the right people. It supports working in partnership with services that can help.

The main aim of *Getting it right for every child* is to make sure that when children and/or their families have additional needs everyone gets the right help when they need it.

Getting it right for every child is a fundamental way of working that builds on research and practice to help practitioners focus on what makes a positive difference for children and young people and act to deliver these improvements. *Getting it right for every child* thread through all existing policy, practice, strategy and legislation affecting children, young people and families.

To meet the diversity of needs of all children and young people, early intervention and prevention are at the centre of our planning and delivery of children's services. We look to strengthen families and communities to support their own children, supplemented by universal services, and providing additional support when needed.

GIRFEC puts children's rights at the heart of the services that support them – such as early years services, schools, and the NHS – ensuring that everyone works together to improve child or young people's outcomes.

[The United Nations Convention on the Rights of a Child \(UNCRC\)](#) has 54 articles. Many of them relate to children's basic rights regarding protection, health and education. Some are about the key principles which drive this plan, especially:

The best interests of the child must be a top priority in all decisions and actions that affect children (article 3)

- Every child has the right to express their views, feelings and wishes in all matters affecting them, and to have their views considered and taken seriously (article 12)
- Every child must be free to express their thoughts and opinions and to access all kinds of information, as long as it is within the law (article 13)
- We will make sure that every child in North Ayrshire learns about their rights, and what they can do if they feel that any of their rights are not being recognised or respected.

Children's Services Plan 2020 - 2023

Our previous Children's Services Plan was published in 2020.



Many of the aspirations and priorities established in that plan remain relevant, so have carried over into this new plan. Tackling the challenges in North Ayrshire require short, medium and longer term approaches, so each plan builds on progress.

The priorities identified in the 2020-2023 plan were:

- Young people's rights and views are respected and listened to.
- Acting early to improve what happens next.
- Making things fairer and better.
- Supporting Mental Health.
- Helping children and young people to be active and healthy.

Each priority was supported by a suite of actions that would be delivered by our partner organisations. A summary of progress against those actions can be found in [appendix 1](#).

North Ayrshire

North Ayrshire has many strengths and assets including; welcoming people, a strong sense of community, many local libraries, community centres, fantastic parks and shops all set against the backdrop of the stunning, picturesque landscapes, coast and beaches.

However, the area also has a number of challenges. The population of North Ayrshire is shifting, over the years the area is seeing a decrease in the number of people who live here. Within that decreasing population, we are seeing a shift towards higher number of older people offset by a decreasing working age and children's population. These changes will have a significant effect on the priority focus of public sector organisations, with more resources being required to support the growing older population.

In addition, North Ayrshire also has high levels of poverty and deprivation. In the Scottish Index of Multiple Deprivation, of the 186 data-zones (very small areas with about 800 people living in them) across North Ayrshire, almost 40% are amongst the most deprived in Scotland. As of 2021, North Ayrshire has 26,246 people aged between 0 to 18 years. Of those, over 45% live in those most

deprived areas. As a result, it is likely that these young people are likely to face additional barriers and challenges in achieving positive outcomes.

In addition, information published by the charity EndPovertyNow in June 2023, suggests that 29% of local young people in North Ayrshire are living in poverty. This more than 1 in 4 young people. This is the second highest rate of child poverty in Scotland, second only to Glasgow City.

Covid-19 Recovery

Following the major impact and restrictions imposed on us all by the Covid-19 Pandemic, the return to community life and normal social interactions is welcomed by all. As we return to school and work it may be easy think that the worst of the pandemic is now behind us. However, the long-term impact of the pandemic is not yet well understood. In addition to the possibility of long-term effects on physical health, the mental and social impact legacy of the pandemic is still unclear.

Research from Public Health Scotland ([How has the COVID-19 pandemic affected children and young people in Scotland?](#)) highlights that a substantial proportion of children, parents and carers perceive the pandemic to have had a negative impact on child and family health and wellbeing. Around 3 in 10 children have experienced difficulties with their emotions, behaviours and mental health, with the majority of parents reporting the pandemic to have had a negative impact on their own physical and mental health.

Going forward, we must be mindful of these impacts and our services work together to support children, young people and families who have been adversely affected by the Pandemic.

Cost of Living

Following COVID-19, it now appears that post pandemic recovery is underway. Employment levels across the country are exceeding those recorded in 2019, with lower levels of unemployment and economic inactivity. However, many families in North Ayrshire and across the country still face many economic challenges. Due in part to rising inflation, and increases in cost of food and day to day products, the cost of living crisis is placing additional pressures on individuals and families. Despite higher levels of employment across Scotland, wages are not increasing in line with the levels of inflation.

This situation is effectively squeezing the resources of people both in and out of work. This is placing greater pressure and stress on local families, and likely having adverse impacts on children and young people.

Rural and Island Communities

Many areas in North Ayrshire are considered rural, with poorer access to services when compared to the larger rural areas. This is also true for our island communities living on Arran and on Cumbrae. While these areas have higher populations of older people, the challenges of rural life also impact on children and younger people.

Research from the University of Edinburgh has found that children and young people living in rural communities are more likely to suffer from feelings of loneliness and isolation. An article on the report can be found here: [Young adults loneliest in rural Scotland during Covid | The University of Edinburgh](#).

In terms of general health of young people, on Arran there is a lower uptake of the 6 in 1 Immunisation and the 24 month MMR Immunisation compared to North Ayrshire as a whole. In

addition, the percentage of primary one children with no dental cavities, and being of a healthy weight has decreased in recent years.

Information supporting our strategic needs assessment

To help improve outcomes for young people in North Ayrshire, it is important that we understand the local environment and the challenges that local children face. To do this, we collect valuable information that helps us better understand what life is like for a young person living in North Ayrshire.

This information contributes towards our strategic needs assessment, helping us identify the key areas for action.

Population

National Records of Scotland publish estimates of the population of each Local Authority area, by age. These publications show that the number of children and young people in North Ayrshire have been continually declining over several years. Between 2001 and 2021, the North Ayrshire population of people under 18 has dropped by 20%, from over 30,000 in 2001, to under 25,000 in 2021.

Similarly, the pupil census shows that the number of school pupils in North Ayrshire also declined over the last twenty years; having decreased by 17%, from 21,374 in 2002 to 17,691 in 2022.

School pupil attainment

In North Ayrshire we continue to make progress in raising attainment for school pupils.

- The performance of North Ayrshire leavers in attaining SCQF level 5 or above in literacy remained broadly consistent with the previous year at 84% in 2021/22. This remains above the national level (82% in 2021/22).
- For numeracy, the North Ayrshire rate increased from 69% in 2018/19 to 72% in 2021/22 which is in line with Scotland-wide figures.
- 96% of school leavers in 2021/22 progressed to a positive destination which is in line with the national rate.
- For Care Experienced children, there has also been improvement in attainment and destinations. In literacy 51% of North Ayrshire care experienced school leavers attained level 5 or above in 2021/22 (increased from 40% in 2020/21, above the Scotland figure of 45%)
- A notable increase in numeracy for Care Experienced children from 25% in 2018/19 to 33% in 2021/22 (above national figure of 30%)
- 95% of Care Experienced school leavers in North Ayrshire progressed to a positive destination in 2021/22 - an increase from 83% in 2018/19 and above Scotland-wide figure of 94%.

Looked After Children

Under the Children (Scotland) Act 1995, 'looked after children' are defined as those in the care of their local authority, which is sometimes referred to as a 'corporate parent', the public bodies which constitute the CPP are all corporate parents. Children can become looked after for many reasons, including:

- Facing abuse or neglect at home.
- Having a disability that requires special care.
- Being an unaccompanied minor seeking asylum, or who having been illegally trafficked into the UK.
- Having been involved in the youth justice system.

In North Ayrshire the number children and young people looked after has decreased in recent years, following a national trend. At the latest national snapshot taken for the Children Looked After Survey North Ayrshire had **447** Looked After Children and Young People, which is the lowest the authority has seen for several years.

However, at **18 per 1000** of the local 0 to 18 population, North Ayrshire still has one of the highest rates of children and young people looked after in Scotland, ranking 4th highest in Scotland. The national rate for children looked after is 12.3 per 1000.

Over the last couple of years there have been notable decreases specifically in children and young people being looked after at home, with friends/relatives, and with foster carers. However, the number of formerly Looked After young people requesting to stay in their placement under Continuing Care is increasing. In April 2023, there were 58 young people in these placements, which as a rate of the population (2.3) is the highest in the country.

Children and Young People with Disabilities

A key focus for all partners in the CSSP is to support local children and young people to achieve positive outcomes as they move into adulthood, whether it be into employment or further education.

This is also true for children with learning or physical disabilities or additional support needs. School leavers are provided transition support as the move from children's and young people support services to adult support services.

Transition pathways are complex and often involve multiple organisations supporting and planning for individuals. These transition processes have faced challenges over the past few years. In particular being able to support people at an early enough stage to identify what their future, post school destination will be.

During 2023, a project team with representation from many partner agencies will work to identify how we will improve the experience of Children and Young People with disabilities and their families through the life-course.

Child Protection

Across Scotland, the number of Children on the Child Protection Register has decreased from over 2,500 in July 2020 to around 1,900 in March 2023, a decrease of around 25%. This decrease has also been experienced locally, with **93** children recorded on the Child Protection Register in July of 2023, the lowest figure since 2017.

Expressed as a rate per 1,000 of children and young people aged under 16, North Ayrshire's 2022 rate of **4.2** was the highest in the country (despite decreasing from 5.3 in 2021 which also ranked highest), comparing unfavourably to the national rate of 2.2. However, in recent months, numbers on the register have continued to decrease and the rate in April 2023 was **2.7**, comparing more favourably with the national average.

Young People's Health

In the last year, we have seen the highest rates of breastfeeding across the last 5 years in the following performance measures:

- % Overall breastfed at Health Visiting first visit **40.5%** vs 36.3% in 20/21
- % Of babies exclusively breastfed at 6-to-8-week visit **22%** vs 20.9% in 20/21
- % Overall breastfed at 6-to-8-week visit **31.1%** vs 27.9% in 20/21

There has also been the lowest reduction in five years of breastfeeding drop off rates between birth and first visit (4.8% reduction since 20/21) and between first visit and 6-to-8-week visit (reduction of 1.1% since 20/21). There is also evidence of sustained improvement in the percentage of babies exclusively breastfed at first visit with figures for 21/22 being 25.6% (25.7% in 20/21 was the highest rate in 4 years).

Immunisation uptake at 24 months remains high (97.2% in 2022 for 6-in-1 and 94.9% for MMR), although like the national picture has decreased slightly over the past few years.

2022 also saw improvements in child's dental health – 73% of primary 1 children had no obvious decay (highest figure reported from Public Health Scotland since it started reporting this in 2013). This mirrors the national picture which also saw an increase in 2022 to 75%.

Healthy birth weight for children decreased to 81% in 2022 (82.4% last year) while the figure for all Scotland decreased marginally to 84.1%. For primary 1 children the most recent data published in 2021 shows a decrease across the country – 70% in Scotland and 65% in North Ayrshire with a healthy weight.

Young People's Mental Health

Poor mental health is a growing concern across all our communities. This is also true for children and young people, where we have seen a growing demand for children's mental health services over the past few years. Information provided by CAMHS demonstrates year on year increases in referrals to the service. In March 2023, North Ayrshire CAMHS received 166 referrals for young people. This was a significant increase on the 77 referrals recorded for previous March.

There is also a high correlation between levels of deprivation and referrals to the service, with higher proportions of young people being referred to CAMHS coming from areas considered those amongst the most deprived in Scotland.

What was also highlighted, of all 1042 referrals between April 2022 and March 2023, **42.54%** were for a Neuro-developmental assessment. Children with neuro-developmental concerns are often referred to CAMHS but do not always meet the mental health criteria described in the CAMHS national service specification criteria. Additional services are required for those with neurodiversity to fully meet the National Neurodevelopmental Specification for Children and Young People. [Children and young people - national neurodevelopmental specification: principles and standards of care - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/national-neurodevelopmental-specification/principles-and-standards-of-care/pages/1-1-introduction-and-what-is-neurodevelopmental-specification-for-children-and-young-people.aspx)

Speech and Language Therapy

Recent Public Health Scotland publications have underlined the importance of early childhood language development for children and young people's mental health and wellbeing, educational outcomes, and employment opportunities later on in life. Public health Scotland further highlighted the impact of the implementation of public health measures – necessary to prevent and control the spread of COVID-19 – on the speech, language and communication of infants, children, and young people across Scotland (Public Health Scotland, 2023). Beyond the impact of the pandemic, the 'Equity for All' document (Scottish Government, 2022) outlined that in Ayrshire we have the highest predicted speech, language, and communication need in Scotland, across the 0-18 population. Addressing this need locally has proven challenging in the context of local workforce capacity and national SLT recruitment issues. This has led to significant waiting times for speech and language therapy input for children and young people in North Ayrshire with the service having to close to new, non-high-risk, referrals for a period of time in 2022/23. This pause in acceptance of new routine referrals was to enable the SLT service to prioritise the ability to safely manage high risk requests for

assistance, to implement service and process improvements, and to progress recruitment to vacant posts. With the SLT service now re-opened to routine referrals, more than 160 children and young people are now waiting for an average of 18 months for specialist intervention.

Meeting the speech, language, and communication needs of our children and young people takes a whole system approach. Partners are actively encouraged to continue to use the universal and targeted resources already available to support speech, language, and communication development in North Ayrshire. Ongoing advice and support are available to young people, their families, and other partners through a local help line and drop-in sessions led by experienced speech and language therapists.

Vision and Key Priorities

We have identified key priorities to address over the lifetime of this plan. These priorities will help us to achieve our vision, which is:

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

To identify and agree on our priorities for this plan, we collated information from a number of different sources and service areas. Yet, the most important factor in agreeing priorities is the feedback we have received through our ongoing engagement with children, young people and their families. These voices are central to our activity and to this plan, as well as our wider activity. We engage with children, young people and families in a variety of ways on an ongoing basis.

We involve young people through their participation in several engagement and decision-making groups. This includes our Champions Board for Care Experienced Young People, our Youth Cabinets, Community groups, pupil councils and we work in partnership to advocate and support children and young people with specific needs. This includes those with care experience, young carers, additional support needs and those subject to child protection measures.

We have a robust Youth Participation Strategy which was jointly developed with young people and seeks to be inclusive of all children and young people no matter where they live or what their situation may be. Our young people are also encouraged to apply for funds through our Participatory Budgeting Framework and through our Locality Planning Forums.

Close collaboration exists between the Statutory and Third Sectors and through our Third Sector Providers forum both sectors are brought together on a regular basis. The Third Sector have also had the opportunity to specifically comment and contribute to the priorities and actions in this plan.

Since 2021 we have also organised and facilitated conferences and events, such as our 'Cost of the School Day' and 'The North Ayrshire Annual Promise' conferences where the voices of young people addressed the selected priorities in this plan.

There was overwhelming agreement with all priorities. These priorities are:

1. The rights of children and young people are promoted and protected.

In progressing this priority, we will:

- Implement the North Ayrshire UNCRC plan actions, ensuring the rights of all children and young people are protected.
- Ensure the voices of children and young people are heard and influence the work of the Community Planning Partnership.
- Provide opportunities for children and young people to develop their citizenship skills, including active democratic participation opportunities.
- Equality and Children's Rights Impact Assessment (ECRIA) will be carried out on all new policies that affect the lives of our children and young people
- Through the engagement workstream of the care experienced task force, work proactively with Children and Young People

- Co-create with children and young people new, systematic mechanisms for maximising learner participation and voice and create a new Learner Participation Policy
- Ongoing consultation with children and their families on service design and delivery.
- Ensure that Children's engagement forums focus on rights, helping children and families understand UNCRC and what this means.
- Work with local partners / members to identify opportunities for children and young people to become involved locally.
- Through our Advocacy Strategy prioritise community-based advocacy to children and young people ensuring they are aware of their rights and are appropriately represented.
- Implement learning and improvements identified through the HSCP SDS Learning Review Board for the Children with a Disabilities Team.
- Include young carers in the planning and shaping of their services.
- Develop a young people users forum for KA Leisure and ensure their views and opinions are considered when developing programmes and initiatives.

2. Acting early to improve what happens next.

In progressing this priority, we will:

- Work with our partners to keep all children and young people safe, with the robust implementation of the new National Guidance for Child Protection.
- Support families with children aged 0-5 through our integrated universal early years' service.
- Increase access to early learning and childcare.
- Work together with parents or carers to provide support to their children.
- Improve outcomes for care-experienced young people.
- We continue to develop and implement the Childsmile programme, focussing on early referral and preventive advice for all families.
- We will continue to deliver Jumpstart, a family centred healthy lifestyle programme for children aged 2-17, who are above a healthy weight.
- Expand our peer support service to all breastfeeding mothers as part of our integrated infant feeding service working alongside the Breastfeeding Network
- Continue working with whole families, whole systems and whole communities to provide early intervention support to all of North Ayrshires Children.
- Providing training / guidance to families, schools, partners and communities that enhances the understanding of early intervention & provides skills needed for families to feel confident and equipped to manage family life.
- We will implement the Signs of Safety approach to social work practice.
- Improve planning for transitions of care to ensure children and young people are able to thrive moving into adulthood.
- Invest in premises infrastructure to support children and young people experiencing distress in appropriate environments.
- Work across partners to develop robust pathways of support for infants, children and young people and their families seeking support for speech, language and communication development support.
- Improve access to Speech and Language therapy for children and young people who require specialist support.

- Develop a trauma informed workforce by rolling out trauma aware and trauma skilled resources.
- Develop an evaluation framework to maximise resources to support children and young people, to enable system partners to invest and sustain early intervention approaches.
- Reach and identify all young carers earlier in their caring role and promote increased uptake of Young People's Carer Support Plans.
- Expand and develop the Health & Wellbeing Service to accommodate children and young people, with a focus on partnership working within the Mind and Be Active programme to establish an early intervention approach that provides supported physical activity opportunities for children and young people who are experiencing poor mental health.

3. Making things fairer.

In progressing this priority, we will:

- Implement the North Ayrshire Child Poverty Action Plan
- Improve attainment and achievement for all.
- Close the poverty related attainment gap.
- Implement the recommendations from the Independent Care Review (Scotland), The Promise.
- Implement the recommendations from the Additional Support for Learning Review (Scotland)
- Build strong collaborative partnerships in local areas to ensure we deliver high-quality services for all of our children, young people, and families.
- Create a new 3 year raising attainment strategy.
- Maximise opportunities to work with Third Sector providers to provide early intervention and prevention supports, with a particular focus on primary prevention approaches.
- Providing a robust 'peer' support model that upskills parents and carers, providing training and volunteering opportunities and enhances employability skills as well as building self-esteem and confidence.
- Take an asset-based approach to communities / children and families and build upon the skills and strengths that exist.
- Establish a Financial Inclusion Partnership in North Ayrshire to better support access to support for families.
- Develop peer support models.
- We will strive for parity of access to support and services for our Island Communities including for Children and Young People.
- Provide multiple points of access for young carers into carer support services.

4. Promoting good mental health and wellbeing.

In progressing this priority, we will:

- Develop our nurturing approach across all Children's Services
- Work with children, young people, families, and communities to improve mental health and wellbeing through physical activity and social participation.
- Continue to have appropriate pathways in place for supporting mental wellbeing.
- Work together with children, young people, and their families to help build resilience.

- Improve services for children with neuro-developmental conditions, implementing a whole system approach with partners across Health, Education, Social Services and the Third Sector. (Implementation of the National CAMHS and Neurodevelopmental Specifications)
- Public Health will implement a life course approach to Mental Health and Wellbeing, focusing on the first thousand and one days, infancy and Children and Young People.
- Support services that are nature based to encourage connection with nature and the outdoors.
- Build on services that encourage parenting skills and interactions with between family members.
- Build on the National CAMHS Specification through the 3 established pathways (core, unscheduled care, neuro), ensuring young people are on the correct pathway at a much earlier stage.
- Continue to provide 'worry workshops' e.g. identifying key issues raised as worries by North Ayrshire children and using this to develop targeted workshops on these issues.
- Establish a CPP led Health and Wellbeing Alliance to bring key partners together to co-ordinate approach to targeting support to improve individual, family and community health and wellbeing.
- Be responsive and pro-active in responding to and learning from Young Person's Suicide through our Young People's Suicide Taskforce.
- Deliver the new National Secure Adolescent Inpatient Secure Unit (Foxgrove) for children across Scotland, which will also benefit young people in North Ayrshire.
- Explore opportunities to ensure young people are not admitted to non-specialist environments including options to develop and in-house CAMHS inpatient provision.
- Building on the success of the Kilwinning Wellness Model, the Revised Wellness Model working group will now seek to roll out the approach across all North Ayrshire localities.
- Enable young carers to have a quality of life outside caring and ensure support when moving through key life stages.

5. Inspiring children and young people to be active.

In progressing this priority, we will:

- Create innovative physical activity and sports opportunities with communities and partners.
- Adopt a whole systems approach to diet and healthy weight.
- Design opportunities into the whole system to enable children, young people, and their families to access supported physical activity opportunities and have a healthy lifestyle.
- Ensure all our early years indoor and outdoor learning environments and activities enable children to be physically active.
- Promote access to leisure services for children and young people to encourage participation in physical activities.
- Promote the introduction of the INSPIRE programme to improve opportunities for alternative activities, including arts, drama and music.
- Create and protect safe space for children to play and enjoy being outdoors.
- Support parents to understand the importance of movement and enjoyment for children and young people.
- Work with local small business/ fitness team to provide access to activity and nutrition information.
- Creation of new and local growing spaces to support communities to grow foods, to upskills families, enhance family time and connection.

- Ensure all primary, secondary and ASN schools are provided with quality extra-curricular opportunities in sport and physical activity that are open to all.
- Ensure all young people have the opportunity to compete and perform regardless of what level they are at.
- Create and support a school to community club pathway for sport across North Ayrshire.
- Ensure an effective leadership pathway is developed for P6 through to S6 and beyond to develop transferable skills.
- Ensure we remove any barriers to participation for care experienced young people to take part in sport and physical activity.
- Expand and develop the Health & Wellbeing Service to accommodate children and young people, with a focus on partnership working within the Mind and Be Active programme to establish an early intervention approach that provides supported physical activity opportunities for children and young people who are experiencing poor mental health.

We will work across CPP partners to establish a set of outcome indicators to measure progress on each of the priorities and actions.

Further rationale behind the decision to focus on these priorities can be found in [appendix 2](#).

Children's Services Strategic Partnership

Improving the life chances and opportunities for all children in North Ayrshire cannot be achieved by any one organisation or service. In fact, it requires support and dedication from many partners across the public and third sector.

This is what the Children's Services Strategic Partnership (CSSP) is, a collaboration of local organisations that work together to achieve our vision for local children and young people.

The members of CSSP are:

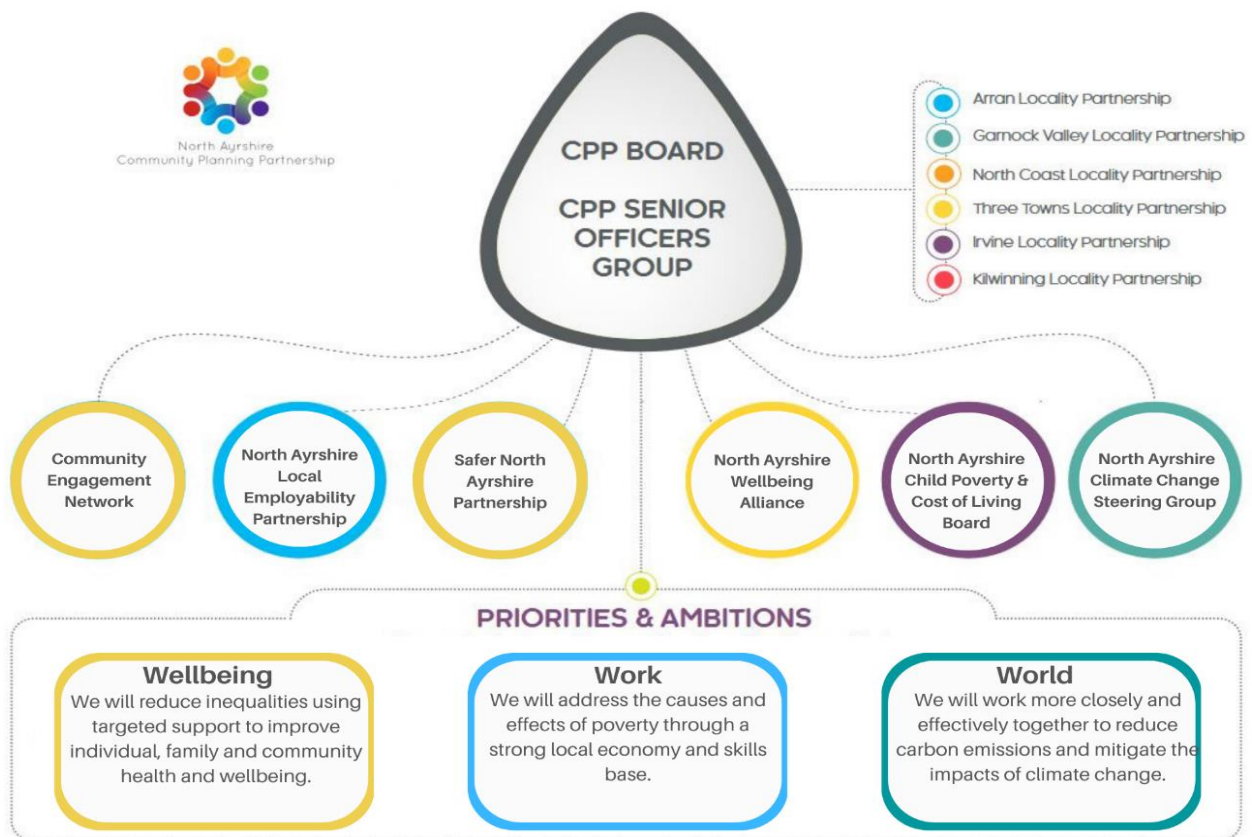
- North Ayrshire Council
- NHS Ayrshire and Arran
- North Ayrshire Health and Social Care Partnership
- North Ayrshire Child Protection Committee
- Police Scotland
- Scottish Fire and Rescue Service
- Scottish Children's Reporter's Administration (SCRA)
- Children's Panel Area Support Team
- Ayrshire College
- The Care Inspectorate
- Voluntary Sector

More information on the CSSP Partners and their vision in relation to improving services for children can be found in the on page 10.

Relationship with North Ayrshire Community Planning Partnership

The CSSP is part of the North Ayrshire Community Planning Partnership (CPP), primarily sitting under the 'Wellbeing' strategic priority of the North Ayrshire Partnership Plan alongside the work of the Child Poverty and Cost of Living Board and Wellbeing Alliance. This CPP has overall responsibility for this Children's Services Plan and will ensure partners work together effectively to help achieve our vision and improve outcomes for children and young people across North Ayrshire.

In addition, the CSSP is supported by a suite of multi-agency sub-groups. These groups ensure collaborative working across our key themes, enhancing our planning arrangements to the benefit of local young people.



(Please see [appendix 3](#) for textual description of Community Planning Structure image)

Local Policy

This section highlights some of the key policies considered in the development of this plan.

Community Plan (Local Outcomes Improvement Plan)

The North Ayrshire Community Planning Partnership (CPP) produces the [Community Plan](#) (Local Outcomes Improvement Plan), that sets out a strategic vision and direction for improving the lives of the people living in North Ayrshire. Published in April 2022, the plan covers the eight-year period up to 2030.

The CPP has identified three key areas for focus through the Partnership Plan:

- **WELLBEING** – providing a focus on the health and wellbeing of local people, with an aim of reducing local health inequalities through targeted support to improve individual, family and community health and wellbeing. This area will aim to:
 - Address health inequalities
 - Promote children and young people’s wellbeing, and
 - Enable community wellbeing
- **WORK** – focussing on the local economy and improving the local skills base to help address the root causes of poverty and deprivation. This area will aim to:
 - Better support our young people to develop the skills they need to play a strong role in our local economy
 - Increase local employment
 - Develop volunteering
- **WORLD** – focussing on efforts to address climate change, reduce carbon emissions and improve the local natural environment.
 - Work together to reduce carbon emissions and mitigate the impacts of climate change
 - Increase active travel, and
 - Increase carbon literacy within our organisations and communities

With a key focus on health and wellbeing and on addressing social, economic and health inequalities, the LOIP 2022-30 has the focus of improving the lives of local families and young people at its core.

Going forward CPP partners will continue to collaborate to identify and deliver on joint actions to achieve our shared goals.

Child Poverty Action Plan

The Child Poverty Action Plan is produced by North Ayrshire Council and NHS Ayrshire and Arran under the Child Poverty (Scotland) Act 2017. The development of the Child Poverty Action Plan 2023-26 coincides with the development of this Children’s Services Plan 2023-26 and the Children’s Rights Report, with a joined-up approach taken to their development and delivery.

In North Ayrshire 24.7% of children are living in poverty after housing costs (2020/21, though this figure is caveated due to issues with data collection during the pandemic). Addressing child poverty, is one of the key focus areas of North Ayrshire Council, particularly with the current cost-of-living crisis. The Child Poverty Action Plan sets out the key ambitions and priorities for the CPP partners to help reduce the levels of poverty experienced by children and young people locally and improve the wellbeing of our children and their families. In June 2022, North Ayrshire Council established the

[Child Poverty and Cost of Living Board Chaired by the Leader of North Ayrshire Council](#). The Board ensures a joined-up approach across our Community Planning Partners to addressing child poverty and the wider impacts of the cost of living.

Further details on the Child Poverty Action Plan can be found on the North Ayrshire Council Website.

Children's Rights Report

North Ayrshire Council is a child centred Council, focussed on the wellbeing and life chances of our children and young people. In doing so, the Council champions the UN Convention on the Rights of the Child (UNCRC), ensuring that all children in North Ayrshire have their fundamental Rights met, protected and advocated for. The Council has a duty under the Children and Young People (Scotland) Act 2014 to produce a Children's Rights Report every three years which details the activities undertaken to secure and promote children's rights in North Ayrshire.

The current report is being developed in parallel with the Children's Services Plan and Child Poverty Action Plan, as recognising the rights of our children and young people is central to improving their lives. Examples of what has been achieved so far include:

- The appointment of a policy officer to drive forward the UNCRC within the Council and ensure it is recognised throughout our operations.
- Embedding Children's Rights into the Equality Impact Assessment Framework.
- Participating in the Rights Respecting School Programme, with ten schools now achieving this status.
- Developing our [Youth Participation and Citizenship Strategy 2021-25](#) alongside our young people called 'Step Up, Speak Out'. This shows how we are supporting [youth forums and youth participation](#) including our Joint Cabinet where our North Ayrshire Youth Council Executive Committee (our young people aged between 12 and 25 years) meet with the Cabinet of North Ayrshire Council to have their voices heard.
- Providing a strong focus on child protection and support services.

North Ayrshire Council Plan

The Council Plan 2019-24 aim is 'A North Ayrshire that is Fair For All' and has equality at its heart. The mission 'Working together to improve wellbeing, prosperity and equity in North Ayrshire' aligns directly with the priorities within the Children's Services Plan while emphasising the importance of partnership working. The three priorities 'Aspiring Communities', 'Inspiring Place' and 'A Council For The Future' ensure our children and young people experience the best start in life.

Following the Local Government Elections in 2022, a new Council Plan is in development and is expected to be published during the summer of 2023. It is anticipated the new plan will have the wellbeing of our residents, equity and advocacy of rights at its core, so will continue to be in line with the suite of children's plans.

North Ayrshire Education Service Improvement Plan

Almost all children and young people in North Ayrshire will be supported by Education Services throughout their school lives. Our Education Service is ambitious for our local young people. The services aim is to improve educational outcomes for all learners and to the most disadvantage learners in our schools.

In its most recent service improvement plan (2022-23), the service has identified five key priorities to deliver to improve the educational attainment of pupils:

1. Improvement in attainment, particularly literacy and numeracy
2. Closing the attainment gap between the most and least disadvantaged children and young people
3. Improvement in skills and sustained, positive school-leaver destinations for all young people
4. Improvement in children and young people's health and wellbeing
5. Placing human rights and needs of every child and young person at the centre of education

Each of these priorities are supported by operational themes and supporting actions.

North Ayrshire Health and Social Care Partnership Strategic Commissioning Plan 2022-30

North Ayrshire Health and Social Care partnership (HSCP) provides locality-based health and social care services for people throughout their life. As an integrated partnership, the majority of HSCP services are delivered by North Ayrshire Council and NHS Ayrshire and Arran under the governance of the North Ayrshire Integration Joint Board.

North Ayrshire Health and Social Care Partnership (HSCP) published its latest strategic commissioning plan, 'Caring Together (2022-2030)' in April 2022. The plan maintains the same vision for local people that has been in place since the HSCP was first launched in April 2015, that is:

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

The plan sets out the key priorities for the HSCP to help improve and maintain the health and wellbeing of local people, recognising the impact social and economic inequalities has on long-term health outcome. As a key provider of statutory health and social care services for children and young people, they are prominently featured in the strategic plan.

To help improve the opportunity for positive outcomes for children, young people and their families, the HSCP identified a number of key ambitions to achieve by 2030. These ambitions are aligned to the partnership's strategic priorities. The full suite of ambitions can be found on the HSCP Strategic Plan Caring Together, a sample of those include:

- All families in North Ayrshire provide nurturing and loving support to their children and have fast and effective support to continue doing so when it is needed.
- Fewer of our young people are cared for in a placement outside of North Ayrshire. Through greater local support and resource, more young people who require to be looked after can remain in their own community.
- Adults and young people who provide care and support to family members, or other people in their community, are offered a carers assessment and have access to a range of meaningful support options, including respite provision, affording them a short break from their caring activities, and supporting them to continue in their caring role.
- Children, young people and families who experience, or are at risk of, poor physical and mental health, substance use, or involvement in the justice system are fully supported as soon as possible.
- By delivering 'The Promise', our care system prioritises working closely with families to ensure their experience is as supportive and positive as it can be. The experience and journey of young people in care is greatly improved and informed through meaningful conversations with family and professionals.

HSCP Workforce Plan

In Children, Families and Justice Services, we will seek to build our workforce and processes to ensure delivery of the Promise. This will include further developments in:

- Early help and intervention approaches
- Whole Family Wellbeing
- Co-located, multi-disciplinary team working
- Supporting local families address poverty
- Child protection procedures (Signs of Safety and Safer and Together)
- Trauma informed practice

The HSCP are implementing the Signs of Safety strength and safety organised approach to social work case work that analyses detailed information for a balanced risk assessment. It will provide a practice framework that revolves around balanced risk assessment, risk management and effective safety and care planning.

Signs of Safety integrates professional knowledge with knowledge from families and their wider networks to rigorously explore harm and complicating factors alongside existing strengths and safety.

Partnership working with families to reduce risks and increase safety by building upon the family's strengths, resources and networks to change the everyday lived experience of the child so that we are confident the child is safe. As a consequence of working in a risk sensible approach with families more children will be supported to remain within their family network.



Preparation for implementation commenced in April 2022, with a 2 year intense implementation period concluding in October 2024, fully embedding the approach in every day social work practice for future years.

Resourcing the Plan

To ensure we can work towards achieving our vision and priorities, the CSSP and its partners will require to allocate appropriate financial and service resources.

Financial Resources

In 2021/22, we spent more than £218 million in Education, Child Health and Social Care, on services to improve the lives and outcomes of children and young people living in North Ayrshire. This includes almost £140 million on Primary and Secondary education, over £22 million on pre-primary education, over £13 million on special education, over £5 million on community learning and over £38 million on Children and Families Social Work services. (Source: [Supporting documents - Scottish Local Government Finance Statistics 2021-22 - gov.scot \(www.gov.scot\)](https://www.gov.scot/publications/supporting-documents-2021-22/pages/10.aspx))

Whole Family Wellbeing Fund

The Whole Family Wellbeing Fund (WFWF) is a Scottish Government programme that provides investment to Local Authorities across Scotland to support the development of holistic, whole family support services. The programme has the ambition that by 2030, at least 5% of community-based health and social care service budgets should be focused on preventative, whole family measures.

For the 2023/24 service year, an allocation of £959,000 has been confirmed.

Local community groups and third and independent sector organisations can apply for funding to deliver support services to families in North Ayrshire. To improve this application process, a scrutiny panel is being established that will provide robust oversight of the distribution of the funds locally.

To date the funding has supported the many approaches including:

- Scaling up our Family Centred Wellbeing Service
- Providing therapeutic counselling support for care experienced and vulnerable young people
- Scaling up support to families in the early years
- Recruiting a Dad's Support Worker to support local Dads as they care for their children
- Investing in whole system supports for children and young people with neuro-developmental conditions

Support Services and Committees

Throughcare and Aftercare Services

The Throughcare and Aftercare teams support young people transitioning from being accommodated by the Local Authority away from home onto living independently within the community or Supported Care. The team offer wide ranging supports in line with the identified needs of the Young Person. This may include support to access college or work, build and promote healthy relationships with friends and family, support access to additional funding such as Benefits and Care Leavers payments; promote engagement with services such as Legal, Housing and Health and finally provide advice, guidance and emotional support to the young person in times of worry or problems. The team pride themselves in being both creative and flexible within their approach so as Young People can achieve their journey to successful independent living.

Named Person Service Evaluation Workstream

Part 4 of the Children & Young People (Scotland) Act 2014, which was revoked in September 2019, required local authorities and the relevant health board, to put in place arrangements for the provision of a 'Named Person' for each young person from birth to 8. The legislation indicated each Named Person would act as a single point of contact for each child with responsibility for providing advice, information and support where required.

While it is no longer a statutory requirement to provide a Named Person for each young person, GIRFEC policy continues to describe the benefits of a service supporting Named Persons, Lead Professionals and wider integrated, multi-agency working, in order to meet the needs of all children, young people and their families through early intervention and preventative action. North Ayrshire's Named Person Service adopts an approach that complements North Ayrshire's Child Protection processes and procedures to safeguard vulnerable children by supporting families through early intervention and preventative non statutory measures.

A review of the Named Person Service function was concluded in 2022, and included the views of stakeholders from across health, social care and education. Stakeholder feedback was very positive with the majority of NPS users rating the efficiency, effectiveness, speed and reliability of the service as excellent. Specifically, the Named Person Service for children under the age of 5, and their families, is highly regarded by a range of staff working within early years. The usage data and the processes which involve the NPS, show the integral role the service plays in the early intervention and preventative approach advocated by North Ayrshire.

Community Mental Health & Wellbeing Framework Workstream

The Children and Young People's Community Mental Health Supports and Services Framework was published in February 2021, the framework provides a set of principles for community- based services to support children and young people's mental health, wellbeing, and distress. Additional funding was provided to local authorities to implement the framework and is used to strengthen existing integrated working between Services and partners to support children and young people's mental health and wellbeing and enhancing existing supports as well as identifying the need for additional or new supports.

New supports in North Ayrshire include the Family Centred Wellbeing Support Service, Welfare Rights Officer in our Secondary Establishments, and the appointment of 2 MHWB Project Delivery Officers within our Connected Communities Team. We have continued to collaborate with Third Sector Partners to deliver mental wellbeing support. Communication of supports and services available is a priority and details can be found.

During 2022 more than 4,000 children and young people across North Ayrshire accessed services to either promote positive mental wellbeing or to receive targeted support.

Our Community Mental Health and Wellbeing Framework Workstream will provide formalised governance arrangements for the coordination of our Community Mental Health Framework allocation and to build upon existing practice to embed early intervention and preventative supports as well as promote positive mental health and wellbeing.

Child Protection Committee

The North Ayrshire Child Protection Committee (NACPC) is a locally based inter-agency strategic partnership which leads on child protection policy and practice. The Committee has an Independent Chair and is comprised of senior staff from across key services in North Ayrshire, including both statutory services and the third sector. The North Ayrshire Child Protection Committee adheres to Protecting Children & Young People: Child Protection Committees and Chief Officer's responsibilities. As such the NACPC has a range of day to day business activities to ensure we fulfil our responsibilities. Current priorities include implementation of the updated National Child Protection Guidance (2021), implementation of North Ayrshire's Child Sexual Abuse Strategy and taking forward priority outcomes identified by the CPC within the 2022 – 2025 CPC Business Plan.

Corporate Parenting Steering Group

The Corporate Parenting Steering Group provides strategic leadership for the Corporate Parenting Partnership. This Group receives reports from the Promise Operational Group (PrOG) on the implementation of the Promise and is responsible for overseeing the six Corporate Parenting duties, ensuring close collaboration between Corporate Parents. The Group also ensures that our Corporate Parenting Plan (2023-2026) meets the needs of all our Care Experienced Community, and that all actions are evaluated and reported on.

The Group is chaired by an Elected Member (Deputy Leader of North Ayrshire Council) and is comprised of Senior Managers from across the Community Planning Partnership including local Corporate Parents.

Scottish Attainment Challenge

North Ayrshire Council benefits from Attainment Scotland Funding to reduce the poverty related attainment gap between pupils living in North Ayrshire's most and least deprived areas. Locally, North Ayrshire benefits from Pupil Equity Funding (PEF), Strategic Equity Funding, and Care Experienced Children and Young People funding. To support effective use of funding the Education Service has recently reconfigured programme governance through a new Attainment Scotland Fund Improvement Forum, which acts as a mechanism to encourage collaboration and integrated use of funding to deliver improved outcomes for children and young people. A number of workstreams have been established to review professional learning and leadership development; redesign family learning supports; further integrate whole school nurturing approaches; and promote collaborative use of PEF to maximise impact at school level.

Child Poverty and Cost of Living Board

North Ayrshire Council established a new Tackling Child Poverty and Cost of Living Board in June 2022, which is chaired by the Leader of the Council and supported by NHS Ayrshire and Arran, the North Ayrshire HSCP, the Third Sector Interface and Community Planning Partners. The Board is developing the North Ayrshire Child Poverty Strategy 2023-26 to maximise learning and guidance from the Scottish Government's National Plan – 'Best Start, Bright Futures: Tackling Child Poverty Delivery Plan 2022-2026'. With the escalation in cost-of-living concerns this Board now also oversees the Council's response to the current cost-of-living crisis and provides a strategic approach to the themes in relation to child poverty and cost-of-living, which are agreed by the Board and explored in conjunction with Community Planning, third sector partners and residents through a series of innovative mini-enquiries. This demonstrates one of the Board's key strategic priorities, which is to ensure greater

involvement of residents, including children and young people, in service design. As outlined in the Board's of terms of reference, this groups priorities are:

- To provide leadership in the development and delivery of the Tackling Child Poverty Strategy for North Ayrshire.
- To oversee the implementation of the Child Poverty Action Plan to tackle the inequalities affecting the outcomes for children and families, with a clear focus on early intervention and prevention and a whole system approach.
- To monitor the Child Poverty Action Plan, including a performance framework linked to the Local Outcomes Improvement Plan and the Council Plan, on progress in delivering improved outcomes for children, young people and their families.
- To advise on and agree an annual report for Cabinet approval and submission to Scottish Government
- To consult with children, young people and families on the priorities and actions within the plan so that they influence the design and delivery of policies and services.
- To promote effective partnership and whole system working and information sharing between services and organisations.

[Self-Directed Support Learning Review](#)

The Social Care (Self-directed Support) (Scotland) Act 2013 was implemented on April 1st, 2014. Self-Directed Support (SDS) is the national approach to social care delivery in Scotland ensuring people have the fundamentals of participation and involvement, collaboration, dignity, control over their support needs and informed choice when making decisions on the support they need to live their life.

During the 2022-23 service year, North Ayrshire HSCP undertook a learning review of the implementation of SDS locally. The review was established to help services, teams and partners share information, engage, challenge operations, and provide collective learning points on key issues relating to the current practice of SDS. It was also to ensure there was local capacity and ability to deliver on the National SDS Standards and relevant legislative frameworks for the provision of assessment and social care support.

The review identified several areas of recommendation, this included improvements around:

- Continuing the Social Work Conversation
- Developing Ethical Care Frameworks
- Clear information, early help and support
- Progressing a community social work model, and
- Improving Transition planning

Evaluating this plan

This Plan provides details of our activities and how this will contribute to the achievement of our priorities and better outcomes for children. Our framework will include a range of performance measures to help us track our progress. All of our Children's Services Strategic Partners are committed to contributing to our success. A smart action plan, aligning service area actions to this plan's key priorities will also be developed. This action plan will form the basis for the on-going performance and review framework.

Our performance will be driven and monitored by the Children's Services Strategic Partnership. An annual performance report on our progress of this Plan will be published by the Partnership and reported through the Community Planning Partnership governance structures, as well as being submitted to the Scottish Government to meet our legal requirements.

Appendix

Appendix 1 – Progress against the previous plan

Priority 1: Young people's rights and views are respected and listened to.

ACTION FOR 2022-23 FROM LAST CSP PLAN	UPDATE
<p>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</p>	<p>CWU officers in North Ayrshire have linked in with the Champions Board and intend on making this a regular scheduled meeting as we are keen to seek further partnership working. CWU are regular attendees at Children's Homes which has had a clear and positive impact on the number of young person's being reported missing. Future engagement will take place at community open days in collaboration with Donna Anderson, the first of which will take place on 02/06/23 in line with the Joint Cabinet action.</p>
<p>We will introduce new models of provision for free period products across schools and communities</p>	<p>Through our free period product provision, every pupil who menstruates, will have access to free products in their school. Products are also available in libraries, halls and centres and can be located via a free app – Pick Up My Period.</p> <p>We regularly provide bulk products to pupils in secondary schools ahead of longer school holiday periods to ensure there is continued access. The products are given to every pupil to ensure no one feels targeted or stigmatised.</p> <p>Pupils were consulted on the free period products provision in schools as well as community settings to ensure the model met their needs.</p>
<p>We will review our approach to nurture across our educational establishments.</p>	<p>30 primary schools and 8 secondary schools are benefiting from targeted Nurture support in the 2022-23 academic year. Nurture support is specifically focused on enabling pupil readiness to learn with data indicating this has a strong impact on delivering better outcomes for learners. The data analysis continues to illustrate the importance of nurture in supporting the health and wellbeing of identified pupils. Almost all schools have elected to continue with the NAC approach to nurture for 2023/24. We have piloted a few variant models and are liaising with establishments moving forward. We have undertaken full quality assurance visits and analysis. We have</p>

	<p>trained 56 nurture practitioners in the Lets Introduce Anxiety Management (LIAM) intervention and most have started the intervention with young people. In addition to targeted Nurture, schools without a dedicated Nurture teacher and classroom assistant benefit through the Whole School Nurture framework that has been further developed in the current academic year.</p>
<p>We will raise the awareness of children's rights (UNCRC) across all our partners.</p>	<p>We have employed a Policy Officer who will drive the implementation of UNCRC throughout North Ayrshire</p> <p>We have established a young people's UNCRC group, which is led by North Ayrshire's Young People's Champion.</p> <p>We are working with our learning and development team and the Improvement Service team to identify and implement the best way to develop training materials and guidance on UNCRC. Identifying the target groups and their specific needs will allow us to know the level of training needs required.</p> <p>An Education Service UNCRC Policy and Operating Procedure was drafted in late 2022 and is in the process of being finalised ahead of sharing with education establishments to support further embedding of children rights within education settings. In addition, a realising children's rights policy insert has been drafted that is being considered as a proposal that will enable alignment between future Education Service policy and UNCRC requirements.</p> <p>We have developed a communications plan, the remit of which is focussed on raising awareness.</p>
<p>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.</p>	<p>Our PSYV coordinator carried out numerous inputs to schools in North Ayrshire with a view to recruiting new volunteers whilst providing positive role modelling and support for youths in addition to that of Campus Officers. North Ayrshire PSYV group currently has 16 youth volunteers and will begin their annual recruitment campaign in partnership with Campus Officers after the summer break with a view to having a further 8 join. The optimum age for recruits is between 13-15 to allow them the best opportunity to complete their induction and deploy to as many events as possible, however candidates are welcome up to and including 17 years.</p>

	The Ayrshire Division Senior Leadership Team have had an initial meeting with MCR Pathways to learn more about mentoring opportunities.
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.	<p>Community Wellbeing Unit (CWU) officers in North Ayrshire work closely with the Eglinton Growers, referring those in the community who have an interest in gardening to them, particularly those who are looking for connection and who may have underlying poor mental health. School leavers are also referred to assist with enhancing their CV and building social skills.</p> <p>Regular referrals are made to CEIS in Bank Street who assist with CV writing, first aid courses and interview preparation. Further engagement is planned for the Kilwinning Campus of the Ayrshire College with a view to opening up opportunities for those in the community who may not have considered further education.</p> <p>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.</p>

Priority 2: Acting early to improve what happens next.

ACTION FOR 2022-23 FROM LAST CSP PLAN	UPDATE
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	<p>Ayrshire College has continued to work with Secondary Schools to develop skills mapping from Senior Phase courses to College Pathways. This has been shared with young people and parents to enhance and inform career choices.</p> <p>Through the school / college partnership forum, a series of engagement opportunities were planned for completion during April-June. For example, all schools have been offered campus tours for groups of S1 & S2 pupils and also Developing the Young Workforce (DYW) 'Vocational Bursts' for various college courses.</p>
Design tailored programmes with partners to provide enhanced support for specific groups of	Working with the Local Employability Partnership, identification and tracking of vulnerable leavers has increased. Schools are

<p>school leavers, including those with identified needs</p>	<p>increasingly using the school management information system (SEEMIS) 16plus tab which helps to inform Skill Development Scotland (SDS) Data Hub. This data is used by SDS and other partners for early intervention and support in advance of anticipated school leaving date.</p> <p>The Employability Team has an identified Ambition Agreement worker to offer individualised support. This feeds into a programmes, partners and referrals process which offers various pathways for vulnerable leavers and supported by partner agencies. For example, Barnardos are employed for targeted and outreach work with young people, including care experienced, facing significant challenges in accessing a positive destination.</p>
<p>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.</p>	<p>Child & Adolescent Specialist Substance Team (CASST) is a joint funded venture by North Ayrshire Health and Social Care Partnership and the Alcohol and Drug Partnership (ADP). The service aims to support children and young people aged 5-20 years old who are impacted by substance use. That could be from either the young person's own or a carer's substance use. The aim is to reduce harm/risk, meet needs, improve outcomes. In a bid to contribute to the reversing current trends of chaotic and fatal drugs and alcohol use. Interventions take place across an array of care plans including statutory, court ordered, child protection, kinship, looked after, vulnerable young person, and intensive support services. The service aims to support vulnerable children, young people, and families; many of whom face complex and multiple challenges as result of substance use. This is done by providing evidence-based and tailored interventions to address need. The team provide support and interventions in areas including substance use, parenting through substance use, promoting/improving mental health/wellbeing, diversion strategies/activities, holistic therapies, community links, accessing peer recovery, groups, local assets/resources. In addition to providing support to access. training/employment/education. While promoting pro-social skills and lifestyle choices. More recently the team have been working with</p>

	young female adolescents who are caught up in sexual exploitation and drug use.
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Priority 3: Making things fairer and better.

ACTION FOR 2022-23 FROM LAST CSP PLAN	UPDATE
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.	Work continues across the education service to gather views from across early years, primary and secondary schools to inform the raising attainment strategy. Engagement with identified key partners will inform the longer-term strategic development and implementation of a Raising Attainment Strategy in the 2023-24 academic year.
Reprioritise our targeted interventions to reduce the poverty-related attainment gap in North Ayrshire, maximising the coherence and impact of our work.	Following announcement of a significant reduction in local authority Scottish Attainment Challenge funding by £1.1m each year until 2025-26, work has been undertaken to streamline approaches utilised within North Ayrshire to reduce the poverty related attainment gap. This has included a review of the Professional Learning Academy and commencement of work to target Nurture and data literacy support for practitioners in education establishments.
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.	The education service to work collaboratively with a range of partners at a local, regional and national level to reduce the poverty related attainment gap. This year this has included showcasing the work of Nurture at a national conference, leading a range of SWEIC offered leadership programmes, and sharing good practice through a range of professional networks.
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 COSD action plan was launched at a COSD conference in June 2021, with educational establishments, families and partners, including CPP and third sector partners and local businesses. A further COSD Conference aimed at children and young people took place on the 30th of May 2022. This year's conference included representation from staff and children across almost all Primary, Secondary and ASN schools, including children from as young as P4 through to S6. The children and young people participated in a full day of activities, led by Education staff and the Youth Services team. Elected Members and Community Planning Partners joined the pupils and staff to allow the

	<p>continued co-design and co-development of a renewed action plan to mitigate the impact of child poverty in North Ayrshire</p> <p>The learner voice of the 174 children attending the conference has been used to inform North Ayrshire schools on the Council's approach to reducing the Cost of the School Day (COSD) action plan 22-23 and support school staff to take on board the voice of children and young people as to how the COSD plan will be implemented throughout North Ayrshire schools. The conference's collaborative approach to putting the learner voice front and centre to decision making and planning. This supports North Ayrshire schools' approach to placing children at the centre of decision-making.</p>
<p>The Ayrshire Community Trust (TACT) 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.</p>	<p>TACT employ two sessional Project Mentors to work alongside the Positive Steps Team. We have one Project Mentor delivering our Cooking on a Budget Programme, working with 15 individuals. This support comprises of support with budgeting and nutritional advice, as well as teaching basic cooking skills. Positive Steps are keen to continue to develop this role and are looking to implement Mindfulness Sessions in the near future. Our other Project Mentor offers support and advice for our participants at Eglinton Community Garden. They have been supporting 16 different individuals with a range of advice and support around planting their own fruit and vegetables at Eglinton Garden and also at home. The Project Mentor has been a great support for all participants, easy to approach and offers a huge amount of support for all people with their own personal issues.</p>

Priority 4: Supporting Mental Health.

ACTION FOR 2022-23 FROM LAST CSP PLAN	UPDATE
<p>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.</p>	<p>Over the past year we have undertaken a number of activities to review both our external and internal counselling supports as well as trying to align these further with wider community wellbeing supports. This has included a short survey to all schools, Education Psychologists, counselling staff and a range of children and young people. We have explored the data we have on the use of our counselling services over the last few years and also aligned this with the data we have on requests for</p>

	<p>assistance for wider wellbeing supports. This review has already resulted in a few actions being taken forward including: an update of our school counselling guidance; the streamlining of the evaluations we currently gather for school counselling and an update of the post counselling questionnaire we use. Our next steps include: an update of our service delivery in line with the feedback from stakeholders; the completion of our school counselling guidance and an exploration of how our school counselling funding can be utilised to support wider awareness of mental health and wellbeing supports which may require the reprioritisation of the funding currently used to support primary counselling.</p>
<p>Assist education establishments to implement the national mental health and wellbeing Whole School Approach, including curricular, professional learning, and parental supports</p>	<p>An audit of establishment improvement plans and analysis of the Health and Wellbeing Survey took place. In addition, work is underway to support establishments who have highlighted the whole school approach to support mental health as a priority. One Primary school cluster (10 schools) have been supported to utilise the Whole School Approach MHWB self-evaluation tool against the eight principles. A whole staff session around the approach was delivered to 82 participants with positive feedback. Staff highlighted the principles they found particularly useful to improve practice. Professional Learning was identified as a key priority and we have developed a professional learning programme to meet the needs of all education staff. Staff have been encouraged to engage with the Children and Young People's Mental Health and Wellbeing Professional Learning resource developed by the Scottish Government Mental Health in Schools working group. This academic year, an additional 118 members of staff across the authority have completed the training with senior leaders supported to develop an action plan and evaluation will take place during term 4 of the 2022-23 academic year.</p>
<p>Promote staff mental health and wellbeing in a range of ways, including through the development of a programme of supported reflective practice sessions.</p>	<p>Reflective SW Supervision 4 weekly</p> <p>Whole Family Wellbeing Funding has provided vicarious trauma counselling sessions to a small number of staff within children's services. This will be expanded in 2023/24 to include increased availability of sessions as well as</p>

	<p>training for children' services' staff on vicarious trauma.</p> <p>PRI sessions via CPC</p> <p>Staff wellbeing funds for Health and wellbeing activities as a team e.g. yoga sessions.</p> <p>An Education Senior Leaders collaborative day took place in September 2022, attended by representatives from all establishments. Presentations were delivered on the psychological theories underpinning staff wellbeing and staff contributed their thoughts on concerns and proposed support. We listened to staff and identified key themes, these included concerns around working practices that impact on wellbeing and that staff valued being listened to. We were able to share current measures in place to support staff, for example the Head Teacher's Reference group which listens to and responds to education staff views on working practices. We signposted staff to e-learning modules we have developed around staff wellbeing and shared the spotlight on our research around what works to support Staff Wellbeing. It was clear from this event, that staff welcome and find peer support valuable and we have continued the conversation around wellbeing with a number of establishments. As we move into next session we plan to build on this work and develop a model/framework of support which focusses on validation, identifying strengths and empowerment, we aim to ensure this model is co-created with staff.</p>
Review approaches to promoting positive relationships and whole school nurture and continue to adapt our approaches based on an analysis of need.	<p>Feedback has been gathered from Head Teachers, children and young people, educational psychologists, and wider education staff to help determine where the main strengths and needs lie with regard to the whole school nurturing approach. This feedback is being used to make improvements in the education service's Promoting Positive Relationships (PPR) approach. In addition, the education service has continued to develop, implement, and evaluate its 'Building on Positive Relationships' approach, which is a more targeted approach to whole school PPR.</p>

	<p>Support has now been provided to education practitioners, including area inclusion workers, in primary and secondary schools. Two parents' groups have also been run and evaluated using this approach with positive results. A service improvement group has been used this year to progress whole school nurture work and a collaborative session with this group was run in early May 2023 to evaluate progress to date and develop future plans.</p>
<p>We will continue to prioritise mental health and wellbeing in schools and communities.</p>	<p>We have supported education establishments to further develop their Health and Wellbeing curriculum and have shared evidence based curricular resources.</p> <p>We have continued to focus on the importance of respectful relationships and have now fully implemented the Mentors in Violence Prevention Programme across all our Secondary Schools, an MVP staff network meets regularly and shares good practice; senior pupils have led PSE lessons to S1 and S2, evaluations are positive with younger pupils responding well to the input.</p> <p>The See Me See Change programme goes from strength to strength, with over 200 pupils trained by See Me in September 2022, to develop their understanding of mental health, stigma and discrimination and were supported to create an action plan to implement learning in their own schools. Examples of their progress includes, delivering learning to junior pupils, becoming mental health champions and ambassadors, holding bake sales, creating posters to raise awareness and influence change. To ensure ongoing sustainability 23 members of staff have been trained as See Me trainers and a further 200 senior pupils will be trained in June 2023.</p> <p>Our MHWB Project Delivery Officers (PDO) funded through the Children and Young People's Community Mental Health Supports and Services Grant Funding (CYP CMHWB) have continued to build on their successful community-based work. This year has seen them develop a strong partnership with Ayrshire College, as we work to reach 16–24-year-olds. They have delivered the Your Resilience programme to 60 college students with 37 completing the full course.</p>

	<p>In partnership with the Family Learning Team, they have developed a programme which promotes positive mental health and wellbeing aimed at primary aged children and their families "Take Time Families". This was piloted in 2 of our Primary Schools and in partnership with locality officers from the Community Learning and Development Team has since been rolled out to libraries.</p> <p>The Bee-You Ambassadors have been supported by the MHWB PDOs, to deliver Resilience Programmes both in the community and in a number of Primary Schools where pupils have had the opportunity to train as Mini Mental Health Ambassadors, they are encouraged to role model positive wellbeing.</p> <p>During the summer months, the MHWB PDOs assisted and supported the summer food programme, delivering a Wellbeing that visited centres and halls across North Ayrshire.</p> <p>The aim of the Wellbeing Roadshow was to deliver interventions and activities that promote wellbeing methods, tips and strategies that could be used when the young people most needed it. Building resilience in these young people and giving them the skills to better their own mental health and wellbeing. In total the PDOs have engaged with over 2000 children and young people with almost all reporting they had improved MHWB.</p> <p>Engaging with at-risk groups remains a priority and the team have continued to deliver wellbeing sessions and run groups with New Scots, Care Experienced, LGBTQI. This reporting period they have also developed sessions to support Young Carers.</p> <p>Through the CYP CMHWP grant funded projects we have engaged with and supported an increasing number of children, young people, and families. We have continued to collaborate with multi-agency partners, third sector organisations and children, young people, and families to co-construct supports and services.</p> <p>Communication remains a priority and our Community MHWP Supports blog (NA community WB supports and services (glowscotland.org.uk)) has had 8506 webpage views with our bespoke MHWP education staff blog having 14725.</p>
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Priority 5: Helping children and young people to be active and healthy.

ACTION FOR 2022-23 FROM LAST CSP PLAN	UPDATE
<p>Recruit additional dental health support workers to support vulnerable families across NHS Ayrshire and Arran focusing on minority ethnic and our most deprived communities</p>	<p>Following additional funding from the Scottish Government, NHS Ayrshire and Arran was able to recruit three WTE additional DSW workers to support children across the Health Board area. There had been natural turnover in the team leading to additional vacancies and therefore 8 individuals were offered posts. All have either completed or are in the process of completing their NES accredited training and will be working across the Health Board to support families as part of the Childsmile programme.</p>
<p>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</p>	<p>"We've been working with further partners to remove/reduce financial barriers to participation. The introduction of our Inspire children's membership has been a product which provides a range of sport, arts/drama and social opportunities as well as facilities. This offers best value for and the easiest way to access more.</p> <p>We continue to support the school meals programmes during the summer break with free activity provision.</p> <p>We are proud to report that our Inspire membership numbers have continued to grow, reaching 334 members in total. Not only have we attracted more members, we have also developed strong relationships with partners who will be referring young people for memberships. These include Justice Services, Phoenix Futures and the Childhood Obesity and Health Weight Group.</p> <p>Our North Ayrshire Community Sport Hub officers are finalising plans for a clothing and equipment recycling programme. It will focus on redistributing them throughout North Ayrshire in order to reduce participation-related obstacles. The programme will be promoted amongst partners and clubs will be encouraged to get their members involved in the scheme.</p>

	Donors will be able to use bins at KA Leisure venues to drop off their clothing and equipment.
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.	<p>We have secured a full-time person for the post of Active Schools Co-ordinator who is from the Island. Their key focus has been to provide more and higher quality opportunities to take part in sport and physical activity before school, during lunchtime and after school, and to develop effective pathways between schools and sports clubs in the local community. The post holder has established a comprehensive extra-curricular programme of activities across all primary and secondary schools. The opportunities are led by North Ayrshire Sports Academy pupils, Clubs, school staff and volunteers. The Secondary school has on average 21 different opportunities each school term on offer. The primary schools depending on size have been 2-5 opportunities weekly on offer to them.</p> <p>Over and above, the islands Multi Sports Club that runs weekly at Arran High school for P6's and P7's bolsters around 50-60 participants weekly. This club is supported by Stagecoach to allow any young person who would like to attend can and doesn't have transport as a barrier.</p>

Appendix 2a – Agreeing Our Priorities

1. The rights of children and young people are promoted and protected

We Asked: How can we better ensure that children and young people's rights and views are respected and considered in North Ayrshire?

"Don't just listen actually do" Going forward with the new plan our children and young people thought time should be given to reviewing if their voices resulted in tangible actions 'What is done that proves young people were listened to'.

Children and Young people voiced they want to be listened to on an individual and collective basis and gave good examples. The young people we heard from preferred that they were part of small groups where more outcomes could be achieved and they themselves needed a forum where they can ask challenging questions to prompt change.

We will take the learning from our pilot activity around 'One Good Adult' and apply across all our services.

Moving forward they said, 'Look into having a committee of pupils from all the secondary academies across North Ayrshire which would allow pupils to give an input into the plan', and indeed the review of the plan.

We are reviewing our participation and engagement strategy to ensure voices are heard and acted upon if appropriate.

Awareness raising activities designed by children and young people that help in understanding rights and can be communicated to all children, young people and their families could be progressed.

It was stated by Third Sector colleagues that an annual survey of all children, young people and their families could be sent to address changing priorities and throughout the lifetime of the plan.

2. Acting early to improve what happens next.

We asked: How can we act sooner to improve the lives of our children, young people and their families in North Ayrshire?

Our children and young people tended to focus on their education setting when considering this priority with a greater focus on life skills and wellbeing through the Personal and Social education curriculum.

We will continue to review our Personal and Social Education curriculum, ensuring that a broad range of subjects are addressed.

They indicated that one of the keys for schools is to identify issues early and have the structures in place to respond with either personally structured pathways and/or clear support structures to address common themes, e.g school attendance, sexual health, exclusions.

Early intervention – 'everyone in the community should be offered this when it's needed not just when in crisis.'

Third sector colleagues mentioned that many families with children who have additional support needs struggle during the school breaks as the same level of support isn't always available when schools are open.

Stigma – Asking for help can often be stigmatizing and a message to say, 'we all struggle at times and that it's ok to seek help!' needs to be communicated to all parents, children, carers, young people etc.

3. Making things fairer.

We asked: **How can we make things fairer for our children and young people in North Ayrshire?**

Young people were acutely aware of the impact of poverty and the cost-of-living crisis and expressed their wish for a greater choice over what to spend their money during the school day.

A reduction in the price of school trips, school uniforms, free school bags, meals, sports equipment and clothing were all called for as well as more access to food and toiletries, and swimming lessons.

We are embedding knowledge and understanding of Child Poverty in the curriculum and focusing on learning about managing money and budgeting, help available for families and the cost-of-living crisis and its impact

There was also a call for family learning activities to be available out with school hours so the whole family could benefit and would allow support to be given to the people who may need it.

We will review how family support is delivered out with school hours.

The importance of taking a 'Youth work' approach to education, with a greater focus on those who need the most support including those with additional support needs.

We will explore youth work approaches within mainstream and additional support needs establishments.

'Thinking of aspirations, how to build them for parents to filter down to C&YP. Can't just work in schools to close the poverty gap – got to reach outside the school gates.'

Third sector colleagues mentioned the positive relationship they have with partners that is built on trust. To take community asset-based approaches forward commissioning will need be flexible enough to cater for collaborative workstreams.

4. Promoting good mental health and wellbeing.

We asked: **How can we further improve the mental health and wellbeing of our children and young people in North Ayrshire?**

This priority gained the most discussion and interest amongst our children, young people and third sector comments and covered a wide range of areas pertaining to mental health and wellbeing.

There was an overwhelming call for sports to be central to activity around this area for all those who wish to participate. Calls for more time outdoors, more sports clubs, access to better equipment and more funding for sport were all mentioned.

There was also a call for more 'clubs' in schools and in the community to meet the needs of those who had a particular interest in either a particular area or just spending time with their peers.

We will review our Open Space Strategy, Physical activity strategy and our Active Communities strategy to ensure sports and other outdoor activities are meeting the needs of our children, young people, and their families.

There was also no shortage of discussion on how emotional and mental health support could be delivered, including enhancing peer support, quicker access to school counsellors, shorter CAHMS waiting times and more awareness raising and advice in times of need.

We will continue to explore ways to support mental and emotional health within our schools and communities.

5. Inspiring children and young people to be active.

We asked: How can we better inspire children and young people to be active?

Some of this discussion replaced other views expressed especially surrounding mental health and wellbeing. Sports, leisure, accessibility to resources and activities were all mentioned.

There was an acknowledgement that activities were accessible and beneficial, 'Continue to offer opportunities through groups like active schools who offer young people to become positive role models for young children'. There was also a call though to expand the range of opportunities, 'Expand on opportunities outside of Active Schools to allow those from a non-sporting background to get involved in other activities.'

We will explore, with Active schools, KA Leisure and Connected Communities, the scope for providing additional activities, not just for individuals but for family groups.

We were told that this should include fun days, concerts, dedicated areas for different skill and confidence levels, gender separated activities if appropriate and most of all free.

Volunteering was also mentioned as a way to engage with our children and young people, and we should be actively promoting these opportunities in our schools and communities.

Appendix 2b – Aligning our priorities to GIRFEC

Using the principles of GIRFEC and wellbeing approach was identified that identified eight indicators of wellbeing that should be considered when working with children, young people and their families. These eight SHANARRI indicators are:

SAFE – HEALTHY – ACHIEVEING – NURTURED – ACTIVE – RESPECTED – RESPONSIBLE – INCLUDED

How they align to our Children's Services Plan Priorities are as follows.

CSP Priority	SHANARRI Indicator
The rights of children and young people are promoted and protected	Respected Nurtured
Acting early to improve what happens next	Safe Nurtured Included
Making things fairer	Healthy Respected Included
Promoting good mental health and wellbeing	Healthy Nurtured Safe Responsible
Inspiring children and young people to be active	Active Included Responsible

Appendix 3 – CPP Structure Description

Provides a description of the CPP Structure image publish on page 9:

Image shows the following structures:

1. Community Planning Board as the primary overarching body (with direct links to Community Justice Ayrshire).
2. Feeding into the Community Planning Board is the CPP Senior Officers Group.
3. Feeding into the CPP Senior Officers Group is the following boards:
 - Children’s Services Strategic Partnership
 - Safer North Ayrshire Partnership
 - Economic Development and Regeneration Board
 - Community Engagement Network
 - Health and Social Care Partnership
4. Feeding into each of those structures are the six CPP Locality Partnership.

Meeting: Ayrshire & Arran NHS Board

Meeting date: Tuesday 23 May 2023

Title: Whistleblowing Report – Quarter 4 - January to 31 March 2023

Responsible Director: Jennifer Wilson, Nurse Director

Report Author: Karen Callaghan, Corporate Governance Coordinator

1. Purpose

This is presented to the NHS Board for:

- Discussion

This paper relates to:

- Government policy/directive

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

The National Whistleblowing Standards and Once for Scotland whistleblowing policy (the Standards) were introduced on 1 April 2021. NHS Board members are asked to discuss the report on organisational activity in relation to whistleblowing concerns raised in Quarter 4 (January – March 2023).

2.2 Background

The National Whistleblowing Standards (the Standards) set out how the Independent National Whistleblowing Officer (INWO) expects all NHS Boards to manage, record and report whistleblowing concerns. It is a requirement of the Standards that whistleblowing data is reported quarterly to the NHS Board and under our local governance arrangements to NHS Board.

The Standards also require that Boards publish an annual report setting out performance in handling whistleblowing concerns. The annual report will summarise and build on the quarterly reports produced by the board, including performance against the requirements of the Standards, Key Performance Indicators (KPIs), the issues that have been raised and the actions that have been or will be taken to

improve services as a result of concerns. The annual report in 2023 and will align with the Quarter 4 report.

In NHS Ayrshire & Arran the agreed governance route for reporting on whistleblowing is to Staff Governance Committee and then to the NHS Board. The NHS Board report will be shared with Integration Joint Boards following the NHS Board meeting.

This report provides information in accordance with the requirements of the Standards. This provides information on our performance for Quarter 4 (January – March 2023).

2.3 Assessment

Appendix 1 provides details of Whistleblowing concerns raised across the organisation by staff and those who provide services on behalf of NHS Ayrshire & Arran. This demonstrates our performance in the national key indicators as required by the INWO and includes key areas of Whistleblowing handling, as well as highlighting outcomes and providing more detail on Whistleblowing themes. Over time, this approach will illustrate trends and more importantly, allow us to evidence necessary improvement and learning in response to the trends and themes demonstrated.

The report at Appendix 1 provides performance information on:

- Whistleblowing concerns raised
- Learning, changes or improvements to service or procedures
- Experience of individual raising concern/s
- Level of staff perceptions, awareness and training
- Whistleblowing themes, trends and patterns

2.3.1 Quality

Procedures for raising concerns should provide good-quality outcomes through a thorough but proportionate investigation. The approach to handling whistleblowing concerns ensures that learning and improvement is progressed for upheld whistleblowing concerns and are shared across all relevant services.

2.3.2 Workforce

The Standards support our ambition for an open and honest organisational culture where staff have the confidence to speak up and all voices are heard. This is focused through our organisational Values of 'Caring, Safe and Respectful' and promoting a culture of psychological safety.

2.3.3 Financial

There is no financial impact.

2.3.4 Risk assessment/management

If staff do not have confidence in the fairness of the procedures through which their concerns are raised, or do not feel assured that concerns raised will be acted upon, there is a risk that they will not raise valid concerns about quality, safety or malpractice. The opportunity to investigate and address these concerns will have been lost, with potentially adverse impact on quality, safety and effectiveness of services.

There is also a wider risk to organisational integrity and reputation, if staff do not believe they will be listened to and do not feel senior leaders in NHS Ayrshire & Arran are fulfilling the organisation's Values of 'Caring, Safe and Respectful' and promoting a culture of Psychological Safety.

2.3.5 Equality and diversity, including health inequalities

A local Equality Impact Assessment (EQIA) for the Standards is in place and published on our [public facing web](#). This assesses the impact of the Whistleblowing Standards on staff and those who provide services on behalf of the NHS with protected characteristics.

2.3.6 Other impacts

- **Best value:** Governance and accountability and Performance management. The delivery of an effective process for whistleblowing concerns will support the Board's commitment to safe, effective and person-centred care. Effective handling of concerns supports the delivery of the Healthcare Quality Strategy.
- **Compliance with Corporate Objectives** - Create compassionate partnerships between patients, their families and those delivering health and care services which respect individual needs and values; and result in the people using our services having a positive experience of care to get the outcome they expect.

2.3.7 Communication, involvement, engagement and consultation

There is no requirement for formal engagement with external stakeholders in relation to the formulation of this paper. There has been wide communication of the Standards across the organisation.

2.3.8 Route to the meeting

This has been previously considered by the following groups as part of its development. The groups have either supported the content, or their feedback has informed the development of the content presented in this report.

- Whistleblowing Oversight Group on 20 April 2023
- Staff Governance Committee on 9 May 2023

2.4 Recommendation

Staff Governance Committee are asked to discuss the performance report in relation to concerns raised in Quarter 4 (January - March 2023).

3. List of appendices

- Appendix 1 - Whistleblowing Report for Quarter 4 January to March 2023.

Appendix 1 - Whistleblowing Report Quarter 4 – January to March 2023.

1. Introduction

This report provides details of Whistleblowing concerns raised across the organisation by staff and those who provide services on behalf of NHS Ayrshire & Arran. This report will demonstrate our performance in the national key indicators as required by the INWO and includes key areas of Whistleblowing handling, as well as highlighting outcomes and providing more detail on Whistleblowing themes. Over time, this approach will illustrate trends in and more importantly, allow us to evidence necessary improvement and learning in response to the trends and themes demonstrated.

2. Whistleblowing handling performance

2.1 Whistleblowing concerns received

Table 1 below shows the total number of concerns received in quarter 4 through the whistleblowing process.

Total no of concerns received Q4	Appropriate for WB	Stage 1	Stage 2
2	1	0	1

Table 1

No immediate risk was identified to patient safety in the concerns received in Q4, no action required.

Of the 2 concerns received one was not appropriate to be taken forward as Whistleblowing as it related to personal experience and was passed to HR to progress through the Once for Scotland Workforce Policies Investigation process. This policy provides a clear process to establish facts by carrying out full and thorough investigations as quickly as possible. It also supports informed and transparent decision-making for cases being considered using the NHSScotland Workforce Policies.

Chart 1 below shows the total number of concerns raised and progressed as whistleblowing in 2022/23. Concerns received are represented by the blue columns and the number progressed by the orange columns. The investigations taken forward as Whistleblowing are ongoing, this is due to the complex nature of the concerns raised.

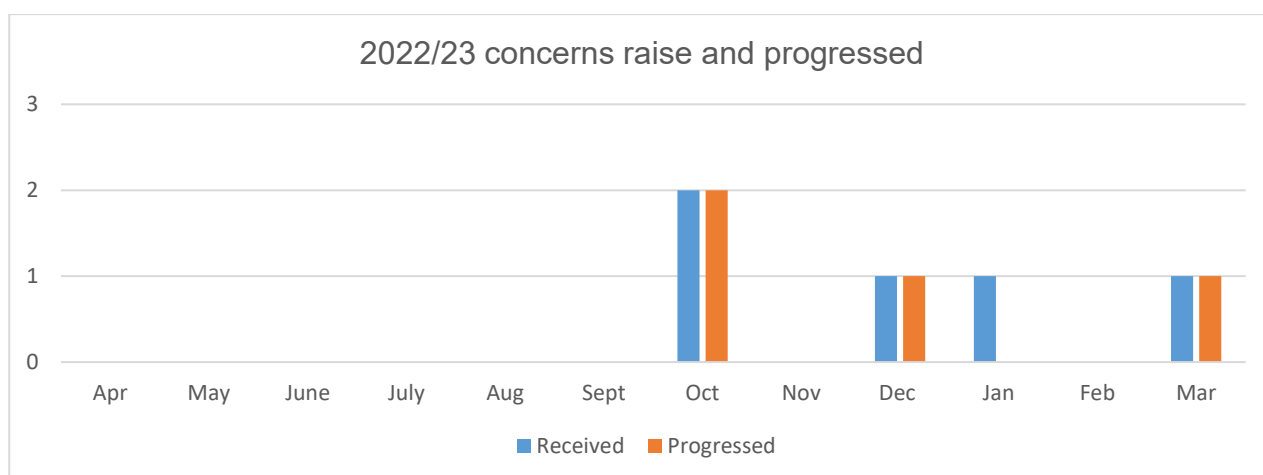


Chart 1

2.2 Concerns closed

The table below provides the numbers of concerns closed at Stage 1 and Stage 2 of the procedure as a percentage of all concerns closed in Q4.

It is worth noting that the concern taken forward as Whistleblowing in this quarter is ongoing and due to the complexity of the concern raised it is anticipated that the investigation will go beyond the 20 working day timescale. The Whistleblower is aware of the need to extend the investigation period and is content with this.

Total no of concerns received Q4		Nos closed	Nos ongoing	% Closed against all received
Stage 1	0	-	-	-
Stage 2	1	0	1	0%

Table 2

Table 3 shows the performance against the 20 working days target in 2022/23 of concerns progressed at Stage 2. There is no data for Q1 and Q2 as no concerns were received.

Whistleblowing cases 2022/23	Number	Comments
Quarter 3	1	Ongoing > 130 working days (excludes public holidays) *draft report has been received for this investigation
	1	Ongoing > 80 working days (excludes public holidays)
Quarter 4	1	Ongoing < 20 working days (excludes public holidays)

Table 3

2.3 Concerns outcomes

This section provides detail on Q4 concerns upheld, partially upheld and not upheld at each stage of the whistleblowing procedures as a percentage of all concerns closed in full at each stage.

For the concern received in Q4 there is no outcome as the investigation into the concern is ongoing.

2.4 Responding to concerns

As the investigations into the concerns received in Q4 is ongoing it is not possible to provide the time in working days for a full response.

2.5 Breakdown of concerns by service

In Q4 the concern received related to Acute Services.

3. Learning, changes or improvements to service or procedures

Table 2 shows the status of improvement plans from concerns raised in 2021-22. Of the plans that remain open the actions are either in progress or complete and progress continues to be monitored through Directorate Governance routes with feedback on closure to the Whistleblowing Oversight Group.

Number Investigations closed 2021/22	Numbers of Improvement Plans		Number of Learning Plans	
	In Progress	Closed	In Progress	Closed
4	2	1	1	

Table 4

It is worth noting that there is no data to share at this time for 2022/23 as the investigation opened in Q3 and Q4 are ongoing.

4. Experience of individuals raising concern/s

The feedback survey for those raising concerns will be sent to all those involved on completion of the investigation. This will include the individual who raised the concern and those involved with the investigation. Feedback provided will be reported in future reports, where this can be shared without compromising confidentiality.

5. Level of staff perception, awareness and training

Communication continues to be shared widely across the organisation, via 800+ managers, for use in team meetings, noticeboards and shared work spaces. Also communication via Daily Digest and weekly e-News has been refreshed and continued.

Whistleblowing continues to be highlighted to new staff as part of Corporate Induction Programme and to newly appointed managers and leaders during training sessions.

Although it is no longer mandatory for staff to undertake the eLearning Whistleblowing Turas Module it continues to remain mandatory for all management level staff, supervisors, line managers, those who may receive concerns, Speak Up Advocates, and those involved in Whistleblowing investigations. To date approximately 62% of line managers and senior managers have completed the appropriate Turas modules, this is an increase of 10% on the previous quarter.

6. Whistleblowing themes, trends and patterns

This section provides information on themes from whistleblowing concerns raised and will aid identification of any improvement priorities, and to progress learning in a targeted manner.

Theme	2021/22	2022/23			
	Q1–Q4	Q1	Q2	Q3	Q4
Patient Care	4	0	0	1	1
Patient Safety	4	0	0	1	1
Poor Practice	3	0	0	1	1
Unsafe working conditions	0	0	0	1	0
Fraud	1	0	0	0	0
Changing or falsifying information about performance	0	0	0	1	0
Breaking legal obligations	0	0	0	1	0
Abusing Authority	0	0	0	0	1

Table 5

7. Independent National Whistleblowing Officer referrals and investigations

A clear indicator of the satisfaction of those who raise concerns can be derived from the number of concerns that are escalated to the Independent National Whistleblowing Officer (INWO). At this current time, there have been no referrals to the INWO.

8. Update

The recruitment process for new Confidential Contacts is in progress with information being shared widely across the organisation via eNew, Daily Digest, Stop Press and emailed direct to managers. The closing date for notes of interest was 21 April 2023, with interviews planned for late April - early May 2023.

