

**Integration Joint Board**  
**24th August 2023**

<b>Subject :</b>	<b>Annual Performance Report 2022-23</b>
<b>Purpose :</b>	For Discussion
<b>Recommendation :</b>	That the Integration Joint Board (IJB) should note the key achievements during 2022-23 and the publication of the Partnership's Annual Performance Report.

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

<b>Glossary of Terms</b>	
ADP	Alcohol and Drug Partnership
CAMHS	Child and Adolescent Mental Health Service
CPO	Community Payback Order
CUAIT	CAMHS Urgent Assessment & Intensive Treatment
DBI	Distress Brief Intervention
HSCP	Health and Social Care Partnership
MARAC	Multi-Agency Risk Assessment Conference
MAASH	Multi Agency Assessment and Screening Hub
N-CAMHS	Neurodiverse CAMHS
NADARS	North Ayrshire Drug and Alcohol Recovery Service
PRI	Practice Reflective Improvement
SACRO	Scottish Association for the Care and Resettlement of Offenders
SCAMHS	Specialist Community CAMHS

<b>1.</b>	<b>EXECUTIVE SUMMARY</b>
1.1	Each year the Partnership is required to publish an Annual Performance Report, both to comply with legislative requirements and to demonstrate the progress made in working towards strategic priorities and national outcomes.
1.2	The draft report was presented to the Performance and Audit Committee in June 2023 and was published on the new Partnership's website at the end of July.
1.3	This covering report highlights some of the key achievements during 2022-23 which are contained within the Annual Performance Report.

<b>2.</b>	<b>BACKGROUND</b>
2.1	Section 42 of the Public Bodies (Joint Working) (Scotland) Act 2014 requires Partnerships to publish an annual performance report setting out an assessment of performance in planning and carrying out the integration functions for which they are responsible.
2.2	Guidance for Health and Social Care Integration Partnership Performance Reports (published by the Scottish Government, March 2016) was followed to ensure the content of our performance report met the requirements.
2.3	A draft of the Annual Performance Report was presented at the June Performance and Audit Committee for initial review. All provided feedback on the report content has been reflected in the preparation of the final document.
	<b>Performance Highlights</b>
2.4	The Annual Performance Report demonstrates the ongoing progress made by the Partnership in delivering against its vision and strategic priorities, as well as the Scottish Government national health and wellbeing outcomes, children's and justice service outcomes and a range of local measures.
2.5	The report uses case studies throughout to demonstrate some of the performance highlights. Key highlights against each of the Strategic Priorities are outlined below:
	<u>Provide Early and Effective Support</u>
	<ul style="list-style-type: none"> <li>• The Stronger Families service was launched 1<sup>st</sup> of September 2022. This is a new initiative which will be delivered as part of a partnership between Service Access/Multi Agency Assessment and Screening Hub (MAASH), Alcohol &amp; Drug Partnership (ADP) and Barnardo's.</li> <li>• Community Link Workers continue to support people age 16+ on a wide range of issues affecting health and well-being. Over 1,250 clinics were provided in North Ayrshire GP Surgeries with over 6,500 patient contacts made.</li> <li>• The North Ayrshire Drug and Alcohol Recovery Service (NADARS) continues to demonstrate high levels of performance by surpassing national and local standards and targets.</li> <li>• The Partnership's inhouse Care at Home service was inspected by the Care Inspectorate in May 2022 and received gradings of Very Good across all indicators.</li> </ul>
	<u>Tackle Inequalities</u>
	<ul style="list-style-type: none"> <li>• 1,736 carers were registered with our commissioned carer service Unity on 31<sup>st</sup> March 2023, 1,517 are adult carers and 219 are young carers aged 18 or under. This is a 25% increase from last year.</li> </ul>

	<ul style="list-style-type: none"> <li>• Money Matters Team continue to support some of the most vulnerable people in our communities, accessing entitled benefits to the sum of £18.4m, an increase of almost £1 million on 21/22.</li> <li>• MARAC (Multi-Agency Risk Assessment Conference) launched across North Ayrshire in August 2022. MARAC is a local meeting where representatives from statutory and non-statutory agencies meet to discuss individuals at high risk of serious harm or murder as a result of domestic abuse. 8 MARACs took place between August and March 2023 with an average of 18-20 cases discussed per meeting.</li> </ul>
	<p><u>Enable Communities</u></p>
	<ul style="list-style-type: none"> <li>• A total of 111 (189, 2021-22) complaints were received during the year and were across all service areas , with 17 (46, 2021-22) being upheld across all service areas</li> <li>• Under Self Directed Support, 85% of people chose to have the Partnership arrange services on their behalf compared to 95% the previous year</li> <li>• Older People’s Day Services had successfully re-opened by the end of August 2022.</li> </ul>
	<p><u>Develop and Support our Workforce</u></p>
	<ul style="list-style-type: none"> <li>• Our integrated workforce strategy was developed and approved.</li> <li>• North Ayrshire Child Protection Committee and North Ayrshire Health &amp; Social Care Partnership continue to accept referrals for Practice Reflective Improvement Dialogue sessions. PRI Dialogue has been in place for over a year now and feedback from both participants and facilitators is showing the value of these sessions.</li> <li>• The new Staff Wellbeing Centre at Ayrshire Central Hospital officially opened on 29 September 2022. This provides a rest and sanctuary area and is available for all clinical and non-clinical staff from across our entire health and social care system.</li> <li>• The registered Community Occupational Therapy staff have recently completed the Royal Society for the Prevention of Accidents level 4 Advanced Moving and Handling course.</li> <li>• Children, Families and Justice Services were shortlisted for a Scottish Social Services Award in the integrated workforce category.</li> </ul>
	<p><u>Improving Mental and Physical Health and Wellbeing</u></p>
	<ul style="list-style-type: none"> <li>• The Child and Adolescent Mental Health Service (CAMHS) in Ayrshire and Arran during the period 2022-23 has separated out three distinct parts of the service to ensure that children and young people are on the correct pathway at a much earlier stage: Specialist Community CAMHS (SCAMHS), Neurodiverse CAMHS (N-CAMHS), CAMHS Urgent Assessment &amp; Intensive Treatment (CUAIT).</li> <li>• CAMHS experienced a considerable increase in referrals over the past year. In March 2022 CAMHS saw 192 new referrals, in March 2023 this was 366 new</li> </ul>

	<p>referrals. Despite this, the Referral to Treatment (RTT) compliance at the end of March 2023 was 97%</p> <ul style="list-style-type: none"> <li>• Work on falls reduction within the four Elderly Mental Health Inpatient wards has continued. This includes enhanced training for staff in falls prevention and personalised care planning. As a result of this falls prevention work there has been a 21% reduction in the number of falls and a 30% reduction in falls with harm in the four inpatient wards since the training was commenced.</li> <li>• The Partnership agreed to introduce a new service for people with learning disabilities. The Intensive Support Service will offer specialist intervention, advice/consultation, and training for (and in relation to) people with learning disabilities in need of more intensive support.</li> <li>• The Family Centred Wellbeing Service continues to support children aged 5-12 years old and their parents/carers and operates in the Irvine and Three Towns localities focussing on promoting health and wellbeing.</li> </ul>
	<p><u>Children's and Justice Outcomes</u></p>
	<ul style="list-style-type: none"> <li>• The Promise, a large-scale complex 10-year change programme 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, there is a sustained decrease in the number of children cared away from the family home.</li> <li>• The North Ayrshire Champions Board ran a number of events for care experienced young people. The summer programme included a range of activities over ten days at various locations including Laser Quest, Nature Trail and Outdoor Activities and a Champs Carnival at Eglinton Park.</li> <li>• North Ayrshire's Joint Inspection of Services for Children and Young People at Risk of Harm was published in June 2022. The report recognises the very strong evidence of partnership working and the clear commitment and dedication of staff working across various agencies to reduce risk of harm, develop positive relationships and improve wellbeing outcomes for our children and young people</li> <li>• As at June 2023, 63 young people have been referred through the Suicide Prevention Pathway and been supported by Service Access where appropriate.</li> <li>• The Safe and Together Model has been implemented in North Ayrshire. The model is key to realising the Pan Ayrshire vision and directs a reframe of domestic abuse "as a parenting choice".</li> <li>• Justice Services have been able to fund a counsellor via the Scottish Association for the Care and Resettlement of Offenders (SACRO) to provide 1:1 support for those experiencing isolation and anxiety.</li> <li>• The Justice Annual Community Payback Order (CPO) Report received positive feedback from the Improvement Lead for Community Justice Scotland on our annual CPO report.</li> <li>• For the tenth year we have over-achieved against targets for CPO level 1 and level 2. 2022-23 saw 99.1% (116 out of 117) level 1 CPO's completing within timescales and 95.6% (129 out of 135) level 2 CPO's completing within timescales.</li> </ul>

	<p><b><u>Mental Health Lead Partnership</u></b></p> <ul style="list-style-type: none"> <li>• Foxgrove, the National Secure Adolescent Inpatient Service received approval from the Scottish Government on the Full Business Case. Foxgrove will be an inpatient unit for children aged 12 to 18 years who have complex difficulties and need a high level of care. It will provide the first medium secure adolescent inpatient service for young people in Scotland.</li> <li>• Ayrshire &amp; Arran Distress Brief Intervention (DBI) service is delivered by Penumbra and has been operating since January 2021. To the end of March 2023 there have been over 700 referrals made into the service.</li> <li>• Ward 7A Woodland View has seen significant change over the last year to secure a permanent reduction in the number of beds within the ward from 10 to 7. As well as fostering a better care environment for patients and staff, this has created the opportunity to look at alternative uses of the freed-up space, including sensory, art, and relaxation spaces.</li> <li>• Mental Health Inpatient Services have experienced sustained pressure on services with occupancy levels more than 95% in the last quarter of 2022-23. Those within the inpatient setting have had higher acuity/complexity and, as a result, there has been a considerable increase in the average length of stay, exacerbated by challenges with community support capacity leading to delayed discharges.</li> <li>• Over 2022-23 the Mental Health Unscheduled Care Service has undergone a full relaunch as a 24 hour a day, 7 days a week, 365 days a year service, the next phase during 2023-24 being the planned opening of a Mental Health Assessment Unit at Woodland View.</li> </ul>
2.6	The report concludes with information on the important role played by Locality Planning Forums as a key conduit between local communities and the Partnership, the transformation programme and financial performance.
	<b>Publication</b>
2.7	This annual performance report is part of a suite of partnership public-facing documents. These documents are available from the <a href="#">NAHSCP web site</a>
<b>3.</b>	<b>PROPOSALS</b>
3.1	It is proposed that IJB notes the key achievements during 2022-23 and the publication of the Annual Performance Report on the Partnership's website.
3.2	<b><u>Anticipated Outcomes</u></b>
	<p>Informing the people of North Ayrshire and wider stakeholders on the progress of health and social care integration, specifically relating to:</p> <ul style="list-style-type: none"> <li>• Outcomes for local people.</li> <li>• Locality health and social care needs.</li> <li>• Service provision (including lead partnership responsibilities and commissioned services);</li> </ul>

	<ul style="list-style-type: none"> <li>• Transformational Change.</li> <li>• Budget and financial information.</li> </ul>
3.3	<u>Measuring Impact</u>
	With the publication of the Annual Performance Report 2022-23 the Partnership has met its obligations under the Public Bodies (Joint Working) (Scotland) Act 2014.
<b>4.</b>	<b>IMPLICATIONS</b>
4.1	<u>Financial</u> None
4.2	<u>Human Resources</u> None
4.3	<u>Legal</u> None
4.4	<u>Equality/Socio-Economic</u> None
4.5	<u>Risk</u> None
4.6	<u>Community Wealth Building</u> None
4.7	<u>Key Priorities</u> The Annual Performance Report provides an annual update on the delivery of strategic priorities and objectives as outlined in the IJB Strategic Plan 2022/30, Caring Together.
<b>5.</b>	<b>CONSULTATION</b>
	Consultation has taken place with staff, partnership stakeholders, the Partnership Senior Management Team (PSMT) and the IJB Performance and Audit Committee (PAC).

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#### Appendices

North Ayrshire Health and Social Care Partnership Annual Performance Report 2022-23



North Ayrshire Health and Social Care Partnership

Annual Performance Report  
2022 to 2023



# Reflections from the Director

Welcome to our Annual Performance Report for 2022-23. This report focusses on the performance of services during one of the most challenging years our health and social care services have faced, as we emerged from the pandemic. Our services have faced extreme pressures over the period, with increasing demand and individuals requiring a different type of support. Despite these challenges there have been many significant achievements, and these are outlined in this report.

We expect our services to face on-going challenges, including supporting those who were not able to access a health and social care professional due to demands and restrictions, and addressing the rise in poor mental wellbeing in our communities. We have learned much from our pandemic experience, such as recognising the strength and resilience within our communities, discovering how truly determined and hard-working our workforce is, and finding greater ways to work in collaboration with our partners.

In March 2022, the IJB agreed our new Strategic Plan 2022-2030, 'Caring Together', and 2022-23 saw us begin to implement this, our first longer-term plan. It was developed through engagement and collaboration with local people, service users, members of staff and other key stakeholders and sets out our long-term ambitions for improving the health and wellbeing of everyone who lives in North Ayrshire. Through delivery of this plan, we hope to help create a North Ayrshire where everyone can live a safe, healthy, and active life.

Working together, we can develop a vibrant and proactive health and social care service, that is adaptable to the changing needs and demands of North Ayrshire and will continue to provide our communities with the right service at the right time. We are ambitious in how we want to change and modernise our services and will focus on the integration of services to deliver real change to the way services are being provided. We will direct our resources to improve service performance and outcomes for our communities.

We are certain to face additional challenges and periods of uncertainty as we move forward, driven by our recovery from COVID-19, the growing demand and need for services, the establishment of a National Care Service and an extremely challenging financial environment across the public sector. Our transformation programme will focus on service redesign to align future service models to strategic priorities and our reducing resources.

In conclusion, I want to acknowledge the tremendous efforts of staff across the Health and Social Care Partnership who have been under immense pressure for a sustained period, whilst continuing to deliver services with professionalism and dedication. I look forward to the next twelve months with optimism and know that we will continue to work with our partners to meet the needs of our communities.

**Caroline Cameron**

Director, North Ayrshire Health and Social Care Partnership





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## Visions, Values and Priorities

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

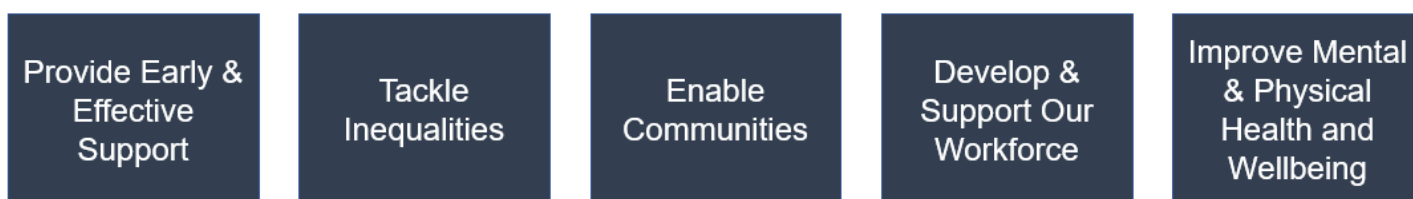
**“All people who live in North Ayrshire are able to have a safe, healthy and active life.”**

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

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

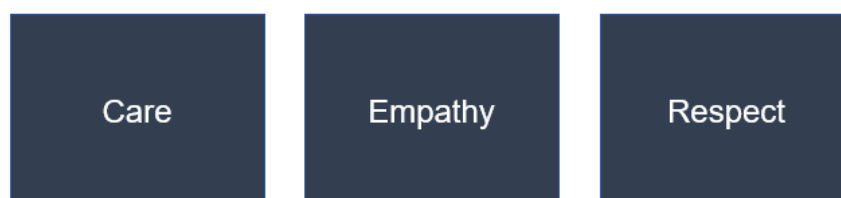
This report aligns with our “Caring Together” Strategic Commissioning Plan 2022-2030. This is the first time the Health and Social Care Partnership has set out such a long-term plan for how we intend to improve services and the health and wellbeing of the local community. The plan set out our pandemic recovery intentions, as well as offering a longer-term vision for local health and social care services.

Over the period of this strategic plan, the Health and Social Care Partnership will seek to:



We see these priorities as interlinked, and we expect that where we see success against one priority, it's effect will positively impact against others.

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



# Our Local Priorities

## Developing our Engagement Approach

North Ayrshire HSCP has many areas of strength in relation to engagement and participation. However, it has many areas where improvement can be made.

In 2023, we implemented a new approach to locality engagement, aiming to increase levels of participation from communities and representation from HSCP service areas. This new approach will help us align with the guidance in, [Planning with People](#) (Scottish Government, 2021).

## Changing our approach to Engagement

- Will enable us to undertake effective engagement with people in our communities
- Highlighting Locality Planning Forum's (LPFs) as a positive and constructive resource

## How this approach will be undertaken

- Locality conversations undertaken twice per year
- Locality planning review groups meet twice per year

**Further details can be found on Page 62**

## Structure of this report

We have measured and evaluated our performance in relation to:

- Partnership Strategic Objectives
- Scottish Government National Health and Well-being Outcomes
- Children's and Justice Services Outcomes
- Local measures

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

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

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

# Provide Early and Effective Support

## National Outcomes

- 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 2 People, including those with disabilities or long-term conditions, or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community.
- 3 Health and social care services contribute to reducing health inequalities.

**1.1 The Stronger Families service** was launched 1<sup>st</sup> of September 2022. This is a new initiative which will be delivered as part of a partnership between Service Access/Multi Agency Assessment and Screening Hub (MAASH), Alcohol & Drug Partnership (ADP) and Barnardo's.

Using a whole family approach model, the service provides practical and emotional support, advice and opportunities to Children, Young People and Families affected by Substance Use in North Ayrshire.

The service provides the following:

- Practical and emotional support, advice and opportunities to Children, Young People and Families affected by Substance Use in North Ayrshire.
- Supporting families to reduce the need for statutory intervention.
- Substance use awareness, practical and emotional support improved family relationships.
- Linking young people and families in with the local community
- Support to access addiction services and links with recovery community.

**1.2 The North Ayrshire Primary Care Development Manager** worked successfully with 9 North Ayrshire GP practises, selected by the Scottish Government Improvement Service and HSCP Money Matters team, to implement the 'Providing Welfare Rights in GP Practices'. The initiative saw Income Advisors based in these practices, who worked with patients and residents to carry out complete benefits checks, help them make claims and support them if they were disputing claims. This first-year pilot resulted in:

- 429 referrals to the service
- 765 claims submitted
- 360 successful payment awards (310 claims are currently outstanding)
- £945,000 generated for residents of North Ayrshire in the first year of the project

Community Link Workers were key members of the project team, providing training and supporting a smooth introduction of Income Advisors into General Practice.

**1.3 Community Link Workers** continue to support people age 16+ on a wide range of issues affecting health and well-being, such as money worries, unemployment, social isolation, bereavement, alcohol, and drug use, managing stress, low mood and anxiety and living a healthier lifestyle. Over 1,250 clinics were provided in North Ayrshire GP Surgeries with over 6,500 patient contacts made.

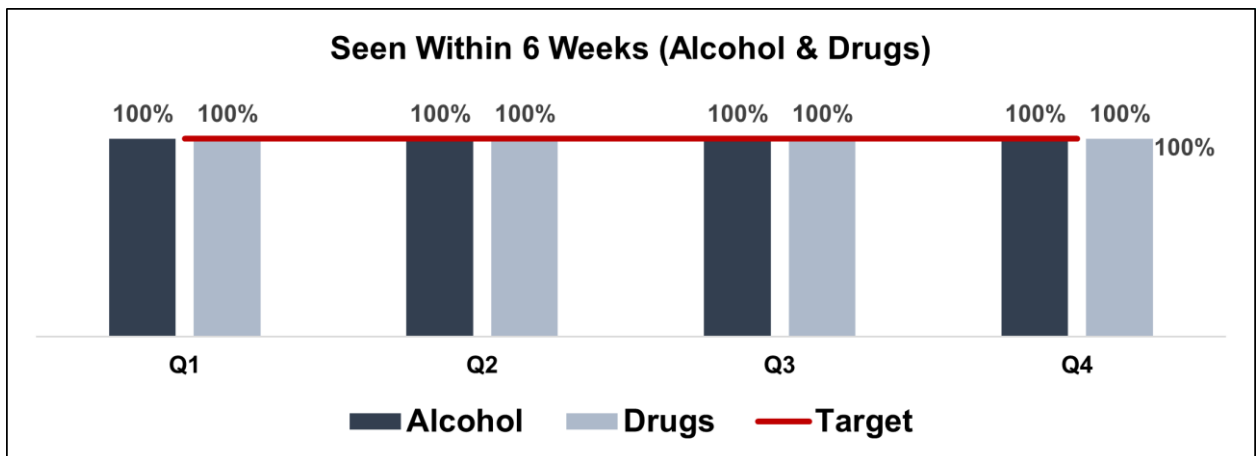
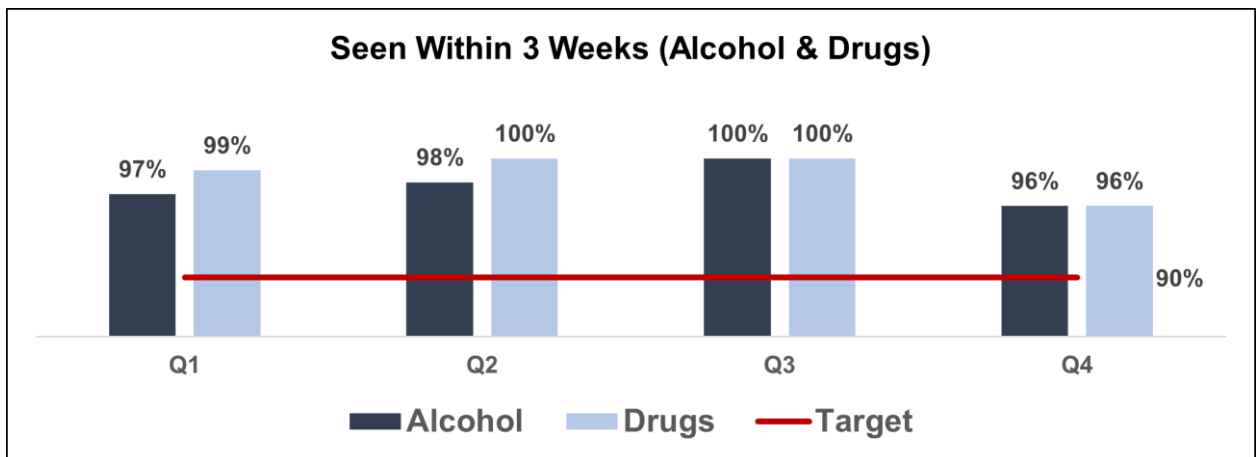
Recognising the increased demand for Mental Wellbeing support, Community Link Workers co-produced a "**My Wellbeing Matters**" workshop in partnership with our Community Mental Health Team and Public Health. The workshop consists of information and resources to help people self-manage their wellbeing. Three pilot sessions were delivered locally to twenty people and feedback included:



The project was very well received when it was shared nationally to peers at the Scottish Community Link Worker conference with other areas requesting access to our materials and learning.

Working collaboratively with Community Learning and Development and Turning Point, “Our Community Space” was a pilot in the Garnock Valley that aimed to improve wellbeing and connections to reduce social isolation. A monthly drop in was available in each town, Beith, Dalry and Kilbirnie providing opportunities to improve mental health through self-management approaches, support addiction recovery and contribute to prevention and early intervention out with the primary care setting. Over 240 people attended the drop-ins to access information and support for fuel poverty, financial challenges, alcohol, and drug misuse and many more wellbeing supports.

- 1.4 There have been multiple **Arran** based service improvement initiatives during 2022/23, these include a new community equipment technician providing handrails and minor critical adaptations to homes across the island. There has also been the introduction of Netcall across our primary health care provision, with further roll out planned to incorporate all health and social care telephony on Arran leading to a Single Point of Contact. Further enhancing early and effective support on the island is the co-location of a Health Visitor with Midwives, further improving seamless working.
- 1.5 **The North Ayrshire Drug and Alcohol Service (NADARS)** has continued to demonstrate high levels of performance by meeting national and local standards and targets, such as access to treatment waiting times, provision of alcohol brief interventions (ABIs), the roll-out of Naloxone supplies and increasing patient choice regarding Opiate Substitution Therapy (OST) medications.

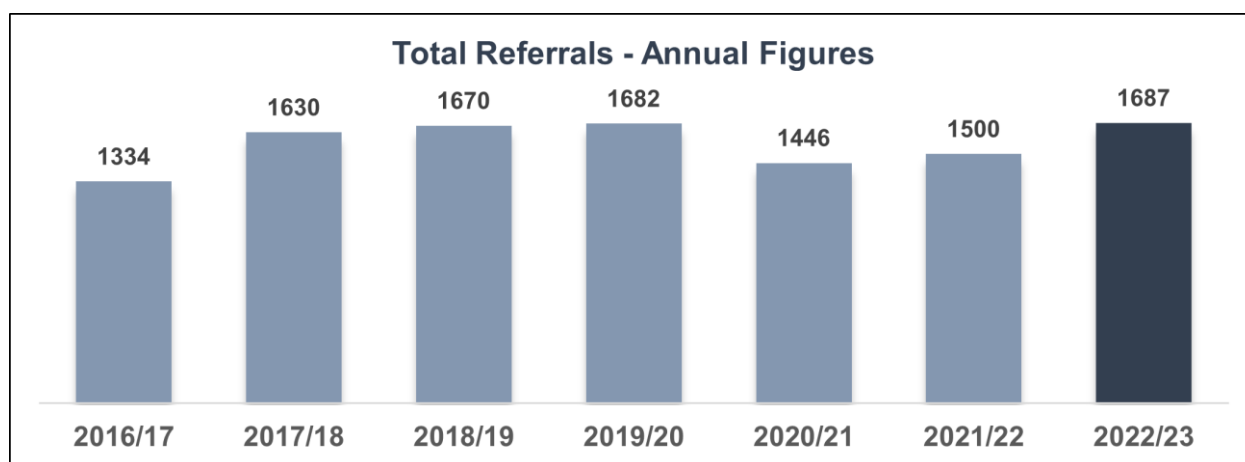


The team continues to identify new ways of working to provide a more agile and streamlined service and further improve performance. This work has been evidenced by the delivery of early intervention services in the delivery of Alcohol Brief Interventions (ABI) in both priority (Primary Care, A&E and Antenatal) and wider settings.

Indicator	2020-21	2021-22	2022-23
Target set by Scottish Government – Priority Settings	3,420	3,420	3,419
Total ABI delivery in Priority Settings (Ayrshire & Arran)	5,920	5,776	4,699

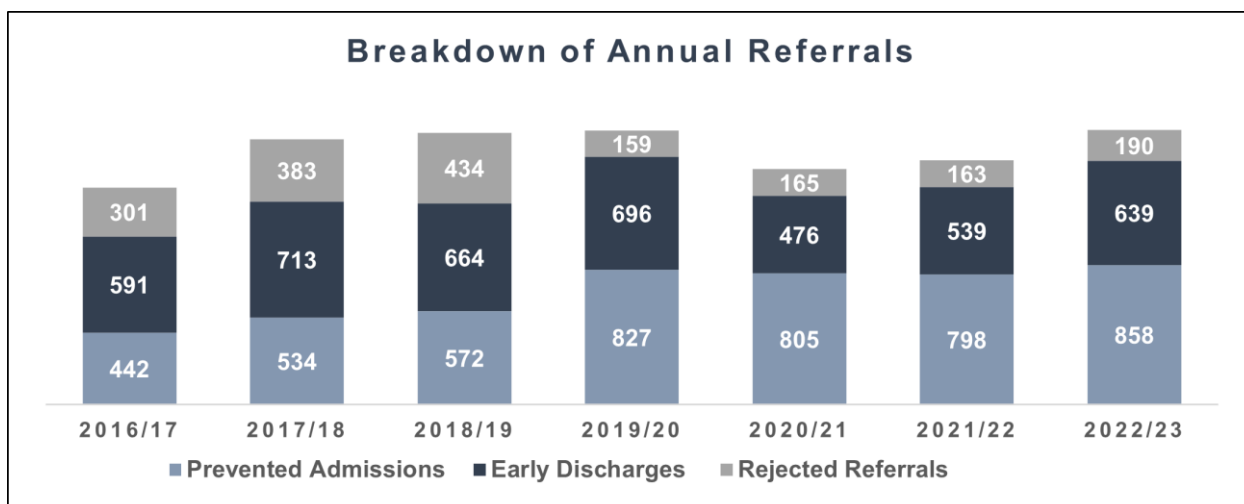
Indicator	2020-21	2021-22	2022-23
Target set by Scottish Government in Wider Settings	856	856	855
Total ABI delivery in Wider Settings (Ayrshire & Arran)	1,025	1,017	1,207

**1.6 The North Ayrshire Model for Enhanced Intermediate Care and Rehabilitation (eICT)** utilises multidisciplinary holistic interventions to focus on providing high-quality care and support, through proactive early intervention and preventative action. They aim to assist patients presenting with falls, frailty, low grade infections and general functional decline to avoid hospital admission where possible and facilitating early discharge home from hospitals.



The North Ayrshire Enhanced Intermediate Care Team brings together the expertise of dedicated Physiotherapists, Occupational Therapists, Technical Instructors, Dieticians, Community Psychiatric Nurses, Pharmacists, Admin workers, Rehabilitation Nurses, Advanced Nurse Practitioners, and Intermediate Care GP with special interest into one single multidisciplinary and interdisciplinary team; focused on problem-solving for patients in their own homes across all of mainland North Ayrshire. The seven-day rehabilitation service facilitates early discharge from hospital and provides a rapid alternative to acute hospital admissions. The Enhanced part of the team addresses medical and clinical issues that limit a patient's ability to engage in rehabilitation via a shared care model with the patients registered GP.





**1.7** The implementation of the **Primary Care improvement programme** continues, making good progress with increasing support across all of the GP Quality Clusters, with additional Musculoskeletal (MSK) physiotherapy, Community Treatment and Care (CTAC) Nursing Teams and pharmacotherapy services. There are specific recruitment challenges on the Isle of Arran and new skills mix models are being actioned. All services are looking to enhance their services to provide greater levels of resilience for GP practices, e.g., to provide cover for sickness absence, through recruitment and skill mix.

This work is clearly aligned with mental health improvements in primary care and the mental health occupational therapy model, which was piloted in the north coast cluster, with one senior occupational therapist (OT) staff member successful in supporting people with long COVID-19, mental health conditions and individuals with access to employability support. As a result, two further occupational therapists have been recruited and roll-out has commenced across other GP practices. The OT posts work closely with all the Multi-Disciplinary Team staff, e.g., Community link worker, pharmacy, MSK physio and CTAC nurses, to provide a holistic support to complex individuals.

**1.8** The **Learning Disability Integrated Community Team** continue to support a broad range of assessment and treatment options within the community. This includes psychological therapies (Beat it /Step Up), further development of the anti-psychotic monitoring clinic (in the form of offering home visits to ensure inclusion) and ongoing group-work to improve health. The differential diagnosis pathway continues to reduce the amount of full intellectual assessments that were required previously. All patient facing staff are trauma informed; in addition, there are a cohort of staff who are trained to trauma enhanced and specialist level (Safety and Stabilisation). There is also the recent formation of a local steering group with acute/primary colleagues to improve Menopause information and care in the North Ayrshire population.

The team are also key to the establishment of the new Intensive Support Service, being established to respond to the recommendations of the [Coming Home report](#), and create greater scope for the provision of high levels of multi-disciplinary support within the community (beyond the scope of the existing community team), with the intention of maintaining people in their homes. The team also work with individuals who remain in assessment & treatment inpatient but are delayed discharge, meaning they are fit for discharge but remain in hospital due to difficulties with appropriate community placement provision. Also linked to the Coming Home report, the service is working towards the implementation of a Dynamic Risk Register,

as specified by the Scottish Government, and intended to aid in the oversight of individuals admitted to hospital settings, or at risk of this. Service managers are also linking into Ayrshire wide discussions regarding the implementation of annual health checks for people with learning disabilities within primary care, as mandated by the Scottish Government.

**1.9** The **NHS Ayrshire & Arran Wellbeing app** was launched in December 2022 with members of the Staff Wellbeing Team part of a group involved in its development. The app acts as a central place for details of support services in NHS Ayrshire & Arran and signposts users to useful information related to wellbeing. Within the app there is information on:

- Staff support
- Healthy mind
- Healthy living
- Health matters
- Financial matters

Simply search for NHS Ayrshire & Arran within your app store.

**1.10** The Partnership's inhouse **Care at Home** service was inspected by the Care Inspectorate in May 2022 and received gradings of Very Good across all indicators:

- How well do we support peoples' wellbeing?
- People experience compassion, dignity, and respect
- People get the most out of life
- People's health and wellbeing benefits from their care and support
- How good is our care and support during the COVID-19 pandemic?
- Infection prevention and control practices are safe for people experiencing care and staff
- Leadership and staffing arrangements are responsive to the changing needs of people experiencing care

The positive comments made by people experiencing support or by their relatives / representatives evidenced that the ethos and value base within the service focussed on positive relationships, respect and the delivery of a high-quality service that met people's needs and desired outcomes. This is an exceptional achievement for the Care at Home service during what has been one of the most difficult times for health and social care providers.

In 2023 a review was undertaken of the frontline Care at Home role which has been in recognition of the ongoing development of the services delivered by this staff group. From May 2022 until October 2022 a team of representatives from Care at Home service undertook an exercise which has resulted in a re-evaluation of the Care at Home role. This has been a positive development for the Care at Home service, who support some of the most vulnerable people in our communities by delivering high quality person-centred services.

**1.11** Following a successful test of change, funding was identified from within **Elderly Mental Health** inpatient services to continue work around facilitating earlier discharge for persons over 65 with a functional presentation from Ward 4 Woodland View. This was achieved by backfilling one Deputy Charge Nurse from within the ward team to support a small number of individuals in the community on discharge. This will continue for 12 months on a pan-Ayrshire

basis to further test effectiveness prior to further review of effectiveness and business case for recurring funding if so.

- 1.12** In the last six months of 2022 a further 56 “at risk” children, young people and parents have accessed **Bespoke Mental Health and Wellbeing Monies**. The provision was provided at an early intervention and prevention basis. By enabling families to identify their own solutions there appears to be a greater likelihood of success to situations that may otherwise have proved harmful to either the parent, child or young person’s mental health and wellbeing and therefore negatively impacting family function. This scaffolding support has been very much welcomed by families. This period has seen an increase in requests for parental support that would impact the parenting capacity through support for previous parental trauma. For example, one parent requested access to Tension and Trauma Releasing Exercises (TRE) treatment which is an evidenced based series of exercises aimed at assisting the body to releases deep muscular patterns of stress, tension, and trauma. Once learned this can be utilised as a self- help tool. The impact of poverty and families not being able to afford to access their own solutions is apparent and workers have tried to ensure packages are created with families in a manner which empowers and builds on capacities and interests.

### **Case Study**

One young person who is 12 years old and lives with his mother and two brothers had been struggling to manage his feelings and frustrations and has become anxious with returning to school after the summer holiday period. His dad committed suicide which seriously impacted the whole family. He has since struggled to form positive relationships and has struggled to engage with school.

He began working with a school based social worker, who used time to build a positive relationship, while liaising with the family and school to provide the correct needs led support and intervention. It was highlighted that he had previously tried to learn to play the guitar through YouTube videos and we were able to develop a plan of him accessing guitar lessons to assist with structure and routine, while engaging in positive and meaningful activities. He was overwhelmed with accessing lessons and has thrived by getting involved and continues his hobby in a more structured and professional environment. This allowed greater trust between him, and professionals and progress has been much greater with both education and social work which is enabling him to engage with positive education outcomes. He said, “I never thought people like me could ever afford professional lessons, Thanks!”

Another young person had become isolated and stopped engaging with staff and peers and was referred to the school based social worker for support and intervention. It became apparent that she was self-conscious regarding her social and physical presentation which has affected her confidence and self-esteem. It was identified she would benefit from a ‘pamper session’ including a haircut and nails, allowing her to have the intrinsic feel-good factor with her presentation. Social work continued to work with services to access funds for clothing which gave her additional confidence, improving on her own self-image. She re-engaged in school and now interacts with her peers with no issues.

She has stated “I feel so much better and don’t feel embarrassed with the way I look.”

The self-confidence issues underpinning both young people’s statements continue to be an area where ongoing support is encouraged. Being able to offer opportunity as in the case of guitar lessons has helped the young person develop a positive view of their capacity and worth. Whilst some of the Bespoke Mental Health and Wellbeing applications were made in terms of a specific child or young person wellbeing we noted, the overall outcome was often improved wellbeing for the whole family.

## National Indicators

Indicator	NAHSCP	Scotland
Adults able to look after their health very well or quite well	89%	91%
Adults supported at home who agreed that they are supported to live as independently as possible	81%	79%
Adults supported at home who agreed that they had a say in how their help, care or support was provided	73%	71%
Rate of Emergency Hospital Admissions for adults (Per 100,000 population)	14,224	11,475
Rate of emergency bed days for adults	144,759	105,957
Falls rate per 1,000 population aged 65+	20	22

# Tackle Inequalities

## National Outcomes

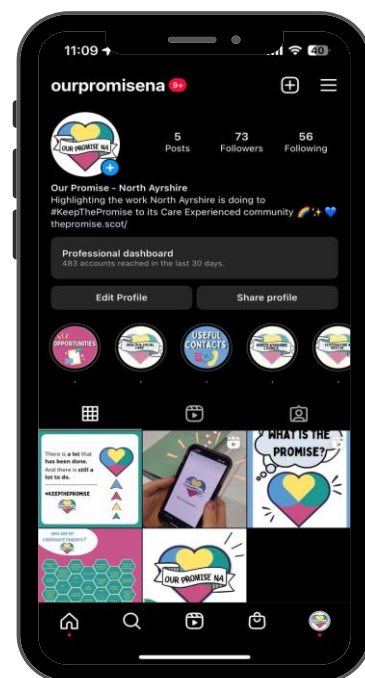
- 3 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5 Health and social care services contribute to reducing health inequalities.
- 6 People who provide unpaid care are supported to look after their own health and wellbeing. Including to reduce any negative impact of their caring role on their own health and wellbeing.

**2.1** North Ayrshire held its first ever **Promise** conference on Friday 4<sup>th</sup> November 2022. This was the first conference of its kind not only in Ayrshire but across Scotland. Over 120 delegates from a variety of multi-agency partners attended while 23 Care Experienced Young People and their families attended.

The conference was facilitated by two of our wonderful young people and we were delighted to have opening remarks from Councillor Macaulay, Portfolio Holder for Education and Young People, and the Minister for Children and Young People, Clare Haughey.

March saw the commencement of two Care Experienced Youth Groups – Mini and Junior Champs – which alternate between the Three Towns and Irvine. The aim of these groups is to create safe spaces for young people, encourage positive transitions, improve wellbeing, and promote positive relationships.

The recruitment process for posts in HSCP has been reviewed by the team, HSCP managers and care experienced young people. This means Care Experienced Young People will have a say in posts which relate to that area.



**2.2** **North Ayrshire Champions Board** have signed a three-year contract with Focus Gov to develop an app specifically for Care Experienced Young people. The app, which will be known as CE4U, will detail support, tips, and tricks and even blog posts from care experienced peers. It will be a fundamental resource, specifically for those without a key worker

**2.3** **Barista training** sessions were offered to care experienced young people and took place at Miko in East Kilbride. The training went well, and the young people involved passed with distinction. Two young people have now gone on to secure employment as a result. This training helps to improve young people’s communication skills, confidence, customer care and courtesy and to link them into employment opportunities locally.

There was also the launch of Hasta Barista, based at Meadowcroft in Irvine which 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, or even branch out and set up their own successful businesses in the future.

The Rosemount Team, Unpaid Work Employability Mentors and the Partnership Delivery Team (PDT) are also involved in projects to enable service users to develop practical barista skills and obtain vocational qualifications in hospitality. Two service users from the PDT have completed their training and provided positive feedback. They are now volunteering and gaining valuable work experience.

**2.4** **Red Rose House** officially opened on the 28<sup>th</sup> of October 2022, along with neighbouring facility Roslin House. North Ayrshire Provost Anthea Dickson cut the ribbons to celebrate the opening of the facilities in Stevenston in front of Elected Members, staff of North Ayrshire

Council and North Ayrshire Health and Social Care Partnership, as well as invited guests from charities [Hansel](#) and the [Mungo Foundation](#), who provide care and support at the facilities.

The respite centres, which are situated adjacent to the Lockhart ASN Campus in Stevenston, provide a comfortable, home from home experience for respite guests and a much needed, valued and deserved break for families and carers.



Each facility is equipped with eight ensuite bedrooms with homely furnishings and mood lighting, as well as activity rooms, hi-tech sensory rooms, games and TV rooms with comfortable sofas, and a kitchen area where guests can eat together or learn cooking skills. The centres also boast fantastic outdoor space with landscaped gardens for guests to enjoy, with a water feature, BBQ areas, musical equipment and a heated hang-out den for teenagers.

The close proximity of the facilities supports the smooth transition from children's to adult respite services in familiar surroundings as young guests reach adulthood.

- 2.5** The **Carers Team** report 1,736 carers registered with our commissioned carer service Unity on 31<sup>st</sup> March 2023, 1,517 are adult carers and 219 are young carers aged 18 or under. This is a 25% increase from last year.

For the reporting year, Social Work staff offered 449 Adult Carer Support Plans, and 94 were accepted with 56 completed. NAC Education staff reported 171 Young Carer statements returned and 161 were completed. Over 3 times more than 2021/2022.

The [National Carers Strategy](#) was published in December 2022 which sets out a range of actions to guide North Ayrshire Health & Social Care Partnership in our carer duties under the Act and ensures carers are supported fully in a joined up and cohesive way.

In North Ayrshire progress is continuing at pace for expanding the reach of carer services, improving carer identification, and increasing access to information, assessment, and support for young and adult carers. To improve carer services increased recurring investment was approved through governance structures which enforces the commitment to continuous improvement for carer support.

The reprocurement of the commissioned carer service is the main activity to report. The tender process commenced in October 2022 to seek a dynamic and creative strategic partner to be more present and visible to deliver a sustainable and expanded carer service. North Ayrshire Health & Social Care Partnership have engaged with the market and conducted prior interest procurement activities. Plans are on schedule with the successful supplier commencing May 2023 for a 3-year term.

- 2.6** Our **Money Matters Team** once again supported the most vulnerable people in our communities, accessing entitled benefits to the incredible sum of £18,429,833.91, an increase

of almost £1 million pounds from 2021-22. This was achieved against a backdrop of ongoing welfare reform and a complex benefits system.

### Money Matters - Annual Comparison



**2.7** The **Learning Disability Service** has benefitted from a new 1-year post, focused on developing engagement with the service but also exploring broader issues of inclusivity/accessibility within communities. Among other work, the Learning Disability Engagement Officer has supported activity around developing greater diversity in short breaks provision (linked to another national collaborative). This work aligns very much with the overarching focus of the service, on promoting sustainable connections for individuals within their communities, and enabling better uptake of the range of opportunities, particularly mainstream ones, available there.

**2.8** **Supporting Unaccompanied Young People** - co-produced a new welcome pack with a previous resident for young people where English is not their first language. The new pack includes basic information of what a children's house is and what supports residential staff can offer a young person. The highlight of the pack is where a previous ex resident details his experience, how he felt and where he is now. The pack is a huge credit to the hard work of the staff and will undoubtedly alleviate stress when young people who do not speak English, come into our care.

The Meadows have also sourced music tuition for 3 Vietnamese young people to participate in together. A local musician/sound engineer visits the house on a weekly basis where he facilitates a 2-hour jamming session with different instruments as well as showing them some production techniques and how to read music.

**2.9** The **Financial Inclusion Pathway** for Children and Families was refreshed and relaunched in June 2022 within Universal Early Years. The new pathway, originally developed in 2019, now includes supports for employability and debt advice, as well as benefits and energy advice.

**2.10** **Supported Accommodation** – The development of supported accommodations across several areas of North Ayrshire has concluded, with all accommodations now open and final service users moving in. The portfolio of supported accommodation for mental health, learning and physical disabilities includes:

- Bessie Dunlop Court (Dalry)
- Bute Walk (Largs)



- St. Michaels Wynd (Kilwinning)
- Caley Gardens (Stevenston)

Service providers are now in operation within the accommodations:

- Cornerstone (Dalry)
- Enable Scotland (Largs),
- The Richmond Fellowship Scotland (Kilwinning)
- Key Housing (Stevenston)



**2.11 The Mental Health Officer Team** is now a standalone team within the Community Mental Health Service, covering across the Health & Social Care Partnership. Providing the service as a distinct team has enabled a clearer role definition, consistency of approach and parity of esteem across the partnership. The addition of social work assistants has also allowed for appropriate delegation of work, with guardianship reviews now being a key component of their role. This means that guardianship reviews will be undertaken as planned, timeously and on a recurring basis.

**2.12 MARAC (Multi-Agency Risk Assessment Conference)** launched across North Ayrshire in August 2022. MARAC is a local meeting where representatives from statutory and non-statutory agencies meet to discuss individuals at high risk of serious harm or murder as a result of domestic abuse. The meeting provides a safe environment for agencies to share relevant and proportionate information about current risk, after which agencies agree actions to reduce risk and increase safety. The primary focus of the MARAC is to safeguard the adult victim. However, the MARAC will also make links with other processes and agencies to safeguard children and manage the behaviour of the perpetrator. MARACs are attended by a range of adult and children’s services including Police Scotland, Women’s Aid, local authority and health services. Eight MARACs took place between August and March 2023 with an average of 18-20 cases discussed per meeting.

## National Indicators

Indicators	NAHSCP	Scotland
Carers who feel supported to continue in their caring role	31%	30%
Adults who are supported at home who agreed they felt safe	83%	80%
Premature mortality rate (Under 75s age-standardised death rates for all causes per 100,000 population)	568	466

# Enable Communities

## National Outcomes

- 3 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 7 People who use health and social care services are safe from harm.

**3.1** During 2022-23, 40 **compliments** were received by the Health and Social Care Partnership relating to the services provided and the professionalism demonstrated by partnership staff.

### Compliments

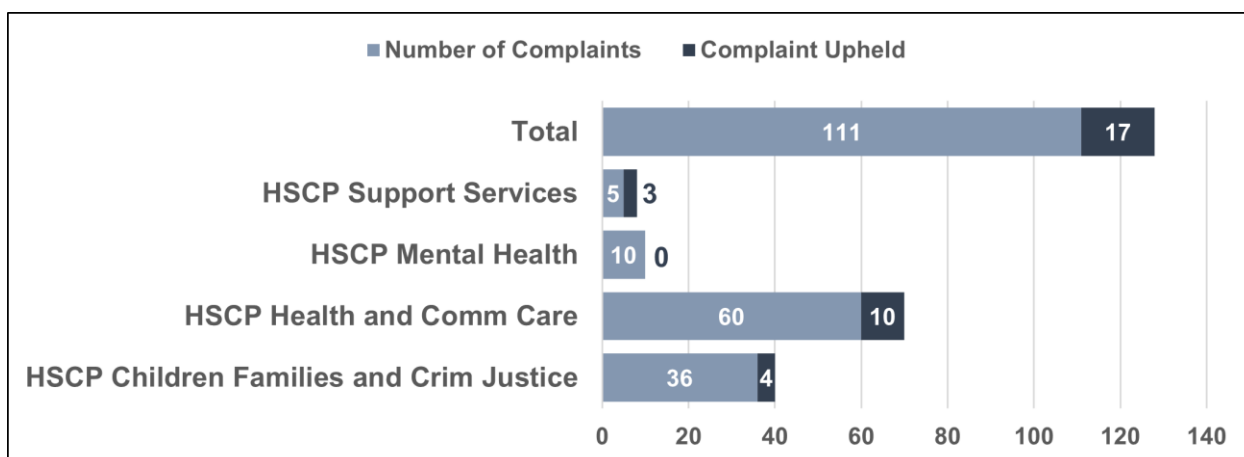
“We are so grateful to NAC and OT staff in particular for all the skilled kind patient help that has been extended to X over the years and enabled him with daily living... Everyone we came in contact with was absolutely amazing and you have all made such a difference to our lives”

“I wish to pay tribute and record my thanks to your care team, whose care and consideration for my mother has been quite superb, and without doubt goes well beyond the remit of their contracted duties. We as a family are extremely grateful to these ladies and to the whole team for their remarkable care and attention”

“My mum said she wanted to pass on her thanks for the care and kindness shown especially by her regular carers. They are both a credit to the service provided by North Ayrshire. They always showed an interest in her well-being and were also kind to her... as a family we really appreciated it”

“Please accept our sincere thanks from the whole family for the exceptional care provided to our mother, during her recent stay in Anam Cara. The welcome, comfort and attention she enjoyed during her stay was such that she did not want to go home when her care package was finally resumed and I think she would happily have remained with you had she been allowed to do so”

**3.2** A total of 111 **complaints** were received during the year and were across all service areas, with 17 being upheld.



Complaint Topic	Number
Service provision/delivery	56
Staff behaviour (incl. alleged or perceived)	28
Communication	13
Other	7
Quality of care	2
Sensitive issue	2
Continuity of staff	1
Incorrect information provided	1
Waiting times	1

**3.3 Signs of Safety** is a strength and safety organised model of practice which has been evaluated as effective in driving cultural change.

Signs of Safety states this approach, “is an integrated framework for how to do child intervention work – the principles for practice; a range of tools for assessment and planning, decision making and engaging children and families; the disciplines for practitioners’ application of the approach; and processes through which the work is undertaken with families and children, and partner agencies.

Signs of Safety practice enables child welfare intervention to be the catalyst for behaviour change by families and empowers them to make these changes. It utilises plain language and embodies aspects of change identified through the Promise in working alongside families building meaningful relationships and empowering their voices within the complex relationships that often arise from the complexity associated with Child welfare child protection work.”

Evaluation from areas that have implemented Signs of Safety has indicated:

- Families feel more empowered and are more able to understand and address the concerns and requirements of child protection authorities.
- Other things being equal, the number of children removed from families reduces relative to the number of families with whom authorities work more intensively to build safety around the children.
- Practitioners report greater job satisfaction due to the clarity of the approach, the usefulness of the tools and the impact for the children and families.

North Ayrshire have agreed an implementation plan to take forward Signs of Safety which will initially include bespoke training for Children and Families staff and briefing sessions took place throughout 2022 and beyond.

**3.4 Self-Directed Support (SDS) & Ayrshire Independent Living:** In this reporting year, as part of the Scottish Government Source Return, the Self-directed Support team submitted the following figures demonstrating how people have directed their support.

Option 1: **198** | Option 2: **152** | Option 3: **2,602** | Option 4: **116**

This shows traditional options continue to be offered or accessed most with 85% of people receiving Option 3, where support is chosen, arranged and directed by the Health and Social Care Partnership.

From a national perspective, there have been several directives and influencing factors (below) to encourage North Ayrshire Health & Social Care Partnership to keep SDS at the core of how we offer and deliver care and support.

- [Revised Self-directed Support Guidance published October 2022](#)
- Consultation has been ongoing on the draft Self-directed Support Improvement Plan 2023 – 27 (pending publication).
- [Revised Self-directed Support: Framework of Standards](#) now including Standard 12 Access to Budgets & Flexibility of Spend published August 2022
- National Care Service Bill (paused at Stage 1 with proposals to improve the way social care is delivered). Plans are postponed until June 2023.

North Ayrshire Health & Social Care Partnership has agreed a contractual extension on a pan Ayrshire basis to continue to commission independent advice and information services from [Ayrshire Independent Living Network \(AILN\)](#).



In the calendar year 2022 AILN reported supporting 433 people (373 active) with 34% resident in North Ayrshire. 173 new referrals were received with 43% from North Ayrshire.

AILN continues to strengthen their offer through national and local improvements such as work on the National Model Agreement for SDS Option 1 – Direct Payment, Personal Assistant Programme Board developments, local peer mentor groups, dementia befriending project, Personal Assistant employer and HNC Social care student training at Ayrshire Colleges. Events have also been arranged to improve Personal Assistant's health & wellbeing, and funding has been secured for AILN policy and website improvements.

- 3.5 The TEC (Technology Enabled Care) Team** have been appointed, with the full team in place by mid-February 2023. The team will be focussing on taking forward work related to the Analogue to Digital Telecare Switchover, which is a service response to the national digital telecommunications switchover, which will result in analogue telecare equipment ceasing to work reliably.
- 3.6 A Near Me** space has opened at Kilwinning Library, Near Me is a video calling service used by many health and public services. However, not everyone who is offered a Near Me appointment will have the data available, Wi-Fi connection or IT equipment/smartphone to be able to take advantage of the service. In addition, they may not have a private place from where they can make the call, or they could be unsure of how it works. Kilwinning Library now has a dedicated Near Me space, equipped with the necessary IT equipment and offering complete privacy to make your call. Library staff can also provide assistance to anyone who needs it.

**3.7 The Dirrans Centre**, Kilwinning delivers personalised community-based rehabilitation supports. The team continues to provide support to our clients and provide a combination of centre-based, and community supports using learning from outcomes achieved during the pandemic. This blended approach ensures person-centred interventions to maximise independence, self-management of long-term conditions and assisting with building sustainable links in the local community.



#### **Case Study:**

“I have been attending the Dirrans Centre for over a year now and when I first started coming to the centre it was mostly for showering as I couldn't fit in a shower at home then after a few weeks I told the centre that I wanted to improve on my fitness and mental health. They then got me to meet up with Nicola and we discussed how we would start my fitness journey and set mini goals to try and achieve.

After a few months of attending the centre and speaking with the staff I could see a huge difference in my mental health and my confidence as a whole. I also started to see a whole difference in my weight too like when I first started, I was struggling to stop the snacking and wasn't getting anywhere near what I wanted for myself and due to this I ended up with cellulitis on my left leg which had set me back a few months. I was in hospital, but Nicola always made sure to keep up to date with how I was doing. After coming out of hospital I then met Debbie who was/is one of the most genuine and nicest people you could meet.

Me and Nicola then discussed how I would get to and back from the centre and we thought it was best to have myself and Debbie get public transport to get there and back till my self-confidence was back up to where I would go by myself. I then started to up my fitness and the Dirrans have helped me so much that I even decided to join the cooking group with Darren and Gordon and due to them I have learned multiple new skills and how to cook certain meals.

I never thought I would be as active as I am now, more than ever before, and it's all thanks to the wonderful staff and people that attend the Dirrans centre. I have so much respect for everyone that works and attends the Dirrans.”

**3.8 The Mental Health and Wellbeing in Primary Care working group**, have completed an initial period of engagement with service user and stakeholders. 451 survey questionnaires were completed, with 47 individuals attending focus groups across the localities. Follow up focus groups with partners are planned to take place early into the New Year, with a particular focus group focused on digital solutions. Further mental health conversations will take place within the communities into the New Year, particularly with a focus of the new mental health and wellbeing strategy.

**3.9 Occupational Therapy (OT)** have engaged creative solutions to service delivery problems in 2022/23. Ongoing high demand for community OT assessments resulted in a review of the current waiting list and identified that there are issues with duplication between OT/Multi-Disciplinary Team rehabilitations services with high volume of inappropriate referrals and lack of clarity of priority of cases on the waiting list. As a result of the referral intake process being

open ended, the community OT service was unable to have control over referrals being accepted for service.

Through collaborative working with the Business Development Manager for Enhanced Intermediate Care/Allied Health Professionals services, the referral intake process has been streamlined for all referrals to go via the Enhanced Intermediate Care and Community Rehabilitation Hub. This significant service change/development offers the opportunity for referrals to be screened to check if an individual is known to both NHS and social care services and signposted to the most appropriate service to meet needs. It is anticipated that this change of referral process will reduce the demand for community OT service by reducing duplication with other services.

- 3.10** North Ayrshire Health and Social Care Partnership's **Older Peoples Day Services** temporarily closed early in 2020 due to the COVID-19 Pandemic, delivering alternative supports during this time such as outreach and befriending services. A review of Day Services was undertaken in 2021 and this identified the need for an alternative Day Services model which would be an enhancement to the traditional building-based Day Services model for Older People in North Ayrshire. This included opportunities to build on some of the learning from during the pandemic to meet the outcomes of people in North Ayrshire.

Older People's Day Services had successfully re-opened by the end of August 2022. Alzheimer's Scotland commenced a new contract for the delivery of Day Services in March 2023. This will see an enhancement of Day Service delivery for Older People in North Ayrshire including a flexible and responsive service which will be operational across 7 days providing up to 63 full day placements on a weekly basis.

- 3.11** A **Health and Social Care Partnership learning review** into the application of self-directed support (SDS) was undertaken with a desire to improve the delivery of SDS and explore how policy and practice could change as a result of learning. One of the areas the learning review board asked to be explored in 2022 was the use of self-employed PA's on Arran as a test of change. Self Employed PA's have until this test of change not been possible in North Ayrshire due to a policy of not supporting their use.

A project group was established in late 2022 that includes the SDS Manager, the Social Work team on Arran, Ayrshire Independent Living Network, In Control Scotland and Arran Community and Voluntary Service. The working group has been exploring critical success and enabling factors required for the application of this policy as well as identifying the barriers for self-employed PA's in arranging care. On a practical level the work has concluded on the practice guidance and the SDS paperwork and systems have been amended. Work is close to conclusion on publicly available information for those in receipt of a direct payment. This information will ensure residents can make an informed choice and understand the associated roles, responsibilities, and risks of using a self-employed PA.

Alongside the systems work concluding the front facing work is stepping up. The communications officer is now also part of the project team and will explore the communications strategy and associated promotions. These will include a public interest piece in the Arran Banner, poster and leaflets across Arran and a short video for use on social media platforms. The expected launch is July 2023.

- 3.12** **North Ayrshire Adult Community Mental Health Services.** Despite several challenges, the service has had a very successful year:

- Throughout the year, our mental health services have been active contributors to the Scottish Government engagement of the National Secondary Care Standards for Mental Health Services consultation.
- Throughout the year, our mental health services have also been active contributors to the Scottish Government Delivery of psychological therapies and interventions: national specification.
- The development of supported accommodations across several areas of North Ayrshire has all but concluded, with all accommodations now open. This includes Bessie Dunlop Court in Dalry, Bute Walk in Largs, St Michaels Gardens in Kilwinning, and Caley Gardens in Stevenston. All accommodations apart from St Michaels Gardens were delivered in partnership with the Learning Disability service.
- The Nethermains supported living facility in Kilwinning has also had additionality added with a renovation of 2A Nethermains to add space for an additional 2 individuals, the first person moved into this facility in March 2023.
- The development and implementation of pathways and care pathways within and across services remain ongoing such as the development of the 'Co-occurring Mental Health and Substance use Pathway' with North Ayrshire Drug and Alcohol Service (NADARS) and the 'Transitions Pathway' with Child and Adolescent Mental Health Team (CAMHS).
- The Housing First Community Psychiatric Nurse (CPN) continues to work with our partner agencies within the Housing First Team, working closely with Addictions Social Work and with the support of a commissioned response service, the first of its kind in Scotland. We have revised some aspects of this role to include an educational component for housing staff.
- The college well-being and liaison role continues to work extremely well within Ayrshire College and is across the 3 campuses, one in each partnership area of Ayrshire. There has been agreement across the 3 partnership areas to continue the funding of this post through until March 2025. This is extremely positive for Ayrshire & Arran in light of the fact that Health Improvement Scotland (HIS) met with us as they develop a framework for supporting students, they were extremely impressed with the role we have developed and will be adding many aspects of our model to the framework for other authorities to develop similar roles.

The service has also been working with our communities, primary care and third and independent sectors in consultation, design and investment for transformation and is now successfully progressing into our second year of funding for mental health and wellbeing in communities.

### National Indicators

Indicators	NAHSCP	Scotland
Adults receiving any care or support who rated it as excellent or good	76%	75%
People with positive experience of the care provided by their GP practice	61%	67%
Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections	79%	76%



# Develop and Support Our Workforce

## National Outcomes

- 6 People who provide unpaid care are supported to look after their own health and wellbeing. Including to reduce any negative impact of their caring role on their own health and wellbeing.
- 8 People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide.
- 9 Resources are used effectively and efficiently in the provision of health and social services.

**4.1 Social Work Trainees** – the strategy of building workforce capacity and growing our own Social Workers through the development of the professional training pathway was agreed and resources have been identified to support three placements.

**4.2** A member of the **Justice Services Locality Teams** has received a Multi-Agency Public Protection Arrangements (MAPPA) Multi-Agency partnership Award from the Surrey and Sussex Strategic Management Board (SMB) meeting. Please see feedback below from Surrey and Sussex Probation Service.

“Lisa’s work throughout the management of this case has been exceptional, she has worked alongside partnership agencies to actively manage the risks the service user poses.

Lisa continued to work tirelessly alongside Adult social care, mental health, police, and children’s services to ensure the victim was protected.

Her management and continued input to this case long after her official involvement ended has been crucial to continued public protection and her contribution much valued by the West Downs MAPPA panel.

Lisa attended our SMB last week where she received the above award in recognition of her excellent multi-agency work.”

**4.3** A number of **Staff well-being sessions** ran during January and February 2023 facilitated by KA Leisure with events taking place at venues across North Ayrshire. Activities included:

- Stress Less sessions
- Menopause Awareness sessions
- Mental Health sessions
- Weight Management sessions
- Standing/Chair Yoga
- Keep Fit Low
- Standing Pilates; Dance Taster sessions; Gentle Movement
- Gym Induction sessions
- Signposting
- Free health checks on the Activator Bus

**4.4 Practice Reflective Improvement (PRI) Dialogue** sessions encourages greater levels of reflection on cases with an element of child protection.

North Ayrshire Child Protection Committee and North Ayrshire Health & Social Care Partnership continue to accept referrals for Practice Reflective Improvement Dialogue sessions. PRI Dialogue has been in place for over a year now and feedback from both participants and facilitators is showing the value of these sessions:

“It is really helpful to hear reflections from different perspectives – it makes it easier to understand the context of decision making and broadens ideas extrapolated from reflection” (Participant)

“It (PRI) validated the great work being done and the care and love practitioners have for their jobs and the children and families they work with. It showed that everyone believes in aiming for the best outcomes for young people. It also gave people permission to evaluate their own

practice and talk about it openly. The difference it made was, there were no judgements made on the choices taken. It allowed people to see the different ways services work and raised the levels of mutual respect for the work we all do.” (Facilitator)

- 4.5** The new **Staff Wellbeing Centre** at Ayrshire Central Hospital officially opened on 29 September 2022. The centre makes up part of the existing building for the Gallery Dining Room at Ayrshire Central Hospital and is a place for all health and social care staff to take a much-needed pause and relax. The staff wellbeing centre is now available as a rest and sanctuary area and is available for all clinical and non-clinical staff from across our entire health and social care system. The area will be a quiet space separate from patients and the public.



- 4.6** A new **Staff Wellbeing Services Newsletter** was launched in January 2023, aiming to provide a window for staff to hear about the latest wellbeing updates, news and have a spotlight on developments or topics which may be of interest. The newsletter will signpost staff to useful resources and support as well as highlighting any upcoming wellbeing events.
- 4.7** North Ayrshire have achieved **Carer Positive Employer** – Exemplary Level, with the award presented on the 29<sup>th</sup> of March 2023. The award demonstrates the support the Council provides for its employees who are working carers, through a combination of practical support and policy, awareness raising and training and an active Carers Network. Carer Positive is operated by Carers Scotland on behalf of the Scottish Government. The Carer Positive commitments recognise those employers who offer the best support to carers, allowing them the flexibility they may need to deliver caring responsibilities. The ‘Exemplary’ Level 3 Award is the highest accolade given to organisations who go above and beyond in their caring commitments to colleagues and who demonstrate innovative and creative approaches to supporting and involving carers across their organisation.
- 4.8** The registered **Community Occupational Therapy (OT)** staff have recently completed the Royal Society for the Prevention of Accidents (ROSPA) level 4 Advanced Moving and Handling course. This training opportunity was identified as a need through CPD discussions with the team. The registered OT staff have responsibility for carrying out Moving and Handling assessments with service users to identify suitable equipment required to support individuals and carers. The OT staff utilise their core OT skills to complete these assessments, however it was identified that Moving and Handling is a specialist area that requires specific training. The training has been the first formalised external training that the team have received in this area which has enhanced their specialist knowledge and skills to support the most vulnerable in our communities.
- 4.9** The **Arran workforce** has been developed to provide solutions to service delivery issues. In 2022/23 a new Health Care Support Worker (HCSW) was appointed to support our multi-disciplinary team. A new nurse practitioner will provide care to people needing urgent and unscheduled care, while there is also a new Grade 4 entry level post for the residential/nursing home. Work has started to develop a new model of working for Arran AHP team (Occupational Therapy and Physiotherapy team).

In addition, several wellbeing days have been held at Arran Outdoor centre for all health and social care staff on Arran, as well as providing access to wellbeing vouchers for holistic range of practitioners and interventions. A jointly delivered (with mainland colleagues), online mindfulness group has reconvened, post COVID-19 offering the opportunity for joint working between Occupational therapy and Psychology.

**4.10 Enhanced Learning and Development Support** for Care at Home saw engagement take place across 2022/2023 with a range of Care at home teams to discuss the training plan and consider the training which will be required for each role within the service and to meet Scottish Social Services Council (SSSC) registration conditions. A 5-year training plan has been devised for a:

- Care at Home Assistant
- Senior Care at Home Assistant
- Care at Home Manager
- Team Manager

There have also been new training courses devised which were bespoke to the Care at Home Service.

**4.11 Warrix Avenue** have continued with their new model of rehabilitation support on an outreach basis to support persons following discharge from Warrix Avenue itself and to support transition to independent community living care as well as providing support to individuals who may be referred direct from adult community services or adult mental health admissions for direct support.



Following a successful bid for additional resources to support this model, after initial pilot funding was agreed, four additional staff were secured to support this model as part of inpatient services restructuring.

### National Indicators

Indicators	NAHSCP	Scotland
Readmissions to hospital within 28 days of discharge (rate per 1,000 discharges)	110	103
Percentage of adults with intensive needs receiving Care at Home (all levels of CAH)	77%	65%
Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1,000 population	1,038	919
Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency	30%	24%

# Improve Mental and Physical Health and Wellbeing

## National Outcomes

- 1 People are able to look after and improve their own health and wellbeing and live in good health for longer.
- 5 Health and social care services contribute to reducing health inequalities.
- 9 Resources are used effectively and efficiently in the provision of health and social services.

**5.1 The Child and Adolescent Mental Health Service (CAMHS)** in Ayrshire and Arran during the period 2022-23 has separated out three distinct parts of the service to ensure that children and young people are on the correct pathway at a much earlier stage:



**Specialist Community CAMHS (SCAMHS)** - Assessment, care and treatment of children and young people experiencing serious mental health problems e.g., low mood, anxiety, suicidal ideation.

**Neurodiverse CAMHS (N-CAMHS)** – Provides neurodevelopmental assessments to support children and young people accessing mental health services to gain an understanding of their strengths and challenges they face. Referrals are made through the child / young person's school or doctor (GP).

**CAMHS Urgent Assessment & Intensive Treatment (CUAIT)** - Responds to the urgent needs of young people who are experiencing a mental health crisis. 7 days a week currently operating between 9am and 5pm.

CAMHS experienced a considerable increase in referrals over the past year. In March 2022 CAMHS saw 192 new referrals, in March 2023 this was 366 new referrals. The Referral to Treatment (RTT) compliance at the end of March 2023 was 97% and is continued to be monitored.

**5.2** Work has been ongoing to reduce falls within the four **Elderly Mental Health** Inpatient wards within the North Partnership. This includes enhanced training for staff in falls prevention and personalised care planning. The original aim was to reduce falls within these four wards by 20%.

As a result of this falls prevention work there has been a 21% reduction in the number of falls and a 30% reduction in falls with harm in the four inpatient wards since the training was commenced. Such is the success of this work that funding is being sought to employ a small team of two Falls Coordinators within the North Ayrshire Health and Social Care Partnership to ensure this improvement is embedded and to support this work on an on-going basis across the community hospital setting and mental health.

A recent publication titled [“Preventing falls in older people on mental health inpatient wards : a quality improvement project”](#) was published on 14th December 2022 by Christine McNamara, Alison Toner and Lynne Murray from mental health services.

The aim of the paper is to enable staff to gain knowledge of the risk factors for falls in older people on mental health inpatient wards; enhance understanding of the essential elements of falls prevention strategies, and to consider the potential benefits of falls prevention training for nursing staff.

**5.3** The **North Ayrshire Drug and Alcohol Service (NADARS)** has continued to focus on delivering actions and improvements to support the 'National Mission' in relation to the reduction of drug and alcohol related harms. Key activities include:

- Continued roll out and expansion of the Medication Assisted Treatment (MAT) standards with access to MAT support now being available 5 days a week. Regular progress reports have been submitted to the Scottish Government and an agreed MAT Improvement Implementation Plan is in place.
- Increased support to individuals following a Non-Fatal Overdose.
- Increased promotion and supply of Naloxone.
- Steering Group meetings arranged to focus on improvement actions to ensure that there is increased support for individuals with 'co-existing mental health and drug and/or alcohol use.
- The roll-out of a new Alcohol and Drug Liaison Service across Ayrshire and Arran.
- Compliance with all Alcohol and Drug 'Access to Treatment' waiting times standards.
- Continued promotion and availability of drug and alcohol related training.
- Promotion and delivery of Alcohol Brief Interventions (ABI) across priority and non-priority settings whilst continuing to meet the ABI national standards.
- New pathway and processes formally approved by the North Ayrshire Alcohol and Drug Partnership (ADP) to support individuals into, during and after external Residential Rehabilitation placements.
- Support to Phoenix Futures to open a new residential rehabilitation facility in North Ayrshire to support families affected by drug and alcohol use (Harper House officially opened in November 2022).

- 5.4** An exciting opportunity has been created within NAHSCP for the establishment of a new service for people with learning disabilities. Covering North Ayrshire, the **Intensive Support Service (ISS)** will offer specialist intervention, advice/consultation and training for (and in relation to) people with learning disabilities who are in need of more intensive support than is possible from the existing Community Learning Disability Team.

The ISS will work with adults with learning disabilities who experience challenges in accessing mainstream services; and require significant specialist input in order to prevent placement breakdown and/or hospital admission. The service will also support individuals to prepare for their return to a community placement (or the establishment of a new placement).

In addition, it will have a lead role in reviewing clients placed out of area in order to ensure the appropriateness of current arrangements or the need for planning to expedite change.

The multi-disciplinary team comprising the ISS will include Nursing, Social Work, Psychology, Occupational Therapy, Speech and Language Therapy and Psychiatry. Development of the ISS represents a profound investment in the well-being of people with learning disabilities in North Ayrshire.

- 5.5** The **Family Centred Wellbeing Service (FCWS)** organised a day of activities and entertainment for the families involved with the team. The FCWS supports children aged 5-12 years old and their parents/carers and operates in the Irvine and Three Towns localities in North Ayrshire. There is a focus on promoting health and wellbeing and efforts were made to ensure this was incorporated into the Fun Day, with a Yoga instructor putting on a class for the families, and a range of games to encourage physical activity.

However, as the event suggests, there was also a focus on fun with kids' entertainer, Uncle Billy, keeping the children laughing with a combination of magic tricks, jokes, balloon models

and puppet shows! There was also a face painter, an area for arts and crafts, and a fantastic buffet lunch that was supplied by the staff at Eglinton Park's Tournament Café.

There were 44 children and adults who attended the event and every person left with a smile on their face. Below is an example of feedback that the children and families provided to the team:

"What a fantastic wee day. S (my daughter) really enjoyed it. Lots to do and the kids show was brilliant. Thank you, ladies!" – mother of 8-year-old child who is socially isolated but took a big step in attending the Fun Day.

Funding has now been agreed to expand this successful intervention across North Ayrshire.



- 5.6** Staff and customers have been involved at **Trindlemoss Day Opportunities** in a collaborative art project with Glasgow School of Art with the aim of creating a range of outputs reflective of the changes experienced over the past couple of years, as well as people's hopes for the future.

There was a final handover session at Trindlemoss in October 2022 where, Victoria and Claire of Glasgow School of Art, spoke to invited guests about their work on the project and the collaborative journey they have undertaken throughout it.

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

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

- 5.8** A new **Alcohol and Drug Liaison Team** was launched in August 2022. This new team replaces the previous Alcohol Liaison Team as well as the Non-Fatal Drug Overdose Pathway and operates 7 days a week from 9am -7pm. Priority for the team is the implementation of the MAT standards, 5 of which is pertinent to the team. The model being used is under continual review and a proposal has been made to introduce an Advanced Nurse Practitioner within the team using established funding.
- 5.9** **Short Term Support Worker Recovery Team** – as a fantastic addition to the Mental Health Social Work Team the Support Worker Recovery Team was developed to offer short term support to individuals with Mental Health difficulties. The service has been invaluable in facilitating timeous discharge from hospital support and preventing unnecessary admissions. It



has also supported the service in the short term, with unmet need whilst awaiting appropriate packages of care.

**5.10 Mental Health Social Work Care Management Team** - The Mental Health Social Work Care Management Team became a standalone team within the Adult Community Mental Health Service. The new focus aims and objectives of the team promotes service users being assessed earlier and supported to engage in the most suitable care and treatment to meet their needs. This has endorsed prevention and early intervention enabling independence & enablement.

**5.11** The pan-Ayrshire **Perinatal Mental Health** service has now been operational since November 2021 and has grown from strength to strength. Culminating in many national recognition awards in the past year including the People’s Choice Poster Award at the NHS Scotland Conference.



Progression of the service includes:

- Clear service pathways have been developed with key stakeholders.
- Launch events clearly identifying the service, how to access and supportive considerations were rolled out. There remains ongoing opportunity for awareness and engagement.
- A professional’s advice line (PAL) has been developed and implemented supporting professionals unsure of what help is available and how best to get it.
- The national leads for Scotland have asked that Ayrshire & Arran share their learning since launch and have requested permission to share developed tools and resources.

**National Indicators**

Indicators	NAHSCP	Scotland
Adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	78%	78%
Proportion of last 6 months of life spent at home or in community setting	89%	90%

## MSG Indicators

Indicators	Value
Emergency admissions to acute hospitals	17,576
Emergency admissions to acute hospitals (Rate per 1,000)	10.9
Admissions from emergency department	9,776
Admissions from emergency department (Rate per 1,000)	6.1
Percentage of people at emergency department who go onto ward stay (conversion rate)	29.7
Unscheduled 'hospital bed days' in acute hospital	131,694
Unscheduled 'hospital bed days' in acute hospital (Rate per 1,000)	81.8
Unscheduled 'hospital bed days' in long stay mental health hospital	31,618
Unscheduled 'hospital bed days' in long stay mental health hospital (Rate per 1,000)	19.7
Unscheduled 'hospital bed days' in geriatric long stay	5,684
Unscheduled 'hospital bed days' in geriatric long stay (Rate per 1,000)	4.4
Emergency department attendances	33,044
Emergency department attendances (Rate per 1,000)	20.5
Percentage of people seen within 4hrs at emergency department	75.0

## MSG Indicators – Delayed Discharges

Indicators	Value
Delayed discharges bed days (all reasons)	17,394
Delayed discharges bed days (all reasons) (rate per 1,000)	13.3
Delayed discharges bed days (code 9)	7,562
Delayed discharges bed days (code 9) (rate per 1,000)	5.8
Delayed discharges H&SC Reasons	9,832
Delayed discharges H&SC Reasons Rates	7.5

## National Health and Wellbeing Indicators

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

The information below represents the most up-to-date information with further updates accessible from – [Public Health Scotland](#)

Health and Social Care Experience Indicators	2017–18	2019-20	2021-22	Scottish Average %	Rank against Family Group
Adults able to look after their health very well or quite well	91%	92%	89%	91%	5
Adults supported at home who agreed that they are supported to live as independently as possible	84%	84%	81%	79%	4
Adults supported at home who agreed that they had a say in how their help, care, or support was provided	70%	75%	73%	71%	5
Adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	74%	76%	64%	66%	7
Adults receiving any care or support who rated it as excellent or good	78%	77%	76%	75%	6
People with positive experience of the care provided by their GP practice	80%	73%	61%	67%	5
Adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	82%	79%	78%	78%	5

<b>Health and Social Care Experience Indicators</b>	<b>2017–18</b>	<b>2019-20</b>	<b>2021-22</b>	<b>Scottish Average %</b>	<b>Rank against Family Group</b>
Carers who feel supported to continue in their caring role	39%	32%	31%	30%	3
Adults supported at home who agreed they felt safe	80%	85%	83%	80%	2

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

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

Indicators based on administrative data	2018–19*	2019-20*	2020-21*	2021-22*	Scottish Av % Diff	Rank against Family Group
Premature mortality rate. (Under 75s age-standardised death rates for all causes per 100,000 population).	446	516	516	568	466	3
Rate of Emergency Hospital Admissions for adults (per 100,000 population)	16,481	16,513	14,057	14,224	11,475	16481
Rate of emergency bed days for adults. *	149,902	142,441	135,075	144,759	105,957	8
Readmissions to hospital within 28 days of discharge.	106	107	114	110	103	5
Proportion of last 6 months of life spent at home or in community setting.	0.87	0.88	0.89	0.89	0.9	7
Falls rate per 1,000 population aged 65+	24	22	18	20	22	2
Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections.	0.87	0.88	0.88	0.79	0.76	4
Percentage of adults with intensive needs receiving Care at Home. (All levels of CAH)	0.49	Not Applicable	0.73	0.77	0.65	1
Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1000 population)	1,144 (2019-20)	386 (2020-21)	819 (2021-22)	1,038 (2022-23)	919 (2022-23)	6
Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency.	0.29	0.3	0.26	0.3	0.24	1

\*Column contents are the most up to date data information received from Scottish Government statisticians.

As well as the National Health and Wellbeing indicators, we regularly report on local measures to help us to evidence performance against the nine National Health and Wellbeing Outcomes and our Strategic Priorities. The list of local indicators can be found in Appendix 1. The full list of indicators can be found in Appendix 2.

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

## Children's Outcomes

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

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

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

**1.1 Roslin House**, our purpose-built respite facility for children and young people with additional support needs, officially opened on the 28<sup>th</sup> of October 2022. North Ayrshire Provost Anthea Dickson cut the ribbons to celebrate the opening of Roslin House in Stevenston in front of Elected Members, staff of North Ayrshire Council and North Ayrshire Health and Social Care Partnership, as well as invited guests from charities.

Roslin House, which is adjacent to the Lockhart ASN Campus in Stevenston, is an 8-bedroom, state of the art facility providing respite breaks for young people known to North Ayrshire Health and Social Care Partnership's Children and Families Disabilities Team as part of their care and support plan. The facility is equipped with eight ensuite bedrooms with homely furnishings and mood lighting, as well as activity rooms, hi-tech sensory rooms, games and TV rooms with comfortable sofas, and a kitchen area



where guests can eat together or learn cooking skills. The centre also boasts fantastic outdoor space with landscaped gardens for guests to enjoy, with a water feature, BBQ areas, musical equipment, and a heated hang-out den for teenagers.

**1.2 The Promise** is a large-scale, complex 10-year change programme with multiple objectives and interlinked activities, across multiple partners that 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. Progress continued this year with The Language and Communications Subgroup focusing on:

- A new **North Ayrshire Will Keep The Promise Social Media Channel**  
To reinforce that The Promise is a shared duty between corporate parents, the subgroup has decided that communications and updates around The Promise will no longer come from the Corporate Parenting Team but instead there will be a new social media channel set up for all corporate parents to post content.
- **Forming a Care Experienced Youth Executive Group**  
To give care experienced young people a platform to use their voice in front of Cabinet members and Parliament and initiate real change. The young people involved will help to support the rights of fellow care experienced young people in North Ayrshire.

- **A Let's Talk About Language Day**

To reframe the care experience narrative, we want to partner up with health, education, and Connected Communities to launch a North Ayrshire-wide event around the clinical, stigmatising, dehumanising and outdated language that is used when referring to care experience, mental illnesses, sexualities, and disabilities.

**1.3 North Ayrshire Champions Board** ran a summer programme for care experienced young people. Taking place during July and August 2022, a range of activities were on offer over ten days at various locations. Activities included Laser Quest, Nature Trail and Outdoor Activities and a Champs Carnival at Eglinton Park where everyone could enjoy a petting zoo, bouncy castle, and a silent disco.



During October, the champs ran a Halloween Party for Care Experienced Young People, including dookin' for apples, cake decorating, arts and crafts and mummy wrapping. They also took a group of young people to Kelburn country park for the thrilling walk through the estate. The young people loved it!

The targeted holiday events continued into the festive period as The Champs, in partnership with the Corporate Parenting Team, used money from The Youth Participatory Budgeting Fund, to host a Christmas meal for Care Experienced families. The families were provided a three-course meal, by Cafe Solace, and all children were invited to join in on festive activities, which included an appearance from Santa!

Those that couldn't make the Christmas meal were invited to a fun filled, festive day, where there were activities like s'more making, gingerbread decorating, Christmas card making and football by lots of different partners such as [Woodland Wake Up](#) and [Active Schools](#).

**1.4 Children, Families and Justice Services** were shortlisted for a Scottish Social Services Award in the integrated workforce category. The awards were held on the 9<sup>th</sup> of November 2022 and despite not winning, it was a great achievement to be recognised as one of the three finalists shortlisted for this award.

**1.5 North Ayrshire's Joint Inspection of Services for Children and Young People at Risk of Harm** was published on 8th June 2022.

[Joint inspection of services for children and young people North Ayrshire June 2022](#)

Overall, the key strengths highlighted in the report as follows:

- Recognition and initial response to risk and concern to children was a strength. Staff took timely and appropriate action to keep children safe.
- Overall, key processes for assessing and managing risk for children at risk of harm were well established and working effectively.
- Effective oversight and scrutiny of child protection performance was provided by the Chief Officers Group and Child Protection Committee.
- Partners had a well-established approach to gathering and using performance data to inform and support improvement activity.



The report outlined two areas for further improvement:

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

North Ayrshire Child Protection Committee will ensure that areas of learning and improvement are incorporated with clear timescales and owners.

The report recognises the very strong evidence of partnership working and the clear commitment and dedication of staff working across various agencies to reduce risk of harm, develop positive relationships and improve wellbeing outcomes for our children and young people.

## 1.6 Community Short Break Service – Positive Case Study

### Case Study:

The service received a referral for short breaks for two children aged four and two, they reside with their mother who is isolated and has no networks or family support in the area. The family had to relocate due to domestic violence. Mum's physical and mental health crises have led to multiple accommodations for the children with different foster carers on emergency basis. The short break referral was aiming to provide regular support to the family to increase support and reduce likelihood for crisis. The short break carer they were matched with was able to step in during a recent crisis where mum was hospitalised and provide emergency care for several days which prevented the boys being accommodated with emergency foster care. The boys were able to be cared for by the short break carer who was familiar to them and prevented further caregivers and distress to the children and the parent knowing who was caring for her children.

- 1.7 The Case Study below shows how our **Children and Families area team** Social Worker and Young Person Support Worker supported this family.

### Case Study:

"X has been the assigned worker to my grandchildren for the past two years and placed my oldest grandson with us two years ago through kinship. During this time X has continued to support us through some very difficult and challenging times. She has a fantastic work ethic; there have been many times X has went well above her remit to help and support my grandson to ensure his needs are being met and she has always been available to help and give me advice during very difficult times. She has worked very positively with Education within Greenwood Academy and has always shown great joint working between other services Health, Education and of course social service taking the lead when required to ensure my grandchildren are protected from difficult circumstances. X has to be commended for her excellent work I cannot thank her enough for all of her support she takes on very difficult challenges and works to resolve these challenges and issues to ensure the children and young people needs are being addressed and that they are always safe. I can only commend her for her continuous work through some difficult times I appreciate all the support I have received from X and I know she will continue to support my family to a high standard and

ensure that my grandchildren's needs are met. Once again, I cannot thank her enough and she is an asset to your team within social services.

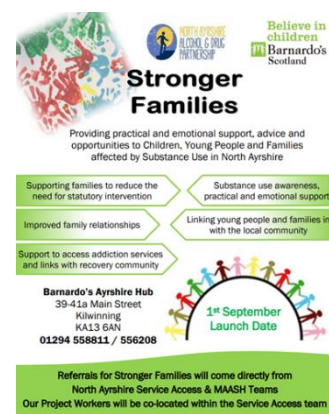
Within Greenwood Academy Y has supported my Grandson for the past two years through some very difficult challenges. My grandson has been placed with us, his parental grandparents, as a place of safety, during this difficult time Y has been a continuous support throughout his mental health issues. She has had a very positive impact on him, he has struggled with school and has had many difficulties, but Y has been extremely supportive with her positive attitude and continues to support him through very challenging times. Y works well with the members of staff within Greenwood that are involved with his learning and strives to ensure that the appropriate support is given so he can reach his full potential.

Y has also supported my Granddaughter through some very challenging times and has been such a positive influence on her. I acknowledge that her workload is extremely high, but she is always very supportive, and I appreciate her support and I am very grateful she has helped guide me through some very difficult situations. Y strives to ensure that the young person's needs are being met and I feel strongly that she should be commended for the work she carries out she works jointly with other agencies within healthcare, education and of course social services to ensure the young people are safe and secure and meeting their full potential.

My grandson is moving on, he has gained an apprenticeship and he is in a better place than he was two years ago due to his serious mental health issues and part of his progress is down to the continuous support and work Y has continued to provide. She has shown a positive work ethic which is reflected in the young people she supports and the achievements they have gained and one of those young people is my Grandson who would not have been as successful as he is without Y's hard work, input, and support. I would like to commend her for her high level of support and dedication she has shown us over the past two years and her commitment to ensuring all young people get the opportunity they deserve. She is an asset to your team and the high level of commitment within your service and the commitment to joint working to ensure all young people needs are met."

1.8 The **Stronger Families** services was launched 1<sup>st</sup> of September 2022. This is a new initiative which will be delivered as part of a partnership between Service Access/Multi Agency Assessment and Hub (MAASH), Alcohol and Drug Partnership (ADP) and [Barnardo's](#). The service provides the following:

- Practical and emotional support, advice and opportunities to Children, Young People and Families affected by Substance Use in North Ayrshire.
- Supporting families to reduce the need for statutory intervention.
- Substance use awareness, practical and emotional support improved family relationships.
- Linking young people and families in with the local community
- Support to access addiction services and links with recovery community.



1.9 The From 1<sup>st</sup> April 2022 to 31<sup>st</sup> March 2023, the **Rosemount Project** supported 496 children, parents/carers, and extended family members. The service is committed to whole family support and endeavours to involve siblings, parents/carers, and extended family members, in

the interventions and family work that the service facilitates. The ongoing implementation of the Signs of Safety framework correlates well with the ethos and role that the Rosemount Project provides, which is predicated on assisting families to develop their networks of support and empowering them to build sustainable strategies, reducing their dependence on social services in the longer-term.

For the financial year ending 31<sup>st</sup> March 2023, there was a 37% increase in the number of individuals supported from the previous year (up to 496 from 314 in 2021/22). The previous year (2021/22) had seen a 12% increase in referrals from 2020/21, thus, the past year's figures continue to reflect a growth in individuals who received some form of advice, guidance and/or practical support from the service. Again, we expect these figures to remain high with the greater emphasis being placed on engaging with family networks and upskilling families to rely on their natural resources to meet their specific needs.

The team had access to the Care Experienced Children and Young People Fund which enabled a mentoring service to be introduced to enhance prosocial support to vulnerable young people over the school period.

One of our young people TC said "I like mentoring because its enjoyable and gives me a chance to do more interactive activities. My mentor is a very outgoing guy who is amazing to have a conversation with. He is also a great mentor because if I have any troubles, I can speak to him about them."

A Case Study regarding TC is provided below.

### **Case Study:**

TC has been involved with the Rosemount Project for the past 6 months. He is a young man of 14 who encountered multiple adverse childhood experiences and suffered trauma in his early years. TC and his family have had multiple changes of address and consequently, several changes of school during his formative years. Thus, TC has struggled to make positive attachments within his local community or peer networks throughout his life. I (Rosemount worker) was allocated to work with TC due to a breakdown in the relationship between TC and his father. The situation was at crisis point and if supports were not put in place, there was a high probability that TC could become looked after and accommodated.

Initially, TC's dad felt upset and angry with TC due to an incident that had taken place between TC and his younger cousin. Dad also has a history of mental health difficulties and he struggled to engage with the writer at first, however, through perseverance we were able to work through this. Dad has since shown a commitment to working through the difficulties with TC and achieve a positive outcome. That is, TC has been able to remain within his family and work towards a healthier relationship with his father. Intensive supports have been provided to the family, incorporating parenting interventions, family sessions, and individual sessions to address the strained family dynamics.

Throughout my involvement, it became evident that both TC and his dad are socially isolated with the family having limited connections nearby. Whilst TC's dad has evidenced a capacity to meet his practical care needs, TC's emotional and social needs required further support. My observations and assessment were that TC struggled to interact in a positive way with his peers and he presented as socially 'awkward' at times, thus, I felt he would benefit from an intervention that could help him build on his social skills. The opportunity for a Mentor to

become involved provided an ideal means to introduce TC to a positive male role model and to encourage his involvement in pro social activities within the local area. A further benefit and intended outcome of this support was to enhance TC's self-confidence and self-esteem.

TC has been involved with the Mentor over the summer holiday period and this has proven to be a successful intervention. TC has engaged well and used his sessions to participate in outdoor activities and share his thoughts and feelings with an additional, trusted worker. TC has also been given the opportunity to attend a Gaming Group within his local community, with his mentor accompanying him to the initial sessions to offer emotional support. Gaming is an interest that TC has had for some time and an additional aspect of the Gaming Group involves computer coding, which could influence future choices for further education/employment. TC will now continue to attend this of his own volition, which is a significant benefit that has come about directly because of his mentoring input. This will provide further opportunities to enhance his self-confidence, self-worth and increase his resilience. Also, a further knock-on effect of TC spending time out with the family home is that his relationship with his dad has been less fractious. TC and his dad are now able to have conversations about what TC has been involved in, and his developing peer relationships and interests. TC also participated in the Youth Fest activities provided by Connected Communities, which was again facilitated by his mentor.

I have noticed a marked improvement in how TC has presented in recent weeks, and as the beginning of the new school term approached, TC has seemed enthusiastic and confident about returning to school. His experiences over the summer will give him lots to share and talk about with his peers, and again, I believe he will be a more confident learner as a result of the experiences outlined above.

Both TC and his dad have recognised the benefits of the Mentor, providing the following feedback:

TC – "I like mentoring because its enjoyable and gives me a chance to do more interactive activities. My mentor is a very outgoing guy who is amazing to have a conversation with. He is also a great mentor because if I have any troubles, I can speak to him about them."

Dad – "With regards to the Mentoring Service, I would like to provide a statement to how mentoring services is beneficial and the positive impact it has had on my son. Since moving to stay with me, my son has become estranged from both his mother and his other siblings, through no fault of his own, coupled with the impact of the pandemic, his peer groups have diminished. My son struggles to form meaningful bonds, whether its friendships, bonding with extended family or even sometimes with my partner. Having access to a mentor gives my son opportunities to develop more social skills and create more trust in adults after being let down by his parents. Having a mentor also gives my son a safe place to vent his frustrations. The mentor is very outgoing and likes the great outdoors, he is very positive and is great with my son. I have seen the mentor become a good role model for my son, after sessions with him, my son expresses interests that are shared with the mentor, and he looks forward to the next session. In conclusion, I feel that mentoring can only be a positive experience for my son, perhaps more than therapy, as it gives my son more child focussed attention, opportunities to see differing lifestyles, and to grow his own personality."

It is noteworthy that TC and his dad took the time to write out this feedback and give it to their allocated Rosemount worker. You will notice TC's dad has acknowledged within his feedback that he has not always made the best parenting decisions – "mentor gives my son

opportunities to...build trust in adults after being let down by his parents” – and it is apparent that the mentor has not only been a beneficial role model for TC, but also for his dad. He has taken on board the need to promote and nurture TC’s interests, and again, this has benefitted the communication and interactions shared between father and son.

**1.10** We have continued to develop our Partnership working with the **National Portrait Gallery** through the “**Life Hacks**” Project. The premise of the *Life Hacks* project was simple, making life affirming artwork with young people in North Ayrshire. The artwork would be made for public spaces and involve young people from youth groups and with links to Health and Social care services. It would be fun; it would be produced by young people working with professional artists and the artwork would be exhibited.



'I got to be around nature and let my imagination run free' - participant.

'Making artwork is like growing your own plant' - participant.

The final artworks produced on the project evolved from discussions we had with artist Iman Tajik relating to a performance video work of Tajik’s, [A to B](#), that illustrates the frustrating effects of borders and barriers created by people, between people. For our versions we invited young people to use colourful biodegradable ribbons and tapes, to create huge temporary installations, very quickly. We transformed places, objects, and people with bright lines, fixing people to structures and making three dimensional scribbles on the landscape. Meaning was created in doing. Making the Ribbon Sculptures gave participants the opportunity to spend time together, often outside, and prompted conversations about social and personal barriers or ties, nature, and the complicated history of the places we were in.



'I loved how easy it was to create something that looked so complicated' - participant.

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

The latest project in the ongoing partnership between The Rosemount Project and The National Galleries, is a group that involves designing and making outdoor furniture from recycled pallets that were used in a previous project in North Ayrshire. The outdoor furniture is set to be installed at the Meadowcroft building. There is a possibility of recycling wooden

decking to add to the area at the rear, that will be used as a space that staff, young people, and their families can utilise during periods of good weather.



The project has been facilitated by Rosemount and a Technical Design teacher at Irvine Royal Academy and has aimed to support young people who work with Rosemount within a small group setting. It has provided opportunities for the young people to try a new and practical activity which has encouraged teamwork, problem solving, and a place to learn to use tools safely and effectively, with the goal being to create four benches and a table. The National

Galleries have funded protective clothing and footwear and the young people have participated extremely well.

### 1.11 Suicide Prevention Pathway Review, June 2022

Following a recent review of our Young Person's Suicide Prevention Pathway, an amended and updated version has been produced. To date, 63 young people have been referred through the pathway and been supported by Service Access where appropriate.

By identifying a pathway then it is known by services and families that a young person who has actively attempted suicide will receive some follow up support/contact, even if this is initially declined by the family.

This will reduce the risk of:

- Young people attempting suicide in the immediate aftermath.
- Young people in distress feeling they are not taken seriously.
- Families misunderstanding that suicide attempts should not be taken seriously.
- Families and young people not knowing where to turn in the future.
- Services not joining up a response and young people falling through the net.

1.12 Based on domestic abuse research, the **Safe and Together Model** has been implemented in North Ayrshire. The model is key to realising the Pan Ayrshire vision and directs us to reframe domestic abuse "as a parenting choice", and it shifts assessments towards a "perpetrator pattern-based" approach as opposed to solely focusing on incidents, which is crucial in the assessment of risk to a child and their non-abusing parent. The model provides a suite of assessment tools and enables practitioners to challenge and address the gender-based nature of domestic abuse through the following model principles:

- Keeping the child safe and together with the non-abusing parent. This is usually the most effective way to promote children's safety, healing from trauma, stability and nurturance.
- Partnering with the non-abusing parent in a strengths-based way. This approach is likely to be the most efficient and child centred way of assessing risk through mutual information sharing.
- Intervening with the offending parent to reduce risk and harm to the child. Engaging and holding them accountable in a variety of ways, including connecting them to their parenting role, reduces the risks to children.

We have 5 multiagency trainers accredited to deliver the Safe and Together training, in partnership with Women's Aid as our third sector partners who also work to ensure the voices of those with lived experience are included. We have delivered Safe and Together overview sessions to over 249 staff, and more extensive training to 84 multiagency staff working at the heart of the Child welfare and child protection system.

**1.13** North Ayrshire launched the first localised Child Sexual Abuse Strategy in Scotland in Spring 2021.

We want everyone to understand what child sexual abuse is and the many forms it can take, and we want to ensure that children and young people in North Ayrshire are safe from sexual abuse and harm. You can access the strategy via the [North Ayrshire Child Protection Committee website](#), We regularly post on the NAHSCP [Facebook](#) and [Twitter](#) pages to raise awareness of child sexual abuse and get people talking more about the subject.

**1.14** North Ayrshire have established a sub-group to take forward the implementation of the [National Child Protection Guidance](#) locally. Representation within the group includes social work, universal early years and education. Work within this group will be reported into the Pan Ayrshire Child Protection Implementation Group.

A Pan Ayrshire workshop took place in October in Irvine in the form of a World Café event. Practitioners from across Ayrshire were invited to this session with the main aim being to process map current child protection guidance and procedures and establish a workplan for each locality. The workshop was facilitated by Mark Inglis (Head of Service - Children, Families and Justice Services South Ayrshire), Moira McKinnon (Independent Chair East Ayrshire) and Kirsty Calderwood (Child Protection Committee - Lead Officer North Ayrshire).



## Justice Outcomes

**Outcome 1:** Community Safety and Public Protection.

**Outcome 2:** The Reduction of re-offending.

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

**2.1 Electronic Monitoring of Bail** is a new service which was introduced at Kilmarnock Sheriff Court on 17<sup>th</sup> May 2022. As with Bail Supervision, this service has been designed to reduce individuals being remanded in custody and monitoring of the individual within the community through radio frequency monitoring of a personal identification device which is fitted around the ankle. Suitability assessments are undertaken by Justice Social Work staff who are based within the Court.

**2.2** Using COVID-19 recovery money, Justice Services have been able to fund a **Counsellor** via the Scottish Association for the Care and Resettlement of Offenders (SACRO) to provide 1:1 support for those experiencing isolation and anxiety to assist service users who, by virtue of their offending, are excluded from many of the other social and personal support routes that we take for granted. Although this service is still in the initial stages the 6 monthly report highlights a good level of engagement with this service along with positive feedback from service users.

“Explained why I’m feeling the way I was and gave me hope.”

“I would highly recommend counselling... been a fantastic help at such a difficult time.”

“Made things seem clearer about what would help me moving forward.”

**2.3** The **Refugee Team** have employed two-Family Wellbeing Support Workers who commenced their positions in January 2023. These new staff members will assist with the rise in Ukrainian families arriving and resettling in North Ayrshire who require sensitive, safe, and empowering support. In addition, North Ayrshire HSCP secured Home Office funding through North Ayrshire Council to provide a dedicated nursing resource for Ukrainian Displaced People (UDP) arriving in North Ayrshire. The small team, which will consist of a manager, two staff nurses and a bilingual liaison officer, will offer health assessments and screening to migrants, and facilitate their access to mainstream services such as primary care and health visiting.

### Case Study:

Amazing feedback was received by our Refugee Coordinator Zoe Clements in relation to her support to a family, please see below for details.

“Hi respected Zoe

I hope you are dressed in health. Many thanks from your message. Actually, I am sad leaving Scotland, but I had to because you’re aware that most of my relatives live down south, particularly my sister who has some health issues and we should be close to each other to give a help hand in case needed. I am sad leaving my good neighbours behind who are very well-behaved people.



I thank you specially from core of our hearts and thanks for your faithful and valuable support and pleasure conveying our heart-felt appreciation in the way you have fully helped us. Indeed, I am confused on how to offer you and your team thanks, however I can only say God bless you all and wish you long live. It has been lovely knowing you all too.”

- 2.4** The **Peer Worker Pilot** in Justice Services Partnership Delivery Team was showcased at a National Drug Mission Funding Event.

A successful funding bid to recruit two Recovery Development Workers (RDWs) for the Drug Treatment and Testing Order Service (DTTO) last year was highlighted in a national workshop event in February. The Corra Foundation, which oversees the Scottish Government’s Drug Mission Fund 2021-2026, requested an input to their bimonthly fundholder event focussing on the Justice System, this was to highlight the first funding opportunity awarded to a statutory Justice service. Eleanor Glen-Kelly, Addictions Officer presented an overview of the project – the Recovery Development Worker remit, the underlying needs of the service for the role, and the outcomes to be achieved by this new aspect of the service – along with RDWs Andrew McComish and Lauren Corrigan, who gave a ‘day in the life of’ account of the challenges and rewards of the role.

- 2.5** One of our **Making a Difference (MAD)** Project members has been successful in obtaining a job as a Recovery Development Worker with the Council. He has admitted that he would have been unlikely to have had the courage to go for the job were he not to have built his confidence being involved in MAD.

Below is some feedback from a service user who worked with an employability mentor.

“It was all very relaxed and friendly, and she explained everything to me in a way that I understood. Within weeks the funding was made available (to do forklift training).” “My support continued after completing my forklift training... Geraldine assisted me on my CV and gave me advice about going forward with interviews.” “Through Geraldine and the employability programme I have grown in confidence, and I now feel I have the skills to move forward in my job search. I have learned a lot about myself, so in a few short months I have now got my forklift licence, I have new computer skills and can confidently browse the internet and search for jobs.” “I’m very pleased to say I am now in full time employment – my job role is a forklift operator.”

- 2.6** **Changing Rooms** is an innovative community project for Justice Services. On 25<sup>th</sup> November 2022 at the Ardeer Community Centre, the launch of the second innovative community project in Ayrshire took place as part of ongoing community engagement by North Ayrshire Council’s Justice Services.

In December 2014, the Scottish Government announced its strategy to improve youth employment in Scotland. This was the Developing Young Workforce initiative following on from the Wood Commission.

Developing Young Workforce Ayrshire was established in 2015 and one of the key outcomes was the Innovative School Projects (ISP’s), unique to Ayrshire. The first such ISP was conceived, born, and bred at Greenwood Academy in North Ayrshire. This was the Lovilicious nail bar project. Its initial aim was to help a group of pupils facing challenges at school, to build confidence, self-esteem, and to offer non-traditional opportunities to enhance employability prospects.

What do these projects accomplish:

- They develop employability and life skills.
- They instil what are called the 6C's – confidence, communication, commitment, customer service, customer care and courtesy.
- The young people gain vocational and industry entry level qualifications.
- In 2019, pre COVID-19 lockdown, the participants gained over 1,250 vocational qualifications.
- They have significantly improved the levels of positive destinations for young people.
- A number of these ISP's run as mini enterprises helping the sustainability of the projects.

The ISP projects offer a diverse range of opportunities including barista, beauty, construction, cyber security, childcare, events management, rural and horticultural skills, bike repair, digital media, upcycling, and beekeeping.

The Changing Rooms project is the second of five such projects in the pipeline in North Ayrshire – two baristas, one beauty and two community cafes. We are very pleased that service users are already being trained and gaining skills and qualifications in such a short period of time and will be operating these as Income Generation projects.

**2.7 Justice Annual Community Payback Order (CPO) Report** - Positive feedback was received from the Improvement Lead for Community Justice Scotland on our annual CPO report.

"I just wanted to make contact and thank you for providing such rich information within your CPO annual report return. I am now drafting a summary report of all the local authority returns, which will be published and laid in Parliament on 31<sup>st</sup> March 2023."

The following example of a personal impact of a Supervision Requirement from North Ayrshire was included in the national report.

**Case Study:**

C was subject to a CPO with a supervision requirement and Caledonian programme requirement. C had a significant history of domestically aggravated offending. C entered the service displaying a level of hostility and denial. Following a difficult start, C began to embrace the Caledonian pre-group sessions before progressing to the group work phase of the programme. C believes that the programme has helped him view his abusive behaviours in a different context and to accept greater accountability. C advises that this learning has permeated other aspects of his life and now feels more adept at understanding and managing his emotions.

C's CPO expired around six months ago however, he continues to attend the Making a Difference (MAD) football group and regularly discusses the benefits he received from his supervision requirement when the opportunity presents. C has provided particularly helpful insights to younger members of this group who are experiencing similar issues. C states that the weekly football sessions have had a positive impact on his physical and mental health.

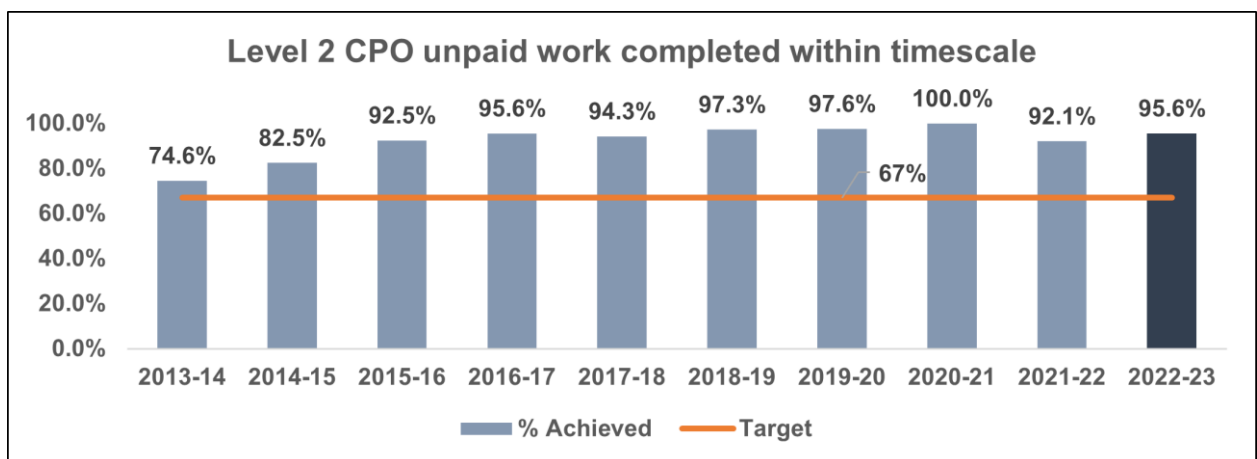
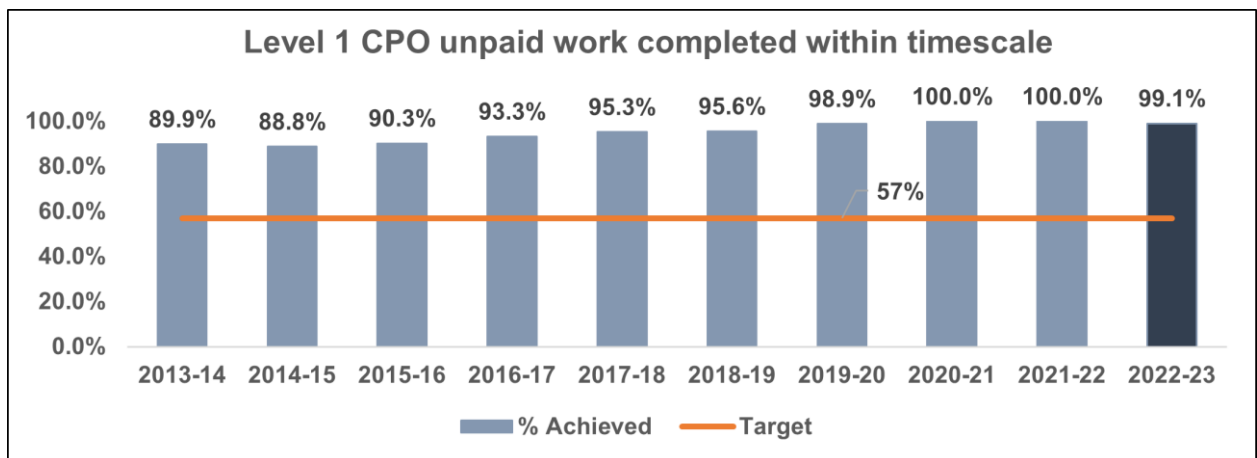
A local newspaper covered a story about the impact of the Unpaid Work projects on our communities. [Irvine Harbour area transformed by community payback team – Irvine Times](#). The article showed the commitment and hard work of the team who have been instrumental in

supporting our service users to gain training and employment opportunities and ultimately desist from offending.

**2.8** The latest Government statistics on **Community Payback Orders (CPOs)** (2021-22) show that North Ayrshire had the highest number of the Ayrshires with 420 CPOs, however, was the lowest of the Ayrshires at 45.8 per 10,000 population. In comparison, East Ayrshire had 412 CPOs and sits at 48.8 per 10,000 population and South Ayrshire had 367 CPOs and sits at 48.7 per 10,000 population. The Scottish average is 31.5 per 10,000 population.

There was a steady decline in the number of Criminal Justice Social Work Reports (CJSWs) from 2015-16 until 2019-20 where there was an indication of a slight upward turn. 2020-21 saw a significant decline, thought largely to be due to the result of COVID-19, however, numbers rose again in 2021-22 by 40% from the previous year. The latest Government statistics on CJSWs for 2021-22 reveal North Ayrshire to be the lowest of the Ayrshires at 66 per 10,000 population. In comparison, East Ayrshire sits at 90.9 and South Ayrshire sits at 67.3. The Scottish average is 59.7 per 10,000 population.

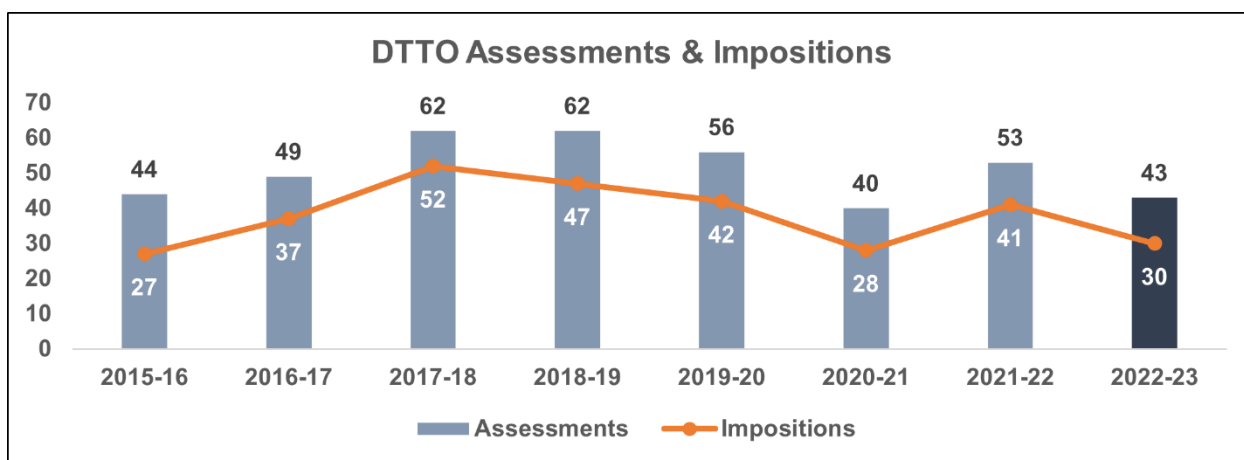
Our Justice Services continue to have a positive impact on the local community through the Community Payback Order (CPO) unpaid work scheme. For the tenth year we have continuously over-achieved against targets for CPO level 1 and level 2. 2022-23 saw 116 out of 117 level 1 CPO's completing within timescales and 129 out of 135 level 2 CPO's completing within timescales. The targets set for unpaid work are pan-Ayrshire targets.



**2.9** The graph below provides an illustration of **Drug Treatment and Testing Order (DTTO)** assessments and impositions from 2015 until 2023. Assessments requested were at their highest from 2017-2019, at 62 annually. A slight decrease was noted in 2020, however once again this number rose again the following year. We have recently noted an increase of assessment requests for individuals who are remanded in custody, which has proved to be challenging for DTTO staff in gauging intrinsic motivation to change.

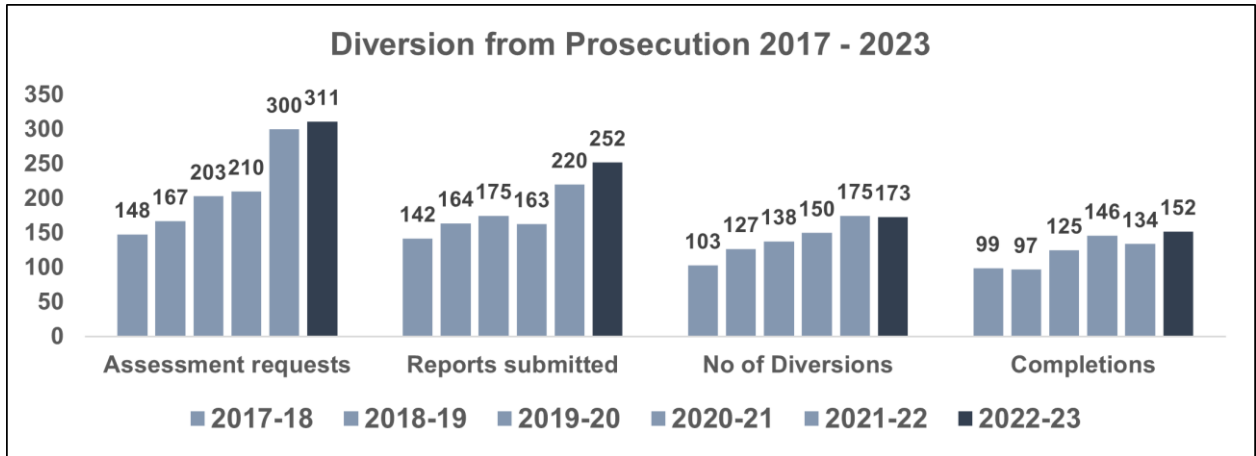
There is a high correlation between the number of assessments submitted and DTTO's imposed and notably 100% of assessments considered to be suitable resulted in a DTTO.

Partnership working across Ayrshire with NHS Addiction Services continues to be extremely effective and local implementation of the MAT (Medically Assisted treatment) Standards is encouraging service user stability at earlier stages on the Order.



**2.10 Diversion from Prosecution (Diversion)** has been available since 1997, initially assessed and delivered by Justice Services within each locality. However, referrals from the Procurator Fiscals (PF) were low and it was agreed to develop a more structured service across the Partnership to coordinate more directly with the Crown Service. Since the integration, referrals have increased significantly, particularly in the past two years with a drive to increase Diversion nationally and in response to specific Justice outcomes in the updated national alcohol and drug policy 'Rights, Respect and Recovery'.

The numbers of PF assessments requested in 2022-23 has risen by 110% from 2017-18, which has resulted in an overall 68% rise in the number of Diversions imposed for allocation since 2017-18. The continuous increase in Diversion numbers is significantly impacting on current staff capacity. In the past, Diversion would last approx. 6 - 8 weeks and generally be for first offences, so that the intervention would be offence focussed, whereas recently a change in PF referral criteria places the focus on less serious offences rather than whether it is a first offence, so that many cases presenting in the past year have had a longer offending history and more complex needs. This is resulting in both a longer period of intervention and more time spent in providing support for a range of difficulties and accessing relevant support services. A continued increase in successful completions demonstrated that the service and staff have adapted to these challenges and are achieving positive outcomes.



**2.11 Resilience in Stressful Events Team (RISE)** was developed to meet the needs of people who experience distress / emotional dysregulation and are assessed via court and justice pathways. Community Forensic Mental Health Service (CFMHS) staff recognised a level of need for people who did not have a mental illness but were presenting with distress and poor coping with limited options to address this. The aim of the service is to offer short term assessment and treatment to clarify need and promote / support self-management to build resilience in addressing the issues raised where possible. The team will also triage people to other services as required. Pathway working has been developed with the Partnership Delivery Team (PDT) and with Court Liaison services. Forums with the PDT have been initiated; this is to discuss complex cases and look to potential referral to RISE or CFMHS or management plans. Figures for 2022/23 show that 63% of referrals are from males and 37% female.

**2.12 Unpaid Work Office - Sale Day.** The annual sale day was held at the unpaid work office in Stevenston on 11th June 2022. Despite the rain, a slightly wonky gazebo and the wind that wished to carry this away, we had a great day. People came to purchase planters, flowers, fruit and veg grown/made by our service users within Justice services. They also took orders on the day for garden furniture and the monies raised from this sale will again be donated to charities within North Ayrshire at the end of the financial year.



Last year saw the Income Generation Project donate to three local charities: £1,000 was donated to Ayrshire Cancer Care Patient Transport at Pennyburn, £668 donated to Beautiful Inside and Out and £668 donated to Hessilhead Wildlife Sanctuary.

The Income Generation Project is looking like a rough estimate of around £5,000 to be donated to local charities this financial year.

## Case Study:

This client was referred to the employability Justice programme by her Social Worker in April 2022. The client will be named LM throughout this story.

LM attended mainstream school and left at the age of 17, achieving standard qualifications. LM then progressed to working in the caring sector until her children were born. When the children were older, with the support of childcare, LM returned to this field of work. LM was in full time employment within the caring sector when convicted of an offence in July 2021. At this time her employment ceased. This had a big impact on LM's life, and she now suffers with depression, anxiety, poor mental health, and states at times that this can be debilitating.

When LM first came to the attention of Justice Employability Services, she appeared to be very anxious, however she did express that she would like employability support to work on confidence building to address her low self-esteem and to gain other qualifications to support her long-term goal, which was to re-enter the employment market. At her initial employability appointment, she completed North Ayrshire No One Left Behind (N.O.L.B.) registration and carried out an initial needs assessment to identify practical and emotional barriers. An Action Plan was also created in conjunction with LM to explore these perceived barriers.

LM had left the family home due to the offence and was living in temporary accommodation with her daughter. LM was struggling with her mental health, was living in fuel poverty, and was very low on provisions due to her circumstances. To support LM with employability we first worked on addressing the perceived barriers and referrals were made to address areas of fuel poverty, debt and budgeting. Discussion also involved a referral to SALUS, who offer a wide range of support regarding counselling self- management tools and resources which can improve mental health issues. Following this intervention. LM reported that she was beginning to feel more positive and that she was coping better.

LM was now in a better place and was improving each week when she attended her appointments. We started to explore employability support and LM expressed an interest in beauty training and hospitality. I introduced LM to 'My World of Work' website Skills Development Scotland, which gives the individual a grant of up to £200 for the chosen accredited training that will support to open other employment opportunities when accredited training has been achieved. LM attended Beauty training school based in Glasgow and LM achieved a Diploma qualification.

LM's confidence was improving at the same time as Justice Services in North Ayrshire became facilitators for barista training. The training was undertaken within Justice Services premises in Irvine and LM was supported to attend. Following training, LM demonstrated her new skills at a Barista Launch event within Stevenston and she received her certificate from the Lord Provost on the day. LM subsequently gained employment within the hospitality sector and is doing well.

## Reporting on localities

North Ayrshire is home to approximately 134,220 people, all living in its many towns, villages, and islands. These places are home to many different communities, each with their own characteristics and needs.

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

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



# Locality Planning

## Developing our Engagement Approach

North Ayrshire HSCP has many areas of strength in relation to engagement and participation. However, it has many areas where improvement can be made.

In 2023, we implemented a new approach to locality engagement, aiming to increase levels of participation from communities and representation from HSCP service areas. This new approach will help us align with the guidance in, [Planning with People](#) (Scottish Government, 2021).

## Why change our approach?

The Partnership's current approach to facilitating locality planning was not enabling us to undertake effective engagement with people in our communities and it was unclear how the Locality Planning Forum's (LPFs) activity led to overall change within the HSCP. Additionally, LPFs have never fully been considered as a resource for community engagement by HSCP services.

## What does it look like?

### Locality Conversations

#### Frequency: 2 per year in each locality

These will be larger stakeholder events and will be facilitated in community settings in each locality in North Ayrshire. Staff members from across services in the Partnership, Council, NHS, 3rd, and Independent Sector will be encouraged to attend alongside the community members in each locality. The events will be facilitated by the Partnership Engagement Officer team with staff teams being encouraged to help share possible topic discussions based on what is going on in services at that time. These events will be structured but relaxed to enable people to have conversations, ask questions and share ideas around health and social care services in their locality.

### Locality Planning Review Groups

#### Frequency: 2 per year

The purpose of the review groups is to explore the themes and ideas shared from the Locality Conversation events. The role of the review group will be to scrutinise the available information and provide updates, feedback and recommendations through the Partnership's governance structures at Strategic Planning Group, Partnership Senior Manager Team (PSMT) and Integration Joint Board (IJB). Each Locality Planning Review Group will have a nominated Chair who will have the responsibility of providing feedback on the Locality Conversations and take forward any actions to relevant services.



# Transformation Programme

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



## Transformation in 2022/23

### Children, Families and Justice Services

Work aimed at reducing **External Residential Placements** is ongoing. A central database has been developed with performance colleagues with the aim of each individual care plan being discussed at regular meetings with a view of delivering the best outcome for each individual whilst reducing the number of external placements. It is hoped that tenancies will be acquired for several individuals currently living within our Children's Houses.

**Adoption Allowances**, new procedures & policies have been developed within the service, this has allowed for specific criteria to be developed before any allowance is granted.

**External Fostering Placements**, new policies and procedures have been developed alongside a new revamped recruitment process to attract more individuals who would be willing to become foster carers, it is hoped that this will reduce the reliance on external placements.

### Health and Community Care

**Occupational Therapy (OT) & Adaptations Service Review** was launched in July 2022 and is forecast to complete in 2023/24. To date, the team has banked early 'quick wins' by establishing a project board to monitor progress, has streamlined the ordering, and receipting aspects of service delivery and improved statutory reporting practices. The work to date provides a foundation on which to build a planned 'review and streamline' of the OT assessment process which will take place during 2023.

**Integrated Service Model (Arran)** work recommenced in 2022, having stopped in 2020 in response to the COVID-19 pandemic. A programme board has convened, and several stakeholder workshops have been held. Work on the 'Initial Agreement' which will be submitted to the Scottish Government is underway and is on target to complete by Spring 2023.

**Analogue to Digital Telecare Switchover** is a service response to the national digital telecommunication switchover planned for completion by 2025, which will result in analogue telecare equipment ceasing to work reliably. To avoid such a situation arising, HSCP is working to replace all current analogue equipment with a digitally compatible alternative, by end of 2023.

To date, a Project board has been convened and a comprehensive communication strategy is in place and has resulted in multiple social media campaigns informing local people of the impact of switching their telecom line too early, and all service-users being provided with leaflets and information reiterating this message every few months. The project team are meeting regularly with the Scottish Government's 'Digital Office Scotland' who provide advice and assistance to all of Scotland HSCPs and have also researched various equipment solutions to date. Over 1,000 routine visits to service-users have been carried out and a data cleaning exercise is underway. During 2023, we plan to agree a procurement strategy and installation plan and work towards replacing analogue equipment with hybrid solutions that will work across analogue or digital lines, ensuring our service-users continue to receive telecare services throughout the national switchover programme.

## **Self-directed Support**

A Self-directed Support Learning Review Board was established in June 2022 and is populated by senior staff and external interested partner stakeholders. The review was commissioned by the Chief Officer and Chief Social Work Officer to explore the implementation and delivery of Self-directed Support (SDS). The review has within its scope:

- All Social Work Practice Teams
- The policy, procedure, and practice framework currently in place to deliver SDS
- Systems and statutory reporting
- Staff wellbeing and development

The review will provide strategic guidance and oversight to co-ordinate recommendations made as a result, of internal and external learning and it is hoped to support opportunities to:

- Increase Social Work capacity and confidence to meaningfully deliver SDS
- Maintain staff wellbeing, both physical and psychological
- Provide assurance to legislative and regulatory bodies that good and safe practice is supported with good governance

SDS branching projects have been in operation since November 2022 for frontline staff to facilitate the sharing of experiences, knowledge, and skills. The Policy and Procedure stream aims to review and rewrite, where necessary, the framework that guides service delivery with the group being aspirational in exploring a policy framework that is more compassionate and rights based. The Social Work Practice & Systems workstream aims to improve and develop core practice by looking to the national framework of standards as a basis for consistency and best practice whilst increasing the knowledge and confidence of staff in the offer and delivery of support.

Early opportunities:

- To consider Community Social Work models of service delivery and a test of change proposal with the Mental Health Team.
- To review policy and practice of the utilisation of Self-employed Personal Assistants under SDS – Option 1 Direct Payment and a test of change with the Arran HSCP Team.
- SDS links to the Transitions Strategic Group for young people and families.
- SDS links to the reviewed business case for Palliative & End of Life provision.
- Personalised approaches linking through the Promoting Variety Programme for breaks from caring with Learning Disability Services.

The SDS Learning Review Board will conclude in 2023 with a final report and actions to be progressed as the work moves to a secondary phase to change the system to better enable supporting people.

## **Carers**

Progress is continuing at pace for expanding the reach of carer services, improving carer identification, and increasing access to information, assessment and support for young and adult carers across North Ayrshire.

This fits the ambitions and strategic priorities in “Caring together” 2022-30 whilst actions ensure NAHSCP continues with the implementation of the [Carer \(Scotland\) Act 2016](#) and the statutory responsibilities therein.

Actions also prepare the partnership for the oncoming responsibilities proposed in the National Care Service Bill on rights to breaks from caring.

Some, but not all the headline work that has progressed includes:

- Increased resource within the Carer Team (Carer Support Worker – Social Work Assistant & Project Delivery Officer commenced in October 2022).
- Retrospective resource being offered to young and adult carers who completed a carer assessment in 2021/22.
- Improved routes for adult carers who may not want to identify and present through the social work front door for carers support. Staff, funding, and processes are now in place for carers to self-identify, have a carer conversation with a Carer Support Worker and receive low level support. There has also been a mapping of our communities to identify local and community activities that carers can tap into on their own front door.
- In partnership with KA Leisure, NAHSCP offered a one year’s subscription to help support positive and active lives for young carers currently registered with the carer service. KA Leisure also included an offer of 10 young carer subscriptions free of charge for 3 months. 19 young carers enjoyed a free two-day residential trip with Active Schools in February 2023 and feedback was very positive.
- The pathway for young carers to be identified, offered a Young Carer Statement, and provided support is both through HSCP Services and North Ayrshire Council Education. Collaboratively HSCP/ Education, have delivered workshops to 43 schools covering young carer identification, assessment, and access to support as well as appropriate recording and reporting. Mop up sessions are set for February and April. Communication will continue with dedicated Carer Champions in schools and a [young carers newsletter](#) was issued mid-February 2023 with a reminder of responsibilities and support available. All information, resources, toolkits, and support are available on GLOW.
- The partnership is re-provisioning the commissioned carer service. The tender seeks a dynamic and creative strategic partner to be more present and visible to deliver a sustainable and expanded carer service. NAHSCP have engaged with the market, assessed our neighbouring HSCP provision and conducted prior interest procurement activities in October. Plans are on schedule with the successful supplier commencing May 2023 for 3 years with the option to extend.
- The remodelling of the longstanding Carers Advisory Group and more recent staff Carer Support Development Group to a Carers Collaborative/ Network approach for local carers, organisations, professionals who work with carers and volunteers will help extend the HSCP reach and ensure carers voices are heard and included in all key developments for carers. Core Carers Advisory Group members, including IJB Carers Representative Pamela Jardine, the North Ayrshire Council Carers Champion Nairn MacDonald and the commissioned carer service will lead on this development facilitated by the Carers Team.
- Each Health Board must ensure before a person is discharged from hospital, they involve any carer of that person in the discharge plan and process. Section 28 of the Carers Act 2016 is key to the Discharge without Delay agenda to improve pathways through hospital settings and reduce inpatient stay. Working with carers from admission ensures people and their families can make informed decisions and are as prepared as possible for loved ones to return home or to a homely setting. A pan Ayrshire team, led by East Ayrshire

HSCP/ Easy Ayrshire Carers Service and supported by Health Improvement Scotland (HIS) have made good progress over the past few months as part of the intensive support to acute hospitals. East Ayrshire have recruited 2 carer support staff based at Crosshouse and Ayr acute sites, to work with staff, to identify carers, and support in delivering the right information and support at the right time for carers. A referral process is also implemented for workers to signpost onto appropriate local carer services. North Ayrshire will consider this approach and learning for Primary and Acute/ Community Hospital settings.

## **Mental Health and Learning Disabilities**

On the 31<sup>st</sup> of March 2023, **Child and Adolescent mental Health Services (CAMHS)** fully implemented the [NHS Scotland National CAMHS Service Specification](#) published in February 2020.

The specification describes the role of CAMHS as providing access to multi-disciplinary teams that provide:

- Assessment and treatment/interventions in the context of emotional, developmental, environmental, and social factors for children and young people experiencing mental health problems.
- Training, consultation, advice, and support to professionals working with children, young people, and their families.

Locally we have invested heavily in the redesign and development of the service to meet the specification and the needs of the children, young people, families, and carers that we will be working with. CAMHS will offer assessment, treatment and care to children and young people experiencing moderate to severe depression, moderate to severe anxiety problems, self-harming behaviours, and other diagnosable mental health conditions where there is an indication for treatment and therapeutic care.

Young people requiring CAMHS will present with mental health problems that are causing significant impairments in their day-to-day lives. Such presentations can result in both the need for scheduled and/or unscheduled care and to this end we have developed the CAMHS Urgent Assessment & Intensive Treatment service that is now operating across seven days which complements our more traditional service model.

We have also developed N-CAMHS specifically for those children and young people whose Neurodevelopmental Disorder co-exists with a clearly defined and treatable mental-illness. This service will offer specialist clinical support, assessment and diagnosis for children and young people experiencing the combined challenges of mental ill-health with conditions such as Autism or Attention Deficit Hyperactivity Disorder (ADHD).

CAMHS will remain accessible for dialogue about all potential referrals and are available to discuss the implementation of the specification in further detail if referrers wish to do so.

### **Accommodation**

West Road in Irvine will be the new Specialist CAMHS Assessment & Treatment Centre for Ayrshire as well as the operational base for the Community Eating Disorders Services.

Open seven days per week specialist CAMHS Neuro, ADHD, play Therapy and other Clinical Interventions will be delivered from this re-fitted facility. Hosting flexible working space for staff with 5 clinic rooms and two large meeting rooms, it is envisaged that the facility will become a centre of excellence in the care and treatment of child and adolescent mental ill-health and eating disorders.

A shortage of accommodation for the Unscheduled Care Service remains a challenge. The wider CAMHS Service will also require a review of accommodation in due course and the service aspires to a specific facility for the care and treatment for moderate to complex mental ill-health.

CAMHS are actively engaged with inpatient services to explore the feasibility of providing in-patient care for children and young people closer to home in Ayrshire.

The **Working Together Occupational Therapy Service** are a team of Occupational Therapists who are offering a GP Practice based, short term (around 4-6 sessions) early intervention service to patient's who meet the certain criteria. This service was first piloted from a small innovation pot of money providing only one session in one practice in each HSCP. It has since grown and developed, providing evidence of good outcomes for patients as well as preventing GP consultations, leading to the award of a further tranche of money through Action 15 of the mental health strategy. This service is now provided across several practices in Ayrshire. Abstracts have been submitted to relevant conferences and events in order to share the learning. Below are a few quotes from both patients and staff validating the work of the service.

**GP feedback:** "We have noticed the positive impact the service is delivering to our patient population. We appreciate the time spent allowing the staff to shadow and the time taken to feedback on patient stories. Our patients are reporting the benefit also."

**Patient feedback:** "Just talking things through has really helped. It is reassuring to know if I have any trouble with anxiety in the future, I can make an appointment with you rather than having to go to the GP first."

**Trindlemoss Day Opportunities** continues to establish a new identity and way of working for itself, building on the immense amount of work undertaken to refresh existing staff roles and recruit within its new team structure. The benefits of these changes results in a greater range of pro-active activity, and new opportunities being fostered for (and with) customers. This has included close working with third sector partners such as [Woodland Wakeup](#); the diversity of third sector collaborations is growing, with new link ups established with [Drum 4 Your Life](#) and [Largs Thistle Football Club](#).

Work with EQUAL is also being undertaken to promote greater diversity of employment and training opportunities. Trindlemoss is now offering Barista training to customers and has provided coffee catering at several community events in North Ayrshire, as well as establishing new branding ('Baristamoss') to accompany this work. As well as opening its doors to the surrounding community at summer and Christmas events, Trindlemoss also collaborated with the Glasgow School of Art (GSA) to



establish a summer internship for 2 students, which resulted in newly designed elements in the reception area, among other outputs. As part of its ongoing link to a learning collaborative hosted by Healthcare Improvement Scotland, Day opportunities managers worked with colleagues in Perth and Kinross to establish a series of learning events for the combined groups of staff, hosted by the National Development team for Inclusion. It is hoped that this connection will continue to develop over time.

## Reporting on lead partnership responsibility

**North Ayrshire Health and Social Care Partnership** has lead responsibility for: Mental health services (including psychology, CAMHS, learning disability assessment and treatment) Child health services (including child immunisation and infant feeding)

**East Ayrshire Health and Social Care Partnership** has lead responsibility for primary care and urgent care services. Primary care refers to the four independent contractors who provide the first point of contact for the Ayrshire and Arran population. These contractors are General Practitioners (GPs), Community Pharmacists, Optometrists, and General Dental Practitioners.

**South Ayrshire Health and Social Care Partnership** is the lead partnership for the Integrated Continence Service, Community Equipment Store, and the Family Nurse Partnership (FNP). This lead responsibility relates to the delivery of continence care and education across Ayrshire, provision of equipment to people living in the community and supporting first-time mothers aged 19 and under through an intensive preventative home visiting programme delivered by FNP.



# Mental Health Services

- 1.1 In 2018, the Scottish Government released [Every Live Matters](#), a Suicide Prevention Action Plan, which set out clear actions leaders at a national, regional and local level must take to transform society's response and attitudes towards suicide.

Suicide prevention will be further accelerated by the Scottish Government and COSLA with the publication of the new 10-year strategy '[Creating Hope Together: Scotland's Suicide Prevention Strategy 2022-2032](#)' to tackle the factors and inequalities that can lead to suicide.

The strategy will draw on levers across national and local government to address the underlying social issues that can cause people to feel suicidal, while making sure the right support is there for people and their families.

This fresh approach will help people at the earliest possible opportunity and aim to reduce the number of suicides – ensuring efforts to tackle issues such as poverty, debt, and addiction include measures to address suicide.

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

The Strategy includes several new approaches to prevent suicide, including:

- Widening support to anyone affected by suicide – that includes families, friends, and carers.
- Investing in peer support as a way of giving people the chance to meet with peers to help guide their wellbeing and recovery.
- Focussing on safety planning to support people to stay safe if they have suicidal thoughts.
- Improving the way services identify, assess, and care for someone who is suicidal. This includes in primary care, mental health and in unscheduled care settings. Prioritising work on reaching people with heightened risk of suicide – which includes working in key settings and communities, and with key parts of the workforce and trusted partners.
- Bringing insights on poverty and marginalised groups into work.
- Focussing on the needs of children and young people and working alongside them to meet their needs.
- Working with the media to support responsible media reporting.

- 1.2 **Foxgrove - National Secure Adolescent Inpatient Service** received approval from the Scottish Government on the Full Business Case (FBC) that means construction can begin in earnest, with the facility expected to welcome its first patients in 2023. Ground, foundation, and drainage works have already been completed on site.

Foxgrove will be an inpatient unit for children aged 12 to 18 years who have complex difficulties and need a high level of care. It will provide the first medium secure adolescent inpatient service for young people in Scotland. The development is a key strand of the Scottish Government's [Mental Health Strategy 2017-2027](#). The purpose-built facility in Irvine means that children will be cared for nearer to home and will receive appropriate care, treatment, therapies, security, and on-going education.

Caroline Cameron, Director for North Ayrshire Health and Social Care Partnership, said: “Currently, there are no facilities in Scotland to care for this most challenging and vulnerable group of patients. This means that children are referred to secure adolescent mental health facilities in England, or in some cases, the child may be cared for in an adult inpatient setting. This places significant additional pressure and stress on the child, as well as their families.”

“Foxgrove will without doubt improve the outcomes for young people who are seriously unwell and pose a risk to themselves. Scottish adolescents with complex mental health needs will be able to access the health care, education, and support services they need in an appropriate, modern environment bespoke to their needs and aspirations. It is great news for young people throughout Scotland, as well as their families and carers.”

**1.3 Harper House**, the new National Specialist Residential Family Service for Scotland, opened on the site of the former Seabank Nursing Home in Saltcoats. Developed and operated by Phoenix Futures and funded by the Scottish Government, the service offers safe, structured support for the whole family to address problematic drug and/or alcohol use, improving both mental health and quality of life.

Families stay together at the service, meaning that parents remain the carers of their children at the same time as taking part in the programme. Alongside this, specialist childcare staff provide support to children and parents. NAHSCP looks forward to continuing to work in partnership with Phoenix Futures to ensure the new service will become a valuable source of support for families affected by substance misuse not just in North Ayrshire, but from across the country.



**1.4 The Perinatal Mental Health Service (PMHS) and The Maternity and Neonatal Psychological Interventions Service (MNPI)** offer integrated services for women, parents, children, and families in the perinatal period, taking referrals from across Ayrshire & Arran. The PMHS treats women who are pregnant or in the post-natal period and have severe mental illness or are at high risk of becoming severely unwell (these criteria will soon be extended to include women who are moderately unwell). PMHS offers evidence-based treatment to women, and where possible involves partners and families in the plan of care. The MNPI Service provides psychological assessment and evidence-based intervention for parents who are struggling to adjust to some aspect of their pregnancy or labour which has not gone to plan. They may be pregnant but have experienced a previous stillbirth, recurring miscarriage, birth trauma, loss, diagnosis of a foetal anomaly, or they may have a premature, vulnerable baby in the neonatal unit. Although MNPI work with parents, it is of critical importance to note that MNPI is focussed on early intervention, with knowledge of the impact that the adult experience can have on the developing child, and so infant mental health is at the core of MNPI: being a parent of a premature baby may impact the parent’s adjustment to parenthood, but the parental attunement and response will affect the child’s infant mental health.

**1.5** Ayrshire & Arran **Distress Brief Intervention (DBI)** service is delivered by Penumbra and has been operating since January 2021. The identified referral pathways are primary care and the emergency department. Up to the end of March 2023 there have been over 700 referrals made into the service. Over the last 6 months of 2022/23, there has been an increase in referral numbers coming into the service with an average of 56 referrals made per month (up from 25 per month from previous 6 months). DBI is continuing to be rolled out to other primary care sites across Ayrshire & Arran. Psychiatric Liaison and Alcohol & Drug Liaison teams have been trained and are actively referring into DBI.

**1.6** **Ward 7A Woodland View** has seen significant change over the last year, facilitated in no small part by an immense amount of work undertaken by 7A staff to secure a permanent reduction in the number of beds within the ward (from 10 to 7). As well as fostering a better care environment for clients and staff, this has created the opportunity to look at novel uses of the freed-up space, including sensory, art, and relaxation spaces. This shift is further supported by ongoing work with Healthcare Improvement Scotland as part of the Scottish Patient Safety Programme agenda and learning collaborative. This work is focusing on embedding an improvement mindset and toolset within participating wards (including better use of data) and has fostered additional engagement with other Woodland View wards also linked to the collaborative.



**1.7** **Mental Health Inpatient Services** have experienced sustained pressure on services with occupancy levels more than 95% in the last quarter of 2022/23. Those within the inpatient setting have had higher acuity/complexity and, as a result, there has been a considerable increase in the average length of stay, exacerbated by a higher than usual number of delayed discharges, frequently 25% of adult mental health admission capacity and 33% of elderly mental health capacity. These pressures are not isolated to Ayrshire and Arran alone however as there has been pressures across the whole of the mental health bed estate in Scotland with frequent approaches from other Board areas seeking to board individuals.

To better understand these pressures and review individuals currently in an admission assessment/treatment setting a Whole System Intervention (WSI) event was held 26 January 2023 - at that time understood to be the first in a mental health/learning disability setting in Scotland. A total of 101 persons were reviewed and 49 professionals from across Ayrshire and Arran health and social care setting supported these reviews. Review teams gave feedback that it was very apparent that staff knew their patients very well, that they were open to this engagement and 'challenge' using a critical friend type approach. The support needs of those identified as delayed discharges were clearly identified and the actions/processes required to allow for discharge were well understood.

This was reassuring for inpatient teams to hear and gave confidence/assurance that appropriate processes are in place to ensure effective patient throughput.

**1.8** **Transitions Programme** - Ayrshire and Arran have been pleased to offer all appropriate newly qualified registered mental health nurses from University of the West of Scotland programme substantive posts within our services. Retaining this much needed workforce

within Ayrshire and Arran also avoiding a loss of talent for students whose learning and training we have supported within our services.

To support these new practitioners first year of transition from student nurse to staff nurse the Senior Nurses have developed a Transitions Programme in the form of a structured support programme which compliments local induction supported by clinical areas and the Flying Start NHS programme supported by the Practice Education Facilitators. Being supported with these learning opportunities enables Newly Qualified Nurses to feel valued by their organisation investing in them and providing opportunities for development.

This programme continues to be developed with the qualifying class of 2022 and will be repeated with the qualifying class of 2023 while further development of a full day session every 6 weeks to include Action Learning, Learn Pro modules, Flying Start and sessions related to professional development topics – senior clinicians from across services will support this programme ensuring these new nurses are supported, developed, and retained within the workforce.

**1.9** Over 2022/2023 the **Mental Health Unscheduled Care Service** has undergone a full rebranding as a 24 hour a day, 7 days a week, 365 days a year service inclusive of:

- Adult Mental Health Liaison,
- Elderly Mental Health Liaison,
- Alcohol and Drug Liaison,
- Intensive CPN team (previously CRT) and
- Mental Health Advanced Nurse Practitioner Teams.

This service model provides flexibility across the teams as well as enhancing working relationships and development as a whole service.

This is best evidenced by our new Emergency Mental Health Pathway which launched in May 2022. The pathway is operational 24/7 and it is a direct pathway for Police Scotland and Scottish Ambulance Service in a professional-to-professional basis, to refer individuals who they feel have a primary mental health concern and who may require an urgent mental health response. This is a whole life referral pathway, with no upper or lower age limits. This pathway is staffed by charge nurses recruited into this specific role from the existing Intensive Community Psychiatric Nurse Team (ICPNT) and Adult Mental Health Liaison teams and is supported by the Mental Health Advance Nurse practitioners overnight. The pathway is well utilised which has seen a decrease in patients unnecessarily attending Ayrshire & Arran's Emergency Departments.

Similarly, a newly established Police Custody pathway in the unscheduled care mental health service came into effect. This pathway allows Forensic Medical Examiners and new mental health custody nurses to make urgent referrals for individuals within custody or due to be released from custody. This pathway is available 24/7 and is staffed predominantly by our adult mental health liaison and Associate Nurse Practitioner (ANP), but heavily supported by ICPNT. Alternative methods of contact have been well established with the use of telephone and virtual assessment where possible, as opposed to bringing individuals to Emergency Departments unnecessarily.

## Child Health Services

2.1 The third round of Scottish Government investment into **School Nursing** allowed for an additional three school nurses to be recruited, taking our team to fourteen. This increased capacity will allow greater involvement with children and families in line with the refreshed school nursing pathway.

2.2 **Ayrshire Bairns Health Visiting app** was developed to improve digital access to evidence based, quality assured health and wellbeing information and services for children and families across NHS Ayrshire & Arran.

By shifting information to digital format, the app also aims to support organisational ambitions to tackle climate change through reduction of waste and carbon footprint.

The development of the app is overseen by a small group of practitioners, supported by the Nurse Consultant in Digital Services

and the Digital Technology Enabled Care (TEC) team, and is led by the Health Visiting team in North Ayrshire HSCP. Staff have worked collaboratively with other professional groups supporting children and families to ensure consistency of advice and information.



To date, the app has been downloaded 2,382 times across Ayrshire and Arran. Anonymous feedback is received quarterly, and comments have included:

- "Really impressed by this. I have fed 4 kids and never seen Information as good as this from the NHS on breastfeeding."
- "Wonderful local resource well done."
- "Sound advice and guidance for my Early Years students. Interactive and easy to use resource."
- "There isn't a least useful section on the app. all areas have a great amount of information & resources."
- "I like to see why my health visitor is coming out, good to know what they are looking for during that visit. Really also like parenting section, thanks."
- "Wonderful resource for parents and staff."

App developers are currently piloting translation of materials into other languages.

2.3 **Breastfeeding** has been a longstanding priority for staff working in North Ayrshire. The integrated community infant feeding team which includes midwives, health visitors, Family Nurses, support staff, Community Infant Feeding Nurse, and Support Nurse, as well as colleagues from the Breastfeeding Network (BfN) work closely with families to help them make an informed choice about feeding. Staff have all received regular high-quality training to ensure they are knowledgeable and skilled in relation to infant feeding.

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 6–8-week visit (22%) vs (20.9% in 20/21)
- % Overall breastfed at 6–8-week visit (31.1%) vs (27.9% in 20/21)

We have also seen 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 6–8-week visit (reduction of 1.1% since 20/21). There has also been sustained improvement in % of babies exclusively breastfed at first visit with figures for 21/22 being 25.6% compared to 25.7% in 20/21 which was the highest figures in four years.

#### 2.4 NHS Ayrshire and Arran and the three HSCPs secured **UNICEF Baby Friendly Gold Achieving Sustainability** accreditation in November 2022.

Baby friendly accreditation is based on a set of inter-linked evidence based, child rights-based standards relating to the care of babies, their mothers and families provided by maternity, neonatal and health visiting services. In our case, this relates to the care provided by the integrated Community Infant Feeding team which includes Health Visitors, Family Nurses, support staff and the Breastfeeding Network. This is a terrific achievement and means we are now one of only three Board areas with this level of award.

As part of the assessment UNICEF audited families who had accessed infant feeding support within the year prior to assessment. 28 mothers were audited, and 93% concluded they were very happy with their care, with the remaining 7% reporting to be fairly happy with their care. 89% highlighted that staff were kind and considerate all the time, with the remaining 11% finding staff kind and considerate most of the time. Feedback from the staff survey within the assessment was equally positive and highlighted that we have a 'motivated workforce' and a 'supportive, encouraging and kind culture'.



Feedback from the written report for the gold assessment was also incredibly positive, with our portfolio of evidence being 'highly commended for the quality of evidence submitted and the thorough way in which the necessary processes to embed and further develop the Baby Friendly standards has been planned and implemented.

Gold standard is now our new benchmark, and we plan to continue to deliver, progress, monitor and evaluate our infant feeding services to ensure we continue to provide this high level of care to families in North Ayrshire and across NHS Ayrshire and Arran.

#### 2.5 Three nominations were made to the **Scottish Health Awards**: the integrated Universal Early Years team (Integrated Care award); Health Visitor Melissa Milliken (Innovation award) for her work to develop the Ayrshire Bairns Health Visiting app; and the Children's Immunisation team (Top Team award). Despite none of the nominations being shortlisted, we are incredibly proud of the work that they all do to secure positive outcomes for children and families.

#### 2.6 The work of the **Immunisation Team** was praised by a parent of a St Matthew's Academy pupil after receiving the HPV (Human Papillomavirus) vaccination. The young man, who had

additional support needs, had previously declined vaccinations but was supported to attend school early one morning, to avoid the noise and hustle and bustle of the school day and successfully received his HPV vaccination.

- 2.7** Universal Early Years has expanded their **Perinatal Mental Health Nursing** team through the permanent recruitment of a second PMH Nurse. This has allowed expectant and new mums across North Ayrshire to benefit from early help to support mild to moderate mental health difficulties.

## Inspection of service

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

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





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

Where we commission care and support from independent and 3<sup>rd</sup> sector Providers services based within the North Ayrshire area, we monitor these services via the Contract Management Framework. The Framework focusses on ensuring a joint approach to evaluating the quality of care and where appropriate provides an approach to supporting Providers to progress improvements. We use a range of methods to monitor performance, including:

- Formal Contract Management meetings on a 6 monthly basis and an Annual Joint Evaluation of Contract to ensure that services are safe, effective and most of all, that they meet people's needs.
- Review of compliments, complaints and feedback from staff, carers and people who use services.
- Information that we collect, before visits, from the provider or from our records.
- Local and national information, for example, Care Inspectorate reports
- Visits to providers, including observing care and support and looking at records and documents.

The information below represents how those service which are registered with Care Inspectorate and are based in North Ayrshire are currently performing.

### Registered Services – Minimum Grades across all themes

Care Service	Subtype	2 Weak	3 Adequate	4 Good	5 Very Good	6 Excellent	Grand Total
Adoption Service	Not applicable	0	0	0	1	0	1
Adult Placement Service	Not applicable	0	0	0	2	0	2
Care Home Service	Older People	1	8	6	2	0	17
Care Home Service	Children & Young People	0	2	4	4	2	12
Care Home Service	Children & Young People	0	1	2	0	0	3
Care Home Service	Mental Health Problems	0	1	0	0	0	1

Care Service	Subtype	2 Weak	3 Adequate	4 Good	5 Very Good	6 Excellent	Grand Total
Care Home Service	Respite Care and Short Breaks	0	0	2	0	0	2
Child Minding	Not applicable	0	9	61	52	3	125
Day Care of Children	Not applicable	1	5	42	17	0	65
Fostering Service	Not applicable	0	0	1	0	0	1
Housing Support Service	Not applicable	0	1	6	7	2	16
School Care Accommodation Service	Not applicable	0	0	1	6	0	7
Support Service	Care at Home	0	1	12	9	0	22
Support Service	Other than Care at home	0	0	7	0	1	8
<b>Grand Total</b>	<b>Not applicable</b>	<b>2</b>	<b>28</b>	<b>144</b>	<b>100</b>	<b>8</b>	<b>282</b>

## Inspection of Local Services

Our Children and Families Service were subject to a Joint Inspection of Services for Children and Young People at Risk of Harm in North Ayrshire which was published on the Care Inspectorate website here - [Report of a joint inspection of services](#).

In support to the inspection, please find a link to a video the Young Inspection Volunteers have produced for children, young people, and their Families – [YouTube video](#)

It is a very positive report for children's services and one we can be proud of. The report recognises the very strong evidence of partnership working and the clear commitment and dedication of staff working across various agencies to reduce risk of harm, develop positive relationships and improve wellbeing outcomes for our children and young people.

The report also references the wide range of innovative work the partnership has driven forward, our strong leadership and coherent and shared vision to make positive change. In particular, the report highlights the swift, collaborative, strategic and deliberate action we took to protect children and young people from harm during the pandemic.

Overall, the key strengths highlighted in the report as follows:

- Recognition and initial response to risk and concern to children was a strength. Staff took timely and appropriate action to keep children safe.
- Overall, key processes for assessing and managing risk for children at risk of harm were well established and working effectively.
- Effective oversight and scrutiny of child protection performance was provided by the Chief Officers Group and Child Protection Committee.
- Partners had a well-established approach to gathering and using performance data to inform and support improvement activity.

The report outlined there were two areas for further improvement:

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

The Partnership also received 7 further inspections; 2 announced and 5 unannounced. The inspection reports for these can be found - [Inspection Reports](#).

Inspection Date	Service Number	Service/Unit	Wellbeing	Leadership	Staffing	Environment	Care & Support
11 - May - 22	CS2007142325	The Meadows	3	0	0	0	0
01 - June - 22	CS2008192560	3T, NC & Arran CAH	5	0	0	0	5*
01 - June - 22	CS2008192553	Irvine, GV & CA	5	0	0	0	5*
21- July - 22	CS2003001160	Canmore	4	0	0	0	0
25 - July - 22	CS2003001167	Montrose House	3	3	3	4	3
16 - February - 23	CS2008177877	Anam Cara	5	5	0	0	0
27 - February -23	CS2007142322	Achnamara	4	0	0	0	0

\*Within Care and Support, Inspections for Three Towns, North Coast and Arran as well as Irvine, Garnock Valley and Community Alarm were graded relating to how good is our care and support during the COVID-19 pandemic.

This was introduced as an additional key question to the Quality framework during the COVID-19 pandemic by the Care Inspectorate.

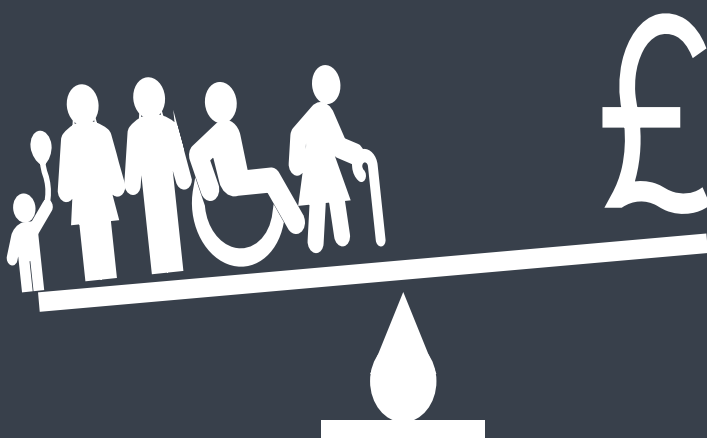
The Care Inspectorate use a six-point scale to grade inspections:

- |   |                |  |
|---|----------------|--|
| 1 | Unsatisfactory | Major weaknesses – urgent remedial action required   |
| 2 | Weak           | Important weaknesses – priority action required      |
| 3 | Adequate       | Strengths just outweigh weaknesses                   |
| 4 | Good           | Important strengths, with some areas for improvement |
| 5 | Very Good      | Major strengths                                      |
| 6 | Excellent      | Outstanding or sector leading                        |

## Financial performance and best value

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

This section summarises the main elements of our financial performance for 2022/23.



## Partnership Revenue Expenditure 2022/23

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

In 2022-23 the IJB agreed a one-year balanced budget which included an overall savings requirement of £0.683m. The financial position was monitored closely during the financial period with an added focus on the risk in relation to the funding of COVID-19 related costs.

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

From month 4 the projected position has been an underspend. This demonstrates the continued focus on the financial position, tight financial controls, planned progress with savings delivery in many areas, and the focus on ensuring that the pandemic impacts were captured and funded appropriately.

From the outset of the pandemic the IJB acted very swiftly to respond and developed a mobilisation plan detailing the additional activities to support our response, alongside the estimated financial impact. Financial returns were submitted to the Scottish Government on a regular basis, on the premise that any additional costs aligned to mobilisation plans would be fully funded. Funding was provided by Scottish Government in advance of the 2022-23 financial year to cover COVID-19 related costs in delegated services and surplus funding was recovered later in the year. It is not currently anticipated that any additional funding will be made available in 2023-24 for this purpose.

The overall financial performance against budget for the financial period 2022-23 (after adjusting for new earmarked reserves) was an overall underspend of £3.719m. This consisted of £3.170m of underspend in social care services and £0.549m underspend in health services.

This position includes the budget being held on behalf of the IJB by the Council for debt repayment. This £2.321m was allocated at the period-end which completely cleared the outstanding debt to North Ayrshire Council (£1.486m 2021-22).

2021-22 Budget £000	2021-22 Actual £000	Variance (Fav) / Adv £000	Service	2022-23 Budget £000	2022-23 Actual £000	Variance (Fav) / Adv £000
81,840	77,629	(4,211)	Health and Community Care	85,261	85,286	25
88,742	81,491	(7,251)	Mental Health	96,133	92,731	(3,402)
36,579	37,818	1,239	Children, Families and Justice	38,076	40,290	2,214
50,073	50,047	(26)	Primary Care	51,357	51,277	(80)
6,853	6,771	(82)	Allied Health Professionals	9,532	9,463	(69)
29,214	17,627	(11,587)	Management and Support Costs	(175)	(6,460)	(6,285)
1,099	1,105	6	Change Programme	1,194	1,197	3
0	0	0	Chief Social Work Officer	2,570	866	(1,704)
<b>294,400</b>	<b>272,488</b>	<b>(21,912)</b>	<b>Total Expenditure</b>	<b>283,948</b>	<b>274,650</b>	<b>(9,298)</b>
<b>(294,000)</b>	<b>(294,400)</b>	<b>0</b>	<b>Total Income</b>	<b>(283,948)</b>	<b>(283,948)</b>	<b>0</b>
<b>0</b>	<b>(21,912)</b>	<b>(21,912)</b>	<b>Outturn On A Managed Basis</b>	<b>0</b>	<b>(9,298)</b>	<b>(9,298)</b>
0	764	764	Lead Partnership Allocations	0	1,360	1,360
<b>0</b>	<b>(21,148)</b>	<b>(21,148)</b>	<b>Outturn On An IJB Basis</b>	<b>0</b>	<b>(7,938)</b>	<b>(7,938)</b>
<b>0</b>	<b>18,232</b>	<b>18,232</b>	New Earmarking	<b>0</b>	<b>4,219</b>	<b>4,219</b>
<b>0</b>	<b>(2,916)</b>	<b>(2,916)</b>	<b>Final Outturn Position</b>	<b>0</b>	<b>(3,719)</b>	<b>(3,719)</b>

The main areas of variance during 2022-23 are noted below:

**Health and Community Care – overspend of £0.025m** mainly relates to overspends in Integrated Island Services, supplementary staffing in rehab wards and care packages for people with a physical disability, offset by underspends in care home placements, reablement and care at home.

**Mental Health – underspend of £3.402m** which relates to underspends in community mental health, non-employee costs at Trindlemoss and the Lead Partnership for mental

health (psychology, child and adolescent mental health services (CAMHS), Action 15 and psychiatry). These underspends are predominantly related to the level of vacant posts in these areas. There is also an underspend in the Alcohol and Drugs Partnership which will be earmarked for use in 2023-24.

**Children, Families and Justice – overspend of £2.214m** which is mainly related to overspends in services for care experienced children (residential care, respite care and employee costs) and services for children with a disability (residential care, respite care). These were partially offset by an underspend in the Whole Family Wellbeing Fund which will be earmarked for use in 2023-24.

**Management and Support Costs – underspend of £6.285m** mainly relates to over-recovery of payroll turnover due to the level of vacant posts being higher than assumed when setting the budget, and underspends in transition funding, LD day care savings and an underspend in relation to the planned redesign of the West Road building which will be earmarked for use in 2023/24.

### **COVID-19 Costs**

From the outset of the pandemic the IJB acted very swiftly to respond and developed a mobilisation plan detailing the additional activities to support our response, alongside the estimated financial impact.

COSLA Leaders and Scottish Government agreed an approach to supporting the social care sector to ensure that reasonable additional costs were met. Care home occupancy and sustainability payments were made to commissioned social care providers in line with the agreed National principles for sustainability and remobilisation payments to social care providers during COVID-19.

The majority of the additional costs for the HSCP relate to the provision of social care services and the most significant areas are additional staff costs for staff absence, payments to commissioned care providers to ensure future sustainability and PPE. The additional spend during 2022-23 has been met from the COVID-19 funding carried forward from 2021-22.

£13.321m was brought forward for use in services delegated to the Partnership during 2022-23. The unused funding has been reclaimed by the Scottish Government and redistributed to Health Boards for COVID-19 related costs in non-delegated services.

### **Financial Outlook**

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

The MTFO provides key information on the possible financial position of the IJB enabling the IJB to see the impact of current and future decisions on its medium-term financial health.

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



There are a range of factors which influence the financial planning of the IJB. These are considered through the MTFO and include the following:

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

Based on the projected budget pressures, three scenarios have been developed which align to the Scottish Government Medium-term Financial Strategy – best-case, medium-case and worst-case. In 2023/24, the actual funding levels have been applied across each of the three, with the possible scenarios applied for 2024/25 and 2025/26.

Against each of the three scenarios, sensitivity analysis has been used to demonstrate what the impact would be in 2024/25 and 2025/26 if the funding were to increase or decrease by 5% or 10%.

For 2024-25, the forecast budget gap ranges from a deficit of £1.140m in the best-case scenario to a shortfall of £5.854m in the medium-case and a shortfall of £11.699m in the worst-case. These figures are after adjusting for the saving of £1.252m which was planned on a non-recurring basis for 2023/24 through the use of reserve balances.

For 2025-26, the forecast budget gap ranges from a breakeven position in the best-case scenario, to a shortfall of £3.876m in the medium-case and a shortfall of £11.031m in the worst-case.

The MTFO will be revisited ahead of the 2024-25 budget exercise.

## **Reporting on Localities**

The Partnership has arrangements to consult and involve localities via their Locality Forums. The IJB has established six Locality Planning Forums, reflecting the previously agreed local planning areas. These provide Board Members with the opportunity to be involved in considering the priorities for each area and outline the role for each Community Planning Partner in meeting these priorities in conjunction with the local communities. This spend has been split into localities by initially allocating spend which could be directly identified to a locality, and the remainder which was not locality specific was allocated on a population basis. 63.9% (64.6% in 2021-22) of spend was allocated based on population, which means at this stage the spend per locality can only be used as a guide and will not fully reflect actual locality usage of services. The population information used can be seen in the following table and was taken from the 2021 mid-year population statistics (sourced from NRS).

Age Group	Irvine	Kilwinning	Three Towns	Garnock Valley	North Coast	Arran	Total	% of spend allocated
Children aged 0 to 15	31.3%	13.1%	25.6%	14.0%	13.5%	2.5%	<b>100%</b>	12.2%
Adults aged 16 to 64	29.7%	11.8%	24.5%	15.2%	15.6%	3.2%	<b>100%</b>	28.0%
Older People aged 65+	25.6%	10.3%	21.9%	13.6%	23.8%	4.8%	<b>100%</b>	18.4%
Share of total population	29.0%	11.6%	24.2%	14.7%	17.1%	3.4%	<b>100%</b>	5.3%

Allocation Method	%
Total allocated on population basis	63.9%
By Locality	36.1%
<b>Total</b>	<b>100%</b>

















This resulted in the following spend per locality -

Expenditure	Irvine £000's	Kilwinning £000's	Three Towns £000's	Garnock Valley £000's	North Coast £000's	Arran £000's	Total £000's
2022-23 Expenditure	<b>82,953</b>	<b>29,205</b>	<b>64,992</b>	<b>40,589</b>	<b>44,976</b>	<b>11,934</b>	<b>274,649</b>
% share of spend	30.2%	10.6%	23.7%	14.8%	16.4%	4.3%	<b>100%</b>
% of total population	29.0%	11.6%	24.2%	14.7%	17.1%	3.4%	<b>100%</b>

# Appendix

## Local Indicators – 2022/23

These local indicators are those related to our strategic plan outcomes for 2022-2030

Performance Indicator	2022/23	Target	Status
Number of service users referred to employability service	87	36	
Employability mentors - No of service users being supported into employment, training, education.	43	60	
Number of PRI sessions which have taken place	4	12	
Support 4 formerly cared for young people to move into independent living each year.	5	4	
Support 45 children and young people into kinship care placements each year.	42	45	
Recruit 6 new foster carers each year.	2	6	
People attending the emergency department will be seen within 4 hours from arrival at hospital (Arran)	98.8%	95%	
Increase the number of Naloxone Kits distributed per annum (387 per year – 97 p/q)	846	387	
Deliver 4,275 ABIs each year (pan Ayrshire)	6,140	4,275	
CAMHS – Seen within 18 weeks (RTT)	86.9%	90%	
Psychological Therapies – Seen within 18 weeks (RTT)	87.5%	90%	
Reduce out of hours admissions for people aged 65 and over (MH)	18	32	
No under 18 should be admitted onto the Adult Intensive Psychiatric Care Unit (Ward 8)	1	0	
All accepted referrals to the Intensive CPN team from non-mental health referrers will receive contact within 4 hours	98.3%	90%	
People subject to level 1 Community Payback Order (CPO) Unpaid Work completed within three months	99.1%	57%	
Individuals subject to level 2 Community Payback Order (CPO) Unpaid Work completed within six months	95.6%	67%	

## MSG Indicators

Performance Indicator	2019-20	2020-21	2021-22	2022-23	Target	Status
Emergency admissions to acute hospitals	1,331	1,461	1,380	1,581	1,836	✓
Emergency admissions to acute hospitals (rate per 1000)	12	10.8	10.3	Unavailable	13.6	✓
Admissions from emergency department	814	808	763	Unavailable	1,173	✓
Admissions from emergency department (rate per 1000)	8.0	6.0	5.7	Unavailable	8.7	✓
% people at emergency department who go onto ward stay (conversion rate)	32	35	27	Unavailable	33	✓
Unscheduled 'hospital bed days' in acute hospital	9,031	10,318	10,537	8,222	12,320	✓
Unscheduled 'hospital bed days' in acute hospital (rate per 1000)	81	76.6	78.5	Unavailable	91	✓
Unscheduled 'hospital bed days' in long stay mental health hospital	7,058 (March 20)	2,487	2,560	Unavailable	6,782	✓
Unscheduled 'hospital bed days' in long stay mental health hospital (rate per 1000)	52	18.5	19.1	Unavailable	50.1	✓
Unscheduled 'hospital bed days' in geriatric long stay	1,111	110	257	Unavailable	1,772	✓
Unscheduled 'hospital bed days' in geriatric long stay (rate per 1000)	10.2	1.0	2.4	Unavailable	13	✓
Emergency department attendances	2,527	2,292	2,826	2,614	3,292	✓
Emergency department attendances (rate per 1000)	24.9	17.0	21.1	Unavailable	24.4	✓
% people seen within 4 hrs at emergency department	87	82.1	67.5	Unavailable	95	✓
Delayed Discharges bed days (all reasons)	2,073	1,165	1,776	1,852	1,515	✗
Delayed Discharges bed days (all reasons) (rate per 1000)	18.5	10.6	16.3	Unavailable	13.9	✗
Delayed Discharges bed days (code 9)	372	393	764	893	770	✗
Delayed Discharges bed days (Code 9) (rate per 1000)	2.1	3.6	7.0	Unavailable	7	✓

## Where to find more information

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

- [North Ayrshire Health and Social Care Partnership](#)
- [NHS Ayrshire & Arran - How we perform](#)
- [North Ayrshire Council - Strategies, plans, and policies](#)
- [North Ayrshire Council - Performance and spending](#)

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

- [East Ayrshire HSCP – Strategic Plan 2021-31](#)
- [South Ayrshire HSCP – Strategic Plan 2021-31](#)