

Integration Joint Board Meeting



Thursday, 16 December 2021 at 10:00

Virtual Meeting

Arrangements in Terms of COVID-19

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

1 Apologies

2 Declarations of Interest

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

3 Minutes/Action Note

The accuracy of the Minutes of the meeting held on 21 October 2021 will be confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973 (copy enclosed).

3.1 Matters Arising

Consider any matters arising from the minutes of the previous meeting.

4 Appointments Report

Submit report by Caroline Cameron, Director (NAHSCP) on the new appointments of the Integration Joint Board (copy enclosed).

5 Presentation: Medication Assisted Treatment and Alcohol and Drug Partnership

Receive a presentation on the Medication Assisted Treatment and Alcohol and Drug Partnership.

6 Director's Report

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

7 2021-22 – Month 7 Financial Performance

Submit report by Paul Doak, Head of Service (HSCP Finance and Transformation) on the financial position of the HSCP (copy enclosed).

8 Chief Social Work Officer Annual Report

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

9 Annual Performance Report 2020-21

Submit report by Paul Doak, Head of Service (HSCP Finance and Transformation) on the key achievements and performance of the Health and Social Care Partnership during 2020-21 (copy enclosed).

10 Remobilisation Plan 4

Submit report by Caroline Cameron, Director (NAHSCP) on the Remobilisation Plan 4 (RMP4) (copy enclosed).

11 Winter Planning

Submit report by Caroline Cameron, Director (NAHSCP) on Winter Planning (copy enclosed).

12 Urgent Items

Any other items which the Chair considers to be urgent.

Webcasting - Virtual Meeting

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

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Integration Joint Board

Sederunt

Voting Members

Bob Martin (Chair) North Ayrshire Council
Councillor Robert Foster (Vice-Chair) NHS Ayrshire & Arran

Councillor Timothy Billings North Ayrshire Council
Adrian Carragher NHS Ayrshire and Arran
Councillor Anthea Dickson North Ayrshire Council
Jean Ford NHS Ayrshire and Arran
Marc Mazzucco NHS Ayrshire and Arran
Councillor John Sweeney North Ayrshire Council

Professional Advisors

Caroline Cameron Director
Paul Doak Head of Service (HSCP Finance & Transformation)
Vacancy Clinical Director
Elizabeth Stewart Interim Chief Social Work Officer – North Ayrshire
Dr. Calum Morrison Acute Services Representative
Alistair Reid Lead Allied Health Professional Adviser
Darren Fullarton Associate Nurse Director/IJB Lead Nurse
Dr Louise Wilson GP Representative

Stakeholder Representatives

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



**North Ayrshire Health and Social Care Partnership
Minute of Integration Joint Board meeting held on
Thursday 21 October 2021 at 10.00 a.m.
involving participation by remote electronic means**

Present

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

Caroline Cameron, Director of Health and Social Care Partnership
Paul Doak, Chief Finance and Transformation Officer
Alistair Reid, Lead Allied Health Professional Adviser
Darren Fullarton, Associate Nurse Director/IJB Lead Nurse

David Donaghey, Staff Representative (NHS Ayrshire and Arran)
Louise McDaid, Staff Representative (North Ayrshire Council)
Graham Searle, Carers Representative
Clive Shephard, Independent Sector Representative
Vicki Yuill, Third Sector Representative
Louise Gibson, IJB Irvine Locality Forum (Chair)

In Attendance

Thelma Bowers, Head of Service (Mental Health)
Alison Sutherland, Head of Service (Children, Families and Criminal Justice)
Eleanor Currie, Principal Manager (Finance)
Michele Sutherland, Partnership Facilitator
Betty Saunders, Contract and Commissioning Manager HSCP
Neil McLaughlin, Team Manager
Karen Andrews, Team Manager
Melanie Anderson, Senior Manager (Committee and Member Services)
Angela Little, Committee Services Officer
Craig Stewart, Committee Services Officer
Diane McCaw, Committee Services Officer

Apologies

Bob Martin, NHS Ayrshire and Arran (Chair)
Elizabeth Stewart, Interim Chief Social Work Officer
Janet McKay, IJB Garnock Valley Locality Forum (Chair)

1. Apologies and Chair's Remarks

Apologies for absence were noted.

2. Declarations of Interest

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

3. Minutes/Action Note

The accuracy of the Minutes of the meeting held on 23 September 2021 were confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973.

3.1 Matters Arising from the Action Note

An updated Action Note was circulated to IJB Members prior to the meeting and the following information was provided in terms of items:-

- Distress Brief Intervention Update – date still to be identified for an update;
- Year End Financial Performance 2020-21 – an update on the Carers Act will be submitted to the IJB prior to the end of the calendar year;
- NHS Ayrshire and Arran Remobilisation Plan 3 – Remobilisation Plan 4 has now been submitted to the Scottish Government and will be submitted to the IJB before the end of the calendar year;
- Community Alarm/Telecare Services Transition from Analogue to Digital – an update will be submitted to the IJB prior to the end of the calendar year.

The revised Action Note will be circulated to IJB Members following the meeting.

4. Director's Report

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

The report provided an update on the following areas:-

- The Scottish Government consultation on Anne's Law which will close on Monday 2 November 2021;
- The roll out of the new Scottish Child Interview Model initiative aimed at reducing trauma and stress for children recounting their experiences;
- The national Youth LIVES Mental Health project for 14-21 year olds;
- The British Red Cross 'Connecting with You' service;
- Winter planning for Health and Social Care where the Cabinet Secretary announced an investment of over £300m in hospital and community care with additional support measures detailed at section 2.5 of the report;
- The signing of the Community Wealth Building Anchor Charter;
- Recruitment of short break carers;
- The iMatters staff engagement survey;
- National recognition for Community Link Workers; and
- A Covid update on the Partnership's continued response to the pandemic in terms of emergency footing, PPE update, support for Social Care providers, vaccinations, community testing and staff testing.

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

- the effect of the cessation of the occupancy payments to Care Homes;
- Care Homes with significant occupancy reduction having adjusted their business models and reduced their staffing levels accordingly;
- work with Care Homes which will take place through Winter planning;
- methods in place to support long-term hospital patients in terms of their mental health;
- further discussions required in terms of long-term health conditions and psychological support in acute settings;
- the excellent work of the community link workers;
- the need to consider the staffing grades of Local Government Care at Home workers; and
- co-ordination of top-up Covid vaccines and potential for confusion on delivery to different cohorts.

The Director (NAHSCP) undertook to circulate a note in terms of vaccination administration to different cohorts to IJB Members.

Noted.

5. Mental Welfare Commission Report: Authority to Discharge

Submitted report by Caroline Cameron, Director (NAHSCP) providing an overview of the Mental Welfare Commission Authority to Discharge report on decision making for people in hospital who lack capacity and seeking approval for the response to recommendations from North Ayrshire Health and Social Care Partnership, as detailed in Appendix 1 to the report. A link to the full Authority to Discharge report was also provided within the report.

The response has been submitted to the Mental Welfare Commission and recommendations will be monitored through the Partnership Social Work Governance Board and with the Chief Social Work Officer.

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

- an update in terms of progress with the recommendations of the Mental Welfare Commission report being provided to the IJB in 12 months;
- updating of the Management Guidelines and on the timescale of June 2022 being brought forward, assuming engagement is carried out with practitioners;
- the relevance of Management Guidelines in terms of legal requirements; and
- that no processes or safeguards were changed during the pandemic in terms of adult support and protection.

The Board agreed to (a) note the terms of the report; (b) approve the North Ayrshire Health and Social Care Partnership response to the recommendations; and (c) receive an update report to the IJB in 12 months in terms of progress with the recommendations of the Mental Welfare Commission report.

6. National Care Service for Scotland: Scottish Government Consultation Response

Submitted report by Caroline Cameron, Director (NAHSCP) on the IJB response to the National Care Service for Scotland consultation prior to submission to the Scottish Government by the deadline of 2 November 2021. The full IJB response to

the consultation was detailed at Appendix 1 to the report. Appendix 2 summarised community engagement feedback received to date. Section 4.2 of the report detailed a summary of the most pertinent points of the consultation response for North Ayrshire.

Members asked questions and were provided with further information in relation to the following, and highlighted amendments to the response as detailed:-

- the strong message of consistency in terms of the response and in relation to the Ayrshire IJB progress in general;
- the positive lead partnership arrangements in terms of delivery and development of mental health services across Ayrshire;
- the question 4 response being reworded, in agreement between the Director HSCP and Vicki Yuill, Third Sector Representative, in terms of resource, accountability and responsibility to give a more positive slant within the response; and
- the question 88 response indicating a request from the Third Sector in terms of parity with recruitment training and remuneration of all social care.

The Board agreed, following any final feedback and in terms of the comments above, to endorse the final response to the consultation, prior to submission to the Scottish Government by the deadline of 2 November 2021.

7. Urgent Items

The Chair agreed that the following item be considered as a matter of urgency to allow the Board to receive up-to-date information.

7.1 Scottish Government Recovery and Renewal Fund

Recent funding has been allocated by the Scottish Government of £120m for the Recovery and Renewal Fund. Within this is a sum of £15m for a Community Mental Health and Wellbeing Fund and North Ayrshire have been allocated a share of this funding in the amount of £407,213.24.

The funding will provide significant investment in community support for adults and the aim of the fund is to promote and develop good mental health and wellbeing and to mitigate and protect against the impact of distress. It also aims to tackle the issues within the Scottish Government's Transition and Recovery Plan with overarching themes around suicide prevention, social isolation and loneliness prevention and early intervention and to address mental health inequalities exasperated by the pandemic for specific at risk groups.

The TSIs will be responsible for fund administration, capacity building, monitoring and evaluation with a strong focus on collaboration. A Steering Group of partners has been established to work towards a Local Plan and process for applications for funding and full guidance from the Scottish Government is awaited.

Noted.

The meeting ended at 10.55 a.m.

DRAFT

North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 21 October 2021

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	Distress Brief Intervention Update	17/12/20	The Board agreed to (a) endorse and approve the implementation of the plan to support Distress Brief intervention across Ayrshire; and (b) to receive an update, including case studies, at a future meeting.	Will be brought back to a future IJB - tbc	Thelma Bowers
2.	Year End Financial Performance 2020-21	17/06/21	The Board was advised that details of Carers Act Funding will be reported to a future meeting; and an update on vacancy savings will be reported to the IJB Performance and Audit Committee.	Submit Carers Act update before the end of 2021.	Director
3.	Community Alarm/Telecare Services Transition from Analogue to Digital	26/09/19	That an update report on progress be submitted to a future meeting.	Report delayed due to service capacity – submit to IJB during 2021	David Thomson
4.	Mental Welfare Commission Report: Authority to Discharge	21/10/21	The Board agreed to (a) note the terms of the report; (b) approve the North Ayrshire Health and Social Care Partnership response to the recommendations; and (c) receive an update report to the IJB in 12 months in terms of progress with the recommendations of the Mental Welfare Commission report.	Update by October 2022	David Thomson

Integration Joint Board
16 December 2021

Subject: **Appointments**

Purpose: To note the appointments of (i) a new NHS Non-Executive Board member to the IJB, (ii) appointment of new Vice-Chair of the Performance and Audit Committee, (iii) current interim NHS Non-Executive Board member remaining as a member of IJB (iv) note the appointment of Scott Hunter as Chief Social Work Officer and Elizabeth Stewart as Depute CSWO.

Recommendation: The Integration Joint Board note the above appointments.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
CSWO	Chief Social Work Officer
PAC	Performance and Audit Committee

1.	EXECUTIVE SUMMARY
1.1	The Integration Joint Board is asked to agree to the appointment of Marc Mazzucco as the new Non Executive Member of the IJB. Marc joined the NHS Board on 1 st November 2021 and the IJB on the same date, with the NHS Board ratifying his appointment on the IJB at their meeting on 29 November.
1.2	The IJB is also asked to agree that Marc Mazzucco assume the position of Vice-Chair of the Performance and Audit Committee, replacing Mhairi Kennedy.
1.3	The IJB are asked to support, in the interim period, Jean Ford remaining on the North Ayrshire IJB as an NHS member, again ratified by NHS Ayrshire and Arran Board on 29 November.
1.4	The IJB are also asked to note that there is still one vacant position on PAC following the resignations of John Rainey and Marie McWaters. Following the request of IJB members to volunteer to join PAC one of the vacancies has been filled by Councillor Robert Foster, but there remains one position outstanding.
1.5	IJB are asked to note the appointment of Scott Hunter as Chief Social Work Officer for North Ayrshire and Elizabeth Stewart, the current Interim CSWO as the Depute CSWO.

2.	BACKGROUND
2.1	Lesley Bowie, Chair of NHS Board submitted a report to the NHS Board on 29 th November 2021 advising of changes to membership of various NHS committees and the North Ayrshire IJB, following the appointment of a new Non Executive Member, Marc Mazzucco on 1 st November 2021. Marc's appointment on North Ayrshire IJB is a replacement for Mhairi Kennedy, following her recent resignation from NHS Board. Marc will therefore assume her role as vice-chair to the IJB Performance and Audit Committee.
2.2	Following discussion with Lesley Bowie, Chair of the NHS Board, it has been confirmed that Jean Ford will remain on the North Ayrshire IJB as an NHS member. This has been agreed this as an interim arrangement pending NHS Board recruitment of a new member.
2.3	In October 2021, an email was issued to all existing IJB members, seeking expressions of interest to join the IJB Performance and Audit Committee. Councillor Robert Foster has agreed to join PAC which leaves one further vacancy. The Chairs of the IJB and PAC are still seeking expressions of interest from IJB members to fill this vacancy. In line with the Terms of Reference for PAC this could be filled by any IJB member.
2.4	Following a recent recruitment process, Scott Hunter was appointed as Chief Social Work Officer to North Ayrshire Council and the IJB and will commence his appointment on 20 December 2021. In order to strengthen the CSWO governance arrangements, it was also agreed to put in place a formal Deputy CSWO. Elizabeth Stewart, the current Interim CSWO was appointed as Depute and will also commence on 20 December 2021.
3.	PROPOSALS
3.1	The NHS Board agreed on 29 th November 2021 that Marc Mazzucco be appointed as a Non Executive member of the North IJB..
3.2	In accordance with the Integration Scheme and the IJB Standing Orders, it is proposed that Marc Mazzucco replace Mhairi Kennedy, as Vice-Chair of the Performance and Audit Committee. IJB members to be asked for expressions of interest to fill the remaining vacancy on PAC.
3.3	It is also proposed that Jean Ford remains as a member of the North IJB in the interim period.
3.4	IJB are asked to note the appointment of Scott Hunter as Chief Social Work Officer and Elizabeth Stewart as Depute CSWO.
3.5	<u>Anticipated Outcomes</u>
	N/A
3.6	<u>Measuring Impact</u>
	N/A
4.	IMPLICATIONS

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

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

For more information please contact **Caroline Cameron, Director/Chief Officer** on [01294 317725] or [carolinecameron@north-ayrshire.gov.uk].

Integration Joint Board
16 December 2021

Subject: Director's Report

Purpose: To advise members of the North Ayrshire Integration Joint Board (IJB) of developments within the North Ayrshire Health and Social Care Partnership (NAHSCP).

Recommendation: That members of IJB note progress made to date.

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

1.	EXECUTIVE SUMMARY
1.1	This report informs members of the Integration Joint Board (IJB) of the work undertaken within the North Ayrshire Health and Social Care Partnership (NAHSCP) nationally, locally and Ayrshire wide.
2.	CURRENT POSITION
	<u>Ayrshire Wide Developments</u>
2.1	<u>Community Justice Ayrshire Partnership publishes annual report</u>
	<p>The Community Justice Ayrshire Partnership has published its annual report for 2020-21, which you can read online here.</p> <p>Community Justice Ayrshire has taken some time over the last six months to review its partnership and to ensure that the right structures are in place to be successful in reducing reoffending across Ayrshire.</p> <p>The most significant change with its newly invigorated look and message is a change of name from Community Justice Ayrshire to the Community Justice Ayrshire Partnership to reflect the theme of working together to affect real change.</p> <p>You can follow the Community Justice Ayrshire Partnership on Twitter at @CJAyrshire</p>

	<u>North Ayrshire Developments</u>
2.2	<u>North Ayrshire to pilot new drugs service</u>
	<p>Scotland has seen a year on year increase in drug-related deaths, with recent data confirming that people found alone accounted for 44 percent of deaths.</p> <p>The charity 'We are With You' has launched 'Never Use Alone', a new phone line backed and funded by the Scottish Government to help mitigate the risks of using drugs alone.</p> <p>North Ayrshire Alcohol and Drug Partnership, as part of its priority commitment to prevent drug related deaths, has volunteered to be a part of this innovative pilot in order to support individuals in North Ayrshire. The service will initially be available throughout Ayrshire and Glasgow before being rolled out across Scotland.</p> <p>This is an exciting and important opportunity to provide support and add another layer of protection and intervention to save lives within our local communities.</p> <p>The phone line has been developed in consultation with the Scottish Ambulance Service and relevant local authorities. It aims to help anyone who wants to stay safer when using drugs alone by allowing staff of the phone line to intervene and alert emergency services should the caller become unresponsive, as well as providing information to emergency workers on what substances have been used.</p> <p>'Never Use Alone' can be contacted on freephone 0808 801 0690.</p>
2.3	<u>Drug awareness resources</u>
	<p>A key component to preventing drug related deaths is to reduce the risk for people who take harmful drugs.</p> <p>The North Ayrshire Drug and Alcohol Recovery Service (NADARS), in partnership with the Scottish Ambulance Service and mental health liaison services, has developed a new pathway of support to ensure everyone who experiences a non-fatal overdose is provided with quick and intensive follow-up support.</p> <p>NAHSCP and the North Ayrshire Alcohol and Drug Partnership are committed to ensuring that all overdoses are prevented from becoming fatal. It is also important that services and people who use drugs have access to up to date information about the risks of drug use and how to reduce harms.</p> <p>Local information has been received about increased polydrug use (the mixing of different drugs), which can have long term or fatal consequences.</p> <p>The below resources are available, and for advice or information the local NADARS service can be contacted on 01294 476000.</p> <p><u>Benzos: Information Guide on Use, Effects, Safety and Help</u> <u>Etizolam Information Sheet</u> <u>Street Valium poster</u> <u>Downer Deaths Information Booklet</u></p>
2.4	<u>16 Days of Action campaign</u>

	<p>This year's 16 Days of Action campaign will again shine a light on domestic abuse and the support available.</p> <p>The Violence Against Women Partnership will be supporting the White Ribbon initiative, which promotes an end to violence against women and directly addresses men – so they understand the scale of the problem and become part of the solution.</p> <p>The 16 Days campaign will also see the launch of the Ask for Angela initiative. Originally launched in England in 2016, it is used by bars and other licensed venues to keep people safe from sexual assault. Customers can ask a staff member for 'Angela' - a codeword to identify that they are in danger or an uncomfortable situation.</p> <p>Follow the North Ayrshire Violence Against Women Partnership on Twitter at @NorthAVAWP for more information on domestic abuse and where to find support. Or for more info on White Ribbon Scotland, click here</p> <p>This year's Reclaim the Night walk was held on Tuesday 7 December 2021. This annual event raises awareness about the dangers to women and girls from sexual violence and promotes a safer environment for women and girls to walk without fear after dark.</p> <p>You can find out more here.</p>
2.5	<p><u>Communities Mental Health and Well-being Fund</u></p>
	<p>Applications are now open for the North Ayrshire Communities Mental Health and Well-being Fund, for funding of up to £2,000, £10,000 and £50,000.</p> <p>The aim of the fund is to support initiatives that promote mental health and well-being for adults at small scale, grassroots, community level. It is accessible to small and medium sized groups whose income is no more than £1m.</p> <p>To read more, or for an application form, visit the funding page of the Arran CVS website here.</p> <p>If you have any further enquiries, call 01770 600 611 or email carol.norton@arrancvs.org.uk</p>
2.6	<p><u>National Secure Adolescent Inpatient Service (NSAIS) – New Logo</u></p>
	<p>A series of consultation activities to select a Logo design for the new 12 bedded National Secure Adolescent Inpatient service (NSAIS) facility on the grounds of Ayrshire Central hospital, was undertaken in June 2021.</p> <p>The facility will admit young people aged 12yrs up until 18th birthday with a range of complex mental health difficulties and risk, which cannot be managed within other mental health services in Scotland.</p> <p>The project team for Foxgrove- NSAIS have been working alongside Art Strategists (Freemantle Consultants/Lindsay Perth) and NHS Ayrshire & Arran's Graphic Designer to design and develop a Logo. The consultation activity is now concluded and we have a final design of the Foxgrove Logo.</p>



In order to devise a suitable Logo for Foxgrove there was a series of consultation activities which included engagement workshops with young people from various youth group forums, Kibble and Good Shepherd, as well as consulting with the Public Reference Group. The logo that was favoured the most is inserted above. The logo has been circulated to stakeholders and also the projects steering group and project board, and has received positive feedback.

COVID Update

This update continues to offer assurance to IJB on the partnership’s continued response to the COVID 19 pandemic. This response continues to be recorded through the mobilisation plan.

The partnership, along with NHS and NAC still operate on an “emergency” footing.

Updates since last IJB

2.7 Vaccinations

Covid 19 Data Dashbard

Based on SG Dashboard **93.2%** of 12 years plus population **in North Ayrshire** have received first dose vaccination with **85%** receiving 2nd dose; **33.7%** have also received booster or dose 3.

Overall, **93.5% of Ayrshire & Arran** 12 years plus population received first dose vaccination – **85.5%** second dose and **35.5%** booster or dose 3.

Population in Scotland – **90.7%** have received 1st dose; **82.5%** 2nd dose and **34.1%** booster or dose 3.

Third primary dose is administered to immunosuppressed cohorts only.

Please note measures now based on people aged 12 years and over. Figures as at 28th November 2021 from Scottish Government website.

Covid 19 Programme Delivery (including Influenza Vaccinations)

Ayrshire & Arran Health Board continue to deliver the Covid 19 and Influenza Vaccination programmes as prioritised by JCVI guidance.

- Drop-in clinics continue to be made available for first and second dose vaccinations.
- Childhood Flu Immunisation clinics– 2-5 year olds, primary and secondary school age are now nearing completion.
- Residents in care homes now complete with mop-up clinics being held to capture all remaining staff.

- Frontline health & social care workers booster and flu vaccination programme due to complete within next two weeks – mop up clinics will continue to be held.
- GP Practices, supported by health board staff, have delivered to the majority of over 80s and housebound residents. As at 1 December 2021, date approx. 380 still to be appointed - further sessions have been organised to capture these remaining numbers over the next few weeks.
- 16 years and over “at highest risk clinically extremely vulnerable” clinics continuing to run into December to capture all within this cohort.
- 16 -59 year olds “at risk – with underlying health conditions” – clinics continue throughout December also.
- 60-69 year old booster clinics - November into December.
- 50-59 year old booster clinics – national portal is open for appointments
- 40 – 49 year old booster clinics – national portal is open for appointments
- 16 & 17 year old second dose – national portal is open for appointments

Due to demographics on Arran the programme has been delivered differently with delivery of all of above cohorts nearing completion – planning now underway to capture further booster guidance.

Following further Scottish Government guidance on programme acceleration and further expansion of the booster programme planning is underway on modelling delivery of same.

2.8

Community Testing

Within North Ayrshire there is currently a range of both Symptomatic Testing (for people with COVID-19 symptoms) and Asymptomatic Testing (for people with no COVID-19 symptoms). All testing is free.

Symptomatic Testing (for people with COVID-19 symptoms)

Mobile Testing Unit (MTU)

MTU's rotate between 7 different venues throughout North Ayrshire (Quarry Road in Irvine, Dreghorn Fire Station, Kilwinning Fire Station, Auchendarvie Leisure Centre in Stevenston, Dalry Community Fire Station, Beith Community Centre and Vikingar Leisure Centre in Largs). The MTU allows anyone with COVID-19 symptoms to get a free swab test as part of the Governments drive to improve the accessibility of coronavirus testing for communities. MTU's operate 7 days a week (winter opening times 1000 – 1630 hours). People book a test either through NHS Inform website or alternatively phoning, details and link on how to book a test are on North Ayrshire Council Website.

Walk-Through Test Centre

With effect from Saturday 27th November 2021 - Harbour Road Car Park in Irvine is being used as a temporary local facility (for a period of 6 months) for people who have COVID-19 symptoms to get a free swab test as part of the Government's UK-wide drive to improve the accessibility of coronavirus testing for communities. The walk-through test centre is in addition to the existing Mobile Testing Units and will provide another way for people without access to a vehicle to book appointments, and to improve access to testing in communities.

As is the case with the Mobile Testing Units the unit will be operated by Scottish Ambulance Service personnel on behalf of the Scottish Government and will operate 7 days a week with opening hours from 0800 to 2000 hours, as with MTU's appointments must be booked in advance.

Asymptomatic Testing (for people with no COVID-19 symptoms)

Asymptomatic testing helps to identify positive cases and break the chains of transmission of Coronavirus (Covid-19). This helps to provide additional protection for our communities.

In North Ayrshire the Asymptomatic Testing Centre rotates on a fortnightly basis between 2 venues, namely; Unit 24 (shopfront unit) in Bridgegate, Irvine and Brisbane Centre in Largs. The Testing Centres are open 7 days a week from 1000 to 1800 hours. Centres operate on a walk-in basis with no booking required.

The Asymptomatic Testing Centres are manned by NHS Ayrshire and Arran contracted staff.

In addition to the Asymptomatic Testing Centres people can also collect testing kits from local community pharmacists or by ordering through NHS Inform website. Details and links are detailed in the Coronavirus Information section on NAC website.

Moving forward the plan is to move to a more mobile testing model. NHS Ayrshire and Arran are undertaking programme of works at present which will provide a mobile testing vehicle along with a welfare vehicle for each local authority. This will give greater flexibility in terms of taking testing to every town in North Ayrshire on a rotational basis and will also allow testing to be targeted to “hot-spots” as they arise.

2.9 **Staff Testing**

Lateral Flow Device Testing continues for all frontline health and social care staff who are in regular contact with users of our services.

3. **PROPOSALS**

3.1 **Anticipated Outcomes**

Not applicable.

3.2 **Measuring Impact**

Not applicable

4. **IMPLICATIONS**

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

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

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

For more information please contact **Caroline Cameron, Director/Chief Officer** on 01294 317723 or carolinecameron@north-ayrshire.gov.uk



Integration Joint Board
16th December 2021

Subject: **2021-22 – Month 7 Financial Performance**

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

Recommendation: It is recommended that the IJB:

- (a) notes the overall integrated financial performance report for the financial year 2021-22 and the current overall projected year-end underspend of £0.986m;
- (b) notes the progress with delivery of agreed savings; and
- (c) notes the remaining financial risks for 2021-22, including the impact of remaining Covid-19 estimates and costs.

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

1.	EXECUTIVE SUMMARY
1.1	The report provides an overview of the financial position for the partnership and outlines the projected year-end outturn position informed by the projected expenditure and income commitments, these have been prepared in conjunction with relevant budget holders and services. It should be noted that, although this report refers to the position at the October period end, further work is undertaken following the month end to finalise projections, therefore the projected outturn position is as current and up to date as can practicably be reported.
1.2	The projected outturn, before the impact of Covid-19, is a year-end underspend of £0.986m for 2021-22 which is a favourable movement of £0.728m since Month 6.

1.3	From the core projections, overall, the main areas of pressure are learning disability care packages, residential placements for children and Unplanned Activities (UnPACs) within the lead partnership for mental health.
1.4	The follow up focus sessions that took place during August and October with LD services and Children's Services agreed a range of action points and these will be followed up at the next sessions in January. A session will also be held with Community Care and Health once the impact of the recently announced funding is known. These sessions look at ways to reduce future spend to try and ensure future service provision can be contained within current resources.
2.	CURRENT POSITION
2.1	<p>The report includes an overview of the financial position including commitments against the available resource, explanations for the main budget variances, an update on progress in terms of savings delivery and plans to work towards financial balance.</p> <p>The report also includes detail of the estimated costs and potential financial impact of the Covid-19 response.</p>
	FINANCIAL PERFORMANCE – AT PERIOD 7
2.2	<p>At period 7 against the full-year budget of £265.573m there is a projected year-end underspend of £0.986m (0.4%). The Integration Scheme outlines that there is an expectation that the IJB takes account of the totality of resources available to balance the budget in year. Following this approach, an integrated view of the financial position should be taken, however it is useful to note that this overall position consists of a projected overspend of £0.103m in social care services and a projected underspend of £1.089m in health services.</p> <p>Appendix A provides the financial overview of the partnership position. The sections that follow outline the significant variances in service expenditure compared to the approved budgets with detailed analysis provided in Appendix B.</p>
2.3	Health and Community Care Services
	<p>Against the full-year budget of £76.709m there is a projected underspend of £0.666m (0.8%) and the main variances are:</p> <p>a) Care home placements including respite placements (net position after service user contributions and charging order income) are projected to underspend by £0.357m after applying £0.130m of covid funding which is a favourable movement of £0.179m. The budgeted number of permanent placements is 790 and at month 7 there are 763 placements. The projection assumes a net increase of 5 places per month until the end of the financial year taking the total to 788 placements. Within the projection there is an assumption that recent placements which do not have a completed financial assessment (often due to the pressure to discharge from hospital) are costed with 50% of the cases at the current average cost of a placement and 50% at the gross or interim funded rate. It is likely that there will still be some cases being gross or interim funded at the year end. Their actual cost will not be known until the FA1 financial assessment is completed.</p>

The level of income recovered from charging orders was under recovered during 2020-21 due to the impact the pandemic had on house sales but for 2021-22 it is assumed to be £0.300m under recovered and this will continue to be reviewed during the year. This is included in the overall projected underspend of £0.357m above.

- b) Care at home is projecting to be online after applying £1.662m of funding for additional capacity for Covid and Winter Planning and £0.333m of the recently announced funding to enhance care at home capacity. Bank staff are being offered contracts, the service is recruiting additional staff for the in-house service and also engaging with new and existing providers for additional commissioned services. The capacity for care at home will continue to grow during 2021-22 to meet the increase in demand for the service, this will be part of our longer-term ambition to shift the balance of care and funded by either Covid funding or the recently announced govt funding (see para 2.8 below).
- c) Care at Home Charging Income is projected to under recover by £0.164m (favourable movement of £0.009m) due to the ongoing shift towards personal care which is non chargeable.
- d) Care at Home non-employee costs are projected to be online after applying £0.112m of the recently announced funding to enhance care at home capacity.
- e) Direct Payments are projected to overspend by £0.098m which is a favourable movement of £0.038m due to the waiting list for services being reduced during 2020-21 and further additional care packages being agreed in 2021-22.
- f) Residential Placements are projected to overspend by £0.318m which is an adverse movement of £0.062m. The overspend is due to placements transferring from adult to older people services, new packages and increases to existing packages.
- g) Adaptations are projected to overspend by £0.111m (adverse movement of £0.052m) based on spend to date. Spend to date is higher due to increasing demand combined with increased costs due to supply issues.
- h) Carers Act funding is projected to underspend by £0.661m (no movement). This projected position assumes charges for respite are waived per the IJB 2021-22 budget paper recommendation and a contribution is made to the increased capacity for children's respite.
- i) Day Care for Older People is projected to underspend by £0.341m as vacancies have been held whilst the service has been closed due to Covid and the unachieved saving of £0.050m is assumed to be Covid funded.
- j) Anam Cara is projected to be online after applying £0.146m of the recently announced Scottish Government funding for interim care.
- k) District Nursing is projected to overspend by £0.130m due to an overspend on supplies.

	<p>l) Rehab wards are projected to overspend by £0.097m (Redburn ward £0.187m overspent and Douglas Grant £0.090m underspent). The overspend at Redburn is due to cover costs for vacancies as well as supplementary staffing for patients who require one to one support.</p>
2.4	<p>Mental Health Services</p>
	<p>Against the full-year budget of £82.915m there is a projected overspend of £0.075m (0.1%). The main variances are:</p> <p>a) Learning Disabilities are projected to overspend by £0.775m (£0.247m adverse movement). The main variances are:</p> <ul style="list-style-type: none"> • Care Packages (inc residential and direct payments) - projected overspend of £0.324m in community care packages (£0.199m favourable movement), £0.372m in direct payments (£0.014m favourable movement) and £0.511m for residential placements (£0.368m adverse movement). <p>Community Learning Disability Care packages are proving to be one of the most challenging areas to address overspends and to project spend. This is partly due to the impact of services still remobilising in the earlier part of the year and also the impact of the roll out of the CM2000 call monitoring system. The data from CM2000 will be reported back to the service to allow them to see where care has deviated from the planned level and focus reviews to those areas. The spend up to month 8 will be reviewed against the planned care and the result will be reflected in the month 9 report.</p> <ul style="list-style-type: none"> • Purchased LD Day Care is projected to underspend by £0.156m (£0.059m adverse movement) as day care services have not fully remobilised. • In house day care is projected to underspend by £0.277m (adverse movement of £0.018m) due to vacancies not being filled whilst the service is not operating. • Residential Respite is projected to overspend by £0.133m (no movement) which reflects funding the new facility to full capacity and security costs prior to the facility opening. <p>b) Community Mental Health services are projected to underspend by £0.422m (favourable movement of £0.065m) and included within this are underspends of £0.375m in community packages (inc direct payments) and an overspend of £0.030m for residential placements. The flexible intervention service (FIS) is projected to underspend by £0.047m due to the service being brought in house and recruitment delays.</p> <p>c) Supported Accommodation - there are potentially additional costs in relation to the upcoming supported accommodation developments. This is in relation to security, energy cost and void rent loss during the period between the builds being completed and the service users moving in. These costs will be met by non-recurring slippage from transition care packages.</p>

d) The Lead Partnership for Mental Health is projecting to be £0.254m underspent and the main variances are as follows:

- A projected overspend in Adult Inpatients of £0.344m mainly due to staff in redeployment (no movement) following the closure of the Lochranza ward. There is also reduced bed sale income of £0.130m but this is included in the quarter 2 LMP return and will be covered by Covid-19 funding.
- UNPACS is projected to overspend by £0.683m (no movement) this is based on current number of placements. These placements are for individuals with very specific needs that require a higher level of security and/or care from a staff group with a particular skill set/competence. This can necessitate an UNPlanned Activities (UNPACs) placement with a specialist provider which can be out-of-area. Applications to approve a placement are made to the Associate Medical Director for Mental Health who needs to be satisfied that the placement is appropriate and unavoidable prior to this being agreed.
- A projected underspend in MH Pharmacy of £0.160m (no movement) due to continued lower substitute prescribing costs.
- Learning Disability Services are projected to overspend by £0.479m (£0.050m adverse movement). This is mainly due to high usage of supplementary staffing, cross-charging for a LD patient whose discharge has been delayed and redeployment staffing costs. Supplementary staffing costs relate to backfill for sickness, increase and sustained enhanced observations and vacancies. The enhanced observations are reviewed on a daily basis however, due to the individuals being acutely unwell at present, this level of enhanced observations has been maintained for a lengthy period of time.
- Daldorch charging income is projected to under recover by £0.156m (no movement). Previously income was received from other Health Boards for out of area Children/Young Persons attending Daldorch but the service has been redesigned and is no longer chargeable as it is not an education provider.
- The turnover target for vacancy savings for the Lead Partnership is held within the Lead Partnership as this is a Pan-Ayrshire target. There is a projected over-recovery of the vacancy savings target of £1.492m in 2021-22, further information is included in the table below:

Vacancy Savings Target	(£0.400m)
Projected to March 2022	£1.892m
Over/(Under) Achievement	£1.492m

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

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

- Adult Community Health services £0.090m
- Elderly Inpatients £0.407m
- CAMHS £0.503m
- Mental Health Admin £0.210m
- Psychiatry £0.340m
- Psychology £0.300m
- Associate Nurse Director £0.042m

2.5	Children & Justice Services
	<p>Against the full-year budget of £36.965m there is a projected overspend of £1.052m (2.8%). The main variances are:</p> <p>a) Care Experienced Children and Young People is projected to overspend by £1.282m (£0.213m adverse movement). The main areas within this are noted below:</p> <ul style="list-style-type: none"> • Children’s residential placements are projected to overspend by £2.072m (£0.137m adverse movement) prior to covid funding and projected to overspend by £1.340m after £0.732m of Covid funding. We started 21/22 with 17 placements which included 1 in Secure but this increased to 22 (including 2 secure) by month 7. One place has been transferred from a respite placement to residential which is for a longer period. Of these placements two are assumed to be discharged in December and the assumed discharge dates for another five placements have been extended from December to March 2022. This will take placement numbers to 20 by the end of year. • Fostering placements are projected to underspend by £0.195m (£0.009m favourable movement) based on the budget for 131 places and 119 actual placements (of which 6 are Covid related and are funded through the Covid-19 mobilisation plan) since the start of the year. The recent focus session discussed the need to continue to recruit increased numbers of foster carers, both to limit the requirement for external foster placements and reduce pressures elsewhere on the service, and the team are looking at the best way to approach this including a recruitment campaign. • Fostering Xtra placements are projected to be £0.135m underspent (no movement) based on the budget for 33 placements and 27 actual placements since the start of the year. • Private Fostering placements are projected to be £0.164m overspent (£0.014m adverse movement due to two new placements) based on the budget for 10 placements and 13 actual placements since the start of the year. • Kinship placements are projected to overspend by £0.065m (£0.015m adverse movement) based on the budget for 353 places and 359 actual placements since the start of the year. • Adoption placements are projected to overspend by £0.094m (no movement) based on the budget for 57 places and 70 actual placements since the start of the year. <p>b) Children with disabilities – residential placements are projected to underspend by £0.158m (£0.077m favourable movement) based on 8 placements which are expected to continue until the end of the year.</p> <p>c) Residential respite – placements are projected to overspend by £0.246m (adverse movement of £0.056m) due to short-term placements continuing longer than previously projected. These short-term placements are used to prevent an admission to full residential care.</p> <p>d) Transport costs – projected underspend of £0.067m (£0.019m favourable) due to less mileage being incurred.</p>

2.6	ALLIED HEALTH PROFESSIONALS (AHP)																								
	AHP services are projected to underspend by £0.124m due to underspends in non-employee costs.																								
2.7	MANAGEMENT AND SUPPORT																								
	Management and Support Services are projected to underspend by £0.888m (£0.317m favourable movement) of which £0.353m relates to funding set aside for unscheduled care. £0.277m of this funding is uncommitted and £0.076m relates to the enhanced hospital social work team only incurring part year costs. There is also a £0.200m projected over-recovery of payroll turnover for social care and £0.416m for health services as outlined in para 2.9 below. The favourable movement is due to additional payroll turnover.																								
2.8	ADDITIONAL SCOTTISH GOVERNMENT FUNDING																								
	<p>The Scottish Government confirmed on 5 October 2021 a range of measures and new investment that is being put in place to help protect health and social care services over the winter period, and to provide longer term improvement in service capacity across health and social care systems.</p> <p>This funding is predicated on four key principles:</p> <ul style="list-style-type: none"> • Maximising Capacity. • Ensuring Staff Wellbeing. • Ensuring System Flow and • Improving Outcomes. <p>On 4th November the Scottish Government announced additional funding to support this. It is expected that NHS Boards, Integration Authorities and Local Authorities will work collaboratively to ensure a whole system response.</p> <p>Specifically it covers the areas below but the Scottish Government have confirmed that there will be flexibility across the funding streams:</p> <table border="1" data-bbox="280 1460 1461 1908"> <thead> <tr> <th></th> <th>National Funding 21/22 £m</th> <th>NAHSCP Share 21/22 £m</th> <th>National Funding 22/23 £m</th> </tr> </thead> <tbody> <tr> <td>Interim care arrangements*</td> <td>40</td> <td>1.109</td> <td>20</td> </tr> <tr> <td>Enhanced care at home capacity</td> <td>62</td> <td>1.719</td> <td>124</td> </tr> <tr> <td>Increase hourly rate to £10.02 for adult social care staff employed by commissioned providers</td> <td>48</td> <td>0.866</td> <td>144</td> </tr> <tr> <td>Enhancing Multi-Disciplinary Teams (MDTs)</td> <td>20</td> <td>0.555</td> <td>40</td> </tr> <tr> <td>TOTAL</td> <td>170</td> <td>4.249</td> <td>328</td> </tr> </tbody> </table> <p>*non-recurring beyond 2022/23.</p> <p>The amounts shown for 22/23 are subject to confirmation through the Scottish Budget in December.</p>		National Funding 21/22 £m	NAHSCP Share 21/22 £m	National Funding 22/23 £m	Interim care arrangements*	40	1.109	20	Enhanced care at home capacity	62	1.719	124	Increase hourly rate to £10.02 for adult social care staff employed by commissioned providers	48	0.866	144	Enhancing Multi-Disciplinary Teams (MDTs)	20	0.555	40	TOTAL	170	4.249	328
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TOTAL	170	4.249	328																						

£0.591m of this funding is included in the reported position at month 7 to offset spend in some areas. Further plans have been developed for the use of these funds and this is subject to a separate report on the agenda.

The rate of pay for all adult social care staff employed by commissioned providers is to be increased to at least £10.02 per hour from 1st December 2021. This will increase the hourly rates being paid to providers and self-directed support recipients as follows:

	2021-22 Original Rate Per Hour	2021-22 Revised Rate Per Hour
Care at Home & Housing Support	£17.75	£18.58
Sleepovers	£11.71	£12.26
Personal Assistant Day Time Hourly Rate	£12.93	£13.57
Personal Assistant Sleepover Hourly Rate	£11.99	£12.57

The National Care Home Contract rates also increased from 1st December to reflect the pay uplift, with new weekly rates of £789.61 per person for Nursing Care (previously £762.20) and £681.34 per person for Residential Care (previously £653.79).

The costs of all these rate uplifts will be met from the £0.866m funding noted above.

Any underspend on these additional Scottish Government funds at the year-end will be earmarked and held in reserve for use in 2022/23.

2.9 Turnover/Vacancy Savings

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

	Social Care	Health Services
Vacancy Savings Target	*(2.014m)	(0.655m)
Projected to March 2022	2.214m	1.071m
Over/(Under) Achievement	0.200m	0.416m

(*the target for social care services has been increased on a non-recurring basis for 2021-22 only by £0.110m to offset the saving for the roll out of Multi-Disciplinary Teams, as no permanent reductions to the structure can be identified at this time but will be by the service from 2022-23 onwards).

The position in the table above reflects the assumption in the current financial projections. For social care a total of £1.340m (66% of annual target) has been achieved to date. It is anticipated that the level of vacancies will continue at this rate to the financial year-end, the full annual target will over recover by £0.200m.

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

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

- Management and Support £0.375m
- Care experience young people £0.213m
- Locality services £0.202m
- Intervention services £0.151m

There have been no intentional plans during the pandemic to pause or delay recruitment and services have actively continued to recruit, in some areas this has proven difficult to fill posts.

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

2.10 Savings Progress

a) The approved 2021-22 budget included £2.528m of savings.

BRAG Status	Position at Budget Approval £m	Position at Period 7 £m
Red	-	0.552
Amber	0.204	0.819
Green	2.324	0.670
Blue	-	0.487
TOTAL	2.528	2.528

b) The main areas to note are:

- i) Red savings of £0.450m relating to reducing children's residential placements, £0.066m adoption allowances and £0.036m external fostering placements, all of which are projected to overspend.
- ii) Whilst all savings remain on the plan to be delivered there are delays with some savings with delays in implementation due to Covid-19, for example the savings in relation to day care for adults and older people. These savings of £0.138m are noted as blue as they will be achieved through vacancies rather than service design and are not included in the projected position as it is assumed they will be funded by Covid funding.
- iii) The confidence with some savings has reduced since the budget was set due to the ongoing impact of Covid-19, for example Care at Home related savings.

Appendix C (i) shows the full Transformation Plan for 2021/22 which has been agreed by the Transformation Board; the Board is in place to provide oversight and governance to the programme of service change. A focus of the Board is to ensure plans are in place to deliver savings and service change, with a solution focussed approach to bringing programmes back on track.

	<p>Not all the service changes on the Transformation Plan have savings attached to them but there is an expectation that they will lead to service improvements. The Plan is critical to the ongoing sustainability and safety of service delivery and to supporting the delivery of financial balance in future.</p> <p>Appendix C (ii) provides an overview of those service changes which do have financial savings attached to them and the current BRAG status around the deliverability of each saving.</p> <p>The unachieved savings due to Covid-19 have been reflected in the overall projected outturn position as it is assumed the savings delays would be compensated with additional funding. The delays were included in the mobilisation plan return to the Scottish Government.</p>
2.11	<p>Budget Changes</p>
	<p>The Integration Scheme states that <i>“either party may increase it’s in year payment to the Integration Joint Board. Neither party may reduce the payment in-year to the Integration Joint Board nor Services managed on a Lead Partnership basis....without the express consent of the Integration Joint Board”</i>.</p> <p>Appendix D highlights the movement in the overall budget position for the partnership following the initial approved budget.</p> <p>Reductions Requiring Approval:</p> <ol style="list-style-type: none"> 1) Transfer of Occupational Health budget to NAC £0.121m 2) Reduction in training grade funding £0.021m 3) GMS Premises budget transferred to East £0.140m as per the agreed Pan Ayrshire pressure outlined in the 21/22 budget paper. 4) Community Store Funding Correction £0.001m to South
2.12	<p>NHS – Further Developments/Pan Ayrshire Services</p>
	<p><u>Lead Partnerships:</u></p> <p>The IJB outturn position is adjusted to reflect the impact of Lead Partnership services. During 2020-21 agreement was reached with the other two Ayrshire partnerships that in the absence of any service activity information and alternative agreed risk sharing arrangements that the outturn for all Lead Partnership services would be shared across the 3 partnerships on an NRAC basis. This position is currently the default for 2021-22 pending further work to develop a framework to report the financial position and risk sharing across the 3 partnerships in relation to hosted or lead service arrangements has been delayed by the requirement to focus efforts on the Covid response.</p> <p>The final outturn in relation to North Lead Partnership services would not be fully attributed to the North IJB as a share would be allocated to East and South partnerships, similarly the impact of the outturn on East and South led services will require to be shared with North. At month 7 the MH lead partnership is projected to underspend by £0.254m (£0.083m NRAC share for East and £0.078m for South).</p>

East HSCP – projected underspend of £1.678m (£0.604m NRAC share for NA IJB - £0.047m favourable movement). The main areas of variance are:

a) Primary Care and Out of Hours Services

There is a projected underspend of £1.352m on the Primary Care Lead Partnership budget. The projected underspend includes savings in Dental Services due to reduced service provision with an anticipated increase in staffing costs going forward. There are reduced projected costs in Ayrshire Urgent Care Services (AUCS) with work being undertaken to cross charge costs related to the Covid-19 pandemic against the Local Mobilisation Plan (Community Clinical Hub). The projected underspend on AUCS assumes a similar level of cross charging from August until December this year with further consideration of the Covid-19 position at that stage. The level of GP activity will continue to be closely monitored going forward. Savings in Primary Care contract administration are also contributing to the projected underspend. This projected underspend is the anticipated outturn position based on all available information at month 7. Activity continues to be extremely fluid and the delegated budget will continue to be closely monitored with movements highlighted in future reports to the three Ayrshire IJBs.

It is anticipated that the Primary Care Improvement Fund will outturn on budget. The sum of £1.272m has been brought-forward as an earmarked balance within the IJB Reserve and will be used to meet initial East Ayrshire spending plans and priorities being taken forward to meet agreed outcomes. Sums of £0.935m and £0.732m have been brought-forward from 2020/21 by North and South Ayrshire IJBs respectively to meet their own priorities and outcomes.

b) Prison and Police Healthcare

The £0.339m projected underspend is largely due to net staffing savings. In addition, the medical contracts at both Prison and Police have reduced and is contributing to the projected underspend.

South HSCP – projected overspend of £0.021m – no movement (£0.008m NRAC share for NAHSCP). The overspend is mainly due to an overspend in the community store and continence service offset by vacancies in the Family Nurse Partnership.

Set Aside:

The budget for set aside resources for 2021-22 is assumed to be in line with the amount for 2020/21 (£33.054m) inflated by the 2.8% baseline uplift. The 2020/21 value was based on 2019/20 activity as 2020/21 was not considered representative.

At the time of setting the IJB budget it was noted that this may require to be updated following the further work being undertaken by the Ayrshire Finance Leads to establish the baseline resources for each partnership and how this compares to the Fair Share of resources. It was anticipated that 2020-21 would be used as a shadow year for these arrangements, however this work has been delayed due to the Covid-19 response. A draft Q2 set aside update for 2021/22 has been issued to IJBs. A method of capturing up to date local activity and pricing it for set aside calculations is now in place, subject to IJB review and refinement.

	<p>The annual budget for Acute Services is £376.6m. The directorate is overspent by £0.950m, caused by overspends on agency medical and nursing staff, as well as overtime and bank usage. These have been required due to the level of operational pressure being experienced, in common with many other areas in Scotland at present.</p> <p>There is a material underlying deficit caused by:</p> <ul style="list-style-type: none"> • Unachieved efficiency savings • High expenditure on medical and nursing agency staff, high rates of absence and vacancy causing service pressure • High numbers of delayed discharges <p>The IJBs and the Health Board have submitted Remobilisation Plan 4 outlining further measures to maintain service and improve performance. The £300m nationally announced investment will also be used to address service pressures in acute through increased investment in community.</p>
	<p>COVID-19 – FINANCE MOBILISATION PLAN IMPACT</p>
<p>2.13</p>	<p>Summary of position</p>
	<p>From the outset of the pandemic the HSCP acted very swiftly to respond and developed a mobilisation plan detailing the additional activities to support our response, alongside the estimated financial impact. Financial returns were submitted to the Scottish Government on a regular basis during 2020-21, on the premise that any additional costs aligned to mobilisation plans would be fully funded. This process has continued during 2021-22. There is a risk that if the full cost of the Covid-19 response is not funded that the IJB may require to recover any overspend in-year, however, the most recent update from the Scottish Government is that the costs including unachieved savings will be fully funded.</p>
<p>2.14</p>	<p>Mobilisation Plan</p>
	<p>The initial 2021-22 mobilisation plan cost submission was submitted in February and estimated the costs to be £5.481m to March 2022. The quarter 1 return updated these costs to £8.279m and the quarter 2 return increased the costs marginally to £8.367m. The costs remain estimates as the situation continually evolves and there will be updates submitted each quarter.</p>

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

Service Area	Initial 2021-22 Return £m	Quarter 1 Update £m	Quarter 2 Update £m	Change £m
Payments to Providers	0.750	2.421	2.119	(0.302)
PPE	2.000	2.000	0.581	(1.419)
Additional Staff	1.459	1.901	3.704	1.803
Mental Health	1.172	1.172	0.000	(1.172)
Loss of Income	0.100	0.430	0.480	0.050
Unachieved Savings	-	0.138	0.138	-
Children & Families	-	-	0.949	0.949
Other Areas	-	0.217	0.396	0.179
TOTAL	5.481	8.279	8.367	0.088

The most recent changes to estimated costs are in relation to:

- Reduced sustainability payments to providers following a review of the occupancy payments;
- Reduced PPE costs as more PPE is being sourced from the national hub at no cost;
- Increased staff costs including the extension of care at home capacity from six months to twelve months of costs, continued cover costs including cover relating to long covid;
- Children’s services costs for additional residential and foster placements;
- Further loss of income from charging for services as not all services have restarted; and
- Removal of the Mental Health costs which are now covered by the Mental Health Recovery and Renewal Funding.

2.15 **Covid-19 Funding Position**

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

The Scottish Government are continuing to work with Health Boards and IJBs to review and further revise financial estimates. This will allow identification of the necessary additional support required with an expectation that an allocation to bring funding up to 100% will be provided. On this basis the overall financial risk to the IJB for 21-22 is minimised. The main risk remaining being if costs increase significantly by the year-end, this is being closely monitored.

2.16	Provider Sustainability Payments and Care Home Occupancy Payments																				
<p>COSLA Leaders and Scottish Government have agreed an approach to supporting the social care sector to ensure that reasonable additional costs will be met. We have been making payments to commissioned social care providers in line with the agreed national principles for sustainability and remobilisation payments to social care providers during COVID 19.</p>																					
<p>Care Home Occupancy Payments - we have engaged with older people's care homes in relation to care home occupancy payments and make regular monthly payments to care home providers with emergency faster payments being made if required. The Scottish Government ceased these payments at the end of October 2021. Meetings are being held with each care home to discuss ongoing sustainability and to provide support.</p>																					
<p>Sustainability payments - providers are responsible for submitting a claim for additional support to the Partnership for sustainability payments and this is assessed as to what support is required on a case-by-case basis based on the supporting evidence provided. Each case is assessed by the same group to ensure equity and consistency across providers.</p>																					
<p>In general, all payment terms have been reduced and once any payment is agreed it is being paid quicker to assist the cash flow position of providers. The assessment of some claims has been difficult due to delays with additional information and supporting evidence being submitted to support claims, hence there are a number of claims that are in process.</p>																					
<p>The sustainability payments are estimated to be a significant cost in our mobilisation plan and the timely submission and assessment of claims is key to ensuring we can accurately estimate the financial cost and ensure the costs are reclaimed from the Scottish Government.</p>																					
<p>Providers in North Ayrshire are not all strictly adhering to these timescales, and we are still receiving backdated claims; the commissioning team are working with providers to support them to submit claims. The tables below show the support provided to date and the outstanding claims as at the end of October.</p>																					
<table border="1"> <thead> <tr> <th></th> <th>NCHC Care Homes</th> <th>Other</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>PROVIDER SUMMARY</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total Number of Providers</td> <td>17</td> <td>49</td> <td>66</td> </tr> <tr> <td>Number contacting NAC</td> <td>17</td> <td>30</td> <td>47</td> </tr> <tr> <td>Providers Supported to date</td> <td>17</td> <td>17</td> <td>34</td> </tr> </tbody> </table>			NCHC Care Homes	Other	Total	PROVIDER SUMMARY				Total Number of Providers	17	49	66	Number contacting NAC	17	30	47	Providers Supported to date	17	17	34
	NCHC Care Homes	Other	Total																		
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	NCHC Care Homes	Other	Total																		
OUTSTANDING CLAIMS																					
Total Number of Claims	18	11	29																		
Value of Claims	712,499	172,158	884,658																		

SUPPORT PROVIDED	NCHC Care Homes	Other Services	TOTAL
	£	£	£
Occupancy Payments up to October 2021	1,099,145	0	1,099,145
Staffing	529,237	132,031	661,267
PPE, Infection Control	488,738	152,576	641,315
Other	167,724	134,888	302,612
TOTAL	2,284,843	419,495	2,704,339

Arrangements for support have been agreed alongside guidance which sets out the criteria that need to be met for financial support, the approach for payment for care that cannot be delivered, the categories of additional costs which may be met, the approach to evidencing additional costs and key principles for requesting and making payments. The key principles of this ongoing support include:

- Understanding the reasons why care cannot be delivered, only Covid related impacts can be funded through sustainability payments;
- The 'planned care' approach of continuing to pay for undelivered care has been removed and providers and HSCPs will be required to explore opportunities for creatively delivering services in a different way, temporarily re-deploy staff into other HSCP services (voluntarily), where this is not possible providers will be required to access national supports in the first place, including the potential to furlough staff;
- Where payment for undelivered care is agreed as the only option this will be at a reduced level depending on the type of service, for example for care homes subject to the NCHC occupancy payments will be made at 80% of the rate for all vacancies, this is dependent on care homes continuing to admit new residents where it is clinically safe to do so;
- The Social Care Staff Support Fund will remain in place to ensure all staff receive their full pay during a Covid related absence; and
- Additional reasonable costs that are incurred as a result of Covid which cannot be covered from other funding sources will be reimbursed, including for example PPE, infection prevention control and additional staffing costs.

The current financial sustainability principles (excluding care home occupancy payments), guidance and criteria have now been extended until 31 March 2022.

2.17 **RESERVES**

The IJB reserves position is outlined in the table below.

The 'free' general fund balance of £4.151m is held as a contingency balance, this equates to around 1.6% of the IJB budget for 2021-22 so remains short of the target of 2% but does demonstrate significant progress towards establishing a contingency reserve.

£1.486m is held by the Council to support a further repayment of debt in 21-22 and this is not reflected in the financial projection. This position will continue in future years until the debt is cleared.

	General Fund Reserves		Earmarked Reserves		Total
	Debt to NAC £m	Free GF £m	SG Funding £m	HSCP £m	£m
Opening Balance - 1 April 2021	(3.807)	4.151	5.487	0.681	6.512
Prior Year Adjustment	-	-	1.245	-	1.245
Revised Opening Balance	(3.807)	4.151	6.732	0.681	7.757
Earmarked as follows:					
: Primary Care Improvement Fund			0.935		
: Mental Health Action 15			0.224		
: Alcohol and Drugs Partnership			0.336		
: Community Living Change Fund			0.513		
: Covid Funding			4.724		
: Challenge Fund				0.500	
: 2021-22 Budget Gap				0.181	

A prior-year adjustment has been made to the Covid funding carried forward. It has been identified that the £500 'thank you' payments to commissioned providers were charged against Covid funding in 2020-21 in error; this is an accounting adjustment and will be reflected in the annual accounts for 2021-22.

3. PROPOSALS

3.1 Anticipated Outcomes

Continuing to closely monitor the financial position will allow the IJB to take corrective action where required to ensure the partnership can deliver services in 2021-22 from within the available resource, thereby limiting the financial risk to the funding partners.

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

3.2 Measuring Impact

Ongoing updates to the financial position will be reported to the IJB throughout 2021-22.

4.	IMPLICATIONS	
Financial:	The financial implications are as outlined in the report. Against the full-year budget of £265.573m there is a projected underspend of £0.986m (0.4%). The report outlines the main variances for individual services.	
Human Resources:	The report highlights vacancy or turnover savings achieved to date. Services will review any staffing establishment plans and recruitment in line with normal practice when implementing service change and reviews as per agreement with the IJB, there is no intention to sustain this level of staffing capacity reduction on a recurring or planned basis.	
Legal:	None	
Equality:	None	
Children and Young People	None	
Environmental & Sustainability:	None	
Key Priorities:	None	
Risk Implications:	Within the projected outturn there are various over and underspends including the non-achievement of savings. The revenue plan approved by the NHS Board in May 2021 included £0.77 million for a 1% pay uplift for Medical and Dental staff. The Board are anticipating £1.540 million additional funding to meet the cost of the Medical and Dental 3% pay award but this is not yet confirmed. This represents a risk to the IJB financial position.	
Community Benefits:	None	

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

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

6.	CONCLUSION
6.1	<p>It is recommended that the IJB:</p> <ul style="list-style-type: none">(a) notes the overall integrated financial performance report for the financial year 2021-22, the overall projected year-end underspend of £0.986m;(b) notes the progress with delivery of agreed savings; and(c) note the remaining financial risks for 2021-22, including the impact of remaining Covid-19 estimates and costs.

For more information please contact:

Paul Doak, Head of Finance and Transformation at pdoak@north-ayrshire.gov.uk or Eleanor Currie, Principal Manager – Finance at eleanorcurrie@north-ayrshire.gov.uk

2021-22 Budget Monitoring Report–Objective Summary as at 31ST October 2021

Appendix A

Partnership Budget - Objective Summary	2021/22 Budget									Over/ (Under) Spend Variance at Period 6 £'000	Movement in projected variance from Period 6 £'000
	Council			Health			TOTAL				
	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance		
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000		
COMMUNITY CARE AND HEALTH	59,061	58,175	(886)	17,648	17,868	220	76,709	76,043	(666)	7	(673)
: Locality Services	24,378	24,431	53	5,249	5,399	150	29,627	29,830	203	387	(184)
: Community Care Service Delivery	28,531	28,121	(410)	0	0	0	28,531	28,121	(410)	55	(465)
: Rehabilitation and Reablement	1,786	1,921	135	1,471	1,451	(20)	3,257	3,372	115	68	47
: Long Term Conditions	2,332	1,655	(677)	8,734	8,991	257	11,066	10,646	(420)	(289)	(131)
: Integrated Island Services	2,034	2,047	13	2,194	2,027	(167)	4,228	4,074	(154)	(214)	60
MENTAL HEALTH SERVICES	25,396	25,805	409	57,519	57,185	(334)	82,915	82,990	75	(116)	191
: Learning Disabilities	19,416	20,191	775	474	474	0	19,890	20,665	775	528	247
: Community Mental Health	5,056	4,684	(372)	1,593	1,543	(50)	6,649	6,227	(422)	(357)	(65)
: Addictions	924	930	6	1,400	1,370	(30)	2,324	2,300	(24)	(23)	(1)
: Lead Partnership Mental Health NHS Area Wide	0	0	0	54,052	53,798	(254)	54,052	53,798	(254)	(264)	10
CHILDREN & JUSTICE SERVICES	32,991	34,043	1,052	3,974	3,974	0	36,965	38,017	1,052	943	109
: Irvine, Kilwinning and Three Towns	3,669	3,589	(80)	0	0	0	3,669	3,589	(80)	(73)	(7)
: Garnock Valley, North Coast and Arran	2,046	1,982	(64)	0	0	0	2,046	1,982	(64)	(61)	(3)
: Intervention Services	1,687	1,683	(4)	347	347	0	2,034	2,030	(4)	(7)	3
: Care Experienced Children & Young people	21,628	22,910	1,282	0	0	0	21,628	22,910	1,282	1,069	213
: Quality Improvement	1,248	1,164	(84)	0	0	0	1,248	1,164	(84)	13	(97)
: Public Protection	0	0	0	0	0	0	0	0	0	0	0
: Justice Services	2,431	2,431	0	0	0	0	2,431	2,431	0	0	0
: Universal Early Years	282	284	2	3,201	3,201	0	3,483	3,485	2	2	0
: Lead Partnership NHS Children's Services	0	0	0	426	426	0	426	426	0	0	0
PRIMARY CARE	0	0	0	49,510	49,510	0	49,510	49,510	0	0	0
ALLIED HEALTH PROFESSIONALS	0	0	0	6,923	6,799	(124)	6,923	6,799	(124)	(139)	15
COVID NHS	0	0	0	1,211	1,211	0	1,211	1,211	0	0	0
MANAGEMENT AND SUPPORT COSTS	4,269	3,797	(472)	7,071	6,655	(416)	11,340	10,452	(888)	(571)	(317)
OUTTURN ON A MANAGED BASIS	121,717	121,820	103	143,856	143,202	(654)	265,573	265,022	(551)	124	(675)
Return Hosted Over/Underspends East	0	0	0	0	83	83	0	83	83	86	(3)
Return Hosted Over/Underspends South	0	0	0	0	78	78	0	78	78	81	(3)
Receive Hosted Over/Underspends South	0	0	0	0	8	8	0	8	8	8	0
Receive Hosted Over/Underspends East	0	0	0	0	(604)	(604)	0	(604)	(604)	(557)	(47)
OUTTURN ON AN IJB BASIS	121,717	121,820	103	143,856	142,767	(1,089)	265,573	264,587	(986)	(258)	(728)

Detailed Variance Analysis on a Managed Basis

Appendix B

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
COMMUNITY CARE AND HEALTH	76,709	76,634	(666)	
Locality Services	29,627	29,830	203	<p>Older People care homes inc respite and charging order income - net underspend of £0.357m based on 763 permanent placements and a projection of a further 5 places each month to 31 March 22 to budget level of 788 places with average cost applied to 50% of Gross & Interim funded places & full cost applied to the remainder. No current plans for return to use of Care Home Respite.</p> <p>Independent Living Services :</p> <p>* Direct Payment packages- overspend of £0.098m a favourable movement of £38k from P6 on 88 current packages.</p> <p>* Residential Packages - overspend of £0.318m an adverse movement of £62k from P6 based on 37 packages.</p> <p>* Community Packages (physical disability) - overspend of £0.069m an adverse movement of £44k from P6 based on 46 packages and including 4 transfers from LD .</p> <p>District Nursing - overspend of £0.130m largely due to additional supplies.</p>
Community Care Service Delivery	28,531	28,566	(410)	<p>Care at Home (inhouse & purchased ex Arran) - online following the application of Covid funding, Winter Pressures funding and the recently announced Scottish Govt funding.</p> <p>Day Care - projected to underspend by £0.341m due to holding vacancies whilst the service has been closed.</p>
Rehabilitation and Reablement	3,257	3,372	115	Adaptations budget projected overspend of £0.111m due to additional demand and increased costs.
Long Term Conditions	11,066	10,792	(420)	<p>Carers Centre - underspend of £0.661m a favourable movement of £0.161m from P4</p> <p>Anam Cara - projected online after applying £0.139m of Scottish Govt funding for interim care.</p>
Integrated Island Services	4,228	4,074	(154)	GP Services - projected underspend of £0.167m due to a refunded charge made in March 2021 in error.
MENTAL HEALTH SERVICES	82,915	82,990	75	
Learning Disabilities	19,890	20,665	775	<p>Residential Packages- overspend of £0.544m based on 36 current packages.</p> <p>Community Packages (inc direct payments) - overspend of £0.696m based on 350 current packages.</p>
Community Mental Health	6,649	6,227	(422)	Community Packages (inc direct payments) and Residential Packages - underspend of £0.405m based on 97 community packages, 11 Direct Payments and 27 residential placements.
Addictions	2,324	2,300	(24)	Outwith the threshold for reporting
Lead Partnership (MHS)	54,052	53,798	(254)	Net underspend on lead partnership activities.
CHIDREN'S AND JUSTICE SERVICES	36,965	38,017	1,052	
Irvine, Kilwinning and Three Towns	3,669	3,589	(80)	<p>Transport Costs - Projected underspend £0.014m, no movement from P6</p> <p>Cornerstone Respite - Projected underspend £0.063m, favourable movement of £0.004m from P6</p>
Garnock Valley, North Coast and Arran	2,046	1,982	(64)	<p>Employee Costs - Projected underspend £0.044m, no movement from P6</p> <p>Cornerstone Respite - Projected Underspend £0.016m, favourable movement of £0.003m from P6</p>

	Budget £000's	Outturn £000's	Over/ (Under) Spend Variance £000's	
Intervention Services	2,034	2,030	(4)	Outwith the threshold for reporting
Care Experienced Children & Young People	21,628	22,910	1,282	<p>Looked After Children placements - Overall Projected underspend of £0.003m which is a £0.041m Adverse movement from P6 which is made up of the following:-</p> <p>Kinship - Projected overspend of £0.065m, which is an adverse movement of £0.015m from P6 .Budget for 353 placements, actual no of placements is 359.</p> <p>Adoption - Projected overspend of £0.094m, no movement from P6 Budget for 57 Placements, actual no of placements is 70.</p> <p>Fostering - Projected underspend of £0.195m, which is a favourable movement of £0.009m from P6 Budget for 131 placements, actual no of placements is 119</p> <p>Fostering Xtra - Projected underspend £0.135m, no movement from P6 Budget for 33 placements, actual no of placements is 27.</p> <p>Fostering Respite - Projected underspend of £0.016m, adverse movement of £0.013m since P6</p> <p>Private fostering - Projected overspend of £0.164m, adverse movement of £14k from P6 Budget for 10 placements, current no of placements is 13</p> <p>CDIS Community Packages - Projected underspend of £0.023m, which is a favourable movement of £0.002m from P6, current no of packages is 91</p> <p>CDIS Direct Payments- Projected underspend of £0.038m, which is a favourable movement of £0.008m from P6, current no of packages is 36</p> <p>Residential School placements - Projecting overspend £2.092m, however 4 Placements costing £0.732m will be funded from COVID Monies resulting in a Projected overspend of £1.320m which is an Adverse movement of £0.137m from P6 Current no of placements is 22. (Which includes 2 Secure Placements)</p> <p>Children's Residential Respite - Projected overspend of £0.246m, which is an adverse movement of £0.057m from P6</p> <p>+F14- Projected underspend of £0.158m which is a favourable movement of £0.042m from P6, current no of placements is 6</p>
Head of Service - Children & Families	1,248	1,164	(84)	<p>Third Party payments - Projected underspend of £90k, which is a favourable movement of £0.080m from P6 which is due to previously committing £0.050m to be paid to EAC for our share of the new Ayrshire JII Team coordinator post which is now expected not to start until May 22, also we are now allocating £0.040m trainings costs to the Promise funding</p>
Quality Improvement	0	0	0	Outwith the threshold for reporting
Justice Services	2,431	2,431	0	Outwith the threshold for reporting
Universal Early Years	3,483	3,485	2	Outwith the threshold for reporting
Lead Partnership NHS Children's Services	426	426	0	Outwith the threshold for reporting
PRIMARY CARE	49,510	49,510	0	Outwith the threshold for reporting
ALLIED HEALTH PROFESSIONALS	6,923	6,799	(124)	Underspend on non employee costs
MANAGEMENT AND SUPPORT	11,340	10,452	(888)	Underspend in relation to the unscheduled care funding and an over recovery of payroll turnover.
TOTAL OUTTURN ON A MANAGED BASIS	264,362	264,402	(551)	

Threshold for reporting is + or - £50,000

2021/22 Transformation Plan

North Ayrshire Health and Social Care Partnership

2021/22 Savings

Appendix C(i)

Savings reference number	#	Description	Approved Saving 2021/22 £
Children, Families and Justice Services			
SP/HSCP/20/1	1	Children and Young People - External Residential Placements	450,000
SP/HSCP/20/4	2	Adoption Allowances	66,000
SP/HSCP/20/19	3	Fostering - reduce external placements.	36,000
SP/HSCP/20/5	4	Community Support - Children's Care Packages	8,000
TBC A	5	Locality Based teams	
TBC B	6	Childrens RosayIn House	
NACSTA4030	7	Fostering Short Breaks	
TBC C	8	Unaccompanied asylum children - to be confirmed	
TBC D	9	The Promise	
Mental Health			
TBC E	10	Integration of LD/MH Teams	50,000
SP-HSCP-20-9	11	Learning Disability Day Services	88,000
SP-HSCP-20-14	12	Mental Health - Flexible Intervention Service	8,000
TBC F	13	Rehab Model/ Stepdowm from woodland view	
TBC G	14	Perinatal Mental Health model	
TBC H	15	Unschedule Care hub	
TBC I	16	LD Adult Respite Delivery at Red Rose House	
TBC J	17	Community MDT Model	
TBC K	18	ACORN busines model	
NAC/4168	19	Self Harm Project	
NAC/4185	20	Peer Support	
NAC/4257	21	IPA (Employment)	
TBC L	22	Elderly Mental Health Phase 3	
Health and Community Care			
TBC M	23	Care Homes	500,000
TBC N	24	TEC Solutions	150,000
SP/HSCP/20/17	25	Care at Home - Reablement Investment	300,000
TBC O	26	Care at Home - Review	135,000
SP/HSCP/20/20	27	Day Centres - Older People	50,000
SP/HSCP/20/21	28	Charging Policy - Montrose House	50,000
TBC P	29	Community elderly MH Team Model	
TBC Q	30	NHS Beds Complex Care MH Beds	
TBC R	31	Pallative care and EOL business case	
TBC S	32	develop care at home minimum dataset	
TBC T	33	Occupational Therapy Review	
TBC U	34	Analogue to digital	
Partnership Wide			
TBC V	35	Supported acc models - NAC housing/ Sleepover/ outreach model	204,000
TBC W	36	Complex Care Model - Independent living change fund	
TBC X	37	Adult Complex care model - CM2000	
TBC Y	38	Payroll Turnover Inflation	57,000
TBC Z	39	Review of Admisinistrative Systems and Processes	150,000
SP/HSCP/20/22	40	Transport	50,000
TBC AA	41	Charging Policy - Inflationary Increase	50,000
TBC AB	42	North Payroll Turnover Inflation	10,000
TBC AC	43	North Elderly Mental Health inpatients (lead partnership)	116,000
TBC AD	44	HSCP Challenge Fund - invest to save	
TBC AE	45	Transitions	
TBC AF	46	Caring for Ayrshire prioritisation list	
TBC AG	47	SDS/ Carers Review	
TBC AH	48	Adult Review of Social Care	

Total

2,528,000

2021-22 Savings Tracker

Appendix C (ii)

Savings ref number	Description	Deliverability Status at budget setting	Approved Saving 2021/22 £m	Deliverability Status Month 7	Saving Delivered @ Month 7 £m	Projected to Deliver during Year £m	Projected Shortfall £m	Comment
Children, Families & Criminal Justice								
1	Children and Young People - External Residential Placements	Green	0.450	Red	-	-	0.450	Currently projecting an overspend. Further focus session arranged.
2	Adoption Allowances	Green	0.066	Red	-	-	0.066	Currently projecting an overspend.
3	Fostering - Reduce external placements	Green	0.036	Red	-	-	0.036	Currently projecting an overspend.
4	Community Support - Children's Care Packages	Green	0.008	Blue	0.008	-	-	Achieved
Mental Health and LD Services								
5	Integration of LD/ MH Teams	Green	0.050	Blue	0.050	-	-	Achieved
6	Learning Disability Day Services	Green	0.088	Blue	0.088	-	-	Delayed due to Covid-19 but will be achieved due to vacant posts
7	Mental Health - Flexible Intervention Service	Green	0.008	Blue	0.008	-	-	Achieved
Health and Community Care								
8	Care Homes	Green	0.500	Green	0.292	0.208	-	Small overspend projected - covid funding re delayed discharges.
9	TEC Solutions	Green	0.150	Amber	-	0.150	-	Ability to make savings in this area whilst responding to the pandemic are limited.
10	Care at Home - Reablement Investment	Green	0.300	Amber	-	0.300	-	
11	Care at Home - Review	Green	0.135	Amber	-	0.135	-	
12	Day Centres - Older People	Green	0.050	Blue	0.050	-	-	Delayed due to Covid-19 but will be achieved due to vacant posts
13	Charging Policy - Montrose House	Green	0.050	Green	0.029	0.021	-	Will be achieved.
Whole System								
14	Payroll Turnover Inflation	Green	0.057	Blue	0.057	-	-	Achieved
15	Business Support Review	Green	0.150	Amber	0.120	-	0.030	Small shortfall but work continuing to identify further savings.
16	Supprted Accomodation	Amber	0.204	Amber	-	0.204	-	Projected to be achieved but depends on the completion date and subsequent move in date.
17	Transport	Green	0.050	Blue	0.050	-	-	Achieved
18	Charging Policy - Inflationary Increase	Green	0.050	Blue	0.050	-	-	Achieved
TOTAL SOCIAL CARE SAVINGS			2.402		0.802	1.018	0.582	

Savings ref number	Description	Deliverability Status at budget setting	Approved Saving 2021/22 £m	Deliverability Status Month 7	Saving Delivered @ Month 7 £m	Projected to Deliver during Year £m	Projected Shortfall £m	Comment
19	Payroll Turnover Inflation	Green	0.010	Blue	0.010	0	0	Achieved
20	Elderly Mental Health inpatients (lead partnership)	Green	0.116	Blue	0.116	0	0	Achieved
TOTAL HEALTH SAVINGS			0.126		0.126	0.000	0.000	
TOTAL NORTH HSCP SAVINGS			2.528		0.928	1.018	0.582	

2021-22 Budget Reconciliation

Appendix D

COUNCIL	Period	Permanent or Temporary	£'m
Initial Approved Budget			100.065
Base budget adjustments	1		(0.053)
Resource Transfer	1	P	21.086
BSL Budget Correction	2	P	(0.005)
941 x CAH O365 Licences (6 months)	2	P	(0.017)
Summer Play Funding	4	T	0.042
Education Contribution - Roslin House	5	T	0.311
MH INVESTMENT - EM FUNDS	5	T	0.445
Computer Lines Budget Transfer WAN	6	P	(0.002)
£500 Payment reimburse other departments	6	T	(0.054)
Commercial Waste - Corporate Adjustment	7	T	0.020
Occupational Health Recharges	7	P	(0.121)
Budget Reported at Month 7			121.717
HEALTH	Period	Permanent or Temporary	£'m
Initial Approved Budget			154.659
Resource Transfer			(21.086)
Month 10-12 Adjustments			18.437
Adjust for Non recurring funding			(20.435)
Full Year effect of Part Year Reductions			(0.057)
RX Return to reserves			1.027
Additional 1.3% Uplift			1.324
RX Cres			(0.828)
REVISED 21-21 BUDGET			133.041
Anticipate Trauma Funding	3	P	0.375
Anticipate Vet 1st Point - North Hscp	3	T	0.105
Anticipate Nsais Funding	3	P	0.634
Podiatry Re-align	3	P	0.678
RX Uplift 21.22	3	P	0.756
RX Uplift 21.22 NR	3	P	0.396
DOAC REVERSAL DRUG-NORTH	3	P	0.100
Funding transfer to Acute (Medical Records)	3	P	(0.034)
Specialist Pharmacist in Substance Misuse	3	P	0.012
Public Health Outcomes Bundle	3	P	0.242
Training Grade Funding	3	P	(0.044)
District Nursing Funding	3	P	0.119
Respiratory Rapid Response	3	P	(0.078)
Hd56 Action 15 Tranche 1	3	P	1.180

Hd69 Mat & Neo Psychol Interv	3	P	0.123
Hd70 Perinatal & Infant Mh	3	P	0.303
Hd7 Mh Recovery And Renewal	3	T	2.393
Hd8 Mh Support For Hosp Covid	3	T	0.103
North Hscp Covid Rmp3 M1-3	3	T	0.158
North Hscp Covid M1-3	3	T	0.034
Diabetes Prevention	4	T	0.040
Iona/Lewis Patient	4	T	(0.046)
North TEC contribution	4	T	(0.053)
ANP Allocation - MIN	4	T	0.020
Long Covid Funding	4	T	0.400
Covid-19 Service Funding North	4	T	0.283
Veterans 1st Point	4	T	0.028
Training Grade Funding	5	P	0.029
PCRS CRES	5	P	(0.044)
ADP Funding -Recurring	5	P	0.366
ADP Funding -Non-Recurring	5	T	0.744
Covid-19 Service Funding North	5	T	0.147
Training Grade Funding	6	P	0.001
Hd301-camhs Improve-ipc	6	P	0.122
Hd302-camhs Improve-ihtt	6	P	0.148
Hd303-camhs Improve-ld, F & S	6	P	0.052
Hd304-camhs Improve-ooH U/care	6	P	0.086
Hd305-camhs Improve-liaison	6	P	0.129
Hd306-camhs Improve-neuro	6	P	0.226
Non Fatal O'dose Fr East	6	T	0.053
Hd264-emerg Covid-eat Disorders	6	T	0.328
Community Store Funding To Sth	6	P	(0.017)
Covid-19 Service Funding North	6	T	0.082
Training Grade Funding	7	P	(0.021)
GMS Premises to East	7	P	(0.140)
Community Store Funding To Sth-corr	7	P	(0.001)
Covid-19 Service Funding North	7	T	0.108
Winter Funding Excl Covid-19	7	T	0.112
Pay Award - Band 8A+	7	P	0.080
Roundings	7	T	(0.002)
Budget Reported at Month 7			143.856
COMBINED BUDGET MONTH 7			265.573

Mobilisation Submission – Quarter 2

Quarterly Covid/Remobilisation Cost Analysis	Please Insert HSCP Name	North Ayrshire HSCP											input cells		
Total Covid-19 Costs															
£000s	April	May	June	July	August	September	October	November	December	January	February	March	Revenue Total	Non-recurring	Recurring
Additional PPE	167	167	167	0	0	0	0	12	12	12	12	12	562	0	562
Additional Capacity in Community	81	81	139	182	149	149	144	237	237	237	237	237	2,112	2,112	0
Additional Equipment and Maintenance	0	0	0	0	0	19	0	0	0	0	0	0	19	19	0
Additional Staff Costs	40	42	154	172	131	146	151	151	151	151	151	151	1,592	1,592	0
Additional FHS Contractor Costs	6	9	8	7	7	10	10	10	10	10	10	10	108	108	0
Social Care Provider Sustainability Payments	422	422	422	163	143	157	165	45	45	45	45	45	2,119	2,119	0
Children and Family Services	18	18	18	18	18	18	445	79	79	79	79	79	949	949	0
Loss of Income	61	61	61	44	44	44	44	44	44	11	11	11	480	480	0
Other	0	0	0	25	6	49	6	6	6	6	6	6	118	118	0
Total Covid-19 Costs	800	801	972	611	489	592	965	584	584	551	551	551	8,059	7,497	562
Unachievable Savings	23	23	23	23	23	23	0	0	0	0	0	0	138	138	0
Offsetting Cost Reductions	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total Covid-19 Costs - HSCP - NHS	823	824	995	634	512	615	965	584	584	551	551	551	8,197	7,635	562
	-	-	-	-	-	-	-	-	-	-	-	-	8	7	1
Total Remobilisation Costs															
£000s	April	May	June	July	August	September	October	November	December	January	February	March	Revenue Total	Non-recurring	Recurring
Adult Social Care	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Reducing Delayed Discharge	0	0	0	19	19	19	19	19	19	19	19	19	170	170	0
Total Remobilisation Costs	0	0	0	19	170	170	0								
	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Total HSCP Costs	823	824	995	653	531	634	984	603	603	570	570	570	8,367	7,805	562

Integration Joint Board
16 December 2021

Subject: Chief Social Work Officer Annual Report

Purpose: To provide the report of the Chief Social Work Officer to the Integration Joint Board as required by the Scottish Government's Guidance.

Recommendation: That the Integration Joint Board note and endorse the report set out at Appendix 1.

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

1.	EXECUTIVE SUMMARY
1.1	There is a requirement for every Local Authority to appoint a professionally qualified Chief Social Work Officer (CSWO) and this is contained within Section 3 of the Social Work (Scotland) Act 1968 as amended by Section 45 of the Local Government etc. (Scotland) Act 1994.
1.2	In line with the legislation and guidance, the CSWO is required to prepare an annual report for the Council, on all statutory, governance and leadership functions of their CSWO role.
1.3	Given all social work and social care functions have been formally delegated to the Integrated Joint Board this report will also be presented to North Ayrshire's Integration Joint Board.
1.4	This is the twelfth annual report covering the period of April 2020 to March 2021. It is attached as Appendix 1.
2.	BACKGROUND
2.1	In 2014, the Office of the Chief Social Work Adviser, following consultation with CSWOs across Scotland, SOLACE, the then ADSW and others, identified a more standardised approach to prepare the annual reports.

2.2	Due to Covid-19 and the additional pressures this has put on services and CSWO's, it was agreed that the template for the report should be a shortened version, which was also used last year.
2.3	The report provides an overview by the CSWO of the partnership structures, robust governance arrangements and the performance of social services in the context of the demographic landscape of North Ayrshire and the delivery of Social Services. It looks more closely at the statutory functions of the service and the quality and workforce development within our services. The report is also forward looking, reviewing the preparation for key legislative changes that will impact on our delivery and outlining the key challenges the service will be facing in the forthcoming year as we deal with the impact of Covid-19.
2.4	The report highlights the range of Social Work activity throughout the year and places that in the context of the socioeconomic challenges faced locally. Of note, the following three areas should be highlighted:
2.4.1	The most recent Scottish Index of Multiple Deprivation (SIMD) figures have reaffirmed the deep structural challenges faced by many communities in North Ayrshire despite steady progress by North Ayrshire Council and partners in their ongoing commitment to eradicate poverty. North Ayrshire is ranked as the 5 th most deprived area of Scotland, which is the same position it held in the previous SIMD of 2016. Disadvantage experienced in North Ayrshire in the domains of Income, Employment, Education and Housing are likely to increase the demand for Social Work interventions. There are significant challenges for Social Work due to a combination of the financial pressures, demographic changes and the cost of implementing new legislation and policy. Although the North Ayrshire population is set to fall by around 2% by 2025, we will experience an ageing population. Between 2018 and 2025, those aged between 65 and 74 years of age will increase by 0.7% and an increase of 2.3% for those aged 75 years and above. We do have a shrinking population in relation to 0–15 year olds and also our working aged population (16–64-year-olds).
2.4.2	The impact of Covid-19 on people and communities in North Ayrshire is still being experienced. At the beginning of “lockdown”, in March 2020, we saw a reduction of referrals in both child and adult protection as well as other areas of Social Work. As the lockdown measures have become less stringent and children have returned to school, referrals to Social Work Services have started to increase across all aspects of our work. In the last year, we have seen an increase in the number of children requiring Child Protection Orders in order to keep them safe. However that said, we have seen a decrease in the number of children who have become newly accommodated away from home. This is the lowest number of children being received into alternative care since 2017-2018.
2.4.3	The Health and Social Care Partnership structures create possibilities to take a whole system approach to delivery of services and the Social Work role and function within this environment will remain a vital one if these possibilities are to be realised. Throughout this annual report, examples are given of new and innovative approaches to the delivery of Social Work Services.
3.	PROPOSALS
3.1	It is proposed that the Integration Joint Board notes the key themes and challenges detailed in the report and that it endorses the report as set out in Appendix 1. The report highlights the role of Social Work in helping the Partnership and Council achieve their priorities. Examples from the report that I would like to highlight are as follows:

3.1.1	<p>Our Service Access team working more closely with our Drug and Alcohol Recovery Service to identify more appropriate pathways of support for those impacted by substances, through a test of change pilot whereby Recovery Development Workers with lived experienced responded to referrals received into Service Access related to addiction-based difficulties. This proved to be highly effective and although the test of change has come to an end, a funding application has been made to continue this approach to allow the team to build on the success experienced.</p> <p>The introduction of Practice Reflective Improvement Dialogue sessions as a response to learning identified from previous initial and significant case reviews in relation to children and young people has also been launched in the last year. These are multi agency reflective sessions which seek to ensure that children are at the heart of all decision making, that adult voices are not over privileged and that we enhance opportunities for professional reflection and that we increase professional curiosity of those who support our children and young people.</p> <p>In April of this year, we also launched our Child Sexual Abuse (CSA) Strategy – the first of its kind in Scotland. This will ensure that people become more knowledgeable and confident about CSA and will know what to do if they suspect it is happening. We are also hopeful that children and young people will become more comfortable and confident about talking about this topic if they see that others around them (adults) are talking about it.</p>
3.1.2	<p>At the outset of the pandemic, a joint inspection of services for children at risk of harm across North Ayrshire was due to commence, however it was understandably postponed. At the time of completing the CSWO report for 2020-2021, services in North Ayrshire were getting ready for this inspection activity to be reinstated.</p>
3.1.3	<p>Justice Services continue to have a positive impact on the local community. Our service user group, MAD (Making a Difference) continues with weekly activities and has been particularly supportive of service users during the Covid-19 lockdown. Our Community Payback Order (CPO) Unpaid Work scheme has shown continuous performance improvement for the eighth year. We had 100% of our service users complete Level 1 orders within the required timescale and 100% of our Level 2 service users.</p>
3.1.4	<p>The response of social work services to the Covid-19 crisis has been outstanding. Staff in both Children & Family and Justice Services alongside Adult Services have worked tirelessly and have gone the extra mile, to ensure that those most in need continued to be provided with essential services. This achievement would not have been possible without the undeniable support which has been afforded to us by partner agencies and by family members and also the wider community. As we emerge from the pandemic, we can see the impact it is having on health, wellbeing and public protection.</p>
3.2	<p><u>Anticipated Outcomes</u></p>
	<p>That the Council and the Scottish Government are made aware of the positive impact of Social Work Services in North Ayrshire as well as the significant challenges that are being faced.</p>
3.3	<p><u>Measuring Impact</u></p>
	<p>Impact will be measured in terms of the direction and support to continue to transform the delivery of Social Work Services.</p>

4.	IMPLICATIONS	
Financial:	None	
Human Resources:	None	
Legal:	None	
Equality:	None	
Children and Young People	None	
Environmental & Sustainability:	None	
Key Priorities:	This report covers matters which contribute to the key priorities around vulnerable children and adults within the North Ayrshire and the Council and IJB Strategic Plans.	
Risk Implications:	None	
Community Benefits:	Anticipated greater community and service user involvement in the design, commissioning and reviewing of Social Work Services.	

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

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

For more information please contact Elizabeth Stewart on 01294 317750 or email estewart@north-ayrshire.gov.uk

Chief Social Work Officer Report



2020 – 2021

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Introduction

Welcome to the annual Chief Social Work Officer (CSWO) report for North Ayrshire for the year 2020/2021.

This report comes at a time when I have been appointed in the role as Interim Chief Social Work Officer, after the retirement of David Macritchie in May 2021. I welcome the opportunity to lead and support with the continued enhancement of both Social Work and Social Care services in North Ayrshire. Like last year, this report is a shortened version of the standard annual report as directed by the Office of the Chief Social Work Advisor to all CSWO's.

Similar to our previous CSWO, I currently hold the post of Senior Manager within Children and Families and Justice Services. However, in recognition of the pivotal and crucial role which the CSWO plays, the North Ayrshire Health and Social Care Partnership (NAHSCP) are currently in the process of recruiting a standalone CSWO who will be in post late 2021.

The speed and scope of the coronavirus crisis has posed extraordinary challenges for everyone across the world. The successes I am reporting on over the last 12 months could not have been achieved without the commitment of our entire Social Work and Social Care workforce, as well as the commitment shown from our multi agency partners throughout North Ayrshire. I am immensely proud of the selfless commitment which has been shown by those mentioned already.

Elizabeth Stewart
Interim Chief Social Work Officer
North Ayrshire Health and Social Care Partnership

North Ayrshire Demographics

North Ayrshire is home to over 134,740 people, (National Records for Scotland, 2020) all living in its many towns, villages, and islands, with slightly more females (52.4%) than males (47.6%). 16.7% of the population are aged 0 to 15 years, 10% are aged 16 to 24 years, 21.3 % are aged 25 to 44%, 29.4% are aged 45 to 64 years of age, 12.8% ages between 65 to 74 years of age, with 9.9% of our population aged 75 years and above.

The latest update of the Scottish Index of Multiple Deprivation has reconfirmed the deep structural challenges faced by many communities in North Ayrshire, despite steady progress by North Ayrshire Council in its ongoing commitment to eradicate poverty. North Ayrshire is ranked as the fifth most deprived council area in Scotland. Some of the area's most heavily affected by deprivation are concentrated in the Three Towns and Irvine areas but areas in Kilwinning and the Garnock Valley also have above average deprivation.

All our communities in North Ayrshire have their own characteristics and needs and we recognised that a one size fits all approach to service delivery is not appropriate. A blanket service may be of great benefit to one community and of little value to another.

Therefore 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.



1. Governance and Accountability

The requirement for each Council to have a CSWO was initially set out in Section 3 of the Social Work (Scotland) Act 1968 and further supported by Section 45 of the Local Government etc. (Scotland) Act 1994.

The role of the CSWO is to provide professional governance, leadership, and accountability for the delivery of social work and social care services, not only those provided directly by the HSCP but also those commissioned or purchased from the voluntary and private sector.

Social work services are delivered within a framework of statutory duties and powers and are required to meet national standards and provide best value.

The post of CSWO should assist authorities in understanding the complexities of social work service delivery and the role which social work plays in contributing to the achievement of local and national priorities and outcomes. The post provides professional advice to local authorities, elected members, and officers on the authority's provision of social work services which are delivered across children's, adults, and justice services.

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

We continue to work across professional boundaries in the partnership. Health colleagues require advice from the CSWO in terms of their role, remit and responsibility for the social work tasks undertaken within their integrated teams. Conversely, social workers, rightly demand the support and clarity provided by their professional lead.

Within the NAHSCP, I am a member of the Partnership Senior Management Team (PSMT) alongside Heads of Service, Principal Managers, and other professional leads for health disciplines. The PSMT meets on a weekly basis. Outwith these meetings, I meet regularly with the NAHSCP Director and Heads of Service and contribute fully to any matters relating to social work quality and performance. Regular meetings with the Chief Executive, to whom I am directly accountable, as well as attendance at strategic forums of the local authority and Community Planning Partnership (CPP), allow me to effectively deliver the functions of the CSWO in North Ayrshire. As CSWO, I sit on several steering groups and strategic partnership forums that look to deliver on the CPP's priorities.

The Children's Services Strategic Partnership has overseen the Improving Children's Outcomes agenda and is responsible for the strategic direction of children's services across North Ayrshire. Our Children's Services Plan 2020-2023 makes promises to the children of North Ayrshire and we are meeting those promises through partnership working and the development of supporting strategies and actions to realise the intended outcomes.

Our current Children's Services Plan builds on the previous plan's priorities and the themes which it focuses on are: -

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

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

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

I am also an advisor to North Ayrshire's Chief Officers' Group for Child and Public Protection and I'm a member of both the Child and Adult Protection Committees.

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

1.1 Overview of the North Ayrshire Health and Social Care Partnership

Visions, Values and Priorities

North Ayrshire Health and Social Care 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, Mental Health and Learning Disability Services and Children, Families and Justice Services.

We are in the final year of our three-year Strategic Plan. This Strategic Plan allowed us to confirm with the people who use our services, North Ayrshire residents and staff, that we should continue to focus on these five priorities:



North Ayrshire Needs Assessment

To better understand the health and care needs of North Ayrshire, we produced a Strategic Needs Assessment. The following summary provides some of the key areas for action.

In addition to the demographics provided earlier in this report, population projections continue to suggest two population changes which will have an impact on health and social care in the future.

- The North Ayrshire population continues to decrease and is expected to shrink by 2% between 2018 and 2025
- Within this falling population, we will continue to see a growing older people population, with those 65+ accounting for over 25% of the population by 2025. This also implies a shrinking younger (0-15) and working age (16-64) population.

Between 2018 and 2025, those aged between 65 and 74 years will increase by 0.7% to account for 13.3% of the population. However, those aged 75 plus will increase by 2.3% over the same period and will account for 11.9% of the population in 2025 (or 15,757 people).

North Ayrshire continues to be an area of high deprivation resulting in both social and health inequalities across the population. The most recently published Scottish Index

of Multiple Deprivation figures suggest as much as 42% of North Ayrshire's population live within areas that are considered among the most deprived areas in Scotland. Information published by the charity EndPovertyNow, suggests that 28.3% of children in North Ayrshire live in poverty, greater than 1 in 4 children.

27% of local people are living with a long-term condition (LTC) (which could include Arthritis, Asthma, Diabetes, Chronic obstructive pulmonary disease (COPD)). Long-term conditions are more common in older age groups, with the proportion of people living with one or more LTC increasing with age. Only 1.7 people in 10 under 65 have a long-term condition, unlike those 85+ where 9.2 people in every 10 live with a LTC. Those living with more than one long-term condition (multi-morbidity) increases with age, with approximately 15% of over 65s with multi-morbidities, compared with less than 5% of under 65s.

Across most acute hospital measures (including, Emergency Admissions, Unscheduled Bed days, Delayed Discharges and preventable admissions), we see higher proportions of people from older age groups, and as highlighted before, those proportions increase with age. As such, those aged 75 years or over account for the greatest volume of emergency admissions, unscheduled bed days and delayed discharges. When taking this in context with the population projections, a growing population of those aged 75 years plus is likely to place additional demands on local health and care services.

However, those aged 75 years plus also account for the greatest volume of potentially preventable admissions, which suggests more community-based services could help reduce demand on acute hospitals.

Mental Health concerns continue to rise, with the percentage of the local population receiving medication for some form of mental health condition increasing each year.

In 2018, 21.7% of local people were receiving some form of Mental Health medication. North Ayrshire is continually higher than the overall percentage for the health board area and Scotland. This suggests a greater demand for local Mental Health support. When looking at hospital admissions, North Ayrshire's rates are below that of Scotland as a whole, and mostly in line with the NHS Ayrshire and Arran health board area. However, unlike general acute admissions, the highest proportion of Mental Health admissions are amongst adults aged 18-44 years, suggesting a demand within this age group for mental health services.

In 2018, 73% of primary 1 children in North Ayrshire were reported as being of a healthy weight and as having no dental concerns. While this is a positive figure, it suggests that 27% of local children are not of a healthy weight and have concerns over their dental health. For healthy weight, North Ayrshire compares unfavourably with the health board area (75%) and with Scotland as a whole (77%). For dental caries, North Ayrshire compared favourably with the health board area (70%) and with Scotland as a whole (72%).

A further priority for action is in relation to substance use. While alcohol related admissions to hospital appear to decrease year on year, North Ayrshire reports higher volume of admissions compared to the Health Board Area and Scotland as a whole.

In addition, alcohol related deaths were reported as increasing (at the latest reported data) with North Ayrshire experiencing a higher proportion of deaths when compared to the health board area and Scotland as a whole.

Like alcohol related hospital admissions, admissions related to drugs are also continually higher in North Ayrshire when compared with the health board and Scotland. Drug related admissions are increasing year on year in North Ayrshire, the health board and across Scotland. Drug related deaths across Scotland have steadily increased year on year. In both North Ayrshire and the health board area, the proportion of drugs deaths has fluctuated each year. However, despite fluctuations, in most years North Ayrshire has reported a higher number of drug related deaths against both the Health Board area and Scottish average.

2. Service Quality and Performance

2.1 Children, Families and Justice Services

Regular performance reports are readily available within Children and Families which includes activity data and management information which allows staff to see how our teams are performing and responding to risk. Key data in relation to Child Protection Referrals, Investigations and Case Conferences are collated, alongside data in relation to Adoption and Permanence.

The number of child protection concerns this year compared to last year has increased by 4%. Concerns which have progressed onto Child Protection Investigations remain largely static to last year with a conversion rate around 42%. 65% of cases subject to a CP investigation then progressed to case conference. With 78% of children subject to a case conference then being placed on the Child Protection Register. Risk factors most commonly associated with Child Protection Registrations this year are Emotional Abuse, Parental Mental Health problems and Neglect. During 2020/21 there were 253 de-registrations and 169 of these were due to improved home situations.

This year the Partnership has seen a rise in the number of Child Protection Orders being applied for and granted. An increase on last year of around 23%, with a total of 39 Child Protection Orders being authorised.

In the last year, there has been a decrease in the number of children and young people newly accommodated. In this reporting period, 63 young people were newly accommodated, a decrease of 21 children from the year before. This is the lowest number of young people requiring alternative care since 2017/2018.

As expected, due to the impact of the pandemic on court functions, the number of children either being legally secured through adoption or permanence has also decreased, as did the number of children who had decisions made about their long-term future. There were 4 successful adoptions in 2020/21

Children and young people requiring the intensive safety which secure care brings, also decreased significantly during 2020-2021, with only 1 young person requiring this level of care. This is a decrease of 75% from the year before.

Our number of in-house foster carers has risen from 98 to 103 over the last year, with 9 new foster carers being approved. As at the 31/03/2021, there were 168 children with Foster Carers provided by the Local Authority. The number of children in Kinship care has remained at 343.

See appendix for full statistical information.

Outwith Child Protection and Adoption and Permanence work, our Children and Families Teams have been involved in a variety of other work to support our children and young people over the last 12 months.

The Promise

North Ayrshire Council has committed to fulfilling “The Promise” to ensure that children and young people who are care experienced are listened to and experience a less fractured and bureaucratic system during some of the most difficult times of their lives.

To date the partnership has progressed initial works in relation to: -

- Developing a Communications Plan
- Developing Stakeholder analysis
- Promise Roadshows underway
- Application for funding for co-ordinator role
- Recruitment ongoing for two posts (Youth Worker & Engagement/Participation lead)
- Training (Signs of Safety, Safer & Together, Trauma Informed) – we see such approaches as being instrumental to creating cultural shifts in practice focussing on family strengths and engaging the family network in wider safety plans whilst still holding the child’s safety and voice at the heart of any plan
- Review of key documentation underway
- Meeting (and follow up) with The Promise national team
- Informal national Promise group meeting monthly – chaired by the Head of Services within HSCP

Summer Hubs

The Partnership worked closely with colleagues from Education over the summer of 2020 to, in a very short period, create hubs for both children of key workers and those who were vulnerable. This required careful planning for accommodation, transportation, staffing, food, and resources. These hubs provided environments for children to thrive in, whilst promoting resilience at a time of national anxiety through positive play and inclusion. Please follow the attached link for some of the [memories of summer 2020](#).

Our emergency childcare provision for these children commenced on Monday 23rd of March across all nine secondary schools. This moved to six locality hub school buildings on Wednesday, 25th March. This provision was staffed by volunteers from across the services.

The Ghillie Dhu Crew

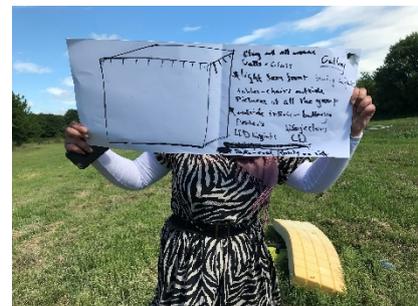
The Ghillie Dhu Crew is a group set up in 2017 by our Family Placement Team for children permanently in foster care in North Ayrshire, to provide an alternative to organisations such as Brownies or Scouts which can sometimes feel challenging to young people with care experience. During the last year, one of the challenges set by the facilitators and presented by the Chief Ghillie Dhu, was to do something to lift spirits in the local community. The children were given a card that they wrote a personal message on and produced Hug Bugs - a small wooden heart with "hug" on it that could be hung up – and together with a poem and a handwritten note, these were distributed to older or isolating and shielding people in North Ayrshire. 94 Hug Bugs have since cheered up residents, while the children had great fun focusing on the task and talking about what lockdown meant for other people. Some members of the community wrote back to the children.

This has helped to engage, entertain, and distract children during lockdown, with them learning, connecting, and taking on new challenges. Carers also enjoyed spending time on these projects with the children, and group members have created a separate online facility where they can share achievements, worries and concerns during these unprecedented times

"Just to let you know I received my card with message – sending you a hug from a little bug – I was quite impressed. When you stay by yourself (Especially during lockdown) you do feel lonely at times but knowing that some one is thinking of you makes a big difference. So thank you, keep up the good work"

National Portrait Gallery

A joint funding submission with the National Portrait Gallery, North Ayrshire Alcohol Drug Partnership, North Ayrshire HSCP and North Ayrshire Youth Services was successful in securing £60,000 from the Youth Recovery Fund. The Youth Recovery Fund has been set up to support the wellbeing of all children and young people impacted by COVID-19. This funding has supported an exciting range of art programmes, initiatives and exhibitions in North Ayrshire which had a choose life message and encouraged positive mental health & wellbeing amongst our children & young people.



Work from our children and young people featured in The National Portrait Galleries exhibition, 2020 Stories, Portraits and Visions.

During the second period of lockdown, our Children and Families teams worked in partnership with families to offer one off funding to promote any care experienced child or young person's attainment. This involved a spend of up to £250 where the child and family could identify an area of interest or passion for the child or young person to promote their attainment in some way. This allowed for creative thinking and flexibility and a range of opportunities were identified for children young people and their families. This ranged from a National Trust subscription promoting the child's interest in history alongside family activity offering the whole family an opportunity to spend time supporting this interest. Equally we have had young people being included in equine opportunities and other sporting opportunities. In turn these opportunities have often benefitted the young person's overall health and wellbeing.

Throughout the pandemic, several other initiatives have been taken forward by NAHSCP staff to limit the impact of inequality and poverty.

Utilising the "Get Connected Fund" and "Connecting Scotland" for several children and families to enhance participation in learning and provide ongoing connection with those offering them essential support. To ensure that young people could be digitally connected especially during the pandemic, 265 devices including 54 Chromebooks, 45 laptops and 25 iPads were distributed, alongside dongles to allow free internet access for two years, to vulnerable children and young people, as well as care leavers attending college.

Additionally, we assisted some of our more vulnerable families to make online applications for free school meals boxes. Children and Families staff also provided a range of activities to our children and families including arts and crafts activities, scavenger hunts and booklets with activities that would cost under £1 to take part in.

Applications to the Cash for Kids Emergency Grant Fund raised £10,500 for our most vulnerable families, providing them with essential items during the lockdown period.

Donations of bicycles were received and distributed to families, assisting them with mobility and outdoor opportunities to enhance their wellbeing and donations of children's clothing were collected and distributed to families who required them.

Community Hubs

When the country first went into lockdown, our Service Access team (our social services front door) did not receive the anticipated increase in referrals and instead discovered that our Community Hubs were overwhelmed with referrals. These Community Hubs were set up for those who do not have existing family or community support and needed help with tasks such as getting groceries, access to finances, paying bills, getting their prescribed medications, or generally ensuring a person's wellbeing. These Hubs were not open to the public but were used as a base for a small, coordinated team of volunteers.

This presented an opportunity to encourage collaboration and connection across services in response to the pandemic. Within 5 days, the Service Access team realigned their service to attach a staff member to each locality hub. From here,

through shared vision, values and commitment, the team built on existing relationships and delivered a scaffolding of help and support to those most in need.

Recovery Development Workers (RDW's)

It was recognised that at the pre-contemplative stage for change, that people were reluctant to become involved with services to address their addiction issues. Additionally, when people agreed to address their addiction, with the existing referral processes at the time, coupled with continued chaotic lifestyles, appointments were often declined.

Therefore, it was agreed by Service Access and our North Ayrshire Drug and Alcohol Recovery Service (NADARS) that RDW's may be a useful way to attempt to offer necessary support, at the earliest stage possible to mitigate risk to individuals

A test of change was initiated on 17th December 2020 to set up a process that would enable Service Access to access RDW's from NADARS to provide an Early and Effective Intervention for adults within our local communities to address their addictions and therefore improve their living environments/mental health & wellbeing and their life chances. This would be an earlier, softer, and more appropriate and person-centred approach to engage individuals with any addiction issues and to encourage individuals to consider a recovery pathway.

14 individuals were supported by the process, 12 adults living in the community and 2 parents residing with children. Outcomes for service users have supported opportunities to address their addiction. However, it has also addressed other issues such as loneliness, mental health issues, offered practical support within their homes as well as directing them to other services such as Money Matters, DWP and Utility Companies. As well as benefits to the Service User, this pilot brought services together, all gaining a better understanding of each other's roles and responsibilities. The staff were extremely positive due to the outcomes achieved and the positive working relationships established.

Case Study

"A young female aged 17, who has had family issues, was referred to the Mental Health Worker within the GP Surgery by Service Access worker. (A) has struggled with low self esteem and appears to have been using alcohol/at times substances as a means of coping. She lives at home with her mum and her boyfriend is mainly there also. (A) had also agreed to a visit from the RDW"

"(A) engaged during initial joint visit with SA and RDW, agreeing to continued short term engagement. She was supported with referral to Money Matters Team and now in receipt of Universal Credit, alleviating poverty and stress. She has been able to reflect on underlying reasons for alcohol consumption and has refrained from consuming alcohol or taking drugs since intervention commenced. This has improved her physical and mental health and her family relationships"

The test of change has come to end, however owing to the success, a funding application has been made to the Corra foundation whereby we are looking to secure

funding to recruit a RDW who would be based within our Service Access Team in order to build on the success during the test of change period.

Rosemount Crisis Intervention Team

The Rosemount Crisis Intervention Team deliver individualised and tailored packages of support, with the aim of strengthening parenting capacity, empowering young people, and keeping families together within their communities. The work of the service ties-in closely with The Promise (Scottish Government, 2020) in that the five foundations of the promise – Voice (child-centred approach that advocates for the needs/rights of young people), Family (taking a whole family approach to ensure residential accommodation is a last resort), Care (where children can't remain with birth parents, we seek to promote Kinship care), Scaffolding (building networks of support within local communities) and People (fostering positive relationship between our workforce and those we support) – is reflected in the work we do. During the year 2020-21, Rosemount supported 276 young people and their parents/carers. This figure is down from 324 from the previous year, however, it is recognised that COVID-19 will have impacted on our numbers, and the team had two staff members who relocated to new roles, taking their respective caseloads with them.

Of those 276 cases (95%), of young people were maintained with their families – an increase from the 94% the previous financial year. This increase comes despite it being identified at the point of referral that 88% of cases had significant difficulties in relation to family dynamics, whilst deficits in parenting capacity had been identified for 92% of referrals. The team offer 7-day support and covered 34 out of 52 (65%) weekends during the year. The success of the service in the past year is testament to the relationship-based values the service is predicated on, as well as the ability of the team to upskill and empower families to resolve their differences and stay together.

Practice Reflective Improvement Dialogue

Practice Reflective Improvement Dialogue is a multi-agency initiative which has been introduced within North Ayrshire this year in response to the learning from Initial Case Reviews and Significant Case Reviews. The learning from these case reviews has highlighted that a cultural shift is required which puts children at the heart of all decision making and ensuring that adult voices are not over privileged, enhancing opportunities for professional reflection and leaders supporting workers to be accountable for their practice and increase professional curiosity. PRI Dialogue sessions are multi-agency sessions to reflect on Child Protection cases, with the following 3 main objectives:

- Workers in North Ayrshire increase their professional curiosity and appropriately challenge colleagues to protect children and young people
- Workers have opportunities to professionally reflect to ensure that practice is centred around protecting and meeting the needs of the child
- Workers have an improved understanding of the child's experience and ensure that adult's voices are not over-privileged

Inspection of Children's Services

A joint inspection of services for children at risk of harm across North Ayrshire was due to commence at the outset of the pandemic, understandably it was postponed, however inspection activity has now been reinitiated and North Ayrshire's joint Children's Services will be inspected over a 6-month period, commencing as of August 2021.

Justice Services

Our Justice Service works in partnership with the justice system. It liaises with court staff, informs and monitors court proceedings, and ensures non-custodial options are available that can reduce re-offending and address underlying causes of offending.

We recognise for those people who have been through the justice system that they want to be productive and make positive contributions to their communities, we work together to help them achieve better outcomes. We aim to:

- Help people to make the move from prison to the community
- Prevent re-offending
- Enable people to give back to their community

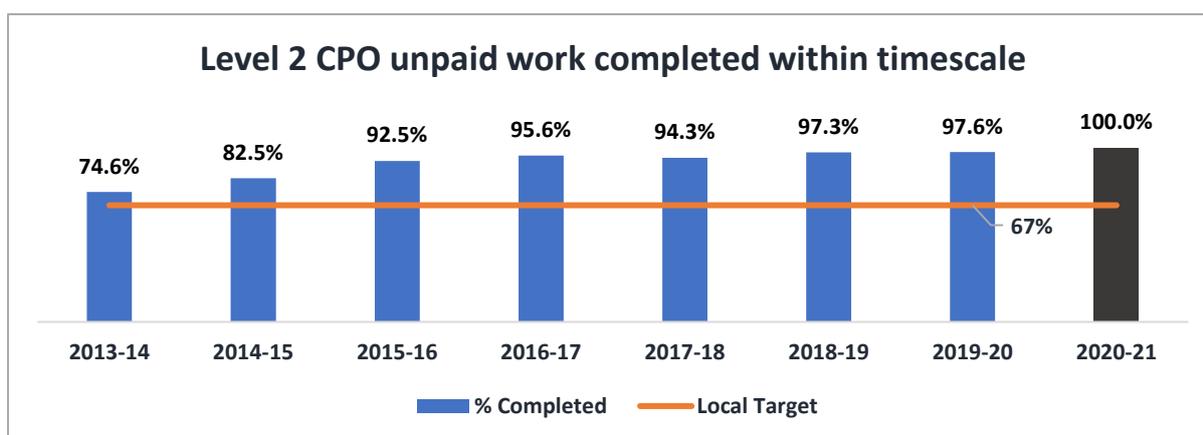
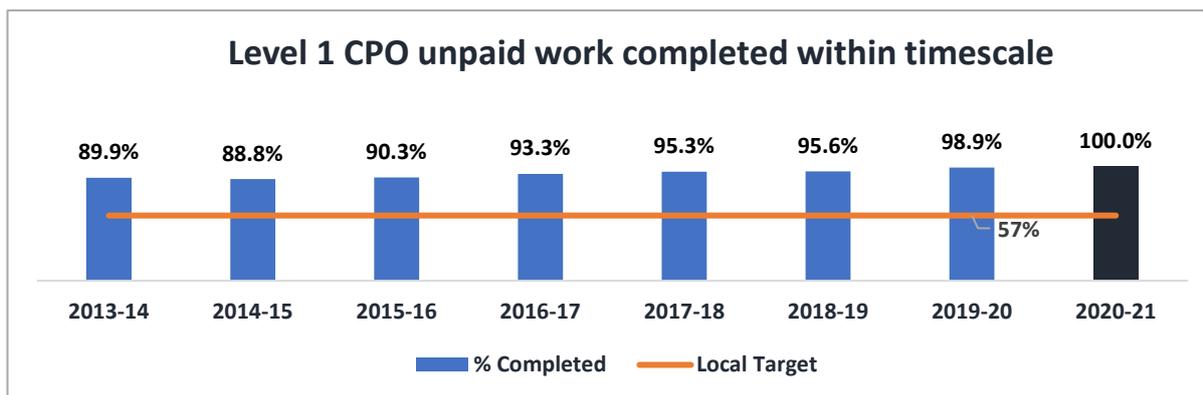
We work with other agencies, organisations and stakeholders such Youth Justice, Adult Support and Protection and MAPPA (Multi Agency Public Protection Arrangements.)

Community Payback Orders

The latest Government statistics on Community Payback Orders (CPO) (2019-20) show that North Ayrshire has the third highest number of CPO's imposed per 10,000 population in Scotland at 63.5 per 10,000 population. The Scottish average is 43.3 per 10,000 population.

There has been a steady decline in the number of Criminal Justice Social Work Reports (CJSW) since 2015-16, until 2019-20 where there was an indication of a slight upward turn. This said numbers are again on the decline in 2020-21, however largely thought to be due to the result of COVID-19. The latest Government statistics on CJSWs for 2019-20 reveal North Ayrshire sitting at 82.7 per 10,000 population. The Scottish average is 73.7 per 10,000 population.

Numbers of those subject to a Level 1 CPO varied greatly from 2019-20 due to COVID-19. For example, 2019 saw 92 out of 93 completed within timescale, whereas 2020-21 saw 21 out of 21. This is like the Level 2 CPO's which saw 161 out of 165 in 2019-20, whereas 2020-21 saw 24 out of 24 completed within timescale.



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

We currently have 189 people of all ages and abilities undertaking unpaid work. The unpaid work teams generally undertake a variety of tasks for the benefit of local communities, due to coronavirus government guidelines, restrictions and health and safety, this year has looked slightly different regarding the variety of tasks we have been able to undertake.

Reintegration into communities remains the ethos of Community Payback Orders, and with that aim in mind, we continue to have Employability Mentors based within the Community Payback, Unpaid Work Team. Since coming into post, the mentors have been successful in supporting 31 service users into full time employment, 7 in the last year. Training opportunities has reduced during the last year due to Government restrictions on the types of courses that are generally sourced however training resumed in limited capacity during March 2021.

Caledonian Women’s Service

The Caledonian Women’s Service offers emotional and practical support to women, advice on safety planning, risk assessment and advocacy. Working in partnership with the women, they aim to reduce their vulnerability and work with other services, including Education, Housing, Police Scotland and the voluntary sector, so that women

and their families are better supported. In 2020-21, the team worked with 165 individuals across Ayrshire (an increase of 25 from the previous year). Offering a variety of services and support, from safety planning sessions to longer term interventions and support, the team currently continue to support 42 women across North Ayrshire. The Caledonian Women's Service previously piloted women's well-being groups as a means of reducing isolation, these were however suspended due to lockdown. The Caledonian team have also recruited a children's worker whose primary role will be supporting children who have been exposed to domestic abuse.

Moving Forward Making Chances

The Moving Forward Making Chances programme is a cognitive behavioural programme designed to assist participants who have been convicted of sexual offences to lead a satisfying life that does not involve harming others. Within the rehabilitative framework of the Good Lives model, practitioners work with group participants to lead a better life, reduce their problems, and lead an offence free life. This programme is framed within a strength based theoretical approach that recognises the relevance of dynamic risk factors. It views completion of group work as something that will benefit the individual and highlights their role as the primary agent of change. This focus on building an offence free lifestyle means public protection and community safety is increased. COVID-19 restrictions have meant groups have been suspended, however work has continued a one-to-one basis, with 39 men completing the programme in 2020-2021. A new service has been developed for men convicted of sexual offending and a desistance officer has been recruited to promote social inclusion and accountability with a view to creating a reduction in social isolation amongst this offender group.

Drug Treatment and Testing Order Team

The Drug Treatment and Testing Order Team have secured Corra funding for 2 Recovery Development Workers. These additional members of staff with lived experience will allow the team to develop an active outreach approach to encourage service users to be retained within the service and support them in building resilience for longer-term change.

In the past 5 years, prior to the pandemic, the number of DTTO assessments requested increased by 41% and the number of DTTOs imposed by 92% at the peak in 2017-18. This reduced in 2019-20 but still represents an overall increase of 52% compared to the previous review period (2014-17). In 2020-21, we have noted a 28% decrease in assessments requested and a 33% decrease in impositions. This was due to Court activity being affected throughout this period. As Courts are now beginning to resume daily business, assessments and impositions are increasing once again and it is expected that by September 2021 caseloads will increase significantly.

Making A Difference (MAD)

North Ayrshire's Making A Difference (MAD) service user involvement group, provides a positive platform for our members to become included in the development and delivery of Justice Services. Service users can have their voices heard, continue to learn new skills, increase their confidence, and become involved in the on-going development of activities. Participation in the groups or activities are entirely voluntary and service users can essentially decide which part of MAD they would like to become involved in. We have some members who join the football activity every week but do not participate in other aspects and then we have other members who enjoy lots of different parts of the MAD group.



The pandemic presented Justice Services with several barriers to supporting service users throughout lockdown. As a service, we were forced to think 'outside the box' and adapt our approach to lockdown restrictions. These restrictions exacerbated existing issues that service users experienced, such as isolation, mental health problems, substance use and accessing services. Accordingly, we created socially distanced activities, like

cooking challenges, where members were provided with a bag of individual ingredients and a recipe and would compete online to see who would win the challenge. We also set walking challenges asking our members to take photos when they went out for their daily walk and then the group would vote on whose photos was the best. Our members confirmed these activities helped them feel more connected throughout lockdown and helped to reduce their feelings of isolation.

MAPPA

There has been an overall drop in the number of people being placed on the register. That is likely due to the delays in the court system. Over the past decade the number of people on the register has grown by an average of 6% each year. It is expected that once the courts return to normal things will rebound back to that trajectory.

2.2 Health & Community Care

Adult Support and Protection

Throughout 2020/2021, 2215 Adult Concern reports were received by the Partnership, this represents a 5% decrease in the numbers of referrals received from the year before.

558 Adult Protection Referrals were made, which also represents a slight decrease on the year before. 132 Adult Protection Investigations were started with 64 Case Conferences being convened. Most Adult Concerns reports were made by the Police Scotland and the majority of Adult Protection Referrals were also made by Police Scotland. Of the 132 Adult Protection Investigations undertaken, Financial Harm featured as the highest single area of concern.

Care at Home

Throughout the year significant pressures remained on Care at Home Services with continued levels of high demand for the delivery of Care at Home supports from both Community and Hospital settings. During periods of high COVID-19 positivity, inhouse workforce was significantly impacted with shielding for frontline staff and increased levels of self-isolation. This has been compounded by the continued reduction in available external Care at Home provision in North Ayrshire with one Care at Home provider facing significant challenges at the end of the year, requiring the Partnership's inhouse Care at Home services to support with the provision of Care at Home services to service users in the Irvine and Kilwinning area. The Community Alarm and Telecare service in North Ayrshire has seen an increase in demand with alarm activations remaining at high levels since the beginning of the pandemic.

Respite Services

Anam Cara is our specialist dementia respite centre based in Kilbirnie. It has continued to provide critical respite provision to service users deemed most at risk in the community and has also continued to be utilised as a step-down facility for individuals being discharged from acute settings as part of the Partnership's response to the COVID-19 pandemic.

Day Services

Older People's Day Services have been closed temporarily, with physical and virtual outreach being delivered to those in the community identified as most in need of critical support. A review of older people's Day Services commenced at the end of the year in consideration of remobilisation of day service delivery.

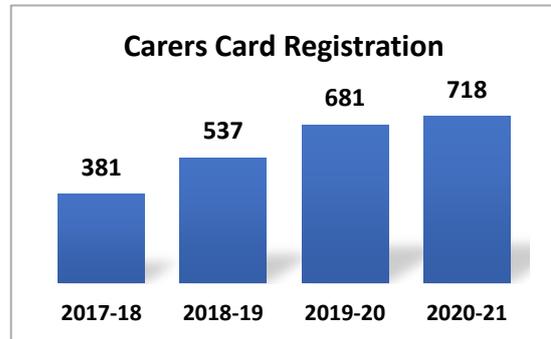
Dirrans Centre

The Dirrans Centre rehabilitation facility provides personalised community-based supports to build independence, self-management, and activity for service users across North Ayrshire. The Dirrans Centre has once again held onto its Platinum Investor's In People status – beating off competition from nine other entries. The

Platinum Award is the highest accolade available through the internationally recognised Investors in People scheme.

The Carers Team

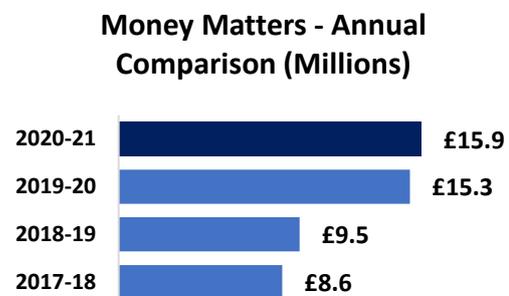
The Carers Team compiled a COVID-19 Guide to make it easier for carers to find the right information in relation to the pandemic. Additionally, they provided different breaks from caring with Scottish Government funding received by Unity (Our local Carers Centre) – supporting 46 carers with a laptop, meals out, gardening equipment, sports equipment, electronic tablets, and exercise equipment. There was also a wellbeing fund which supported 41 carers with fuel and food parcels. Carers Week continued to run 8 – 14th of June 2020 with the aim of Making Caring Visible. Many carers and carer organisations continued to celebrate, provide, and receive support with and from their carer peers during this week.



Additionally, 718 people have registered for the Carers -Appreciation Card. The North Ayrshire Carers Appreciation Card entitles unpaid carers of all ages to a range of discounts, offers and concessions. The card can also be used to identify the individual as a carer to their doctor, when visiting their pharmacy or even in school or university.

Money Matters

Our Money Matters Team once again supported the most vulnerable people in our communities accessing entitled benefits to the incredible sum of £15,901,265.76, an increase of £595,351.33 from 2019-20. This is a great achievement against a backdrop of austerity/welfare reform cuts and is testimony to everyone’s work in the Money Matters Team. Additionally, Money Matters received 3,601 enquires/referrals, with a 76% success rate for appeals which proceeded.



Health and Wellbeing Hubs

Five library buildings in North Ayrshire were set up as Health and Wellbeing Hubs for care home staff and care – at – home staff. These hubs provided a bridge between work and home life, a space where staff could take time out to recharge their batteries, talk to colleagues and line managers about the impact of the COVID-19 pandemic on themselves and their service users and access

“...safe environment for staff to talk about personal stress...”

“Very relaxing and welcoming space ...”

“I think this is a fantastic resource!”

support information on a range of health and wellbeing topics. Feedback from the carers has been positive and they have enjoyed the light, airy and calm library spaces situated within their own locality. Library staff have been very supportive and empathetic with the carers and have seen many repeat visits – around 560 each week – with new relationships being forged. The use of the public library buildings in this way reflects the safe, non – judgmental third space that these buildings provided communities pre - lockdown

Arran Services – The Arran Social Work Team is an integrated team which deals with all matters from services to children and families and adults and older people.

Arran COVID-19 Vaccination Programme

The Arran Vaccination team is an integrated team demonstrating true partnership working across our health and social care teams. Nurses and GPs from Primary, Community and Hospital have delivered over 3,500 vaccines to residents on Arran.

Following a successful bid to the Cora foundation for a 2-year research project into the Drug and Alcohol pathway on Arran in 2018, a new Drug and Alcohol Outreach worker has been agreed and funded by North Ayrshire ADP for 2 years. This is a great example of close working with our third sector partners Arran CVS and a huge step forward in improving this aspect of our service model on Arran.

Health and Wellbeing Supports

Health and well-being support for Arran High School, through the joint Health and Social Care and Locality Planning Forum has meant that a new project to support pupils at Arran High School has been awarded. This example of partnership working has contributed to Arran High School becoming a finalist in the National Teaching Awards for Impact through Partnership and we have our fingers crossed for the outcome which will be announced soon.

Staff Wellbeing Hubs

Arran services established a staff wellbeing rest area where staff can go and have quiet time and make use of relaxation areas which have been established. Access to Counselling sessions on Arran have been well used and staff have found the chance for 1-2-1s beneficial. The staff helpline and occupational health support have also been invaluable, as well as access to vouchers for Heather Lodge on Arran that provides a range of physical and psychological support.

Personal Protective Equipment (PPE)

The COVID-19 pandemic required an immediate logistical response to the continuation of service provision while ensuring the safety of both workers and service users. The distribution of Personal Protective Equipment (PPE) ensured as safe a response was possible. As of March 31st, 2021, we distributed 4,151,054 pieces of equipment from gloves to masks and hand sanitiser to Health and Community Care Services.

2.3 Mental Health

There has been a total of 81 emergency detention requests. Of which, 66 were carried out by either out of hours Mental Health Officers or without Mental Health Officer consent. This is an increase of 27 from the previous year. There has also been a significant increase in the number of short-term detention requests with 134 being recorded to the previous year's 67. Of the 134 consent was given to 119, with the other 15 being assessed but no consent given. There was a slight increase in compulsory treatment orders granted with 59 being recorded to the previous year's 51. Of the 59 26 had been interim CTO's, with 13 of these moving to full CTO following a further Mental Health Tribunal. Warrants undertaken remained at 6.

Compulsion Order and Restraining orders (CORO) (3), Compulsion orders (6), Hospital Directions (1), assessment orders (2) and Treatment orders (2) all remained the same from the previous year. Transfer for treatment orders, however, increased from 1 to 3.

Private Welfare Guardianships increased from 272 (67 new) to 314 (57 new). As did CSWO Guardianships from 64 (24 new) to 71 (24 new). Mental Health Officer Report Private Welfare Guardianship Applications decreased from 104 to 75.

In North Ayrshire our MHO service has always been integrated and managed as part of the Mental Health Social Work team, with MHO duties being carried out in addition to the MHOs fulltime role.

As the amount of work has steadily increased over the years, the waiting times for allocation of an MHO to complete a suitability report for both Local Authority and Private Guardianship applications has increased. We are currently piloting a test of change to look at improving our waiting times and reducing waiting lists for our MHO tasks. This will also improve services received for both service users and their families.

In July 2020, we started a pilot MHO service to allow a small number of MHOs to focus solely on MHO work instead of their dual role of MHO and Care Manager, this also involved a change to how we prioritise requests for Guardianship reports.

The outcomes of the Pilot so far: -

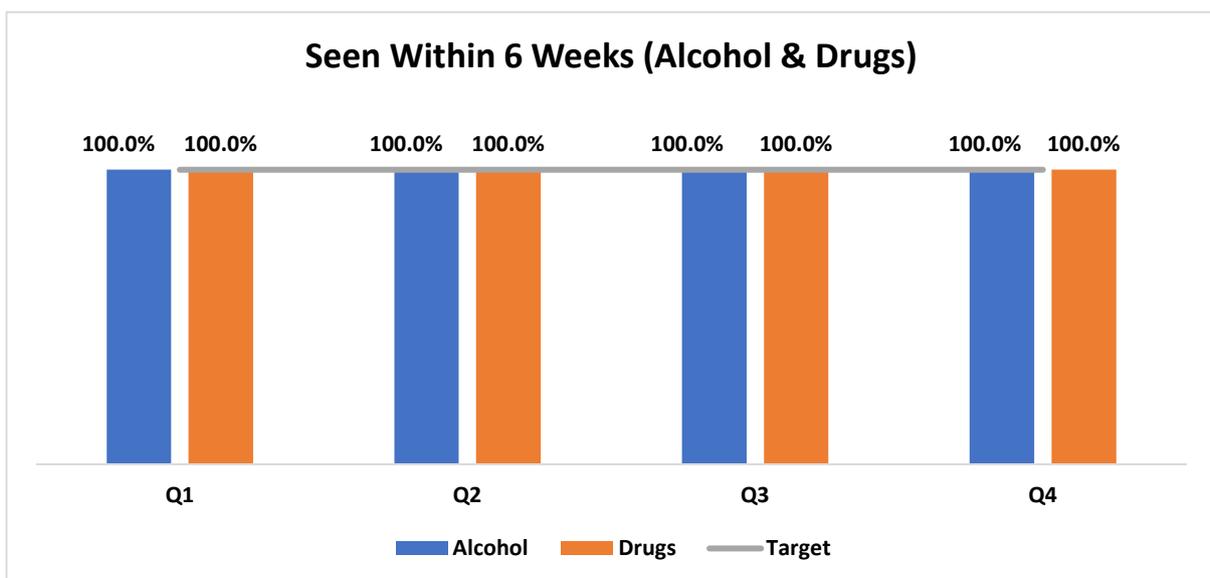
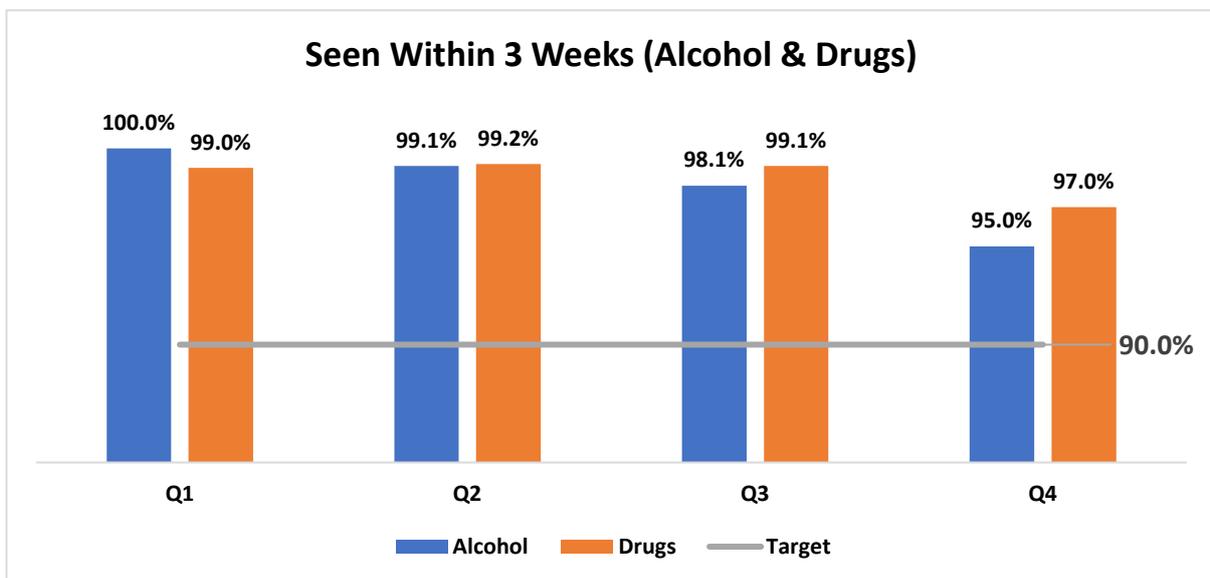
- AWI waiting list has reduced
- MHO work is allocated quicker – reducing waiting times
- Delayed discharge times have reduced for patients waiting on Guardianship to move them on from hospital
- We are meeting its statutory requirements quicker

The impact of the pilot on both our MHO service and on our Mental Health Social Work team is currently being evaluated and consideration is being given to the potential of two distinct teams. These being a MHO service and Social Work Mental Health/Care Management team. Not all MHOs within North Ayrshire Council will work within the MHO service and there will continue to be MHOs located in other Social Work Teams carrying out a dual role.

The North HSCP Community Mental Health Team have moved into the newly refurbished office at the Three Towns Resource Centre. This allowed the partnership to bring all of the key professions together under the one roof. The integrated team includes administrators, psychologists, social workers, nurses and allied health professionals.

North Ayrshire Drug and Alcohol Recovery Service (NADARS)

The North Ayrshire Drug and Alcohol Recovery Service (NADARS) has continued to demonstrate high levels of performance by meeting national and local standards and targets, such as, access to treatment waiting times (see below), provision of alcohol brief interventions (ABIs) (See below), the roll out of Naloxone supplies and increasing patient choice regarding Opiate Substitution Therapy (OST) medication.



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.

Target set by Scottish Government – Priority Settings	3,420
Total ABI delivery in Priority Settings (Ayrshire & Arran)	5,920

Target set by Scottish Government in Wider Settings	856
Total ABI delivery in Wider Settings (Ayrshire & Arran)	1,025

People being supported by NADARS during 2020-21 is evidenced further by:

- **71%** of service users reported reduction in alcohol intake
- **61%** of service users reported a reduction in non prescribed drug use
- **55%** of service users reported an improvement in physical health
- **56%** of service users reported an improvement in physiological health
- **55%** of service users reported an improvement in social functioning

NADARS are currently implementing a localised test of change, utilising a quality improvement project charter in relation to the delivery of new Medication Assisted Treatment (MAT) standards. The initial focus is in the ‘Three Towns’ locality area.

This initial test of change will be evaluated in September 2021 to test out internal and external pathways and processes to ensure that they are safe, high quality, timely and person centred. Agreed outcomes will be evaluated and the next stage of this development will be dependent on the learning from the evaluation, outcomes and additional funding being secured. A funding application to the national MAT Implementation Support Team will be submitted when we have been advised of the detail of the application process.

The vision for North Ayrshire is to deliver the MAT standards ensuring there are no barriers to accessing treatment and care that supports an individual’s recovery. This project will focus specifically on improved access to appropriate MAT to prevent deaths, reduce harms and promote recovery opportunities. This project will also deliver harm reduction interventions to those identified as high risk of drug related harm and provide relevant support to remain in treatment for as long as required. Accompanying psychological and social care support will be available to all individuals.

Our Joint Performance report with the ADP (covering 2020-2021) highlights a trend of increase in drug deaths in North Ayrshire – 2016 sadly saw 32 deaths, 2017 saw 25, 2018 saw 38 and 2019 saw 41 deaths and most recently for 2020 there were 39 confirmed drug deaths. Our Addiction service has conducted 19 reviews for individuals who have died. 2 of the reviews identified learning, which will be taken forward. However, many elements of good practice have also been identified.

During the last year, 352 Naloxone kits were supplied to the community, this builds on previous distribution rates. There were 22 reports of Naloxone uses in the community to reverse the effect of overdose, therefore indicating that 22 lives were saved.

Learning Disability Services

As we know people with learning disabilities often require extra support and help to have a safe, healthy, and active life. Since our integration in 2015, we have been working hard to make sure that the right support is available to those who need it. One of the most important pieces of work which we have been involved in has been the development of Trindlemoss.

In consultation with people who use our learning disability services, we have redeveloped the property, gardens and grounds formerly known as Red Cross House, Irvine to provide person centred, wrap around care that focusses on each individual's personal outcomes and keep people in the heart of their community.

The accommodation includes:

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



The people we support have lots of different interests and talents, as well as needs. We will help develop those. And if they want, we will help share these things with other people through work, volunteering or finding people who share the same interests.

A brief survey was prepared and circulated around all active clients known to the integrated Learning Disability Service in North Ayrshire. On the basis of there being a lot of commonality amongst various completed pieces of work regarding the impact of COVID-19, it was intended that the survey, while providing opportunity to share experiences to date, would be more focused on what people were looking forward to, and what they needed the service to do differently in the future.

In line with the findings of other exercises, it is the impact on social connections that has been the biggest issue for respondents. Reduced contact with friends and family was a significant challenge for people, and consequently was the thing that they were most looking forward to.

Some significant issues were not frequently highlighted within responses but were still of note. Bereavement was experienced by some, while others highlighted the impact of lockdown on carers, and indeed, its potential impact on relationships put under pressure by lack of a break.

In terms of people's expectations of services, it is encouraging that so many respondents were either ok with their current situation, or otherwise happy with the input from services.

3. Resources

3.1 Financial Pressures

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

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

- Over the course of this parliament, baseline allocations to frontline health boards will be maintained in real terms, with additional funding over and above inflation being allocated to support the shift in the balance of care.
- Over the next five years, hospital expenditure will account for less than 50% of frontline NHS expenditure. This relates to the policy commitment to 'shift the balance of care', with a greater proportion of care provided in a setting close to a person's home rather than in a hospital.
- Funding for primary care will increase to 11% of the frontline NHS budget by 2021–22. This will amount to increased spending of £500 million, and about half of this growth will be invested directly into GP services. The remainder will be invested in primary care services provided in the community.
- The share of the frontline NHS budget dedicated to mental health, and to primary, community, and social care will increase in every year of the parliament. For adults, and in some cases for children, these services, along with unscheduled hospital care, are now managed by Integration Authorities.

The above framework was published pre- Covid-19. The Scottish Government's Medium-Term Financial Plan published in January 2021 outlined:

- While it is too early to fully assess the impact of Covid-19 on spending trajectories for 2021-22 and beyond, the pandemic has caused significant additional costs and impacted on non-Covid-19 related healthcare in order to provide the necessary capacity in the system.
- Recovering from wider impacts of Covid-19 will take time and will also come with additional costs that create pressures on medium-term spending growth for the sector.
- We are currently revisiting the performance and financial assumptions that underpin the Financial Framework. This will set out the anticipated next steps in the financial arrangements for our health and care services for future years and will provide further detail on our delivery of the outcomes in the Programme for Government and the Scottish Budget for 2021-22.

The Scottish Budget for 2021-22 highlighted:

- investment in the Health and Sport Portfolio will increase to over £16 billion, with a further £869 million of funding to address pressures related to Covid-19.
- Primary Care is central to our health and care services, and we will further increase our Primary Care Fund from £195 million to £250 million in 2021-22. This includes support for delivery of the new GP contract and for wider Primary Care reform.
- Direct investment in mental health services will increase to £139 million, taking overall spending in mental health to over £1.1 billion.
- Recognising the continued importance of the care sector, a total of £883 million will be passed from the Portfolio in 2021-22 to support social care and integration. Note that only £72.6m of this is new funding and is tied to Scottish Government policies.
- Additional £50 million in 2021-22 to support our national mission to reduce drug deaths.

Availability of funding for public services correlates with economic growth, which continues to be weak with continuing uncertainty on the impact of the Covid-19 pandemic. The partnership is supporting the continuing work within the Council and NHS Ayrshire & Arran to minimise the impact of Brexit and the Covid-19 pandemic. An area of risk to the partnership is the consequence of the funding pass through from the Council and NHS and the availability of workforce. The implementation of new policy initiatives and the lifting of the public sector pay cap also impact on the funding available for core services and the flexibility to use resource in line with local requirements.

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

Financial balance has been achieved in 2020-21 and significant progress has been to ensure the ongoing financial sustainability of the IJB. This work will continue and be built upon moving into 2021-22. This will need to be considered alongside the impact of Covid-19 and the need to redesign services taking full cognisance of the financial risks, learning and opportunities which this presents.

3.2 Financial Modelling for Service Delivery

It is recognised that we must deliver services within its financial envelope for 2021-22 and our transformation programme will continue with delivery of the savings plan and service redesign, albeit with some delays due to services prioritising the Covid-19 response.

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

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

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

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

Our Strategic Plan outlines the belief that together we can transform health and social care services to achieve the joint vision for the future “all people who live in North Ayrshire are able to have a safe, healthy and active life”. Moving into 2021-22, we are working proactively to address the financial challenges, while at the same time, providing high-quality and sustainable health and social care services for the communities in North Ayrshire.

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

Most importantly, the Partnership must work closer with local people and maximise the use of existing assets within communities to improve the overall health and wellbeing of people in North Ayrshire. 2021-22 will see the development of the longer-term Strategic Plan which will allow for a period of reflection on the Covid-19 response and a timely opportunity to engage with communities over the future of our Health and Social Care services.

We will also further develop independent living and self-directed support, instilling an enablement ethos promoted by our professionals, collaborating with the third and independent sector to design and commission appropriate models of service and working with housing partners to deliver on this commitment.

4. Workforce

4.1 Workforce Planning – Staffing and Recruitment Issues

The NAHSCP have a workforce of 3,508 staff –1,816 are NAC and 1,692 are NHS.

The Partnership continue to progress with recruitment plans to strengthen our workforce to enable us to provide the best care and support we can to those who need it. Over the last year we have experienced some significant challenges in our services, both in relation to staffing, recruitment and retention.

Most significantly, our Care at Home service has seen significant staffing difficulties within the inhouse Care at Home service as a result of the COVID-19 pandemic. Increasing levels of staff self-isolation and COVID sickness, in addition to already high levels of sickness absence, have been extremely challenging for the service. To manage the significant increase in demand the Care at Home Service has grown throughout the pandemic with ongoing recruitment campaigns to continually enhance capacity.

Any available capacity within the Care at Home service is directed to facilitating hospital discharges, support for service users who are at end of life and those who are considered as having the most significant risks to their independent living or well-being. During 2020-21 there has been an increased demand for Care at Home supports via the Community Alarm and Telecare service with call volume and the demand for physical responses to Alarm activations increasing by approximately 30%.

The Care at Home service in partnership with the Council's employability and skills team are piloting a care training academy to address recruitment difficulties in the health and social care sector. The care training academy offers a tailored programme of care and employability qualifications and will be delivered by local training provider CEIS Ayrshire using a blended model consisting of online qualifications and 1-2-1 key worker support. On successful completion of the programme each candidate will be guaranteed an interview with the care at home team. We hope this model will offer an effective and reliable route into a care career for locals who are unemployed or are looking for a career change.

We work closely with The Open University in order to “grow our own” Social Work qualified workforce by sponsoring existing staff to undertake their Social Work degree course – as a Partnership, we sponsor, a minimum of 2 social work degree university places per year in order to enhance our existing workforce. This year sees the graduation of 3 Social Work students – they will join Justice Services, Learning Disability and Children and Families teams as qualified Social Workers in November of this year.

Establishing the ‘new norm’ is crucial as we emerge from the pandemic. A redesign of services and home working supports will continue ensuring service delivery and that all staff are able to undertake their duties as safely and efficiently as possible. Reviewing the flexibility of remote/ home working will take place aligned to corporate policy reviews to flexible and blended working approaches. However, recognising that

there will be capacity challenges for the foreseeable future, we will ensure that we develop agile and responsive approaches to meet demand.

4.2 Workforce Development

As ever, we remain committed to the continuous professional development of our workforce to increase skills and confidence whilst delivering quality services. We have 61 different course titles that are available to staff through NAHSCP's learning and development calendar. Based on demand and identified learning needs, 13 courses ran with 551 delegates attending over 2020/21. This is a significant decrease on last year as a result of the Pandemic.

North Ayrshire Social Services Assessment Centre (NASSAC) supported approximately 53 candidates to achieve an SVQ Award to meet registration requirements as per the Scottish Social Services Council. (SSSC). We deliver SVQ Social Services and Health Care Awards and the Care Services Leadership & Management Award.

We also supported a Foundation Apprenticeship in Social Services & Healthcare programme for 13 6th year pupils across North, East and South HSCP's as well as a National Progression Award class for 5th and 6th year pupils.

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

North Ayrshire led on the development of new Multi-agency Ayrshire Hoarding Disorder Guidance for staff and volunteers across Ayrshire. The Guidance is now supported by multi-agency training (currently delivered electronically via Teams) which allows delegates to work through some Case Studies and use the Guidance to assist with best approaches. The training is being facilitated by the ASP Learning and Development Adviser in North Ayrshire; however, we are currently offering places to colleagues across Ayrshire, to support Learning whilst the other Ayrshire Authorities are undergoing change in relation to their ASP training delivery. To date, the training has been very well received and evaluations show that those in attendance feel that it is a very worthwhile use of their time. Understanding this newly designated Mental Health condition and the best approaches to trying to minimise the impacts on those living with the condition, the staff trying to support them, families, neighbours and the wider community has been a challenging, but very rewarding piece of work.

Following the emergence of two cases in 2020 which led to learning - arising from Initial Case Reviews, a series of Learning Events for each of the cases were implemented as part of an Improvement Plan. The anonymised background of each case was provided for context and those attending these events were given the opportunity to hear about the learning which had been implemented because of the lessons learned, in addition delegates were encouraged to adopt new approaches and

practices in relation to these cases, as best suited their roles. 18 events were held, and evaluations confirmed that whilst the subject matter was difficult to hear about, the events had been felt to have been very valuable in highlighting positive changes required across roles and agencies.

The Senior Officer within ASP and the Child Protection Committee Lead Officer worked together with colleagues from Health and Police Scotland to jointly audit a case highlighted by myself in terms of encapsulating issues relating to both Adult Support and Protection and Child Protection. Moving forward, the resulting finalised report will be presented to the North Ayrshire Adult Protection Committee, the Child Protection Committee and the Chief Officers' Group.

Hosted by John Paterson - the Convenor of both the North Ayrshire Adult Protection Committee and the North Ayrshire Child Protection Committee, a multi-agency Short Life Working Group was developed to take forward the work around Missing People. North Ayrshire was successful in being accepted to engage in a piece of Scotland wide pilot work with Missing People UK. As a result of the work of the Short Life Working Group, a North Ayrshire Guidance document has been produced, providing clarity on local processes for missing children and adults and access to resources to assist when people are missing. Access to Return Discussions (a conversation offered to the person who has been missing to support them and try to prevent or minimise future episodes and any harm which may have occurred while the person was missing) training has been offered by Missing People UK and has been offered to various staff and services across North Ayrshire.

Following a case which arose in South Ayrshire, and which highlighted the importance of those first becoming aware of a potential adult or child at risk of harm, giving the correct initial responses, the North Ayrshire Chief Officers' Group requested training be offered to those who might require this. An input on Child Protection and Adult Support and Protection was jointly presented to North Ayrshire Council, Customer Services Staff to ensure that the issues which might be raised to them, are recognised as Child Protection or Adult Support and Protection and responded to in a way which will help to minimise future harm.

Transitions, for example a young person moving from Children's Services to Adult Services can be particularly challenging for both the person undergoing the transition and the staff trying to support a move. The Guidance Document in relation to this interface between Child Protection and Adults Support and Protection required to be revisited, to ensure that the processes in place and staff understanding about the interface between the two remains clear and up to date. The Senior Officer - ASP and Child Protection Committee Lead Officer jointly revised this document.

E learning modules have been developed and can be accessed through ilearn and Child Protection Committee (CPC) website. Virtual sessions took place in December and members of the public/community have accessed training for the first time, in relation to child protection awareness. 175 social work staff completed training in the following areas:-

- Child Sexual Exploitation and trafficking
- Keeping children and young people safe online

- Chronology workshop
- Child protection awareness
- Trauma informed practice

5. COVID – 19

5.1 Early Indications of Impact on Workforce and Services

A key component during the pandemic was to ensure the continued health and wellbeing of staff, care providers and carers. Staff wellbeing hubs were established at the Ayrshire Central Hospital site and four community sites using library buildings.

The psychology service also provided support via the Listening Service which provided support to staff across all sectors and carers. The Partnership created and maintained a website with information on and links to, mental health and wellbeing resources for staff, carers, and volunteers.

Children, Families and Justice Services

Children and Families staff worked with dedication and enthusiasm throughout the pandemic to support children and young people within our communities. Many staff were redeployed into critical areas e.g. Child Protection, Children's Residential Houses and Summer Hubs, their flexibility and willingness to do so enabled vital support to be provided at the right time to children who required it.

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

Very recently, a partnership working audit was completed for one of our Children's Houses - The Meadows. The audit highlighted how the care team have been tremendous throughout the pandemic in supporting young people and retaining a nurturing environment despite the difficult times we are in. The team regularly organised activities for the young people from campfires, swimming and gardening to completing Joe Wicks fitness classes. They ensured birthdays were celebrated with slight changes so that young people still had fun and could create memories of their special day despite everything else that was ongoing.

We worked with Connecting Scotland to ensure digital devices were provided for ongoing support of vulnerable children and those who are looked after. A range of work was also undertaken by Justice Services to support offenders and their families.

Mental Health Services and Learning Disability Services

Inpatient services at Woodland View continued but have faced significant pressures due to covid community prevalence and the high acuity of patients. People identified as being at highest risk receive care in their homes or at day centres. Risk stratification helps teams make contact on a weekly basis with individuals receiving partnership support. During periods of closure for Day Services for Learning Disability, outreach

has been supported via redeployed HSCP staff and digital technology to continue supporting service users.

Health and Community Care

Delivery of home visiting services (e.g., Care at Home and District Nursing Services) and Community hospital services on the mainland and to our islands have continued during the pandemic. Staff have been very flexible to ensure that support continued to be delivered to those most in need e.g., working in other service areas and delaying leave. The locality social work teams continued visits in people's homes and responded to Adult Support and Protection work effectively. Hospital social work teams worked with acute hospital colleagues to support safe hospital discharges. To ensure the safety of staff, service users, care home providers, carers and unpaid carers a Personal Protective Equipment (PPE) hub was developed.

The teams also made contact on a weekly basis with individuals receiving partnership support and where Day Services were closed outreach was put in place, including working with Alzheimer Scotland for people affected by dementia. GP practices redesigned their services to ensure safe access for patients and greater access for patients through technology. The practices continue to be supported by Mental Health Practitioners and Partnership Community link workers. Working with Connecting Scotland ensured that digital devices and access was provided to support older people in our supported accommodation.

Every Health Board and Local Authority were directed to put in place a multi-disciplinary team comprised of key clinical leads and the area's Chief Social Work Officer to enhance oversight of care homes over the period. The focussed oversight discussions include the quality of care in each care home in the area, with a particular focus on implementation of infection prevention and control, and the provision of expert clinical support to residents who have Coronavirus. This enhanced oversight remains in place but has reduced in frequency from the daily discussions at the outset of the pandemic to the current arrangement of twice weekly meetings. The oversight arrangements have enabled the HSCP to successfully support care homes with challenges, to have oversight and assurance of the safe care of residents and also to provide support where required. North Ayrshire membership includes social work, nursing, public health, commissioning and the Care Inspectorate. It is the intention in North Ayrshire to maintain the oversight arrangements in future.

During the last year, we have maintained contact with our link Inspector from the Care Inspectorate in order to provide assurance and confidence in relation to how service delivery has continued, albeit in a different format to anything we have ever seen before.

5.2 Key Priorities for Recovery

North Ayrshire's Health and Social Care Partnership response to COVID 19 has seen amazing resilience, commitment, and creativity. All our services have adapted to different ways of working and have done so whilst promoting everyone's safety and protection. Moving forward recovery planning from COVID 19 will be a main priority for all services.

In addition to this our Bridging Strategic Commissioning Plan 2021-2022 captures our key priorities.

Mental Health, Learning Disability and Addiction Services, the following priorities have been identified:

- Collaborative leadership and relationship building
- Prioritisation of children and young people receiving support from Child and Adolescent Mental Health Services
- Community mental health services supporting people within their communities
- North Ayrshire Drug and Alcohol Recovery service to support people with complex addiction issues
- Review of unscheduled care mental health services, supporting individuals within their own communities, or as close to home as possible
- Provision of a community based Brief Intervention Service
- Lead Partnership Allied Health Professionals providing rehabilitation support
- Psychological support for staff wellbeing across our whole system including third and independent sectors and carers
- Work closely with colleagues in Acute Services and Police Scotland to address the levels of unscheduled care in mental health
- Expanding access to the increased range of supported digital options for Mental Health as part of a tiered model for service delivery

To support the remobilisation of Children, Families and Justice Services, the following priorities have been identified:

- Protect and invest in Early Intervention and Prevention work (e.g. scoping extended families/family group conferencing and signs of safety approaches and wrap – around interventions at an earlier stage);
- The Promise – continue plans to reduce external placements and support young people back to North Ayrshire
- Grow fostering and kinship placement
- Build on partnership working with a wide range of services to support young people and families
- Transitions of care to be planned and improved
- Refocus the role of school nursing to ensure timely, effectively and joined up responses to support young people.

To support the remobilisation of Health and Community Care services, the following priorities have been identified.

- Unscheduled Care – Investment & Improve Delays
- Re-design of Older Peoples Services - 'Home First' Approach
- Grow Care at Home Capacity
- Care Home Commissioning Strategy
- Day Services Model and Support for Carers
- Step up and step-down beds
- Integrated Island services, including unscheduled care
- Rehabilitation
- Sustainability of services (including providers) and workforce
- Caring for Ayrshire – including Primary Care improvement plan
- Locality Multidisciplinary teams

Appendix

MHO Service

Mental Health (Care and Treatments) 2003	2013 – 14	2014 – 15	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21
Emergency Detentions	30	29	24	44	44	54	54	There have been a total of 81 requests (of which 66 were carried out by either Out Of Hours MHOs or without MHO consent)
Short Term Detentions	71	72	75	87	69	74	67	There have been a total of 134 requests (of which consent was given to 119, with the other 15 being assessed but consent not given)
Compulsory Treatment	48	40	54	25	52	38	51	There have been a total of 59 new CTOs granted (of which 26 had been Interim CTOs, with 13 of these moving to full CTO following a further Mental Health Tribunal)
Warrants Undertaken	2	1	3	1	2	1	6	6

Criminal Justice Act Scotland 1995	2013 – 14	2014 – 15	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21
CORO	4	4	4	4	4	4	3	3
Compulsion Orders	4	4	6	5	6	2	6	6
Hospital Directions	1	1	1	1	1	1	1	1
Assessment Orders	4	1	2	2	2	2	2	2
Treatment Orders	2	1	1	2	2	4	2	2
Transfer for Treatment	1	0	3	3	3	2	1	3

Adults with Incapacity Act (Scotland) 2000	2013 – 14	2014 – 15	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21
Private Welfare Guardianships	204	291	255(60)	287 (67)	367 (92 new)	411 (58 new)	272 (67 new)	314 (57 new)
CSWO Guardianships	44	47	59 (19)	52 (21)	46 (8 new)	40 (16 new)	64 (24)	71 (24)
Financial Intervention Order (LA)	42	58	53	41 & 21 in process	57	26	31	
MHO Report PWG Application	79	86	68	96	100	38	104	75

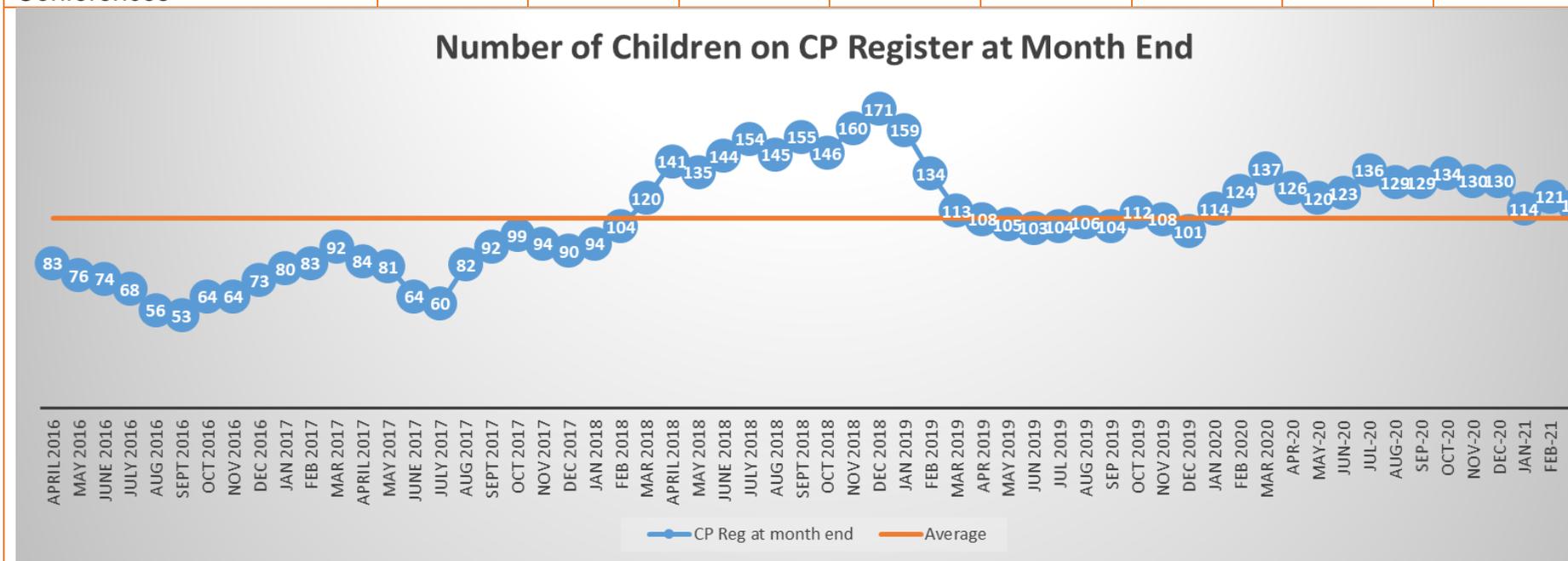
Adult Protection

	2013 – 14	2014 – 15	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21
ASP Referrals (AP1)	631	812	697	654	512	457	568	558
ASP Investigations (AP2)	-	61	91	65	53	88	108	132
ASP Case Conferences	24	44	73	48	40	47	66	64
Protection Orders	9	7	6	4	4	1	0	3
Adult Concern Reports	0	1039	1349	1446	1609	1838	2335	2215

Child Protection

	2013 – 14	2014 – 15	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21
Child Protection Concerns	885	825	889	810	972	920	849	885
Child Protection Investigations (CP1s)	578	443	402	406	538	374	447	443
Child Protection Initial Conferences	81	101	82	74	103	126	123	121

Pre – Birth Conferences	26	32	30	15	36	43	41	29
CP Initial/Pre-Birth Conferences							4	7



Looked after Children

	2013 –	2014 –	2015 –	2016 –	2017 –	2018 –	2019 –	2020 –
	14	15	16	17	18	19	20	21
Children newly accommodated in North Ayrshire	100	91	81	64	63	69	84	63

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

	2013 – 14	2014 – 15	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21
Foster Carers		85	97	100	103	104	98	103

Permanency Planning	2013 – 14	2014 – 15	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21
Number of permanency plans approved	25	38	22	37	35	-	30	10
Adoption – approved and placed	3	15	13	10	10	10	3	8
Adoptions granted	9	3	15	13	8	7	8	4
Permanence orders approved	27	7	11	16	14	7	11	3
Permanence orders granted	12	14	6	9	12	9	8	0

Emergency Placement

	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21
Child Protection Orders	13	12	15	25 (17 family groups)	32	39
S143 of the Children’s Hearing (Scotland) Act 2011	21	24	-	-	-	-

Secure Placements

	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21
Number of secure placements	3	1	0	1	4	1

Justice Service

	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21
Number of reports submitted to the courts (CJSW reports, Section 203, Short Notice CJSW & Supplementary CJSW)	844	826	754	763	430
Number of home leave and background reports submitted	118 (64 leave reports, 54 background reports)	102 (44 leave reports, 58 background reports)	114 leave reports – 49 background - 65	151 (66 leave reports, 85 background reports)	114 (39 leave reports, 75 background reports)
Unpaid Work Requirements	579	480	403	360	94

	2014 – 15	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21
Level 1 Mappa	130	142	155	153	181	163	152
Level 2 Mappa	10	14	4	7	2	7	10
Level 3 Mappa	1	1	1	2	1	5	3

Integration Joint Board
16th December 2021

Subject:	Annual Performance Report 2020-21
Purpose:	To note the key achievements and performance of the Health and Social Care Partnership during 2020-21 as outlined in the Annual Performance Report.
Recommendation:	That the Integration Joint Board (IJB) should approve retrospectively the publication of the Partnership's Annual Performance Report for 2020-21.

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

1.	EXECUTIVE SUMMARY
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 August and the Strategic Planning Group in September and was published on the Partnership's website ahead of the 30 November publication deadline. The report was intended to be approved by the IJB at the November meeting, prior to the publication deadline, this meeting was subsequently cancelled therefore the IJB are asked to approve retrospectively and note that the report has been published.
1.3	This covering report highlights some of the key achievements during 2020-21 which are contained within the Annual Performance Report.
2.	CURRENT POSITION
	Background
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 meets those requirements.

2.3	The legislated publication date for Annual Performance Reports is 31 July, however, the Scottish Government understood that Integration Authorities (IA) may not be able to publish their final 2020-21 reports by the July deadline and allowed the postponement of publication until the end of November 2021 in accordance with provisions made in the Coronavirus (Scotland) Act 2020 .
2.4	A draft of the Annual Performance Report was presented at the August Performance and Audit Committee for initial review and feedback and subsequently to the Strategic Planning Group in September 2021. Feedback has been reflected in the preparation of this final document.
Performance Highlights	
2.5	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.
2.6	During 2020-21, the Partnership played a crucial role in the local response to the Covid-19 pandemic and the report reflects the impact on services. The Partnership has faced considerable challenges, but staff have worked tirelessly to help keep local people safe and supported throughout the pandemic and the report recognises that despite the significant challenges there were also some significant achievements over the period.
2.7	Some of the key highlights against each of the Strategic Priorities are outlined below:
<u>Prevention and Early Intervention</u>	
<ul style="list-style-type: none"> • The rapid establishment of the PPE Hub and the distribution of over 4 million items of PPE to help keep staff and service users safe. • The high levels of performance by NADARS (North Ayrshire Drug and Alcohol Recovery Service) in supporting service users and meeting local and national targets. • The commissioned Turning Point ADP service, PEAR (Prevention, Early Intervention and Recovery) has been funded to provide a Naloxone outreach volunteer service with the option to move on to paid sessional work in the service. • The continued contribution of the Community Link Worker Service based in GP practices in North Ayrshire in supporting people in relation to concerns over mental health and wellbeing, financial issues, or social issues (such as social isolation). There were a total of 2,415 people signposted or referred to the Community Link Worker service in North Ayrshire GP Surgeries during the year; 91% of people engaged with the service, which was a 9% higher engagement rate than the previous year. • Successfully securing funding from the Scottish Government has allowed the recruitment of a specialist Perinatal Mental Health team to provide support to families and professionals supporting those in the perinatal period. 	

	<u>Tackling Inequalities</u>
	<ul style="list-style-type: none"> • Our Money Matters service supports local people to increase their income through benefit support. In 2020-21 the service generated an impressive £15.9m million (6% increase from 2019-20) of additional income for our residents. • As part of the Ayrshire Equality Partnership, the partnership delivered the Shared Equality Outcomes plan. We worked closely with partners to implement actions to support and recognise people with a protected characteristic.
	<u>Engaging Communities</u>
	<ul style="list-style-type: none"> • The Partnership engaged with local communities through the What Matters to You consultation, asking the question “What matters to you when maintaining your health and wellbeing during the current pandemic?” • The continuation of work with the Ayrshire Independent Living Network (AILN) in providing self-directed support advice and guidance.
	<u>Bringing Services Together</u>
	<ul style="list-style-type: none"> • High levels of support from the Intermediate Care Team as an alternative to hospitalisation • Establishing Health and Wellbeing Hubs across North Ayrshire to support care home and care at home staff during the pandemic • The North HSCP Community Mental Health Team have moved into the newly refurbished office at the Three Towns Resource Centre. This allowed the partnership to bring all of the key professions together under the one roof. The integrated team includes administrators, psychologists, social workers, nurses and allied health professionals. • Supported the roll out of the Primary Care Implementation Plan - Primary Care continues to move its model to a multidisciplinary approach based in GP practices with the provision of practice-based pharmacists, MSK physiotherapists and mental health practitioners. • In Learning Disability Services, the NHS Community Learning Disability Service and the Social Work Learning Disability Team are now co-located, and further work is progressing to further integrate processes. • The Partnership responded quickly as part of a multi-agency response which was invaluable to support vulnerable people and communities during the pandemic, we redeployed Service Access Social Care and Community Link Worker staff to support the new Community Hubs, which provided food and prescriptions to people self-isolating. As the restrictions continued those teams also provided signposting to financial, housing, social isolation, wellbeing and mental health support, including a direct pathway to Crisis Services.

	<u>Improving Mental Health and Wellbeing</u>
	<ul style="list-style-type: none"> • The introduction of a new Dementia post-diagnostic app to provide helpful information to patients and family members impacted by dementia • Working with KA Leisure to deliver a revised health and wellbeing programme in response to the pandemic • Following the successful re-location of the Learning Disability Assessment and Treatment Unit from Arrol Park to Woodland View in June 2020, the Mental Welfare Commission carried out a visit and published a positive report for Ward 7a, Woodland View, Irvine. • Mental Health Action 15 monies funding has been targeted to employ eight mental health practitioners (MHP) in GP practices, enhancing the prison healthcare team and expanding of the role of the Crisis Resolution Team by introducing the Police Pathway 24/7 which gives Police Scotland direct access to CRT. • In November 2020 mental health Unscheduled Care services were a key partner in the redesign of urgent care service and are continuing to look at providing a 24 hour a day, 7 day a week mental health pathway for those with urgent mental health concerns, away from Emergency Departments. • The construction phase of the new Respite House and the new ASN School Campus has seen us work together and our state-of-the-art respite facilities for children and adults opened in summer 2021. • The Partnership working with South & East Ayrshire HSCPs completed a five-year transformation programme of Elderly Mental Health redesign work. This included the transfer of services to Woodland view and improved estate at Ailsa Hospital. This programme builds an earlier programme of work where a range of local community supports were developed for families affected by dementia, and this is now supported by high quality multidisciplinary specialist hospital-based services. • The lead partnership commissioned an 'Extreme Teams' approach to improving children and young people's mental health and wellbeing with timely access to services and support. This critical work has continued into 2021-22. • The report also notes the introduction of a pilot whole system model of mental health support ("the Kilwinning Wellness Model") which works together with partners supporting family wellbeing.
	The report uses case studies to demonstrate some of the performance highlights.
	<u>Children's and Justice Outcomes</u>
2.9	<ul style="list-style-type: none"> • Taking forward a number of initiatives to tackle poverty and inequality including supporting improved digital connectivity, assisting vulnerable families to access free school meals boxes during the pandemic and providing a range of activities for children and families • Progressing initial work in relation to 'The Promise' to drive forward change for care experienced young people • The Young People's Suicide Taskforce has taken forward the 13 Ways campaign. Education, Children & Adolescent Mental Health Services and Parent Councils have worked together to develop the Wellbeing model in

	<p>Kilwinning and the North Coast. As result of this work a Positive Mental Health and Wellbeing pocket guide was implemented across North Ayrshire.</p> <ul style="list-style-type: none"> The 'We Work for Families' employability programme supported 110 individuals who were referred for assistance with accessing training or employment opportunities.
2.10	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.
	Publication
2.11	This annual performance report is part of a suite of partnership public-facing documents. These documents are available from the NAHSCP website, www.nahscp.org .
3.	PROPOSALS
3.1	It is proposed that IJB notes the key achievements and performance during 2020-21 and the publication of the Annual Performance Report on the Partnership's website ahead of the 30 November deadline.
3.2	Anticipated Outcomes
	<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"> Outcomes for local people; Locality health and social care needs; Service provision (including lead partnership responsibilities and commissioned services); Transformational Change; Budget and financial information.
3.3	Measuring Impact
	With the publication of the Annual Performance Report 2020-21 the Partnership has met its obligations under the Public Bodies (Joint Working) (Scotland) Act 2014.
4.	IMPLICATIONS

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

Key Priorities:	This would ensure we fulfil our obligations in the Integration Scheme.	
Risk Implications:	None identified.	
Community Benefits:	Community is aware and informed about community-based health and social care services, plans and outcomes.	
Direction Required to Council, Health Board or Both	Direction to :-	
	1. No Direction Required	X
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

5.	CONSULTATION
5.1	Staff, partnership stakeholders, the Partnership Senior Management Team (PSMT), IJB Performance and Audit Committee (PAC), and the Strategic Planning Group (SPG) were consulted on the Annual Performance Report.
6.	CONCLUSION
6.1	The IJB is asked to note and retrospectively endorse the publication of the North Ayrshire Health and Social Care Partnership's 2020-21 Annual Performance Report.

For more information please contact: Paul Doak, Head of Service (Finance and Transformation) at pdoak@north-ayrshire.gov.uk

North Ayrshire Health and Social Care Partnership

Annual Performance Report 2020-21



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

Reflections from the Director

This report focusses on the performance of services, however the context in which we have delivered those has been very different with one of the most challenging years our health and social care services have faced. During the year we have all lived and operated in an environment dominated by the need for national and local measures to manage the impact of the Covid-19 pandemic whilst continuing to deliver essential services for those who need them most. We have very quickly established new services and adapted to restrictions, guidance, and different ways of working.

Our health and social care services have faced extreme pressures over the period, with increasing demand and individuals requiring a different type of support, the virus has had a major impact on individuals, families and communities and we know that we do not yet fully understand the longer-term impact on our services and communities.

The first national measures were put in place on 23 March 2020 which outlined restrictions on non-essential travel, work and social contact and services moved to an emergency response only footing, these restrictions were in place to differing degrees throughout the year with services remaining on an emergency footing throughout. The HSCP and partners have worked together to respond quickly to the pandemic, operating flexibly to respond to quickly changing national and local guidance, our combined efforts have seen significant changes to the way our services are delivered, some of those changes have brought learning and accelerated innovation and service transformation.

During the first lockdown the Partnership assisted in supporting over 5,000 people who were asked to shield. We have continued to utilise PPE and the technologies at our disposal to deliver our services safely. We have continued to face significant pressures and demands in mental health services, hospital discharges and some aspects of our children's services. The pandemic led to people experiencing greater levels of social isolation, loneliness, financial stress and had a negative impact on mental and physical wellbeing. As a response our Service Access Team and Community Link Workers were redeployed to support the new Community Hubs, providing signposting to financial, housing, social isolation, wellbeing, and mental health support, including a direct pathway to Crisis Services.

Throughout the report we have shared examples of the way services have responded to meet the changing needs of individuals and communities. As we recover from the pandemic, our transformation programme will continue to deliver on our efficiency plan and focus on service redesign. We will focus on the integration of services to deliver real change to the way services are being provided, and the scale and pace of change will be accelerated as services need to adapt to 'the new normal' following the releasing of COVID-19 restrictions. We will direct our resources to support the pandemic response and recovery to improve service performance and outcomes for our communities.

In March 2021 the Integration Joint Board approved a one-year Strategic Bridging Plan to focus on both service improvement and pandemic recovery with a longer-term plan being developed during 2021-22 to allow for a period of reflection and meaningful engagement. The learning from the last year,

as well as the emergence of a changing landscape for health and care services through the recommendations arising from the Independent Review of Adult Social Care and the political commitment to establish a National Care Service in Scotland will influence the future of the Integration Joint Board and Health and Social Care Partnership. The development of a new Strategic Plan (22-30) will seek to build on our partnerships with local communities, providers of services, our dedicated staff groups and people with lived experience and their unpaid carers who use health and care services.

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 that we can support a positive recovery for our health and social care service through working 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, our sixth 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 the final year of our second three-year Strategic Plan. This Strategic Plan allowed us to confirm with the people who use our services and North Ayrshire residents and staff that we should continue to focus on these five **priorities**:



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

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

Our Local Priorities

North Coast & Cumbrae

- 1 Reduce social isolation for older people
- 2 Improve support for stress/ anxiety
- 3 Address impact of musculoskeletal issues
- 4 Promote financial inclusion

Garnock Valley

- 1 Improve young people's mental health wellbeing
- 2 Address low level mental health (all ages)
- 3 Reduce social isolation across all age groups
- 4 Address impact of musculoskeletal issues

Kilwinning

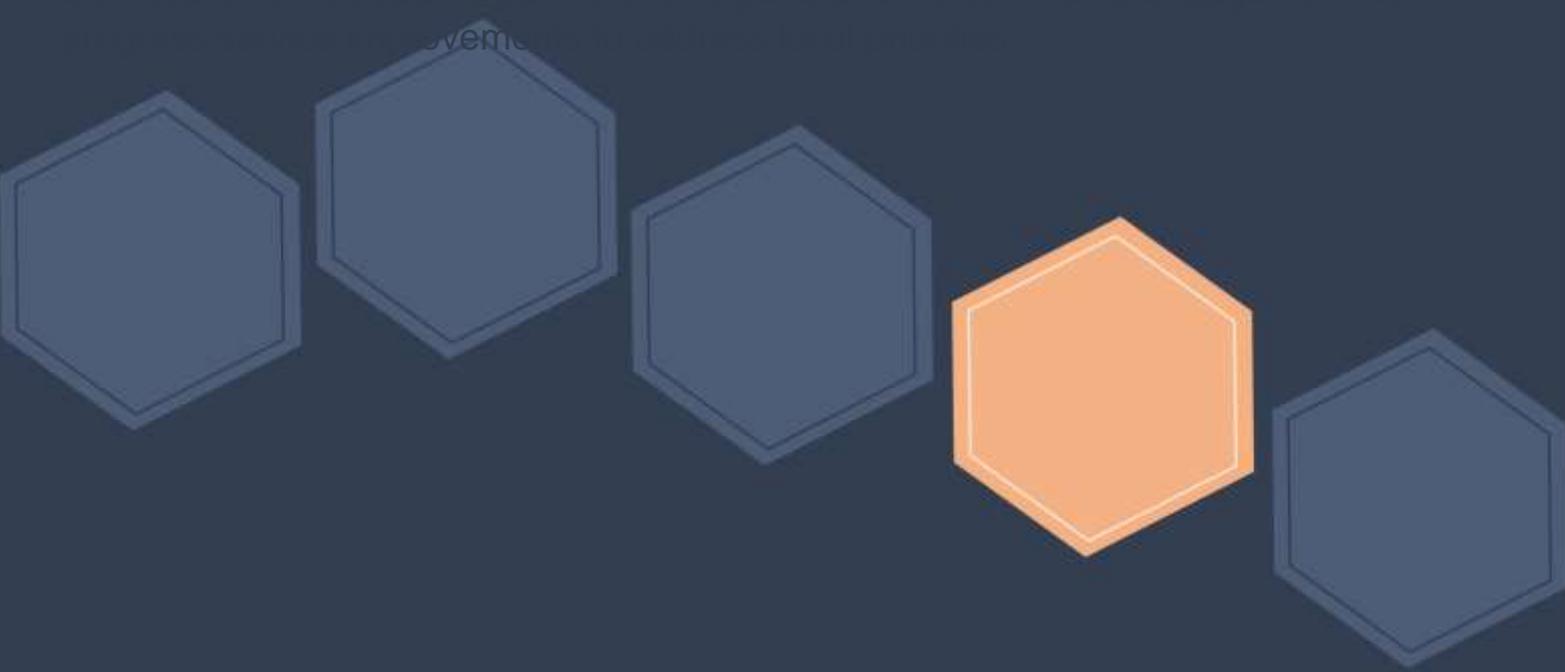
- 1 Engage with Early Years Centres
- 2 Provide GP visiting sessions to nursing homes
- 3 Provide occupations therapy in local pharmacy

Irvine

- 1 Reduce social isolation
- 2 Improve low level mental health issues
- 3 Provide access to physiotherapy

Arran

- 1 Develop transport solutions
- 2 Reduce social isolation
- 3 Improve support to those with complex needs



Structure of this report

We have measured and evaluated our performance in relation to:

- COVID-19 Pandemic Response
- 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.

COVID-19 Pandemic Response

Our experience

The Partnership – and our partner organisations – faced and continue to face considerable challenges due to the COVID-19 pandemic. Near the start of the Pandemic, the Partnership leadership team asked the core question: **‘How do we keep our service users, carers, staff and communities safe during this pandemic?’** This question was also asked by all our partners and communities. We are thankful for the kindness, collaboration, flexibility, and speed of the response of our staff, partners, and communities, which ensures that support continues to the most vulnerable in our communities.

Responding to the needs of our Communities



The Partnership, working with North Ayrshire Council Connected Communities team, redeployed Service Access Social Care and Community Link Worker staff to support the new Community Hubs which provided food and prescriptions to people self-isolating. As the restrictions continued those teams also provided signposting to financial, housing, social isolation, wellbeing, and mental health support, including a direct pathway to Crisis Services. The Partnership is in awe of the community response – volunteers, community group, local businesses all played a vital role in supporting people, neighbours, and friends – we continue to salute you!

Responding to the needs of People Shielding

During the first lockdown 5,695 people were asked to shield as a result of underlying health conditions. Working with North Ayrshire Council and its contact centre, the Partnership developed information response sheets for callers to be signposted to Community Hubs, financial, housing, social isolation, wellbeing, and mental health support. Locality Social Work Teams and Allied Health professionals supported shielding people with weekly welfare calls and calls to those most at risk continue.



Mobilising our services



The partnership updated its pandemic response plan, business continuity plans and developed detailed mobilisation plans which highlighted the governance, decision making and escalation points to respond effectively to demand pressures. Our new approaches enable flexible remote working, reduce the need for some buildings, enhance information sharing across partner organisations, and support people in managing their own conditions safely at home. Mobilisation plan information to end March 2022 is detailed in the actions section of this plan and will be subject to constant change and review to ensure an effective response.

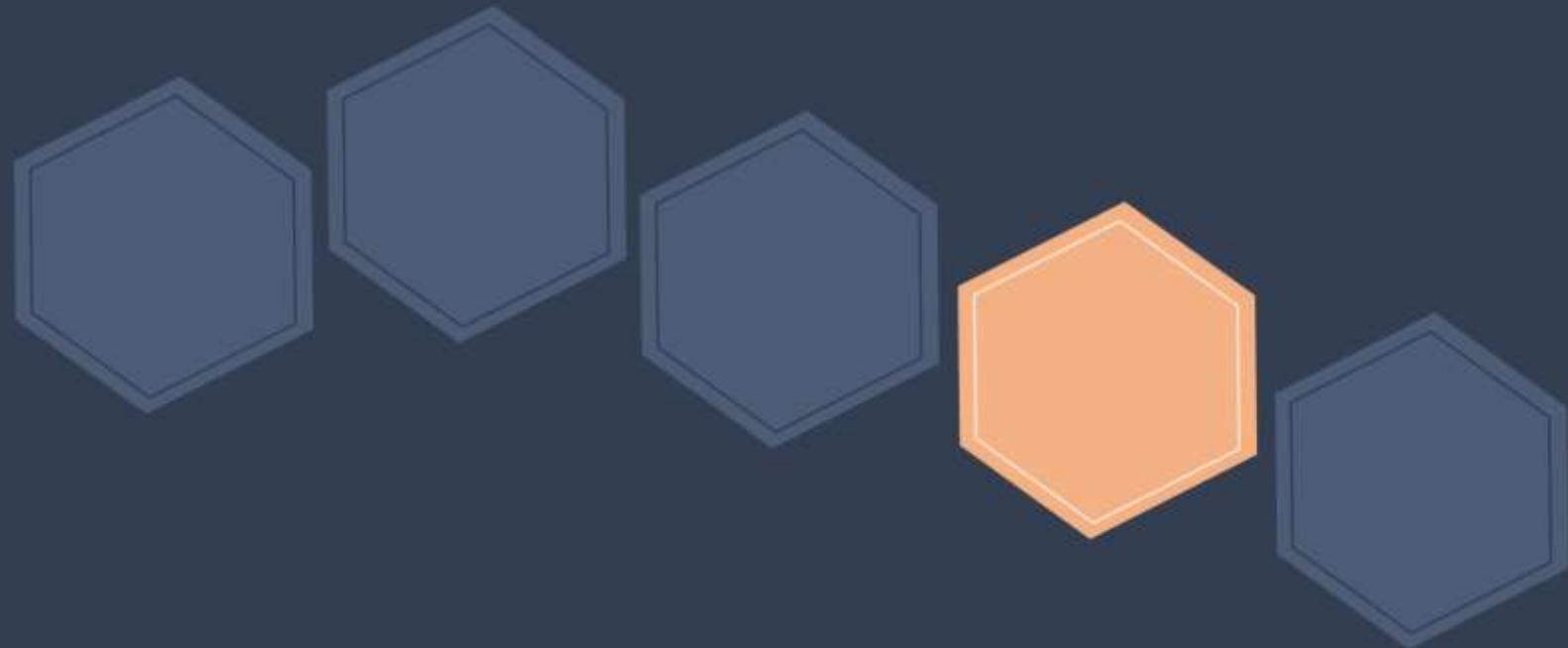
Strategic Performance

Strategic Priority

Prevention and early intervention

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
- 5 Health and social care services contribute to reducing health inequalities



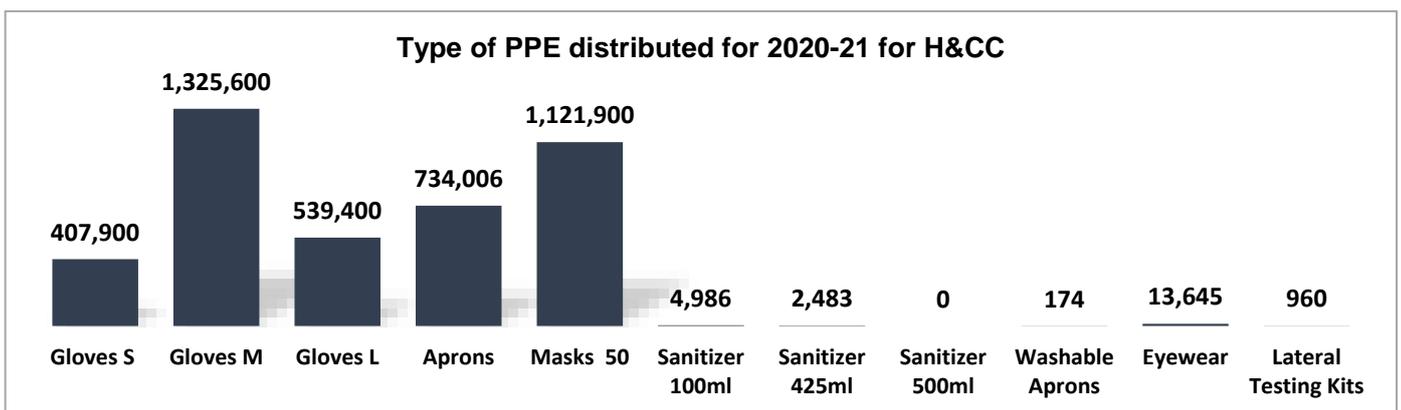
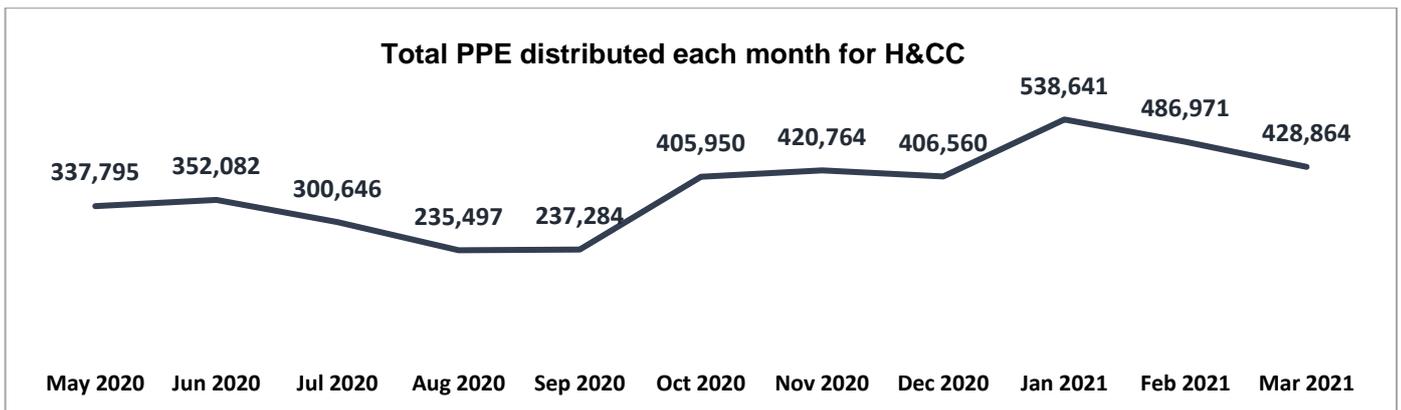
Our Highlights

4,151,054 pieces of Personal Protective Equipment distributed to H&CC Services

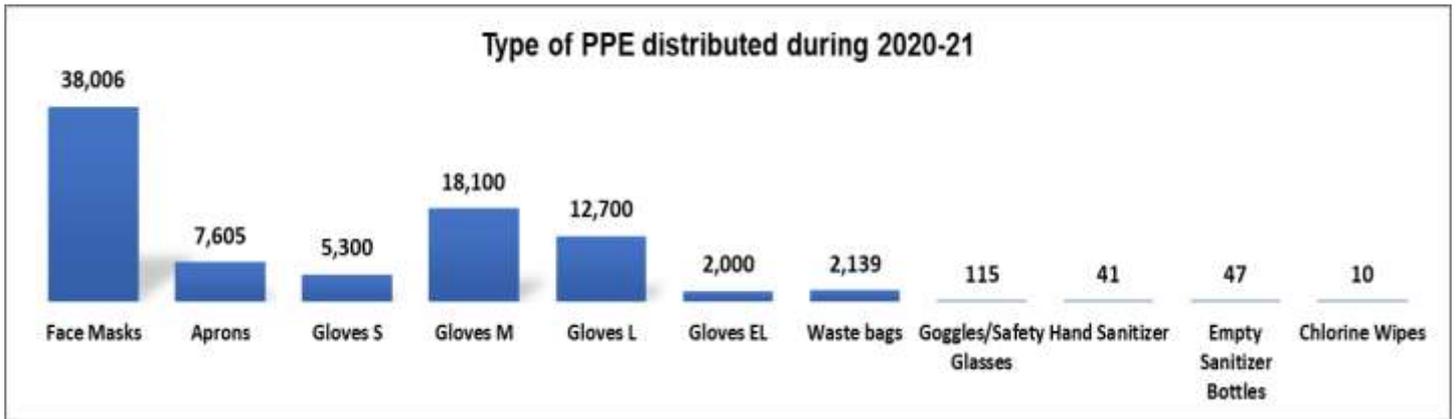
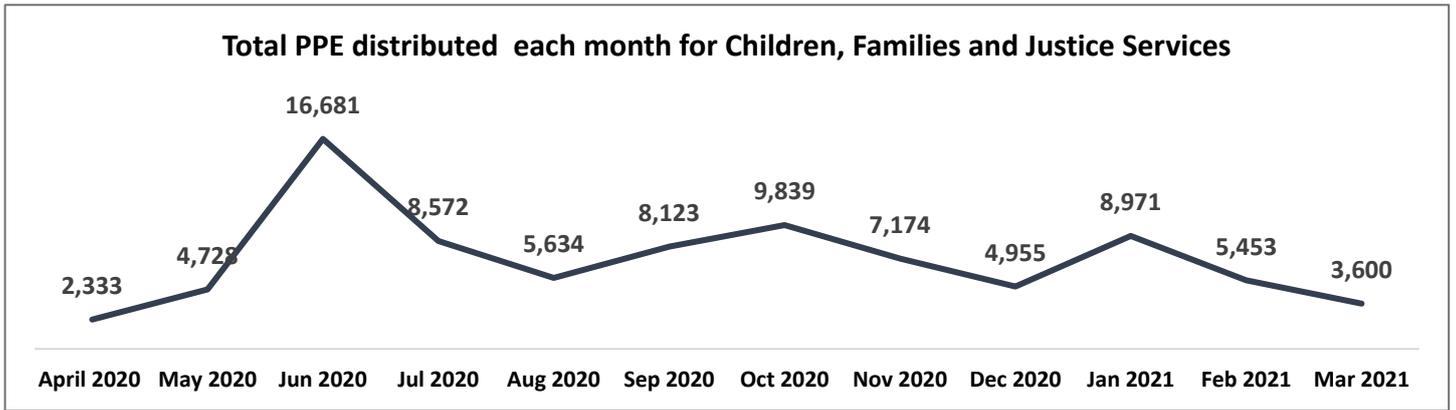
The Community Link Worker Service linked people with 3,515 groups, services, and organisations

For Children, families, and Justice Services, 86,063 pieces of equipment were distributed

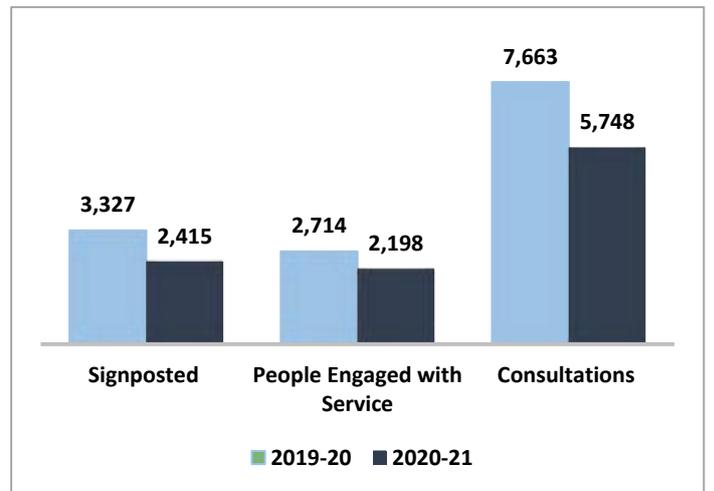
1.1 The COVID-19 pandemic required an immediate logistical response to the continuation of service provision while ensuring the safety of both workers and service users. The distribution of **Personal Protective Equipment (PPE)** ensured a safe response was possible. As of March 31st, 2021, we distributed 4,151,054 pieces of equipment from gloves to masks and hand sanitiser to H&CC Services. Monthly breakdown and types of PPE are shown below.



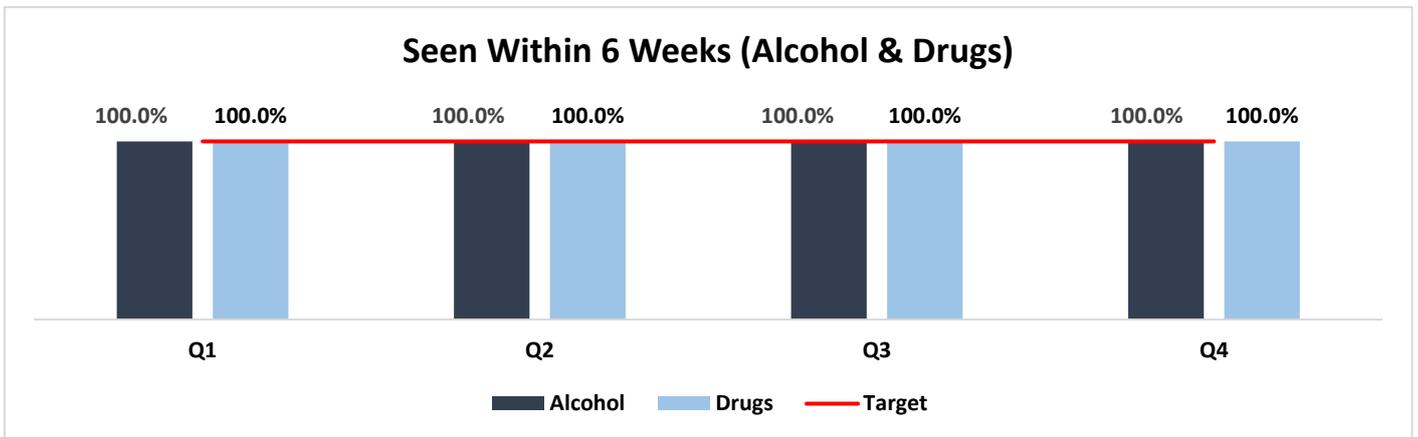
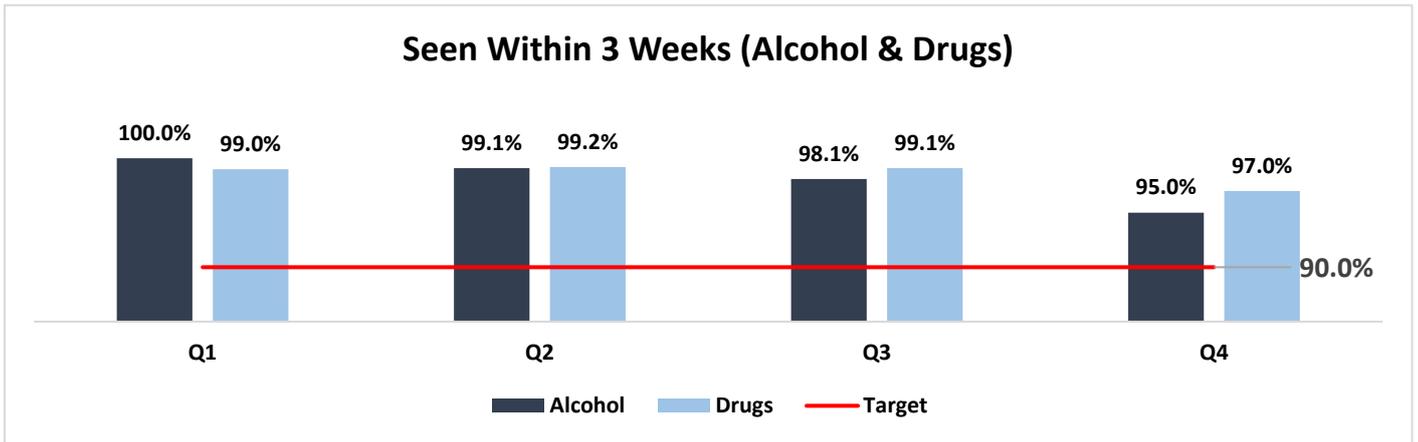
For Children, families, and Justice Services, 86,063 pieces of equipment were distributed. A breakdown of this is shown below.



1.2 In April 2020, the **Community Link Worker** service temporarily moved from providing support via GP Surgeries to the Locality Support Hubs setup to support our communities through the first lockdown of the COVID-19 pandemic. As restrictions started to ease at the end of May 2020 the focus returned to provision in our GP Surgeries. There was a total of 2,415 people signposted or referred to the Community Link Worker service in North Ayrshire GP Surgeries from April 2020 to March 2021; 91% of people engaged with the service (2,198) which was a 9% higher engagement rate than the previous year. The number of people attending the service this year was around 19% less than the previous year; this can be accounted for by the change to service provision due to the COVID-19 pandemic. The 2 highest reasons for attending the service continues to be Mental Wellbeing and Finance. Housing overtook Social Isolation as the third highest reason recorded this year. As well as providing holistic support during the 5,748 consultations, an increase of nearly 2% on last year, the service also linked people with 3,515 groups, services, and organisations.



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

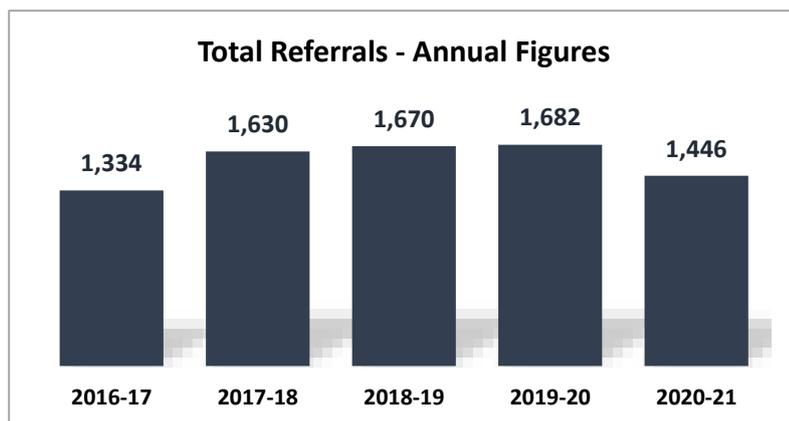
Target set by Scottish Government – Priority Settings	3,420
Total ABI delivery in Priority Settings (Ayrshire & Arran)	5,920

Target set by Scottish Government in Wider Settings	856
Total ABI delivery in Wider Settings (Ayrshire & Arran)	1,025

People being supported by NADARS during 2020-21 is evidenced further by:

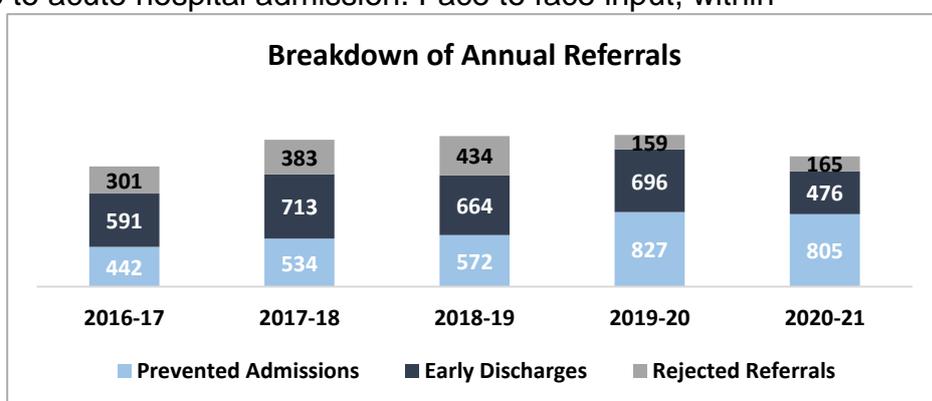
- 71% of service users reported reduction in alcohol intake
- 61% of service users reported a reduction in non – prescribed drug use
- 55% of service users reported an improvement in physical health
- 56% of service users reported an improvement in physiological health
- 55% of service users reported an improvement in social functioning

1.4 The Pan – Ayrshire Model for Enhanced Intermediate Care and Rehabilitation (ICT) is focussed on providing high quality care and support through pro – active early intervention and preventative action to stop older and people with complex needs becoming unwell in the first place or supporting them to manage their more effectively.



Since the outset of the COVID-19 Pandemic, the North Ayrshire Enhanced Intermediate Care Team has continued to provide a seven-day service, facilitating early discharge from hospital, and providing rapid alternative to acute hospital admission. Face to face input, within

individuals own homes continued to take place, with appropriate PPE, where clinically indicated and remote methods deemed not appropriate. Priority was given to urgent, admission avoidance activity, and maintaining flow through the overall hospital system.



1.5 The Partnership took part in an inquiry led by the Care Inspectorate into decision making and partnership working for Care at Home and housing support services during the COVID-19 pandemic between March 2020 and August 2020. The focus of this inquiry was on approaches and processes, how well partners worked together and what we can learn from this. The recommendations from this inquiry can be found here: [Delivering CAH and HSS during the COVID-19 pandemic](#)

1.6 The Health & Well-being Service delivered by KA Leisure received 93 new referrals and undertook 2,336 classes, with a total of 16,520 attendances at supported physical activity sessions in 2020-21. People who received follow up telephone consultations from the Active Lifestyles Team during the pandemic report following benefits:

45% feeling better and more positive after taking part	41% provided lifeline social interaction
35% experiencing less pain	35% reported improved mobility
26% reported an improvement in their fitness	50% felt their overall health had improved

Whereas the Mind and Be Active Service, also delivered by KA Leisure, received 32 new referrals, undertook 131 supported classes, and had 236 attendances at specific Mind and Be

Active supported physical activity sessions in 2020-21. Additionally, doorstep visits for frail and vulnerable produced some positive outcomes. 127 of these visits were undertaken, which included either a doorstep walks or exercise session, for 22 people. After 6 visits, the following was observed:

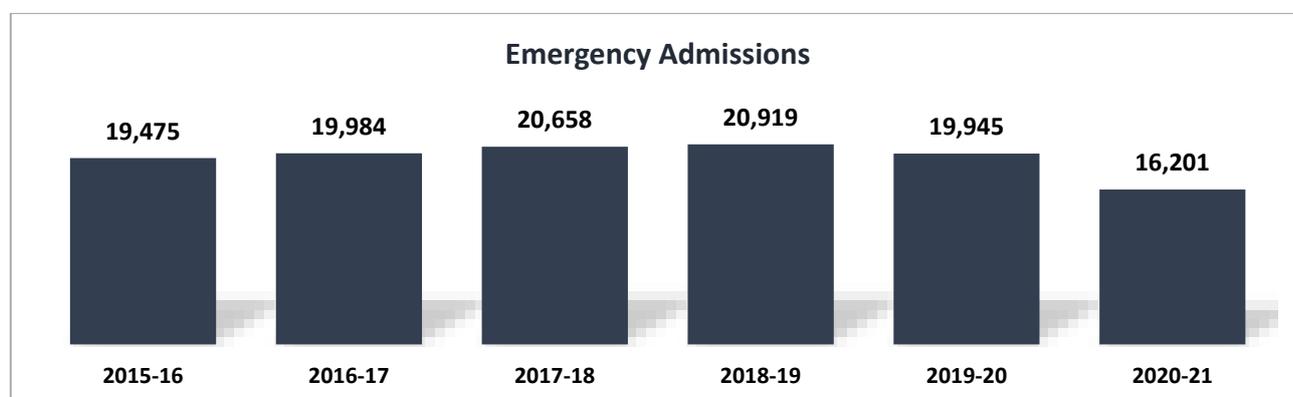
45% reported improvement in mobility	28% reported they were finding activities of daily living easier
29% reported improvement in mental health	21% felt their overall health had improved

1.7 Following the closure of KA facilities and community venues in North Ayrshire in response to the COVID-19 pandemic, a revised **Health and Wellbeing Programme** was developed to respond to lockdown restrictions and provide participants with support. This programme was continually developed and expanded over the proceeding months.

The revised programme included support, advice, and opportunity for participants to remain active within the Government guidelines and offers practical advice to maintain functional strength and mobility that may be essential for them to remain living independently. It aimed to ensure that there was an adequate provision of support available, as the majority of the programme participations fall within the vulnerable category due to age or long-term health conditions. The revised programme included.

- Telephone Support (Weekly or fortnightly)
- Home activity programmes
- Virtual class delivery – (Facebook closed and live classes, closed Zoom classes and pre-recorded classes)
- Walking – (Virtual walks, walk n’ talk, Buddy walks)

1.8 As at March 2021 we saw a reduction in **Emergency Admissions** compared with 2019-20. This is as a result of the impact of the UK pandemic restrictions and individual choice throughout the last year.



1.9 **AIMS Advocacy** has been awarded the Advocacy Quality Performance Mark (QPM) from the National Development Team for Inclusion (NDTi). They are the first Scottish independent advocacy organisation to do so. The QPM is the UK’s only independent quality performance

mark for organisations offering independent advocacy; an essential service for people who need support to express their needs and have increased choice and control in their lives.

To gain the QPM, independent advocacy providers have to undergo a rigorous self-assessment process and policy review. This is followed by a structured site visit for NDTi assessors to meet advocates and the people they support. The Advocacy QPM provides reassurance to people using the service that it provides a good standard of advocacy. It also provides the commissioners of the service with a robust benchmark to measure independent advocacy services, ensuring they select the very best providers. Morag McClurg, Service Manager from AIMS Advocacy said:

“We are delighted to have received the QPM. We found the process to be very thorough and it made us look at all aspects of our practice – at what we were getting right and the areas we could further develop.”

Quality Performance Mark Manager and Lead for Advocacy and Rights at NDTi said:

“The Advocacy Quality Performance Mark is only awarded to advocacy organisations who can demonstrate that they are providing excellent services to people often experiencing challenging situations in their lives. It indicates that they have the training and policies in place to ensure people’s rights are upheld and their preferences are heard and responded to.”

Further information can be accessed, and applications can be made via - <https://qualityadvocacy.org.uk/>

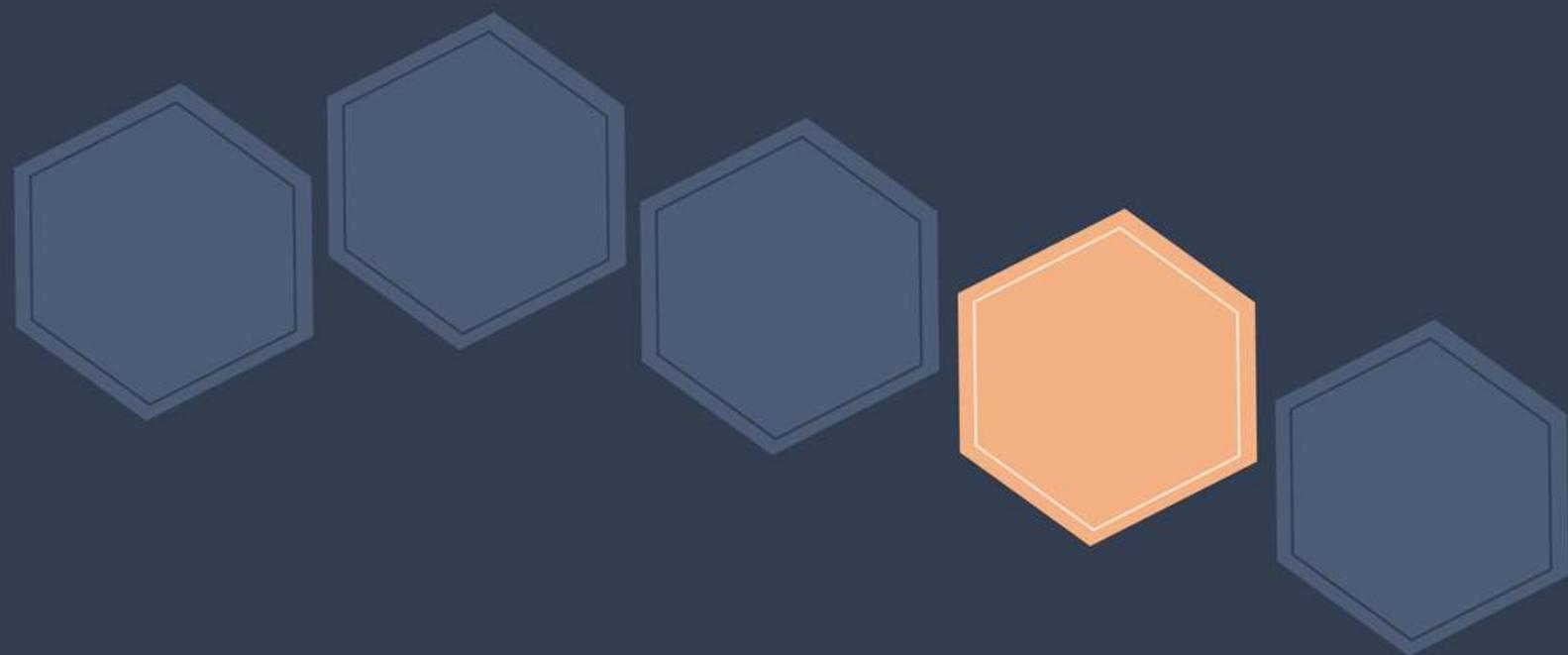
National Indicators

Adults able to look after their health very well or quite well	92%
Adults supported at home who agreed that they are supported to live as independently as possible	84%
Adults supports at home who agreed that they had a say in how their help, care, or support was provided	75%
Rate of Emergency Hospital Admissions for adults (Per 100,000 population)	14,057
Rate of emergency bed days for adults	135,075
Falls rate per 1,000 population aged 65+	18

Strategic Priority **Tackling 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**



Our Highlights

The Dirrans Centre has held onto its Platinum Investor's In People status

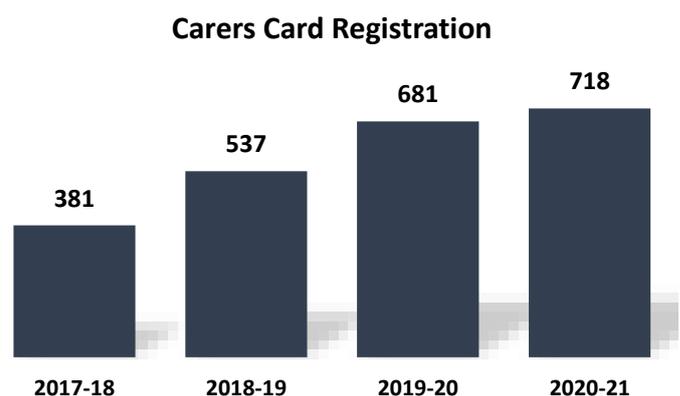
The Money Matters Team has supported the most vulnerable people in our communities accessing entitle benefits in excess of £15M

New Facebook group for anyone living with a sensory impairment in North Ayrshire

- 2.1** Our **Dirrans Centre** has once again held onto its Platinum Investor's in People status – beating off competition from nine other entries. The Platinum Award is the highest accolade available through the internationally recognised Investors in People scheme. The Dirrans Centre rehabilitation facility provides personalised community-based supports to build independence, self – management and activity for service users across North Ayrshire.
- 2.2** Our **North Ayrshire Sensory Impairment Team** has launched a new Facebook group for anyone living with a sensory impairment in North Ayrshire and the surrounding areas, as well as their friends and family. The group is used to share important updates and information from the team, as well as various charities and organisations working with those living with a sensory impairment. It will also share links to information from the Scottish Government and NHS in British Sign Language and provide a place where people can meet up, have a chat, and share advice.

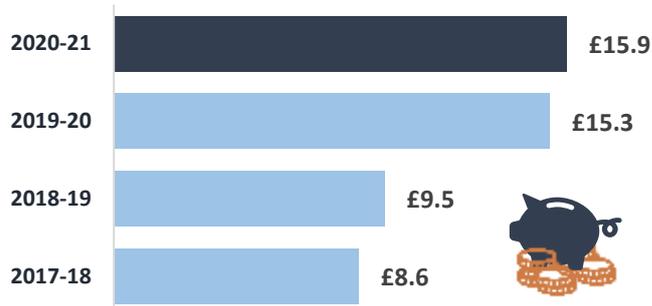
- 2.3** The **Carers Team** compiled a COVID-19 Guide to make it easier for carers to find the right information in relation to the pandemic. Additionally, they provided different breaks from caring with Scottish Government funding received by Unity (Our local Carers Centre) – supporting 46 carers with a laptop, meals out, gardening equipment, sports equipment, electronic tablets and exercise equipment. There was also a wellbeing fund which

supported 41 carers with fuel and food parcels. Carers Week continued to run 8 – 14th of June 2020 with the aim to Making Caring Visible. Many carers and carer organisations continued to celebrate, provide, and receive support with and from their carer peers during this week. Additionally, 718 people have registered for the Carers Card.



2.4 Our **Money Matters Team** once again supported the most vulnerable people in our communities accessing entitled benefits to the incredible sum of £15,901,265.76, an increase of £595,351.33 from 2019-20. This is a great achievement against a backdrop of austerity/welfare reform cuts and is testimony to everyone's work in the Money Matters Team. Additionally, Money Matters received 3,601 enquires/referrals, with a 76% success rate for appeals which proceeded.

Money Matters - Annual Comparison (Millions)



2.5 Break the Silence provide professional support to survivors of rape and sexual abuse, of all genders aged 13 years and over, living in East and North Ayrshire. Options for support include professional counselling using qualified psychotherapists; complementary therapies; group activities; volunteering opportunities; couples support; and professional counselling support for partners and family members.

In March 2021, Break the Silence were delighted to hold their first virtual conference, with over 120 in attendance from a range of public, private and third sector organisations. The conference, featuring a mix of presentations, talks, interviews and interactive sessions focussed on the different types of trauma; the impact this can have on the sense and body; and on the impact for maternity care. The day also highlighted messages of recovery – of hope and resilience. There was also focus on vicarious trauma and the importance of self – care (Possibly more important now than it has ever been).

Break the Silence were pleased to report that 100% of attendees found the conference educational and informative with 95.6% saying they now have a better understanding of trauma, and 97.8% saying they now have a better understanding of the challenges experienced by survivors.

Feedback:

“I thought this was a really valuable workshop and I have enhanced my understanding of trauma and the challenges experienced by survivors through attending this”

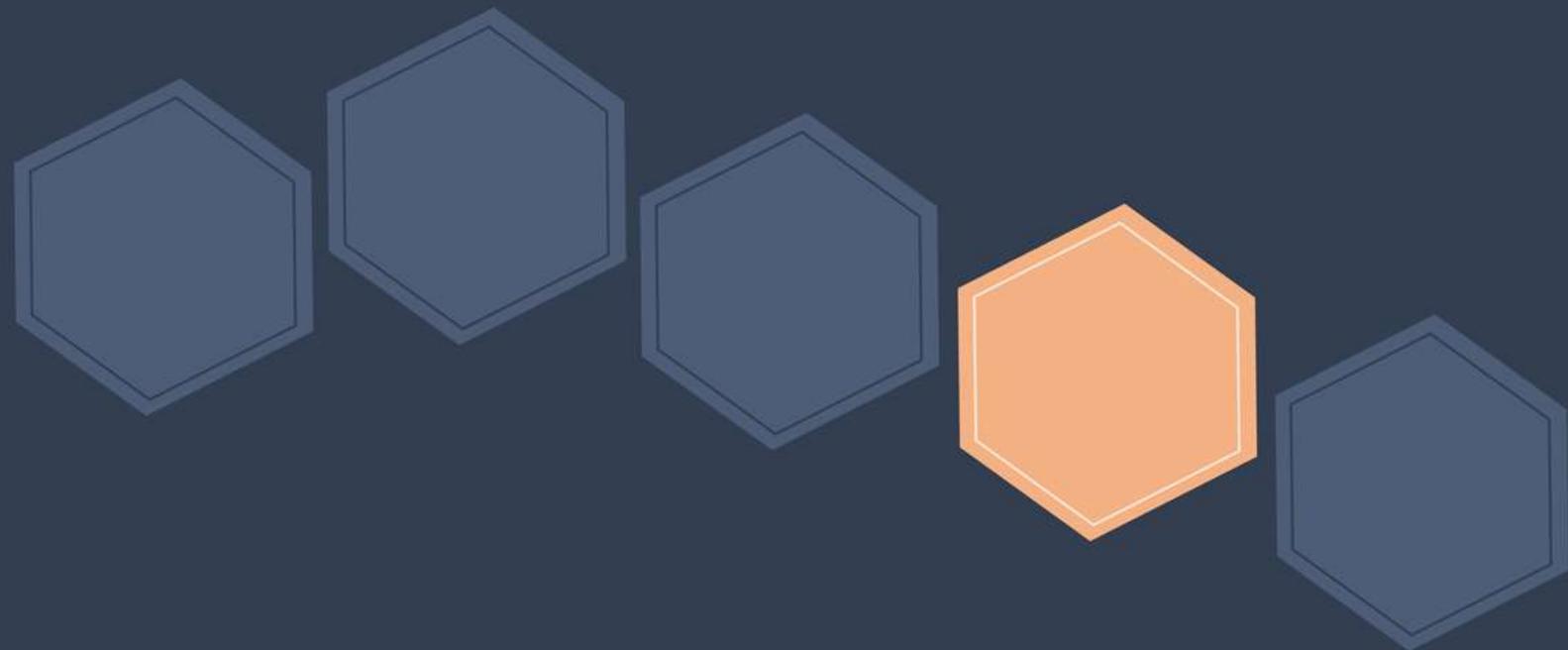
National Indicators

Carers who feel supported to continue in their caring role	32%
Adults supported at home who agreed they felt safe	85%
Premature mortality rate (Under 75s age-standardised death rates for all causes per 100,000 population)	516

Strategic Priority
Engaging 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**



Our Highlights

28 compliments were received by the Health and Social Care Partnership

137 responses were received via the What Matters to You Consultation

210 responses were received during a survey carried out by our North Ayrshire Drug and Alcohol Recovery Service

- 3.1** During 2020-21, 28 **compliments** were received by the Health and Social Care Partnership relating to the service provided and the professionalism demonstrated by partnership staff.

Compliments

“Heartfelt thanks for Team Manager and team for support and intervention with elderly neighbour and for attending to crisis situation and assisting get appropriate supports in place”

“Thanks given to Service Access OT for help in supporting her dad with regards to OT equipment. She couldn’t believe how quick the turn around was and appreciated everything the OT did to help her father”

“Customer would like to thank the Beith Care at Home Staff for the excellent care they gave to her late husband. She is very pleased with the care her husband received and said the team couldn’t have done a better job”

“Compliment to Senior Officer to thank him for all his help and support to the family”

“Compliment to worker from C&Fs Intervention Services/Service Access for assistance and perseverance in arranging visit”

“Thank you card received in respect to North Coast Art Team”

- 3.2** A total of 144 **complaints** were received during the year and were across all service areas. With 24 being upheld across all service areas.

Complaints Upheld by Service



Of the 24 upheld complaints, 8 were categorised as relating to a vulnerable person. Complaint categories are listed below:

Complaint Topic	No.
Communication	7
Sensitive Issue	1
Service Provision/Service Delivery	9
Staff behaviour (incl. alleged or perceived)	6
Other	1

3.3 NADARS undertook a separate client experience survey during the COVID-19 pandemic and received 210 responses. It found the following:

- 95%** of clients reported that they received regular contact during the COVID-19 pandemic
- 88%** of clients felt supported by workers who encouraged and helped them on their own recovery goals
- 93%** of clients felt listened to
- 89%** of clients felt that they were able to access the right information to manage their own care and support
- 88%** of clients felt encouraged to connect with recovery/community groups that could support their recovery journey

The majority of clients felt supported and had received good communication and engagement from staff during the COVID-19 pandemic. It was noted that the service went above and beyond at times to aid clients on their recovery journey by the delivery of medication, regular telephone support and signposting to other online groups/meetings which was considered beneficial, especially in times of need. This service has reflected on this service user feedback and has implemented a number of improvement actions.

3.4 Ayrshire Independent Living Network (AILN) have been providing high quality Self-Directed Support (SDS), advice, and information to the people of Ayrshire for over a decade. In that time the service has grown in the number of people we support and in our staff numbers. Since 2005 the three Ayrshire councils have jointly funded the SDS support & information service. Our payroll service is self-funded, and our development team are funded by the Step in the Right Direction and National Lottery fund.



However, during lockdown AILN went above and beyond to ensure the people who use the service were fully supported. In support of care provision funding for PPE was successfully secured and approximately 75 personal employers benefitted from one week’s worth of full PPE (Aprons, gloves, masks, and hand sanitiser) for each of their Personal Assistants (PA’s). The clients were beyond grateful as they were unable to source the PPE and they were worried that they would not be able to receive the support needed.

Feedback:

“Thank you I could not have had my PA’s coming into my home without PPE and I did not know what to do”.

Funding was also secured for Befriending support and our staff worked additional hours to contact AILN clients to ensure they were ok, provide a listening ear and link or signpost them to any additional local support in their area as many of the clients were in the shielding category. They also created a directory of support locally and were able to share this with their clients and other organisations. The Befriending ensured that their clients knew they had their full support in a time of uncertainty.

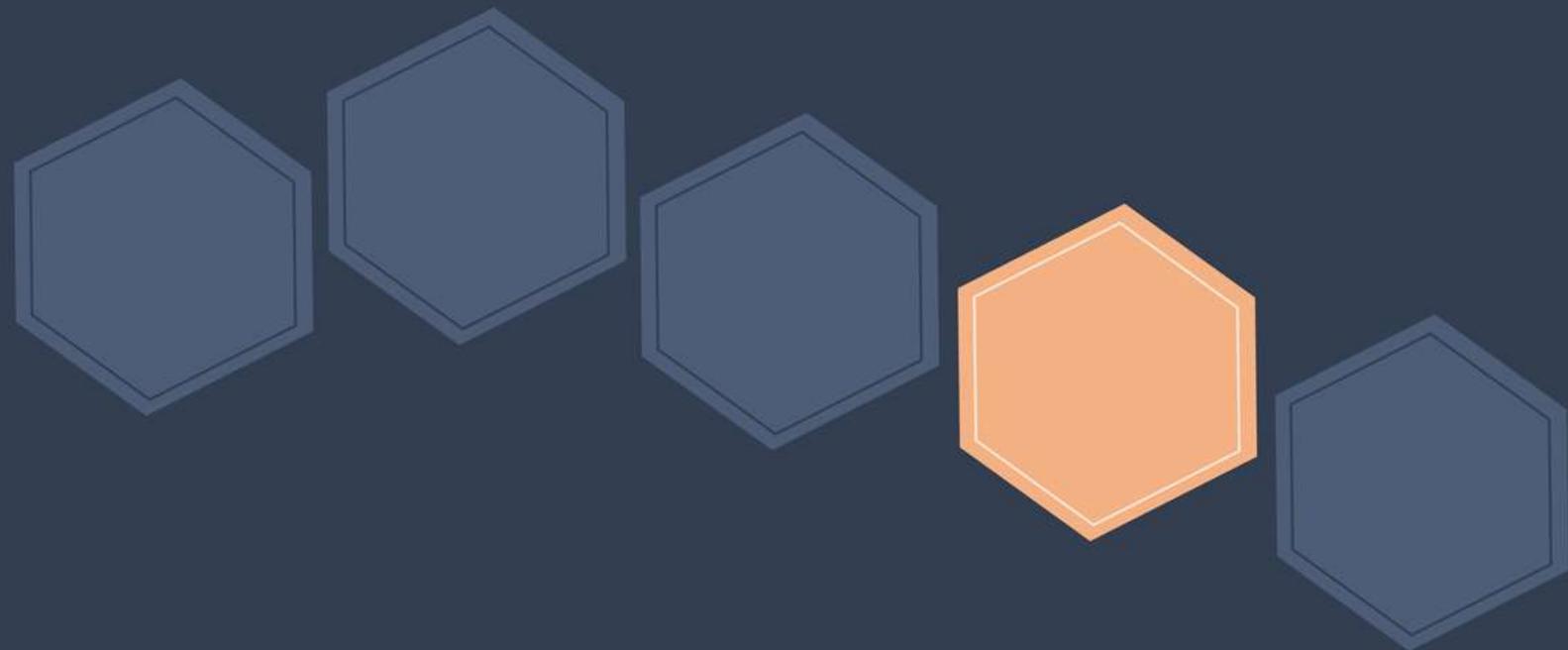
National Indicators

Adults receiving any care or support who rated it as excellent or good	77%
People with positive experience of the care provided by their GP practice	73%
Proportion of care services graded ‘good’ (4) or better in Care Inspectorate Inspections	88%

Strategic Priority **Bringing Services Together**

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**



Our Highlights

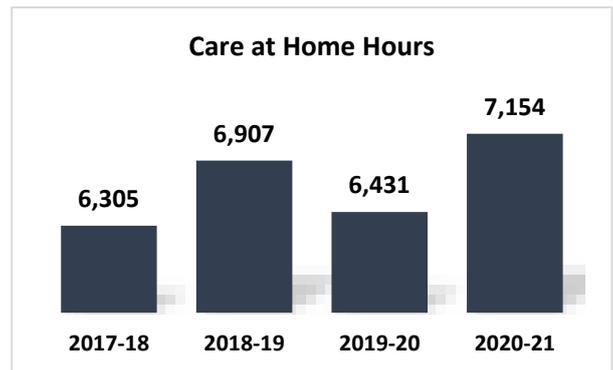
9,766 days of ICT service provided as an alternative to hospitalisation

98.9% of ICT service users were seen within 1 day of referral

Five library buildings in North Ayrshire were set up as health and Wellbeing Hubs for care home staff and care at home staff.

- 4.1 The NHS COVID-19 **Carer** Subgroup worked with primary care to encourage pharmacies to be carer friendly and help carers to self – identify. The group produced a leaflet for bag-drop and administered training to 6 test site pharmacies.
- 4.2 Our **Intermediate Care Team (ICT)** supports people to regain their independence by supporting them when they are either discharged from hospital, or in their own homes, to prevent admission to hospital. This early intervention and prevention approach provided 9,766 days of ICT service (during 2020-21) as an alternative to hospitalisation, a slight decrease from 2019/20. Additionally, 98.9% of service users were seen within 1 day of referral.

- 4.3 Compared to 2019-20 we have seen an increase in **Care at Home** hours lost due to the cancellation of hospital discharges with 7,154 hours lost compared to 6,431 from the previous year.



- 4.4 Five library buildings in North Ayrshire were set up as **Health and Wellbeing Hubs** for care home staff and care at home staff. These hubs provided a bridge between work and home life, a space where staff could take time out to recharge their batteries, talk to colleagues and line managers about the impact of the COVID-19 pandemic on themselves and their service users and access support information on a range of health and wellbeing topics.

Feedback from the carers has been positive and they have enjoyed the light, airy and calm library spaces situated within their own locality. Library staff have been very supportive and empathetic with the carers and have seen many repeat visits – around 560 each week – with new relationships being forged. The use of the public library buildings in this way reflects the safe, non – judgmental third space that these buildings provided communities pre - lockdown.

Comments:

“...safe environment for staff to talk about personal stress...”

“Very relaxing and welcoming space ...”

“I think this is a fantastic resource!”

- 4.5 Working throughout lockdown and COVID-19 restrictions presented challenges for the public, service users, partners and staff of the Partnership. This period also provides learning opportunities. Analysing several sources, (Such as **the Locality Planning Forum, Community Hubs, Third Sector Partners, Justice Service and Service Users**) seven key messages emerged from experiences and on managing during the pandemic and restrictions.

Community strengths were used and developed

- The North Ayrshire community rose to the occasion making good use of its assets
- It also developed or grew its social capital (e.g. volunteer numbers and group connections)

Collaboration and mutual support helped

- Third sector & community groups collaborated well with the CPP and the NAHSCP
- Collaboration between the public and services heightened and helped

Mental Health remains a priority with expected increased need

- The impact on mental health for the public
- For staff is one of the most recurring and poignant messages. Needs are likely to increase

Our strategic priorities remain relevant

- No new strategic priorities were created
- Improving mental health, tackling inequalities (e.g. digital divide) and community engagement are particularly relevant during restrictions

People rapidly flexed to adopt new practice

- Public, staff and volunteers adapted, and adopted digital technology, quickly
- Staff contribute by taking on new tasks or doing their jobs differently

Partners exhibited enabling and flexible leadership

- Community groups demonstrated leadership
- As did services and providers

We are managing the huge financial impact where possible

- NAHSCP has estimated the cost of £7.2m for its mobilisations plans
- NA -active third section, social enterprise and community groups accessed funding of over £1.2m in a collaborative context

- 4.6 NHS Ayrshire and Arran piloted **alternative rehabilitation delivery** during COVID-19. This included four individual weekly appointments with the cardiac rehabilitation team within Kay Park, Kilmarnock. Appointments were designed to support health behaviour change and provide advice on walking routes. Additionally, themed sessions with opportunities to discuss medication, cardiac signs and symptoms, physical activity, healthy eating, emotional well-being, and vocational concerns. This included multidisciplinary input from: Physiotherapy, Nursing, Occupational therapy, and Weigh to Go. The 6 who took part in the pilot agreed the following:

- Venue suitable private
- Sufficient information on themed topics
- Sessions improved confidence, activity levels and anxiety
- All questions answered

4.7 Our **staff well-being hub** was opened within Ayrshire Central Hospital in Irvine that was available for all staff working in the North Ayrshire Health and Social Care Partnership. It offered:

- A gentle space with comfortable seating and calm atmosphere
- One – to – one conversation
- Wellbeing advice
- Quite space for reflection
- Access to Psychology Services
- Hot and cold drinks and snacks.

This hub was staffed with peer supporters with psychology supervision. Social distancing and hygiene measures were in place for the safety of visitors and staff.

4.8 **Arran services** have established a staff wellbeing rest area where staff can go and have quiet time and make use of the recliner chairs has been well received. Access to the Counselling sessions on Arran have been well used and staff have found the chance for 1-2-1s beneficial. The staff helpline and occupational health support have also been invaluable, as well as access to vouchers for Heather Lodge on Arran that provides a range of physical and psychological support.

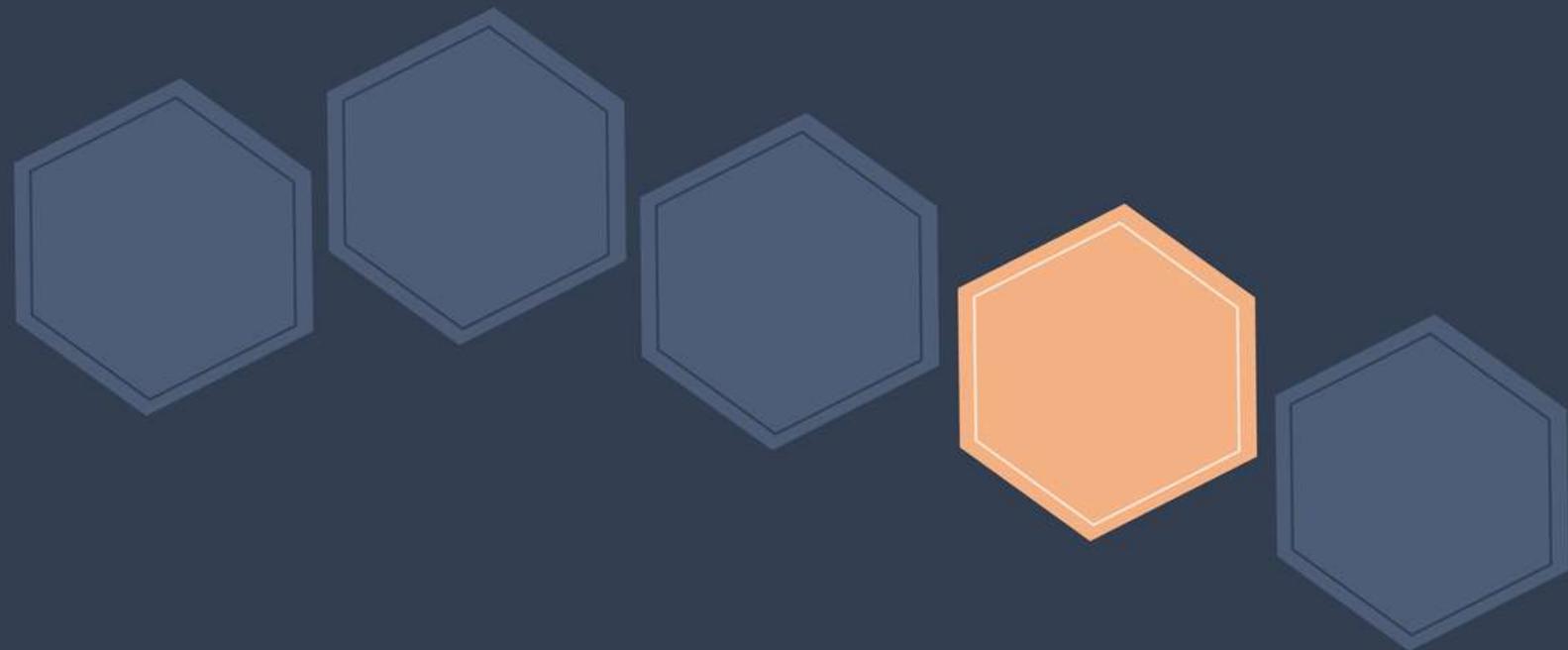
National Indicators

Readmissions to hospital within 28 days of discharge	114
Percentage of adults with intensive needs receiving Care at Home (all levels of CAH)	73%
Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1000 population)	386
Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency	26%

Strategic Priority
Improving Mental 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**



Our Highlights

Dementia Post – Diagnostic Support App has been developed

A revised Health and Wellbeing Programme was developed by KA Leisure in response to the COVID-19 pandemic

The Active Lifestyles Team continued to work remotely supporting our Active North Ayrshire (ANA) participants

- 5.1 NHS Ayrshire and Arran has developed a new **Dementia: Post – Diagnostic Support App** to provide helpful information to patients, family members and friends impacted by a dementia diagnosis. This free app provides information about understanding dementia, managing symptoms, healthcare advice, making community connections, accessing peer and Carer supports, decision making and understanding your rights. To access the App search for “NHS Ayrshire and Arran” in your Apple or Android mobile telephone App store. Once you have the NHS Ayrshire and Arran App downloaded, you will then be able to search for “Dementia: Post Diagnostic Support”.

Case Study:

“Just want to write a wee post to thank MBA (Mind and Be Active) for basically saving my life. Today at nearly 29 years old I celebrated being 23 months sober today! I came to MBA straight out of rehab back in 2017 to get some fitness and boost my mental health. 2017 was the worst year of my life I lost my mum to lung cancer; my world fell apart and my drinking became worse. With encouragement I got help with my drinking and I started gym sessions with WORKER A and haven't looked back since. MBA should get her awards cause if I never came to MBA and didn't meet WORKER A I don't know where I would be!”

“The activities and support throughout lockdown have been great. It's given me the encouragement that I needed to continue with my fitness. I have been walking at least 6km a day and taking part in the cases on the group page when I can. I join in the social chat sessions during my break at work which helps keep me motivated and its lovely to see the team and others from the programme. Today I walked nearly 27km, my eyes are bright and I'm loving life. Anyway, thank you MBA and thank you to my wee hero aka boss lady WORKER A”

- 5.2 **The Active Lifestyles Team** continued to work remotely supporting our Active North Ayrshire (ANA) participants to remain active or simply to provide some support to those who are struggling during social distancing and self - isolation.

Most of the participants fell within the vulnerable category either due to age or long – term health conditions meaning they were self – isolating within their own homes. For those who live alone or who had already been struggling with their mental health, particularly those within

the Mind and Be Active programme, this was a particularly stressful time, and many found it difficult to cope with feelings of loneliness.

What became most imperative was the value of the phone calls for participants who were experiencing social isolation. Phone calls lasted from 5 to 50 minutes and many participants reported that they were at home alone and the phone call was one of their only point of social contact during the week.

Case Study:

“One participant lost her husband in December 2019 and with no family living nearby she’s finding it hard to cope being alone at home. The team spent 40 mins on the phone to her today and she said she was so grateful to speak to us and have a chat. She has been hiding her feelings from her family as with them being so far away, she didn’t want them to worry about her not coping. Both she and her husband were due to celebrate their 80th birthdays with family during the lockdown period.”

“One class participant reported that she no longer needs to hang onto her partner to walk and believes its due to the daily exercises she has been doing on a regular basis since receiving the home exercise booklet from Active Lifestyle Team. She now walks and does her exercises so is actually doing more than she normally would.”

5.3 NHS Ayrshire and Arran and North, South & East Ayrshire Health & Social Care Partnership’s and their partners in emergency care, primary care, mental health, Scottish Ambulance Service, Police Scotland, Scottish Fire and Rescue and third sector have been working closely with **the Distress Brief Intervention (DBI)** National Central Team through the DBI Associate Programme to develop connected compassionate support for people presenting in distress in Ayrshire & Arran. Key elements of progress include:

- Governance: The Ayrshire & Arran DBI Implementation Group will oversee the implementation of the DBI programme, linking closely with national DBI Central Team and National Programme Board
- Intervention, support & training: The University of Glasgow’s Institute of Health & Wellbeing have developed core DBI training (Level 1) for front – line colleagues, which will be incrementally delivered, starting with the first three GP practices.
- Public Health Scotland: Routine data, collection analysis and reporting is supported via the current DBI Principal Information Analyst on secondment from Public Health Scotland to the DBI Central Team, in – line with information governance requirements.
- DBI Level 2 providers: Penumbra have been commissioned and bring their extensive experience pf DBI to lead and deliver the DBI Programme in Ayrshire & Arran. DBI practitioners have been recruited, received their DBI Level 2 Training developed by University of Glasgow and are now in a position to deliver DBI support.

National Indicators

Adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	79%
Proportion of last 6 months of life spent at home or in community setting	89%

MSG Indicators

Emergency admissions to acute hospitals	16,157
Emergency admissions to acute hospitals (Rate per 1,000)	10.0
Admissions from emergency department	10,886
Admissions from emergency department (Rate per 1,000)	6.7
Percentage of people at emergency department who go onto ward stay (conversion rate)	37
Unscheduled 'hospital bed days' in acute hospital	112,871
Unscheduled 'hospital bed days' in acute hospital (Rate per 1,000)	69.8
Unscheduled 'hospital bed days' in long stay mental health hospital	29,787
Unscheduled 'hospital bed days' in long stay mental health hospital (Rate per 1,000)	18.4
Unscheduled 'hospital bed days' in geriatric long stay	5,123
Unscheduled 'hospital bed days' in geriatric long stay (Rate per 1,000)	3.9
Emergency department attendances	29,583
Emergency department attendances (Rate per 1,000)	18.3
Percentage of people seen within 4hrs at emergency department	87.2

MSG Indicators – Delayed Discharges

Delayed discharges bed days (all reasons)	8,394
Delayed discharges bed days (all reasons) (rate per 1,000)	6.4
Delayed discharges bed days (code 9)	2,301
Delayed discharges bed days (code 9) (rate per 1,000)	1.8
Delayed discharges H&SC Reasons	6,093
Delayed discharges H&SC Reasons Rates	4.6

National Health and Wellbeing Indicators

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 organisations service provision.

Due to the COVID-19 pandemic the data completeness and validation for these indicators has been delayed as Public Health Scotland personnel have been re-tasked to other prioritised works. The information below represents the most up-to-date information with further updates accessible from – [Public Health Scotland](#)

Health and Social Care Experience Indicators	2015–16	2017–18	2019-20	Scottish Av %	Rank against Family Group
Adults able to look after their health very well or quite well	93%	91%	92%	93%	4
Adults supported at home who agreed that they are supported to live as independently as possible	82%	84%	84%	81%	3
Adults supported at home who agreed that they had a say in how their help, care, or support was provided	77%	70%	75%	75%	5
Adults supported at home who agreed that their health and social care services seemed to be well co-ordinated	78%	74%	76%	74%	5
Adults receiving any care or support who rated it as excellent or good	79%	78%	77%	80%	7
People with positive experience of the care provided by their GP practice	84%	80%	73%	79%	6
Adults supported at home who agree that their services and support had an impact on improving or maintaining their quality of life	82%	82%	79%	80%	6
Carers who feel supported to continue in their caring role	43%	39%	32%	34%	8
Adults supported at home who agreed they felt safe	79%	80%	85%	83%	4

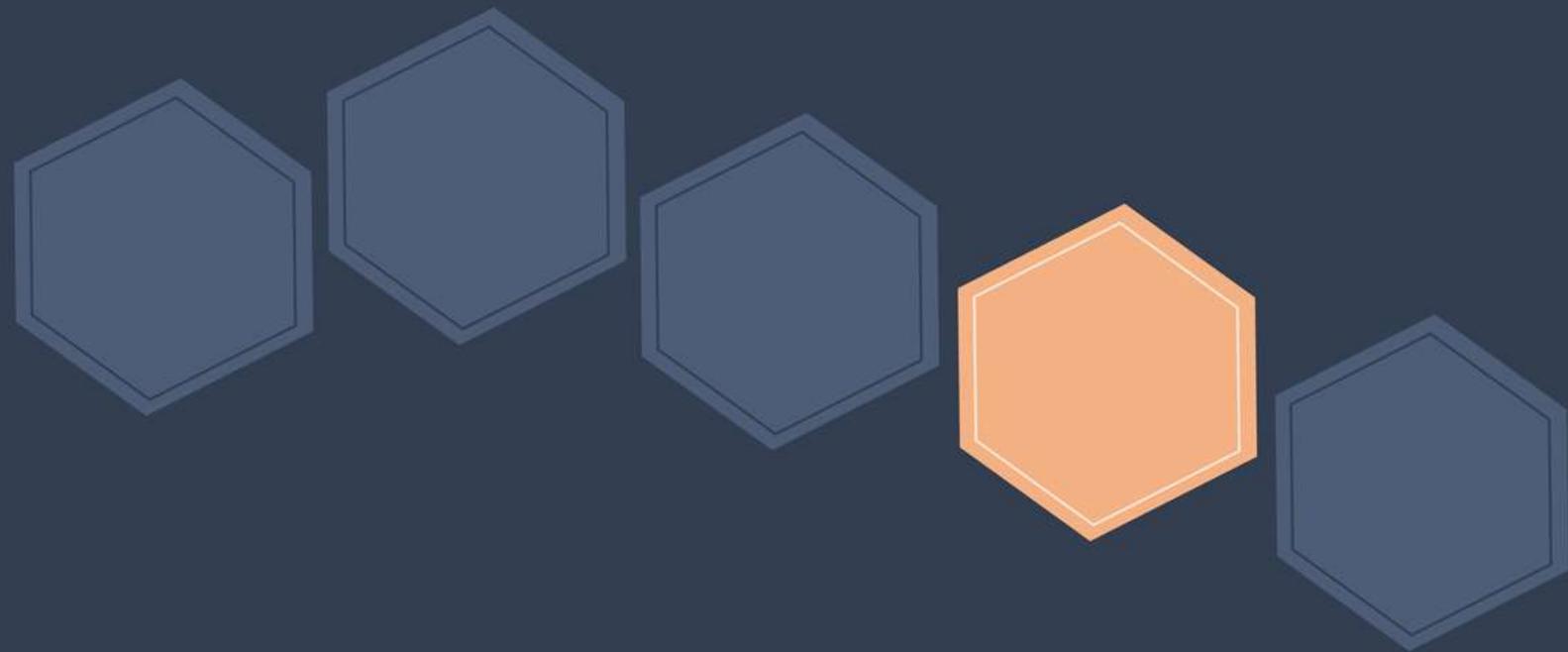
To support service improvement, the Scottish Government has identified local authority / Partnership benchmarking families. These family groups are made up of eight local authorities that share similar social, demographic, and economic characteristics. Comparing our performance information with our family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

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

Indicators based on Administrative data	2016–17	2017–18	2018–19	2019-20	Scottish Av % Diff	Rank against Family Group
Premature mortality rate. (Under 75s age-standardised death rates for all causes per 100,000 population).	490		446	516	457	3
Rate of Emergency Hospital Admissions for adults (per 100,000 population)	16,249	16,481	16,513	14,057	11,100	7
Rate of emergency bed days for adults.*	139,750	149,902	142,441	135,075	101,852	8
Readmissions to hospital within 28 days of discharge.	105	106	107	114	114	4
Proportion of last 6 months of life spent at home or in community setting.	87%	87%	88%	89%	90%	7
Falls rate per 1,000 population aged 65+	20	24	22	18	22	8
Proportion of care services graded 'good' (4) or better in Care Inspectorate Inspections.	81%	87%	88%	88%	83%	3
Percentage of adults with intensive needs receiving Care at Home. (all levels of CAH)	49%	49%		73%	63%	2
Number of days people aged 75+ spend in hospital when they are ready to be discharged per 1000 population)	624	1,033	1,144	386	488	5
Percentage of total health and care spend on hospital stays where the patient was admitted in an emergency.	26%	29%	30%	26%	21	1

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. From January 2017, The Ministerial Strategic Group for H&CC (MSG) advised that in order to measure the impact of integration they would be monitoring a suite of indicators. These are indicators which the government view as being appropriate to measure progress with integration and for which data is available to enable a comparison across partnership areas and to report on progress at a national level. The full list of indicators can be found in Appendix 2.

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



1.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 The Partnership worked closely with education over the summer of 2020 to, in a very short period of time, create **hubs** for both children of key workers and those who were vulnerable. This required careful planning for accommodation, transportation, staffing, food, and resources. These hubs provided environments for children to thrive in, whilst promoting resilience at a time of national anxiety through positive play and inclusion. Please follow the link for some of the [memories of summer 2020](#).

Case Study:

“Child A is 5, and lives with his mum, dad and 4 siblings – who all aged under 5. Mum and Dad are both care experienced, Dad works, he often has to come home from work to support Mum. There is no extended family support nearby”

“He is a lively wee boy, but he struggles with sleep and during lockdown his routine was seriously disrupted. The disruption had a serious, negative affect on Child A and, as a result of his behaviour, neighbours called the Police. Child A is supported by a Social Worker who asked for support from the Childcare Hub. The Childcare Hub provided 4 days a week to prevent family breakdown and to protect Child A’s relationship with his siblings. In the hub Child A, would be able to engage in positive play experiences, be nurtured and best of all – supported during a challenging time in his wee life. To do so, we needed to consider staffing. Following the can-do approach – Worker A was identified as a good skill match and was redeployed from another team to help”

“Child A thrived in the Childcare Hub! Sometimes he needed time out with Worker A, after that they would come back in and enjoy time with the others. Child A generally mixed in well with the other children and Worker A took time and helped out others who needed some extra time and care. Child A’s time in the hub allowed the rest of the family to heal and repair connections.”

- 1.2 Throughout the pandemic, a number of initiatives have been taken forward by NAHSCP staff to limit the impact of **inequality and poverty**. These included:

- Utilising the Get Connected Fund for a number of children and families to enhance participation in learning and provide ongoing connection with those offering them essential support
- In order to ensure that young people could be digitally connected especially during the pandemic, 265 devices including 54 Chromebooks, 45 laptops and 25 iPads were distributed to children who are looked after, as well as care leavers attending college. These came from a variety of sources, including 67 devices obtained through Connecting Scotland, along with dongle devices to allow free internet access for two years. The devices were supplied by Who Cares? NAHSCP Corporate Parenting Team and Community Development
- Assisting some of our more vulnerable families to make online applications for free school meals boxes
- Children and Families staff provided a range of activities to our children and families throughout the pandemic, including arts and crafts activities, scavenger hunts and booklets with activities that would cost under £1
- Applications to the Cash For Kids Emergency Grant Fund raised £10,500 for our most vulnerable families, providing them with essential items during the lockdown period.
- Donations of bicycles were received and distributed to families, assisting them with mobility and outdoor opportunities to enhance their well – being.
- Donations of children’s clothing were collected and distributed to families who required them.

1.3 The **Ghillie Dhu Crew** is a group set up in 2017 for children permanently in foster care in North Ayrshire, to provide an alternative to organisations such as Brownies or Scouts which can sometimes feel challenging to young people with care experience. One of the challenges set by the facilitators and presented by the Chief Ghillie Dhu, was to something to lift spirits in the local community. The children were given a card that they wrote a personal message on and produced Hug Bugs - a small wooden heart with “hug” on it that could be hung up – and together with a poem and a handwritten note, these were distributed to elderly or isolating and shielding people in North Ayrshire. To date 94 Hug Bugs have cheered up local residents, while the children had great fun focusing on the task and talking about what lockdown meant for other people. Some members of the community wrote back to the children.

“Just to let you know I received my card with message – sending you a hug from a little bug – I was quite impressed. When you stay by yourself (Especially during lockdown) you do feel lonely at times but knowing that some or ones are thinking of you makes a big difference. So thank you keep up the good work”

This has helped to engage, entertain, and distract children during lockdown, with them learning, connecting and taking on new challenges. Parents and carers also enjoy spending time of these projects with the children, and they have created a separate online group where they can share achievements, worries and concerns during these unprecedented times.

1.4 A joint funding submission with the **National Portrait Gallery**, North Ayrshire Alcohol & Drug Partnership, North Ayrshire HSCP and North Ayrshire Youth Services was successful in securing £60,000 from the Youth Recovery Fund.



The Youth Recovery Fund has been set up to support the wellbeing of all children and young people impacted by COVID-19 in particular those young people from disadvantaged backgrounds and will enable the youth work sector across Scotland to support education recovery in the context of the COVID-19 crisis. This funding will support an exciting range of

art programmes, initiatives and exhibitions in North Ayrshire that will have a choose life message and encourage positive mental health & wellbeing amongst our children & young people.

The National Portrait Galleries have updated their current exhibition, 2020 Stories, Portraits and Visions and it's great to see a range of submissions on display from North Ayrshire HSCP.



- Irvine Locality Team – “A Little Seed” a photograph, poem and story that describes a project that was set up during lockdown to provide children, young people and families with an opportunity to work together to plant and nurture seeds to vegetable produce.
- Family Placement Team’s Ghillie Dhu Crew – a photograph and story about “Wee J” which describes losing our fear of the virtual and digital world.
- Justice Services – “Burgers” by Maddie Madleston – A photograph and story which describes the work of the MAD (Making a Difference Group)

1.5 **The Promise** is responsible for driving the work of change demanded by the findings of the [Independent Care Review](#) It works with all kinds of organisations to support shifts in policy, practice and culture so Scotland can #KeepThePromise it made to care experienced infants, children, young people, adults and their families – that every child grows up loved, safe and respected, able to realise their full potential. The Partnership has progressed initial works in relation to:

- Communications Plan developed
- Stakeholder analysis developed
- Weekly meetings
- Promise Roadshows underway

- Application for £50k funding for co-ordinator role
- Advertisement for two posts (Youth Worker & Engagement/Participation lead)
- Training (Signs of Safety, Safer & Together, Trauma Informed) – we see such approaches as being instrumental to creating cultural shifts in practice focussing on family strengths and engaging the family network in wider safety plans whilst still holding the child’s safety and voice at the heart of any plan
- Review of key documentation underway
- Meeting (and follow up) with The Promise national team
- Informal national Promise group meeting monthly – chaired by NAC

1.6 Following an increase in Emergency Department presentations of young people who attempted suicide who were unknown to services and refusal from a number of parents to accept follow up intervention the **Young Person’s Suicide Taskforce** group agreed to develop a support pathway.

The Pathway is intended for young people up to the age of 18 years who are not known to any other Social Work Services who have made a significant attempt at taking their own life i.e. non – fatal overdose, act of self – harm significant enough to require treatment and intervention, or a deliberate act of a suicidal nature. As the first responders to all concerns about the welfare of children and adults the Service Access/MAASH Team are well placed and equipped with all the necessary skills to ensure follow up support is actioned (unless the young person is open to another Social Services team) – be it by them or another trusted agency. The Pathway has been devised as part of an early intervention and preventative approach to ensure a clear and robust follow up route which has been influenced by the following factors:

- Death by suicide of young people over the past decade has been in decline however the last 2 years have shown a slight increase
- Anticipation of the impact of COVID-19 and lockdown on young people’s emotional wellbeing and mental health
- Young People who have attempted suicide are entitled to follow up support and opportunities to talk/address/ share how they feel
- Young people may be reluctant to engage with services after an attempted suicide for a number of reasons (Fear, shame, embarrassment).
- Families/parent or guardians of young people may be unwilling to engage with services for a variety of reasons (fear, shame, anger, belief the attempt is not “serious”).
- Families/Carers/Guardians are not always best placed to provide the only follow up support as they are too closely affected, upset, vulnerable themselves. They may even be a cause for the young person’s distress.

Outcomes from the introduction of this pathway include the following:

- A whole system and partnership approach to prevent escalation to more statutory services
- Provide interventions that draw on expertise and engagement from key agencies
- Improved mental health and wellbeing, increased resilience with young people feeling safe and supported

- Increased access to follow up services for young people who might otherwise fail to be identified
- Reduction in repeat Emergency Department presentations
- An opportunity for young people to engage with someone out with the family unit

1.7 When the country first went into lockdown, our **Service Access** team did not receive the anticipated increase in referrals and discovered community hubs were overwhelmed with referrals. This presented an opportunity to encourage collaboration and connection across services in response to the pandemic. Within 5 days the Service Access team realigned their service to attach a staff member to each Hub. From here, through shared vision, values and commitment, the team could build on existing relationships and deliver a scaffolding of help and support that was ready and responsive. Meaning they were able to identify and reach the most vulnerable and in need.

Case Study:

“Service User A is a pensioner, living alone, and has no extended family. She is independent but is shielding due to the pandemic. Service User A is feeling vulnerable, she received a phone call from a stranger offering to collect her pension – Service User A is worried about financial exploitation and that the elderly and vulnerable are being targeted.”

“Community Link Worker responds to Service User A’s telephone call to the community hub; a home visit is agreed as further assessment is required. Service User A presented as physically frail with obvious mobility issues, there was very little food in the house and Service User A has a limited income. Service User A is normally very independent however as a result of shielding is feeling isolated and lonely.”

“Food parcels were provided by the community hubs. Assessment from Service Access Occupational Therapy Assistant led to adaptations made to Service User A’s home e.g. grab rails and security lighting. Referrals were made to Intermediate Care Team for falls and mobility assessment, and to Service Access Money Matters worker for financial assessment leading to Service User A’s income being maximised successfully – Service User A now receives benefits she was entitled to and her weekly income has almost doubled. Service User A is referred by the Locality Officer to a local church who have regular contact with her.”

“The support from the hub has been a lifeline. It has made me feel safer and less alone during a very difficult time.”

1.8 **The Service Access** and **MAASH** team recently utilised an opportunity which was offered around the winter fund grant to support some of our struggling families in North Ayrshire, particularly given the trauma of the current pandemic. An idea to create little bags of hope was developed and agreements reached to access some funding to prepare these.

The ‘**Bags of Hope**’ are individually created gifts for the families in order to provide them with some hope and allow them to see that their experiences are recognised, and that help is out there for them. The ‘Bags of Hope’ contain vouchers for local supermarkets and mobile

phones, as well as support guidance and other information that offer invaluable support at a very worrying time.

“Maybe what they can have at this time is some HOPE and something to hold on to.”

The teams are being creative with the individual packs. They are looking at including small gardening kits, as well as baking kits and other crafts in addition to vouchers for local cafes and supermarkets and building an individual pack around the needs of each family. One staff member has just shared that the family she supported had the mother crying with relief because of the support offered. In addition, and as a byproduct of this project, this has also had a positive impact on the staff group as they are able to offer some tangible help to the families and see the positive responses and immediate changes made.

- 1.9 It was recognised that at the pre-contemplative stage for change that some people were reluctant to seek help to address their alcohol and drug issues. In response to this and in recognition of the added value of lived experience and peer support, the NADARS has employed additional **Recovery Development Workers** (RDW'S) to provide lived experience support to enhance recovery choices at the earlier opportunity. Service users have welcomed this additional support to better understand their alcohol and drug use issues and have highlighted other positive outcomes including; Less social isolation, improved mental health and wellbeing whilst also receiving more practical support within their homes as well as directing them to other services such as Money Matters, DWP and Utility Companies.

Case Study:

Presenting Issues: A young female aged 17 who has had family issues. SA worker referred her to the Mental Health Worker within the GP Surgery. (A) has struggled with low self esteem and appears to have been using alcohol / at times substances as a means of coping. She lives at home with her mum and her boyfriend is mainly there also. (A) had also agreed to a visit from the Recovery Workers.

Engagement: (A) engaged during initial joint visit with SA and RDW, agreeing to continued short term engagement. She was supported with referral to Money Matters Team and now in receipt of Universal Credit, alleviating poverty and stress. She has been able to reflect on underlying reasons for alcohol consumption and has refrained from consuming alcohol or taking drugs since intervention commenced. This has improved her physical and mental health and her family relationships.

- 1.10 The “can do attitude” demonstrated by our **Health Visitors** in supporting the learning of the pre-registration nursing students who are just completing their placement has been excellent. Verbal student feedback highlights the inclusivity that Health Visitor teams have provided together with supporting the learning and teaching during these unprecedented times. Health Visitors have been truly inspirational in delivering an altered model of supporting student learning alongside the changes to service delivery because of COVID-19.

Health Visitors and school nurses continued to support children and families throughout the pandemic despite significant changes to working practices and restrictions to the types and numbers of visits undertaken. Requests for assistance from other services were predominantly restricted to other early years support services within the integrated Universal Early Years' team. Despite the pandemic, requests were only slightly lower than in previous years.

- 1.11 We Work for Families (WWfF)** is an employability programme delivered in partnership with the Lennox Partnership, Economy and Communities and NA HSCP Universal Early Years. The programme supports North Ayrshire parents and carers with children under the age of 5 to seek out training, education, and employment opportunities in order to improve outcomes for them and their families. They work with individuals to overcome any barriers they may have to their own development, including supporting with confidence and self-esteem issues and childcare difficulties. In 2020-21, WWfF extended provision to include families on low incomes, and not just those not in employment. 110 individuals were referred onto the programme between April 2020 and March 2021. It continues to be a valuable part of early years' provision in North Ayrshire.

Please find below an account of the valuable work our Health Visitors and partners have taken forward and the supports offered to families. The support offered by 'We Work for Families' has been crucial to the change in circumstances for this family:

Case Study:

"Hope you are well. I thought I would just send you a little email to let you know that I got a job today! Thanks to you referring me to We Work For Families Tracey sent me to a virtual jobs fair for health care. I applied for a few jobs on it and got an interview. Today I got a letter saying I had got the job!

I now work for Abbeyfield Care Home in Irvine as a support worker/ care assistant and it's a 16 hour a week contract.

For months I'd been applying to jobs and had never heard anything back and now within a week of being registered with them I now have a job. We Work For Families are paying for my disclosure and a new uniform aswell, I'm over the moon.

I will be working either Thursday, Friday, Saturday or Sunday when [partner's name] is off or his mum can have [child's name] for me. The shifts will either be 7.45am till 3.15pm or 2.15pm till 9.45pm which suits me perfect. I'm thrilled to be getting back to work and doing something for myself again.

Thanks [HV Name], for everything you've done for me over the years. You really are the best and I don't even think you realise what a difference you've done for my life. You've done more for me and looked out for me more than any of my family have ever done. I amazing wee woman and I'll always be thankful. If it wasn't for you fighting and getting me all that help in the beginning I don't think I would even be here... look at me now.

The boys are back at school and nursery, [child's name] is slowly getting used to the family again and going to people. [Partner's name]'s work is busier than ever. I now have a job! Everything is great. I'm so grateful for everything you've done for us, really. Thank you."

- 1.12 Despite all of the restrictions in place, our **young people** have continued to flourish. An example of this is shown in the case study below.

Case Study:

"We have had some fantastic news over the last few months about a young person who lives in one of our children's houses. Despite all the restrictions and problems that the COVID-19 virus has caused our young person achieved seven straight A's in her Nat 5's this year. She has worked incredibly hard and all her efforts have certainly paid off. She is on track to leave school in June 2021 and to go straight into University to fulfil her dream of becoming a Primary School Teacher. To support her as she makes this transition the HSCP have agreed to fund university Halls for her first year at university. In addition to this her bedroom at the children's house will also remain in place for her because this has been her home for a number of years and she needs a safe and familiar place to return to during the holidays. Needless to say our young person is delighted with this support as are we because she is such an inspiration and positive role model for other young people living in our children's houses."

- 1.13 Over the past year, the **Learning and Development Team** have been working in partnership with colleagues in Education to deliver a Pilot Foundation Apprenticeship in Social Service and Health Care. This was delivered to nine 6th years pupils from across North, East and South Ayrshire at Irvine Royal Academy. All nine pupils achieved the National Progression Award as part of the course, with five going on to successfully complete a placement in a health and social care setting, achieving an SVQ and completing the full Foundation Apprenticeship.
- 1.14 At the start of the pandemic, **UEY** and early years' education managers worked together to establish early years' hubs and day-care placements for our most vulnerable under 5s. These were established in April 2020 and ran until the nurseries returned in August 2020. Children were identified by health visitors with support from social work and education colleagues. 166 children were placed within 8 early years childcare hubs and 133 in day-care placements throughout the time period. This was a huge success and made a significant difference to the families supported and the children who attended.
- 1.15 The **school nursing resource** has been increased by 5 WTE since August 2020. This means that there will be improved access for children and young people to a school nurse within the respective cluster. School nurses and the locality staff nurses supporting them, have all been completed LIAM training (Let's Introduce Anxiety Management). LIAM is a staged intervention intended to develop skills in the delivery of a CBT-informed approach for the treatment of mild to moderate anxiety symptoms in children and young people.

- 1.16** In March 2021, the process for sharing **police concerns** with health visitors and Family Nurses was revised in partnership with Police Scotland and Service Access/ MAASH team managers. This service improvement was undertaken to ensure health visiting staff were kept informed of police activity where this involved or was witnessed by a child on their caseload, allowing the HV to offer appropriate support to the family. Between April 2020 and March 2021, 312 police concern reports and 51 out of hours reports were shared with health visiting staff in North Ayrshire.
- 1.17** We are delighted to announce that the **Children and Adolescent Specialised Substance Team (CASST)** is now established and will be based within Meadowcroft. The CASST team are made up of 4 young person’s drug and alcohol workers who will support young people between the ages of 5-21 who are impacted by parental substance use or their own substance use. This service will be delivered North Ayrshire wide. We are excited to be bringing this innovative new team to North Ayrshire and look forward to being a valuable addition to the NAHSCP
- 1.18** **North Ayrshire Child Protection Committee** ratified the first Child [Sexual Abuse Strategy](#) in Scotland. It is our belief that an overarching strategy that addresses all forms of child sexual abuse is needed if we are to adequately challenge, and ultimately prevent, these behaviours in all their forms. The vision is as follows:

“There is an increased awareness understanding and acceptability of talking about and facing the reality of child sexual abuse – in our homes our communities our workplaces and our institutions. Children and young people in North Ayrshire are safe from sexual abuse and sexual harm and well supported if they have previously experienced sexual abuse. Everyone in North Ayrshire knows they have a role to play in keeping children and young people safe and understands and is prepared to take appropriate action to support and/or protect a child or young person.”

- 1.19** The **Rosemount Crisis Intervention Team** deliver individualised and tailored packages of support, with the aim of strengthening parenting capacity, empowering young people, and keeping families together within their communities. The work of the service ties-in closely with The Promise (Scottish Government, 2020) in that the five foundations of the promise – Voice (child-centred approach that advocates for the needs/rights of young people), Family (taking a whole family approach to ensure residential accommodation is a last resort), Care (where children can’t remain with birth parents, we seek to promote Kinship care), Scaffolding (building networks of support within local communities) and People (fostering positive relationship between our workforce and those we support) – is reflected in the work we do. During the year 2020-21, Rosemount supported 276 young people and their parents/carers. This figure is down from 324 from the previous financial year, however, it is recognised that COVID-19 will have impacted on our numbers, while the team had two staff members who relocated to new roles, taking their respective caseloads with them.

Of those 276 cases (95%), of young people were maintained with their families – an increase from the 94% the previous financial year. This increase comes despite it being identified at the point of referral that 88% of cases had significant difficulties in relation to family dynamics, whilst deficits in parenting capacity had been identified for 92% of referrals. The team offer 7-day support and covered 34 out of 52 (65%) weekends during the year. The success of the service in the past year is testament to the relationship-based values the service is predicated on, as well as the ability of the team to upskill and empower families to resolve their differences and stay together.

1.20 Over the last year, collaboration has continued between Education and the Health and Social Care Partnership around the **Foundation Apprenticeship**. We had 13 pupils (including 2 from South Ayrshire Council and 1 from East Ayrshire Council) and 13 finished. 10 achieved the full FA which is a SCQF level 6 award. The other 3 achieved partial awards. This is down to the excellent work undertaken by our Learning & Development Team.

1.21 During this past year, we had planned to deliver a number of innovative programmes including: a **Peer Mentoring Scheme**; looked after and kinship care groups operating in all secondary schools and to grow the membership of our Champions Board. This work has been paused at the present time however we will restart when it is safe to do so and in conjunction with the national route map out of the pandemic.

Our Champions Board have designed, published, and launched a Care Experienced Mental Health Toolkit called 'Care4Yourself' for all Care experienced young people and staff. Over 80 of these have been distributed. They have also created a 'What is Care Experience' animated video to raise awareness to all corporate parents, launching a Stigma Policy and being at the heart and centre of consultations and policy changes.

We are Care Experienced new video on raising awareness of being Care Experienced and use of language has just been finalised. Our very own Champions Board created and designed it. Link to the video: <https://www.youtube.com/watch?v=WVPNF4CjsYE>

1.22 During the second period of lockdown **Children and Families Localities teams** worked in partnership with families to offer one of spends to promote any care experienced child or young person's attainment. This was a one off spend of up to £250 where the child and family could identify an area of interest or passion for the child or young person to promote their attainment in some way. This allowed for creative thinking and flexibility and a range of opportunities were identified for children young people and their families. This ranged from a National Trust subscription promoting the child's interest in history alongside family activity offering the whole family an opportunity to spend time supporting this interest. Equally we have had young people being included in equine opportunities and other sporting opportunities. In turn these opportunities have often benefitted the young person's overall health and wellbeing.

1.23 Our purpose-built respite facility for children and young people with additional support needs, called Roslin House, was completed. Each bedroom is equipped with homely furnishings, with rooms opening out into a landscaped garden with a water feature, BBQ, music feature and heated hang-out den for teenagers.



The Facility also has an activity wing with an area for arts and crafts, a hi – tech sensory room, quiet room, a games room with sofas and TV, and a kitchen area where young people can eat together or learn cooking skills.



2. Justice Outcomes

Outcome 1: Community Safety and Public Protection

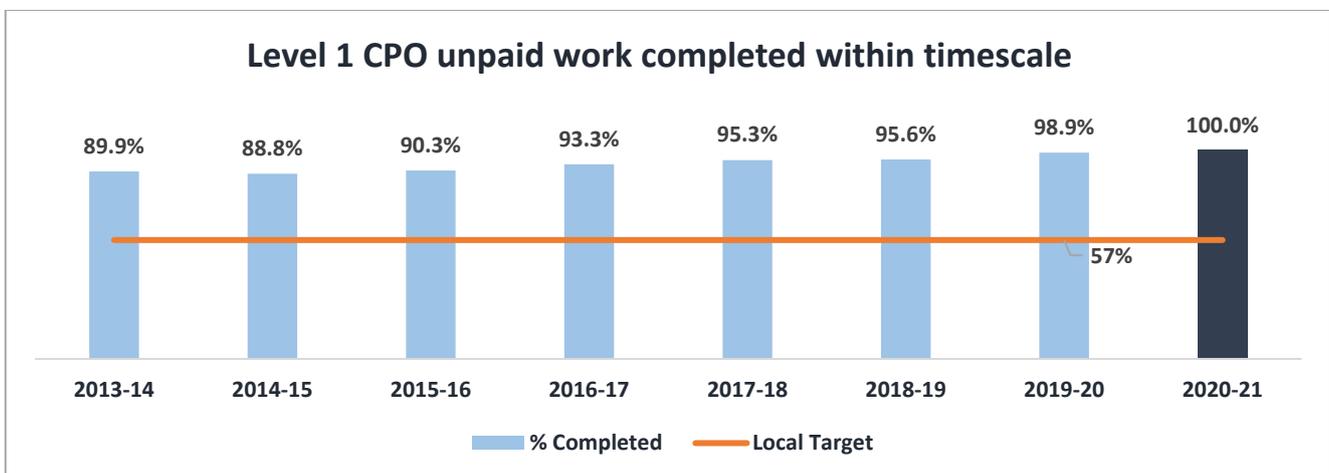
Outcome 2: The Reduction of re-offending

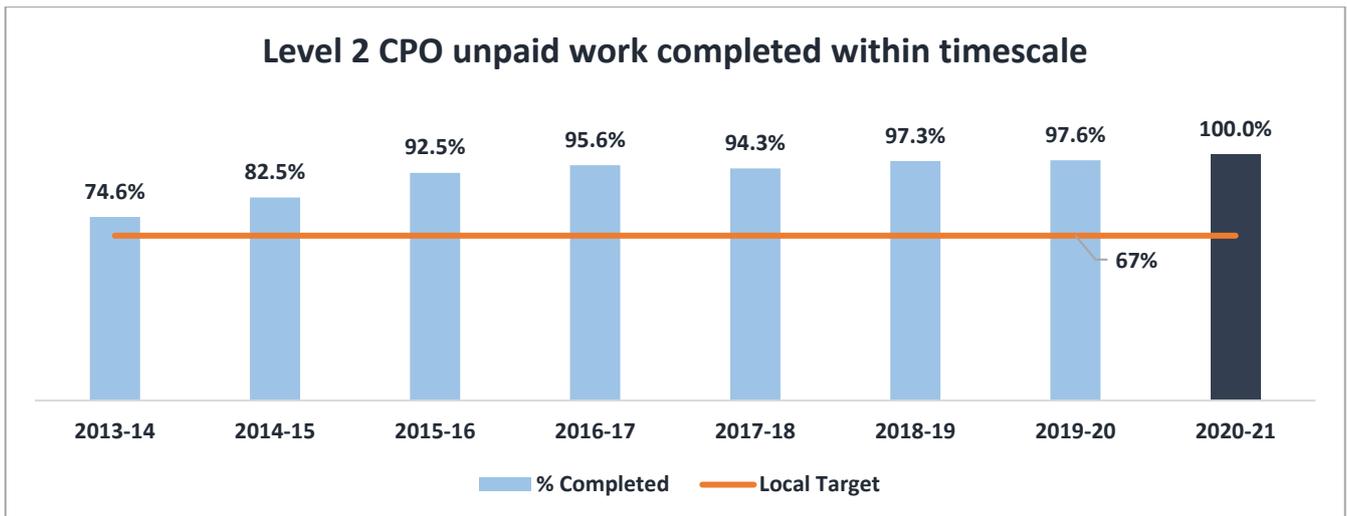
Outcome 3: Social inclusion to support desistance from offending

2.1 The targets set for unpaid work are pan-Ayrshire targets. The latest Government statistics on **Community Payback Orders (CPO)** (2019-20) show that North Ayrshire has the highest of the Ayrshires and in fact the third highest number of CPO's imposed per 10,000 population in Scotland at 63.5 per 10,000 population. In comparison, East Ayrshire sit at 59.4 and South Ayrshire sit at 61.5. The Scottish average is 43.3 per 10,000 population.

There has been a steady decline in the number of Criminal Justice Social Work Reports (CJSW) since 2015-16, until 2019-20 where there was an indication of a slight upward turn. This said numbers are again on the decline in 2020-21, however largely thought to be due to the result of COVID-19. The latest Government statistics on CJSWs for 2019-20 reveal North Ayrshire to be the lowest of the Ayrshires at 82.7 per 10,000 population. In comparison, East Ayrshire sit at 108.7 and South Ayrshire sit at 88.8. The Scottish average is 73.7 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 eighth year we have continuously over-achieved against targets for CPO level 1 and level 2. Numbers of those subject to a Level 1 CPO varied greatly from 2019-20 due to COVID-19. For example, 2019 saw 92 out of 93 completed within timescale, whereas 2020-21 saw 21 out of 21. This is similar to the Level 2 CPO's which saw 161 out of 165 in 2019-20, whereas 2020-21 saw 24 out of 24 completed within timescale.





We currently have 189 people of all ages and abilities undertaking unpaid work. The unpaid work teams generally undertake a variety of tasks for the benefit of local communities, due to coronavirus government guidelines, restrictions and health and safety, this year has looked slightly different with regard to the variety of tasks we have been able to undertake. These have included;

- **Litter Picking** – Service users undertook litter picking in multiple sites throughout North Ayrshire
- **Workshops** - Our three workshops are equipped to undertake training in woodworking skills and arts and crafts. Service users who have disabilities or health issues may not be able to undertake heavier work. They also have an opportunity to make items which are then sold, with the funds going to the Income Generation Fund.
- **Smithstone House** – We have access to a garden area within the grounds. Fruits and vegetables are planted and grown throughout the year and these are then distributed within the community (often throughout the local foodbanks).
- **Grit Bin Replacement and Filling** – Replacement of damaged grit bins and grit replenishment throughout all North Ayrshire Council areas.
- **Employability** - Working with all justice service users to provide support in working towards employment; a significant factor in reducing re-offending.

Reintegration into communities remains the ethos of Community Payback Orders, and with that aim in mind we continue to have Employability Mentors based within the Community Payback, Unpaid Work Team. Since coming into post, the mentors have been successful in supporting 31 service users into full time employment, 7 in the last year throughout the pandemic. Training opportunities has reduced during the last year due to Government restrictions on the types of courses that are generally sourced however training resumed in limited capacity during March 2021.

2.2 Justice Social Work Intervention

Case Study:

“Mr B was released on Licence after spending seven years in custody for multiple drug related offences. He had spent other unsuccessful periods of time in the community before reoffending or being recalled to custody. The allocated Social Worker spent time prior to release building a relationship with him and with his family, who he would be residing with upon release. This meant that, when he was released, he already felt supported and able to discuss when he was struggling with his worker, which reduced issues around reintegration.

He felt able to speak openly about his personal high-risk situations in relation to his substance misuse which allowed for a more specific referral to be placed with Turning Point and his worker attended to support him at his first appointment with them. This specific referral allowed for his support to be tailored to help him prepare for those moments.”

“Mr B is engaging well and remains abstinent from any substance misuse. He reports to feeling more positive and stable than he has in many years and feels able to look to the future. He is also rebuilding relationships with his mother and father that had deteriorated when he was in custody. Mr B believes this is due to them being able to see that he is doing well and has spoken at length about how he credits the relationship he has built with his Social Worker as the reason why he has managed this positive progress on this occasion.”

Case Study:

“Mr J was released on a Supervised Release Order after a period of time in custody. During his custodial sentence he confirmed that he would be returning to reside near his family in England upon release. He was supported by his Social Worker to apply to the local Housing office and appointments were arranged for the day after his release with both his Housing Officer and the Probation Officer who would be supervising Mr J on behalf of North Ayrshire Justice Services. Regular telephone and email conversations were had with all English services involved with him throughout his time there to ensure everyone was kept up to date. Unfortunately, some concerns were raised about Mr J’s behaviour towards his partner and accordingly Multi-Agency Public Protection Agreement (MAPPA) procedures were initiated. This meant that his allocated Social Worker was maintaining regular contact with multiple English teams – such as Probation Services, the Police’s Public Protection Unit, Forensic Mental Health, Addictions, Housing and PREVENT.”

“This case illustrates the level of interaction that will often be carried out by workers when attempting to manage the risk an individual poses to the community. Mr J was eventually returned to custody after breaching his Order but his worker remains involved in the MAPPA meetings for the time being to ensure successful passing over of the case when he is released from custody and returns to England.”

2.3 The **‘Helping Hand’** packs were introduced to support service users who found themselves in crisis, for any variety of reasons, including homelessness, relationship breakdowns or prison

release. The aim of the packs are to provide some essential items to allow them to resettle safely. The packs comprise of items such as toiletries, sanitary products, hand sanitiser and face masks, household cleaning products, puzzle books and pen, towels, bedding, a digital radio and a mobile phone.

The packs are hand delivered to anyone requiring assistance and have been well received by recipients. We received some feedback saying that a can opener would be a good addition as sometimes, when tinned items are given by the food bank, they don't have a ring pull on them, so this was added into the packs.

The response from service users has been incredible. They have been well received and everyone seems thoroughly grateful, and sometimes overwhelmed, by the thoughtfulness of the packs, which have gone some way to alleviate stress and anxiety during periods of crisis, isolation, and loneliness.

2.4 North Ayrshire's **Making A Difference (MAD)** service user involvement group, provides a positive platform for our members to become included in the development and delivery of Justice Services. Service users can have their voices heard, continue to learn new skills, increase their confidence and become involved in the on-going development of activities. Participation in the groups or activities are entirely voluntary and service users can essentially decide which part of MAD they would like to become involved in. We have some members who join the football activity every week but do not participate in other aspects and then we have other members who



enjoy lots of different parts of the MAD group.



The COVID-19 pandemic presented Justice Services with several barriers to supporting service users throughout lockdown. As a service, we were forced to think 'outside the box' and adapt our approach to lockdown restrictions. These restrictions exacerbated existing issues that service users experienced, such as isolation, mental health problems, substance misuse and accessing services. Accordingly, we created socially

distanced activities, like cooking challenges, where members were provided with a bag of individual ingredients and a recipe and would compete online to see who would win the challenge. We also set walking challenges asking our members to take photos when they went out for their daily walk and then the group would vote on whose photos was the best. Our members confirmed these activities helped them feel more connected throughout lockdown and helped to reduce their feelings of isolation.

2.5 The primary aim of the **Caledonian System** is to reduce the re-offending of men convicted of domestic abuse related offences, thereby increasing women's and children's safety. This is in line with the Scottish Government three-fold intended outcomes for community-based interventions: public protection, reduction of custody and social inclusion of rehabilitated offenders. Working with men, women, young people and children contributes to reducing the likelihood of men re-offending while also maximising public protection.

The Caledonian takes the form of an intervention system comprising:

- A programme of focussed intervention with men lasting a minimum of two years comprising pre-group preparation and motivation sessions (14 sessions), a group-work programme (22 sessions), and post-group maintenance until the end of the court order.
- A voluntary service to women who are the victims of the man's domestically abusive behaviour, current partners and children who are experiencing or have experienced, witnessed or live within an environment of the man's abusive and/or controlling behaviour.

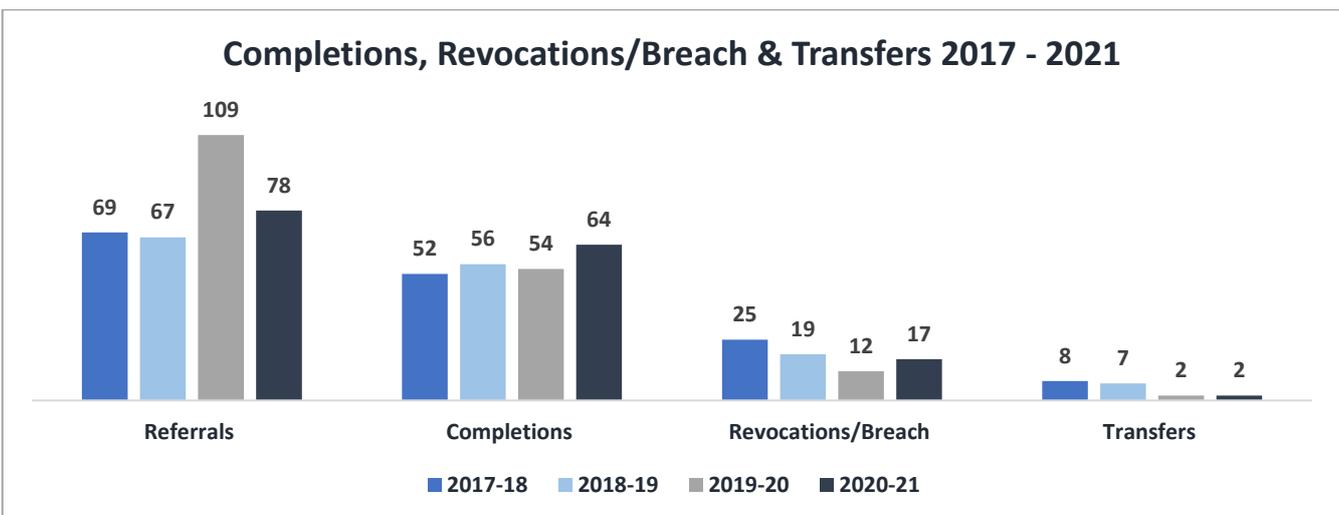
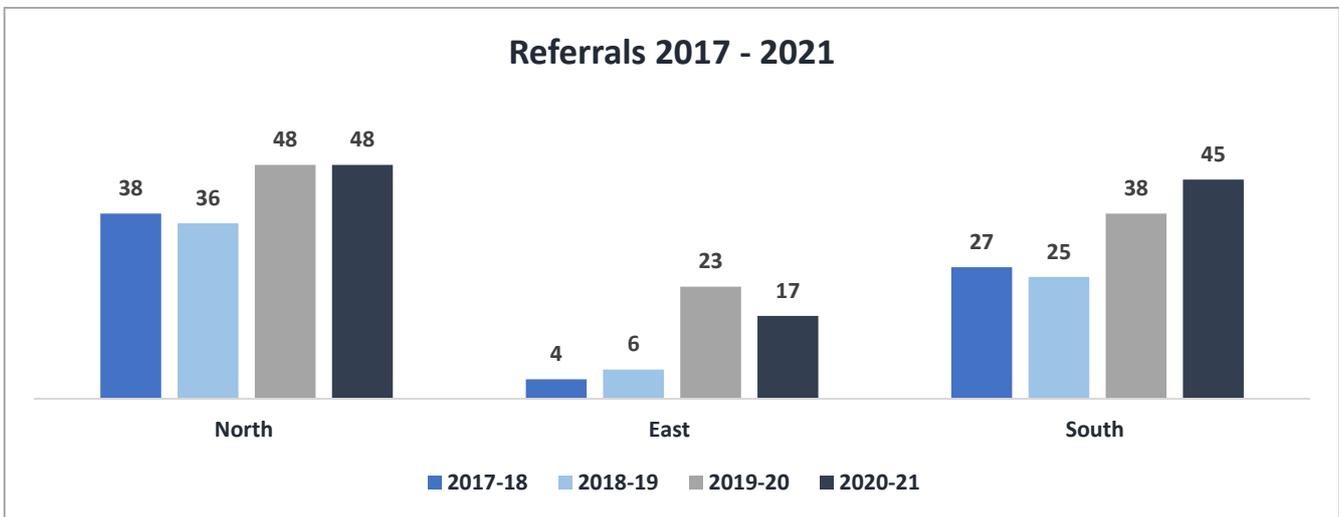
Due to COVID-19 all group work was suspended, initially work continued on the men's programme via telephone and then through individual work with men. This was supported by the introduction of a nationally accredited individual manual for carry out the work on a one-to-one basis. Between April 2020 and April 2021, a total of 39 men completed this programme. During their time on the programme men examined how they can take responsibility for their behaviour and were supported to understand the impact of their abusive behaviour and build strategies to avoid repeating this. Over the next year it is anticipated that the Caledonian groupwork sessions will return

The Caledonian Women's Service offers emotional and practical support to women, advice on safety planning, risk assessment and advocacy. Working in partnership with the women, they aim to reduce their vulnerability and work with other services, including education, housing, Police Scotland and the voluntary sector, so that women and their families are better supported. In 2020-21, the team worked with 165 individuals across Ayrshire (an increase of 25 from the previous year). Offering a variety of services and support, from safety planning sessions to longer term interventions and support. The team currently continue to support 42 women across North Ayrshire. The Caledonian Women's Service previously piloted women's well-being groups as a means of reducing isolation but these were suspended due to lockdown. It is hoped however that these might resume once restrictions are lifted. The Caledonian team have also recruited a children's worker whose primarily role will be supporting children who have been exposed to domestic abuse.

2.6 The **Moving Forward Making Changes** programme is a cognitive behavioural programme designed to assist participants who have been convicted of sexual offences to lead a satisfying life that does not involve harming others. Within the rehabilitative framework of the Good Lives model, practitioners work with group participants to lead a better life, reduce their problems, and lead an offence free life. This programme is framed within a strengths based theoretical approach that recognises the relevance of dynamic risk factors. It views completion of group work as something that will benefit the individual and highlights their role as the primary agent of change. This focus on building an offence free lifestyle means public protection and community safety is increased. COVID-19 restrictions have meant groups have

been suspended, however work has continued on a one-to-one basis, with 39 men completing the programme in 2020-2021. A new service is also currently being developed for men convicted of sexual offending. A Desistance Officer has been recruited to promote social inclusion and accountability with a view to creating a reduction in social isolation amongst this offender group.

2.7 Women’s Service staff provide supervision and case management of Community Payback Orders (CPOs) imposed by the court for women who have more complex risk and needs as referred by Justice Services locality teams. This involves, statutory supervision and monitoring requirements of CPOs, providing reports to the Court as required, liaising with and making referrals to other services and departments, offering support and guidance to encourage desistance, advocacy and completing offence focussed work in accordance with risk principles. In addition, the service incorporates group work programmes for both women and men across all localities, the Court Screening service for women and the Bail Supervision service.



Positive outcomes include a reduction in the number of revocations, a reduction in offending behaviour whilst subject to a CPO, excellent advocacy provided by case managers regarding

mental health issues and improved pathways to Health Services in North and South Ayrshire due to collective work with the Justice Services Occupational Therapist. There has been collaborative work in all localities with services such as Money Matters and the Financial Inclusion Team, resulting in maximised income for service users and numerous women receiving significant amounts of backdated benefits.

There is scope for improvement in terms of outcomes, for example, whilst there have been positive destinations for many women, further work could be done to encourage and support service users to access education/training or employment (either voluntary or paid) prior to the end of the CPO. In addition, significant numbers of women have alcohol and/or drug and mental health issues exacerbated by unresolved trauma, and although staff are Trauma Informed, it would be an aim to have all staff further trained to deliver specific trauma focussed programmes.

To address these aims we have staff currently undertaking formal qualifications in Cognitive Behaviour Therapy and we are establishing links with community-based employment/training and educational resources to ensure all women can improve their access to education and training opportunities.

Case Study:

“MG has longstanding alcohol and mental health issues. Prior to lockdown she had completed an inpatient detox and had remained abstinent for several months. She had continued to attend to Justice Service Women’s Group after completing the course as she found the peer support beneficial, and it reduced her social isolation. She has also started attending recovery groups through Turning Point. However, lockdown had a detrimental impact and she relapsed. Justice Services provided her with a tablet which allowed her to access online groups through Turning Point. She was also provided with mindfulness material to improve her mental wellbeing.”

“MG has made significant progress as restrictions have been lifted. She is now involved in community groups and attends recovery meetings regularly. She is also a source of support for others going through similar circumstances.”

The initial aim of the Court Screening Service, introduced as a pilot in June 2014, was to reduce the number of women who are remanded in custody from Kilmarnock Sheriff Court by providing the Sheriff with detailed information regarding the woman’s circumstances, and outlining a needs-led Court Action Plan should the woman be released on Bail or Supervised Bail. The service strives to interview all women in the custody cells to give advice, guidance, alleviate their fears and form an assessment of their needs. The court process is explained, giving the women an opportunity to provide details of anyone and/or services to be contacted with updates on their current situation.

The workload is fluid and dependent on how many women appear from the Custody Court, varying from none to 12 women, which is ascertained at 9:00am each working day. The production of Court Action Notes can be hampered by women being brought to cells late,

serious mental health issues and an inability to gain access to the cells for a variety of reasons. Following the court appearance, if liberated, the women are notified by letter of their next court appearance thus reducing the risk of non-attendance.

From April 2020 to October 2020 around 118 women appeared from custody. During this period, the Court Screening Service was suspended, as no staff were allowed in the Court building during the COVID-19 pandemic. This service strives to interview all women in the custody cells to give advice, guidance, alleviate their fears and form an assessment of their needs. The court process is explained, giving the women an opportunity to provide details of anyone and/or services to be contacted with updates on their current situation.

Since the service resumed on 6th October 2020, there were 98 women appearing from the custody Court, with 71 Court Action Notes being completed. The remainder were unable to be completed due to annual leave, refusal to be seen, no access to the cells and virtual Court being utilised.

Case Study:

“Officers at Kilmarnock station advised they had a Ms N in custody and requested a CPN as they were concerned about her mental health. I searched departmental records and liaised with her CPN and Social Worker from the Mental Health Team and obtained background information and agreed a home visit by both staff would be undertaken in the afternoon. The staff member liaised with the Procurator Fiscal who was able to release her without charge as services and a robust management plan was in place.”

- 2.8 The **Bail Supervision service** operates within Ayr and Kilmarnock Sheriff Courts and is available to individuals residing in Ayrshire who appear on both solemn and summary procedures at risk of having bail refused, all females appearing at Court, anyone potentially at high risk of harm, where monitoring via supervised bail may be considered to reduce the risk posed to the community and those at risk of being remanded where reports are requested, including DTTO assessments.

Bail Supervision clinics were held in each locality twice per week, but due to COVID-19 restrictions have been suspended, however we have obtained new premises and hope to restart Bail Supervision clinics in the near future. Home visits are undertaken once per week reducing to every second, third and fourth weeks in accordance with National Guidelines. Anyone subject to Bail Supervision is offered advice and guidance in relation to individual circumstances, with access to other Programme Development Team (PDT) services such as the group work programmes or Occupational Therapists if required, as well as being signposted to other agencies/services where appropriate.

Due to COVID-19 restrictions we have had to support people on Bail Supervision for longer as trials have been deferred. This has meant an increase in poor mental health with staff supporting service users by giving practical advice and guidance and helping them to access relevant community-based services.

Comments:

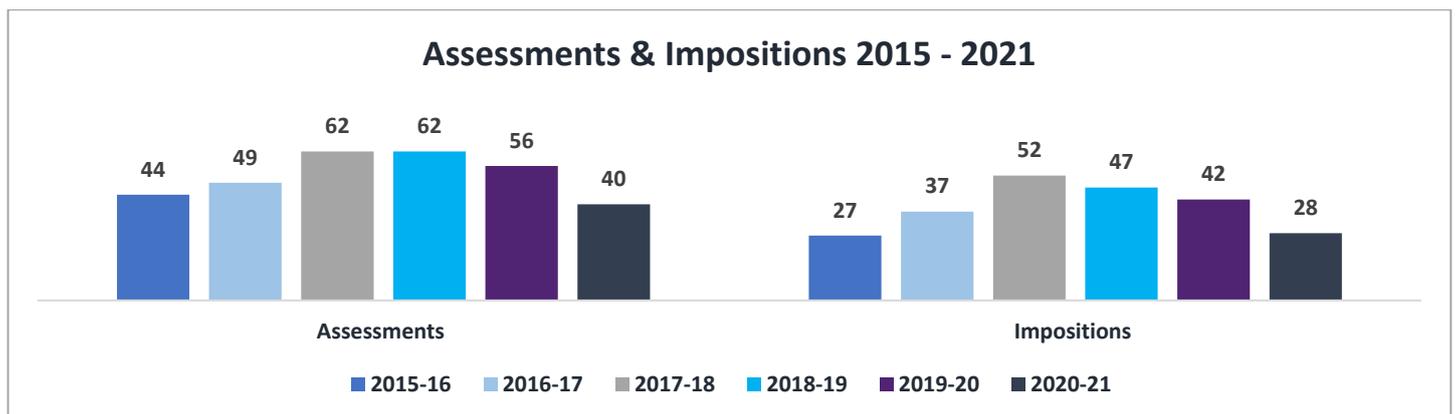
“I don’t know how I would have coped without the help of G (Justice Officer) as I felt suicidal many times and she helped me keep going and gave me practical things to do like take a bath go for a walk have a cup of tea speak to family listen to music”

2.9 The **Drug Treatment and Testing Order Team** have secured Corra funding for 2 Recovery Development Workers. These additional members of staff with lived experience will allow the team to develop an active outreach approach to encourage service users to be retained within the service and support them in building resilience for longer-term change.

Drug Treatment and Testing Orders (DTTO) are issued to address the link between drug use and offending behaviour, specifically to reduce or eliminate an offender’s dependency or propensity to misuse drugs and achieve positive changes in the scale and frequency of drug related offending.

In the past 5 years, prior to the global COVID-19 pandemic, the number of DTTO assessments requested increased by 41% and the number of DTTOs imposed by 92% at the peak in 2017-18. This reduced in 2019-20 but still represents an overall increase of 52% compared to the previous review period (2014-17). In 2020-21, during the COVID-19 pandemic, we have noted a 28% decrease in assessments requested and a 33% decrease in impositions. This was due to Court activity being affected throughout this period. As Courts are now beginning to resume daily business, assessments and impositions are increasing once again and it is expected that by September 2021 caseloads will increase significantly.

2.10 Unpaid Work/ Justice Partnership Services in North Ayrshire are planning the development of an allotment in Irvine, which will be based at Third Avenue. This facility will allow further opportunities for individuals to grow their own produce and maintain a garden.



Case Study:

“When the DTTO was imposed at Court Mr H reported worrying levels of poly drug use which had been long-standing. Offending behaviour was a daily occurrence to finance this behaviour with matters calling and outstanding at Courts across the country. Over the years Mr H had received numerous custodial and community sentences with no positive change to future behaviours. By his own admission Mr H was consuming ‘anything he could get his hands on’ and he had no idea of what ‘recovery’ looked like. There was no engagement with recovery supports in the community and no reported desire to. Due to his lifestyle family supports were diminished and his son who has additional support needs was in a kinship placement with his mother with limited contact.”

“When Mr H began to settle into the Order and therapeutic relationships were established he began to consider and show interest in concepts of recovery. A six week residential placement in Turning Point Scotland supported stability and afforded a further opportunity to meaningfully consider a future free of addiction and offending.”

“On his return to the community

Mr H has gone from strength to strength and fully embraced the recovery agenda. He engaged with and tried all available supports to see what suited his needs and uses DTTO staff as a regular sounding board out with mandated contacts. His motivations for change were well thought through and included a better life for himself meaningful involvement in his sons life and to repay his mother for standing by him through the years of his addiction and prison sentences. Mr H has since engaged with the Scottish Drug Forum (SDF) research on recovery and Ayr College Steps to Excellence course. He has also been able to revisit traumatic events from his childhood through engaging with specialist counselling service.”

“Mr H’s resilience and recovery has been tested on several occasions none more so when his mother passed away following a short illness. He has vowed to continue his journey with clear aspirations of resuming full time care of his son and becoming a full-time paid Recovery Support Worker. The Courts have recognised notable progress and admonished the majority of matters. Although Mr H is very much in the early stages of his recovery journey the supports provided through DTTO have been pivotal in refocussing his intentions to achieve a life free from drug use and offending.”

2.11 Diversion from Prosecution (Diversion) has been available since 1997 initially assessed and delivered by Justice Services within each locality. However, referrals from the Procurators Fiscal (PFs) 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 year 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 chart above demonstrates a rise over the past four years of assessment reports requested, number of Diversions imposed and successful completions. Despite the COVID-19 pandemic, numbers have reached an all-time high in 2020-21, which indicates continued referrals from the Procurator Fiscal for low-level offending behaviour. Although low-level offending behaviour is an indicator for suitability for Diversion, many of these individuals present with high need, which has posed a challenge for staff, with ongoing training, development, and stronger working links with partner agencies to meet these needs being priority.

2.12 In order to enhance multi-agency early intervention and preventative responses to addressing domestic abuse and reduce the number of repeat domestic referrals our **Multi Agency Assessment Screening Hub (MAASH)** now follow up on all domestic referrals. Previously only those cases with children involved were referred into the team. Monthly MAASH Strategy Response meetings now take place with, Police Scotland, MAASH Team Managers and Performance and Information Systems to analysis a newly created data dashboard which details monthly referrals to the service and key trends. The statistical illustration provided by the data dashboard has provided enhanced visibility with regards to streamlining and prioritising our service ensuring that vulnerable people are safeguarded and get the right support at the right time.

Reporting on localities

North Ayrshire is home to over 135,280 people, all living in its many towns, villages, and islands. These places are home to many different communities, each with their own characteristics and needs.

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

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



Overview

The six locality planning forums (LPFs) continue in their role as the community's portal to the Partnership. Each LPF continues to be the key conduit between local communities and the Partnership's leadership. Like many other local groups, our LPFs were affected by the COVID-19 pandemic which initially limited their ability to meet and progress wider health and social care priorities. However, despite not meeting formally, many LPF members continued to provide much needed support to local communities through the established Community Hubs. LPFs were re-mobilised virtually in Autumn 2020 and have continued to work to improve the health and wellbeing of local people.

Pandemic Experience

Following re-mobilisation, all LPF members were asked to share their reflections of the pandemic lockdown period. Overall, most members said that during lockdown:

- Participation and cooperation in the community was greater
- Communities demonstrated their effectiveness at problem solving
- Communities should great leadership and initiative
- People cooperated more with people within and out with their own local communities

There was a visible enhancement of multi-agency and Partnership multi-disciplinary team working during the period that allowed for faster responses and resolutions local issues. Members also commented on the improved sense of local community that developed during the crisis. LPFs will seek to learn from the pandemic experience and build on the opportunity of closer working with communities.

Membership and Core Group

Each LPF consists of a core group of three members as well as a wider group of people with health and social care experience. The core group consists of a member of the IJB who chairs the group, a GP who is based in the relevant locality, and an HSCP senior manager. The wider group membership consists of relevant, staff representatives, Community Link Workers, members of third and independent sector organisations and service user and care representatives.

During the 2020-21 service year – and following a period of vacancies in some groups - new appointments meant that all five mainland LPFs consisted of a fully complimented core group. Each core group continues to ensure the membership of each LPF is relevant and appropriate to help best identify the needs and assets and needs and concerns of local communities.

Role in Strategic Planning

Our LPFs have a core role in identifying the strategic direction of the partnership. Through local engagement and conversation with local people, forum members help identify the key support needs for each area. Forum members continue to seek effective ways to engage with local people, consider relevant local statistics and learn from service area leads. Using this

information, each forum identifies key priorities for action, which are then submitted to the Partnership's Strategic Planning Group for further discussion and action.

A key change made throughout the service year was to ensure that input by the Locality Planning Forums is set as the first agenda item at every Strategic Planning Group. This approach demonstrates the Partnerships Commitment to locality-based working and prioritising the needs and voices of our local communities.

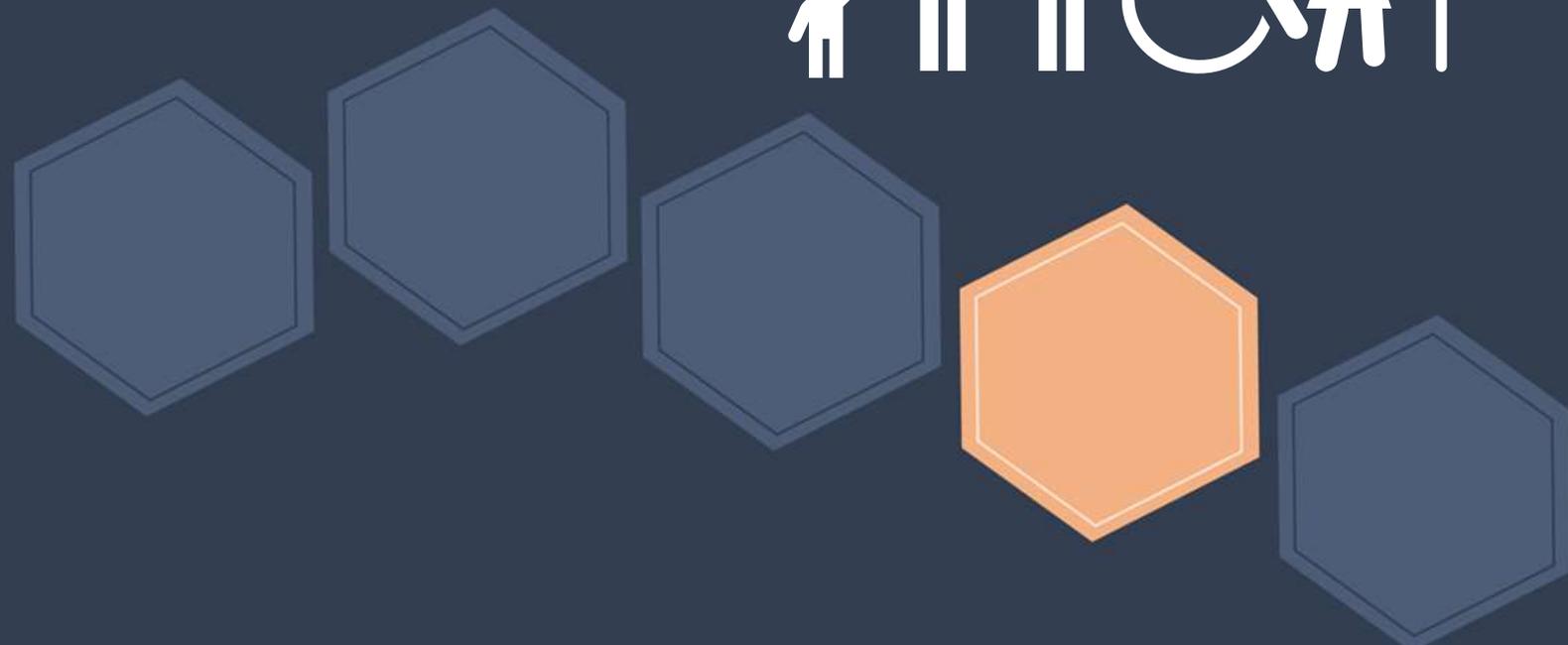
New Developments

Following the virtual re-mobilisation of the LPFs a series of development sessions were planned for each locality planning forum, led by the Partnership's Organisational Development Officer. This development would take place over three sessions.

The first session provided the opportunity for forum members to reflect and consider the local character, features, strengths and aspirations of their locality. This gave LPF participants a shared knowledge of the locality's facets and portraying its uniqueness and distinguishing features. It gave the LPF and its members a picture of the context and potential of the locality from a health and social care perspective. The second session will seek to further clarify locality priorities, key governance relationships and underlining how the LPFs can influence local change. A final session, planned for summer 2021, will look to bring all LPFs together and look at how they can share learning and work closer together.

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



Overview

Due to the COVID-19 Pandemic, HSCP services were refocused on supporting COVID-19 delivery and supporting people living in their communities during lockdown. The transformation team moved to support service continuity planning, shielding recording on CareFirst, contact centre support, community hubs, shielding door knocks and mobilisation planning until June 2020. Full support to the programme has now recommenced.

Communities

This year's What Matters to You (**WMTY**) campaign was scaled back considerably as a direct consequence of social distancing measures. We recognised from the outset that we would be unable to gather a wide representation of views and therefore, our aims were different to what they usually would be:



- Keep the idea of a WMTY type conversation in people's minds.
- Gather some initial pre-engagement feedback from people.

In order to do this, we asked the following question – ‘What matters to you when maintaining your health and wellbeing during the current pandemic?’ We invited responses via a few digital platforms such as Twitter, Facebook, email, text and phone. There was also some limited face to face and telephone opportunities for conversations across our services, locality hubs and within our staff wellbeing hub. The 137 responses were largely received via the staff wellbeing hub, Garnock Valley community hub and HSCP staff members. The following broad themes emerged.

- Family, friends, colleagues, and relationships
- Mental Health
- Exercise, indoor hobbies
- Various methods of coping
- Community Spirit
- Staff and community hubs

Quotes from the Public:

“Seeing the community working together and all the amazing work out there at the moment”

“Exercising when and however possible”

“Reminding myself that this is only temporary”

“Worried about what it is all going to look like”

“Keep staff wellbeing activities going”

“Estranged from loved ones”

Children, Families and Justice Services

- Developed a robust business case and service model for a new National Secure Adolescent Inpatient Service (NSAIS). This will be a 12-bedded unit for children aged 12 to 17 years who have complex difficulties and need a high level of care. It will provide the first secure adolescent inpatient service for young people in Scotland.
- The construction phase of the new Respite House and the new ASN School Campus has seen us work together and our state-of-the-art respite facilities for children and adults opened in summer 2021.

Mental Health and Learning Disabilities

- The North HSCP Community Mental Health Team have moved into the newly refurbished office at the Three Towns Resource Centre. This allowed the partnership to bring all of the key professions together under the one roof. The integrated team includes administrators, psychologists, social workers, nurses and allied health professionals.
- In Learning Disability Services, the NHS Community Learning Disability Service and the Social Work Learning Disability Team are now co-located, and further work is progressing to further integrate processes.
- Successfully securing funding from the Scottish Government has allowed the recruitment of a specialist Perinatal Mental Health team to provide support to families and professionals supporting those in the perinatal period.
- In November 2020 mental health Unscheduled Care services were a key partner in the redesign of urgent care service and are continuing to look at providing a 24 hour a day, 7 day a week mental health pathway for those with urgent mental health concerns, away from Emergency Departments.
- The Partnership working with South & East Ayrshire HSCPs completed a five-year transformation programme of Elderly Mental Health redesign work. This included the transfer of services to Woodland view and improved estate at Ailsa Hospital. This programme builds an earlier programme of work where a range of local community supports were developed for families affected by dementia, and this is now supported by high quality multidisciplinary specialist hospital-based service.
- Mental Health Action 15 monies funding has been targeted to employ eight mental health practitioners (MHP) in GP practices, enhancing the prison healthcare team and expanding of the role of the Crisis Resolution Team by introducing the Police Pathway 24/7 which gives Police Scotland direct access to CRT.

H&CC Services

- Supported the roll out of the Primary Care Implementation Plan - Primary Care continues to move its model to a multidisciplinary approach based in GP practices with the provision of practice-based pharmacists, MSK physiotherapists and mental health practitioners.

Partnership Wide

- As part of the Ayrshire Equality Partnership, delivered the Shared Equality Outcomes plan. We worked closely with partners to implement actions to support and recognise people with a protected characteristic.

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 out of hours community response.

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.



1. Mental Health Services

1.1 **Ward 5** at Woodland View looked to imbed continuous improvement through client feedback. This was done via “You said, we did” methodology as well as using Case Studies. The questions were based around what clients liked, what they would improve and what is important to them. The Ward 5 response is captured below.

- All rooms have now been equipped with a television. This has also been beneficial during COVID-19 when clients have had to self-isolate
- The hospital has a no smoking policy however this has relaxed slightly to allow individuals to use the courtyard in each ward. The hospital will not fund a smoking shelter. There are specific health and safety reasons for not allowing this, however umbrellas have been provided for use in wet days.
- Staff will provide an orientation to the ward on admission to ensure all individuals are aware of their surroundings and facilities available.
- All staff are reminded to remain helpful, approachable, positive and friendly at all times when working with individuals.
- Although radios are not available, radio channels can be accessed via the TV within all rooms.

Comments:

I wish to convey my sincere thanks for the care received during my recent stay in ward 5 I was treated with humility and respect throughout my time with you and your staff. The detox and rehab programmes were very beneficial, and I will continue to refer to my notes and handouts in the future if and/when required. The medication I received has helped me greatly and I am continuing with it, via my G.P, for the foreseeable future.

Please pass my thanks and gratitude to all of your team in Ward 5 – you are a credit to yourselves and the NHS with the greatest respect I hope our paths don't cross again under the same circumstances. I am confident that this will be the case. Thank you so much. I feel and hope that my time in Ward 5 has save my life

1.2 In response to the national and local commitment to children’s mental health, the challenges currently evident and to consolidate and build upon the positive, multi-agency work undertaken in the last five years, SPOG/Ayrshire and Arran have commissioned an ‘**Extreme Teams**’ approach to respond to the mission critical key question: How will we improve Children and Young People’s Mental health and wellbeing with timely access to services and support to Children, young people and their families at a locality level?

The Extreme team group of senior and professional leads has been meeting since August/September 2020 and are currently delivering against key actions related to the programme of work. The scope of this work is also being reviewed in the context of the new funding announced by the Minister for Mental Health from the national £40m for CAMHS of which £2.393m has been allocated for Ayrshire and Arran. This funding will enable a bringing

forward of and acceleration of some programmes of work in 2021/22 than would previously have been made over a two- or three-year period in the absence of committed funding.

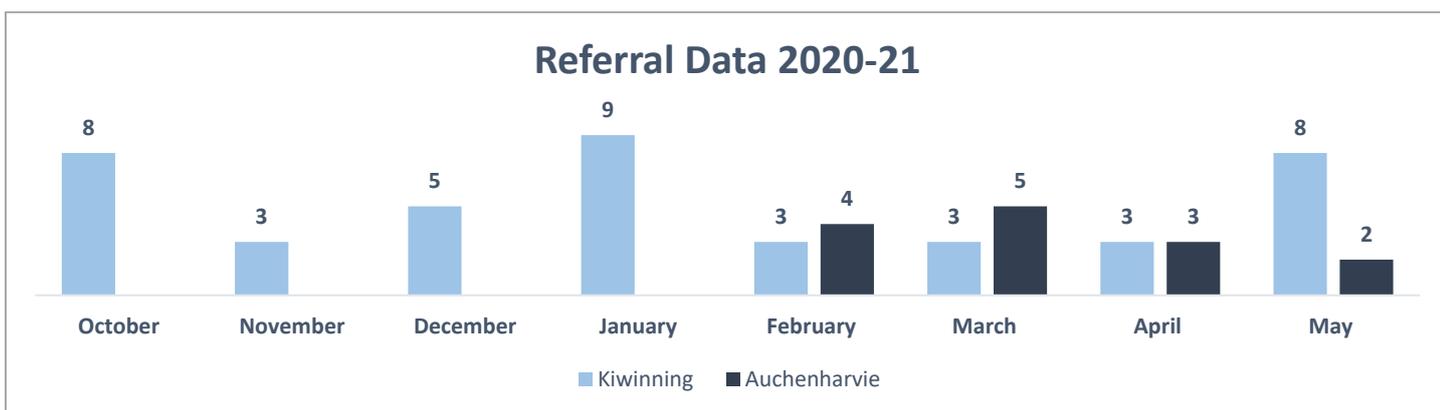
- 1.3 **Mental Health Services** have continued to develop and revise workforce plans in alignment with Transition Renewal and Recovery including development of skills and competencies and leadership development to reflect the current and future expanding workforce. The Minister's announcement of development of Mental Health leadership infrastructure including Nursing and AHP is welcome and in alignment with workforce plans developed in Ayrshire and Arran – including the establishment of professional leadership roles in areas of critical challenge such as CAMHS, Neuro development, staff wellbeing and emerging specialist provision in Forensic services, Perinatal Mental Health, Elderly Mental Health and Unscheduled care.
- 1.4 Waiting time compliance for **Psychological Therapies** in the March was 91%. This is the first occasion the service has achieved the 90% compliance standard. The service has made consistent progress in compliance through the COVID-19 period through a combination of a period of reduced demand during the COVID-19 period, digital developments and service redesign within the Psychology and wider Mental Health clinical teams. National Public Health Scotland data highlights A&A as being the second highest of the terrestrial Boards in waiting time compliance for the last two published quarters (June – September 2020, October – December 2020). Total numbers of people waiting for Psychological Therapy is reducing and, again, the PHS published data (Oct – Dec 2020) highlight A&A as having the lowest numbers waiting alongside one other Board.
- 1.5 The Scottish Government issued a letter on 4th February 2021 to the **Alcohol and Drug Partnership (ADP)** Chairs & Integration Authority Chief Officers detailing an additional £5 million funding for this financial year (2020-21) and a further £50 million per annum for the next five years. A significant proportion of this additional funding will go to ADPs. Funding can be used for residential rehabilitation and detoxification and associated aftercare and support. Residential support in Ayrshire and Arran is delivered via Ward 5, Woodland view – available to all residents of Ayrshire and Arran with an element currently funded by the three ADP's in Ayrshire. This is currently being considered on a recurring basis including enhancement with utilisation of this additional funding
- 1.6 **The Kilwinning Wellness Model** tested a whole system model of mental health support and recognised that Child and Adolescent Mental Health Services (CAMHS) should work more closely with Community Supports, Services and partners to ensure that there are clear pathways to support where that is more appropriately delivered by these services. A gap to support 'whole family' wellbeing was identified where many children and young people's wellbeing was impacted as a result of family anxiety and disconnection from the community. CAMHS, North Ayrshire Education, NAHSCP and Aberlour were keen to work together to offer a collaborative approach to whole family support and family wellbeing, initially testing this in one locality. Aberlour secured core funding from the National Lottery Community Fund with additional funds from Aberlour, CAMHS and Children and family Services.

On October 1st, 2020, Aberlour Sustain North Ayrshire officially launched the pilot service within Kilwinning, North Ayrshire.

On February 1st, 2021, the service expanded to begin offering support to the Auchendarvie School cluster – following a request from North Ayrshire Council and additional funding through the Scottish Government Children and Young People’s Mental Health fund. Funding was provided for 6 months and a shared approach to evaluation was agreed.

As part of the initial service aims and objectives, it was agreed that Aberlour Sustain North Ayrshire, would support 60 families over two years. Between October – June we have received 51 referrals with a total of 57 children supported.

Whole family support was established immediately, with referrals being received on the day of the service launch and the team began offering immediate support. Ongoing restrictions have presented challenges however families were supported within garden spaces, community parks and other community spaces when it has been safe and appropriate. Carefully following local and national guidance we have also been able to provide a range of face-to-face support. Individual and group video calls have been a great success and have included a wide range of topics and activities, including games and quizzes. Children, young people and families have been keen to contribute to the planning and leadership of groups and activities – both online and face to face.



Aberlour Sustain recognised early on that whole family support was only a small part of supporting families and quickly worked with families to understand the impact that wider networks and systems have on family and community life. Our approach recognised the importance of working through relationships, focusing on strengths, building new capabilities, and supporting families to connect with and contribute to the local community.

We set up weekend outdoor sessions for children and have recently moved to a model that allows parents to volunteer within these, as restrictions have now eased. These sessions have promoted new friendships and community connections during isolating times, mums dads and children have helped plan and deliver activities and they have played an important part in building a sense of belonging and community for families.



Our Facebook community is used daily by parents who have again, began to take the lead and ownership of their group, making best use of this to connect and support one another. We have linked closely with other 3rd sector agencies to ensure that the children we support from P7 – S1 are supported during their transition to secondary school. We are pleased to also be offering 'Worry Workshops' to the schools we currently support 7 Kilwinning and 7 Auchendarvie schools – after the summer holiday period. These workshops are designed to support all ages within primary school to learn age-appropriate coping skills to manage worries.

Comments:

“Oh thanks for all of this, as I said you have been a pillar of support and it is always good to have someone ground you again after all the stress can set you off”

“Mum advised she see’s a huge difference in (Child’s name) after only a few short weeks. Advised (Child’s name) does not usually cope with strangers but has forged a strong link with Aberlour Staff Members already & that (Child’s name) really looks forward tot the online sessions”

“We want to say thanks so much for all your support and just offering an ear to help us feel heard”

Family Successes & Achievements

- Mum identified that violence has now stopped, with their child no longer hitting others
- Mum identified that their child can now allow parents to leave without distress after severe separation anxiety
- Mum able to get all children up and into school, mum is feeling proud and supported

2. Child Health Services

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



The Children's Immunisation Service provides the Ayrshire school-based immunisation programme, including Human Papilloma virus (HPV), Diphtheria, Tetanus and Polio, Meningitis ACWY and Measles, Mumps and Rubella (MMR). In North Ayrshire this programme is offered to 7,903 pupils between the cohorts of S1 to S6. The annual influenza vaccine is offered to 9,778 pupils from Primary 1 to 7. As part of the roll out of the Vaccination Transformation Programme, eight staff nurses were recruited to deliver the routine childhood clinics within North Ayrshire.

The School Immunisation team have worked creatively in partnership with education staff in delivering the flu programme this year. Usual practice is for Primary Care to "mop up" the children who were absent from school when the school immunisation team attended. However, for this year where there has been large absenteeism rates due to COVID-19, we will revisit these schools. This will result in the School Flu Programme running for an additional week but is a good example of partnership working

- 2.2 Health visitors in the infant feeding service continue to promote, protect and support breastfeeding, referring mums to the community infant feeding nurse for support with more complex issues. Audit shows that the care provided is of a high standard and well received. Work remains ongoing across Ayrshire to increase the number of premises signed up to the Breastfeeding Friendly Scotland scheme.

Breastfeeding remains a public health priority due to the important role it has on the health and development of baby and on longer term health outcomes for both mum and child. As such, it continued to be prioritised throughout 2020-21, with support to breastfeeding mums offered by community midwives, Health Visitors and Family Nurses and also by support workers within the Universal Early Years' service.

Where mums had more complex feeding problems, they were offered support by our Community Infant Feeding Team. Between January and December 2020, 200 mums were supported with more complex feeding issues, almost twice as many than during the same time period in 2019. Following support, 92.1% of mums continued to breastfeed at 6-8 weeks and 75.5% were breastfeeding at 6 months.

- 2.3 Early in 2021, NHS Ayrshire and Arran, working alongside all three Health Visiting services, commenced the Jumpstart Tots programme. An extension to the long-running Jumpstart child healthy weight programme, Jumpstart Tots will now support families with children 2 years and above to improve their diet and physical activity levels in order to achieve and maintain a healthy weight.

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, safe and well.

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



Independent Care Providers who provide care services on our behalf

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

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

Registered Services:		Current lowest grade in any assessed quality theme						
Minimum Grades Across All Themes								
Care Service	Subtype	1 – Unsatisfactory	2- Weak	3 - Adequate	4-Good	5 – Very Good	6-Excellent	Grand Total
Adoption Service						1		1
Adult Placement Service						2		2
Care Home Service	Older People			5	8	4		17
	Children & Young People			2	3	2	2	9
	Learning Disabilities				2	1		3
	Mental Health Problems			1				1
Fostering Service				2			2	
Housing Support Service			1		3	8	2	14
School Care Accommodation Service					2	5		7
Support Service	Care at Home		1		8	12		21
	Other than Care at home				8	1	1	10
Grand Total			2	8	36	36	5	87

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

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

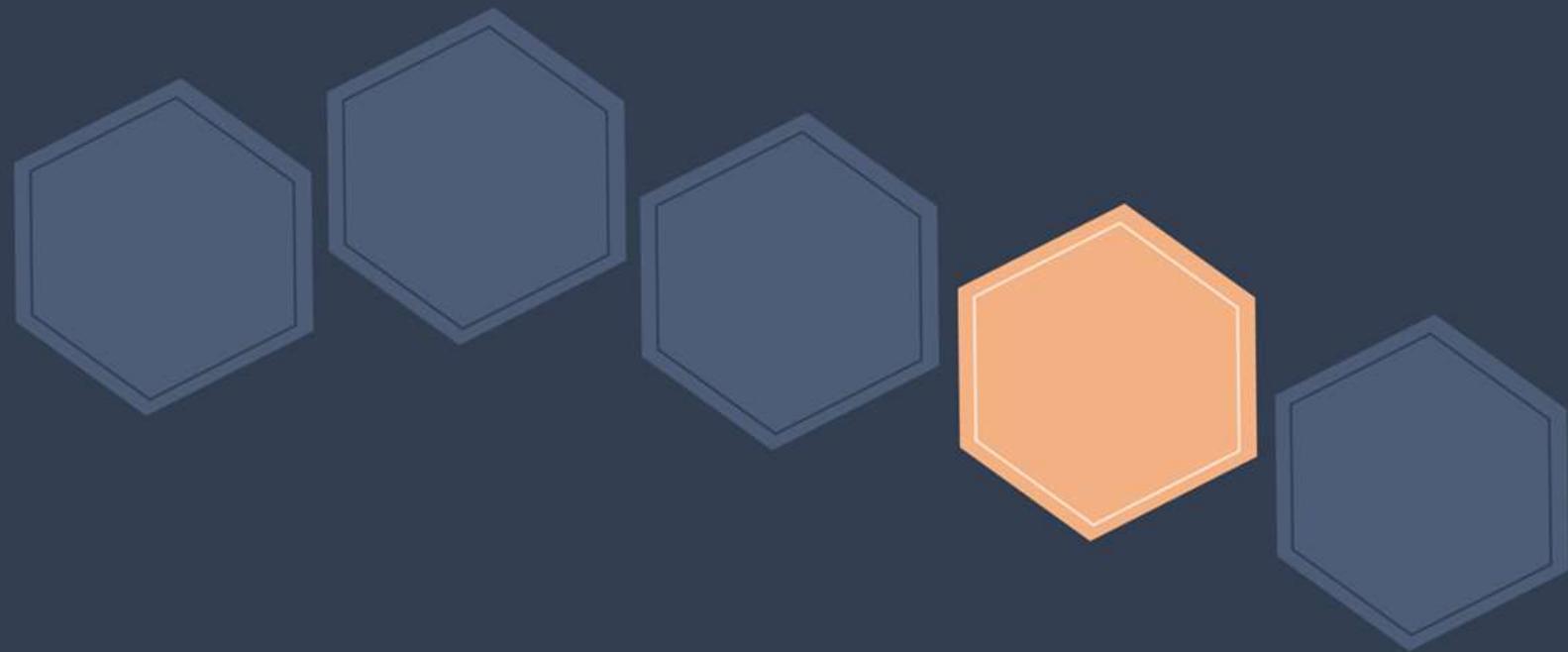
Care services provided by Partnership teams

Advice from directors of Public Health in Scotland was that inspection visits would present a real risk of introducing and spreading COVID-19 in Scotland's care homes. Therefore, to limit the spread of COVID-19, and with agreement from Scottish Government the Care Inspectorate restricted their presence in services unless necessary. This approach resulted in the majority of services not being graded as normal and instead retaining the grades they had last received. Instead, the Care Inspectorate intensified oversight using a range of remote and virtual approaches to ensure services were supported and operating well throughout the pandemic.

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 2020/21.



Partnership Revenue Expenditure 2020/21

The overall financial performance against budget for the financial period 2020-21 (after adjusting for new earmarked reserves) was an overall underspend of £4.151m. This consisted of £2.510m of underspend in social care services and £1.641m underspend in health services.

This position excludes the £1.486m budget being held on behalf of the IJB by the Council for debt repayment. This £1.486m was allocated towards the debt at the period-end reducing the debt to £3.807m (£5.293m 2019-20).

2019-20 Budget £000	2019-20 Actual £000	Variance (Fav)/Adv £000		2020-21 Budget £000	2020-21 Actual £000	Variance (Fav)/Adv £000
71,521	72,051	530	Health and Community Care	74,258	72,611	(1,647)
77,490	78,245	755	Mental Health	81,395	79,647	(1,748)
35,392	36,665	1,273	Children, Families & Justice	35,427	35,346	(81)
53,154	53,007	(147)	Primary Care	48,940	48,809	(131)
5,200	5,089	(111)	Allied Health Professionals	5,722	5,722	0
9,456	7,114	(2,342)	Management and Support Costs	25,176	18,901	(6,275)
1,579	1,435	(144)	Change Programme	1,081	1,081	0
253,792	253,606	(186)	Total Expenditure	271,999	262,117	(9,882)
(253,792)	(253,792)	0	Total Income	(271,999)	(271,999)	0
0	(186)	(186)	Outturn on a managed basis	0	(9,882)	(9,882)
0	133	133	Lead Partnership Allocations	0	(437)	(437)
0	(53)	(53)	Outturn on an IJB Basis	0	(10,319)	(10,319)
0	207	207	New Earmarking	0	6,168	6,168
0	154	154		0	(4,151)	(4,151)

The main areas of variance during 2020-21 are noted below:

Health and Community Care – underspend of £1.647m mainly relates to an underspend in care home placements, direct payments within independent living services and Carers Act funding.

Mental Health – underspend of £1.748m which relates to underspends in community mental health and the Lead Partnership for mental health (psychology, child and adolescent mental health services (CAMHS), Action 15 and psychiatry). There is also an underspend in the Alcohol and Drugs Partnership which will be earmarked for use in 2021-22. These underspends are partially offset by an overspend in learning disability care packages.

Children, Families and Justice – underspend of £0.081m is mainly related to community packages, direct payments and respite partially offset by an overspend in residential and secure placements.

In general, the underspends in the areas above are partially due to the impact of the pandemic as service levels fluctuated throughout the period as some services stopped whilst others were reduced. This made projecting the spend accurately over the period more difficult.

Management and Support Costs – underspend of £6.275m mainly relates to the additional covid funding which will be earmarked for use in 2021-22. There were also underspends in relation to over recovery of payroll turnover, transition funding and the funding set aside for unscheduled care.

Financial balance has been achieved in 2020-21 and significant progress has been to ensure the ongoing financial sustainability of the IJB. This work will continue and be built upon moving into 2021-22. This will need to be considered alongside the impact of Covid-19 and the need to redesign services taking full cognisance of the financial risks, learning and opportunities which this presents.

There were a number of key financial successes for 2020-21:

- Continued to demonstrate the IJB position being accounted for in a truly integrated way with resource shifting from the NHS budget to offset Social Care pressures
- Savings totalling £2.4m were delivered in-year, despite the impact of the pandemic
- Continued progress with reducing the financial overspends specifically for care home and children's residential placements which will have a significant impact on the financial plans and sustainability for future years
- The accuracy of projected spend continues to improve
- The ongoing submission of the estimated financial impact of Covid through the LMP process including input into the national benchmarking group, providing adequate assurance overestimates, which resulted in full costs being reimbursed
- A robust process was established to make sustainability payments to social care providers.

Moving into 2021/22, the Partnership is proactively working to provide safe and effective services for the residents of North Ayrshire within the financial envelope. However, the main risk to the Partnership moving into the new financial period is the uncertainty around the Covid-19 pandemic

The HSCP developed a mobilisation plan during 2020-21 detailing the additional activities to support our response to Covid-19, alongside the estimated financial impact. The plan provided a focal point for the partnership's response to the pandemic, and this set out clearly from the start how we would adapt and mobilise services to either expand or retract, re-prioritise activities and resources and also highlights the areas of greatest risk. The most recent iteration of the plan was submitted to Scottish Government by NHS Ayrshire and Arran in February 2021 and covers the response to the period March 2022.

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

- Reducing the level of delayed discharges for patients in acute, Mental Health inpatients and community hospitals
- Island resilience with planning supported by a Multi-Disciplinary Team approach including local GPs
- Our community hospital response to managing potentially high bed occupancy levels, alongside staff availability and the flow from acute

- Maintain as far as possible mental health services, with community provision limiting face to face contact and flexibility of resources for in-patient services to ensure no cessation of services
- Resilience and sustainability of current levels of care at home provision, alongside increasing capacity to facilitate hospital discharge and support shielded individuals
- Step Up/Step Down residential provision, establish provision of temporary residential or nursing care provision to both facilitate quicker hospital discharge and also to avoid further hospital admissions from the community, including planning for contingency surge capacity
- Supporting adults with complex needs by ensuring alternative community supports on closure of respite and day services alongside social distancing requirements
- Maintaining existing levels of care in our children’s services to protect vulnerable children and adopting new ways of keeping in touch with vulnerable children
- Established “enhanced” locality-based Community Hubs to support vulnerable individuals, including those shielding; and
- Sourcing and establishing reliable supply chains of Personal Protective Equipment (PPE).

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. 64.4% 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 2019 mid-year population statistics (sourced from NRS).

Age Group	Irvine	Kilwinning	Three Towns	Garnock Valley	North Coast	Arran	Total	% of spend allocated on this basis
Children aged 0 – 15	30.9%	13.3%	25.5%	14.1%	13.7%	2.5%	100%	10.3%
Adults aged 16 – 64	29.8%	12.0%	24.7%	15.2%	15.2%	3.1%	100%	25.0%
Older People aged 65+	25.7%	10.2%	21.9%	13.7%	23.7%	4.8%	100%	16.2%
Share of total population	29.0%	11.8%	24.2%	14.7%	16.9%	3.4%	100%	12.9%
Total allocated on population basis								64.4%
By Locality								35.6%
Total								100%

This resulted in the following spend per locality -

	Irvine £000's	Kilwinning £000's	Three Towns £000's	Garnock Valley £000's	North Coast £000's	Arran £000's	Total £000's
2020-21 Expenditure	77,796	28,502	62,312	39,008	42,461	12,038	262,117
% share of spend	29.6%	10.9%	23.8%	14.9%	16.2%	4.6%	100%
% of total population	29.2%	11.8%	24.2%	14.7%	16.7%	3.4%	100%

Appendix



Local Indicators

Performance Indicator	2016 -17	2017-18	2018-19	2019-20	2020-21	Target	Status
People subject to level 1 Community Payback Order (CPO) Unpaid Work completed within three months	93.37%	95.33%	95.6%	98.9%	100%	90%	
Individuals subject to level 2 Community Payback Order (CPO) Unpaid Work completed within six months	95.63%	94.27%	97.3%	97.6%	100%	90%	
Number of Learning Disability service users in voluntary placements	71	67	58	57	0 (COVID-19)	43	
Number of bed days saved by ICT, Intermediate Care Team (formerly ICES), providing alternative to acute hospital admission	4,730	5,463	6,563	10,537	9,766	3,060	
People seen within 1 day of referral to ICT	98.5%	95.66%	100%	99.14%	98.9%	90%	
Number of people receiving Care at Home	1,715	2,021	1,793	1,970	2,121	2,167	
Number of secure remands for under 18s	1	0	-	-		5	N/A
Referral to commencing treatment within 3 weeks (Alcohol use)	93.7% (at Q3)	95%	100%	98.6%	94.8%	90%	
Referrals to commencing treatment within 3 weeks (Drug use)	95.0% (at Q3)	98%	100%	100%	97.1%	90%	
Preschool children protected from disease through % uptake of child immunisation programme (Rotavirus)	95.53%	96.10%	91%	91.1%	92.9%	92.2%	
Preschool children protected from disease through % uptake of child immunisation programme (MMR1)	96.21%	96%	95%	93.3%	95.5%	98.2%	
Care at Home capacity lost due to cancelled hospital discharges (shared target with acute hospital services) (number of hours)	7,153	6,305	6,907	6,431	7,154	4,000	
Uptake of Child Flu Programme in schools	75.25%	74.70%	-	-	-	72.1%	N/A

MSG Indicators

Performance Indicator	2017-18	2018-19	2019-20	2020-21	Target	Status
Emergency admissions to acute hospitals	1,763	1,622	1,331	1,461	1,836	✓
Emergency admissions to acute hospitals (rate per 1000)	13	12	12	10.8	13.6	✓
Admissions from emergency department	1,131	1,007	814	808	1,173	✓
Admissions from emergency department (rate per 1000)	8.4	7.5	8.0	6.0	8.7	✓
% people at emergency department who go onto ward stay (conversion rate)	34	33	32	35	33	✗
Unscheduled 'hospital bed days' in acute hospital	8,798	9,348	9,031	10,318	12,320	✓
Unscheduled 'hospital bed days' in acute hospital (rate per 1000)	65	69	81	76.6	91	✓
Unscheduled 'hospital bed days' in long stay mental health hospital	5,866 (Mar18)	8,128 (Dec18)	7,058 (Mar20)	2,487	6,782	✓
Unscheduled 'hospital bed days' in long stay mental health hospital (rate per 1000)	43.3	60	52	18.5	50.1	✓
Unscheduled 'hospital bed days' in geriatric long stay	1,454	943	1,111	110	1,772	✓
Unscheduled 'hospital bed days' in geriatric long stay (rate per 1000)	10.7	7	10.2	1.0	13	✓
Emergency department attendances	3,292	3,039	2,527	2,292	3,292	✓
Emergency department attendances (rate per 1000)	24.3	22.5	24.9	17.0	24.4	✓
% people seen within 4 hrs at emergency department	88.5	87	87	82.1	95	✓
Delayed Discharges bed days (all reasons)	1,889	1,916	2,073	1,165	1,515	✓
Delayed Discharges bed days (all reasons) (rate per 1000)	17.3	17.5	18.5	10.6	13.9	✓
Delayed Discharges bed days (code 9)	279	196	372	393	770	✓
Delayed Discharges bed days (Code 9) (rate per 1000)	2.5	1.8	2.1	3.6	7	✓

Where to find more information

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

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

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

www.east-ayrshire.gov.uk/SocialCareAndHealth/East-Ayrshire-Health-and-Social-Care-Partnership/Governance-Documents.aspx

www.south-ayrshire.gov.uk/health-social-care-partnership/strategy.aspx



**Integration Joint Board
16 December 2021**

Subject: Remobilisation Plan 4

Purpose: IJB to approve the final draft of the Remobilisation Plan 4 (RMP4) for the period October 2021 to March 2022.

Recommendation: IJB members are asked to approve the RMP4 for publication.

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

1.	EXECUTIVE SUMMARY
1.1	The final draft Remobilisation Plan 4 (Appendix 1), was submitted to the Scottish Government on 30 September for consideration. On 19 th November 2021, a letter was received from Scottish Government (Appendix 2) approving the final draft Remobilisation Plan 4.
1.2	This now requires to be progressed through the NHS and HSCP governance processes for formal sign off and then publication. The RMP4 was approved by NHS Board on 29 November 2021 and will be presented to each of the Ayrshire IJB's for approval.
1.3	Following approval through the governance processes, the Remobilisation Plan 4 will become the Health Board's contract with the Scottish Government for the remainder of 2021/22.
1..4	RMP4 has been developed collaboratively with health and social care partners to provide Scottish Government with confirmation that we have plans in place to demonstrate how we will continue to safeguard robust Covid-19 resilience and support for health and social care, whilst working on how paused services across the whole system can be safely and incrementally resumed.
2.	BACKGROUND
2.1	All NHS Boards were required to submit, to Scottish Government, an update on Remobilisation Plan 3 2021/22. This updated plan will be referred to as Re-mobilisation Plan 4 and will reflect progress to date and set out what is expected to be delivered over the second part of the year.
3.	PROPOSALS
3.1	IJB members are asked to approve the RMP4 for publication.

3.2	<u>Anticipated Outcomes</u>
	The approval of RMP4 will ensure across our Health and Care system in Ayrshire and Arran that we have collective agreement of the plans in place to safeguard and maintain resilience to respond to Covid-19 whilst supporting the incremental resumption of services.
3.3	<u>Measuring Impact</u>
	The Remobilisation Plan 4 is set within the context of all the work undertaken across the Health and Care system within Ayrshire and Arran. It provides detail of how to deliver, at a local level on the ministerial commitments, how we will meet the needs of our local communities and how we will provide services within the scope of the resources available.
4.	IMPLICATIONS

Financial:	The financial plan will be a key component of the RMP4.
Human Resources:	Workforce forms a component part of the Remobilisation Plan 4 and further detail is clearly set out in the Interim Workforce Plans completed by NHS Ayrshire & Arran and South, North and East Ayrshire Health and Social Care Partnerships. These plans also cover the period 1 April 2021 – 31 March 2022.
Legal:	N/A
Equality:	The Remobilisation Plan 4 is drafted within the context of the Programme for Government and takes cognisance of the delivery of services within the Public Sector Equality Duty, Fairer Scotland Duty and the Board's Equalities Outcomes. Impact assessments will be completed as required for the component parts of the Remobilisation Plan 4.
Children and Young People	N/A
Environmental & Sustainability:	N/A
Key Priorities:	The Remobilisation Plan 4 is a culmination of a number of plans which, where appropriate, will have been communicated to staff and/or patients and public. The overarching strategic vision of the Remobilisation Plan 4, through Caring for Ayrshire, will ensure that this and future plans have full engagement and consultation on the way forward for our health and care system in Ayrshire and Arran.
Risk Implications:	Risks to delivery of the various aspects of the Remobilisation Plan 4 will be assessed and will be managed throughout the lifespan of the plan.
Community Benefits:	N/A

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

<i>(where Directions are required please complete Directions Template)</i>	4. North Ayrshire Council and NHS Ayrshire & Arran	
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5.	CONSULTATION
5.1	The Remobilisation Plan 4 is developed in collaboration between NHS Ayrshire & Arran, East South and North Ayrshire Health and Social Care Partnerships and key partners.
6.	CONCLUSION
6.1	<p>Members are asked to approve:</p> <ul style="list-style-type: none"> • the Remobilisation Plan 4; and • be assured that necessary systems and procedures are in place to scrutinise, monitor and manage delivery against the plan.

For more information please contact Caroline Cameron, Director/Chief Officer on [01294 317723] or [carolinecameron@north-ayrshire.gov.uk]

Remobilisation Plan 4

October 2021 - March 2022

Working together to achieve the healthiest
life possible for everyone in Ayrshire and Arran



Name	Job Title or Role	Signature	Date
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Authored by:

Gillian Arnold Planning Manager

Completion of the following signature blocks signifies the approver has read, understands and agrees with the content of this document.

		Version	Date
For approval	CMT	v1.00	28.9.21
	Draft for submission to SG		30.9.21

Submitted to : NHSAnnualOperatingPlans@gov.scot

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1.0 Introduction

Remobilisation Plan 4 has been prepared collaboratively with our partners, to provide Scottish Government with confirmation that we have plans in place to demonstrate how we will continue to safeguard robust Covid-19 resilience and support for health and social care, whilst working on how paused services across the whole system can be safely and incrementally resumed.

This plan sits alongside our 10 year strategic ambition, Caring for Ayrshire, which is our whole system health and care redesign and reform ambition. This closely aligns with the newly published NHS Recovery Plan and offers opportunities with regard to the proposed National Care Service to ensure right care in the right place at the right time by the right person.

The plan provides an update from the previous Remobilisation Plan and sets out our key priorities for the remainder of 2021-2022.

As we move forward into winter, patient and staff safety continues to be the overriding priority and ensuring effective prevention and control of infection over the winter period will be critical for the successful restart of services and the continued safety of our patients, staff, their families and our communities.

The health and social care system as a whole across Ayrshire and Arran continues to work collectively to manage and safely respond to the ongoing challenges of Covid-19, in addition to a continuing increase in demand for urgent and unscheduled care.

In Ayrshire, we have developed and used our predictive modelling tools to identify peak times of across our health and care services. Planning to meet these peaks has sought to identify resource gaps and ways to mitigate these.

Our Winter Preparedness Plan (Appendix 1) seeks to provide assurance that we have safe and effective pathways of care in place in preparation for winter and what additionality will be created through use of existing resources and investment of winter monies, subject to service capacity and staffing availability. We recognise this plan has a number of risks and challenges as a significant amount of our additionality is already being used to meet the increased demand and current Covid-19 activity and as described below the ability to safely staff key elements of our plan is a particular difficulty.

Workforce retention and recruitment remains a key risk to delivering our plans in full. The use of non-recurring monies whilst gratefully received, can be an additional barrier to recruiting staff. Insufficient workforce to deliver health and care services for patients could lead to an inability to provide safe and effective care, increase the pressures on existing staff, result in poor patient outcomes and have an adverse impact on staff health and wellbeing and reputational damage. Non-recurring monies

leading to fixed term recruitment further compounds the risk around successfully recruiting to vacant posts.

Our Board is committed to valuing, supporting and retaining our current workforce and we are embedding our current Staff Wellbeing Programme through this next remobilisation stage and into the winter period, encouraging staff to take time to rest and recover and to access the local and national resources that are available.

We will continue to take a quality improvement approach, however, recent clinical pressures have once again had significant impact on the ability to take forward our 3 year implementation plan for a Value Management Approach (VMA). Should these pressures persist, a decision may have to be taken to once again pause the programme and focus on priority areas of work. This has also impacted on our ability to support quality improvement activity in our EDs and CAUs and wider acute hospital front door.

Detailed actions for the next phase of remobilisation are included within Delivery Planning Appendix 2, with additionality detailed within Finance Appendix 8.

2.0 Rehabilitation

In recent months key areas of priority have emerged that impact on rehabilitation services and will influence resilience within whole system service delivery. Significant changes in the health and wellbeing of our population due to the direct and indirect impact of Covid-19 have resulted in increased demand for rehabilitation input across all sectors of service delivery.

The impact of Long Covid on our current services has been challenging and due to the nebulous nature of this new health condition, a focus on the development of case management leadership and increased resource for current services is required to meet the needs of the population. There are significant numbers of people diagnosed or experiencing symptoms of Long Covid and at risk of developing long-term conditions with a wide range of symptoms or functional decline. This poses a challenge to health and care resources and will continue to do so for the medium to long term future.

This presents simultaneously with the challenges of recovering routine and other urgent health care work post Covid-19 restrictions on service provision. NHS Ayrshire & Arran are significantly challenged in achieving a clinical pathway suitable for implementing the management of Long Covid. The benchmarking of SIGN 161 revealed that services do not have sufficient resources allocated to deliver the initial consultation recommendations, or the provision of additional specialist health care service capacity to meet the requirements of the suspected

need, unless provided at a cost to both the recovery of existing speciality services and other urgent care assessments.

There is also an important and emerging need for a focus on Prehabilitation, a priority highlighted in the Framework for Supporting People through Recovery and Rehabilitation during and after the Covid-19 Pandemic (2020). The changes reported widely in the health and wellbeing of our population will have a significant impact on our services' ability to respond to priorities highlighted within the NHS Recovery Plan.

There is an urgent need to focus on resilience within our recovery planning and delivery of programmes such as *Elective Surgery Recovery* and *Recovery and Redesign: Cancer Services*. The benefits of Prehabilitation are widespread and offer a system wide transformation in how we support people with cancer and those treated for other conditions. Cancer is the leading cause of disease burden in Scotland accounting for 230,800 disability adjusted life years and >70% of people with cancer have existing co-morbidities such as hypertension, diabetes and a mental health condition.

Many patients will require an increased intensity of support and input much earlier preoperatively in order to be medically and functionally fit for surgery and to improve their post-operative recovery outcomes. We currently have no specific resource for Prehabilitation within NHS Ayrshire & Arran and are at an early stage of scoping nationally, regionally and locally what is being delivered and what this service reform could delivery for our population.

3.0 Public Health

Screening

Our screening programmes are all progressing with the staged restart in line with national expectations. It became clear from the restart process that additional support would be required over and above pre-pandemic resource in order to take forward work across the screening programmes. There is now a Band 7 coordinator in post to support Diabetic Eye Screening and Pregnancy & Newborn Screening and an additional Band 7 coordinator is being recruited to support the other screening programmes.

Vaccinations

In NHS Ayrshire & Arran, we are modernising the delivery of vaccination services in line with guidance that vaccinations move away from a model based on GP delivery to one based on NHS Board/Health and Social Care Partnership (HSCP) delivery through dedicated teams.

The Vaccination Transformation Programme (VTP) began on 1 April 2018 and it is expected that Health and Social Care Partnerships (HSCPs) and NHS Boards will have all programmes transformed by the end of the 4 year transition period (April 2022). NHS Ayrshire & Arran are on track to deliver this transition.

Learning from the Covid-19 workforce models deployed across NHS Scotland in determining the longer term vaccination programme workforce plan has been beneficial.

We have reviewed the required interventions to engage people in the Vaccination Programme, identifying ways to improve vaccination uptake for our underserved citizens and those citizens who may experience barriers to getting vaccinated.

Covid-19

NHS Ayrshire & Arran is delivering a successful programme of vaccination for all citizens in line with JCVI and Scottish Government (SG) guidance across all the above work-streams with the Covid-19 Immunisation Programme continuing throughout 21/22. Finalised guidance has now been received for Phase 2 of Covid Vaccination Programme and we have amended our plans accordingly. We have commenced dual delivery of Flu and Covid vaccines in our Care Homes and across our staff group with mass vaccinations scheduled for appropriate groups over the next few weeks.

To ensure sustainable delivery the Vaccination Programme Workforce Plan has been reviewed and additional recruitment has taken place in line with planning our longer term workforce needs associated with ongoing programme delivery.

All additionality needs to be balanced with underpinning staff health and wellbeing, as well as the re-commencement of elective services and other essential public health and health improvement programmes.

RMP 3 identified £4.3m of vaccination costs in 21/22. These were for the completion of phase 1 but did not include costs for the imminent mass vaccination and booster programme. This has been costed in detail and results in an additional annual spend of £6.6m (currently being reviewed), bringing the total investment for vaccinations up to £10.9 million. This was included in the Q1 Financial Submission.

Test & Protect (T&P) - Testing

Testing individuals for Covid-19, along with the associated analysis, dissemination of results, expansions of asymptomatic testing and testing for outbreak management requires considerable oversight and operational management from the Public Health Department.

Consideration of flu season and annual winter pressures along with the ongoing opportunity costs associated with our new normal; Covid-19 must continue to be a central focus. As a result, the return to normal for each element of the Health and Social Care system will be dependent on the outcomes of ongoing testing for at least the next 18 months. This will include ongoing enhanced surveillance as the data will inform and determine how the country can navigate its way out of the pandemic.

A Mass Community Asymptomatic Testing Programme began in Feb 2021, which will cost £2.4 million in 21/22.

The Covid-19 Testing Team within Public Health provides a suite of options for the different requirements of the Scottish Government's Testing Strategy including Mass Community Testing, Outbreak Management Testing (Community & Clinical setting), NHS Staff Testing and Routine Asymptomatic Testing. This Strategy is subject to regular amendments and expansion which creates continual challenges and uncertainty which is overseen and monitored by the Public Health Oversight Team.

Test & Protect (T&P) - Contact Tracing

T&P contact tracing is organised into three teams; Healthcare, Education and Community. Staffing is currently 29.5 WTE active contact tracers (plus 20.5 WTE admin, support, interface and management staff). Scottish Government requirement for the Ayrshire and Arran T&P service remains at 225 hours of active contact tracing each day, equating to 42 WTE staff. Following a successful recruitment period, we are in the process of increasing our local WTE to 36 and now have 44 staff members on the Test & Protect bank system. This allows a degree of flexibility within the system and also allows us to meet our 225 hours per day.

Our recent period of surge increased this daily requirement to 300 hours per day and required our Health Improvement teams to mobilise to support the Test & Protect effort, thus pausing the remobilisation of approximately 70% of the Health Improvement workplans. With the additional recruitment and increase in available, trained bank staff, our reformed Test & Protect Surge Plan will rely less on internal non-Test & Protect Public Health staff.

The challenge for T&P going forward will be to ensure Scottish Government WTE targets are met, but also that staff time is fully utilised during quieter periods. This will include conducting research, audit and quality improvement activity. The T&P workforce will also receive training and support to allow them to contribute to the wider Public Health department outcomes and a training framework is currently being developed. Strategic direction of the T&P programme is led by the T&P Programme Board, which meets weekly and reports to the Public Health Executive Oversight Board.

4.0 Mental Health

Our remobilisation plans continue to collectively reflect whole system targeted action with utilisation of recovery funding and ongoing impact review to ensure optimal response to the challenges presented, addressing backlog management as we continue to innovate; adapting our offer, providing new pathways to services, redesigning services and using digital delivery to retain and maximise as much support as possible as services increase face to face activity and group therapy.

Workforce availability, training and capacity management remains a critical theme within our mobilisation and recovery planning with assertive recruitment programmes underway across the system to optimise workforce supply with the renewal and recovery funding invested. There remains a challenge however with availability of workforce across the spectrum of professional roles both nationally and locally which impacts on the pace of recovery implementation. This can also be compounded by the temporary and non-recurring nature of funding which presents challenges in relation to workforce retention and future sustainability; wherever possible this has been mitigated with permanent recruitment for specialist posts where there are greater pressures of workforce supply.

There are emerging challenges with access and availability of appropriate accommodation across the system due to continued social distancing requirements, new service developments and growth of the mental health workforce. This can impact on pace of mobilisation where co-location on site is essential for service delivery in acute settings and IT enablement for community services which require integrated system solutions at pace.

In Mental Health Inpatients services there have been specific workforce challenges and increasing levels of Covid-19 related sickness absence which have incurred additional bank staffing costs. This in part can also be attributed to the reduced and more limited availability of healthcare and treatments to support timely return to work as one of the key impacts of the pandemic.

There has been a continued increasing referral rate of acutely unwell patients requiring a higher level of enhanced observations with associated incurred higher attributed workforce costs and a high level of admission demand with percentage occupancy remaining well in excess of 85%. To mitigate this our mobilisation plan demonstrates assertive service modelling, continued focus on effective gatekeeping with facilitation of early discharge and despite demand pressures there has been no requirement to board patients out of area.

Whole Systems approach

The recovery and renewal plans for mental health continue to deliver targeted actions to ensure a whole system response to the presenting challenges of rising demand with new developments implemented over the last reporting period:

- **Clinical Care Pathways development**

Clinical Care Pathways have now been developed for the perinatal service, crisis resolution team, CAMH's pathways are currently in development and there is agreement to roll out a variation, agreed by the three partnership Community Mental Health Service's (CMHS), of the pathways originally developed within the North CMHS across the three partnership areas. This will ensure equity of care across the partnerships for the residents of Ayrshire & Arran.

- **Crisis Resolution Teams (CRT) integrated working with the Scottish Ambulance Service (SAS)**

A Charge Nurse with the Crisis Resolution Team was seconded to Scottish Ambulance Service SAS from April- August 2021 to explore the viability of direct referrals from SAS to Mental Health Services thus allowing for Community based assessment when it is believed that a mental health assessment is required.

An evaluation has been carried out and is currently being reviewed with a recommendation to develop a unified and consistent Pan Ayrshire Mental Health Unscheduled Care Service offering a single point of contact for emergency service partners across the 24/7 period.

This proposal relies primarily on maximising efficient use of current resources and ensuring close cooperation and joint working between the three primary mental health unscheduled teams already involved in delivering within these areas at present. It also, however, requires some additional resourcing which is currently being scoped.

- **Unscheduled Care**

Unscheduled Care have developed two pathways, which are both now ratified: Clinical Mental Health Pathway for Children Under 16 presenting at Emergency Departments (This pathway was written in collaboration with Mental Health Services, Emergency Department staff, Paediatrics and Child Protection). The aim was to ensure that all professionals involved were aware of their role in the care of the child/young person as well as reducing the amount of time they are in the Emergency Department.

Police Custody Suite/Health Care Pathway (this pathway was written in collaboration with Mental Health Services Lead Forensic Medical Examiner and Justice Healthcare) The aim is to ensure that if there are any concerns

about an individual who is in custody re: their mental health, that there is a clear process in how to manage this and facilitate a response that is appropriate for the individual.

- **Suicide prevention Training Team**

Development of a multiagency suicide prevention training team which will enable a cohesive approach in delivering training across the system taking into consideration the requirements of local communities for training. It will maximise use of training resource, provide advice, support and information for wider communities, workplaces and education environments affected by or exposed to suicide in collaboration with partners and will also enable us to standardise and determine what training should be delivered that would provide communities with education and awareness about suicide warning signs and resources with consideration also given to the training needs of family members in supporting people with suicidal presentation

- **Families bereaved by Suicide national pilot**

Ayrshire and Arran is a pilot site for Action 4 - Support for Families Bereaved by Suicide. An oversight group has been established and Penumbra commissioned to deliver the service which launched during August 2021 with referrals active to the new provision.

- **Addressing Inequalities**

There has been significant work undertaken as part of renewal and recovery planning to address the needs of vulnerable groups and reduce inequalities particularly those with a learning disability and neurodevelopment disorder including the following key areas of delivery and development:

- **Neurodevelopment pathway and support service**

Ahead of the publication of a national Neurodevelopmental Service Specification the extreme teams CAMHS work programme has resulted in the development of a neurodevelopment service pathway with dedicated workforce aligned to enable the delivery of a consistent criteria and referral process for children and young people requiring assessment, formulation interventions, advice and support, beyond that which can be provided by universal services. In complement to this a neuro diverse support service has also been commissioned to enable the delivery of a universal population post diagnostic support service for age groups.

- **Housing First services**

In collaboration with the North Ayrshire housing team, community mental health and addiction services a new Housing First service has been launched to support vulnerable service users with complex needs with the development of a new jointly commissioned response service, the first of its kind in Scotland.

- People with a learning disability have been one of a number of groups particularly impacted by the Covid-19 pandemic and this was reflected in their being prioritised by the Scottish Government with regard to access to the vaccine. Learning Disability Nurses within the Community Teams have collaborated with primary care colleagues in identifying and vaccinating individuals. This included the provision of tailored home visits to meet individual needs of service users (mainly very hard to reach population with severe ASD and or high levels of anxiety /distress that required bespoke planning). Alongside this additional activity, the entire integrated team continues to support a wide range of development work, including supporting the identification and transition of individuals for new supported housing developments for example in North Ayrshire at Dalry, Stevenston and Largs.
- Recovery and renewal funding has been identified to extend the provision of a neighbourhood networks service for people with a learning disability as well as those with mental health needs. This service previously implemented successfully in one locality will enable the building of community connections to prevent social isolation across all localities in North Ayrshire develop.
- All areas of service delivery have collated pandemic lived experience information and patient feedback to further inform recovery and renewal planning. A CAMHS engagement officer role has been developed to enable maximisation of participation and co-production approaches with children, young people and families at the centre of service redesign and development. There are further plans in place to enhance this resource with the development of a Pan Ayrshire adult mental health engagement officer role which will extend capacity for participant, lived experience and co-production approaches.

CAMHS & Community Eating Disorders

There are plans in place to respond to the initial 2021-22 allocation for Ayrshire and Arran of £2,393,273 from the Scottish Government's Mental Health Recovery and Renewal Fund confirmed by the Minister for Mental health on 5th May 2021. This is being used for the implementation of the CAMHS specification, expanding CAMHS up to age 25 and year 1 of 2 year funding to support clearing waiting times backlogs for CAMHS and PT and is to be treated as additional funding.

The CAMH's Extreme team group of senior and professional leads has been meeting since August/September 2020 and have been well placed to respond to the new funding opportunities and within 6 months has through multiagency engagement developed and implemented whole system change recommendations including

- Undertaking evidence-based demand and capacity modelling to inform further planning

- Agreed a quality of life measure for the whole child wellbeing and CAMHS network
- Redesign of the CAMHS locality model moving towards delivery of a 7 day service
- Development of a 24/7 Children's urgent care service providing assertive outreach addressing the rising demand in ED with targeted support at the right time
- Clarified and developed effective systems and processes that support successful collaboration between CAMHS & Educational Psychology
- Delivery of a Child and adolescent neurodevelopment service, with pre and post diagnostic pathways developed for Children Young People experiencing neurodevelopmental conditions and launch of a neurodevelopment support service, this contributes to the national taskforce recommendations of whole system working, with a 'No Wrong Door' approach to seeking help
- Reviewed and ensure transition planning is standardised with ongoing work
- Scope and review Eating disorders services in alignment with national review recommendations

The CAMHS Extreme Team has now concluded its first phase with all recommendations shared with the IJB's and NHS Board. The first meeting of the implementation group borne out of the Extreme Team has taken place with an engagement plan developed for delivery of these critical next stages. A CAMHS engagement officer role has also been developed to enable maximisation of participation and co-production approaches with children, young people and families at the centre of service redesign and development. An engagement group has also been established to take forward next steps of workforce organisational change in alignment with the national specification and extreme team's recommendations.

There are assertive plans in place to respond to the Scottish Government announcement on 18 June 2021, of £5 million funding for financial year 2021/22 to respond to the recommendations from the National Review of Eating Disorder Services with £328,213 confirmed for Ayrshire and Arran.

The Eating Disorders service in Ayrshire and Arran is an all age service delivered within the governance arrangements of Lead Partnership and Senior Management leadership of CAMHS. The service has commenced a review in response to the Eating Disorders review recommendations and this has also formed part of the programme of work of the CAMHS Extreme Teams. The funding will help prioritise physical health stability, risk reduction, discharge planning and admission prevention in response to the pandemic with recruitment to key critical clinical roles.

Psychological Therapies Waiting Times

Waiting time compliance for Psychological Therapies (PT) in the most recent June 2021 report was 89.7%. The service has made consistent progress in compliance through the Covid-19 period through a combination of reduced referral demand during the initial Covid-19 period, digital developments and service redesign within the Psychology and wider Mental Health clinical teams. More recently, new dedicated SG funding for CAMHS and PT has been allocated to Boards to support clearing long waits; our recruitment is underway.

National Public Health Scotland data has highlighted A&A as being the second highest of the territorial Boards in waiting time compliance for the last three published quarters (June- Sept 2020, Oct – Dec 2020, Jan – March 2021) despite the national workforce data reporting A&A as having the second/third lowest Psychological Therapies resource over the same time period. However, there remains considerable hidden unmet need in many clinical service areas not reflected in the waiting times standard report which we hope to address following the anticipated second SG allocation of dedicated funding for PT.

Over the course of 2021, additional local and SG funding for specialist Psychology has been awarded to develop and expand psychological provision to local and national strategic priorities of Staff Wellbeing, patients hospitalised due to Covid-19 (Cossette report), Modernising Patient Pathways Pain Programme in Primary Care, Weight Management, Maternity/Neonatal/Perinatal, Trauma Neuro-rehabilitation beds and the development of a Trauma-Informed workforce. More recently, local funding has been approved to develop a dedicated Lead Psychology post to the enhanced multi-disciplinary Care Home Liaison team under leadership of the Nurse Director.

These developments provide new and expanded pan-Ayrshire psychological provision to patients and staff across all clinical sectors of MH, Acute, Primary Care and Third Sector. In addition, the recent SG MH Recovery and Renewal Fund has allocated £366,707 to A&A to help clear waiting time backlogs in Psychological Therapies and to support services progress toward achieving the waiting time standard by March 2023. The external funding has been allocated for a fixed term period but the Lead Partnership for MHS has approved priority posts being appointed to on a permanent basis to improve recruitment and retention of a limited specialist workforce pool to enable the aims of these strategic developments to be realised. Recruitment has been successful for all the earlier funding allocations.

Addiction services

The Alcohol and Drug Partnerships continue to support the implementation of Drug Death Prevention Improvement plans across Ayrshire and Arran. In addition there are new initiatives being implemented during 2021/22 including, but not limited to, delivery of new Medication Assisted Treatment (MAT) standards (which will ensure quicker access to treatment and increased choice of medications), new and more intensive support to individuals following a Non-Fatal Overdose, new integrated Housing First support service, a Homeless and Addiction Quality Improvement Programme (supported by Healthcare Improvement Scotland), increased mental health and advocacy support as well as enhanced support to individuals accessing and leaving residential detoxification and rehabilitation support programmes.

5.0 Primary Care

General Medical Services

Support to general practice has strengthened throughout the pandemic as well as the working arrangements with colleagues across the three HSCPs and wider services. Robust and timely support and interventions to allow GP practices to continue to operate have been implemented to allow them to remain open and operational, particularly where there have been significant gaps in clinical or non-clinical workforce. These ongoing challenges have been, in some cases, difficult to manage in terms of patient expectations. A programme of work is now underway to progress with a communication strategy to ensure key messages to patients and the public regarding the provision of primary care services is communicated in a timely manner.

Practices continue to work to remobilise and recover from the pandemic and are being supported with a framework of measures to help them identify any supports required to enable them to work towards full service delivery. This includes supporting practices with Protected Time to focus on reviewing service delivery models with calls into the practice re-routed via AUCS to support patients during this time. This allowed practice teams to come together as a practice and also as cluster to reflect and consider what worked well during the pandemic, discuss any learning or improvements and agree future ways of working.

Implementation of GMS Contract 2018

Work will continue throughout 2021/22 to complete actions previously committed set out in in PCIP 2020-2022 in conjunction with the recovery arrangements across general practice. The priority for 2021/22 is to ensure the IJBs and NHS Board deliver on the three key contractual elements of the GMS contract set out below:

- **Pharmacotherapy Service**

There has been significant recruitment over the last three years with a funded team of 123 staff (103.6wte) now in place. The aim is that all GP practices within

Ayrshire and Arran will have access to level one pharmacotherapy services by March 2022 as committed within the contract. The Pharmacotherapy team have continued to refine the service delivery model over the last three years as well as share and utilise best practice nationally to ensure safe, effective and quality service provision.

- **Community Treatment and Care Service**

TUPE discussions with 22 general practice staff (HCSWs and Nurses) are also near conclusion to transfer to the Health Board by September 2021. Fifty Primary Care nurses are now in post across General practice with recruitment underway to reach full complement of 60 PC Nurses and 30 HCSW to enable full implementation by end of 2021/22.

- **Transfer of Vaccinations**

This is now being progressed under the oversight of the Director of Public Health via the Vaccination Transformation Programme Board as part of the Board wide vaccination delivery arrangements.

The majority of flu vaccine delivery transferred to the mass vaccination centres and pharmacy during 2021/22. However, for some over 80s and housebound patients General Practices are still being utilised.

6.0 Re-design of Urgent Care

Following implementation of Phase 1, guidance was provided re implementation of Phase 2 in May 2021. Work continues to fully embed the Phase 1 principles and develop the Phase 2 key priorities throughout 2021/22:

- Improved interfaces with GP in hours
- Delivering an integrated system to support mental health and wellbeing by utilising existing mental health services and enhancing pathways for unscheduled mental health presentations.
- Closer working with community pharmacists.
- Professional referrals from and to Scottish Ambulance Service to deliver care closer to home for people requiring urgent care.
- Development of specific pathways based on local high volume flows such as Musculoskeletal services, providing a specialist Physiotherapy resource in the assessment of acute and urgent medical needs to enhance the patient journey.

Covid-19 Assessment Centre

The Covid-19 Clinical Assessment Centre and Hub continues to support a comprehensive single pathway for advice and assessment for patients with worsening symptoms. Due to ongoing demand the Clinical Hub and Assessment Centre is required to remain open until March 2022.

Respiratory Syncytial Virus (RSV) pathway - Paediatrics

Work is underway to implement a co-ordinated pathway (including primary care, acute and paediatric services) for the projected increase of RSV in children. GP Practices in Ayrshire and Arran are not currently equipped to monitor and observe paediatrics and to support the new pathways being introduced. This will require equipment to be purchased which is currently being scoped and a funding bid will follow.

7.0 Unscheduled Care

Overview

This year's winter is predicted to be particularly challenging, with potential for a resurgence of Covid-19 in addition to a continuing increase in demand for Emergency Care.

Redesigning urgent care services is a critical factor in managing the demands of the next 6 months. It reflects collaborative working across our Health and Care Teams and takes account of lessons learnt from last winter and during the pandemic.

We are mindful that in addition to continuing high levels of demand, our preparations need to take into account:

- Contingencies in the event of a fourth wave of Covid-19;
- Contingencies in the event of an outbreak of RSV and influenza;
- Continuing financial challenges; and
- The modelled assumptions for delivery the restart of planned care.

Our system has faced a significant period of challenge over the last few months with the impact of the pandemic being felt in all areas of our health and care systems.

As we move into winter it is essential that plans are put in place to minimise overcrowding in the Emergency Departments and Combined Assessment Units. We need to ensure patients are assessed in a timely manner and receive appropriate treatment in the right place from the right person.

We need to create capacity within our system to ensure that patients do not experience long waits in our Emergency Departments and that we continue to strive to achieve the 95% 4 hours access target.

Mounting unscheduled care pressures across services has resulted in long waits for our patients within the Emergency Department. Following a recent visit from Scottish Government on the University Crosshouse Hospital site, £1.7million was given to the Board to support with Unscheduled Care pressures. This money has been invested in areas to support the implementation of the principles within the Six Essential Action (6EA) programme.

Pathways to avoid admission and improve efficiencies in Acute have been progressed since the submission of RMP3 and updates on these can be found within the Delivery Planning Template (Appendix 2).

As part of the wider Re-design of Urgent Care Programme and the unscheduled care preparedness for winter we continue to remobilise our services across Ayrshire.

In preparation for the next 6 months work being taken forward specifically within the Acute hospital setting includes a number of initiatives, detail of which is included in the Finance Appendix 8.

8.0 Planned Care

RMP3 implementation in Planned Care progressed with moderate success in the first half of 2021/22. Significant volumes of outpatient, diagnostic and elective surgery activity were re-mobilised from April to July 2021.

Remobilisation Target

	Activity as % pre-Covid-19			
	RMP3 Target Apr- June 2021	Actual As at June 2021	RMP3 Target July - Sept 2021	Actual As at July 2021
Outpatients	55%	91%	70%	72%
Elective Surgery	50%	80%	75%	69%

Non-Face to face Appointments Target

	RMP3 locally-set target	July 2021 Actual
% of outpatient appointments delivered non-face to face	25%	19%

Many of the outpatient-related initiatives have progressed as planned, however sustained high referral rates in some areas, along with more significant challenges to re-mobilisation in certain specialties has meant that despite progress of the initiatives, the overall waiting list continues to increase.

Re-mobilisation of elective surgery made a very good start through the months April – June 2021. However, since mid-July, the unprecedented level of unscheduled care pressures has resulted in the further pausing of Priority 3 and Priority 4 elective surgery. In addition, significant staffing shortages particularly in nursing and radiography and as a result of self-isolation requirements, has also led to pausing of routine elective surgery and also to a reduction in endoscopy, CT, MRI and

ultrasound scanning capacity. This has been under weekly review and under oversight of our Emergency Management Team.

Predicted Activity

RMP3 set out trajectories for predicted planned care activity.

Moving into the second half of 2021/22, we will endeavour to continue to increase mobilisation of planned care services. For Outpatient services there will remain a strong focus on implementation of best practice through the Bringing it Together programme further facilitated by recently announced changes in the social distancing requirements, in particular in waiting areas. As a result we now anticipate that the % of remobilised new outpatient activity will be greater than was previously predicted in RMP3.

Outpatients Predicted Remobilisation as % of Pre-Covid-19 levels

% Remobilisation	Q3 (Oct – Dec)	Q4 (Jan – Mar)
Most Likely scenario	80%	80%
Best case scenario	100%	100%
Worst case scenario	70%	70%

It is also recognised that current unscheduled care pressures being experienced in August and September 2021 are likely to continue to pose significant challenges; in addition to the impact of an Influenza or Norovirus outbreak should this occur over winter months. In particular this may impact on our ability to recover elective surgery. The ongoing mobilisation of elective surgery will continue to be on the basis of clinical prioritisation and will be overseen by our clinically led Theatre Mobilisation Group. We now anticipate that the % re-mobilisation of elective surgery will be somewhat lower than anticipated in RMP3 (previous estimate was 70%).

Elective IP/DC Surgery Predicted Remobilisation as % of Pre-Covid-19 levels

% Remobilisation	Q3 (Oct – Dec)	Q4 (Jan – Mar)
Most Likely scenario	59%	59%
Best case scenario	80%	80%
Worst case scenario	45%	45%

In order to further mitigate the risks against planned care re-mobilisation a number of additional proposals have been identified and presented for consideration in RMP4, along with the workstream priorities agreed with the Centre for Sustainable Delivery as part of the NHSAA HEAT map. These are outlined as below:

- **Outpatients – Rapid Access Specialty Unit**

This new approach to managing outpatient demand in medical specialties is modelled on the recent success trialling this model within cardiology. This service

model aims to provide a much more rapid clinic access for urgent referrals in order to reduce the number of emergency admission of deteriorating patients and combines this with a more structured approach and ring-fencing of clinical times for Active Clinical Referral Triage.

- **Outpatients – paediatrics**

The creation of additional capacity within the paediatric clinic will support a reduction in waiting times

- **Medical Imaging – Locum Ultrasonographer**

There is a recognised nationwide shortage of Ultrasonographers. NHSAA plans to engage a locum in order to significantly reduce the scanning backlog and has previously agreed this with the national lead for diagnostics and the Access Support Team

- **Medical Imaging – additional mobile MRI scanner**

In order to make a notable difference to the scanning backlog, it has been proposed to engage an additional fully staffed MRI scanner for a period of 2 months. There will be a specific focus on addressing the longest waits for some of the more complex MRI examinations including MR prostate and MRA and this initiative will deliver 320 additional complex scans. Scanner availability is currently being confirmed with suppliers.

- **Endoscopy – Room Capacity**

Access Support Team colleagues have ring-fenced £3M for NHSAA for a mobile endoscopy unit. NHSAA has struggled to find a suitable location for a mobile unit, but has instead identified an opportunity to divert this funding to create an additional endoscopy room at University Hospital Ayr, as part of an existing refurbishment. Funding is required for this capital development, equipment and also for a team of locum staff for 12 months. This initiative will deliver an additional 2000 endoscopy procedures.

- **Endoscopy – New innovation Cytosponge**

Cytosponge is one of the HEAT map workstream priorities which is expected to help reduce the endoscopy waiting list. Initially established on a small trial scale with two staff members who were otherwise underutilised in the early stages of the pandemic, the ongoing delivery of this service will require some investment in staffing.

- **Pathology Laboratory – Medical staff capacity**

Reporting times for pathology samples have been impacting on cancer services and cancer performance. Although there has been some recent success in Consultant pathologist recruitment, in order to make a more rapid and notable impact on the backlog of pathology it is proposed to engage an additional locum consultant for a period of 6 months.

HEAT Map

NHSAA has agreed a HEAT Map (Appendix 4) of prioritised workstreams with colleagues from the Centre for Sustainable Delivery. These workstreams weave through RMP3 and RMP4, as well the ongoing improvement work being undertaken as part of the Bringing it Together programme. The initiatives represent the priorities for NHSAA planned care through 2021/22 and into 2022/23 and will support recovery and reduce waiting for citizens and improve quality care.

Trauma & Orthopaedics

As part of the reconfiguration of Trauma and Orthopaedics services, elective orthopaedic surgery was focused on the UHA site from autumn 2020. This has allowed a more effective re-mobilisation of elective orthopaedic surgery than would have been possible under the previous model of care. However elective orthopaedic surgery continues to be impacted by other unscheduled care and staffing pressures.

Through the latter half of 2021/22 we will aim to maintain as much elective orthopaedic surgery as possible, using the Theatre Re-Mobilisation Group to coordinate this in line with clinical prioritisation. The full re-mobilisation of elective orthopaedic surgery is also impacted by the delayed West of Scotland Vascular service reconfiguration. Indications are that this project may be further delayed and so a consequent delay in full re-mobilisation of elective orthopaedics is expected.

On this basis it will not be possible for the NHSAA Trauma and Orthopaedic service to re-mobilise the 110% planned surgery activity (compared to pre-Covid-19) by March 2022, nor the 120% inpatient activity suggested by Scottish Government colleagues. A local trajectory which plans for re-mobilisation of 50% of planned care activity in Orthopaedics is set out in the Template 2. Other trajectories for productivity in Orthopaedics are set out below.

Orthopaedic Planned Surgery Productivity	Q3	Q4
Percentage 4 joint lists	40%	50%
Ave Length of Stay (days)	3.4	3.4
% pre-Covid-19 activity	50%	50%

The main constraints preventing the % remobilisation of elective orthopaedic surgery are: shortfall in arthroplasty theatre capacity (until vascular reconfiguration), shortfall in day surgery capacity resulting from conversion of UHC DSU recovery area into ICU surge and unscheduled care pressures impacting on inpatient beds and/or ward and theatre nurse staffing.

National Treatment Centre – NHSAA

In its manifesto, the Scottish Government made a commitment to the development of a national treatment centre in NHSAA by 2025. NHSAA has been asked to accelerate that commitment and is currently reviewing this opportunity.

Through the remainder of 2021/22 NHSAA will develop and present a Business Case for a national treatment centre which will aid in the elimination of the waiting list backlogs predominantly in Orthopaedics and ensure the delivery of a more sustainable service for the future. It is anticipated that this Treatment Centre will be in place by the end of 2022.

Pre-emptive appointments have been made to 2 Consultant Orthopaedic Surgeon posts, which will form part of the RMP4 funding requirements in 2021/22 and these will subsequently be incorporated into the Treatment Centre Business Case.

9.0 Women and Children

Maternity

An escalation plan has been formed and approved by CMT for staffing cover as maternity services continue to operate as usual through remobilisation plan 4. We continue to focus on our delivery of *Best Start: the national 5 year improvement plan for Maternity Services* and have recently taken a refreshed Maternity Strategy through Healthcare Governance and to our NHS Board.

Gynaecology

Gynaecology continue to remobilise with a focus on cancer screening and treatment pathways. However waiting times remain challenging and a number of improvement plans are in place.

Paediatrics

Throughout the summer, Paediatrics have continued to remobilise services, whilst accommodating Day Surgery Patients and Paediatric Trauma Surgery Patients on the unit. It is intended to continue to support this throughout winter, if possible.

Ordinarily there is an increase in the number of patients requiring assessment and admission to hospital during the winter period. However, this year, based on the modelling by Public Health England (PHE), there is national concern of a possible Respiratory Syncytial Virus (RSV) epidemic. It is predicted that presentations for assessment will increase by 50% and admissions by 30% on 2019 figures. As part of the wider network of the West of Scotland it is expected that the Paediatric Intensive Care Unit in Glasgow will experience greater demand that will cascade through Regional District General Hospitals.

It is imperative that the paediatric service is prepared and supported in caring safely for patients during this anticipated surge, whilst also treating non-respiratory patients and managing other issues such as seasonal increased staff sickness/isolation.

The service has been implementing its Surge Plan, including:

- Working with primary and community care teams to support prevention and ensure appropriate referrals to acute paediatric services, this includes pathway formation.
- Reconfiguring ward space to release all available capacity for assessment and admission and identifying escalation space into the Neonatal unit.
- Developing a nurse staffing escalation plan drawing on the support of community paediatric nurses
- Scoping of additional registered nursing posts required to provide leadership support
- Placing all newly qualified nurses into flexible paediatric / neonatal rotational positions to support areas as required.
- Engaging with West of Scotland Surge Planning and receiving additional equipment to support with acuity.

10.0 Workforce

Moving into the winter period and for the remainder of the financial year, our key workforce priority remains ensuring we have safe staffing levels to provide services. We, like other NHS Boards, are acutely aware of significant demand for registered staff across a range of professions (nursing in particular) which is running in excess of available supply and we have a corporate risk relating to this problem. We undertook work early in the pandemic in establishing de-minimis staffing levels, for providing life and limb cover of critical and essential services, in conjunction with extant business continuity plans.

Across Health and Community Care, there have been attempts to recruit the required number staff to assist with service delivery, meet the demands of the services and assist with hospital discharges and to prepare for the winter. Unfortunately, due the temporary nature of the posts and the non-recurring budgets and availability of staff, it has been difficult to recruit all the required posts.

Newly qualified staff

We took steps during the summer to bulk recruit the undergraduate outturn of nursing and midwifery students and these individuals will commence in their substantive roles on receipt of their professional registration at the end of September 2021.

Building on success of previous years our Clinical Development Fellow cohort is likely to be at a level of 100 individuals this year providing an invaluable resource within our medical workforce. We continue to have an underlying challenge in recruiting to some consultant posts with approximately 44 WTE vacancies at this level as reported in the last national census.

The summer period has been challenging due to a number of compounding factors:

- low bank fill rates for registered nursing staff;
- creep in the rate of our latent organisational sickness absence;
- Covid-19 related absence – particularly self-isolation; and
- staff utilising annual leave, needful time away from work to rest and recuperate.

Care at home

HSCP Directors have identified a challenge with patients being delayed in acute hospital due to limited care at home capacity. Plans are being developed to recruit to roles in these services across the partnerships. This is proving challenging as other industries also reopen and other job opportunities become available across our communities. HSCP Directors are working with colleagues nationally on potential solutions.

There is also a significant risk for care at home demand being carried in our communities whilst discharging patients from our hospitals is prioritised.

Nurse Bank

Using our own nurse bank staff always remains our preferable option for supplemental staffing when options such as overtime and excess part time hours of substantive staff are exhausted. Whilst we would seek to minimise our agency usage, not least in terms of cost but also in terms of quality and patient outcomes, given issues with staff supply this is an option we do need to utilise in order to ensure safe service provision. This has incurred significant cost during the pandemic due to the need to run additional patient pathways, maintain additionality and meet increased demand.

We have continued to recruit to our bank, both registered (ongoing recruitment year round) and unregistered nurses (planned recruitment with interviews in September for approx. 150), on an ongoing basis in order to bolster this important resource.

Staff Wellbeing

NHS Ayrshire & Arran places critical importance on our staff health and wellbeing and throughout the pandemic this has been a key priority for us.

We will continue to work with leaders and managers in the forthcoming period to emphasise the role they play in supporting their team's mental and physical health and wellbeing and how visibility, support and simple measures can assist in doing so.

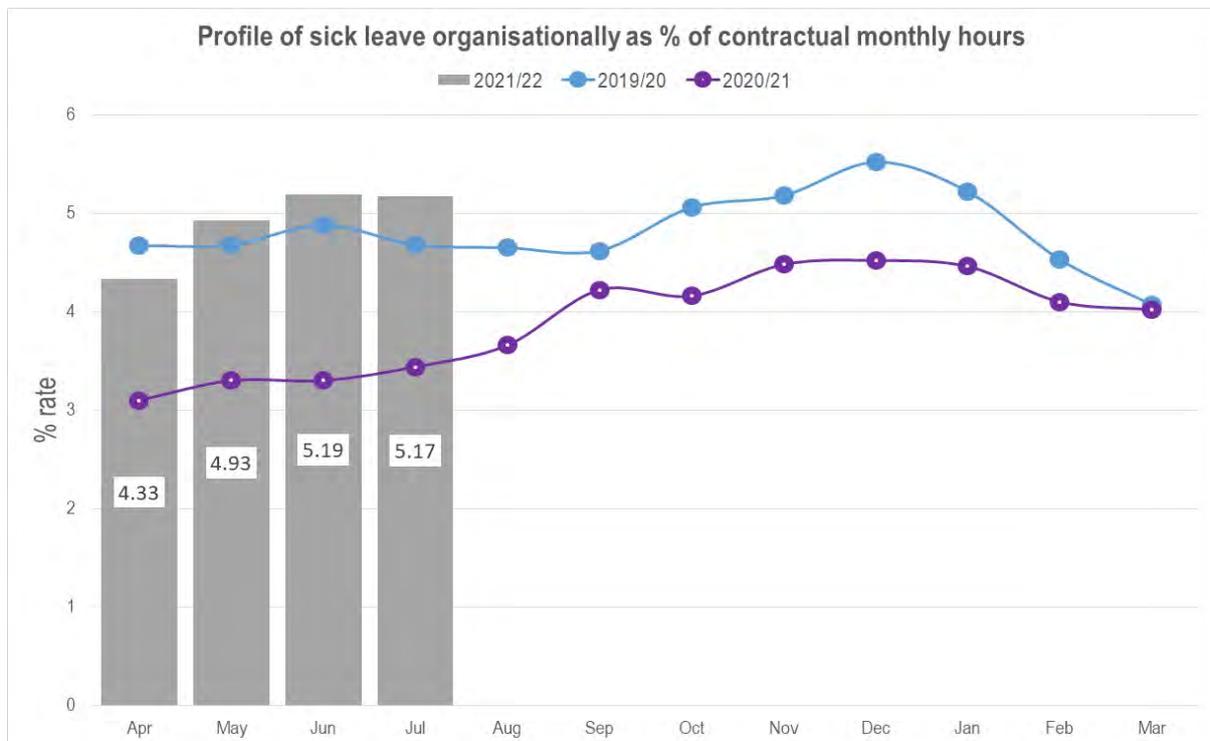
To continue to support staff we are looking to create more sustainable wellbeing hubs which would give staff access to rest areas away from the public eye,

refreshments, toilets, access to outside space and, more importantly, provide staff with direct access to all wellbeing services. These hubs will include areas where staff can have one to one conversations with the Staff Wellbeing Team and have access to further psychological interventions if required.

Latent sickness absence

We continue to see a rising level of sickness absence to levels in excess of pre-Covid levels at 5.17% at the end of July 2021. The highest reason for staff absence is anxiety, stress, depression and other mental health conditions which accounts for almost 35% of all sickness absence.

We plan to work with leaders and managers in the forthcoming period to emphasise the role they play in supporting their team’s mental and physical health and wellbeing and how visibility, support and simple measures can assist in doing so.

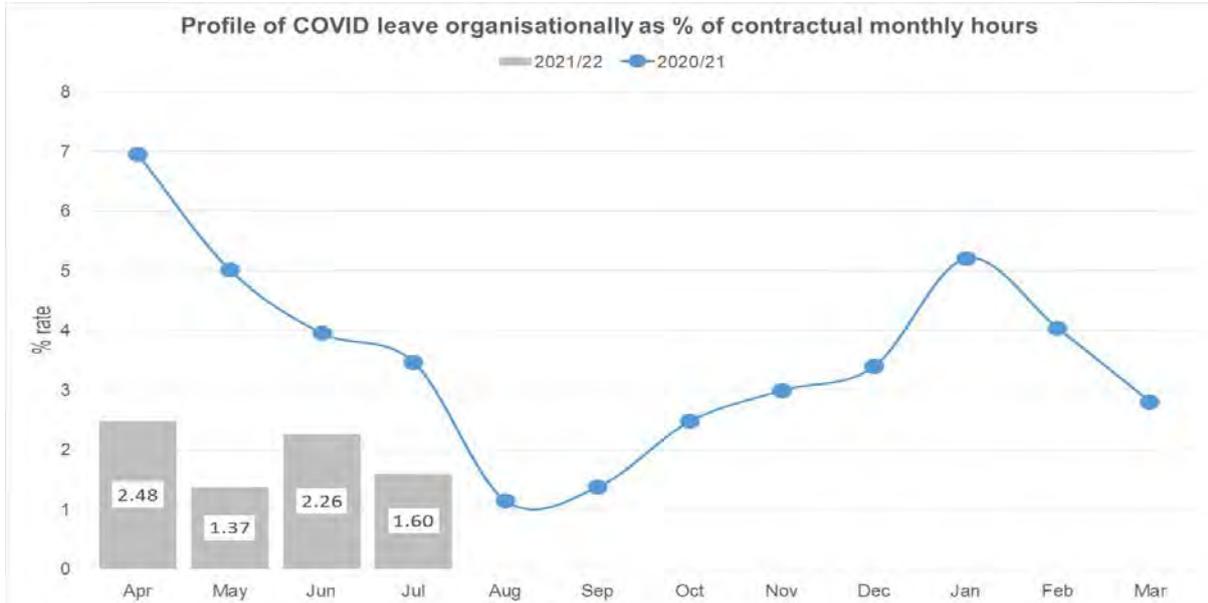


Covid related absence

Covid related absence peaks and troughs in line with national trends and we expect this to remain the outlook for the foreseeable future. Self-isolation of staff presents a significant challenge. We continue to remind all staff of the importance of ensuring social distancing measures within the workplace and to be mindful outwith work.

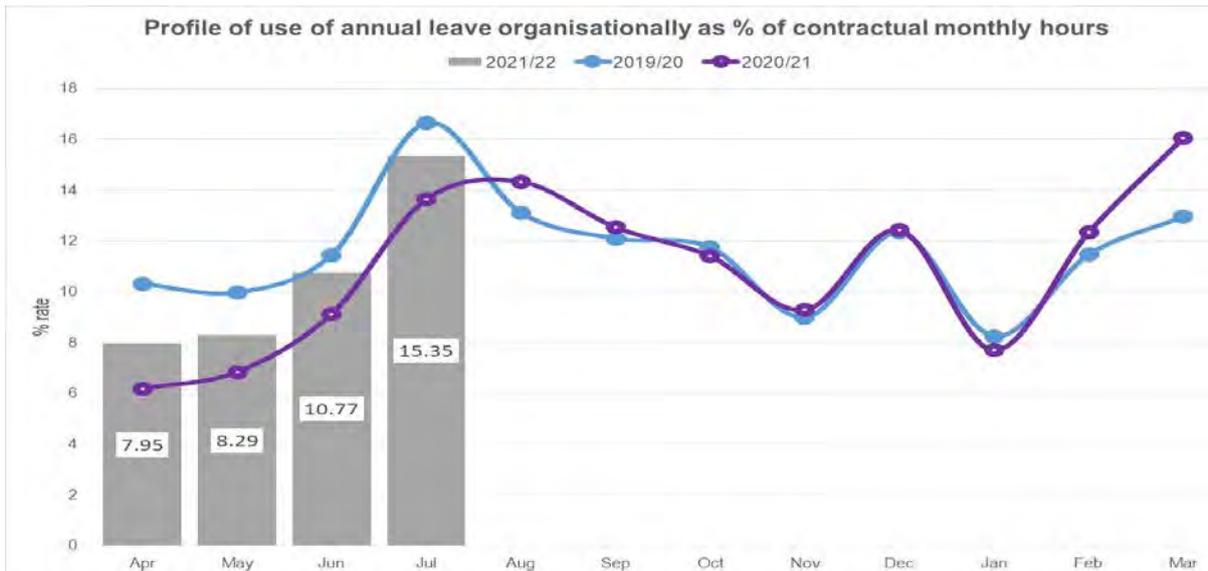
We have approximately 56 individuals absent due to Long Covid and the approach to management of these cases is in line with our standing approach to any long term

sickness absence with our Promoting Attendance Team having a lead role in engaging with staff and their line managers in terms of support.



Annual leave

We continue to track annual leave usage on a monthly basis. We have emphasised the importance of staff taking annual leave to rest and recuperate for their wellbeing. Organisationally managers and staff are being asked to plan annual leave so as to avoid bottlenecking / pinch points. The profile of annual leave usage remains below pre-pandemic levels but shows an improved trend compared to peak pandemic last year:



11.0 Governance and Risk

The Chief Executive established the Emergency Management Team and its supporting emergency management structures on behalf of the Board to ensure that the health and care system was able to respond effectively and deliver services that were safe for patients and staff.

The NHS Board Chair and Chief Executive have kept Board governance under review over the last year to ensure that this has been proportionate and flexible whilst ensuring the Board meets its governance obligations.

A Covid related risk register was established during the earlier stages of the pandemic and a number of these risks have now been incorporated into our Strategic Risk Register.

The aim of the Emergency Management Team:

- Collective accountability for delivering on the mobilisation plan; and
- Provide collective leadership and effective response

In doing so will:

- Mobilise services safety for staff, patients and visitors;
- Respond to changing demand flexibly and effectively;
- Ensure a state of readiness;
- Ensure the ability to respond to the added demands of winter;
- Communicate effectively across the Health and Care systems; and
- Maintain an understanding of service response

The EMT will continue to meet as long as needed to provide senior coordination to the pandemic response and remobilisation of services and wider recovery.

In addition, the multi-agency Strategic Ayrshire Local Resilience Partnership (SALRP) continues to meet to support and lead the Ayrshire wide response and recovery to the pandemic. The frequency of meetings is reviewed regularly to ensure a flexible and proportionate response.

T: 0131-244 2480
E: John.burns@gov.scot

19 November 2021

By email

Dear Hazel,

RMP4 – Updated Remobilisation Plan for 2021/22

Thank you for submitting the latest iteration of your Remobilisation Plan. As we head into the second winter of the Covid-19 pandemic, I would like to take this opportunity to thank you and your teams for your dedication and hard work in delivering healthcare for our communities, in the face of considerable challenges.

I would also like to acknowledge the work that has gone into the development of this latest Plan, and in particular the input and support in developing and using the new format we trialled for RMP4. I would be grateful if you could pass on my thanks to all involved. I am very conscious of the extremely difficult, and rapidly changing, context in which your Plan was developed. I recognise that these plans will evolve over time in response to changing circumstances, and we are keen to continue to work with you in the coming months to understand the implications and to provide support accordingly.

Indeed, the process of planning for delivery becomes more, not less, important during a time of high pressure, uncertainty and changeability. These plans provide not only a foundation for us to agree what we aim to deliver over this next period, but also a basis for discussion about the risks which could impact on our ability to deliver, and how we can work together to mitigate these. The new format used this time round also allows us to build a more comprehensive picture of both aspiration and risk across all Health Boards, and will hopefully support collaboration between Boards in developing their plans.

The updated plans will continue to inform the regular engagement which already takes place between SG Policy Teams and relevant service leads within your teams, providing a direct feedback route to pick up any ongoing queries regarding your proposals. While we do not expect plans to be resubmitted, this feedback should be fed into future progress updates.

Finance

Following our Quarter One review, we wrote to confirm to NHS Boards on 26 October that funding will be provided for full Covid-19 and remobilisation costs on a non-repayable basis. This includes anticipated underachievement of savings in year,

with an expectation however that Boards continue to take appropriate measures to reduce this funding requirement. This letter also set out expected actions for the remainder of the year and in advance of the 2022-23 financial year.

We have received your Quarter Two financial return and are working through the detail included. Where further clarification is required we will follow up with your Director of Finance.

Costs in relation to remobilisation should continue to be reported through quarterly finance returns. You must ensure that any recurring impact from these actions is clearly reported, as this is a key focus of our review in advance of the draft Scottish Budget on 9 December.

Winter Planning

Helen Maitland, my National Director for Unscheduled Care, wrote to you previously on 2 November confirming the Winter funding available to your Board, and confirming that this should be targeted to deliver the key priorities noted in the Remobilisation Plan guidance, and as reflected in the Winter related elements of your Plan. I recognise how challenging the forthcoming Winter is likely to be for the entire health and care service and Helen's team stand ready to support you wherever possible to meet those challenges.

Planned Care

We will also be in touch subsequent to this letter to confirm your remaining allocation of Waiting Times Funding for this financial year.

Next Steps

Bearing the above comments in mind, I am content that you now take your updated Plan for the second half of 2021/22 through your own governance processes and would ask that you then make it available on your website.

In order to monitor progress on the delivery of your RMP4 going forward, we are putting in place arrangements to request quarterly progress updates against the key deliverables that you have identified. Updates should be submitted at the end of January 2022, covering Quarter Three, and the end of April 2022, for Quarter Four. These updates should include any changes to your plans for the following quarters. Details on the specific requirements for these updates will be issued in due course.

Three Year Operational Recovery Plans 2022-25

As you know, we are proposing to move to a slightly longer-term period of three years, for future Operational Plans. This will enable a more strategic approach to planning and support programmes of service transformation, aligned with the NHS Recovery Plan and the Care and Wellbeing Portfolio.

These three-year plans will take the form of a Recovery Plan for the period of 2022-25 for your Board. They will encompass a relatively high level narrative setting out

your key priorities for recovery and transformation within this period, and how these contribute to our national priorities, underpinned by a spreadsheet-based Annual Delivery Plan (ADP). This latter element, which will build on the format and content of the delivery planning template used for RMP4, will continue to form the basis for ongoing engagement as well as regular quarterly progress reports to Scottish Government, recognising the continuing fluidity in our operating context and supporting responsive changes to plans in-year.

In recognition of the pressures that you are currently working under, and the high level of uncertainty and volatility that remains in the system, these three year plans will be scheduled for submission at the end of July 2022. We intend that that this will allow sufficient time for you to take stock of your position as we move out of Winter, to consider your priorities, engage meaningfully with your staff, partners, communities and stakeholders on their desired outcomes, and to develop greater integration between your service, finance and workforce plans. In order to ensure that there is no gap in oversight during this period, it is important that you ensure that your Delivery Plans are kept updated as set out above.

We are also moving back to three year financial planning, and whilst we anticipate requiring some detail of plans in advance of the start of the financial year, we will use the Quarter One review in 2022-23 as an opportunity for Boards to refresh their financial plans to align with the three-year operational plans. Further detail will be provided on this process in due course.

In the meantime, we have established a Short Life Working Group with a small group of Planning Leads from across the NHS Territorial and National Boards and SG officials. This team will be working closely together to produce guidance for the 2022-25 Recovery Plans and will remain in close contact with the wider Planning Collaborative Group.

Thank you again to you and your teams for all the hard work they have put in to developing this plan, and I look forward to working in partnership with you as we develop our vision for delivery in the NHS over the next three years.

Yours sincerely

A handwritten signature in black ink, appearing to read 'JG Burns', with a long horizontal flourish underneath.

JOHN G BURNS
NHSScotland Chief Operating Officer

North Ayrshire Integration Joint Board
16 December 2021

Subject: Winter Funding Plans

Purpose: To update the Integration Joint Board (I)JB on the HSCP plans for investment as a result of the measures and funding being put in place to support health and social care system pressures.

Recommendation: The Integration Joint Board are asked to approve the plans developed by the HSCP for the deployment of the new investment in line with Scottish Government guidance and Key Performance Indicators.

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
AHP	Allied Health Professional
KPI	Key Performance Indicator

1.	EXECUTIVE SUMMARY
1.1	On 5th October the Cabinet Secretary announced an investment of over £300m in hospital and community care to tackle what may be the toughest winter the NHS and Social Care will face. The new multi-year funding will support a range of measures to maximise hospital and primary care capacity, reduce delayed discharges, improve pay for social care staff and ensure individuals in the community who need support receive effective and responsive care.
1.2	The funding is focussed on four main areas – Maximising Capacity, Ensuring Staff Wellbeing, Ensuring System Flow and Improving Outcomes with the overarching aim being to reduce risks in community settings and supporting flow through acute hospitals. Specific funding allocations were communicated to HSCPs on 4 th November with a total of £3.4million allocated to North Ayrshire in 2021-22 specifically for interim care, Multi-Disciplinary Teams and Care at Home capacity.
1.3	The North Ayrshire HSCP plans for the funding are focussed on a whole system approach to bolstering the care workforce by increasing numbers of staff in key areas of community services, with a longer-term focus on increasing capacity across our system and to invest in services which focus on early intervention and prevention and the alternatives to hospital admission. The investment builds on the effective intervention services we have in place in North Ayrshire with high impact changes relating to multi-disciplinary team working, early intervention and planning, proactive management of long-term conditions, home-first and discharge to assess ethos, rehabilitation and reablement and investment to support effective planning for complex care requirements.
1.4	The full Winter Funding Plan is attached as Appendix 1 to this report.

2.	BACKGROUND
2.1	<p>On 5th October the Cabinet Secretary announced an investment of over £300m in hospital and community care to tackle what may be the toughest winter the NHS and Social Care will face. The new multi-year funding will support a range of measures to maximise hospital and primary care capacity, reduce delayed discharges, improve pay for social care staff and ensure individuals in the community who need support receive effective and responsive care.</p> <p>The winter package of additional support includes:</p> <ul style="list-style-type: none"> • Recruiting 1,000 additional NHS staff to support multi-disciplinary working. • £40 million for ‘step-down’ care to enable hospital patients to temporarily enter care homes, or receive additional care at home support, with no financial liability to the individual or their family towards the cost of the care home. • An additional £62 million to maximise the capacity of care at home services. • Up to £48 million will be made available to increase the hourly rate of social care staff to match new NHS band 2 staff. • £20 million to enhance Multi-Disciplinary Teams, enable more social work assessments to be carried out and support joint working between health and social care. • £28 million of additional funding to support primary care. • £4.5 million available to Health Boards to attract at least 200 registered nurses from outwith Scotland by March 2022. • £4 million to help staff with their practical and emotional needs, including pastoral care and other measures to aid rest and recuperation. <p>The funding in relation to increasing the hourly rate for social care staff employed by commissioned care providers has been addressed separately with funding provided to fully meet the cost of implementation of the uplift to local commissioned providers, including an uplift to the National Care Home Contract Rate.</p> <p>A separate funding allocation of £109k has been received in relation to Primary and Social Care staff wellbeing supports. The HSCP have engaged directly with staff through a consultation survey to shape proposals to utilise the support in a way which will meet staff priorities and build on the existing local approaches. The proposals are being finalised, there has been engagement and feedback through the Staff Partnership Forum and the Partnership Senior Management Team will agree proposals and communicate the offer of supports back to the HSCP staff group early in the new year. This will include equity of access to support for the Primary Care and Commissioned Care workforce.</p>
3.	PROPOSALS
3.1	<p>This HSCP Winter Funding Plan focusses on the key areas of funding delegated to the HSCP to deliver:</p> <ul style="list-style-type: none"> • Recruitment of Health Care Support Workers • Step-down/interim care investment • Care at Home capacity • Enhancement of Multi-disciplinary teams.

	<p>The plan, included at Appendix 1, sets out the Health and Social Care Partnership's plans to invest in community services, focussing on the additional funding provided by the Scottish Government to address imminent Winter Pressures for 2021-22 with a view to supporting sustainable investment in services to deliver on our longer-term HSCP ambitions. The funding, elements of which is recurring, provides a real opportunity to address areas of investment in our community services to address issues with hospital flow (admission and discharge) and also to address elements of unmet need in communities. The plan illustrates the alignment with the North Ayrshire Strategic Plan, provides local context in terms of our needs assessment, demographic challenges and locality priorities, outlines the KPIs attached to the funding and describes the current service delivery challenges, demands and performance.</p>
3.2	<p>Plans have been developed over a two month period with wide engagement across HSCP teams and disciplines, with previously approval at the Partnership Senior Management Team and oversight by our Care at Home Oversight Group.</p> <p>Further information on the funding allocations is included in the Scottish Government funding allocation letters included as Appendix 2 and 3.</p>
3.3	<p>However, expectations require to be managed in relation to how quickly this will have a noticeable impact on our health and social care system, as the investment is reliant on successful recruitment. Particularly as there is ongoing recruitment underway across services including acute hospitals, community health and social care services (including commissioned providers), mental health, addictions, vaccinations and testing and primary care with all parts of the health and care system drawing on the same pool of candidates.</p>
3.4	<p><u>Anticipated Outcomes</u></p> <p>The additional investment and planned activity and capacity, made possible by the winter pressures fund, will make a significant contribution to improving outcomes for the people we provide care and support for in North Ayrshire. It is anticipated that the investment will support a reduction in delayed transfers of care, address unmet need in community services and ensure timely assessment and review for individuals requiring support.</p>
3.5	<p><u>Measuring Impact</u></p> <p>The plans will be monitored against the Key Performance Indicators with quarterly reports being provided by each HSCP to the Scottish Government, in North Ayrshire this information will also be provided to the Performance and Audit Committee. Information on delayed transfers of care and community waiting lists for services, assessment and review are also reported regularly to the Scottish Government with oversight through the NAHSCP Care at Home Oversight Group which currently meets weekly. It is recommended that the IJB remit responsibility for oversight to the IJB Performance and Audit Committee.</p>
4.	<p>IMPLICATIONS</p>
Financial:	<p>Report covers the allocation of additional Scottish Government Winter funding, allocation of funds in line with confirmed allocations and based on the availability of recurring and non-recurring funds.</p>

Human Resources:	The funding is focussed on bolstering the care workforce, recruitment into roles is underway in line with normal HR processes.
Legal:	n/a
Equality:	The investment of funding and increase in capacity will support addressing inequalities in the provision of care with equal access and support across North Ayrshire
Children and Young People	Additional funding to support transition of Children with complex needs into adult services to improve planning and outcomes.
Environmental & Sustainability:	n/a
Key Priorities:	The Winter Plan articulates how plans align with the priorities in the IJB Strategic Plan and longer term vision for services
Risk Implications:	Risks are highlighted in relation to the ability to secure the additional workforce to deliver on the planned improvements.
Community Benefits:	N/A

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

5.	CONSULTATION
5.1	Plans have been developed in conjunction with the Partnership Senior Management Team over a period of two months with wide engagement across services to develop a plan in line with the Scottish Government guidance. There has been representation from a Multi-disciplinary team perspective from across all services including all Health and Community Care Senior Managers, the Lead AHP, Chief Social Worker, Lead Nurse and Mental Health services. The proposals have been supported by our Partnership Senior Management Team and Staff Partnership Forum with recommendations made as stipulated through active consultation with our North Ayrshire Care at Home Oversight Group, which has been stood up to manage community demand and the deployment of resources.
6.	CONCLUSION
6.1	The Integration Joint Board are asked to approve the plans developed by the HSCP for the deployment of the new investment in line with Scottish Government guidance and Key Performance Indicators. This will allow the HSCP to progress with plans at pace to increase the capacity of our services.

For more information please contact Caroline Cameron, Chief Officer on [01294 312273] or caroline.cameron@north-ayrshire.gov.uk

North Ayrshire HSCP Winter Funding Plans 2021-22

**Integration Joint Board
16th December 2021**

1. INTRODUCTION

This document sets out the Health and Social Care Partnership's plans to invest in community services, focussing on the additional funding provided by the Scottish Government to address imminent Winter Pressures for 2021-22 with a view to supporting sustainable investment in services to deliver on our longer-term HSCP ambitions.

These plans have been developed in conjunction with the Partnership Senior Management Team over a number of weeks with wide engagement across services to develop a plan in line with the Scottish Government guidance and Key Performance Indicators alongside investment in areas which support our longer term ambitions building on the already established services and developments.

On 5th October the Cabinet Secretary announced an investment of over £300m in hospital and community care to tackle what may be the toughest winter the NHS and Social Care will face. The new multi-year funding will support a range of measures to maximise hospital and primary care capacity, reduce delayed discharges, improve pay for social care staff and ensure individuals in the community who need support receive effective and responsive care. The funding, elements of which is recurring, provides a real opportunity to address areas of investment in our community services to address issues with hospital flow (admission and discharge) and also to address elements of unmet need in communities.

2. BRIDGING STRATEGIC COMMISSIONING PLAN 2021-22

In March 2021 the Integration Joint Board approved a one-year Strategic Bridging Plan to focus on both service improvement and pandemic recovery with a longer-term plan being developed during 2021-22 to allow for a period of reflection and meaningful engagement. The response to the pandemic is far from over and the longer-term effects on our communities are yet to be fully understood. The one-year strategic bridging plan reflects on our achievements, our Covid 19 experience, and the impact on our services. It outlines our approach to recovery and learning as we take stock and allow our services and communities to recover from what has been one of the most difficult years. The IJB approved a continuation of our existing vision and five supporting strategic priorities to March 2022, these are currently under review as part of the longer-term Strategic Planning process to 2030.

Our vision is that all people who live in North Ayrshire are able to have a safe, healthy and active lifestyle.

Our five key strategic priorities to help us reach our vision are:



Any investment in services needs to take into consideration HSCP strategic priorities, our strategic needs assessment and the priorities identified in our localities. The impact will be measured through the KPIs identified but also through our performance against National Health and Wellbeing Indicators, MSG indicators and local performance monitoring.

Needs Assessment & Locality Priorities:

There are key areas in the North Ayrshire needs assessment as part of the Strategic Plan which should shape future investment and models of care for services, the key areas being:

- **POPULATION CHANGES** - two impacts in future – overall population continues to decrease and is expected to reduce by 2% between 2018 and 2015, within this falling population will see a growth in older population, with those 65+ accounting for more than 25% of the population by 2025, with a reduced working age population to support
- **POVERTY AND DEPRIVATION** – area of high deprivation resulting in social and health inequalities, the most recent SIMD figures suggest as much as 42% of North Ayrshire’s population live in areas that are considered the most deprived in Scotland and around 28.3% of children in North Ayrshire live in poverty, over 1 in 4 children
- **COMPLEX NEEDS** – 27% of local people are living with a long-term condition (eg Arthritis, Asthma, Diabetes, COPD). Long term conditions are more common in older age groups with LTCs increasing with age with only 1.7 people in 10 under 65 with a LTC compared with those 85+ where 9.2 people in 10 are living with a LTC. Around 15% of those 65+ also live with more than one long term condition.
- **HOSPITAL ACTIVITY** – across most acute hospital measures (including Emergency Admissions, Unscheduled Bed Days, Delayed Discharges and preventable admissions) we see a higher proportion from older age groups, those aged over 75 account for the greatest number of hospital admissions, a growing older population places additional demands on health and care services. Those 75+ also account for the greatest volume of potentially avoidable hospital admissions.
- **MENTAL HEALTH** – the percentage of the local population receiving medication for some form of mental health condition is increasing, in 2018, 21.7% of local people were receiving some form of Mental Health medication, North Ayrshire is continually higher than the overall percentage for the health board area and Scotland. This suggests a greater demand for local Mental Health support. Unlike general acute admissions, the highest proportion of Mental Health admissions are among adults aged 18-44, suggesting a demand within this age group for mental health services.



The plans for investment require to support effective interventions that build on and enhance our existing models of care. Our priority is to invest in services which support an integrated care model over the life course to deliver better outcomes for our population, with prevention and early intervention as the heart of improving outcomes and managing demand for services. Our core aim for integrated care is to enable people to receive care closer to home, with services focussed on keeping people well and avoiding unnecessary hospital care. Services require to be designed around the needs of our local population and tailored to our context and priorities, meaning people can access the care and support they need locally in a more seamless way. Communities are where preventative approaches and programmes flourish, by supporting self-care and wellbeing, independence and social participation.

The priority areas for investment described include enhancing multi-disciplinary working, addressing unmet need and demand for social care services in the community, a focus on early intervention and planning for complex care needs, supporting models of care which are evidenced to avoid hospital admission and speedy discharge, enhancing rehabilitation and reablement services and ensuring resilience in our Island based services.

This investment alone is not capable of building the capacity we need in our communities or in our services and is complemented by investment already underway through for example the Primary Care Improvement Plan and the Mental Health Recovery and Renewal Fund.

3. WINTER INVESTMENT

On 5th October the Cabinet Secretary announced an investment of over £300m in hospital and community care, with further communication received on 4th November providing further detail on individual funding allocations at an HSCP level and the key performance indicators and conditions attached to funding. The Scottish Government have also supported flexibility to local areas to use the funds across the priority areas based on local need. The overarching aim of the funding is to manage a reduction in risks in community settings and support flow through acute hospitals.

Specific Key Performance Indicators aligned to the funding include:

- Number of people delayed in their discharge from hospital.
- Hospital bed days associated with delays and overall length of stay in hospital.
- Number of people who have been discharged to an interim care home.
- Number of people who have moved on from the interim placement by the agreed date for the placement to end.
- Average length of interim care placements.
- Number of NHS staff recruited at bands 3 and 4, to roles across community services and acute.
- Increase in assessments carried out at home rather than hospital.
- Evidence of a reduction in the number of people waiting for an assessment.
- Significant reductions in delayed discharge and occupied bed days.
- Evidence of the types of services and activity funded, and the number of people supported by these.
- % increase in the use of community equipment and technology to enable care, or other digital resources to support care provision.
- Evidence of resource to support the use of technology and digital resources.

Reductions in:

- Those waiting for an assessment for care.
- Those waiting for a care at home service.
- Unmet hours of care.

The £300m winter package of additional support includes:

- Recruiting 1,000 additional NHS staff to support multi-disciplinary working.
- £40 million for ‘step-down’ care to enable hospital patients to temporarily enter care homes, or receive additional care at home support, with no financial liability to the individual or their family towards the cost of the care home.
- An additional £62 million to maximise the capacity of care at home services.
- Up to £48 million will be made available to increase the hourly rate of social care staff to match new NHS band 2 staff.
- £20 million to enhance Multi-Disciplinary Teams, enable more social work assessments to be carried out and support joint working between health and social care.
- £28 million of additional funding to support primary care.
- £4.5 million available to Health Boards to attract at least 200 registered nurses from outwith Scotland by March 2022.
- £4 million to help staff with their practical and emotional needs, including pastoral care and other measures to aid rest and recuperation.

This plan focussed on the North Ayrshire impact and delegated funding and resource in relation to the specific areas below:

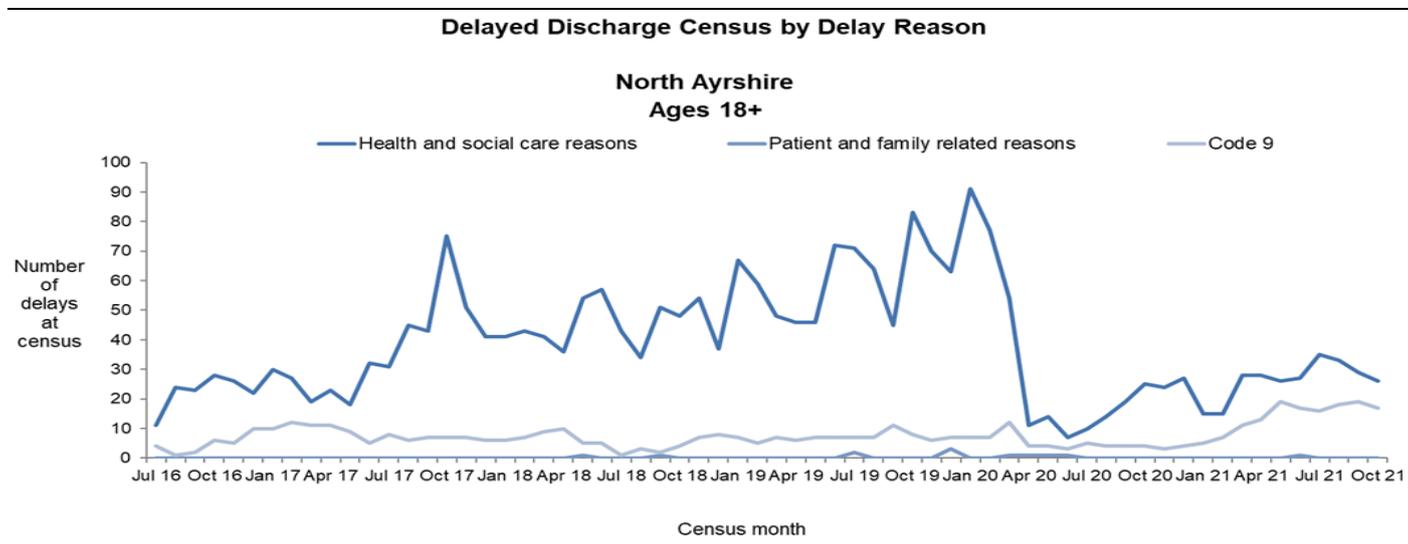
- Recruitment of Health Care Support Workers
- Step-down/interim care investment
- Care at Home capacity
- Enhancement of Multi-disciplinary teams.

Together with our North Ayrshire Strategic Priorities it is important to understand the service delivery context in terms of the North Ayrshire position for the areas of performance and activity that the funding is to support, this is set out in the following sections.

3.1 Delayed Transfers of Care

Timely discharge from hospital is an important indicator of quality and is a marker for person-centred, effective, integrated and harm-free care. A delayed discharge occurs when a hospital patient who is clinically ready for discharge from inpatient hospital care continues to occupy a hospital bed beyond the date they are ready for discharge.

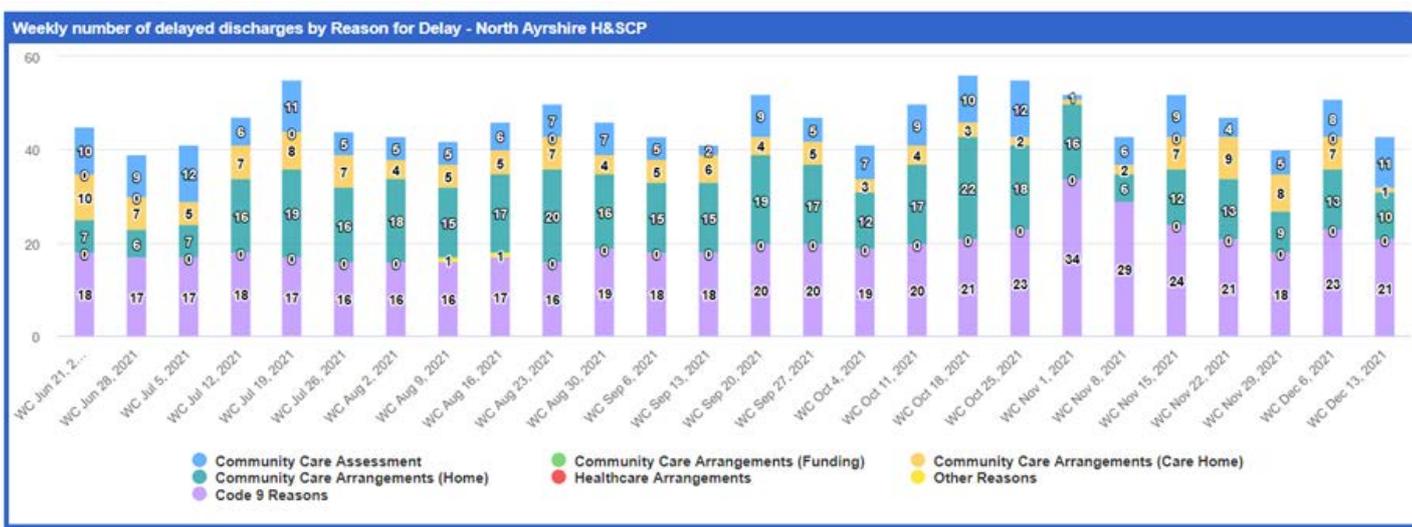
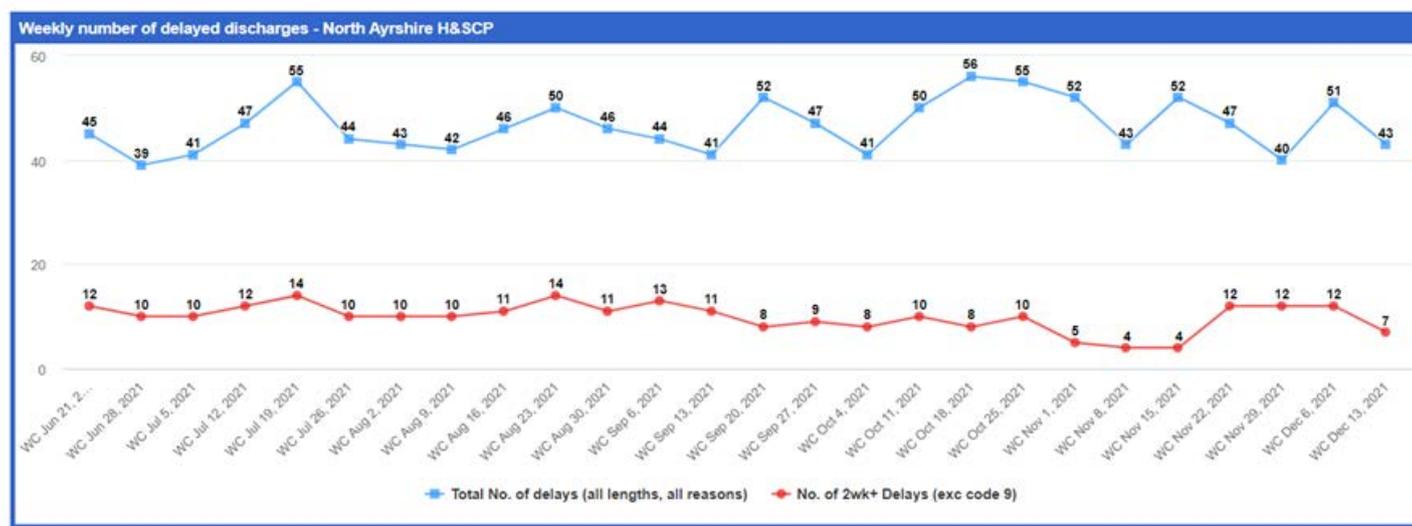
The tables below show the number of delayed discharges over a period of time, North Ayrshire Delayed Discharges Total Delays by reason since 2016:



Key points to note:

- Delayed discharge figures across Scotland have been affected by measures put in place to respond to COVID-19. The marked fall in delayed discharges during 2020 is likely to be due to patients being moved out of hospital to increase capacity.
- In March 2020 at the first lock-down there was capacity freed up in community services to respond to supporting packages of care from hospital and the need in communities due to the number of individuals who decided to step back from care provision as a result of lock-down, the introduction of shielding and the workforce challenges across the HSCP were less stark than they currently are.
- In addition there were no financial constraints to supporting new packages of care and long term care placements. Prior to March 2020 the limiting factor to addressing delayed transfers of care through investment in community capacity was financial with resources constrained to support care in the community and long-term care placements.

North Ayrshire Delays over the last 6 months:



Key points to note:

- A further key measure is the number of delays which are for longer than two weeks (excluding code 9 complex delays), as the accepted timescale for a social care long term care assessment is 14 days with the ambition that assessments will take less time.
- The performance for delayed discharges in North Ayrshire has remained relatively static for the last six months, it should be noted that the patients reflected in the delays are not the same individuals impacted and therefore does not represent the true demand on community services to put packages of care in place to facilitate discharge, many patients are supported with care before becoming a delay.
- Within the overall delays there are different reasons for why patients may be delayed in care being put in place – the summary table above illustrates the reasons for delays with the purple part of the bar chart representing complex Code 9 delays, about 50% of the North Ayrshire daily delays are classed as Code 9 delays, the reasons for these include:
 - Adults with Incapacity – who are subject to guardianship processes and therefore cannot be legally transferred from hospital, normal timescales to progress a private or local authority guardianship is between 3 to 6 months
 - Complex Care arrangements – where individuals have complex needs which cannot be readily supported through traditional care and support – this includes for example individuals with complex Mental Health or Learning Disability needs where very specialist services are required to be commissioned to meet their needs
 - Individuals in closed wards due to Covid outbreaks where moves to other care facilities are paused for a period in line with Infection Prevention and Control guidance

North HSCP Plans to reduce Delayed Transfers of Care:

North Ayrshire HSCP continues to prioritise delayed discharges with specific focus on waiting times. Regular scrutiny and review of performance remains in place with daily assurance around the position and actions required. The HSCP have continued to prioritise social care capacity in both care at home and care homes for individuals ready for discharge from hospital, with a continued impact on community waits for Care at Home support.

The Team Manager for the HSCP hospital team is based within Crosshouse Hospital and is developing positive and effective working relationships with the acute team. The Social Work team will remain on site with a clear role around 'discharge to assess', prompting a 'home first' model and effecting timely activity around discharge arrangements with a view to reducing delayed discharges. In March 2021 the HSCP agreed a plan for further investment in the hospital social work team including a further Team Manager role to assist with the dual aspect of the role of hospital team, i.e. facilitating assessment and discharge. the additional Team Manager role is now in place and the new arrangements are embedded. Additional Occupational Therapy (OT) assistants have also been recently incorporated into the team with a direct link into the care at home reablement service.

The partnership has continued in its stabilised position around community waiting lists for admission to Care Homes and there are now no delays in terms of assessment or funding to access a Care Home placement within Community Care services in North Ayrshire for individuals. Whilst this supports more efficient discharge for those in hospital, it is also anticipated that this will reduce the need for emergency/crisis care home placements and unscheduled hospital admissions.

We continue to successfully utilise our Anam Cara dementia respite service, by converting nine beds for interim placements for individuals in hospital awaiting care at home services to reduce delayed discharges, whilst maintaining five respite beds to ensure emergency respite support is available. The interim placements have been promoted with patients and their families, and these have been utilised well over the last year. The interim funding as part of the Winter package of support provides an opportunity to pro-actively support people awaiting long term care placements to be placed on an interim basis in a residential care home and the partnership are proactively working with local care home colleagues to support these interim placements.

The partnership has also utilised the rehabilitation wards at the Ayrshire Central site to support with transferring some delayed patients to support with pressures in the acute hospitals. Whilst this doesn't impact on the overall delays, it does support with moving delayed patients away from an acute hospital setting where they no longer have a medical need for care. This also poses our acute hospital based social work team with a challenge to manage the demand coming from the different hospital sites.

The remaining resource gaps to support a reduction in delayed transfers of care are in Mental Health Officer capacity to support progress with AWI delays, the further enhancement of the community supports available to ensure community packages of care including reablement services are readily available to support safe discharge and resource to support sustainable plans for complex packages of care in the community.

Improvement Trajectories:

Health and Social Care Partnerships were asked to submit improvement trajectories to the Scottish Government in line with local plans to deploy the Winter Pressures resource, the trajectories provided by North Ayrshire are noted below:

Current DD Position	Proposed Reductions		
	Immediate Planned Reductions[1]	Planned Reductions – Nov / Dec[2]	Optimal DD position[3] – 31 March 2022
50	6	12	25

- The immediate and planned reductions reflect the impact of interim placements and care at home capacity, the latter is reliant on successful recruitment
- Optimal DD position is a realistic projection by March 2022 considering there will continue to be a number of AWI/guardianship cases, the potential for ongoing outbreaks in closed settings restricting movement and a number of complex Mental Health and LD delays

The ambition to reduce delays is reliant on securing the increase in the workforce and community capacity and also depends on the level of demand both in our communities and from hospitals.

Areas across Scotland faces challenges with delayed transfers of care, to provide some context to the number of delays in North Ayrshire, as per national position at 1st December:

- Total Delays rate per 100,000 over 75's – placed 13th
- Total Standard Delays rate per 100,000 over 75's – placed 15th
- Total Delays by partnership – placed 13th
- Total Standard Delays by partnership – placed 13th

3.2 Care at Home Service

Unmet need:

The HSCP provide weekly data returns to illustrate the unmet need across the system, with a particular focus on Care at Home Services and also the individuals in the community awaiting review and assessment. The most recent return for North Ayrshire is summarised below:

LG Care at Home Data Return - 06-12-21	North	
	Hospital	Community
<u>Number of People:</u>		
Waiting for social care assessment	4	600
Assessed and waiting on POC	11	145
In receipt of package and awaiting statutory review		465

	Hospital	Community
	<u>Number of weekly hours:</u>	
Care yet to be provided for assessed individuals	142	773
Care assessed as needed and not provided (for those in receipt of a package)		399

There have been some changes around capacity for providing services which have reduced the number of people waiting through the ongoing review of the community waiting list and needs of service users. However, over a period of months there has been no significant improvement in the position in terms of unmet need and it is not expected that there will be a demonstrable improvement without additional workforce resources and capacity. There is a stark difference in the level of unmet need between individuals awaiting care in hospital compared to community, with 89% of the current unmet need being for individuals on the community waiting list. This is reflective of the continued focus on prioritising packages of care for individuals in hospital to support with wider hospital pressures.

It is useful to note that the definition of awaiting a social care assessment is those awaiting a full SSAQ assessment, the current 600 people in the community awaiting that full assessment does not represent the number of individuals awaiting assessment with no service as many will have had a quicker assessment to have services put in place.

Service Demand & Service Delivery:

The care at home service has seen a significant increase in demand and referrals for services, with an increase of 30% currently on pre-pandemic levels. Average monthly referrals are noted in the table below:

Source	Average CAH Monthly New Referrals for Period:				Increase from 2019
	Jan to Oct 2019	Jan to Oct 2020	Jan to July 2021	Sept to Nov 2021	
Community	118	167	160	158	34%
Hospital	150	199	170	210	40%
ICT	38	42	42	29	-24%
TOTAL	306	408	372	397	30%

We have a mixed model of Care at Home service delivery between the Partnership's in-house Care at Home Service and commissioned care providers. We have seen a significant shift in the balance of service delivered from the in-house service over the last year, it should be noted that this has not been in any way planned and has been reactive to respond to the capacity reduction of commissioned care providers as incrementally over a period of time packages of care and support have been passed back to the Partnership's in-house service.

The table below outlining the total service provision over the period of time illustrates the shift in the balance of provision:

	02/11/2020	09/08/2021	29/11/2021	Change since August	Change since Nov 2020
Contracted Hours	16,046	17,794	19,863	2,069	3,817
Private Planned	7,527	5,956	5,188	(768)	(2,339)

% hours private	32%	25%	21%
% service users private	33%	30%	27%

Community Alarm activations have increased from 61,069 alarm activations in 2019 to a total of 78,930 during 2020, full year figures are not available yet for 2021 but projections are these will be at a similar level to 2020, a sustained increase of 29% in activations. This has had a significant impact on the HSCP Community Alarm responder teams to call volume with many calls requiring a physical response to support. The night shift workforce was increased as a temporary measure to respond to this demand, it is clear at this time that the demand for the service is now at a sustained higher level which requires recurring capacity support.

There is a comprehensive ongoing programme of recruitment within the Care at Home service to ensure sufficient contingency and capacity to further reduce delayed discharges and also to ensure community waiting lists can be addressed. Over the period, it has proven difficult to successfully recruit to all vacancies and to identify additional capacity planned for the service, this has been further compounded by challenges in retaining social care staff.

3.3 North Ayrshire Intermediate Care and Rehab Service

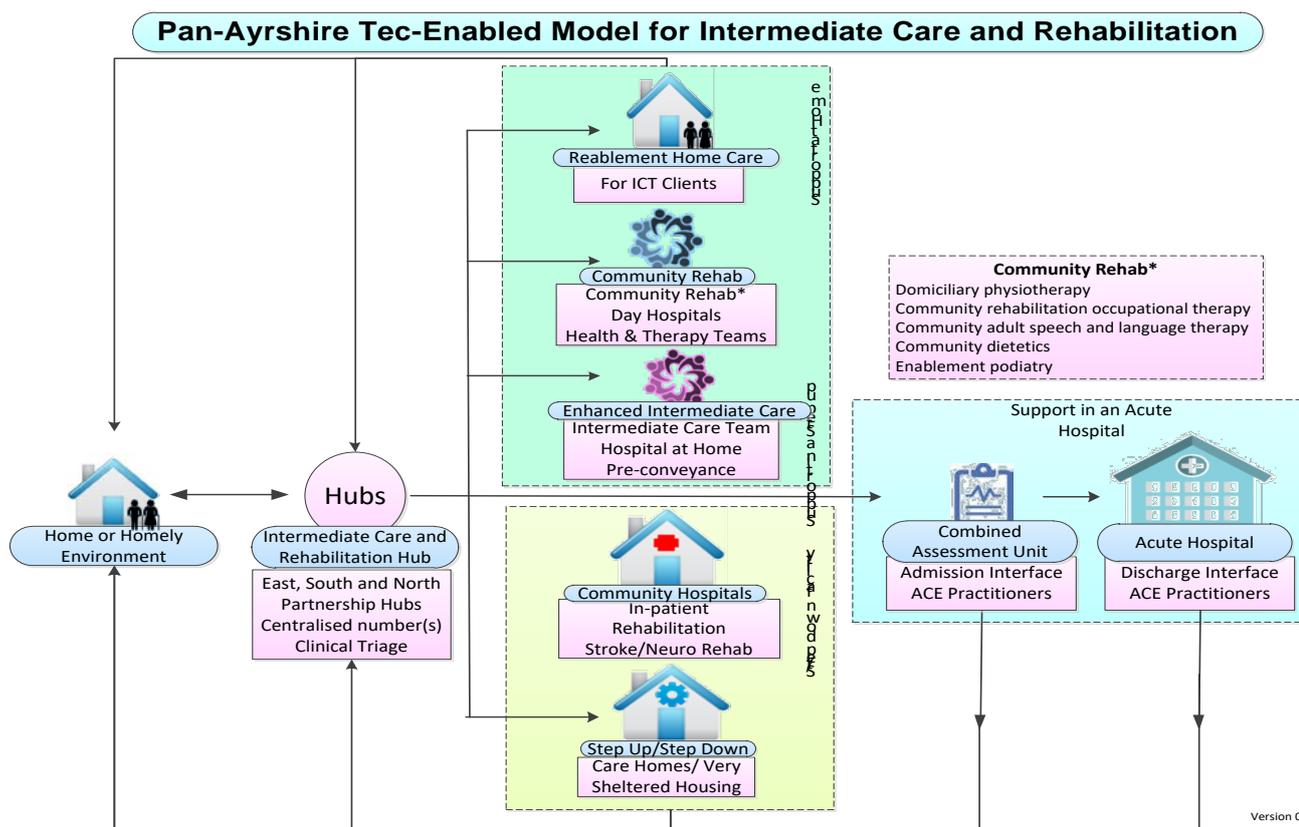
Launched in November 2018 the model of Enhanced Intermediate Care and Rehabilitation focusses on providing high quality care and support through early intervention and preventative action to help stop older people and people with complex needs becoming unwell in the first place or supporting them to manage their conditions more effectively at home or a homely environment. The enablers for the model include Technology Enabled Care (TEC) and locality based Multi-disciplinary teams.

The model is developed around Intermediate Care and Rehabilitation Hubs which provide a single point of access, with screening and clinical triage, ensuring the person is seen by the right service, first time. The hubs operate 9am-5pm, 7 days per week. The model supports people at different stages of their recovery journey and will link up and build on existing intermediate care and rehabilitation services.

The model has been developed by the Intermediate Care and Rehabilitation Network and is built around four tiers:

1. Individual requires support as part of primary and community services but can remain at home - this includes intensive medical support, rapid response and the use of remote clinical monitoring in the home with technology.
2. Individual requires Community Rehabilitation in order to stay at home, to live independently through early intervention approaches, self-management programmes with personal health and wellbeing goals
3. Individual requires quick responding short term Enhanced Intermediate Care or step up/step down into community hospital or care home setting
4. Individual is complex / unstable and requires acute hospital care

The illustration below describes the model in action:



The North Ayrshire service provides a co-ordinated response to deterioration and crisis by preventing unnecessary acute hospital admission and where possible supporting people’s recovery at home or a homely environment. The team have two key roles in providing intermediate care to facilitate early discharge and in the prevention of admissions. Since the Intermediate Care and Rehab model was launched across the 3 HSCPs in 2018 the services have evolved over time in terms of capacity and scope of services provided to adapt to local need and demand. In North Ayrshire we invested in the service and have retained the Enhanced ICT model which is a clinically led GP model supported by ANPs, which allows the team to support a far higher level of support in the community providing a model of hospital at home provision through specialist, co-ordinated and comprehensive care and treatment of people in their own home.

Key features include:

- 7 day service with no service waiting list – referrals responded to same day
- Referral pathway including GPs, Community Nursing, Self, Services, Family etc
- Clinical triage model – diverting to Health and Therapy Team, ICT and Enhanced ICT

Current ICT Activity:

	w/c 29/11	w/c 06/12
Total Referrals Received in Community Hub	228	228
Appropriate Referrals Accepted to ICT	66	61
Supported at home through ICT	91	95
Receiving Enhanced ICT medical team support	24	36
Referrals to ICT, of those:	35	32
- Number preventing admission	20	19
- Number supporting discharge	4	6
- Rejected (not medically fit)	4	2
- Other	7	7

There has been short term investment in ICT through the mobilisation plan to increase team capacity in the short term to address increased demands on the service. The contribution of the service is invaluable and completely aligns with the ambitions of the winter funding and our longer-term ambitions to have robust pathways and intermediate support with a rehabilitation approach to services for older people. This increased capacity requires to be supported on a longer-term basis with additional resource to further enhance the role and function of the team.

5. OVERALL SUMMARY OF WINTER PRESSURES AND PLANS

Current pressures – reminder:

Delayed Transfers of Care - @ 14 December - 44 (10 Complex MH/LD)

Waiting List as at 06/12/21 for social care and care at home:

- 604 people awaiting a full SSAQ social care assessment (4 in hospital/600 in the community)
- 465 people in receipt of a social care package awaiting a statutory social care review
- 156 people (915 weekly hours) assessed and awaiting a Care at Home package – (11 in hospital/145 in the community)
- 60 people (399 weekly hours) assessed in the community and awaiting an increase to their Care at Home package
- 79 people (444 weekly hours) assessed in the community currently receiving a Care at Home package via the Reablement service awaiting transfer to mainstream services
- 13 people waiting for Care at Home on the Isle of Arran.
- Community Alarm activations have risen by 29% compared to pre pandemic levels
- 400 people waiting up to 400 days for occupational therapy assessment for equipment and or adaptations
- The recent AHP workforce exercise highlighted gap between existing AHP workforce, and the workforce required to deliver safe high-quality care in several priority areas, including inpatient rehabilitation areas at ACH

Funding:

This funding is predicated on four key principles:

- Maximising Capacity.
- Ensuring Staff Wellbeing.
- Ensuring System Flow and
- Improving Outcomes.

North Ayrshire HSCPs direct allocation of funding to address the priorities is summarised below:

Priority area	Recurring/ Non Recurring	National Funding 21/22 £'m	NAHSCP Share 21/22 £'m	Anticipated 22/23 £'m
Interim care arrangements	NR	40	1.109	0.554
Care at home capacity	R	62	1.719	3.438
Multi-Disciplinary Teams (MDTs)	R	20	0.555	1.110
TOTAL		122	3.383	5.102

The Scottish Government have advised that local areas have the flexibility to use the total resource, i.e. funding can be moved between the priority areas based on local need. For North Ayrshire any un-committed balance of resource for 2021-22 will be earmarked in IJB reserves at the financial year-end with consideration to supporting capacity in future years in line with the principles aligned to the funding. Spend will be monitored against the Key Performance Measures on a quarterly basis with a template expected to be provided to ensure a consistent approach across partnerships.

Plans have been developed in conjunction with the Partnership Senior Management Team over a period of two months with wide engagement across services to develop a plan in line with the Scottish Government guidance and Key Performance Indicators alongside the demands and unmet need as articulated in the proposals. There has been representation from a Multi-disciplinary team perspective from across all services including all Health and Community Care Senior Managers, our Lead AHP, Chief Social Worker, Lead Nurse and Mental Health services. The proposals have been supported by our Partnership Senior Management Team and Staff Partnership Forum with decisions made as stipulated through active consultation with our North Ayrshire Care at Home Oversight Group, which has been stood up to manage community demand and the deployment of resources. Unfortunately, there were a greater number of proposals for investment brought forward by services than those which could be supported through the funding at this time, therefore the requests were prioritised in terms of impact against the KPIs. Other proposals will be kept under review with further consideration if funding becomes available.

There is limited flexibility to shift resources between the priority areas in North Ayrshire, by far the greatest level of investment is in Care at Home services, the level of demand and unmet need for the service will require the full deployment of resource into that area. Therefore, the plans outlined below are based on the individual funding allocations for each priority area.

Proposals:

Interim Care - £1.109m:

- Funding completes model of support for Intermediate Care – as funding is non-recurring HSCP plan to use flexibility to extend period that interim beds can be used for, which would facilitate a longer term utilisation of beds beyond the winter period.
- Commission care home interim beds for appropriate assessment delays, this work has commenced and agreement reached with a number of care homes to move individuals to care homes for a maximum of six weeks and moves have already taken place. Estimate that 10 interim placements would be required at any one time, commitment of £200k would be required.
- Additional discharge facilitator to support management and co-ordination of interim placements, to act at liaison between hospital team and care homes, also to ensure timely follow up of assessment and review of interim placements. Fixed term post has been recruited for one year.
- Anam Cara, currently funded service of 9 beds from existing HSCP resource being used as interim care for care at home delays, additional costs associated with operating the service as a blended model to be met from interim care funding.
- Funding also to be used to support alternative interim care supports in line with patient/service user choice, for example flexible use of SDS.

Multi-Disciplinary Team working - £1.110m full year allocation:

- Social Worker and Social Work Assistant capacity across locality teams to support complex assessment, review AWI, support ICT and undertake statutory reviews.
- Occupational Therapy and OT Assistants, there has been a long-standing challenge with access times for OT assessment, previous attempts to bolster team capacity on a temporary basis have been unsuccessful. Will support timely access to equipment and adaptations, promote independence, reduce carer burden, minimise care at home requirements and prevent escalations of care.
- Recognising capacity challenges on the island, a number of roles on Arran (social worker, ANP, Community Equipment Technician, Admin) – supporting complex assessment, frailty and complex care and 7 day cover.
- Enhance ICT team, 3 posts funded temporarily through RMP3/4, team provide alternative to acute presentation via rapid MDT support, required to also support ICT link into rehab at Anam Cara.
- Registered Nurse post to join Hospital Based Social Work Team to support complex hospital discharge.
- Enhance Mental Health and Learning Disability teams to support complex care in the community, avoiding acute admission and supporting timely assessment and review.
- Support for transition planning particularly for children with complex needs into Adult Services.

The detailed plan for MDT capacity mapped against the KPIs is included as Annex 1.

Care at Home Capacity - £3.438m full year allocation:

Analysis of the Care at Home waiting list has identified a gap in service provision across all areas of North Ayrshire, partly due to the increase in demand in reduction in available external provision over the last 20 months. It has been identified that a complement of in-house Care at Home staff would be required to meet the current assessed unmet need levels and this workforce would be distributed across North Ayrshire to the geographical areas where this is concentrated. There will also be a requirement to invest in additional management, business support and other costs that would be required to support the increase in the Care at Home workforce.

To promote change and maximise efficiencies across the Care at Home service there is a proposal for additional posts within the Care at Home service to assess and review ongoing capacity, better utilise technology/digital supports and help manage the current levels of demand which if they remain at current levels will continue to outstrip available service provision – this includes the recruitment of business support staff to monitor and utilise Information systems and telecare advisors. The plans include investment on Arran to enable overnight supports and response. The commitment of recurring funding has enabled recent recruitment events to focus on increasing the permanent workforce which has positively impacted on recruitment.

An analysis has been undertaken of the current demand and unmet need for the service and the overall funding allocation will be sufficient to fund capacity to meet the current community and hospital waiting lists and the associated management capacity, the additional recurring capacity required to address unmet need is outlined below:

- 82 x Care at Home Assistants (includes enhancing community alarm responder service and also support additional care at home capacity on Arran)
- 3 x Senior Care at Home Assistants
- 4 x Care at Home Managers – split between in hours and OOH service to provide appropriate management support to increased workforce
- Enhance Business Support – including enhancing recruitment capacity, CM2000 support, performance and monitoring with extended hours of support to the business unit
- 2 x Telecare Advisors to support the enhancement of telecare services to increase use of equipment and other digital resources to support care provision, this capacity would be aligned to the programme of work for Analogue to Digital
- Other additional workforce enabling costs including transport, uniforms, mobile phones, CM2000 licences, email addresses

The full estimated cost of the Care at Home investment outlined above is £2.944m. The HSCP have given Trade Union and care at home staff a commitment to undertake a robust review of the service commencing in Spring 2022, it is recommended that the remaining funding of £0.5m is uncommitted to provide resource to implement any changes required following that review.

Other areas - 1,000 Health Care Support Workers:

Whilst the funding for the recruitment of Health Care Support Workers was not directly allocated to HSCPs, an agreement was reached across Ayrshire and Arran to share the Health Board NRAC allocation of 74 WTE between Acute services and the 3 HSCPs.

The North Ayrshire agreed allocation is 11.6WTE, by engaging with leads in the HSCP the optimum areas to deploy the roles into the Partnership were identified and communicated to the team co-ordinating recruitment to ensure they could be aligned appropriately to our teams. It was agreed to align the posts to two areas with a focus on maintaining and improving people's functional abilities to aid system flow, provide alternatives to admission and minimise the need for escalations of care.

Specifically, proposals have been agreed to deploy the North Ayrshire HCSWs as set out below:

- 8.6 WTE Band 3 - to support inpatient rehabilitation in Ward 1 (general rehab for older people) and Redburn (stroke rehab) wards at Ayrshire Central, to support flow through rehab wards and facilitate discharge and support acute referrals for rehab beds
- 3 WTE Band 3 - to enhance rehabilitation and reablement supports at Anam Cara for both the 9 step down beds and the 5 respite beds, linking the rehabilitation support with the community ICT team, opportunity to strengthen step down model and also incorporate step-up options in the future, incorporating therapy programmes for users of the service to maintain and improve function and mobility.

Previous workforce exercises have identified gaps in the AHP workforce in the inpatient rehab areas, with consequent reduced capacity to provide the levels of rehabilitation required to support improved outcomes for people and minimise length of stay. The greatest impact of the roles in both settings will be a 7 day working approach. In both settings Band 3s will work under the professional direction and supervision of a registered nurse or AHP with the HCSWs placed in Anam Cara being supported via the Community ICT team.

6. ANTICIPATED IMPACT

The additional investment and planned activity outlined above, made possible by the winter pressures fund, will make a significant contribution to improving outcomes for the people we provide care and support for in North Ayrshire. The investment and desired impact is predicated on growing our workforce, recognising there are both local and national challenges in recruiting and retaining the workforce across Health and Social Care services. Any challenges with recruitment will impact on plans to deliver on improvements and it is important that this is monitored to ensure plans can be adapted if required and to ensure appropriate action is taken to accelerate and promote recruitment programmes.

Glossary of Terms:	
HSCP	Health and Social Care Partnership
AHP	Allied Health Professional
ICT	Intermediate Care & Treatment
HCSW	Health Care Support Worker
MDT	Multi Disciplinary Team
ANP	Advanced Nurse Practitioner
WTE	Whole Time Equivalent
AWI	Adults with Incapacity
NRAC	National Resource Allocation
OOH	Out of Hours
OT	Occupational Therapist
KPI	Key Performance Indicator
TEC	Technology Enabled Care
SSAQ	Single Shared Assessment Questionnaire
ACH	Ayrshire Central Hospital

Annex 1 – Enhancing Multi-disciplinary Working

Service Area	Investment Requested	Improvement Area	Key Performance Indicators				Priority	Total Cost
			Significant reductions in delayed discharge and occupied bed days	Increase in assessments carried out at home rather than hospital.	Evidence of a reduction in the number of people waiting for an assessment	Evidence of a reduction in the length of time people are waiting for an assessment.		
H&CC – Social Work Teams	5 x additional social work posts (SW & SWAs) aligned to locality Social Work teams to support complex assessment to support discharge, review, AWI and support ICT social care requirements.	Community waits for assessment and review	√		√	√	HIGH	£ 237,222
H&CC – Hospital Based Social Work Team	MHO within Hospital Assessment Team - G10 Social Worker	Hospital discharge	√		√	√	HIGH	£ -
H&CC - NAC Community OT service	Previous limited success to fixed term recruitment through mobilisation 2 x grade 10 Occupational Therapists and 3 x grade 7 Occupational Therapy Assistants	Community waits for assessment and review	√		√	√	HIGH	£ 224,114
H&CC - Hospital Based Social Work Team	1 x B7 RN to support complex hospital discharge and assessment	Hospital discharge	√	√	√	√	MEDIUM	£ 57,103
H&CC – ICT	3 x B6 practitioners Mon – sun day shifts Fixed term recruitment in process linked to RMP3/	Hospital discharge/admission avoidance	√				MEDIUM	£ 161,910
H&CC – Community Equipment Store	1 x Store Technician	Hospital discharge/admission avoidance			√	√	MEDIUM	£ 35,080
H&CC - Arran	1 x social worker for locality social work team (support complex assessment and support MDT) 0.6 x ANP B7 (frailty, complex Care, MDT)	Hospital discharge/admission avoidance/assessment and review	√	√	√	√	HIGH	£ 158,522
H&CC – ICT	Enhance role of enhanced ICT - following review of service. Plan to be developed - to incorporate tasks not undertaken and ensure capacity to support 'Hospital at Home' Model	Hospital discharge/admission avoidance	√	√			HIGH	£ 100,000
Mental Health	Enhance Mental Health and Learning Disability teams to support complex care in the community, avoiding acute admission and supporting timely assessment and review. Support for transition planning particularly for children with complex needs into Adult Services	Hospital discharge/admission avoidance/assessment and review	√		√	√	HIGH	£ 136,049
TOTAL								£ 1,110,000



Local Authority Chief Executives
Chief Officers
Chief Social Work Officers
COSLA
Chairs, NHS
Chief Executives, NHS
Directors of Human Resources, NHS
Directors of Finance, NHS
Nurse Directors, NHS

By email

Dear colleagues,

Winter Planning for Health and Social Care

We are writing to confirm a range of measures and new investment being put into place nationally to help protect health and social care services over the winter period and to provide longer term improvement in service capacity across our health and social care systems.

This new investment of more than £300 million in recurring funding, as set out by the Cabinet Secretary for Health and Social Care in Parliament today (05 October 2021), is a direct response to the intense winter planning and systems pressures work that has taken place over recent weeks with stakeholders, including with health boards, local authorities, integration authorities, trade unions and non-affiliated staff-side representatives.

All of our winter planning preparations are predicated on four key principles:

1. *Maximising capacity* – through investment in new staffing, resources, facilities and services.

2. *Ensuring staff wellbeing* – ensuring that they can continue to work safely and effectively with appropriate guidance and line-management and access to timely physical, practical and emotional wellbeing support.
3. *Ensuring system flow* – through taking specific interventions now to improve planned discharge from hospital, social work assessment, provide intermediary care and increase access to care in a range of community settings to ensure that people are cared for as close to home as possible.
4. *Improving outcomes* – through our collective investment in people, capacity and systems to deliver the right care in the right setting.

Collectively, these principles are designed to ensure the action we take now has a lasting and sustainable impact. We are not just planning to build resilience in our health and social care systems to see us through this winter; we are also building on the approach to recovery and renewal set out in the NHS Recovery Plan and through our continued efforts to improve social care support.

It is understood that collectively we continue to face significant demand across services and that current pressures are likely to further intensify over the winter period. We are grateful to you and your colleagues across the NHS, social work and social care who are working tirelessly to help us navigate through the on-going pandemic and to manage current demands.

You will already be aware that the NHS in Scotland will remain on an emergency footing until 31 March 2022. In connection with this, we are actively examining how we manage the volume of work connected with staff governance, staff experience and some on-going programmes of work over the winter period. This may include temporarily slowing or suspending some programmes – but this does not mean that the Scottish Government is no longer committed to completing those programmes. We are particularly mindful of the pressure on employer and staff time and wish to engage with you on how we manage work programmes that are not directly related to relieving winter service pressures, to enable us to support the objectives of maximising capacity and supporting staff wellbeing and, at the same time, progressing other Ministerial priorities.

The suite of new measures, and the actions now required of health boards, and in partnership with integration authorities and Local Authorities, is supported by significant new recurring investment. Further specific information on allocations to be made to individual areas will be provided to NHS Directors of Finance and IJB Chief Finance Officers in the coming days. Further discussions on Local Authority distribution mechanisms will take place urgently.

It is critical that we continue to work together to make progress at pace and we would like to offer our sincere thanks in advance for your collective efforts in implementing the suite of measures set out immediately below.

Multi-Disciplinary Working, including the recruitment of 1,000 Health and Care Support Staff

We are providing recurring funding to support the strengthening of Multi-Disciplinary Working across the health and social care system to support discharge from hospital and to ensure that people can be cared for as close to home as possible, reducing avoidable admissions to hospital. This includes up to £15 million for recruitment of support staff and £20 million to enhance Multi-Disciplinary Teams (MDTs) this year and recurring.

These MDTs should support with social work and care assessment, hospital-to-home and rapid response in the community. MDTs may encompass:

- Integrated assessment teams to discharge people from hospital with care and support in place, working in partnership with unpaid carers;
- Enabling additional resources for social work to support complex assessments, reviews and rehabilitation, as well as AWI work;
- Ensuring that people at home or in care homes have the most effective care and that care is responsive to changing needs;
- Rapid-response community MDTs to facilitate diversion away from GPs, Out of Hours services (OOH) and the Scottish Ambulance Service (SAS) into the community; and,
- Scaling up Hospital at Home to prevent or avoid admissions.

To further support this work, we are asking territorial health boards to recruit 1,000 new health care support workers, with a specific focus on Agenda for Change bands 3 and 4, immediately, to provide additional capacity across a variety of services both in the community and in hospital settings. Boards are also able to recruit to new band 2 roles in acute settings and to support progression of existing staff into promoted posts. These roles will support hospital services as well as support social care teams to enable discharge from hospital. Boards are asked to recruit staff to assist with the national programme of significantly reducing the number of delayed discharges.

It is essential that all of this increases capacity within local community systems and we are mindful that recruitment may inadvertently move staff from other sectors including Care at Home services and care homes. Decisions – including the decision to recruit new staff to MDTs – should be made in active consultation with H&SCP Oversight Groups, which have been stood up to manage community demand and the deployment of resources.

Boards should note that there will be a national recruitment campaign for social work and social care which will link in with activity being undertaken by Local Authorities.

Full details of the expected volume of staffing that each territorial board is expected to recruit, is set out at Annex A. It is expected that recruitment activity should be commenced immediately.

The Scottish Government has already provided £1 million of funding in-year across NHS Scotland to build capacity within recruitment teams and national health boards have offered to provide mutual-aid to territorial boards to manage new volume recruitment. Health boards have the flexibility to use recruitment agencies to assist with any aspect of the recruitment process.

NES has offered support with training and upskilling including residential fast-track induction in partnership with GJNH. This can take the form of developing 'Once for Scotland' induction and statutory and mandatory training at pace to allow mutual aid between boards on statutory and mandatory training and potential centrally coordinated Hub and Spoke training provision where boards would find this helpful.

Providing interim care

£40 million for 2021/22, and £20 million for 2022/23 has been provided to enable patients currently in hospital to move into care homes and other community settings, on an interim basis, to ensure they can complete their recovery in an appropriate setting. This is likely to be for a period of up to six weeks through an expedited process. Local teams will work with people and their families to explore options, maintaining choice and control. Multi-disciplinary teams will provide support to people in these interim settings to ensure they receive high quality, responsive healthcare and rehabilitation. Consent will, of course, be sought before discharge from hospital and safe clinical pathways, aligned with public health advice and guidance must be adhered to. Any placement is expected to be in their immediate locality or other suitable location. There will be no financial liability for the individual or their family towards the costs of the care home.

The offer of an interim placement should be made when the HSCP are unable to provide an appropriate care at home package immediately, or when the first choice care home is temporarily unavailable. A clear care plan for this period of interim care needs to be in place, with an agreed date for the placement to end, set out before the placement begins.

Expanding Care at Home capacity

£62 million for 2021/22, has been allocated for building capacity in care at home community-based services. This recurring funding should help to fulfil unmet need, and deal with the current surge in demand and complexity of individual needs, also helping to ease pressures on unpaid carers.

Therefore, this funding should be spent on:

- i. **Expanding existing services**, by recruiting internal staff; providing long-term security to existing staff; Enabling additional resources for social work to support complex assessments, reviews and rehabilitation; commissioning additional hours of care; commissioning other necessary supports depending on assessed need; enabling unpaid carers to have breaks.
- ii. **Funding a range of approaches to preventing care needs from escalating**, such as intermediate care, rehabilitation or re-enablement and enhanced MDT support to people who have both health and social care needs living in their own homes or in a care home.
- iii. **Technology-Enabled Care (TEC)**, equipment and adaptations, which can contribute significantly to the streamlining of service responses and pathways, and support wider agendas.

Social Care Pay Uplift

Up to £48 million of funding will be made available to enable employers to update the hourly rate of Adult Social Care Staff offering direct care. The funding will enable an increase from at least £9.50 per hour to at least £10.02 per hour, which will take effect from 1st December 2021. This funding is critical to support retaining and recruiting staff in the sector and to alleviate the immediate pressures in Social Care and NHS/ Community based health services.

COVID-19 Financial Support for Social Care Providers

The Scottish Government will continue to fund additional COVID-19 costs relating to remobilisation and adhering to public health measures, and the Social Care Staff Support Fund, until 31 March 2022. From 1 November 2021, the non-delivery of care and under-occupancy elements of financial support will only be available in exceptional circumstances where services are impacted for a sustained period due to COVID-19 outbreaks or following COVID-19 related Public Health guidance.

Nationally Coordinated Recruitment in Specialist Areas of Need

We know there are specific workforce shortages where Boards individually have struggled to achieve the numbers of workforce that they need. The Scottish Government is already providing marketing support for a nationally coordinated recruitment campaign for six Health Boards to deliver more midwives, predicated on a model developed for the nationally coordinated recruitment earlier this year of public health consultants, which was very successful.

In addition to this, we will make available national marketing support for Band 5 recruitment across the Health Boards. In particular, we will take forward a marketing campaign for Band 5 nurses working in community health and social care. We will request shortly from you the number of vacancies you aim to fill and will work with you to agree the next stages of this process.

We have also approved funding to extend the my jobs Scotland recruitment website until March 2022 to all third and independent sector organisations, which will mean that all social care vacancies can be advertised at no additional cost to providers on one platform. We will be running a national marketing campaign to attract more people to the sector, focusing on social media, working with schools and colleges and linking to the work we're doing with the SSSC and NES on career pathways and learning and development.

International Recruitment

We know international recruitment is a useful lever to alleviate pressures and as such are supporting Boards to increase the use of international recruitment through a number of measures. The Scottish Government has provided new recurring funding of £1 million to develop capacity within recruitment teams to support international recruitment. A readiness checklist for international recruitment has also been shared with boards to allow self-assessment and identification of priority areas for action.

The development of partnerships with a range of agencies such as Yeovil District Hospital Trust has been established to build a pipeline supply of international staff. A Memorandum of Understanding is available for use by Boards to engage the services of Yeovil District Hospital Trust. We now require that Boards nationally work towards the recruitment of at least 200 registered nurses from overseas by March 2022.

To support this, in year funding of £4.5 million has been identified to offset direct recruitment costs and can be used to support prospective candidates, including the provision of temporary accommodation for incoming recruits, and other reasonable out-of-pocket expenses.

We are also establishing OSCE training provision and training support in Scotland which will offer a comprehensive training programme either directly to Boards or as facility to train local trainers to prepare candidates to sit their OSCE exam to gain NMC registration. This will expedite the process of gaining NMC registration and significantly reduce the burden of training and preparing a candidate to Boards.

In addition, we are establishing the NHS Scotland Centre for Workforce Supply based in NES to identify further labour markets, build relationships with a range of recruitment agencies, promote the use in Scotland of Government to Government agreements for international recruitment and support Boards and candidates where appropriate with on-boarding.

We will make contact with Board HR teams in the coming weeks to receive an update on the use of the funding provided and the plan to accelerate readiness to commence international recruitment.

Professional Regulators' Emergency Covid-19 Registers

The Scottish Government's chief health professions officers, including the Deputy Chief Medical Officer, Deputy Chief Nursing Officer, Chief Allied Health Professions Officer and Chief Pharmaceutical Officer wrote on 27 September to remaining registrants on the professional regulators' emergency Covid-19 registers. This communication encourages registrants to apply for vacancies on the NHS Scotland Jobs website and, where relevant, to consider returning to service via Board staff banks.

This communication has been issued in anticipation of further challenges in the upcoming winter months, to encourage experienced professionals to return and support services in their area of expertise.

We hope that this approach of directing emergency registrants to live vacancies will attract suitable candidates to professional opportunities, based on your current and future staffing needs. Boards are asked to consider how retirees might be flexibly deployed. Many are unlikely to be able to return to full-time work, but can be deployed on a part-time basis, or via Board staff banks across areas of need.

Healthcare Students

The utilisation of the skills and experience of healthcare students has been an important step in addressing some of the workforce challenges. Whilst the Scottish Government does not believe it is appropriate to disrupt healthcare students' programmes through authorising full-time student deployment at this time, we do believe the deployment of healthcare students (apart from dental students) in appropriate part-time support roles will be beneficial to support boards' workforce capacity.

A national offer via an open letter has been made to healthcare students – including nursing, midwifery, AHP students and undergraduate medics – through their colleges and universities signposting them to the availability of 3 or 6 month Less Than Full Time Fixed Term Contracts (LTFTFTC), with their nearest health board.

A Director's Letter, reaffirming the policy arrangements set out in the Director's Letter 02/2021 will be issued and will provide further detail on the employment and deployment of students.

Wellbeing

Of significant importance is the wellbeing of our health and social care workforce, wherever they work, and this remains a key priority. We are working to ensure that the right level of support is offered across the system.

We are actively listening to colleagues to understand where the pressures are and what actions can be taken to mitigate the resulting impact on staff. Now, more than ever, it is critical that staff look after staff wellbeing and take the rest breaks and leave to which they are entitled, as well as being given time to access national and local wellbeing resources at work.

We are committed to ensuring we collectively provide the strategic leadership and oversight of staff wellbeing. An immediate priority is to address people's basic practical and emotional needs, and we are also developing further practical support measures and additional resources for Boards as you respond to winter pressures.

In support of that ongoing engagement, £4 million is being made available in this financial year to help staff with practical needs over the winter, such as access to hot drinks, food and other measures to aid access to rest and recuperation, as well as additional psychological support. £2 million of this funding will be made available immediately, with the remainder being allocated following the conclusion of ongoing discussions with staff-side representatives and employers to understand how the investment can best support staff welfare needs.

Finally, we appreciate the pressure our services are facing and once again reiterate our gratitude for the hard work and dedication of all our colleagues across the health and social care sector for all they do to support us through this challenging period.

Yours sincerely,

John Burns
Chief Operating Officer,
NHS Scotland

Donna Bell
Director of Mental Wellbeing
and Social Care

Annex A

Volume of Staffing – NRAC Share

Allocations by Territorial Board 2021-22		
	Target share	NRAC Share
NHS Ayrshire and Arran	7.38%	74
NHS Borders	2.13%	21
NHS Dumfries and Galloway	2.99%	30
NHS Fife	6.81%	68
NHS Forth Valley	5.45%	54
NHS Grampian	9.74%	97
NHS Greater Glasgow & Clyde	22.21%	222
NHS Highland	6.59%	66
NHS Lanarkshire	12.27%	123
NHS Lothian	14.97%	150
NHS Orkney	0.50%	5
NHS Shetland	0.49%	5
NHS Tayside	7.81%	78
NHS Western Isles	0.67%	7



Mental Wellbeing, Social Care and NCS Directorate

Donna Bell, Director

Local Authority Chief Executives
HSCP Chief Officers
Chief Social Work Officers
COSLA
Chairs, NHS Territorial Boards
Chief Executives, NHS Territorial Boards
Directors of Finance, NHS Territorial Boards
Nurse Directors, NHS
HSCP Chief Finance Officers
Local Government Directors of Finance

via email

4th November, 2021

Colleagues

Further to John Burns' letter of 5 October, and following discussion at the Settlement and Distribution Group meeting on 18 October, this letter provides further detail on key components of the additional winter 2021-22 funding announced. Specifically it covers:

- £40 million for interim care arrangements,
- £62 million for enhancing care at home capacity,
- Up to £48 million for social care staff hourly rate of pay increases, and
- £20 million for enhancing Multi-Disciplinary Teams (MDTs).

Purpose of Funding

The funding is part of measures being put in place to support current system pressures. It is expected that NHS Boards, Integration Authorities and Local Authorities will work collaboratively to ensure a whole system response. In particular, this funding is available for the following purposes:

- i. standing up interim care provision to support significant reductions in the number of people delayed in their discharge from hospital;
- ii. enhancing multi-disciplinary working, including strengthening Multi-Disciplinary Teams and recruiting 1,000 band 3s and 4s; and,
- iii. expanding Care at Home capacity.

The spend will be monitored against the above measures in the form of expected quarterly reports using outcomes and Key Performance Indicators contained in the **Schedule 1-3** attached to this letter. A template will be provided to enable this to be done consistently and as easily as possible.



Ministers are seeking significant reductions in delayed discharge, with an early return to the levels that were sustained in the nine-month period up to August this year.

Distribution of Funding 2021-22

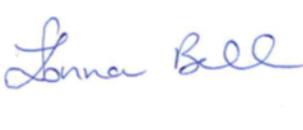
Annex A to this letter sets out the distribution of £40 million for interim care, £62 million for expansion of care at home capacity and £20 million to enhance multi-disciplinary teams to cover the period from 1 October 2021 to 31 March 2022. This additional funding will be distributed to local authorities on a GAE basis and will require to be passed in full to Integration Authorities. Distributions will be made as redeterminations of the General Revenue Grant in March 2022.

In addition, we plan to make up to £20 million available for providing interim care in 2022-23, while support for expansion of care at home capacity will be made available on a recurring basis to support permanent recruitment and longer term planning. Further detail will be set out as part the Scottish Budget for 2022-23 to be published on 9 December.

Funding for pay uplifts for staff will be discussed further with HSCP CFOs to agree the most appropriate distribution method, with the final distribution methodology and guidance to be covered in a separate note.

It will be up to Chief Officers, working with colleagues, to ensure this additional funding meets the immediate priorities to maximise the outcomes for their local populations according to the most pressing needs. The overarching aim must be managing a reduction in risks in community settings and supporting flow through acute hospitals. Advice provided in **Schedule 2** is intended to provide further detail on how that funding should be utilised.

Yours sincerely



Richard McCallum
Director of Health Finance and Governance

Donna Bell
Director of Mental Wellbeing, Social Care and NCS

Annex A – Winter 2021-22: System Pressures – additional funding

Local Authority	All Adult Social Work GAE %	Interim care (£)	Care at home capacity (£)	Multi-Disciplinary Teams (£)	Total (£)
Aberdeen City	3.77%	1,507,000	2,337,000	754,000	4,598,000
Aberdeenshire	4.24%	1,698,000	2,632,000	848,000	5,178,000
Angus	2.39%	954,000	1,479,000	477,000	2,910,000
Argyll & Bute	1.82%	728,000	1,129,000	364,000	2,221,000
Clackmannanshire	0.90%	359,000	556,000	179,000	1,094,000
Dumfries & Galloway	3.27%	1,306,000	2,025,000	653,000	3,984,000
Dundee City	2.88%	1,153,000	1,787,000	577,000	3,517,000
East Ayrshire	2.32%	929,000	1,439,000	464,000	2,832,000
East Dunbartonshire	2.04%	816,000	1,265,000	408,000	2,489,000
East Lothian	1.92%	767,000	1,188,000	383,000	2,338,000
East Renfrewshire	1.76%	703,000	1,089,000	351,000	2,143,000
City of Edinburgh	8.92%	3,567,000	5,530,000	1,784,000	10,881,000
Na h-Eileanan Siar	0.62%	248,000	384,000	124,000	756,000
Falkirk	2.84%	1,134,000	1,758,000	567,000	3,459,000
Fife	6.92%	2,768,000	4,291,000	1,384,000	8,443,000
Glasgow City	11.16%	4,464,000	6,919,000	2,232,000	13,615,000
Highland	4.40%	1,761,000	2,730,000	881,000	5,372,000
Inverclyde	1.68%	670,000	1,039,000	335,000	2,044,000
Midlothian	1.51%	603,000	934,000	302,000	1,839,000
Moray	1.83%	734,000	1,137,000	367,000	2,238,000
North Ayrshire	2.77%	1,109,000	1,719,000	555,000	3,383,000
North Lanarkshire	5.80%	2,321,000	3,597,000	1,160,000	7,078,000
Orkney Islands	0.44%	175,000	271,000	88,000	534,000
Perth & Kinross	3.18%	1,271,000	1,969,000	635,000	3,875,000
Renfrewshire	3.31%	1,323,000	2,051,000	662,000	4,036,000
Scottish Borders	2.35%	938,000	1,454,000	469,000	2,861,000
Shetland Islands	0.38%	151,000	234,000	76,000	461,000
South Ayrshire	2.51%	1,002,000	1,554,000	501,000	3,057,000
South Lanarkshire	5.91%	2,362,000	3,661,000	1,181,000	7,204,000
Stirling	1.66%	666,000	1,032,000	333,000	2,031,000
West Dunbartonshire	1.68%	673,000	1,043,000	336,000	2,052,000
West Lothian	2.85%	1,140,000	1,767,000	570,000	3,477,000
Totals	100.00%	40,000,000	62,000,000	20,000,000	102,000,000

Schedule 1

Interim Care

Overview: Delayed discharges are rising to unacceptable levels due to care, primarily care at home, being unavailable. Remaining unnecessarily in hospital after treatment is complete can lead to rapid deterioration in physical and mental well-being among older people, particularly people with dementia. In addition, the occupancy of acute hospital beds by those who no longer need clinical care means these beds will not be available to those who do need them.

Funding allocation: £40 million for 2021-22

Outcome: More appropriate care and support for people who are unnecessarily delayed in hospital. An interim solution should be provided until the optimum care and support is available (noting that remaining in hospital cannot be one of the options). Short-term capacity issues are affecting care at home services and long-term care home placements, (meaning an individual's choice of care home might not readily be available). People should not remain inappropriately in hospital after treatment is complete. This is detrimental to their own health and well-being as well as unnecessarily occupying a hospital bed. Partnerships must come up with alternative short-term solutions that provide an appropriate level of care and support for people until their long-term assessed needs can be fully met. These should include alternative care and support at home (alternative to formal care at home services), including extended use of self-directed support options or short-term interim placements in a care home. Either scenario should provide a reabling element with a professionally led rehabilitation programme.

In achieving this outcome:

- There will be no financial liability for the cost of care to the individual, with interim care services provided free of charge to the service recipient.
- Each individual should have a care plan that takes account of the interim arrangements, with expected timescales for moving on.
- Interim care should have a clear focus on rehabilitation, recovery and recuperation.
- Where appropriate, each individual should have a professionally led rehabilitation plan. Professional input will be required from Allied Health Professionals so that care home staff are able to follow a programme of rehabilitation aimed at improving physical and cognitive abilities, particularly focussed on activities for daily living (ADLs).
- Individuals should not be forced to move to an interim placement and must consent to a move. Where individuals do not have capacity to give consent but have someone who can do that for them such as Powers of Attorney or court-appointed guardians the consent of that person should be sought.
- Existing guidance on choice of accommodation should be followed for those assessed as needing a care home placement.
https://www.sehd.scot.nhs.uk/mels/CEL2013_32.pdf
- Under this guidance, individuals are expected to make three choices of care homes, which must be suitable, available and willing to accept the person. Under normal circumstances, they must also be at the usual weekly rate, but partnerships may choose to pay a supplement for a short period.
- No one should be moved from hospital to a care home on an interim basis against their explicit wishes. Where someone lacks capacity to consent, the views of those with lawful authority to make decisions on their behalf should be consulted.

- Choosing to remain in hospital is not an option.
- Leaving hospital and not going home can be a very emotive issue and should be carefully and sensitively managed in discussion with families. Staff should be supported to carry out these discussions.
- Ideally, interim beds will be in dedicated sections of care homes and block booked for this purpose, although it is acknowledged that some partnerships will need to spot purchase individual beds where available.
- Interim placements should be accessible, flexible and responsive to the needs of families to visit and remain in close contact with their relative.
- Multi-Disciplinary Teams should conduct regular reviews of each individual in interim care to ensure that individuals are able to be discharged home or to their care home of choice as quickly as possible
- If a patient is assessed as requiring a permanent placement in a care home after the initial 6 week period, then the normal financial assessment should be undertaken and the Local Authority and/or individual will become liable for payment of care home fees in the usual manner, with the initial 6 week period wholly disregarded from the usual procedures set out in [CCD 1/2021 - Revised guidance on charging for residential accommodation \(scot.nhs.uk\)](https://www.scot.nhs.uk/ccd/1/2021-revised-guidance-on-charging-for-residential-accommodation)
- If the interim care home placement goes beyond 6 weeks and the person is ready to go home but cannot safely be discharged home due to a lack of a care package, then the Integration Authority will remain liable for all care home fees.

Key Performance Indicators:

- Number of people delayed in their discharge from hospital.
- Hospital bed days associated with delays and overall length of stay in hospital.
- Number of people who have been discharged to an interim care home.
- Number of people who have moved on from the interim placement by the agreed date for the placement to end.
- Average length of interim care placements.

Schedule 2

Multi-Disciplinary Working

Overview: The development of Multi-Disciplinary Team has been a key factor of integration, bringing together members of different professional groups to improve person centred planning and increase efficiency in assessment, review and resource allocation. Members generally include Social Workers, Healthcare Professionals, Occupational Therapists, as well as voluntary sector organisations who bring an additional level of local expertise, particularly in the art of the possible. Good MDTs will also have effective links with other relevant teams such as housing and telecare colleagues.

Territorial health boards are being asked to recruit 1,000 staff at AfC bands 3 - 4 over the next 3-4 months, to provide additional capacity across a variety of health and care services.

Boards are being asked to recruit staff, to assist with the national programme of significantly reducing the number of delayed discharges. New recruits, principally at bands 3 and 4, can be allocated to roles across acute and community services, working as part of multi-disciplinary teams providing hospital-to-home, support with care assessment and bridging care services. Where required, Boards can take forward some Band 2 roles to support acute health care services.

Recurrent funding is being provided to support and strengthen multi-disciplinary working across the health and social care system, to support timely discharge from hospital and prevent avoidable admissions to hospital, ensuring people can be cared for at home or as close to home as possible.

Funding allocation: £20 million for MDTs, and £15m for Band 3&4 recruitment for 2021-22

Outcome: Expanding a fully integrated MDT approach to reduce delayed discharges from hospital and to meet the current high levels of demand in the community and alleviate the pressure on unpaid carers.

In achieving this outcome:

- MDTs should support social care assessments and augment hospital-to-home, transition and rapid response teams in the community.
- Integrated Discharge Teams and Hubs should be established to support hospital discharge.
- Dedicated hospital-to-home teams, involving third sector organisations where appropriate, to support older people home to be assessed in familiar surroundings, avoiding assessing people's long-term needs in an acute hospital.
- Integrated assessment teams to discharge people from hospital with care and support in place, working in partnership with unpaid carers
- Enable additional resources for social work to support complex care assessments and reviews.
- Additional support to speed up the process associated adults with incapacity legislation.
- Creating or expanding a rapid community response to prevent avoidable presentation to hospital.
- Provide support to care homes and care at home services so that they are responsive to changing needs.

Key Performance Indicators:

- Significant reductions in delayed discharge and occupied bed days
- Number of NHS staff recruited at bands 3 and 4, to roles across community services and acute.
- Increase in assessments carried out at home rather than hospital.
- Evidence of a reduction in the number of people waiting for an assessment.
- Evidence of a reduction in the length of time people are waiting for an assessment.



Schedule 3

Expanding Care at Home Capacity

Overview: The current pressures on social care support are caused in part by increased need and acuity. It is important that this funding also supports services and interventions to prevent this trend from continuing, supporting people to maintain or even reduce their current levels of need. This will also help to ease the pressure on unpaid carers and prevent their caring roles intensifying.

Funding allocation: £62 million for 2021-22

Outcome: To decrease the number of people who are waiting for a care at home service, ensuring people have the correct level and types of provision to meet their need in a safe and person centred way.

In achieving this outcome:

- Existing services should be expanded by measures including, recruiting internal staff; providing long-term security to existing staff; enabling additional resources for social work to support complex assessments, reviews and rehabilitation; enabling unpaid carers to have breaks.
- Resource should be put into a range of preventative and proactive approaches as rehabilitation, re-enablement and community based support.
- Increasing the use of community equipment and Technology-Enabled Care (TEC) where appropriate supporting prevention and early intervention.

Key Performance Indicators:

Reductions in:

- Those waiting for an assessment for care.
- Those waiting for a care at home service.
- Unmet hours of care
- Evidence of the types of services and activity funded, and the number of people supported by these.
- % increase in the use of community equipment and technology to enable care, or other digital resources to support care provision.
- Evidence of resource to support the use of technology and digital resources.