Integration Joint Board Meeting

NORTH AYRSHIRE
Health and Social Care
Partnership

Thursday, 12 October 2023 at 10:00

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

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

1   Apologies

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

3   Minute/Action Note
The accuracy of the Minutes of the meeting held on 24 August 2023 will be confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973 (copy enclosed)

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

5   Chief Social Work Officer Annual Report 2022/2023
Submit report by Scott Hunter, Chief Social Work Officer (NAHSCP) on the Chief Social Work Officer Annual Report 2022/2023 (copy enclosed).

6   2023-24 – Month 4 Financial Performance
Submit report by Paul Doak, Head of Service (HSCP Finance and Transformation) to provide an overview of the IJB's financial performance as at month 4 (July) (copy enclosed).

7   CAMHS and Neurodevelopmental Update
Receive a verbal update by Thelma Bowers, Head of Service (Mental Health) on CAMHS and Neurodevelopmental Specifications.

8   HSCP Learning and Development Strategy
Submit report by Caroline Cameron, Director (NAHSCP) on the HSCP Learning & Development Strategy (copy enclosed).

9   Meeting Dates 2024
Submit report by Caroline Cameron, Director (NAHSCP) on the proposed timetable for meetings of the Integration Joint Board, Performance and Audit Committee and Strategic Planning Group for 2024 (copy enclosed).

10   Urgent and Unscheduled Care Update & North Ayrshire Improvement Plans
Submit report by Kerry Logan, Head of Service (Health & Community Care) on urgent and Unscheduled Care Update & North Ayrshire Improvement Plans (copy to follow).

11   Annual Delivery Plan 2023 - 2026
Submit report for information in relation to the IJB Annual Delivery Plan 2023 - 2026 (copy enclosed).

12   Minutes of North Ayrshire Strategic Planning Group Meeting
Submit minutes of the North Ayrshire Strategic Planning Group Meeting on Tuesday 8 August 2023 for information (copy enclosed).

13   Urgent Items
Any other items which the Chair considers to be urgent.

Webcasting
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IJB
Voting Members

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

Professional Advisors

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

Stakeholder Representatives

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

North Ayrshire Health and Social Care Partnership

**Minute of Integration Joint Board meeting held on
Thursday 24 August 2023 at 10.00 a.m.
involving participation by remote electronic means and physical attendance
within the Council Chambers, Irvine.**

Present (Physical Participation)

Voting Members
Councillor Margaret Johnson, North Ayrshire Council (Chair)
Councillor Anthea Dickson, North Ayrshire Council
Tom Hopkins, NHS Ayrshire and Arran

Professional Advisers
Caroline Cameron, Director of Health and Social Care Partnership
Paul Doak, Head of Service (HSCP Finance and Transformation)/Section 95 Officer
Thelma Bowers, Mental Health Adviser
Scott Hunter, Chief Social Work Officer
Darren Fullarton, Associate Nurse Director/IJB Lead Nurse
Sharon Hackney, Lead Allied Health Professional
Leigh Whitnall, Interim Professional Lead: Psychology

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

Present (Remote Participation)

Voting Members
Councillor Timothy Billings, North Ayrshire Council
Christie Fisher, NHS Ayrshire and Arran

Professional Advisers
Iain Jamieson, Clinical Director

Stakeholder Representatives
Vicki Yuill, Third Sector Representative

In Attendance (Physical Participation)

Elizabeth Stewart, Interim Head of Service (Children, Families and Criminal Justice)
Eleanor Currie, Manager, HSCP
Kerry Logan, Head of Service (Health and Community Care)
Kimberley Mroz, Manager, HSCP
Lorretta Galloway, Service Manager - Unity
Fraser Bedwell, Chief Executive - Unity
Karen Andrews, Team Manager HSCP
Shannon Wilson, Committee Services Officer

Hayley Clancy, Committee Services Officer

In Attendance (Remote Participation)
Michelle Sutherland, Partnership Facilitator, HSCP
Peter McArthur, Senior Manager (Addictions)
Raymond Lynch, Senior Manager Legal Services
Claire Straiton, Dental Services Manager
Claire McCamon, Senior Manager Primary Care Services

Apologies
Joyce White, NHS Ayrshire and Arran (Vice-Chair)
Pamela Jardine, Carers Representative

1.   Apologies for Absence

Apologies for absence were noted.

2.   Declarations of Interest

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

3.   Minutes

The accuracy of the Minutes of the meeting held on 15 June 2023 were confirmed and the Minutes signed in accordance with Paragraph 7(10 of Schedule 7 of the Local Government (Scotland) Act 1973.

3.1   Matters Arising from the Action Note

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

- **2022-23 – Month 7 Financial Performance** –Dental Services report – on the agenda
- **Implementation of the National CAMHS and Neurodevelopmental Specifications** – Briefing note issued and report to be presented to IJB in October 2023.
- **Director's Report** – Update to a future meeting regarding commissioned services – Scheduled for October 2023.
- **Suicide Prevention: Strategy, Learning and Development** – Summary of training levels and availability to be provided to IJB.

Darren Fullarton gave a verbal update on the training levels and availability of training nationally, advising National Education Scotland produced a mental health improvement, self-harm and suicide prevention framework. Training would be delivered locally by the Choice Life Co-ordinator with a calendar of available training available for the rest of the year.

Thelma Bowers gave a verbal update on the Suicide Prevention Event on 2 October 2023. The event would be a full system workshop for North Ayrshire in response to the National Strategy and to help develop a North Ayrshire Plan.
Noted.

4.   New Carer Strategy & Investment in Services for Unpaid Carers in North

Ayrshire

Submitted report by Scott Hunter, Chief Social Work Officer on the Carer Strategy and the developments in relation to increased investment in support for unpaid carers. The Building Caring Communities: Interim Carer Strategy for 2023 – 2025 was detailed at Appendix 1 to the report.

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

- low percentage uptake from carer support plan;
- consistency in referrals from various different sources; and
- availability of a summary of the Carers Strategy for publication.

A monthly update on the progress to be provided to the Partnership.

Noted.

5.   Dental Services Update

Submitted report by Vicki Campbell, Head of Primary and Urgent Care Services on the current position of access to dental services within the North Ayrshire Health and Social Care Partnership.

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

- planned advice for school-age children on oral hygiene;
- public consultation requirements;
- covid restrictions for dental services;
- current dental services issues on Arran;
- availability of access to dental services in the communities; and
- inequalities in the prison dental service.

The IJB agreed (a) that a further update to be provided in 6 months; (b) otherwise, to note the update.

6.   Alcohol and Drug Performance Management Report

The Board received a presentation by Peter McArthur, Senior Manager (Addictions) in respect of the North Ayrshire Health and Social Care Partnership (NAHSCP) Alcohol and Drug Performance Management Report between April 2022 and March 2023. The presentation highlighted waiting times, substance use treatment target, the annual naloxone report, drug related deaths, training calendar, implementation of MAT standards, residential rehabilitation expansion and financial information.

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

- support available to people with a gambling addiction;
- work being done on the performance framework of the Local Outcomes Improvement Plan;
- types of drug related deaths; and
- support in place for families of drug-related death victims.

Noted.

Peter McArthur left the meeting at this point.

7. Director's Report

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

The report provided an update on the following areas: -

- the Scottish Government agreement with local authorities and the NHS about the accountability arrangements for the National Care Service (NCS). The agreement established who would be responsible for people's care once the NCS was established, and confirmed that Councils would continue to hold staff, assets, and the delivery of social care services; discussions to take place over the coming months to develop an accountability framework for local and national elements, and new governance arrangements to be introduced to ensure consistently high levels of service across the country;
- Dr Tom Hopkins had replaced Adrian Carragher as Non-Executive Director on the North Ayrshire IJB following his appointment as the new Chair of the Area Clinical Forum
- following a request for expressions of interest, Vicki Yuill had agreed to join the IJB Performance and Audit Committee and all vacancies on IJB PAC had now been filled;
- the annual iMatter survey had the second highest response rate at 65%, and positively the Partnership aggregate level of employee engagement was 81 – the highest it had ever been;
- a group from Trindlemoss Day Opportunities in Irvine achieved a Gold Award as part of the RSPB's Wild Challenge Awards programme;
- the launch of a new debt advice service being delivered by CHAP for the next two years; and
- Scottish Government had paused all routine COVID-19 testing guidance across health, social care and prison settings. The exception to the pause was for individuals in hospital, prior to being discharged to a care home or hospice; routine testing would remain.

The Partnership thanked Carragher for his support and contribution to the North Ayrshire IJB over the last four years.

Noted.

8. 2023 – 2024 Month 3 Financial Performance

Submitted report by Paul Doak, Head of Service (HSCP Finance and Transformation), on the IJB's financial performance as at month 3 (June). Appendix A to the report detailed the Objective Summary as at 30 June 2023, Appendix B provided the financial savings tracker and the budget position was set out at Appendix C.

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

- development of a financial recovery plan;
- challenges around children's residential placement and the plans in place; and
- vacancies within Children and Families.

The Board agreed to (a) note (i) the overall integrated financial performance report for the financial year 2023-24 and the current overall projected yearend overspend of £4.576m, (ii) the progress with delivery of agreed savings and (iii) the remaining financial risks for 2023-24; and (b) approve the budget reductions set out at section 2.10 of the report.

Louise McDaid left the meeting at this point.

9.   Annual Performance Report 2022-23 Year End Performance

Submitted report by Paul Doak, Head of Service (HSCP Finance and Transformation), on the key achievements during 2022 – 2023 and the publication of the Annual Performance Report. The Annual Performance Report was set out at Appendix 1 to the report.

Noted.

10.   Clinical Care and Governance Group Update

Submitted report by Darren Fullarton, Lead Nurse/Associate Nurse Director on the Clinical Care and Governance Group, with the terms of reference for the group set out at Appendix 1 to the report.

Noted.

11.   Whistleblowing Report Quarter 1 April – 30 June 2023

Submitted report by Karen Callaghan, Corporate Governance Co-ordinator, in relation to whistleblowing concerns raised in Quarter 1 (April – 30 June 2023).

Noted.

12.   Whistleblowing Annual Report 2022 - 2023

Submitted report by Karen Callaghan, Corporate Governance Co-ordinator, on the organisational activity in relation to whistleblowing for 2022-2023.

Noted.

The meeting ended at 12.10 p.m.

North Ayrshire Integration Joint Board – Action Note

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	Implementation of the National CAMHS and Neurodevelopmental Specifications	16/3/23	Further update being provided to the IJB, potentially prior to the summer recess period.	Briefing note has been issued to IJB members on progress, formal progress report to IJB by November 2023. Head of Service will provide a verbal update at October meeting.	Caroline Cameron / Thelma Bowers
2.	Director's Report	11/5/23	An update to a future meeting regarding commissioned services, to provide the IJB with an overview of provider landscape.	Planned for November 2023	Paul Doak
3.	New Carer Strategy & Investment in Services for Unpaid Carers in North Ayrshire	24/08/23	A monthly update on the progress to be provided to the Partnership	Close action - Regular updates will be provided at key points to the IJB with a formal 6 monthly formal report scheduled into IJB planner.	Scott Hunter
4.	Dental Services Update	24/08/23	A further update to be provided in 6 months	Will schedule in IJB planner for spring 2024.	Caroline Cameron (via EAHSCP)

Integration Joint Board
12th October 2023

Subject :	**Director's Report**
Purpose :	This report is for **awareness** to advise members of North Ayrshire Integration Joint Board (IJB) of developments within North Ayrshire Health and Social Care Partnership (NAHSCP)
Recommendation :	IJB members are asked to note progress made to date.

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

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
IJB	Integration Joint Board
HSCP	Health and Social Care Partnership
IRISR	Independent Review of Inspection, Scrutiny and Regulation of Social Care in Scotland
NCS	National Care Service
HIS	Health Improvement Scotland
HMCIS	His Majesty's Chief Inspectorate of Constabulary in Scotland

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

3.	**CURRENT POSITION**
	National Developments
3.1	My Health, My Care, My Home
	Scottish Government have published the first annual progress report in relation to My Health, My Care, My Home, the healthcare framework for adults living in care homes. The report highlights a number of examples of how the vision and recommendations are being implemented by Health Boards, HSCP and the wider sector to improve outcomes for people living in care homes. Locally the healthcare framework is being aligned to our local improvement work re how we engage with and support care homes.
3.2	Audit Scotland Report
	A link to a recent report published by Audit Scotland - Access to Mental Health services can be found here : https://www.audit-scotland.gov.uk/news/access-to-mental-health-services-slow-and-complicated The report was prepared by Audit Scotland for the Auditor General of Scotland and the Accounts Commission and highlighted that accessing mental health services in Scotland remains slow and complicated for many people. It states that the Scottish Government requires more information to understand the difference investment in mental health services is making and the role IJBs and Councils have in improving the availability and quality of data needed to plan services and ensure the right levels of staffing are in place.
	A report will be submitted to a future IJB on the recommended actions within the report and the NAHSCP position in relation to these.
3.3	National Care Service - Final Report for Independent Review of Inspection, Scrutiny and Regulation of Social Care in Scotland (IRISR)
	A key recommendation from the Independent Review of Adult Social Care (IRASC) was the creation of a National Care Service (NCS). If approved by Parliament, the National Care Service (Scotland) Bill will represent one of the most ambitious public services reforms in generations, having significant implications for how social care services are commissioned, delivered, and governed in Scotland. At the time of publication, the Bill proposed some limited changes in the powers of the Care Inspectorate and Healthcare Improvement Scotland but raised important questions in how regulation and improvement will operate and be strengthened under the NCS. It was in this context that, in September 2022, Scottish Ministers announced an Independent Review of Inspection, Scrutiny, and Regulation (IRISR) to look at how

social care support services are regulated and inspected across Scotland. Ministers appointed Dame Sue Bruce to lead the review. Following an engagement programme undertaken as part of the Review, the final findings and recommendations are now included in the published report - IRISR Recommendation Report.

The IRISR presented an opportunity to address some of the key challenges in the current systems of inspection, scrutiny and regulation to support improved outcomes for people. The report, which is broad in scope, contains 38 recommendations which will be considered by the Scottish Government.

3.4	National Care Service (Scotland) Bill (NCS Bill) Update

The Scottish Government have provided a further update on discussions taking place in relation to the NCS Bill. This includes the published reports from the summer regional co-design events, discussions held with local government, NHS and Trade Unions and the Rights to breaks for carers. A copy of the letter from Maree Todd, MSP to the Health, Social Care and Sport Committee is available here.

The second NCS Forum is taking place on 30 October in Glasgow - . National Care Service Events | Eventbrite

North Ayrshire continue to engage with Scottish Government, COSLA and the NCS team as part of the engagement process, as part of the work being progressed to revise the Bill prior to parliamentary debate at Stage 1.

North Ayrshire Developments

3.5	Preventing Suicide in North Ayrshire : Creating Hope Together

Staff from across North Ayrshire HSCP were joined by colleagues from NHS A&A, East and South HSCPs, Third Sector and wider stakeholder partners for a suicide prevention event at Saltcoats Town Hall on Monday.

The theme of the event was 'Creating Hope Together', recognising that suicide prevention is everybody's business and that we can all take action - no matter how big or small - to prevent suicide.

	The aims of the day were to encourage discussion and generate ideas for taking action to prevent suicide in North Ayrshire; share our knowledge so far about suicide prevention and highlight areas of good practice; inspire a call to action across all sectors to work and learn together to drive change in North Ayrshire, and consider what more can be done to prevent suicide and identify the support needed to ensure everyone can play their part.
	As well as staff from NAHSCP/NAC/NHS A&A, representatives of Arran CVS, Dalry Men's Shed and dsm-firmenich also delivered thought-provoking presentations on the day, with attendees taking part in two workshop sessions that will help to shape next steps. The feedback from this event will be used to inform our own North Ayrshire action plan following the publication of the national strategy.
3.6	<u>North Ayrshire Joint Inspection of Adult Support and Protection (ASP)</u>
	In 2018 North Ayrshire was one of 6 participating areas for the new Joint Thematic Inspection of ASP. The main objective for the joint inspection was to find out what adult protection partnerships were doing to make adults at risk of harm safe, supported, and protected and to ascertain the effectiveness of this activity. The inspection outcome in 2018 was very positive and provided a degree of assurance over arrangements in North Ayrshire, gradings were as follows: - Outcomes for adults at risk of harm – GOOD - Key processes for adult support and protection -VERY GOOD - Leadership for adult support and protection was – VERY GOOD Following the new approach being tested in a small number of areas there is now a rolling programme of inspection across Scotland. The Care Inspectorate, Health Improvement Scotland (HIS) and His Majesty's Chief Inspectorate of Constabulary in Scotland (HMCIS) advised of their intention to undertake a joint inspection of adult support and protection arrangements in North Ayrshire, the inspection timetable has commenced and is due to conclude in March 2024.
	The focus of the joint inspection will be to provide :- - Independent scrutiny and assurance of how partnerships ensure that adults at risk of harm are kept safe, protected, and supported. - Assurance to Scottish Ministers about how effectively partnerships have implemented the Adult Support and Protection (Scotland) Act 2007. - An opportunity to identify good practice and support improvement more broadly across Scotland.
	The inspection will be conducted under two quality indicators of :- - Key adult support and protection processes, and - Leadership for adult support and protection.

	The single point of contact/co-ordinator for the inspection has been confirmed as Julie Mitchell, Senior Officer (Adult Support and Protection), supported by Scott Hunter, Chief Social Work Officer.
3.7	<u>Carers Strategy Launch</u>

The new Carers Strategy "Building Caring Communities 2023/25" was formally launched at Ardeer Community Centre, Stevenston on Monday 2nd October 2023.

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The IJB previously approved the Carers Strategy which includes a number of priorities, which as well as the expansion of services provided by Unity's North Ayrshire Carers Gateway Service, will also see a new Carers Collaborative established. This will bring together more carers, professionals and organisations to network and share ideas, knowledge and experiences on how to create real change for carers and carer services.

Having delivered services to North Ayrshire's unpaid carers for over 20 years, Unity's wealth of experience in supporting those caring for family members and friends has led to them successfully being awarded the contract to deliver support for a further period of three years, with significant resources being provided by the IJB to expand, improve and rebrand the services offered to both adult and young unpaid carers.

This substantial investment will see a number of positive changes, including a three-fold increase in the number of support staff, increased routes to carers assessments and support, and the development of more community-based outreach services. This will see unpaid carers being able to access support closer to home in places they already visit and includes a dedicated worker for residents on the Isle of Arran.

The strategy also sets out how carers will be supported to access short breaks from their caring role, as well as plans for the development of digital solutions for those who prefer to access information and support in this way.

3.8	Mental Health Arts Festival returns
	The Scottish Mental Health Arts Festival will run this year from **Wednesday 4 October** to **Sunday 22 October**. The festival, which was established in 2007 by the Mental Health Foundation, is one of the world's leading arts events dedicated to mental health. The annual programme features hundreds of events across a variety of artforms, including theatre, film, music, visual arts, writing and dance. A range of fantastic events will be taking place in North Ayrshire throughout the festival that anyone can take part in, kicking off with the launch event on **Wednesday 27 September** at the Harbour Arts Centre in Irvine. Further details are available on the festival website, where you also can find more info about what's happening nationally.
3.9	Festival Fun at Trindlemoss event
	Trindlemoss Day Opportunities in Irvine held its first ever festival event. 'TM Fest' was a day to remember, with musical entertainment provided by clients and staff, all of whom had put a lot of effort into their costumes, props and acts. A performance of 'Shang-a-lang' was voted the best of the day, with the winning participants receiving medals for their efforts.
	Those attending, who included friends and families of Trindlemoss clients and other invited guests, also enjoyed a disco, bongo bingo, lunch, a raffle, and a visit from two beautiful donkeys. The clients and staff at Trindlemoss Day Opportunities would like to pass on their sincere thanks to everyone whose contributions made the day so successful.

3.10	<u>Volunteer to mentor a young person in your community</u>
	MCR Pathways is a national, award-winning mentoring programme. The MCR charity was established in 2007 to support young people, including those who are care experienced or have experienced disadvantage, to help them realise their full potential through education.

The MCR Pathways programme is one to one relationship-based mentoring focused on building confidence, belief and self-esteem. Volunteer mentors spend an hour each week listening to and encouraging a young person in their school.

Mentoring is incredibly flexible and can be adapted to fit around your schedule - an hour a week is all it takes. Comprehensive training is provided by MCR Pathways and optional ongoing training and development opportunities are available throughout the year.

Mentors who listen to and support a young person report back that they have:

- Increased wellbeing, morale, purpose and empathy
- Improved engagement in work, personal development and productivity
- Better active listening skills, effective communication and relationships

Mentors are needed in Ardrossan Academy, Auchenharvie Academy, Garnock Community Campus, Greenwood Academy, Irvine Royal Academy and St Matthew's Academy.

If you would like to find out more and register your interest, please visit the **MCR Pathways website**. |
| 3.11 | <u>Concert for Caring Event</u> |
| | A group of five unpaid carers from North Ayrshire enjoyed a trip to the **Concert for Caring** event at the Royal Concert Hall in Glasgow recently.

 Organised by **The Health and Social Care Alliance Scotland**, the event was held to recognise the contribution of carers in our communities and thank them for all of their work in supporting friends and family with an illness or disability to live well. |
| | Hosted by comedian Des Clarke, the concert featured stories from those within the caring community, as well as musical performances from Callum Beatie and Altered Images. |

3.12	Communities Mental Health and Wellbeing Fund
	Year 3 of the Communities Mental Health and Wellbeing Fund opened for applications on Thursday 28th September from 12 noon and will close at 12 noon on Friday 10th November. The launch date, which has been determined by the Scottish Government's timeline, is a few weeks earlier than in previous years, but it is anticipated that successful applications will be announced before the Christmas break, with any funded projects receiving their formal offer and grant award in January.

This year, in addition to the Adult Fund, there is a small pot of funding available again to support projects that are focussing on Children, Young People, and Families. The maximum award level for both the Adult and Children's Fund has been slightly increased, to take into account some of the inflationary impact.

- CMHWF for Adults (maximum award £22,000)
- Children, Young People and Families CMHWF(maximum award £7,500)

An information session was held on 5th October between at Saltcoats Town Hall, to hear about the priorities and focus in Year 3, as well as to meet many of the groups and organisations who have received funding in Years 1 and 2, and to celebrate some of their successes.

This was a great opportunity to network and find out about the wide range of amazing work and services that are being delivered by the Third Sector across North Ayrshire, focussing on improving mental health and wellbeing in our communities. |
| | **COVID Update** |
| 3.13 | Health and Social Care worker Winter Vaccine Programme – Update |
| | Based on national recommendations, the staff winter vaccination programme is open to offer flu and COVID-19 vaccines immediately.

This means that both frontline and non-frontline Health and Social Care Workers (H&SCWs) can now attend clinics.

- All H&SCWs are eligible for a flu vaccination
- Frontline (patient-facing) H&SCWs are eligible for both a flu and a COVID-19 booster vaccine |

	For those who work in a care home, vaccinators will visit their place of work from October which means staff will be able to receive their vaccinations at the same time as care home residents. However, if they want to receive winter vaccinations earlier, they can attend one of the listed vaccination clinics to do so. Some staff, who are eligible for a COVID-19 booster vaccine due to a health condition, may have already received an appointment letter inviting them to attend a local mass vaccination centre for their flu and COVID vaccinations. Staff can choose to attend this appointment or one of the vaccination drop-in clinics where they can receive both vaccines.
4.	**IMPLICATIONS**
4.1	<u>Financial</u> None
4.2	<u>Human Resources</u> None
4.3	<u>Legal</u> None
4.4	<u>Equality/Socio-Economic</u> None
4.5	<u>Risk</u> None
4.6	<u>Community Wealth Building</u> None
4.7	<u>Key Priorities</u> None
5.	**CONSULTATION**
	No specific consultation was required for this report. User and public involvement is key for the partnership and all significant proposals will be subject to an appropriate level of Consultation.

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

<u>Appendices</u>
Nil

Integration Joint Board
12ᵗʰ October 2023

Subject :	**Chief Social Work Officer Annual Report 2022/2023**
Purpose :	To provide board members with awareness of the annual Chief Social Work Officer report which is required by the Scottish Government.
Recommendation :	The IJB are asked to note: 1. the contents of this report, in particular the successes and challenges and; 2. the skilled and compassionate interventions of our practitioners and managers

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

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
CSWO	Chief Social Work Officer
MHO	Mental Health Officer
ASP	Adult Support and Protection
CP	Child Protection
LAG	Local Authority Guardianship
PWG	Private Welfare Guardian
SOLACE	Society of Local Authority Chief Executives

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	This report will also be presented to Cabinet for their information.	
2.	**BACKGROUND**	
2.1	In 2014, the Office of the Chief Social Work Adviser, following consultation with CSWOs across Scotland, SOLACE and others, identified a more standardised approach to prepare the annual reports.	
2.2	The report provides an overview by the CSWO of the partnership structures, governance arrangements and the performance of social services in the context of the demographic landscape of North Ayrshire. 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.	
2.3	The report highlights the range of Social Work activity throughout the year and places that in the context of the socioeconomic challenges faced locally.	
3.	**PROPOSALS**	
3.1	It is proposed that the Integrated Joint Board notes the key themes and challenges detailed in the report and that it endorses the report as set out in Appendix 1.	
3.2	<u>Anticipated Outcomes</u> That North Ayrshire Council, the Integration Joint Board, 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.	
3.3	<u>Measuring Impact</u> Impact will be measured in terms of the direction and support to continue to transform the delivery of Social Work Services.	
4.	**IMPLICATIONS**	
4.1	<u>Financial</u> None	
4.2	<u>Human Resources</u> None	
4.3	<u>Legal</u> None	

4.4	Equality/Socio-Economic None	
4.5	Risk Low	
4.6	Community Wealth Building None	
4.7	Key Priorities This report covers matters which contribute to the key priorities around vulnerable children and adults within North Ayrshire, the Council and IJB Strategic Plans.	
5.	**CONSULTATION**	
	The Extended Partnership Senior Management Team have contributed to the contents of this report.	

Caroline Cameron
Director HSCP/Chief Officer

Scott Hunter, Chief Social Work Officer, scotthunter@north-ayrshire.gov.uk

<u>Appendices</u>
- Appendix 2, CSWO Annual Report 2022/2023

Chief Social Work Officer Report

NORTH AYRSHIRE
Health and Social Care
Partnership

2022 – 2023

Contents

Introduction

Welcome

It is a pleasure to introduce this year's annual Chief Social Work Officer report for North Ayrshire which covers the period 1st April 2022 through 31st March 2023.

I noted in my introduction last year that Social Work services remained in unprecedented times and of the value of a unified voice to ensure the role of Social Work is better understood. Upon reflection I start this year's report in the same place. The year past has seen challenges in relation to risk, market stability and resourcing all set against the familiar backdrop of financial pressures. It is humbling to note that in these cases of adversity Partnership staff and colleagues across the health and social care sector responded with professionalism to ensure the best outcomes possible.

The year past has also seen positive contributions to individuals, families and communities across North Ayrshire. Partnership staff and partner agencies have worked together with commitment and compassion to maintain service levels against an exceptionally challenging environment. I would also like to place on record my thanks to colleagues we work with across the statutory and third sector and our independent partners. We are very much stronger together.

In the year ahead we will continue to ensure our Social Work services work in a way that puts our residents at the centre of their care. We will also seek to ensure that when protective measures are required, these are applied in such a way that ensures the safety of those affected and includes them wherever possible.

Finally, I would also like to place on record my appreciation for the compassion and commitment displayed day in, day out by our practitioners, managers, and business support staff to ensure that Social Work and Social Care services are delivered to the best of our abilities to our communities

Scott Hunter

Chief Social Work Officer

North Ayrshire Health and Social Care Partnership

Demographics

North Ayrshire is home to approximately 134,220 people, (National Records for Scotland, Mid-2021 Population Estimates Scotland) all living in its many towns, villages, and islands, with slightly more females (52.5%) than males (47.5%). 16.3% of the population are aged 0 to 15 years, 9.8% are aged 16 to 24 years, 21.5% are aged 25 to 44, 29.1% are aged 45 to 64 years of age, 13.1% ages between 65 to 74 years of age, with 10.2% of our population aged 75 years and above.

North Ayrshire Age Profile

Age Group	Percentage
0 to 15 years	16.3%
16 to 24 years	9.8%
25 to 44 years	21.5%
45 to 64 years	29.1%
65 to 74 years	13.1%
75 years plus	10.2%
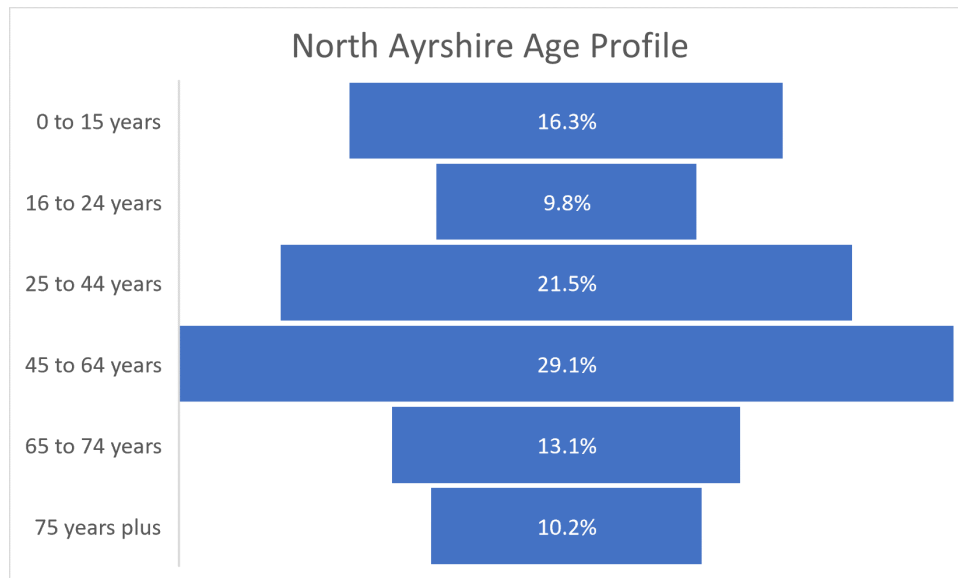
The latest update of the Scottish Index of Multiple Deprivation has reconfirmed the deep structural challenges faced by many communities in North Ayrshire, despite steady progress by North Ayrshire Council in its ongoing commitment to eradicate poverty. North Ayrshire is ranked as the fifth most deprived 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.

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Our six Locality Planning Forums (LPFs) are one of our key mechanisms for engaging with local people. They are chaired by a member of our Integration Joint Board (IJB) and membership is made up of a range of health and social care professionals, third and independent sector representatives and local community groups. Their role is to use their knowledge of services and the local area to support and engage with local people and communities, to identify locality priorities.

In all, nine priorities were identified - seven areas of concern and two areas of opportunity.

Priorities of Concern:
All mainland locality planning forums adopted the priorities below:
- Improving Mental Health and Wellbeing
- Reducing social isolation
- Prevention, early intervention and recovery from drug and alcohol related harms and deaths
- Recovering from the COVID experience

Due to additional local concerns, other identified priorities were adopted in specific localities:
- Enabling financial inclusion and tackling poverty, was adopted in the Three Towns
- Enabling digital inclusion, was also adopted in Three Towns
- Preventing suicides, was adopted by the LPF in North Coast and Cumbrae

Priorities of Opportunity:
The following priorities are shared by all Locality Planning Forums:
- Capitalising on the Covid experience – continuing the legacy of the great partnership working that was developed in the early stages of the pandemic.
- Developing personal self-care/ self-management, coping skills and health literacy

Supporting the local priorities
To help address the identified priorities, our locality planning forums will continue to play a key role in understanding and identifying local need, and continue to feed into the Strategic Planning Group, ensuring the profile of our localities is at the heart of our strategic planning process.

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1. Governance, Accountability and Statutory Functions

The Chief Social Work Officer is a statutory appointment by virtue of Section 3 of the Social Work (Scotland) Act 1968. The Chief Social Work Officer is appointed for the purposes of the Council's functions under the 1968 Act and under those other enactments listed in Section 5(1B) of that Act. In broad terms, those functions cover all social work and social care services whether provided directly by the council, in partnership with other agencies, or procured by the council and provided by others on its behalf. Those functions are referred to as "social work services".

The qualifications required for the post are set out in the Qualifications of Chief Social Work Officers (Scotland) Regulations 1996. The Chief Social Work Officer is required by section 5(1) of the 1968 Act to carry out the duties of the post under the general guidance of the Scottish Ministers. The Scottish Ministers issued revised and finalised guidance in January 2010.

The overall powers of the Chief Social Work Officer post are:-

(a) To oversee the discharge of the council's statutory social work duties;

(b) To ensure the provision of effective professional and objective advice to elected members and officers of the Council in the Council's provision of social work services;

(c) To secure the effective provision of social work services.

The powers of the Chief Social Work Officer fall into two broad categories; service provision and corporate responsibility:

Service provision

- To establish and develop social work services focussed on the needs of service users, to promote the continuous improvement of those services, and to monitor and raise standards of their delivery;
- To ensure the effective governance of the balance of need, risk and civil liberties in the provision of social work services in accordance with professional practice;
- To provide advice on all aspects of workforce planning including safe recruitment practice, supervision, monitoring and assessment of social work students, securing of professional qualifications and continuous learning and development for staff, and supporting and advising managers in all aspects of staff supervision;
- To ensure the existence of systems to both promote good practice and identify and address poor practice in the provision of social work services;
- To ensure that significant case reviews are undertaken of all critical incidents either resulting in, or which may have resulted in, serious harm or death; and
  2. Corporate Responsibilities

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Corporate responsibility

The Chief Social Work Officer has the following *corporate powers* which require direct access to the Council's Chief Executive', Elected Members of the Council and the Chief Officer, and the provision of forthright and independent advice to them:-

- To ensure compliance with the Council's statutory duties to prepare, publish and review plans for the provision of social work services.
- To promote, communicate, support and review values and standards of professional practice, and to ensure that they are adhered to.
- To establish, in conjunction with the Council's Corporate Management Team, appropriate experience and qualified cover for the post of Chief Social Work Officer during the post-holder's absence or incapacity.
- To report to the Chief Executive and Chief Officer any failure in the Council's corporate policy or governance arrangements designed to reflect the proper balance amongst need, risk and civil liberties in the provision and management of social work services.
- To report to the Chief Executive and Chief Officer any weaknesses and failures in the systems in place to promote good practice and identify and address poor practice in the provision of social work services.
- To report and provide independent comment where necessary to the Chief Executive, Elected Members of the Council and the Chief Officer on the findings of significant case reviews and relevant performance reports and on any other social work related issues.
- To provide an annual report to the Council on all of the statutory, governance and leadership functions of the role of the Chief Social Work Officer

North Ayrshire continues to invest in its oversight of Social Work activity through the provision of a standalone Chief Social Work Officer, further supported by a formal Depute CSWO. The CSWO reports directly to the Director of the NAHSCP and has a direct line to the Chief Executive of the Council. The CSWO represents Social Work within a range of strategic groups including:

IJB, IJB Performance and Audit Committee, IJB Strategic Planning Group, NAHSCP Health Care Governance Committee, HSCP Partnership Senior Management Team, Alcohol and Drugs Partnership, Child Protection Committee, Adult Protection Committee, Chief Officers Group, Carers Advisory Group, Children's Services Strategic Planning Partnership; Corporate Parenting Board, Transitions Strategic Group amongst others.

The CSWO also provides professional oversight as a member of the Care Home Oversight Group and the Care at Home Oversight Group. These groups continue to fulfil key governance activity in relation to the Social Care sector. These groups have worked closely in the year past to manage high risk situations in relation to market failure in the Care at Home Sector and the closure of a residential care home following poor inspection reports.

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The CSWO has regular contact with the Independent Chair of CPC and APC to ensure public protection oversight. The year past has seen North Ayrshire commission one learning review. As often happens, the timescale for reporting remain unclear as a result of ongoing activity with our Police and Fiscal colleagues. Professional support and guidance over the year has been offered in relation to high-risk justice cases including our first management of a lifelong restriction order, as well as in relation to Prevent activity. The CSWO also sits on the pan Ayrshire Strategic Oversight Group for the implementation of the new Joint Investigative Process.

Social Work and Social Care matters are regularly reported to the IJB and Clinical and Care Governance Committee. There is a particular focus on the impact of policy and external scrutiny activity. The CSWO maintains regular calls with our Care Inspectorate strategic link to share developments and hear of national developments that support activity in North Ayrshire. The CSWO also contributes to quarterly calls with the inspectorate and the broader PSMT.

The primary governance of practice matters remains the Social Work Governance Board. The board terms of reference and membership have been refreshed in the current year with the support of the professional leadership group. The board has had a full agenda of issues over the year and has provided support and governance in relation to a range of matters including:

- Signs of Safety Implementation
- Policy and procedure refresh across children and mental health services
- Review of Self Directed Support
- Unaccompanied Asylum Seeking Children
- Developing Community Social Work Models
- Ensuring oversight on the impact on practice of new ways of working
- Demand and Capacity Issues
- Guardianship and MHO developments
- Developing career progression and qualification pathways

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1.1 Overview of the North Ayrshire Health and Social Care Partnership

Visions, Values and Priorities

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

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

Provide Early & Effective Support	Tackle Inequalities	Enable Communities	Develop & Support Our Workforce	Improve Mental & Physical Health and Wellbeing
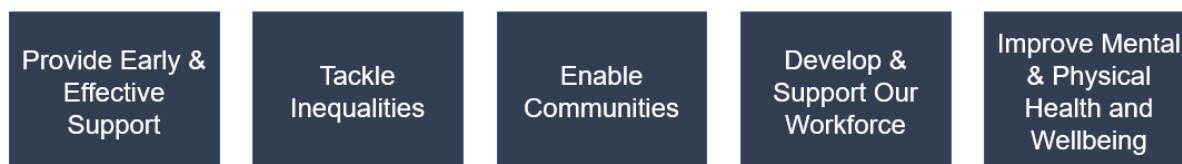
We see these priorities as interlinked, and we expect that where we see success against one priority, it's effect will positively impact against others.

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

Care	Empathy	Respect

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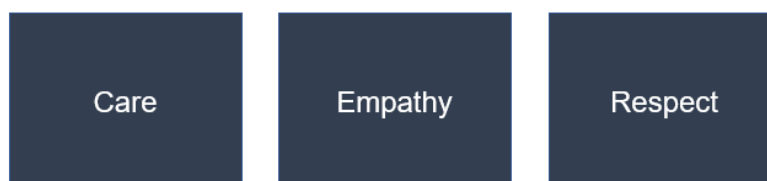
2. Service Quality and Performance

2.1 Children, Families and Justice Services

The Promise

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

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

We also officially launched Hasta Barista; our brand-new barista bar based in Meadowcroft. The day was hugely enjoyed by all and initial feedback from delegates has been overwhelmingly positive with several commenting that they felt "inspired".

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

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

The Promise is a large-scale, complex 10-year change programme with multiple objectives and interlinked activities, across multiple partners that sets out a clear commitment for all corporate parents to have an enhanced understanding of the experiences of those who have spent time in care. Progress continued this year with The Language and Communications Subgroup focusing on:

- A new **North Ayrshire Will Keep The Promise Social Media Channel**
  To reinforce that The Promise is a shared duty between corporate parents, the subgroup has decided that communications and updates around The Promise will no longer come from the Corporate Parenting Team but instead there will be a new social media channel set up for all corporate parents to post content.

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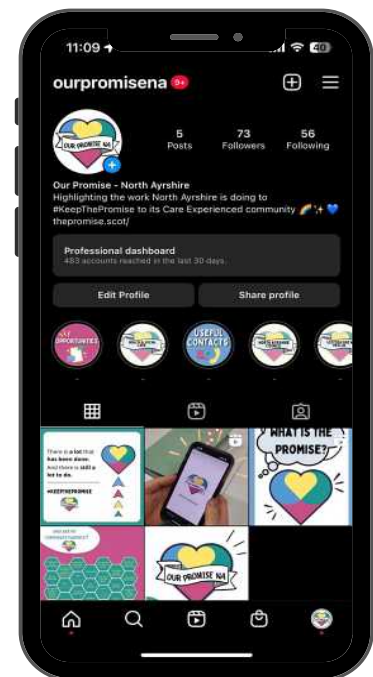
- **Forming a Care Experienced Youth Executive Group**

  To give care experienced young people a platform to use their voice in front of Cabinet members and Parliament and initiate real change. The young people involved will help to

  support the rights of fellow care experienced young people in North Ayrshire.

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

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

North Ayrshire Champions Board

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

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

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

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

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

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Supporting Unaccompanied Young People

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

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

Signs of Safety

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

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

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

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

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

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

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Stronger Families

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

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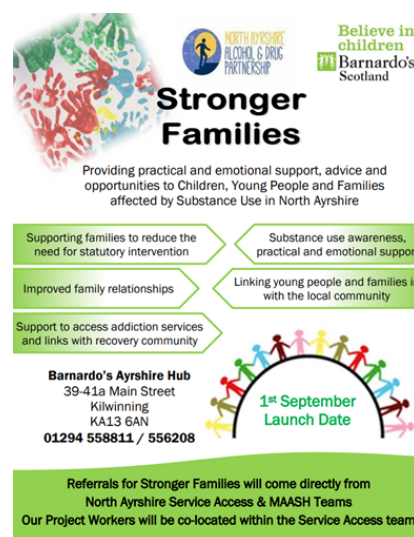
Rosemount Project

From 1st April 2022 to 31st March 2023, the **Rosemount Project** supported 496 children, parents/carers, and extended family members. The service is committed to whole family support and endeavours to involve siblings, parents/carers, and extended family members, in the interventions and family work that the service facilitates. The ongoing implementation of the Signs of Safety framework correlates well with the ethos and role that the Rosemount Project provides, which is predicated on assisting families to develop their networks of support and empowering them to build sustainable strategies, reducing their dependence on social services in the longer-term.

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

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

One of our young people TC said *"I like mentoring because its enjoyable and gives me a chance to do more interactive activities. My mentor is a very outgoing guy who*

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is amazing to have a conversation with. He is also a great mentor because if I have any troubles, I can speak to him about them."

Safe and Together Model

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

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

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

Child Sexual Abuse Strategy

North Ayrshire launched the first localised **Child Sexual Abuse Strategy** in Scotland in Spring 2021. Progress to date, as well as what we intend to do next is available via our [progress update document](#) on the NAHSCP website.

We want everyone to understand what child sexual abuse is and the many forms it can take, and we want to ensure that children and young people in North Ayrshire are safe from sexual abuse and harm.

You can access the strategy via the [North Ayrshire Child Protection Committee website](#), We regularly post on the NAHSCP [Facebook](#) and [Twitter](#) pages to raise awareness of child sexual abuse and get people talking more about the subject.

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

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

Key Performance Indicators

Child Protection

	2014 – 15	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21	2021 – 22	2022-23
Child Protection Concerns	825	889	810	972	920	849	885	756	570
Child Protection Investigations (CP1s)	443	402	406	538	374	447	443	432	375
Child Protection Initial Conferences	101	82	74	103	126	123	121	119	76
Pre – Birth Conferences	32	30	15	36	43	41	29	34	17
CP Initial/Pre-Birth Conferences						4	7	4	9

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Looked after Children

	2014 – 15	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21	2021 – 22	2022-2023
Children newly accommodated in North Ayrshire	91	81	64	63	69	84	63	49	61

** 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

	2014 – 15	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21	2021 – 22	2022-23
Foster Carers	85	97	100	103	104	98	103	99	96

Permanency Planning	2013 – 14	2014 – 15	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21	2021-22	2022-23
Number of permanency plans approved	25	38	22	37	35	-	30	10	21	19
Adoption – approved and placed	3	15	13	10	10	10	3	8	5	7
Adoptions granted	9	3	15	13	8	7	8	4	5	5
Permanence orders approved	27	7	11	16	14	7	11	3	7	7
Permanence orders granted	12	14	6	9	12	9	8	0	1	2

	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21	2021 – 22	2022 – 23
Children Subject to Compulsory Supervision Orders	497	462	435	395	393	351	342	298

	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21	2021 – 22	2022 – 23
Children with Compulsory Supervision Orders Terminated	167	152	147	157	140	102	101	102

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Emergency Placements

	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21	2021 – 22	2022 – 23
Child Protection Orders	12	15	25 (17 family groups)	32	39	11	18

Secure Placements

	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21	2021 – 22	2022-23
Number of secure placements	1	0	1	4	1	2	0

Justice Services

	2017 – 18	2018 – 19	2019 – 20	2020 – 21	2021 – 22	2022 – 23
Number of reports submitted to the courts (CJSW reports, Section 203, Short Notice CJSW & Supplementary CJSW)	826	754	763	430	606	606
Number of home leave and background reports submitted	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)	93 (30 leave reports, 63 background reports)	91 (28 leave reports, 63 background reports)
Unpaid Work Requirements	480	403	360	94	172	313

	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21	2021 – 22	2022 – 23
Level 1 Mappa	142	155	153	181	163	152	172	190
Level 2 Mappa	14	4	7	2	7	10	14	27
Level 3 Mappa	1	1	2	1	5	3	7	2

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2.2 Adults

North Ayrshire Drug and Alcohol Service

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

Seen Within 3 Weeks (Alcohol & Drugs)

	Q1	Q2	Q3	Q4
Alcohol	97%	98%	100%	96%
Drugs	99%	100%	100%	96%
Target				90%

Seen Within 6 Weeks (Alcohol & Drugs)

	Q1	Q2	Q3	Q4
Alcohol	100%	100%	100%	100%
Drugs	100%	100%	100%	100%
Target				100%
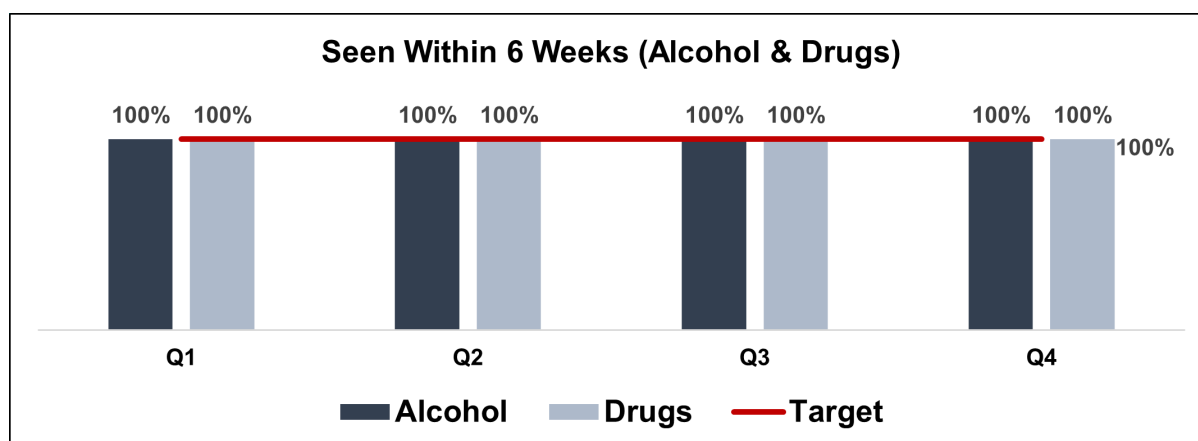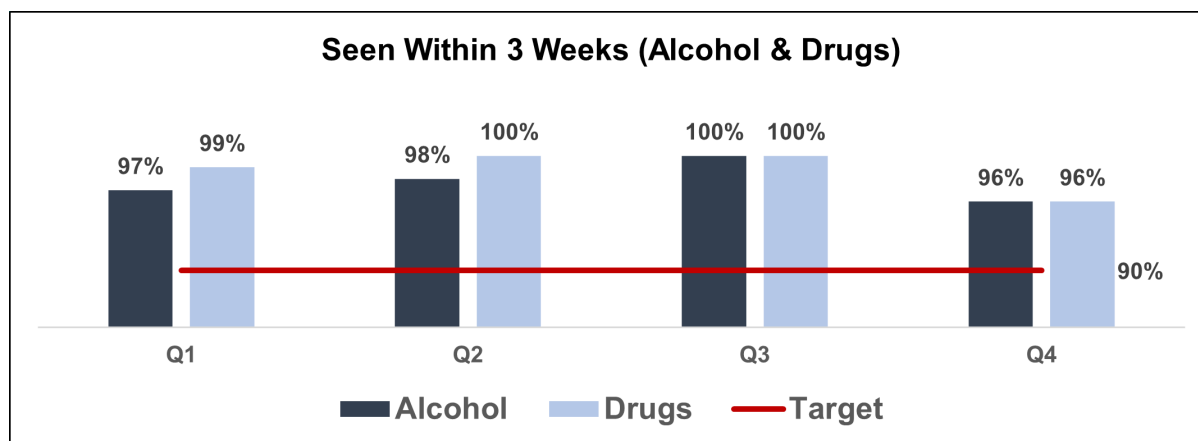
The team continues to identify new ways of working to provide a more agile and streamlined service and further improve performance. This work has been evidenced by the delivery of early intervention services in the delivery of Alcohol Brief Interventions (ABI) in both priority (Primary Care, A&E and Antenatal) and wider settings.

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

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

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

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

North Ayrshire Model for Enhanced Intermediate Care and Rehabilitation (eICT)

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

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Total Referrals - Annual Figures

Year	Referrals
2016/17	1334
2017/18	1630
2018/19	1670
2019/20	1682
2020/21	1446
2021/22	1500
2022/23	1687
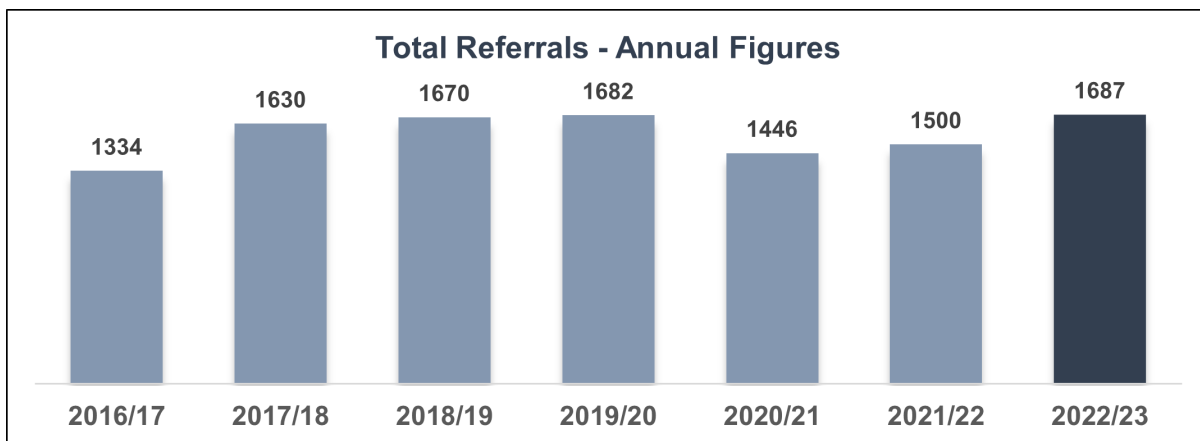
The North Ayrshire Enhanced Intermediate Care Team brings together the expertise of dedicated Physiotherapists, Occupational Therapists, Technical Instructors, Dieticians, Community Psychiatric Nurses, Pharmacists, Admin workers, Rehabilitation Nurses, Advanced Nurse Practitioners, and Intermediate Care GP with special interest into one single multidisciplinary and interdisciplinary team; focused on problem-solving for patients in their own homes across all of mainland North Ayrshire. The seven-day rehabilitation service facilitates early discharge from hospital and provides a rapid alternative to acute hospital admissions. The Enhanced part of the team addresses medical and clinical issues that limit a patient's ability to engage in rehabilitation via a shared care model with the patients registered GP.

Breakdown of Annual Referrals

Year	Prevented Admissions	Early Discharges	Rejected Referrals
2016/17	442	591	301
2017/18	534	713	383
2018/19	572	664	434
2019/20	827	696	159
2020/21	805	476	165
2021/22	798	539	163
2022/23	858	639	190
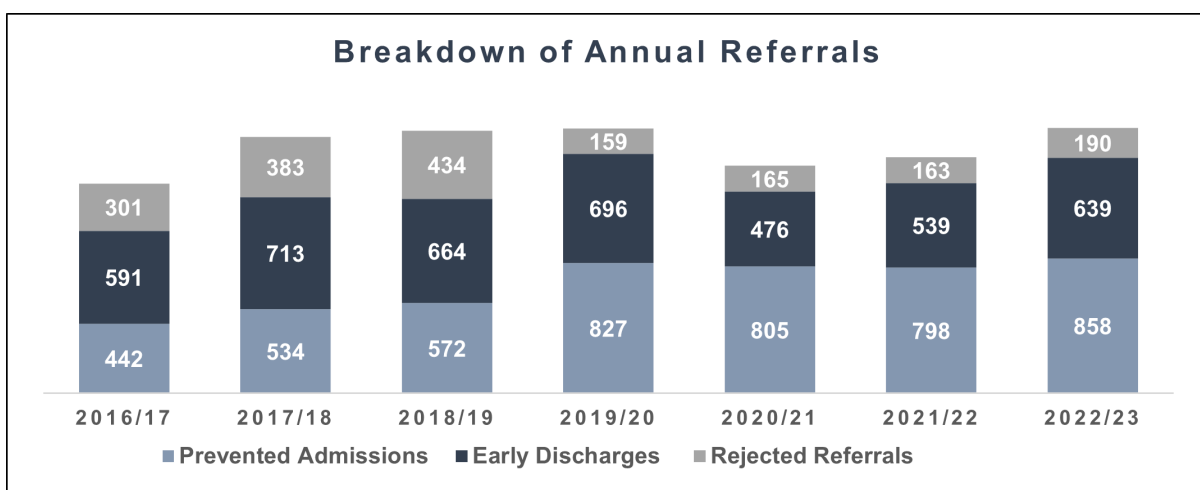
Learning Disability Integrated Community Team

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

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formation of a local steering group with acute/primary colleagues to improve Menopause information and care in the North Ayrshire population.

The team are also key to the establishment of the new Intensive Support Service, being established to respond to the recommendations of the Coming Home report, and create greater scope for the provision of high levels of multi-disciplinary support within the community (beyond the scope of the existing community team), with the intention of maintaining people in their homes. The team also work with individuals who remain in assessment & treatment inpatient but are delayed discharge, meaning they are fit for discharge but remain in hospital due to difficulties with appropriate community placement provision. Also linked to the Coming Home report, the service is working towards the implementation of a Dynamic Risk Register, as specified by Scottish Government, and intended to aid in the oversight of individuals admitted to hospital settings, or at risk of this. Service managers are also linking into Ayrshire wide discussions regarding the implementation of annual health checks for people with learning disabilities within primary care, as mandated by Scottish Government.

Care at Home

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

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

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

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

Red Rose House

Red Rose House officially opened on the 28th of October 2022, along with neighbouring facility Roslin House. North Ayrshire Provost Anthea Dickson cut the ribbons to celebrate the opening of the facilities in Stevenston in front of Elected Members, staff of North Ayrshire Council and North Ayrshire Health and Social Care Partnership, as well as invited guests from charities Hansel and the Mungo Foundation, who provide care and support at the facilities.

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

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

Carers Team

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

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

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

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

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

Supported Accommodation

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

- Bessie Dunlop Court (Dalry)
- Bute Walk (Largs)
- St. Michaels Wynd (Kilwinning)
- Caley Gardens (Stevenston)

Service providers are now in operation within the accommodations:

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

Money Matters

Our **Money Matters Team** once again supported the most vulnerable people in our communities, accessing entitled benefits to the incredible sum of £18,429,833.91, an increase of almost £1 million pounds from 2021-22. This was achieved against a backdrop of ongoing welfare reform and a complex benefits system.

Money Matters - Annual Comparison

Year	Amount
2022-23	£18.4
2021-22	£17.5
2020-21	£15.9
2019-20	£15.3
2018-19	£9.5
2017-18	£8.6

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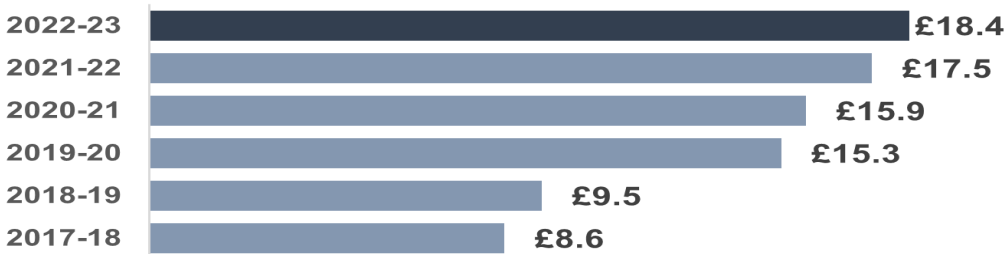
Mental Health Officer Team

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

MARAC

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

Self-Directed Support & Ayrshire Independent Living

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

Option 1: 198
Option 2: 152
Option 3: 2602
Option 4: 116

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

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

- Revised Self-directed Support Guidance published November 2022
- Consultation has been ongoing on the draft Self-directed Support Improvement Plan 2023 – 27 (pending publication).
- Revised Self-directed Support: Framework of Standards now including Standard 12 Access to Budgets & Flexibility of Spend published August 2022

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- National Care Service Bill (paused at Stage 1 with proposals to improve the way social care is delivered).

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

Ayrshire Independent Living Network

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

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

The Dirrans Centre

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

Older Peoples Day Services

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

Older People's Day Services had successfully re-opened by the end of August 2022. Alzheimer's Scotland commenced a new contract for the delivery of Day Services in

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March 2023. This will see an enhancement of Day Service delivery for Older People in North Ayrshire including a flexible and responsive service which will be operational across 7 days providing up to 63 full day placements on a weekly basis.

North Ayrshire Adult Community Mental Health Services

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

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

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

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Trindlemoss Day Opportunities

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

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

Alcohol and Drug Liaison Team

A new **Alcohol and Drug Liaison Team** was launched in August 2022. This new team replaces the previous Alcohol Liaison Team as well as the Non-Fatal Drug Overdose Pathway and operates 7 days a week from 9am -7pm. Priority for the team is the implementation of the MAT standards, 5 of which is pertinent to the team. The model being used is under continual review and a proposal has been made to introduce an Advanced Nurse Practitioner within the team using established funding.

Short Term Support Worker Recovery Team

Short Term Support Worker Recovery Team – as a fantastic addition to the Mental Health Social Work Team the Support Worker Recovery Team was developed to offer short term support to individuals with Mental Health difficulties. The service has been invaluable in facilitating timeous discharge from hospital support and preventing unnecessary admissions. It has also supported the service in the short term, with unmet need whilst awaiting appropriate packages of care.

Mental Health Social Work Care Management Team

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

Harper House

Harper House, the new National Specialist Residential Family Service for Scotland, opened on the site of the former Seabank Nursing Home in Saltcoats. Developed and operated by Phoenix Futures and funded by the Scottish Government, the service offers

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safe, structured support for the whole family to address problematic drug and/or alcohol use, improving both mental health and quality of life.

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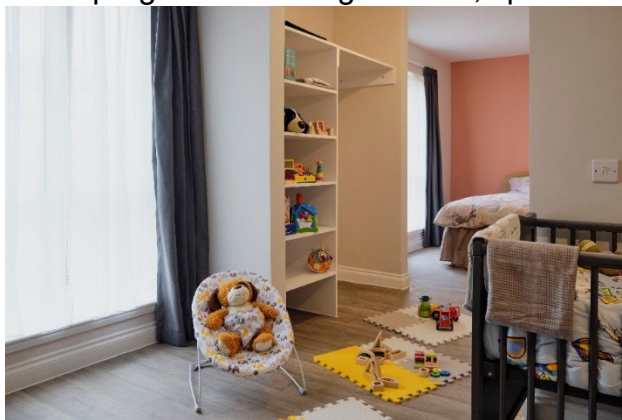
2.3 Criminal Justice

Justice Services Locality Teams

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

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

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

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

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

Electronic Monitoring of Bail

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

Counsellor

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

"Explained why I'm feeling the way I was and gave me hope."

"I would highly recommend counselling…. been a fantastic help at such a difficult time."

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

Refugee Team

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

Community Payback Orders

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

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

Our Justice Services continue to have a positive impact on the local community through the Community Payback Order (CPO) unpaid work scheme. For the tenth year we have continuously over-achieved against targets for CPO level 1 and level 2. 2022-23 saw 116

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out of 117 level 1 CPO's completing within timescales and 129 out of 135 level 2 CPO's completing within timescales. The targets set for unpaid work are pan-Ayrshire targets.

Level 1 CPO unpaid work completed within timescale

Year	% Achieved	Target
2013-14	89.9%	
2014-15	88.8%	
2015-16	90.3%	
2016-17	93.3%	
2017-18	95.3%	
2018-19	95.6%	
2019-20	98.9%	57%
2020-21	100.0%	
2021-22	100.0%	
2022-23	99.1%	

Level 2 CPO unpaid work completed within timescale

Year	% Achieved	Target
2013-14	74.6%	
2014-15	82.5%	
2015-16	92.5%	
2016-17	95.6%	
2017-18	94.3%	
2018-19	97.3%	
2019-20	97.6%	67%
2020-21	100.0%	
2021-22	92.1%	
2022-23	95.6%	
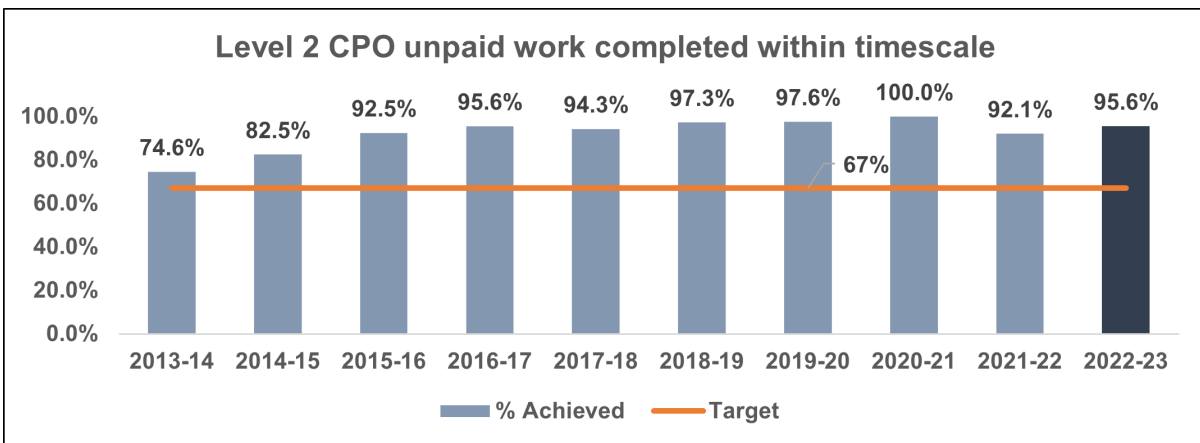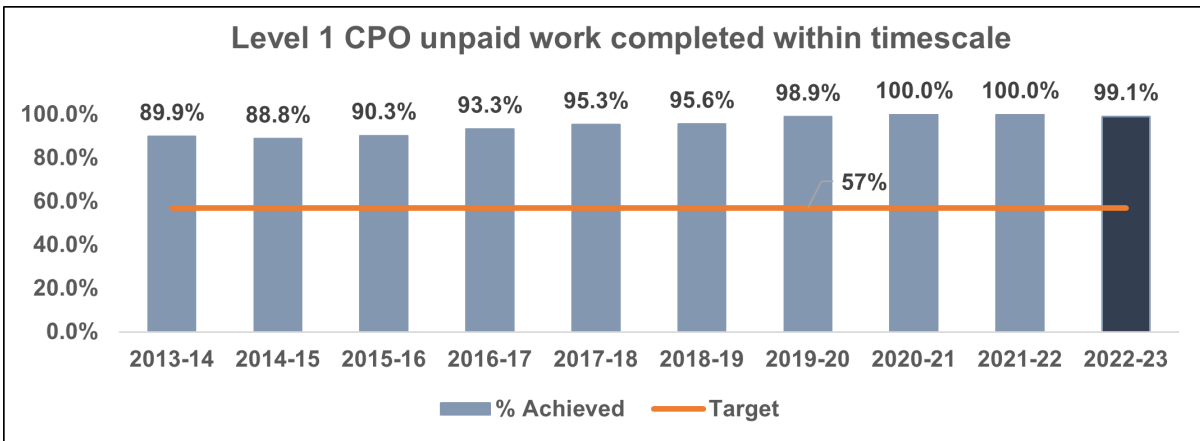
Drug Treatment and Testing Order

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

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

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

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DTTO Assessments & Impositions

Year	Assessments	Impositions
2015-16	44	27
2016-17	49	37
2017-18	62	52
2018-19	62	47
2019-20	56	42
2020-21	40	28
2021-22	53	41
2022-23	43	30
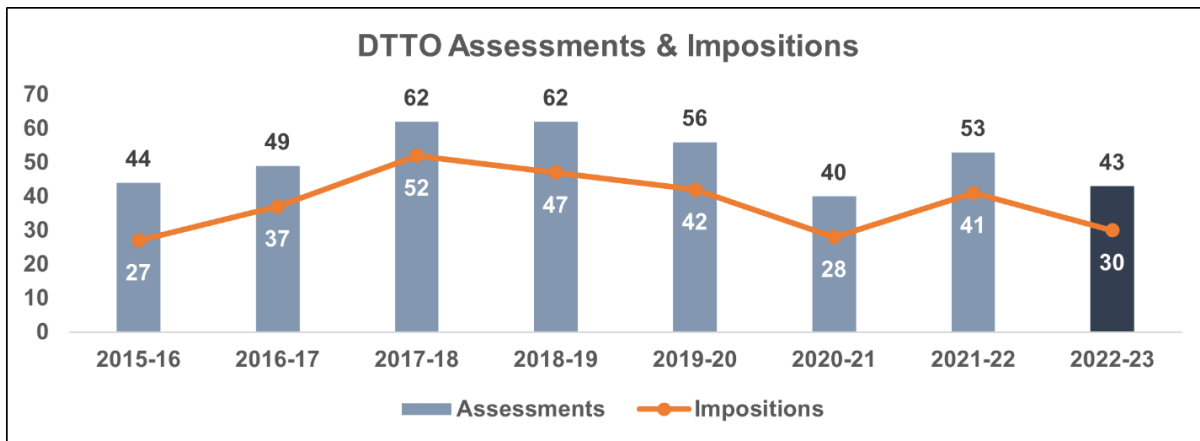
Diversion from Prosecution

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

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

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Diversion from Prosecution 2017 - 2023

Legend: 2017-18, 2018-19, 2019-20, 2020-21, 2021-22, 2022-23

Assessment requests	Reports submitted	No of Diversions	Completions
148, 167, 203, 210, 300, 311	142, 164, 175, 163, 220, 252	103, 127, 138, 150, 175, 173	99, 97, 125, 146, 134, 152
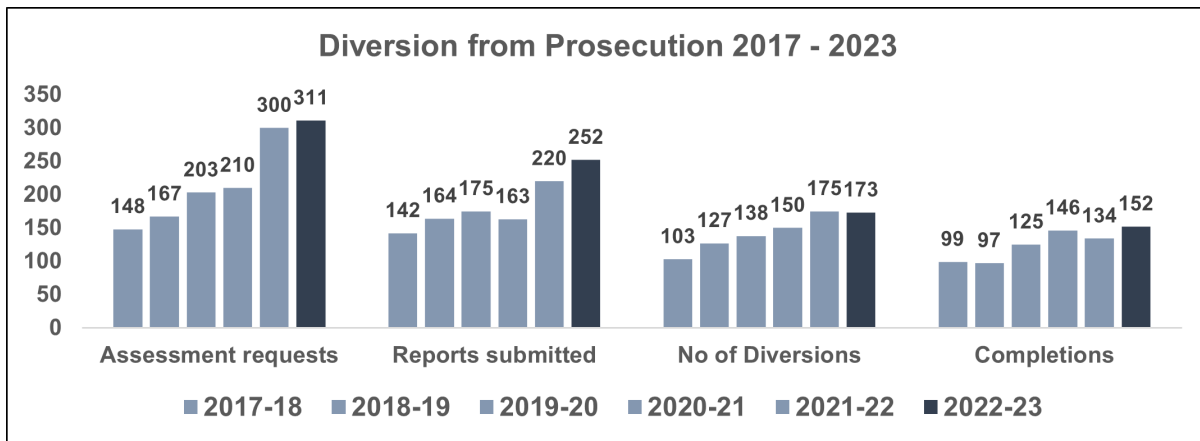
Key Performance Indicators

MHO Service

Mental Health (Care and Treatments) 2003	2014 – 15	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21	2021 - 22	2022-23
Emergency Detentions	29	24	44	44	54	54	81	There have been a total of 96 requests	92
Short Term Detentions	72	75	87	69	74	67	134	There have been a total of 171 requests (of which consent was given to 134, with the other 37 being assessed but consent not given)	There have been a total of 127 requests (of which consent was given to 108, with the other 19 being assessed but consent not given)
Compulsory Treatment	40	54	25	52	38	51	59	There have been a total of 70 new CTOs granted (of which 27 had been Interim CTOs, with 14 of these moving to full CTO following a further Mental Health Tribunal)	There have been a total of 60 new CTOs granted (of which 17 had been Interim CTOs, with 12 of these moving to full CTO following a further Mental Health Tribunal)
Warrants Undertaken	1	3	1	2	1	6	6	4	4

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Criminal Justice Act Scotland 1995	2014 – 15	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21	2021 – 22	2022-23
Compulsion Order and Restriction Order	4	4	4	4	4	3	3	2	0
Compulsion Orders	4	6	5	6	2	6	6	3	3
Hospital Directions	1	1	1	1	1	1	1	0	0
Assessment Orders	1	2	2	2	2	2	2	6	5
Treatment Orders	1	1	2	2	4	2	2	6	2
Transfer for Treatment	0	3	3	3	2	1	3	1	1

Adults with Incapacity Act (Scotland) 2000	2014 – 15	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21	2021 – 22	2022-23
Private Welfare Guardianships	291	255 (60)	287 (67)	367 (92 new)	411 (58 new)	272 (67 new)	314 (57 new)	402 (102 new)	371 (99 new)
CSWO Guardianships	47	59 (19)	52 (21)	46 (8 new)	40 (16 new)	64 (24)	71 (24)	91 (26)	85 (27 new)
Financial Intervention Order (LAG)	58	53	41 & 21 in process	57	26	31			n/a
MHO Report PWG Application	86	68	96	100	38	104	75	156	139

Adult Protection

	2015 – 16	2016 – 17	2017 – 18	2018 – 19	2019 – 20	2020 – 21	2021 – 22	2022-23
ASP Referrals (AP1)	697	654	512	457	568	558	643	722
ASP Investigations (AP2)	91	65	53	88	108	132	102	72
ASP Case Conferences	73	48	40	47	66	64	40	41
Protection Orders	6	4	4	1	0	3	1	0
Adult Concern Reports	1349	1446	1609	1838	2335	2215	2070	2370

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3. Resources

3.1 Financial Pressures

The Scottish Government published an updated Medium-Term Financial Strategy (MTFS) in May 2022 which covers the period to 2026-27. It compares the funding and spending scenarios to assess the scale of the challenge. It was published alongside the Resource Spending Review for the same time period. The role of the MTFS is to set out Scotland's fiscal outlook over the coming years, including financial opportunities and risks that may impact on the fiscal position. In line with the recommendations of the Budget Process Review Group, the document does not set out new spending plans or explain how prioritisation decisions will be made to meet policy objectives. These decisions are made in the Scottish Government budget.

Three factors determine the available funding for the Scottish Budget:

- UK Government spending decisions: through the Barnett formula, the change in the Scottish Government's Block Grant each year is determined by the change in the UK Government's spending on areas devolved to the Scottish Parliament.

- Relative growth in Scottish Government and UK Government devolved tax revenues: under the Fiscal Framework, if Scottish devolved tax revenue per person grows relatively faster than in the rest of the UK, the Scottish Budget is better off and vice versa. This means that Scotland's budget is influenced not only by tax policy and economic performance in Scotland, but also by tax policy and economic performance in the rest of the UK.

- Relative growth in Scottish and UK social security expenditure: under the Fiscal Framework, if Scottish devolved social security expenditure grows relatively faster than in the UK, the Scottish Budget is worse off. If UK expenditure grows relatively faster, additional funds are available within the Scottish Budget. Again, this means that Scotland's budget is influenced not only by policy changes within Scotland, but also what happens in the rest of the UK

The MTFS notes that the funding available to Scottish Government is expected to grow steadily (by 14%) over the next four years to 2026-27, with slightly higher growth from 2025-26. In real terms the growth would only be 5% due to the effect of inflation. However, much of the growth relates to the Social Security block grant, driven by increased demand. Excluding this implies real terms growth of only 2% across the whole four-year period.

The Scottish Government MTFS models three scenarios (a central resource funding outlook and an upside and downside scenario, indicating plausible alternative funding paths) and outlines the immediate and longer-term pressures on public spending which need to be considered when developing spending plans to ensure that they meet the needs of a changing population and build resilience for the future

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The Resource Spending Review, which was published at the same time, sets out the multi-year portfolio spending envelopes. The risks to the resource spending outlook include the following:

- Spending pressure from increased demand from an aging population

- Demand-led nature of social security expenditure

- Public sector pay

- Inflationary pressures

From 2016-17 to 2022-23 the Health and Social Care Portfolio has risen by £5bn and by the end of the spending review period in 2026-27 the total rise will have been £6.9bn.

The RSR also outlines the underlying growth in the size and cost of the public sector workforce, even since before Covid. Some of it relates to the devolution of new functions, but the RSR notes that the growth is not sustainable. The approach from 2023-24 onwards will be to contain the total cost of the public sector pay bill at 2022-23 levels – so increasing salary costs will need to be balanced by reductions in workforce numbers.

The Scottish Budget for 2023-24 highlighted:

- Investment of over £1.7 billion in social care and integration and lays the groundwork for the introduction of the National Care Service.
- The National Mission on drugs is supported by increased investment to £160 million, to reduce the avoidable harms associated with drugs and alcohol.
- Investment of £290.2 million over the coming year to tackle CAMHS and psychological therapies, waiting times backlogs, and deliver improved community-based mental health and wellbeing support for children, young people and adults.

3.2 Financial Performance

Financial information is part of the performance management framework with regular reporting of financial performance to the IJB. This included an integrated approach to financial monitoring, reporting on progress with savings delivery, financial risks and any variations and changes to the delegated budget. There were significant financial challenges during the period due to the impact of the pandemic. This resulted in additional costs being incurred, fluctuating service levels and partial non-delivery of the transformation programme and associated savings.

From month 4 the projected position for 2022-23 was an underspend. This demonstrates the continued focus on the financial position, tight financial controls, planned progress with savings delivery in many areas, and the focus on ensuring that the pandemic impacts were captured and funded appropriately.

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

on a regular basis, on the premise that any additional costs aligned to mobilisation plans would be fully funded. Funding was provided by Scottish Government in advance of the 2022-23 financial year to cover Covid-related costs in delegated services and surplus funding was recovered later in the year. It is not currently anticipated that any additional funding will be made available in 2023-24 for this purpose.

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

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

2022-23 has been another challenging year for the partnership. Whilst we are optimistic that we may be over the worst of the direct impact of the pandemic, its long-term impact is not as well understood. We expect our services to face on-going challenges, including supporting those who have not been able to access a health and social care professional due to demands and restrictions, and addressing the rise in poor mental wellbeing in our communities.

Our health and social care services should reflect and respond to the needs of local people. To support this, we will help to build greater capacity in our communities and provide more ways for service users and local people to share their views with us to help shape services. We are fully committed to planning and designing services together with local people, our staff and our key partners including acute health services, housing, community planning and the third and independent sectors.

Growing evidence suggests that the pandemic has had negative socio-economic effects that have led to increased health inequalities and contributed to an increase in both poor mental wellbeing and mental health.

The IJB, through the refreshed 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 2023-24, 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.

3.3 Medium Term Financial Outlook

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

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The MTFO provides key information on the possible financial position of the IJB over the next three years (2023-2026). It identifies the financial challenges which will be faced by the IJB enabling the IJB to see the impact of current and future decisions on its medium-term financial health.

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

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

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

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

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

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

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

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

4. Workforce

4.1 Workforce Planning – Staffing and Recruitment Issues

The year past has continued to see the practicalities of the national shortage of qualified Social Workers take effect in North Ayrshire. In line with the rest of Scotland we experience this most acutely within the Children and Families workforce. Locality teams have experienced shortages over the year that have been mitigated through careful deployment of resources in a collegiate way. The CSWO has a requirement to be

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notified if workforce sufficiency drops below 75%. This is to ensure proper oversight of risk management and appropriate professional support is offered to operational colleagues.

The year past, within a Justice Services context, continued to offer challenges as a result of changes in the vetting process that is driven by Home Office colleagues in relation to current and future access to Police systems. Within North Ayrshire we are appreciative of the support of local Polce Scotland colleges and have successful co location for a number of our public protection teams. We will continue to work closely on this issue to support safe and timely sharing of information whilst the national picture continues to emerge. Reassuringly North Ayrshire Chief Officers Group is sighted on this issue and is offering support to develop our position.

We have been mindful of our engagement with our practitioners in various forums and how this links to the *Setting the Bar* research, highlighting the three key reasons Social Workers leave the profession are unmanageable workloads, lack of work life balance, and high administrative workload. With this in mind, work over the year has been heavily focussed on the three areas research tells us high performing Social Work agencies do well:

Caseloads: The "Setting the Bar" report published by Social Work Scotland makes reference to well established research which outlines that optimum caseloads for Social Workers in Children and Families should be 12 and in Adult Services between 20 and 25. The key skill of Social Work professionals requires them to have the time to build relationships and trust, undertake person-centred assessments, plan for the future and arrange or provide appropriate support. Excessive workloads make it difficult for case holding social workers to achieve their best practice and support people effectively in what are often challenging and complex situations. Work within Children and Families has been undertaken to scope out what is required to set the bar in North Ayrshire which has been supported by the Partnership and the impact of this will be reported in next year's report. I anticipate similar work to be forthcoming from Adult Social Work Services in 2024.

Supervision and Support: The post covid environment continues to see the deployment of hybrid ways of working. This brings a range of professional and personal challenges as public issues enter the private home of practitioners and managers. As a result we have reviewed our Supervision practices with clear commitments to move back to professional supervision and away from the beurocratic casework management approaches so prevalent.

Professional Development: In the year past we have taken deliberate decisions to reshape our strategic approach to the professional development of the workforce. This means withdrawal from the Learning Network West on 31st March 2024. As a result we have seen our internal resource begin to reshape itself and begin to establish relationships with universities and colleges. This encomapsses SVQ, degree level, post graduate and post qualification contexts. Alongside this we have been reshaping our

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pathways to Social Work, broadening this offer to all HSCP staff, building capacity in relationship to sponsored places and also seeking to offer a traineeship option.

Retention: Professional activity has been heavily focussed on the workstreams above and the expression of intent that retention and quality of experience are key to stable workforces. The work described above and underway in other areas such as SDS and transitions are designed to reshape how we deliver Social Work with a clear focus on core values and ethics. More importantly it has, at its core, a desire to see services evolve and allow our skilled staff to make more of a difference to people's lives.

4.2 Workforce Support and Development

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

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

The new **Staff Wellbeing Centre** at Ayrshire Central Hospital officially opened on 29 September 2022. The centre makes up part of the existing building for the Gallery Dining Room at Ayrshire Central Hospital and is a place for all health and social care staff to take a much-needed pause and relax. The staff wellbeing centre is now available as a rest and sanctuary area and is available for all clinical and non-clinical staff from across our entire health and social care system. The area will be a quiet space separate from patients and the public.
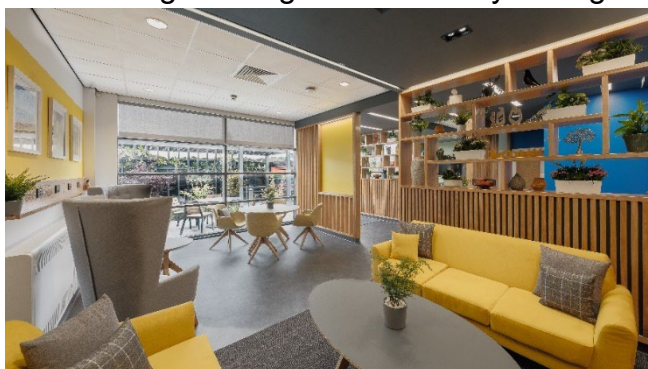
North Ayrshire have achieved **Carer Positive Employer** – Exemplary Level, with the award presented on the 29th of March 2023. Well done to all involved and thank you to the hard work of Kerryanne Owens, Kimberley Mroz and her team. The award demonstrates the support the Council provides for its employees who are working carers, through a combination of practical support and policy, awareness raising and training and

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an active Carers Network. Carer Positive is operated by Carers Scotland on behalf of the Scottish Government. The Carer Positive commitments recognise those employers who offer the best support to carers, allowing them the flexibility they may need to deliver caring responsibilities. The 'Exemplary' Level 3 Award is the highest accolade given to organisations who go above and beyond in their caring commitments to colleagues and who demonstrate innovative and creative approaches to supporting and involving carers across their organisation.

The **Arran workforce** has been developed to provide solutions to service delivery issues. In 2022/23 a new Health Care Support Worker (HCSW) was appointed to support our multi-disciplinary team. A new nurse practitioner will provide care to people needing urgent and unscheduled care, while there is also a new Grade 4 entry level post for the residential/nursing home. Work has started to develop a new model of working for Arran AHP team (Occupational Therapy and Physiotherapy team).

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

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

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

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

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

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

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

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"It (PRI) validated the great work being done and the care and love practitioners have for their jobs and the children and families they work with. It showed that everyone believes in aiming for the best outcomes for young people. It also gave people permission to evaluate their own practice and talk about it openly. The difference it made was, there were no judgements made on the choices taken. It allowed people to see the different ways services work and raised the levels of mutual respect for the work we all do." (Facilitator)

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Independent Care Providers who provide care services on our behalf

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

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

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

Registered Services – Minimum Grades across all themes –

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

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

Inspection of Local Services

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

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

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

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

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

- Recognition and initial response to risk and concern to children was a strength. Staff took timely and appropriate action to keep children safe.

- Overall, key processes for assessing and managing risk for children at risk of harm were well established and working effectively.

- Effective oversight and scrutiny of child protection performance was provided by the Chief Officers Group and Child Protection Committee.

- Partners had a well-established approach to gathering and using performance data to inform and support improvement activity.

The report outlined there were two areas for further improvement:

- The partnership should further develop its review of outcome data to demonstrate the difference services are making in keeping children safe.

- Continued attention was needed to ensure all children and young people are meaningfully involved in decisions about their lives and in the development of future service provision.

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

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

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

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

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

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

Integration Joint Board
12th October 2023

Subject :	**2023-24 – Month 4 Financial Performance**
Purpose :	To provide an overview of the IJB's financial performance as at month 4 (July).
Recommendation :	It is recommended that the IJB: (a) notes the overall integrated financial performance report for the financial year 2023-24 and the current overall projected year-end overspend of £3.859m; (b) notes the progress with delivery of agreed savings; (c) notes the actions which are being taken to progress financial recovery; (d) notes the remaining financial risks for 2023-24; and (e) approves the budget reductions which are detailed at paragraph 2.10.

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

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

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 end of July, further work is undertaken following the month end to finalise projections, therefore the projected outturn position is as current and up to date as can practicably be reported.
1.2	The projected outturn is a year-end overspend of £3.859m (1.2%) for 2023-24. This includes the financial impact of the NHS pay award but excludes the Council pay award.
1.3	From the core projections, overall, the main areas of pressure are residential placements for children, supplementary staff in wards and Unplanned Activities (UnPACs) within the lead partnership for mental health.
2.	**CURRENT POSITION**
2.1	The report includes an overview of the financial position including commitments against the available resource, explanations for the main budget variances and an update on progress in terms of savings delivery.
2.2	**FINANCIAL PERFORMANCE – AT MONTH 4**
	At month 4 against the full-year budget of £310.286m there is a projected year-end overspend of £3.859m (1.2%). 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 £3.507m in social care services and a projected overspend of £0.352m in health services. 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. The projections for some areas will be subject to fluctuations as they depend on recruitment plans for new funding and also the capacity of providers to take on work.
2.3	**Health and Community Care Services**
	Against the full-year budget of £89.932m there is a projected overspend of £0.240m (0.3%) and the main variances are: a) Care home placements including respite placements (net position after service user contributions and charging order income) are projected to underspend by £0.430m (£0.259m favourable movement). The projected costs reflect the recently agreed National Care Home Contract (NCHC) rates.

The budgeted number of permanent placements is 780 and at month 4 there are 774 placements. The projection assumes that the current number of placements will continue to increase to 780 placements by the end of the year. Within the projection there is an assumption that recent placements which do not have a completed financial assessment (often due to the pressure to discharge from hospital) are costed with 50% of the cases at the current average cost of a placement and 50% at the gross or interim funded rate. It is likely that there will still be some cases being gross or interim funded at the year end. Their actual cost will not be known until the financial assessment is completed and this can impact on the final position.

The level of income recovered from charging orders is included in the projection above and is assumed to be £0.100m over recovered based on the income received to date. This income is not easy to project as it depends on the length of the legal process and time taken to sell the property that the charging order is registered to.

b) Care at home (in house and purchased) is projected to be £0.749m underspent (£0.112m favourable). The position is made up of an underspend in in-house services of £1.242m as there are vacant posts, but some of the current capacity is being met by existing staff working additional hours and casual staff. Bank staff are being offered contracts and additional staff are being recruited which will replace the need for existing staff to work additional hours. This is partly offset by an overspend in purchased services of £0.493m following a budget reduction reflecting the transfer of services in-house.

c) Reablement services are projected to be £0.125m (£0.004m favourable) underspent due to vacancies.

d) Care at Home Charging Income is projected to under recover by £0.080m (no change) due to an ongoing shift towards personal care which is non chargeable.

e) Physical Disability Care Packages (including residential and direct payments) - projected underspend of £0.169m (£0.017m favourable) in community care packages, £0.366m underspend (£0.074m favourable) in direct payments and £0.565m overspend (£0.046m favourable) for residential placements. There is also an under-recovery of income of £0.133m (£0.002m favourable).

f) Anam Cara is projected to overspend by £0.089m (£0.088m favourable) due to covering vacancies and sickness absence (£0.033m) and under-recovered income (£0.056m). The improvement in the projection is following a review of the staff costs and some costs have been appropriately recoded to other areas of the service.

g) Integrated Island Services is projected to be £0.136m overspent (£0.119m adverse movement). This is mainly due to a projected underspend in care at home costs of £0.169m (£0.029m adverse movement). There is also an overspend at Montrose

	House of £0.157m (adverse movement of £0.061m) which relates to supplies and cleaning costs and an under-recovery of charging income. The SLA for Scottish Ambulance service projected to overspend by £0.033m. Arran medical services are projecting to overspend by £0.045m and the remaining £0.049m projected overspend is due to supplies costs increasing. There are staffing vacancies which are included within the payroll turnover savings figures below which offset the use of agency and bank staff. h) District Nursing is projected to overspend by £0.247m (£0.022m adverse movement) due to an overspend on bank nursing costs and supplies.
	i) Rehab wards are projected to overspend by £0.258m which is an £0.008m favourable movement (Redburn ward £0.211m overspent and Douglas Grant £0.047m overspent). The overspend is due to cover costs for vacancies as well as supplementary staffing for patients who require one to one support. j) Wards 1 and 2 are projected to overspend by £0.750m due to increased use of supplementary staffing. k) Cumbrae Lodge Continuing Care beds are projected to underspend by £0.150m (no change) due to a reduced charge to reflect the reduction in beds used during the transition to the new service.
2.4	**Mental Health Services**
	Against the full-year budget of £102.479m there is a projected overspend of £1.556m (1.5%) prior to the reallocation of the Lead Partnership overspend to East and South HSCP. This also excludes any potential variance on the Mental Health Recovery and Renewal Funding where any underspend will be earmarked at the year-end for use in 2024-25. The main variances are: a) Learning Disabilities are projected to overspend by £0.695m (£0.004m adverse) and the main variances are: • Care Packages (including residential and direct payments) - projected underspend of £0.264m in community care packages and projected overspends of £0.204m in direct payments and £0.579m for residential placements. • Trindlemoss non-employee costs are projected to underspend by £0.075m. b) Community Mental Health services are projected to underspend by £0.044m (£0.159m adverse movement) which is mainly due to an underspend of £0.207m in community packages (including direct payments) and an overspend in residential placements of £0.268m. The adverse movement is due to an increase in the number of residential placements.

c) The Lead Partnership for Mental Health is projecting to be £1.029m overspent (£0.381m favourable movement) and the main variances are as follows:

- A projected overspend in Adult Inpatients of £0.667m (£0.067m adverse movement) due to overspends in supplementary staff, staff in redeployment, staff cover due to sickness (inc covid outbreak) and reduced bed sale income.
- The UNPACS (Unplanned Activities) budget is projected to overspend by £1.106m (£0.039m adverse movement) based on current number of placements and enhanced costs remaining until the year end. These placements are for individuals with very specific needs that require a higher level of security and/or care from a staff group with a particular skill set/competence. There are no local NHS secure facilities for women, people with a learning disability or people with neurodevelopmental disorder. This can necessitate an UNPACs placement with a specialist provider which can be out-of-area. The nature of mental health UNPACs spend is that it is almost exclusively on medium or long term complex secure residential placements which are very expensive so a small increase in placements can have a high budgetary impact. Due to the complexity and risk involved, transitions between units or levels of security can take many months. Applications to approve a placement are made to the Associate Medical Director for Mental Health who needs to be satisfied that the placement is appropriate and unavoidable prior to this being agreed.
- A projected overspend in MH Pharmacy of £0.024m (£0.094m favourable) due to an increase in substitute prescribing costs. The favourable movement is due to a review of the pharmacy cost centres with each now being allocated to specific wards.
- Learning Disability Services are projected to overspend by £0.419m (£0.007m favourable movement) due to high usage of supplementary staffing, a number of out of area patients being cared for, cross-charging for a LD patient whose discharge has been delayed and redeployment staffing costs. Supplementary staffing costs relate to backfill for sickness, increased and sustained enhanced observations and vacancies. The enhanced observations are reviewed on a daily basis.
- Elderly Inpatients are projected to overspend by £0.257m (£0.017m adverse) due to the use of supplementary staffing.
- The Innovation Fund is projected to underspend by £0.278m (£0.049m favourable) due to slippage within some of the projects and not all of the funding was allocated.
- Addictions in-patients are projected to overspend by £0.045m (£0.105m favourable) due to the use of supplementary staffing. The favourable movement relates to the Scottish Govt funding for 2023/24 being finalised.
- 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 £1.233m (£0.198m favourable) in 2023-24, further information is included in the table below:

Vacancy Savings Target	(£0.873m)
Projected to March 2024	£2.106m
Over/(Under) Achievement	£1.233m

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

The areas contributing to this vacancy savings position are noted below:
- CAMHS £0.592m
- Mental Health Admin £0.358m
- Psychiatry £0.374m
- Psychology £0.683m
- Associate Nurse Director £0.099m

2.5	**Children and Justice Services**

	Children's Services
	Against the full-year budget of £39.037m there is a projected overspend of £5.600m (14.3%) (£0.015m favourable) and the main variances are:
	
	a) Care Experienced Children and Young People is projected to overspend by £5.308m (£0.304m favourable). The main areas within this are noted below:
	
	• Children's residential placements are projected to overspend by £5.648m (£0.320m favourable). We started 2023/24 with 32 external placements and there are currently 34 placements (month 3 was 36 placements) which are assumed to continue until the end of the year. Within the £5.648m there is £0.145m relating to enhanced costs for two placements. Despite the number of placements reducing there has been an increase in the rates where 2:1 support is required and part of these costs were also backdated. There are a number of factors leading to this challenging position:
	
	    ○ We have 32 places available in our internal children's houses, due to demand these have been operating at 100%+ occupancy for some time, leading to increased use of external placements where residential care is required.
	    ○ The requirement to support Unaccompanied Asylum-Seeking Children (UASC) under the National Transfer Scheme and to support Trafficked young people located in North Ayrshire.
	    ○ A number of young people in residential care have requested Continuing Care, whereby a young person can remain in their placement until age 21.
	    ○ Where appropriate young people are placed to meet their educational needs, the cost of Residential School Placements the most cases is shared 50/50 with Education services.

		Children's Services are continuing to work with other services including Education and Housing to address the challenges. A change programme is being developed to respond to the pressures of residential care, further detail of the scope and plan around this work will be presented to a future IJB. • Looked after and Accommodated Children (fostering, adoption, kinship etc) is projected to be £0.411m underspent (£0.050m favourable) based on the current number of placements. b) Children with disabilities – residential placements are projected to overspend by £0.238m (£0.006m favourable). This is based on 8 current placements and 2 further placements which are expected to commence during September. Direct payments are projected to underspend by £0.143m (£0.004m favourable). Community packages are projected to underspend by £0.099m (£0.099m favourable) based on 78 current number of packages and assumptions around further packages until the year end.
		c) Residential respite – placements are projected to overspend by £0.049m (no movement). These short-term placements are used to prevent an admission to full residential care. There is one short term placement, but this could vary throughout the year and have an impact on the projection. d) Children's Houses Employee Costs – are projected to overspend by £0.100m due to additional overtime costs. e) Head of Service – is projected to overspend by £0.321m (£0.016m adverse) which is mainly due to the saving of £0.233m in relation to the staff reconfiguration in the children's houses which is not expected to be fully achieved in 23-24. There are also projected costs of £0.092m for the JII (Joint Investigative Interview) project which is not funded. f) Universal Early Years – is projected overspend by £0.130m (£0.027m favourable) and is mainly due to a projected overspend in care packages of £0.080m.
2.6	**ALLIED HEALTH PROFESSIONALS (AHP)**	
	The non-employee costs element of the AHP services are projected to be on-line. All underspends in employee costs have contributed to the payroll turnover target.	
2.7	**CHIEF SOCIAL WORK OFFICER**	
	There is a projected underspend of £0.389m (£0.010m favourable) mainly due to a projected underspend in the Carers Strategy funding.	

2.8	**MANAGEMENT AND SUPPORT**

Management and Support Services are projected to underspend by £2.313m (£0.354m favourable) and the main areas of underspend are:

- An over-recovery of payroll turnover of £0.723m for social care services and an over-recovery of payroll turnover of £0.553m for health services as outlined in the table below.
- The Band 2 to Band 3 regrading costs are still being finalised but there is £0.700m set aside to cover this as part of the agreed 23/24 budget paper. This is included as an underspend as the overspends have been included in the services above. An update on the adequacy of this provision will be provided in future reports.
- There is projected slippage on the LD and MH transition funding of £0.468m due to delays in children transitioning into adult services.

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

	Social Care	Health Services
Vacancy Savings Target	(3.014m)	(1.433m)
Projected to March 2024	3.737m	1.986m
Over/(Under) Achievement	**0.723m**	**0.553m**

The position in the table above reflects the assumption in the current financial projections. For social care, a total of £1.286m (42.7% of annual target) has been achieved to date.

The health vacancy projection to the year-end is based on the month 4 position and is informed by the recruitment plans and confidence in recruitment to posts for the remainder of the year.

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

The main areas at month 4 are:

- Children and Families £0.417m
- Learning Disability £0.029m
- Management and Support   £0.120m
- Community Care Service Delivery £0.124m
- Rehab and Reablement £0.115m
- Locality Services £0.144m
- Integrated Island Services £0.167m
- Community Mental Health £0.073m

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

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

| 2.9 | **Savings Progress** |

a) The approved 2023-24 budget included £4.963m of savings.

BRAG Status	Position at Budget Approval £m	Position at Month 4 £m
Red	-	0.273
Amber	2.245	0.322
Green	2.718	4.368
Blue	-	-
TOTAL	**4.963**	**4.963**

b) The main area to note is that previous amber savings of £0.273m, relating to the reconfiguration of staffing within Children and Families, have been escalated to red. Progress to date suggests that the timescale for this saving will not be met and the full £0.273m will not be achieved in 2023-24 but this is accounted for in the projected outturn.

Work is ongoing to refresh the Transformation Plan to focus on the financial challenges which the Partnership expects to face in 2024/25 and 2025/26. The plan is critical to the ongoing sustainability of service delivery. This will be brought to the IJB for approval alongside the budget plans for 2024/25. The Transformation Board also has responsibility for overseeing the delivery of the plan and for ensuring that projects remain on track.

Appendix B 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.

2.10	**Budget Changes**

The Integration Scheme states that *"either party may increase it's in year payment to the Integration Joint Board. Neither party may reduce the payment in-year to the Integration Joint Board nor Services managed on a Lead Partnership basis…. without the express consent of the Integration Joint Board."*

Appendix C highlights the movement in the budget position following the initial approved budget.

Reductions Requiring Approval:

Ref	Description	Amount
1	Budget transfer to pharmacy for 2 X Band 8a post – Cardiology & Endocrinology	£0.054m
2	Multi-Disciplinary Team funds to Arran Medical Group	£0.033m
3	Training grade adjustment – reduction in line with the number of training posts.	£0.035m
4	Transfer budget for 5 hours per week for Band 2 Domestic to ACH Domestics for Ward 3	£0.004m
5	Transfer of a Band 6 post to Unscheduled Care	£0.061m
6	Transfer budget for additional Band 2 domestic hours for the Dunure ward per HIS recommendation	£0.010m
7	Lymphoedema top slice – N/E/S Contributions from prescribing	£0.029m

2.11	**Pan Ayrshire Lead Partnership services and Large Hospital Set Aside**

Lead Partnerships: - The IJB outturn position is adjusted to reflect the impact of Lead Partnership services. The outturn for all Lead Partnership services is shared across the 3 Partnerships on an NRAC basis; this position is currently the default pending further work to develop a framework to report the financial position and risk sharing across the 3 Partnerships in relation to hosted or lead service arrangements, which has been delayed by the requirement to focus efforts on the Covid response.

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 4 the MH lead partnership is projected to overspend by £1.029m (£0.337m NRAC share for East and £0.294m for South).

South HSCP – projected overspend of £0.440m of which £0.163m will be allocated to North. The overspend is mainly due to an overspend of £0.208m in the community store, £0.153m in the continence service and £0.078m in the Family Nurse Partnership.

East HSCP – projected underspend of £0.141m of which £0.052m will be allocated to North. The overspend is mainly due to:

Primary Care and Out of Hours Services

There is a projected underspend of £0.189m on the Primary Care Lead Partnership budget and includes a projected underspend in Dental services totalling £0.267m, where staffing numbers are running at less than establishment. In addition, there are projected reduced costs within Primary Care contracting and support £0.343m, largely due to staff turnover. These reduced costs are partially offset by additional costs in the GP element of Out of Hours services, as well as additional costs in the overnight nursing service, totalling £0.469m, as well as a small overspend on projected staff costs in Primary Medical Services £0.057m. Work is ongoing to address the Out of Hours increased costs as far as possible over the course of the 2023/24 financial year. This projected outturn position assumes funding will be allocated to fully offset Urgent Care Pathway projected costs £1.254m, as well as Covid-19 Therapeutics projected costs £0.240m

Prison and Police Healthcare

The £0.048m projected overspend at month 4 is largely due to increased costs associated with the new national medical contract.

Set Aside: - preparatory work is well underway with NHS Ayrshire and Arran and the other Ayrshire partnerships to progress and develop the set aside arrangements to fully implement the legislative requirement. This includes arrangements in relation to the use of Directions, Joint Commissioning Plans and overall progression towards fair share allocations of resources. The North budget for set aside resources for 2023-24 is £35.547m. This is based on the 2023-23 figure of £34.850m inflated by the 2023-24 uplift of 2%.

The annual budget for Acute Services is £409.7m. The directorate is overspent by £9.5m after 4 months. This is caused by increasing overspends on agency medical and nursing staff, together with increasing drug expenditure. These have been required due to the level of operational pressure being experienced, in common with many other areas in Scotland. Several unfunded wards are open across both main hospital sites.

There is a material underlying deficit caused by:
- Unachieved efficiency savings
- High expenditure on medical and nursing agency staff, high rates of absence and vacancies causing service pressure.
- Numbers of delayed discharges and high acuity of patients.

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

2.12	**FOSTER AND KINSHIP CARER ALLOWANCES**

On 29th August, COSLA and the Scottish Government announced the agreement of a new standard national allowance for foster and kinship carers across the country. In the past, each area would set their own allowances but for the first time a national minimum level has been agreed. This will be supported by £16m of new Scottish Government funding. It is anticipated that the share for North Ayrshire will be in the region of £0.475m and this will be confirmed in October. An initial assessment is that the funding approximately aligns with the additional estimated cost in North Ayrshire.

North Ayrshire already pays in excess of the new national rates for all age bandings except 16+. Where we already pay a higher rate, this will remain unchanged.

The rates are detailed in the table below:

Age Banding	Existing NA rate	New national rate	New NA rate
0-4	£200.00	£168.31	£200.00
5-10	£200.00	£195.81	£200.00
11-15	£200.00	£195.81	£200.00
16+	£200.00	£268.41	£268.41

The new rates will be backdated to 1st April 2023. Further consideration will be required re any future year uplifts to the new national minimum rate.

2.13	**FINANCIAL RECOVERY PROGRESS**

The Integration Scheme requires the preparation of a recovery plan if an overspend position is being projected to plan to bring overall service delivery back into line with the available resource.

Heads of Service have closely reviewed expenditure and have implemented actions which have demonstrated a significant impact on the position, the projected year-end position has improved by £0.736m since Month 3. The main contributors to this are noted in the table below:

Payroll turnover	292,000
Anam Cara staffing	88,000
Care Experienced Young People	304,000
Looked After Children	50,000
Care at Home	112,000
Transitions funding	60,000
MH Lead Partnership (NA share)	147,000

Work is ongoing to further improve the projected position and an updated plan will be included in the Month 6 report which will be brought to the November IJB.

This ongoing work is built on the following general principles:

- Minimise impact on delayed discharges or patient flow during Winter
- Exercising professional judgement around the use of waiting lists where this may have an impact elsewhere in the system
- Reviewing the need for more active management of non-frontline vacant posts
- The non-recurring use of reserves
- Working with East and South on lead partnership projections and impact on North Ayrshire
- The potential for a freeze on non-essential spend
- Escalating levels of spend authorisation within the HSCP.

As a contingency there is provision of £2m non-recurring funding set aside in the reserves (appendix D) to contribute towards the 2023-24 position. This would reduce the current projected overspend to £1.859m.

The IJB also holds a General Fund reserve balance of £6.448m of unallocated funds, this would underwrite the risk of the remainder of the projected overspend if it cannot be managed downwards in the coming months. This would be a last resort as this funding is non-recurring and it does not resolve the areas underlying the projected overspend.

| 2.14 | **FINANCIAL RISKS** |

There are a number of ongoing financial risk areas that may impact on the 2023-24 budget during the year, these include:

- Current high levels of inflation which impact on costs incurred directly by the Partnership and on our partner providers
- High risk areas of low volume / high-cost services areas e.g. Children's residential placements, Learning Disability care packages and complex care packages;
- Progress with the work to develop set aside arrangements and the risk sharing arrangements agreed as part of this.
- Ongoing implementation costs of the Scottish Government policy directives
- Lead / hosted service arrangements, including managing pressures and reporting this across the 3 IJBs.
- The impact on Lead Partnership and acute services from decisions taken by other Ayrshire areas.
- The Covid recovery process including the ability to change and improve services following learning from the Covid response.
- Continuing risks associated with provider sustainability.
- The Local Government pay award is not settled for 2023-24 and negotiations are ongoing; any increase above the budgeted 3% will impact on the financial position unless additional funding is forthcoming.

	These risks will be monitored during 2023-24 and any impact reported through the financial monitoring report.
2.15	**RESERVES**
	The IJB reserves position is summarised in the table below. The 'free' general fund balance of £6.448m is held as a contingency balance, this equates to around 2.3% of the initial approved IJB budget for 2023-24 which is within, but towards the lower end, of the target range of 2%-4%.

	General Fund Reserves		Earmarked Reserves		Total
	Debt to NAC	Free GF	External Funding	HSCP	
	£m	£m	£m	£m	**£m**
Opening Balance - 1 April 2023	-	6.448	6.997	4.219	**17.664**
2023-24 Draw Per the Budget Paper	-	-	(1.252)	-	**(1.252)**
Current Reserve balances	-	6.448	5.745	4.219	**16.412**

	The 2023-24 budget approved the use of £1.252m of previously earmarked reserves to support a balanced budget position for 2023-24. The HSCP earmarked reserves also includes a further amount of £2.0m which was agreed to support the financial position during 2023-24.
3.	**PROPOSALS**
3.1	<u>Anticipated Outcomes</u>
	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 2023-24 from within the available resource, thereby limiting the financial risk to the funding partners.
3.3	<u>Measuring Impact</u>
	Ongoing updates to the financial position will be reported to the IJB throughout 2023-24.
4.	**IMPLICATIONS**
4.1	<u>Financial</u> The financial implications are as outlined in the report. Against the full-year budget of £310.286m there is a projected overspend of £3.859m. The report outlines the main variances for individual services.

4.2	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 the staffing capacity reduction on a recurring or planned basis.	
4.3	Legal None.	
4.4	Equality/Socio-Economic None.	
4.5	Risk Para 2.12 highlights the financial risks. The report falls in line with the agreed risk appetite statement which is a **low**-risk appetite in respect to adherence to standing financial instructions, financial controls and financial statutory duties and a **high**-risk appetite in relation to finance and value for money.	
4.6	Community Wealth Building None.	
4.7	Key Priorities None.	
5.	**CONSULTATION**	
5.1	This report has been produced in consultation with relevant budget holders and the Partnership Senior Management Team.	
5.2	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.	

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2023-24 Budget Monitoring Report–Objective Summary as at 31st July 2023 **Appendix A**

Partnership Budget - Objective Summary	2023/24 Budget									Over/ (Under) Spend Variance at Period 3	Movement in projected variance from Period 3
	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	£'000	£'000
COMMUNITY CARE AND HEALTH	**70,681**	**69,703**	**(978)**	**19,251**	**20,469**	**1,218**	**89,932**	**90,172**	**240**	**616**	**(376)**
: Locality Services	28,207	27,999	(208)	5,332	5,578	246	33,539	33,577	**38**	306	(268)
: Community Care Service Delivery	36,717	35,938	(779)	0	0	0	36,717	35,938	**(779)**	(728)	(51)
: Rehabilitation and Reablement	2,190	2,188	(2)	0	0	0	2,190	2,188	**(2)**	1	(3)
: Long Term Conditions	944	1,024	80	10,244	11,020	776	11,188	12,044	**856**	1,029	(173)
: Community Link Workers	197	188	(9)	0	0	0	197	188	**(9)**	(9)	0
: Integrated Island Services	2,426	2,366	(60)	3,675	3,871	196	6,101	6,237	**136**	17	119
MENTAL HEALTH SERVICES	**29,726**	**30,252**	**526**	**72,753**	**73,783**	**1,030**	**102,479**	**104,035**	**1,556**	**1,898**	**(342)**
: Learning Disabilities	22,971	23,665	694	545	546	1	23,516	24,211	**695**	691	4
: Community Mental Health	5,869	5,825	(44)	1,782	1,782	0	7,651	7,607	**(44)**	(203)	159
: Addictions	886	762	(124)	1,784	1,784	0	2,670	2,546	**(124)**	0	(124)
: Lead Partnership Mental Health NHS Area Wide	0	0	0	68,642	69,671	1,029	68,642	69,671	**1,029**	1,410	(381)
CHILDREN & JUSTICE SERVICES	**34,484**	**39,941**	**5,457**	**4,553**	**4,696**	**143**	**39,037**	**44,637**	**5,600**	**5,615**	**(15)**
: Irvine, Kilwinning and Three Towns	3,151	2,986	(165)	0	0	0	3,151	2,986	**(165)**	(83)	(82)
: Garnock Valley, North Coast and Arran	3,139	3,072	(67)	0	0	0	3,139	3,072	**(67)**	(175)	108
:Intervention Services	1,868	1,883	15	437	438	1	2,305	2,321	**16**	(84)	100
: Care Experienced Children & Young people	22,618	27,926	5,308	0	0	0	22,618	27,926	**5,308**	5,628	(320)
: Head of Service - Children & Families	1,071	1,474	403	0	0	0	1,071	1,474	**403**	305	98
: Justice Services	2,412	2,396	(16)	0	0	0	2,412	2,396	**(16)**	(133)	117
: Universal Early Years	225	204	(21)	3,698	3,840	142	3,923	4,044	**121**	157	(36)
: Lead Partnership NHS Children's Services	0	0	0	418	418	0	418	418	**0**	0	0
CHIEF SOCIAL WORK OFFICER	1,852	1,463	(389)	0	0	0	1,852	1,463	**(389)**	(379)	(10)
PRIMARY CARE	0	0	0	53,378	53,337	(41)	53,378	53,337	**(41)**	(56)	15
ALLIED HEALTH PROFESSIONALS			0	10,291	10,291	0	10,291	10,291	**0**	0	0
COVID NHS	0	0	0	0	(274)	(274)	0	(274)	**(274)**	(275)	1
MANAGEMENT AND SUPPORT COSTS	7,192	6,083	(1,109)	4,787	3,583	(1,204)	11,979	9,666	**(2,313)**	(1,959)	(354)
NATIONAL COMMISSIONED SERVICE	0	0	0	3	3	0	3	3	**0**		
FINANCIAL INCLUSION	1,335	1,335	0	0	0	0	1,335	1,335	**0**	(19)	
OUTTURN ON A MANAGED BASIS	**145,270**	**148,777**	**3,507**	**165,016**	**165,888**	**872**	**310,286**	**314,665**	**4,379**	**5,441**	**(1,081)**
Return Hosted Over/Underspends East	0	0	0	0	(337)	(337)	0	(337)	(337)	(462)	125
Return Hosted Over/Underspends South	0	0	0	0	(294)	(294)	0	(294)	(294)	(403)	109
Receive Hosted Over/Underspends South	0	0	0	0	163	163	0	163	163	0	163
Receive Hosted Over/Underspends East	0	0	0	0	(52)	(52)	0	(52)	(52)	0	(52)
OUTTURN ON AN IJB BASIS	**145,270**	**148,777**	**3,507**	**165,016**	**165,368**	**352**	**310,286**	**314,145**	**3,859**	**4,576**	**(736)**

2023-24 Savings Tracker

Savings ref number	Description	Deliverability Status at budget setting	Deliverability Status at month 4	2023/24 Saving	Description of the Saving
Children, Families & Criminal Justice					
1	Staffing reconfiguration - children & families	Amber	Red	273,000	Review staffing provision within children's houses with the saving phased over 2023/24 and 2024/25 – 50/50
Community Care & Health					
2	Deliver the Strategic Plan objectives for Older People's Residential Services - Reduction in Care Home Places	Amber	Green	1,000,000	Month 10 placements are 762 and are projected to rise to 770 by the year end. The budget for 23/24 would fund an average 780 places at the current split of nursing/residential (60/40). This reflects reduced demand and investment in CAH to support more people at home. Implications – possible use of waiting list to manage numbers.
3	Care Home Respite	Amber	Green	560,000	All respite care to be provided in-house at Anam Cara and Montrose House and any use of other respite provision funded via Carers budget. Implications – reduction in use of other care homes for respite places
4	Montrose House Capacity	Green	Amber	210,000	Amend registration from 30 beds to 20 beds across 2 staffed wings. This will be supported by introduction of intermediate care beds at Arran War Memorial Hospital.
5	Reconfigure respite provision at Anam Cara	Amber	Amber	112,000	The service is currently relocated to Taigh Mor (8 beds) on a temporary basis and this proposal would reduce capacity from 14 beds to 9 beds in one wing when it reverts to Anam Cara.
Mental Health					
6	Trindlemoss pool running costs	Green	Green	85,000	Trindlemoss Pool has never opened due to ongoing maintenance issues. The historic budgeted running costs are £0.085m but it is expected actual costs would be much higher. The pool will not open and alternative therapies will be provided e.g. bounce therapy.
7	Trindlemoss Day Care	Green	Green	168,932	Trindlemoss day opportunities staffing was restructured during 2021/22 and 2022/23. This saving has already been achieved and will remove the additional staffing budget.
8	Intermediate Placement Scheme - cessation of service	Green	Green	30,000	The contract has ceased and will not be renewed.
Other Areas					
9	Carers Act Funding - Substitution of Spend	Green	Green	500,000	There is a plan in place to invest across carer service contract, preparation of carer plans, short breaks and other support to carers. This proposal will invest £0.500m in contributions to Red Rose House, Roslin House, Anam Cara, waiving of charges and day services.

Savings ref number	Description	Deliverability Status at budget setting	Deliverability Status at month 4	2023/24 Saving	Description of the Saving
Other Areas					
10	Payroll Turnover - increase to target (social care)	Green	Green	1,000,000	22/23 Month 10 – projecting turnover savings £4.414m v target £2.014m resulting in a projected overachievement of target in 22/23 of £2.4m. Saving based on less than 50% of this year's overachievement
11	Income Generation - 5% Increase to fees and charges	Green	Green	46,600	Implement a 5% increase to fees and charges and a 5% increase to the maximum charge. The impact will be limited where service users are already paying the maximum charge. Social care charges are means-tested with the exception of community alarms
13	Review the contingency funds	Green	Green		
12	Staffing Reconfiguration - Finance and Transformation	Green	Green	35,091	Saving released through management and admin structure change

TOTAL SOCIAL CARE SAVINGS   4,020,623

Health:

Savings ref number	Description	Deliverability Status at budget setting	Deliverability Status at month 4	Approved Saving 2023/24 £m	Description of the Saving
13	Payroll Turnover - Health Lead Partnership	Green	Green	392,245	22/23 Month 10 – projecting turnover savings £2.182m v target £0.481m resulting in a projected overachievement of target in 22/23 of £1.701m. The saving is based on less than 25% of this year's overachievement
14	Payroll Turnover - Health Non Lead Partnership	Green	Green	250,000	22/23 Month 10 – projecting turnover savings £1.789m v target £1.183m resulting in a projected overachievement of target in 22/23 of £0.606m. The saving is less than 50% of this year's overachievement.
15	Reprovisioning of Continuing Care beds	Amber	Amber	300,000	Currently provided through Cumbrae Lodge Care Home in Irvine but the provider does not want to continue to provide the service. Plans are being developed to relocate the service to Taigh Mor in Beith with an anticipated saving of £0.3m.
21	Inflationary increase to East HSCP re Woodland View beds	Green	Green	-	

TOTAL HEALTH SAVINGS   942,245

TOTAL NORTH HSCP SAVINGS   4,962,868

2023-24 Budget Reconciliation   Appendix C

COUNCIL	Period	Permanent or Temporary	£'m
Initial Approved Budget			121.408
Less Living Wage Fund not yet allocated			(2.826)
Revised Budget			**118.582**
Resource Transfer	1-3	P	23.597
HSCP Fin Circ 3	1-3	T	0.013
Living Wage - final allocation	1-3	P	2.808
ICT Licences Various	1-3	P	(0.012)
Island Funds	1-3	T	0.015
Facilities Management Costs - Montrose House	1-3	P	0.387
West Road - Capital funded from Revenue	1-3	T	(0.300)
Care at Home – Draw from reserves	4	T	0.173
Roundings		T	0.007
Social Care Budget Reported at Month 4			**145.270**

HEALTH	Period	Permanent or Temporary	£'m
Initial Baseline Budget			**164.500**
Month 10-12 Adjustments			2.473
MDT funding			0.828
Adjust for full year impact of part year amounts			0.052
Revised Baseline			**167.853**
Baseline Funding Increase			2.164
Adjust for recurring funding			7.629
Adjust for non-recurring			2.434
Resource Transfer			(23.597)
2023/24 Opening Position			**156.483**
Net impact of Pan Ayrshire Pressures	1	P	0.028
Top Slicing Posts 2022-23	2		(0.054)
MDT Funds to Arran Medical Group	3		(0.033)
Training Grade Adjustments	3		(0.035)
Ward 3 Band 2 Domestic	3		(0.004)
V2 B6 to AHM233	3		(0.061)
Virement 12 Band 2 Domestic	4		(0.010)

Virement 18 Band 3 budget trf	4		0.019
Lymphoedema Top Slice RX	4		(0.029)
HD Ref 51 Band 2-4	4		0.054
Roundings	4		(0.001)
Anticipated budgets included in the report but not yet in the ledger	4		8.659
Health Budget Reported at Month 4			**165.016**

TOTAL COMBINED BUDGET	**310.286**

Integration Joint Board
12th October 2023

Subject :	**HSCP Learning &Development Strategy**
Purpose :	To provide board members with awareness of the HSCP Learning & Development Strategy
Recommendation :	The IJB are asked to note the drive to ensure that the needs to the staffing needs of the HSCP is recognised with regards to introducing clear pathways to meet staffing demands, as well as training needs.

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

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership
PSMT	Partnership Senior Management Team
SPF	Staff Partnership Forum
SWGB	Social Work Governance Board
HCC	Health and Community Care
C&F	Children and Families

1.	**EXECUTIVE SUMMARY**
1.1	This paper updates IJB following a previous paper presented to Partnership Senior Management Team in June, on activity in relation to the development of a learning and development strategy. The strategy provides a clear indicator of the HSCP organisational offer and expectation in relation to professional development.
1.2	PSMT were given early sight of the strategy in June ahead of broader consultation to ensure there are no omissions from the perspective of the Director and Heads of Service.
1.3	Following broader consultation with the HSCP the final version of the strategy was approved at PSMT in August.

2.	**BACKGROUND**
2.1	This strategy outlines our approach to articulating to our practitioners how much we are investing in their development. The strategy also begins to articulate in broader terms the development of leadership and management capabilities.
2.2	Two further key areas relate to the explicit expectations to complete Post Graduate learning within a period of time if you don't have one which will also act as a gateway into a promoted role. Secondly the strategy seeks to strengthen the newly qualified first year for Social Workers. This is critical as the first year greatly influences professional autonomy and authority which are key to good social work practice.
2.3	Following the wider consultation and taking cognisance of minimal feedback that was received with the HSCP workforce rewording in relation to Post Graduate Study has been made. The expectation remains that study at this level will be completed and the strategy seeks to implement this over the 5-year implementation period.
2.4	In respect of feedback received relating to the "Grow Our Own" section a visual pathway has been inserted to include development opportunities that encompass the social care workforce and opportunities that are offered pre HSCP employment through school projects the Learning and development team are involved in.
2.5	Following recent Social Work Student Sponsorship interviews and the successful interview process for Social Work Traineeships in HCC and C&F we now have a "pipeline" of 11 students undertaking the social work degree who will become qualified workers between 2024/28 and a further sponsorship student who will qualify in November of this year. We also expect to utilise our new procedure to retain final placement students in 2024 which will bring forward 4 potential new Social Workers further strengthening the workforce.
2.6	In relation to the key area of Good reflective Supervision outlined in the document "Supervision Standards" have been developed following the ongoing work in relation to supervision practice being undertaken by external consultant Bridget Rothwell. The standards will form the final version of the "Be The Best You Can Be" Learning and Development Strategy. The Supervision Standards outline expectations in relation to good reflective supervision, values and conduct which can be used to develop bespoke service specific supervision guidance.
3.	**PROPOSALS**
3.1	It is proposed that the Integrated Joint Board notes the plans identified in ensuring effective training of staff and methods of maintaining staffing levels, as set out in the Appendix 1, the Learning & Development Strategy

3.2	<u>Anticipated Outcomes</u>	
	This Strategy will seek to support and develop the HSCP workforce in a variety of ways and the Learning and Development Team will continue to support services with the implementation of the Strategy through an action plan which outlines key stages of work in a phased approach.	
3.3	<u>Measuring Impact</u>	
	Through an annual review of the Strategy Document and key reporting mechanisms which include auditing activities of training attendance and supervision activity these will be reported through the Chief Social Work Officer and the Social Work Governance Board.	
4.	**IMPLICATIONS**	
4.1	<u>Financial</u> None	
4.2	<u>Human Resources</u> None.	
4.3	<u>Legal</u> None.	
4.4	<u>Equality/Socio-Economic</u> None	
4.5	<u>Risk</u> No Risk	
4.6	<u>Community Wealth Building</u> None	
4.7	<u>Key Priorities</u> The HSCP Learning and Development Strategy links to the Strategic Priority "Develop and Support Our Workforce" and the ambition outlined in the HSCP Strategic Commissioning Plan 2022-30.	
5.	**CONSULTATION**	
	The strategy was presented to the Staff Partnership Forum (SPF) for awareness at the beginning of September.	

Caroline Cameron
Director of HSCP
Lesley Higgins, Learning & Development Manager,
lesleyhiggins@north-ayrshire.gov.uk

<u>Appendices</u>
- Appendix 1, Learning & Development Strategy

BE THE BEST YOU CAN BE

NORTH AYRSHIRE
Health and Social Care
Partnership

NAHSCP Learning & Development Strategy (Social Work and Social Care) 2023-2028

Version Number	Date Issued	Author	Update Information
V1.0	24-08-2023	Lesley Higgins	First Published

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Foreword

Welcome to the NAHSCP Learning and Development Strategy 2023-28, which is centred around post-pandemic activity and recognises the need to ensure the workforce feels valued and supported in meaningful ways, which can start with the daily interactions we have with colleagues in our day-to-day work.

As we all know we have all been working in very different and often challenging circumstances due to COVID 19, and the aftermath of the pandemic has left us working more remotely than before. It is therefore useful to think about how we behave towards one another and consider that if individuals adopt and demonstrate an approach based on respect and kindness, this is likely to be the approach that most people within the organisation will also take. There are also links between being kind and this having a positive impact on employees' mental health, translating into improved morale and performance, which can at times be quite powerful.

Through delivery of the Strategy, we aim to ensure staff are supported to "be the best they can be" through a variety of learning and development activities, and we will continue to support NAHSCP services at every opportunity with bespoke requests and activities. We encourage colleagues across NAHSCP to participate in opportunities offered to them to ensure they are confident and competent in their roles, and they are able to grow within the organisation.

Lesley Higgins - Learning & Development Team Manager

> **"Kindness is teachable and practicing it will help people to be better at it."**
> *Intelligent Kindness (Health & Social Care Alliance Scotland)*

Learning & Development Team Structure as at June 2023 (Appendix 1)

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┌──────────────────────────────────────────┐      ┌──────────────────┐
│ Learning & Development Team Manager        │──────│      Admin       │
└──────────────────────────────────────────┘      └──────────────────┘
         │
  ┌──────────────┬──────────────────┬──────────────────┐
┌─────────────┐  ┌─────────────┐  ┌──────────────────┐
│SQA Assessors│  │ L&D Advisors│  │ Practice Teachers│
└─────────────┘  └─────────────┘  └──────────────────┘
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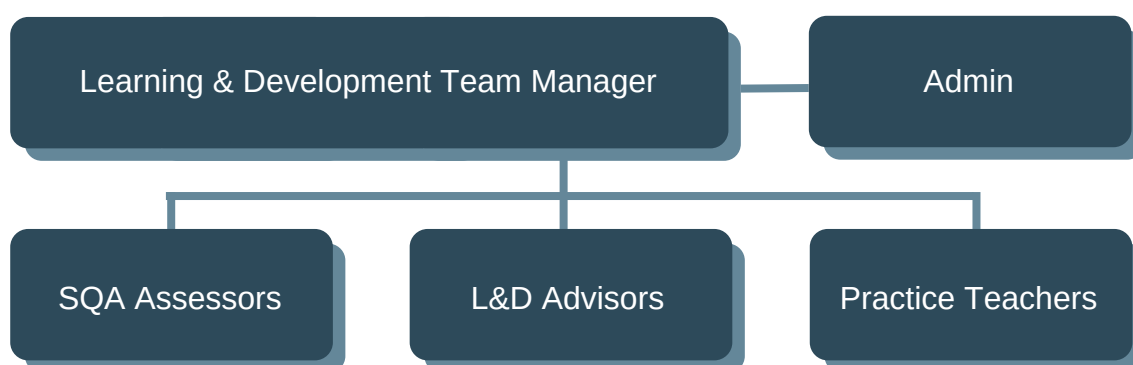
SECTION 1: LEARNING & DEVELOPMENT STRATEGY 2023-2028

NORTH AYRSHIRE
Health and Social Care
Partnership

Background and Context

The HSCP Learning and Development team is a resource to support the effective and efficient delivery of the Chief Social Work Officer's (CSWO) responsibilities in progressing required social work professional practice, workforce learning and development.

This is not only in relation to national drivers and development agendas, but also supports the social work professional workforce in meeting service registration requirements in respect of the Care Inspectorate (CI), the Scottish Social Services Council (SSSC) and Continuous Professional Learning (CPL) requirements of SSSC re-registration criteria.

This Strategy reflects a period of transition due to the pressures of the recent global pandemic and in relation to the need to take account of significant national drivers such as the SSSC proposed changes to registration, and the impact of a proposed National Care Service. This can also be viewed as a time of opportunity to be more creative and radical in transforming our approaches to workforce development. However, identifying and meeting demand in an ever-changing environment will call for innovative and efficient responses.

The Strategy takes into cognisance current and ongoing workstreams and agendas in the HSCP including Self Directed Support, Neurodivergence, Transitions and Learning Disability Extreme Team.

The provision of high quality, effectively targeted learning and development opportunities will be a key driver in achieving improved outcomes for people who use our services, and it is recognised that there continues to be ongoing growth in Care at Home services, and this may continue to grow in the coming years.

In progressing these objectives there will be a move towards integrating an organisational development approach across the workforce to support effective learning and development activity. The key aspects of this will be in seeking to develop the following:

- Leadership at all levels.
- A confident competent workforce.
- A clear Post Qualifying Framework to promote accredited learning.
- A clear Professional Learning Framework to develop practice at all levels.
- Clear pathways for development at all levels.

All appendices are available via the Learning and Development SharePoint.

Scope of the Learning & Development Strategy

This Strategy considers the professional and technical learning and development needs of the social work/social care workforce operating within the Health and Social Care Partnership (HSCP).

The co-ordination and/or delivery of social work professional practice learning and development opportunities is resourced by the Learning and Development team, as is the co-ordination and/or delivery of SQA approved qualifications aligned to HSCP practitioners' SSSC registration requirements.

The key elements for consideration in implementing this strategy are:

- Continuous Professional Learning (CPL) requirements of social work practitioners aligned to SSSC re-registration criteria.
- Known requirements/recommendations related to Care Inspectorate (CI) inspections of services.
- Policy and Procedural requirements/developments and drivers relevant to social work practice both locally and nationally.
- Operational Service Development Plans.
- Service redesign, improvement, quality assurance and cultural activity.

These will be formulated against the 6 Capability Pillars being developed by the Advanced Social Work Practice Framework:
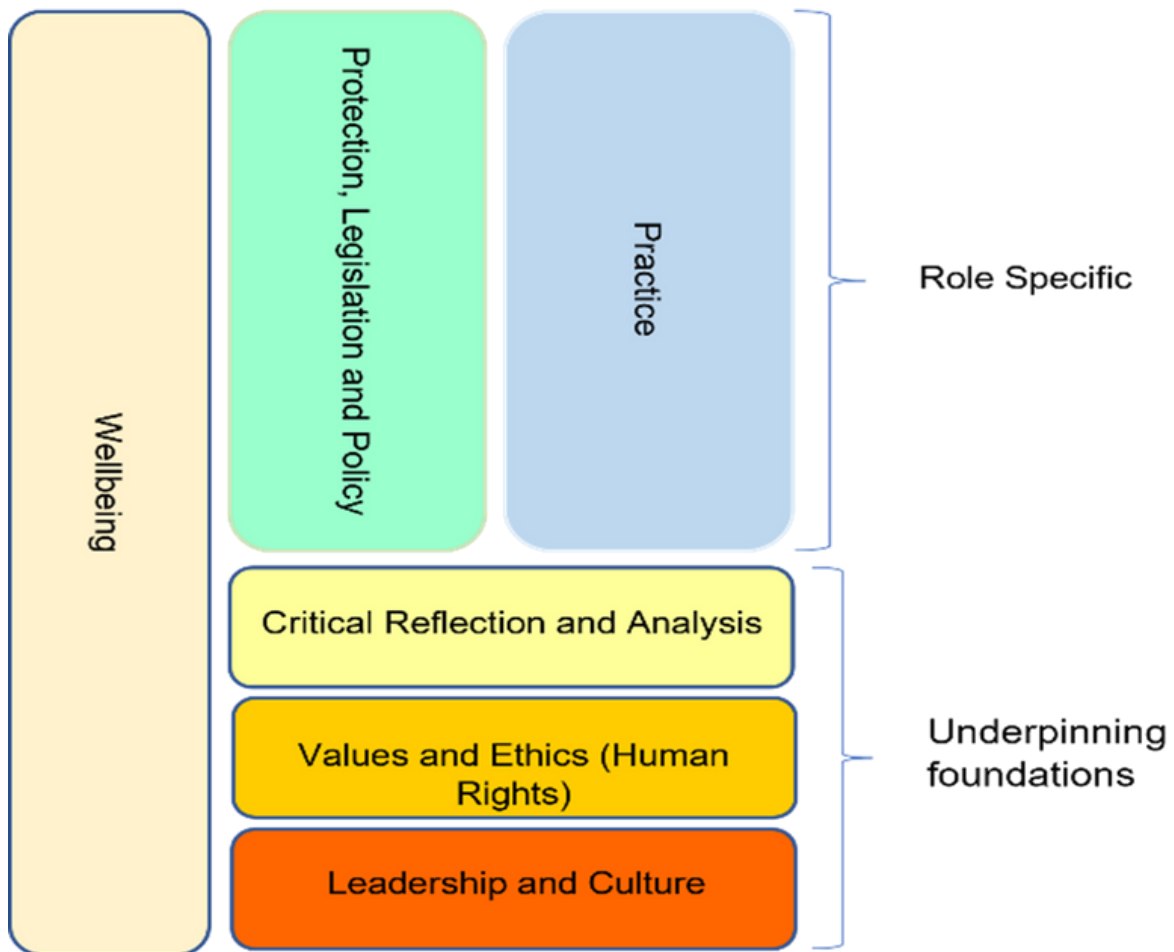
What the Learning & Development Strategy does not cover

Elements of developmental activity offered across the Council/HSCP such as legislative or relating to Health and Safety requirements, e.g. the Moving and Handling training programme, Fire Safety training, IOSH Managing Safely and Food Hygiene, are coordinated and/or delivered by other specialist resources or by the Corporate Organisational Development Section.

The Corporate Organisational Development Section delivers a range of learning and development opportunities and interventions designed to provide all employees with appropriate support and development to enable them to deliver their role. Development opportunities are also available for all HSCP staff via the Child & Adult Protection Committee training calendars.

All inquiries regarding additional training courses should be directed to the email address noted below:

- **CPC:** cpc@north-ayrshire.gov.uk
- **ASP**: asptraining@north-ayrshire.gov.uk
- **Health & Safety:** hscpmovingandhandling@north-ayrshire.gov.uk
- **CALMS, Moving & Handling:** hscpmovingandhandling@north-ayrshire.gov.uk
- **Suicide Prevention:** swatts@north-ayrshire.gov.uk
- **Prevention and Service Support Team / Addiction Services:** chris.myles@aapct.scot.nhs.uk
- **Learning and Organisational Development:** hrlearninganddevelopment@north-ayrshire.gov.uk
- **Nurture Training (Residential Childcare):** Contact Educational Psychologists

Wellbeing

Key areas to be addressed:

As the wellbeing of HSCP employees is of the upmost importance, we aim to ensure that all staff have access to - and knowledge of - available supports provided by North Ayrshire Council, including:

- LiveWell resources, Wellbeing Warriors.
- MyOHportal.
- Employee welfare, stress, and counselling support.
- Wellbeing at Work and all related policies.
- All HSCP training sessions will feature wellbeing supports (both internal and from external organisations) and information will be provided at each break.
- Wellbeing is included as a key component of supervision.

Protection, Legislation & Policy

Key areas to be addressed:

Supporting and supervising the workforce: Developing and valuing the social work service workforce is integral to the overall success of the Strategy.

- Delivery of a planned annual training programme, which will address the core social work/social care workforce development needs in relation to induction and refresher training aligned to post entry requirements.
- Introduce PREVENT and Suicide Prevention Training as essential from post commencement.
- Design and roll-out of the Newly Qualified Social Worker (NQSW) Supported CPL first year in qualified practice development programme, which will focus on promoting evidence-based and critically reflective work practice and support autonomous, professional social work practice across all services.
- Develop a robust Service Induction programme and resource for all new practitioners' managers and supervisors, including shadowing opportunities within a variety of roles and settings.
- Embed Leadership Programmes at team and Senior Manager levels, based on human systems theory, which will support the development of the changing context of Social Work service delivery. It will also support a coaching approach to professional supervision within social work/social care services in line with SSSC codes of practice and the HSCP role in the promotion of Professional Standards.

Understanding service quality and performance: There is a need to address planning in relation to both Mental Health Officers and Accredited Practice Teachers.

- Scoping exercise to identify the current level of Mental Health Officer (MHO) and Practice Teacher (PT) resources in establishing levels required to meet requirements of sustainability.
- Develop an action plan to address planning in respect of MHO and PT qualification uptake.
- Development of PQ MHO and PT information sessions to support the workforce in undertaking PQ courses.
- Engage with HR colleagues to introduce Management Qualifications and service specific post qualifying qualifications as entry requirement for Team Manager posts and above.

NAHSCP Learning & Development Team will assume co-ordination responsibilities for Practice Learning Placements, MHO Qualifications, Assessors Training/Support and Practice Learning Awards in 2024.

It is an expectation that, within the HSCP, qualified workers, once three years post-qualified, seek to undertake the practice teaching course Professional Development Award Practice Learning or MHO Award, and/or other post-qualifying awards.

It also expected that any qualified worker who wishes to be considered for promoted Team Manager posts will have completed either of these awards.

Key areas to be addressed:

- Social Work Student Placement Co-ordination.
- Embed a strong learning culture within teams and the aspiration to support Social Work Students.
- Increasing capacity in relation to in-house Practice Teacher / Practice Assessor and Learning resources.
- Liaising with Higher Education Institutes (HEI) regarding all Social Work Student Practice Placement requirements.
- Liaising with HEI's in relation to the delivery of MHO Awards.
- Establishing a bespoke PDAPL Delivery Programme in partnership with Dumfries and Galloway HSCP.
- Supporting Practice Teacher/Link Worker development forums.
- Supporting Social Work Student Practice Placement Forums (pan-Ayrshire).
- Exploring Practice Learning Opportunities through placement development across both in-house placement settings and through the development of further placement opportunities with partner providers within the Third Sector.
- Scoping exercise to identify the current level of employees who have undertaken post qualifying qualifications including PG Child Protection and Adult Protection Certificates and Diplomas.

Practice

Key areas to be addressed:

Supporting the workforce: Developing and valuing the social work and social care workforce is integral to the overall success of the Partnership, and the Learning and Development Strategy.

An extensive range of skills-based opportunities will be available for all staff at all levels. This will include focus on supporting managers with Quality Assurance, Service Delivery & Standards throughout a forever-changing landscape, for example embedding the principles outlined in 'The Promise' and the introduction of a National Care Service.

Whilst services and workforces recognise where people are affected by trauma and adverse childhood experiences, we must respond in ways that prevent further harm, and support people's recovery and life-chances. As such the adoption of a Trauma Informed Workforce approach, will be enhanced by the recruitment of a Trauma Informed Learning & Development Advisor post.

- Delivery of a planned, annual training programme which will address the core social work/social care workforce development needs in relation to induction and refresher training.
- Essential and core training and development requirements are undertaken within specific timeframes aligned to posts.
- Essential and core training requirements are outlined to new workers and line managers within one week of post commencement. *(Core & Essential Training - Appendix 2)*
- Use of TURAS Trauma Informed Level Training for all HSCP staff.
- Review and further development of the Staff Induction Programmes/Training Programmes for services across the partnership.
- Full review and development of the HSCP Supervision Statement and tools to take account of feedback from External Consultancy Questionnaire and Input.
- Design and implementation of Link Worker Development & Support Programme. *(Practice Development Framework - Appendix 3)*
- Delivery of a robust Newly Qualified Social Workers (NQSW's) Framework. This will incorporate supporting practitioners to undertake research during their first year of qualified practice and present this at undernoted Practitioner Research and Practice Forum. The programme will be more robustly linked to the learning and development strategy and NQSW Supported Year Framework (SSSC). *(NQSW Framework- Appendix 4)*

- Launch of the 'NAHSCP Social Work Research Framework.' Action learning sets are being planned to support both greater use of research/evidence-based work practice and to promote and encourage local practitioner research projects.
- Review and embed leadership programmes in supporting the development of future leaders of social work/social care services, new Managers and Senior Managers. *(Leadership Programme - Appendix 5)*
- Revised 'Codes of Practice' due to be published in 2024. Roll out of sessions across the entire social work/social care workforce to be planned.

Critical Reflection & Analysis

Key areas to be addressed:

Improving use of evidence: Development of a continuing professional development programme to both support greater use of research within social work professional practice, and in supporting the undertaking of local social work practice research will be an area of focus.

A review of the Social Work Degree programme and broader activities relating to social work professional practice training and development is being carried out nationally with the impending introduction of NQSW Supported Year in Practice. Following this review, consideration of local implications in supporting social work professional practice and practice learning will require to be addressed.

- Align research initiatives to the NQSW Supported CPL programme in supporting them to undertake local research activity within their first 18 months of qualified practice.
- Establish and support Practitioner Research and Practice Forums.
- Review of professional supervision programmes and Supervision Statement and support in consultation with the social work workforce through commissioned work and delivery from Bridget Rothwell (Bridget Rothwell Consultancy). Design and development of new reflective programmes and resource to add to the existing suite of supervision practitioner events – focus on critically reflective reflexive professional practice, and restorative supervision.
- Introduction of essential attendance at Supervision Training within 6 months of post entry.
- Design and delivery of Appreciative Enquiry Training.
- Revision and consolidation of ongoing quality assurance and audit activity across the HSCP.

Values, Principles & Ethics

Key areas to be addressed:

In working to our values and principles we will adopt an organisational development approach which focuses on the ongoing development of the organisation - i.e. the people, the processes and the culture therein. There is a specific focus on leadership, culture, ethical practice and partnership through integrated working, and effective service redesign.

Operational Team Managers have primary responsibility for the leadership and development of their respective services/teams. The HSCP Learning and Development team will provide support as 'enablers' through the utilisation of development approaches.

Equality and Diversity

Actively encouraging the promotion of equal opportunities through social inclusion and tackling discrimination remain a key focus for the Council and HSCP. In line with this, the Learning and Development team is committed to promoting equality in respect of all aspects of its service delivery.

Alongside this general commitment to equality issues. there are specific actions directly related to learning and development within the HSCP published Strategic Plan, and the Learning and Development team supports the work of the HSCP in this area. All six equality strands referred to in the Equality Act (2010) are taken into account when developing training materials and in the delivery of all associated training activity.

The core values and principles underpinning the social work strategy are as follows:

- Providing a robust Induction Programme and Training in conjunction with services to ensure organisation inclusiveness and understanding. Induction Training will be delivered quarterly and centred around embedding the Learning & Development Strategy, Supervision and Development, Ethics and Social Work Standards.

- Working in partnership with operational services in supporting their strategic service developments through an effective and appropriate learning and development response.
- Promotion of integrated service delivery through the provision of appropriate learning and development opportunities.
- Promotion of development opportunities which support social work practitioners to meet their SSSC CPL re-registration requirements.
- Recognition that we are all practitioners, and we are the HSCP's greatest resource. This resource needs nurtured and developed to reach its full potential.
- Protected space to explore Ethical Dilemmas through forum opportunities.
- Design and delivery of Anti–Racist Practice in Social Work Training.
- Design and deliver Promoting Equality Training with essential attendance for Social Work Students and all NQSW's.

Leadership & Culture

Key areas to be addressed:

Developing and supporting an embedded culture in the HSCP where leadership at all levels is recognised, nurtured and encouraged.

Developing leadership behaviours and skills contributes to the continuous professional learning of the workforce and succession planning. Developing leadership at all levels is important because everyone in the workforce, regardless of role or position, contributes to the delivery of quality care for the people of Scotland.

Good leaders set the vision and the example; inspire, engage, direct and teach others.

- Ensuring the provision of the 'Aspiring Leaders Programme' (ALP) is available on an annual basis aimed at social work practitioners.
- Providing a training programme to support newly-appointed Team Managers for attendance within 3 months of post commencement.
- Design and delivery of a 'Senior Aspiring Leaders Programme' (SALP) in consultation and commissioned from Robert Rae (Horizons Research), who will deliver an experiential 6 to 8 session programme based on principles of Connecting System Groups (CSG) aimed at Team Managers and Senior Managers.
- The offer to Senior Managers and Team Managers to undertake one of the

post qualifying qualifications in Leadership and Management as outlined in *Appendix 5 - Leadership Programme*, within 3 years of post commencement.

- The offer to Senior Managers to undertake the CSWO Qualification (delivered by Glasgow Caledonian University).

Social Worker (Post 3 Years) → PQ Award → Aspiring Leaders → Team Manager → Leadership Qualification → Leadership Qualification & New Team Manager Training → Systems Leadership → Senior Manager
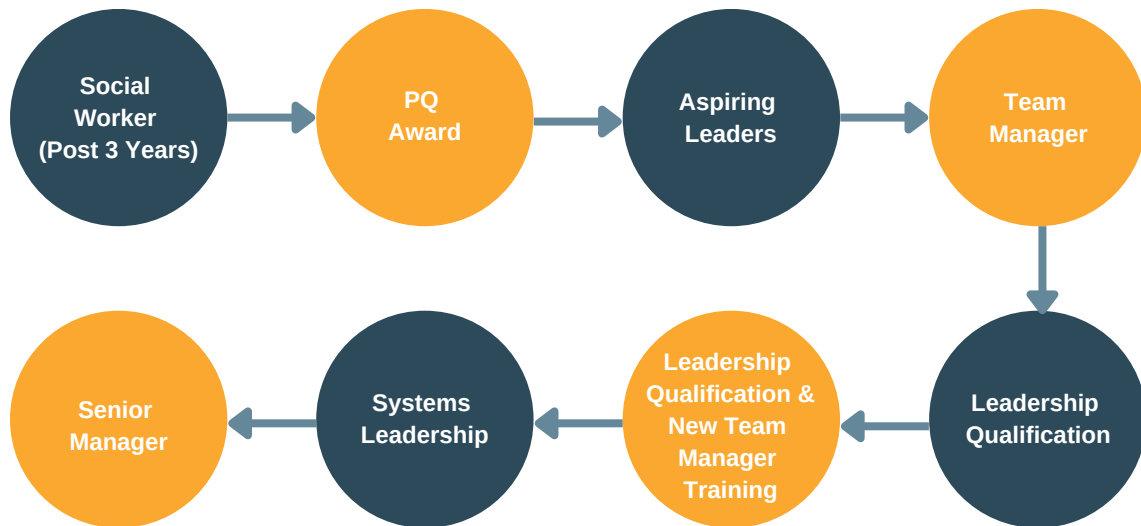
Growing Our Own

Key areas to be addressed:

The issues in relation to professional staff sufficiency remain across all areas of social work both locally and nationally. It is recognised and highlighted most recently by the Social Work Scotland 'Setting the Bar' report, which is impacting on the pressure being experienced across all the health and social care systems.

Our aim is to explore new ways to address some of these issues and to continue to embed development opportunities and Social Work Degree sponsorship pathways.

- Continue to offer annual sponsorship opportunities for the Undergraduate Social Work Degree in partnership with the Open University, who will deliver the qualification.
- Widen the sponsorship offer to include the Postgraduate Diploma in Social Work through the Open University.
- Implement a HSCP Social Work Traineeship Programme. *(Grow Your Own Framework - Appendix 6)*
- Continue the offer of ring-fenced recruitment processes for Social Work students on final placement in NAHSCP.
- Develop a HNC Social Services and Healthcare Day release programme for HSCP employees, in partnership with Ayrshire College.

Growing Our Own Training Pathways

Chief Social Work Officer Qualification

Leadership Qualifications - Appendix 5 – Leadership Programme

Post Qualifying Awards – Appendix 2 – Core and Essential Training

BA (Hons) in Social Work – Sponsorship / Traineeship

HNC in Social Services and Health Care

Modern Apprenticeship (SCQF Level 7 in Social Services and Health Care)

Modern Apprenticeship (SCQF Level 6 in Social Services and Health Care)

NPA – SCQF Level 6 in Social Services and Health Care (Senior Level School Pupils)

SECTION 2: SOCIAL WORK AND SOCIAL CARE SUPERVISION STANDARDS

Introduction

> **"Supervision must enable and support workers to build effective professional relationships, develop good practice and exercise both professional judgement and discretion in decision making. For supervision to be effective it needs to combine a performance management approach with a dynamic, empowering and enabling supervisory relationship. Supervision should improve the quality of practice, support the development of integrated working and ensure continual professional development."**
>
> *Scottish Social Services Council*

These standards are aimed at Social Work practitioners across North Ayrshire's Health and Social Care Partnership, recognising that practitioners at all levels of our organisation are our most important resource in working with children, adults, families, and communities to support and bring about positive change.

Staff Supervision is an approach that does not sit in isolation but brings together and makes sense of a range of activity from staff induction, development, training and, most importantly, day-to-day practice. Supervision must have priority and support within the workplace contributing to safe and consistent standards of practice forming part of a quality assurance system.

Central to this is the provision of organised supervision to all staff. Recent studies of supervision in NAHSCP (conducted and commissioned by Bridget Rothwell) indicate that there is often a dominance of case management over professional development in supervision, and in some cases no organised supervision at all. The partnership believes that more time must be dedicated to reflective social work practice to promote staff well-being and provide an outlet for the emotional and psychological stresses that are part of social work role.

The implementation of these standards will strengthen our current provision both to managers and practitioners with additional investment offering a wider programme of supervision methods and approaches as outlined in Section 1. It will build on our current one-to-one line manager approach, offering greater choice in how staff access professional support while facilitating the ability for staff to reflect, share and learn from others including mentoring opportunities and training.

The standards demonstrate our commitment to staff supervision being consistent and able to drive practice development. The addition of new approaches to supervision will strengthen our ability to develop our practice and challenge ourselves as professionals.

Definition of Supervision

There are numerous definitions of supervision. For the purposes of these supervision standards, professional supervision is defined as the relationship between supervisor and supervisee in which the responsibility and accountability for the development of competence, conduct, and ethical practice take place.

The supervisor is responsible for providing direction to the supervisee, who applies social work theory, standardised knowledge, skills, competency, and applicable ethical content in the practice setting. The supervisor and the supervisee both share responsibility for carrying out their role in this collaborative process.

There are many models of supervision described in literature, ranging from traditional, authoritarian models to more collaborative models. Different models of supervision place emphasis, in varying degrees, on the client, the supervisor, the supervisee, or the context in which the supervision takes place. Ideally, the supervisor and the supervisee use a collaborative process when a supervision model is selected; however, it is ultimately the responsibility of the supervisor to select the model that works best for the professional development of the supervisee. The supervisory relationship is built on trust, confidentiality, support, and empathic experiences. Other qualities inherent in the supervisory relationship include constructive feedback, safety, respect, and self-care.

Regular supervision is an essential component of accountable, safe and professional social work practice within a culture of learning and development. Supervision should be structured to include a focus on **NQSW wellbeing and resilience; professional development and learning; reflective and reflexive case discussion; systematic and management issues. (SSSC)**

"Effective professional supervision involved reflective dialogue and exploration that is clearly linked to practice and outcomes for people using services. The model of supervision in any service will be influenced by the organisational context and/or preferred style of the line manager.

"Supervision is a forum for reflection and learning… an interactive dialogue between at least two people, one of whom is a supervisor. This dialogue shapes a process of review, reflection, critique and replenishment for professional practitioners… It is accountable to professional standards and defined competencies and to organisational policy and procedures."

Davys and Beddoe, 2020, p22

North Ayrshire Health & Social Care Partnership Overarching Standards for Supervision

Note: It is expected that all HSCP services will use these standards to develop specific supervision guidance and arrangements that fit within service delivery, needs, and is aligned to the supervisee's role and/or experience. For example, NQSW's should receive more frequent supervision as outlined in Section 1 (Appendix 4) and the SSSC NQSW Supported Year. (www.nqsw.sssc.uk.com)

Standard 1 - Context and Implementation

Supervision is an opportunity to receive support and identify learning for staff working within health and social care settings. It is essential for professional practice that an appropriate supervision framework is in place as required by The Nursing and Midwifery Council (NMC), The Scottish Social Services Council (SSSC) and the Health and Care Professions Council (HCPC).

There are various ways in which we use supervision to improve on our practice - e.g., line management, reflective discussion and/or professional supervision for interventions. Other supervision methods include peer, support from group supervision and from a mentor.

Supervision processes - a model and processes

There are many models of supervision, but one that seeks to both promote reflective supervision and to locate it firmly within its organisational context is the 4 x 4 x 4 model, as shown overleaf.
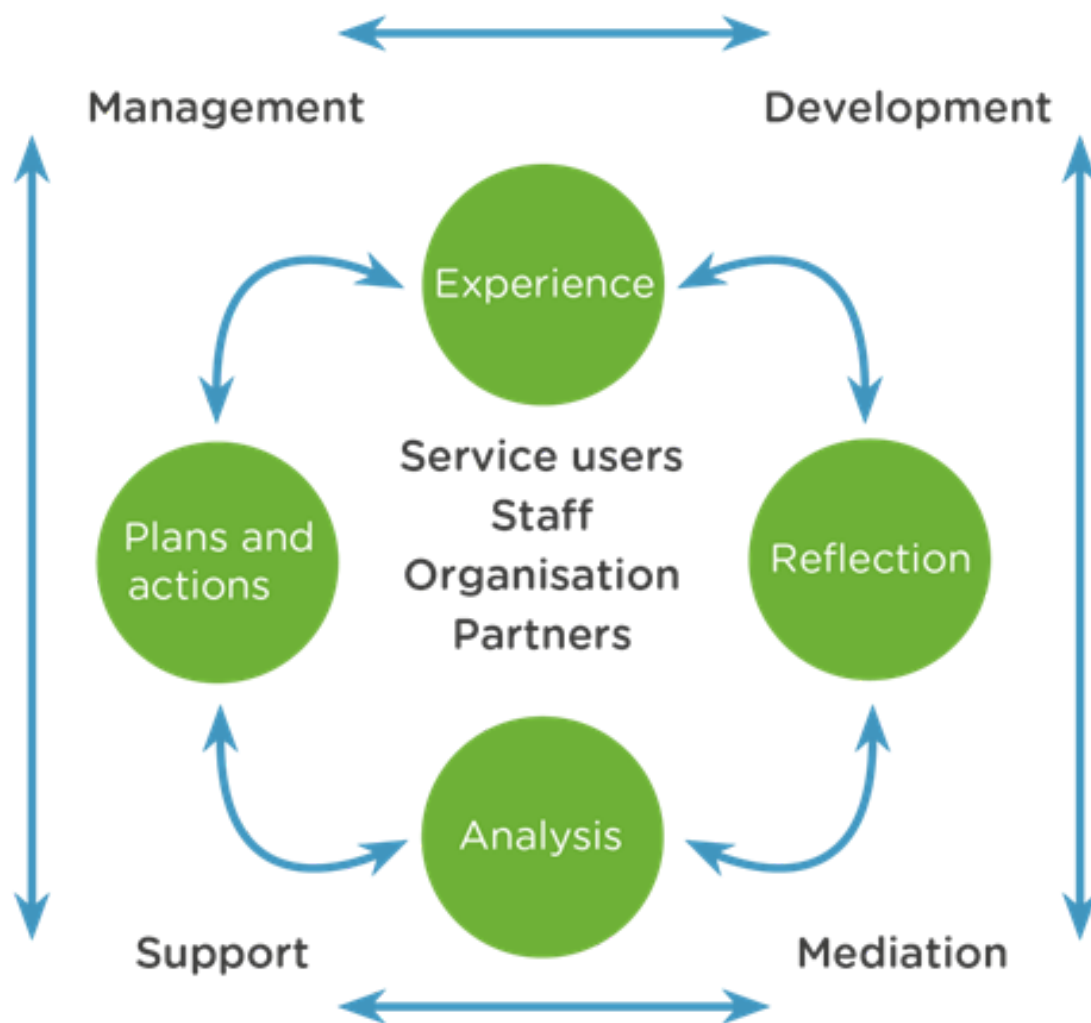
The 4 x 4 x 4 model of supervision (Wonnacott, 2012, p54)

This model seeks to bring together:

The Four Stakeholders in Supervision	The Four Functions of Supervision	The Four Elements of the Supervisory Cycle
Service Users	Management	Experience
Staff	Development	Reflection
The Organisation	Support	Analysis
Partner Organisations	Mediation	Action

- Line management supervision should be held regularly (in line with each specific service guidance) and structured reflective discussion sessions should be part of line management supervision or as a separate session.
- Supervision sessions should not be routinely carried out via Microsoft Teams, although it is recognised that on occasion this is the most convenient method due to agile working arrangements. It is expected that more the 90 per cent of supervision sessions are carried out face to face.
- All staff should have in place supervision contracts for both line management and structured reflective discussion sessions. These contracts will set out the responsibilities of the supervisor and the supervisee. Contracts should be reviewed and updated annually.
- It is recognised that ad hoc supervision occurs on a regular basis and, while there is no requirement to formally record this activity, staff can complete the reflective practise template following any discussion for their own records.

Supervision can be delivered in a number of settings:

- Individual
- Group/Peer supervision
- Shared
- Professional

Whilst it is envisaged that in the majority of situations an employee's Line Manager carries out the supervision sessions, there may be situations where an alternative arrangement is in place. Alternative arrangement should be outlined (including duration, frequency and recording) and agreed at the point of request and should be agreed at Senior Management Level.

This includes professional supervision and peer supervision arrangements.

Standard 2 - Conduct & Values

The content and nature of supervision may vary in respect of the individual, the role they undertake and their level of competency, knowledge, skills, and experience. This framework provides guidance on the key principles for implementation across all social work and social care settings.

Supervision should be centred on achieving better outcomes for those who use/receive social work/social care services and their carers, and must be underpinned by the values outlined in the SSSC Codes of Practice.

The underlying agreement between supervisors and supervisees includes the premise that supervisees depend on the skills and expertise of supervisors to

guide them. Respect for the different roles that supervisors and supervisees play in the supervisory relationship is a key factor in successful supervision. To maintain objectivity in supervision, it is important to:

- negotiate a supervision contract with mutually agreeable goals, responsibilities and timeframes.
- provide regular feedback to supervisees on their progress toward these goals.
- establish a method for resolving communication and other problems in the supervision sessions so that they can be addressed.
- identify feelings supervisees have about their clients that can interfere with or limit the process of professional services.
- Each member of social work/social care staff can expect that supervision will take place in an appropriate, confidential environment, with interruptions and cancellations minimised, and that the supervision session will be recorded, with the record held securely, and being accessible to the staff member.

Reflective Supervision

"Recognition of the need for protected time and space for focused reflection, particularly for supervisors, needs to be embedded in social services including both experiential training for supervisors as well as further recognition of the value of team and group supervision."

(Hawkins et al. 2020)

Skilled use of reflection and critical thinking within supervision will enable a focus on the quality of practice and may at times alert the supervisor to situations where the work of the supervisee is unlikely to promote the best outcome for the service user.

"An important element in reflective supervision is enabling staff to question their practice, critically analyse and evaluate experiences, and debrief after challenging or stressful encounters. This will lead to a better understanding of the cognitive and emotional elements of practice."

(SSSC)

Use of the 4X4X4 cycle prompts the supervisor to work collaboratively with the supervisee through the following four stages:

Experience: Working with the supervisee to understand what is happening in their current practice.

Reflection: Engaging with the supervisee to explore their feelings, reactions and intuitive responses. This is an opportunity to discuss any anxieties and acknowledge situations where stress may be impacting on their work.

Analysis: Helping the supervisee to consider the meaning of the current situation and use their knowledge of similar situations to inform their thinking.

Action planning: Working with the supervisee to identify where they wish to get to and how they are going to get there.

> **Supervision should be reflective of practice – not to be confused with workload management, which is a separate action.**

Standard 3 - Recording & Reporting

Each supervision session that takes place is noted within the supervisee's Carefirst record (where appropriate).

This is a basic headline recording, noting the date and time of supervision. There is no requirement for session content to be noted here. This will allow detailed reporting on the provision of supervision across the Partnership.

A line management supervision template **(Appendix 7)** is provided to allow key elements of each session to be recorded, this document is a guide only and should be adapted where necessary to meet with service specific supervision guidance.

This document is between the supervisor and the supervisee and should consider the following areas:

- Competency, Performance, Practice
- Professional Development
- Personal Support
- Engaging the individual with the organisation

This document is for the benefit of the supervisor/supervisee and is designed around supervision as a learning process. Recording content should be helpful to the supervision process and is agreed by both parties.

Annual Review

The Partnership will aim to seek feedback on supervision delivery and these experiences through an annual survey to evaluate their impact on practice development.

The evaluation and reporting process will be analysed and presented as an annual report. This report will be presented to the Social Work Governance Board for consideration and forward planning.

Standard 4 - Leadership & Role Modelling

Supervisors play a key role in the professional development of their supervisees. The actions and advice of the supervisor are keenly observed by supervisees, and consequently, influence much of the supervisee's thinking and behaviour.

Teaching is an important function of the supervisor, who models the behaviour the supervisee will emulate. Supervisors should create a learning environment in which supervisees learn about the internal and external environments in which they work, as well as the environments in which their clients find themselves each day.

Enablers of good leadership have a strategic vision where expectations are clear and communicated well and people feel supported and valued. Through

supervision sessions we aim to create a leadership culture that supports shared responsibility, opportunity for reflection and promotes learning and development. As leaders we support, coach and mentor as well as modelling good practice. To support and ensure all supervisors and managers are equipped with the skills and knowledge to deliver "good" supervision, it is expected that they undertake the relevant training.

As the HSCP recognises and values leadership at all levels and effective supervision is the responsibility of all employees including supervisees, essential training requirements and leadership opportunities are outlined below and referenced in Section 1.

Training	Target Audience
Getting the Most from my Supervision	All HSCP staff working in social work or social care settings
Providing Effective Supervision	All supervisors and managers
New HSCP Managers	All new HSCP managers
NQSW Forum	Newly-qualified social workers
Aspiring Leadership Programme	Workers Grade 10 and above aspiring to become team managers
Systems Leadership Programme	Workers Grade 12 and above
Professional Development Award Supervising People	Any HSCP supervisors or managers working in social work or social care settings

Useful Resources

- Achieving effective supervision **(www.iriss.org.uk)**
- SSSC Leadership Logic Model **(www.sssc.uk.com)**
- SCIE - Effective Supervision, reflection, and critical thinking **(www.scie.org.uk)**
- SSSC NQSW Supported Year **(www.sssc.uk.com)**

Appendix 1: L&D Team Structure

Learning and Development Structure as at June 2023 is as follows:

```
                    Chief Social Work Officer
                              |
        ┌─────────────────────┴─────────────────────┐
Learning & Development Team Manager              Admin
        |
   ┌────┴────────┬──────────────┐
SQA Assessors  L&D Advisors  Practice Teachers
```
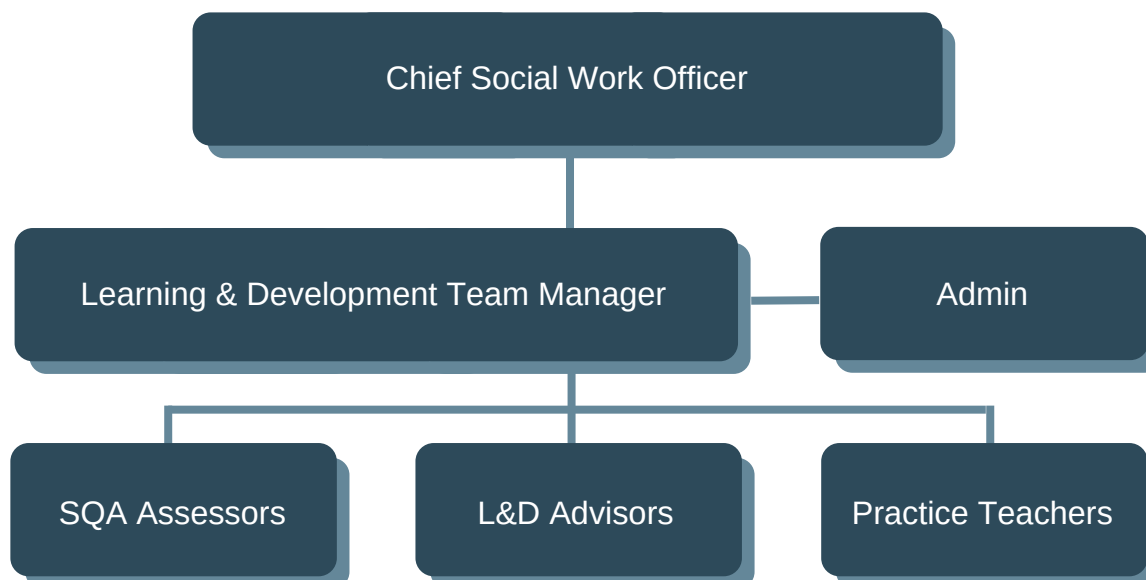
Contact Details

Chief Social Work Officer	**Scott Hunter**	scotthunter@north-ayrshire.gov.uk
Learning and Development Team Manager	**Lesley Higgins**	lesleyhiggins@north-ayrshire.gov.uk
Admin	**Lorna Smyth**	lornasmyth@north-ayrshire.gov.uk
SVQ Assessors	**Lynn McCartney Margaret Gould Lynsey Mae Green**	lynnmccartney@north-ayrshire.gov.uk margaretgould@north-aysrhire.gov.uk lynseygreen@north-ayrshire.gov.uk
L&D Advisers	**David Roxburgh Lynn Robertson Lynne Paterson**	davidroxburgh@north-ayrshire.gov.uk lynnrobertson@north-ayrshire.gov.uk lynnepaterson@north-ayrshire.gov.uk
Practice Teacher	**Karen Foster**	karenfoster@north-ayrshire.gov.uk

Appendix 2: Core & Essential Training

The **HSCP Essential Training courses** below are to be undertaken within the first 6 to 12 months of post commencement and are applicable to all Social Worker posts.

All employees should be supported by line managers to ensure they are prioritised as part of Induction into the HSCP. These courses should complement all mandatory training requirements outlined by North Ayrshire Corporate Council and compliance and auditing exercises will be undertaken.

Specific training plans continue to be developed with services. These are available on request from **lesleyhiggins@north-ayrshire.gov.uk**. All other service specific training should be outlined by Team Managers for all new staff members.

Learning and Development admin will issue an email to all new staff members and line managers, detailing the essential training requirements to be completed within the first 12 months of employment.

Essential Training Year 1

HSCP Induction	Promoting Equality
Social Work Induction	Understanding Adult Mental Health
Child Protection Awareness	Suicide Prevention
Child Protection Refresher (annual)	Neurodivergence Awareness
Chronologies Training	PREVENT
ASP Level 1 & 2	Understanding LGBT
Personal Safety	Report Writing/Case Recording and Analysis
Court Skills	Introduction to Self-Directed Support

Training & Development Year 2 & 3

Developing and valuing the social work and social care workforce is integral to the overall success of the Partnership, and the Learning and Development Strategy. An extensive range of skills-based opportunities will be available for all staff at all levels.

All staff are required to complete any annual essential training as outlined by North Ayrshire Council and ongoing development discussion should be discussed with staff members during supervision and annual 'Time to Talk' discussions.

Learning and Development admin will aim to notify staff of any refresher training requirements, or annual training requirements, a minimum of 3 months prior to the renewal date.

Post Qualifying Awards Year 3 onwards

It is an expectation within the HSCP that qualified workers, once three years post-qualified, seek to undertake the practice teaching course (Professional Development Award Practice Learning) or Mental Health Officer Award and/or other post qualifying awards.

It also expected that any qualified worker who wishes to be considered for promoted Team Manager Posts will have completed either of these awards.

Course	Duration	Provider
Child Welfare and Protection Certificate	1 Academic Year	Stirling University
Securing Children's Futures	1 Academic Year	Adoption & Fostering Alliance
Adult Support and Protection Certificate	1 Academic Year	1 Academic Year
Mental Health Officers Award	1 Academic Year	Strathclyde University
Professional Development Award Practice Learning	1 Year	Dumfries and Galloway

Post Qualifying Awards for Leadership Roles

It is an expectation within the HSCP that qualified workers in leadership roles will seek to undertake one of the below post qualifying leadership qualifications within 3 years of commencement.

Course	Provider
Managing, Leading, Caring K318	Open University
Care Services Leadership & Management	SVQ - delivered in house (North Ayrshire Social Services Assessment Centre)
Management & Leadership in Social Services	Stirling University
CSWO Qualification	Glasgow Caledonian University

Appendix 3: Practice Development Framework

Practice Education

For North Ayrshire HSCP applicants to Dumfries and Galloway:

Professional Development Award in Practice Learning

Essential Requirements
1. Education, Experience and Training
A degree in social work and employment in a social care environment.
Registered with SSSC or eligible for registration with SSSC.
A minimum of three years' experience in a social work / social care setting.
Experience of supporting the learning of others.
Direct experience of link working a student on placement.
Ability to write to a degree level academic standard.
Evidence of continuous professional development.
2. Commitment
Commitment to studying over a 12 to-18-month period.
Commitment to attending all taught dates on the programme.
Commitment to practice teaching a student on placement during the PDAPL programme.

Commitment to practice teaching a minimum of two further students in the three years after qualification is attained.

Commitment to attending mandatory Practice Teaching Peer Support & Student Progress Sessions held in NAHSCP.

Commitment to attend Annual Pan Ayrshire Practice Development Session.

Commitment to ongoing development in practice teaching and learning.

Commitment and support from your line manager to provide study time and to host a student on placement.

Commitment to anti oppressive practice and inclusivity.

Commitment to ensure you act on behalf of the Practice Learning Team for the student ie alongside the Link Worker, Tutor and Practice Development Co-ordinator and you inform the Practice Development Co-ordinator of student progress or challenges as they arise.

3. Skills and Abilities

IT literacy, ability to use IT to learn and deliver learning.

Ability to focus on outcomes for people who use services and their carers.

Ability to motivate others and demonstrate excellent practice.

A creative and dynamic approach to delivering best practice in social work.

An openness to critical reflection and self-reflection.

4. Other

Willingness to travel where appropriate both within North Ayrshire and outwith.

Practice Teaching Payment Structure

This payment structure applies to Social Workers who undertake Practice Teaching as an additional role and will be applied in line with the following:

Practice Teacher agrees with Learning and Development Team Manager to support a Social Work Student and placement area agreed (this may not always be in team or service where Practice Teacher is based).

↓

Practice Teacher completes internal Bank Mandate, the document is stored securely with Practice Development Co-ordinator.

↓

Following preplacement meetings with University Tutor, student and identified link worker, student commences placement.

↓

Following midpoint meeting, Practice Teacher emails Practice Development Co-ordinator to confirm student status at this stage and midpoint report has been submitted. Practice Development Co-ordinator processes PT Mandate with Finance for £750 payment.

↓

Following final meeting, Practice Teacher emails Practice Development Co-ordinator to confirm student status at this stage and final report has been submitted. Practice Development Co-ordinator processes PT Mandate with Finance for £750 payment.

Link Workers

As part of North Ayrshire HSCP's ongoing aim to develop the workforce you will be given the opportunity to not only develop as a Social Worker but also enable you to support student Social Workers when they are on placement in the role of a Link Worker.

The role of a Link Worker is integral within the practice learning team for social work students, and it provides an opportunity for you to develop as a worker and to progress in the future to become a Practice Teacher. This builds on the wider developing 'Grow our Own' projects within the HSCP.

It is essential as part of your professional development that you have undertaken the role of Link Worker and have completed all the development sessions before you can progress to the role of Practice Teacher.

What to Expect

You will be part of the practice learning team for a student during their time in placement. The practice learning team includes the student, University Tutor and Practice Teacher. You will be expected to be part of meetings and have a role in assessing a student social worker.

You will take part in some of the student's supervision and gather feedback from colleagues and service users to ensure the student is meeting their responsibilities. You will also be required to identify appropriate learning opportunities with the Practice Teacher and ensure they meet the standards in Social Work Education.

Link Worker Development Sessions

There will be Link Worker development sessions that you will be expected to take part in during the duration of the student's placement. These will take place regularly and will be co-ordinated and delivered by the HSCP Learning & Development Team.

This will provide an opportunity for you to understand your role, but also to liaise with other Link Workers within the organisation and discuss any issues within an open forum.

These sessions will focus on learning opportunities, potential student issues, observations, mid-point and final meetings.

Sessions will last for approximately 3 hours, and it is essential that all sessions are attended for your continuing professional development record.

Session Outline

- Facilitating Learning on Placement
- Challenges and Solutions
- Midpoint of Placement
- Final Meeting

Expectations

There will be expectations that if the Link Worker is a part-time worker or works compressed hours, that there are other supports within the placement identified for when the worker is not there to provide support to the student. This will also be the case if the Link Worker has annual leave during the student's time on placement.

If there are any issues with a student, it is the expectation that you will raise these as soon as possible with the Practice Teacher for the student, and the Manager within your team, to ensure that action can be taken in a timely fashion and that everyone involved is supported.

You are expected to:

- Be the day-to-day contact and support for the student
- Liaise with the Team Manager regarding allocation of work to the student
- Contribute to some supervision sessions
- Contribute to the Practice Learning Team for the student

You are NOT expected to:

- Carry out direct supervision sessions
- Complete midpoint or final reports
- Act independently of the Practice Learning Team

Development

Ongoing development for Link Workers could progress to applying for the Practice Development Award in Practice Learning, and you will be given the

opportunity to shadow and be mentored by a Practice Teacher from the HSCP.

This could also lead to:

- Practice Teacher
- Practice Assessor
- Aspiring Leadership Programme
- Team Manager Post

How to apply to be a Link Worker

In the first instance you should discuss becoming a link worker with your line manager, and this can be recorded as part of your 'Time to Talk' development opportunities.

Thereafter you can contact the Learning & Development team by emailing **HSCPLearningDevelopment@north-ayrshire.gov.uk** to book a course.

Courses are available annually in June and November.

Appendix 4: NQSW Framework

Newly Qualified Social Workers (NQSW) will be supported when they start their career in social work within North Ayrshire Health and Social Care Partnership.

Within their first year of practice, NQSWs require to complete their CPL for the SSSC (**www.sssc.uk.com**).
To support this, there are many different training opportunities that you can access.

As an employer, we want to ensure that you can progress within your career and ensure that you can develop as a worker. We want to ensure that a best practice model is in place to support NQSWs to transition to the workforce and ensure a confident and competent workforce for people who use services and their families.

The NQSW Supported Year in Scotland has professional learning development at the heart of the core elements: Induction; Professional supervision; Professional development; Continuous professional learning; Protected caseload; Protected learning time; Peer support and mentoring.

Different aspects of learning are critical to each element of the holistic approach that employers can take to support NQSWs in their early career. Learning is also integral across all the NQSW Standards (**www.sssc.uk.com**).

Induction

NQSWs must have a robust induction period whereby they are provided with shadowing opportunities of colleagues, shadowing of other teams and agency visits.

They must also be given a Professional Development Plan (the development of the tool is ongoing as out lined in the HSCP Strategy Workplan 2023/28) which is relevant to the organisation and the team that they are within.

Social Workers must be supported and be given the time to transition from being a student to Social Worker.

Newly Qualified Social Work Forum

The Newly Qualified Social Work Forum is co-ordinated and facilitated by the HSCP Learning and Development team every 6 weeks.

The groups run throughout the year, apart from summer months, and therefore no matter when you start within the organisation, you will be able to access these groups and receive the same support.

Newly Qualified Social Workers will be supported within the first **18 months of practice**. These groups are designed to support NQSWs to complete their CPL (continuous professional learning) and to discuss relevant topics within a Social Work context. **Attendance at the sessions is expected** and NQSWs must be supported to ensure that they attend.

Speakers will attend these groups and will come from a range of areas within Social Work. Practice Teachers will facilitate these groups and therefore will be able to provide advice and guidance on CPL and can also check these if workers decide to bring these with them to the group.

This group ensures that NQSWs will have protected learning time in order to meet the obligations under CPL for SSSC, which will ensure continued registration. This is why it is essential that NQSWs attend these groups and managers give them the time to do this.

Research will become a main theme threaded throughout the NQSW forum, where it is envisaged that a research topic and question will be identified for workers, and they will be expected to present findings to a Practitioners Forum towards the end of the programme.

Outline of Newly Qualified Social Work Forum Sessions

Session 1	CPL & introduction to research topic. Introduction from CSWO
Session 2	Research Introduction (Speaker will attend), CPL & Research time
Session 3	Supervision, CPL & Research time
Session 4	Trauma Informed Practice (Speaker), CPL & Research time
Session 5	Poverty Alliance (Speaker), CPL & Research time
Session 6	Addictions (Speaker), CPL & Research time
Session 7	Working with Involuntary Service Users (Speaker), CPL & Research time
Session 8	PREVENT (Speaker), CPL & Research time
Session 9	SDS (Speaker), CPL & Research time
Session 10	Champions Board (Speaker), CPL & Research time
Session 11	Crossing the Acts (Speaker), CPL & Research time
Session 12	Presentation to Practitioners Forum

Mentors

It is also our intention that mentors will be identified in each of the teams to support NQSWs for their first year in practice. This ensures that NQSWs have someone to support them within the teams so that they feel they have someone they can go to if their manager is not available.

Peer support is essential to learning and developing within the workplace and therefore it is beneficial that each worker is identified with a mentor within their team. Mentors can also provide informal supervision to the worker. (**www.sssc.uk.com**)

Professional Supervision

It is also the responsibility of each manager to provide regular reflective supervision for NQSWs. Structured professional development discussions should be utilised to plan and formally review the development of the NQSW against the agreed set of standards.

NQSWs can also expect that mentors will also be available for informal supervision if they feel they require this.

Further guidance will be provided to Team Managers following the review of Supervision and Development Guidance within the HSCP.

Protected Caseload

Newly Qualified Social Workers should have a protected caseload of no more than 12 cases for children and families, and no more than 24 cases within adult services, within the first 18 months, so that they are not overwhelmed.

Managers and mentors should be supportive of them so that they have the time to learn within the profession and develop their professional confidence within a demanding and pressured environment.

They should be supported by their peers and management so that they have the time to learn and fulfil their responsibilities set out by the SSSC. (**www.sssc.uk.com**)

Appraisal

Managers will carry out an appraisal with Newly Qualified Social Workers after 12 months of post commencement.

Further guidance and tools will be developed, however the appraisal should involve the NQSW mentor and the following should be discussed and recorded as a support for the worker in the remainder of their NQ period:

- Development opportunities completed /outstanding
- CPL Requirements
- Workload
- Continuing supports required

Appendix 5: Leadership Programme

The HSCP aims to embed leadership programmes in supporting the development of future leaders of social work/social care services, new managers and senior managers.

The programmes below detail what we can offer:

Aspiring Leaders Programme

Course Descriptor: The programme aims to give an insight into supervision theory, model and tools and offers inputs around Leadership Theory Values and Behaviours. The course is delivered with input from Senior Managers, Team Managers and the CSWO.

Course Participants: Any qualified Social Worker who has an interest in developing their skills and knowledge in leadership and aspires to progress into a promoted Team Manager post. This is an essential component of applying for Team Manager posts in the HSCP.

Course Duration: This programme takes place over 6 sessions and participants are required to research and deliver a presentation on a topic outlined to them on day 1. Research and presentation preparation time is built into all sessions.

Programme outline:

Context of the programme, routes to support career progression, introduction to supervising for supervisors
Leadership in Social Work & Presentation Skills, A Day in the Life of a TM
Leading change, building successful teams and team dynamics
Managing your wellbeing, difficult conversations
Delivering presentation with your partner, summation

New Leaders Training

Course Descriptor: This course aims to increase knowledge of practical skills aligned to Team Manager roles, including input from HR colleagues and the Chief Social Work Officer.

Newly-appointed Managers should attend within 6 months of post commencement as Essential Training.

Course Participants: New Team Managers within the HSCP.

Course Duration: 2 Full Days.

Training outline:

Day 1 -Transitioning to team leader, HR policies and procedures in the Partnership, Complaints Handling, Budget Management
Day 2 -Team health and team performance, Role of CSWO, Supervision and Support, Strategic thinking

Senior Aspiring Leaders Programme

Programme Descriptor: The System Leadership in Social Work Programme is designed to introduce social work professionals to system leadership over six core sessions.

Each core session will be face to face and will last around 4 to 5 hours. The sessions will combine theoretical learning, practical application and collaborative experiences to equip participants with the tools and strategies needed to work, and progress in, complex human systems.

In between the core sessions, participants will also undertake change experiments within their practice and with their team.

Programme Participants: Grade 12 and above who have an interest in becoming the senior leaders of the future.

Programme Duration: 6 sessions.

Programme outline:

Introduction to the practices and ways of working that support system leadership
Introduction to VUCA (volatile, uncertain, complex, ambiguous) operating environments (such as the HSCP) and how to make progress within these contexts
Introducing further tools for working with multiple perspectives and diversity. For example, political behaviours in teams and working with networks
Specific inputs into the role of Heads of Services and the skills and competencies required
Introduction to the Thomas Kilman communication and conflict handling tool. This enables participants to understand better their personal and collective communication styles and to build a more extended repertoire for communicating in the context of multiple perspectives
We will use peer consulting model based on dialogue and critical conversation practices
Use stakeholder mapping in the North Ayrshire system to frame individual (or small group) system leadership challenges within our spheres of control and influence;
Explore with the group the emotional dynamics of change and how to support staff in times of uncertainty

Who will deliver this programme: The programme will be externally facilitated by Horizons Research, who specialise in working with leaders who operate across organisational and system boundaries to facilitate social change and to develop shared leadership of complex challenges.

Additional Leadership Opportunities on Offer

Course	Provider
Managing, Leading, Caring K318	Open University
Care Services Leadership & Management	SVQ - delivered in house (North Ayrshire Social Services Assessment Centre)
Management & Leadership in Social Services	Stirling University
CSWO Qualification	Glasgow Caledonian University

Appendix 6: Growing Our Own

Growing Our Own Social Workers

Social Work Degree Sponsorship Programme:

Annually, HSCP partnership employees are invited to apply for sponsorship onto the Undergraduate and Postgraduate Degree programmes delivered by the Open University.

The sponsorship programme allows employees within the partnership to study for the degree qualification whilst remaining in their substantive post and, with agreement from Senior and Team Managers in their service, the staff member is released to complete the necessary placements.

On completion of the qualification, the staff member is 'matched' into a social work post depending on organisational and service needs at the time.

Initial information sessions are held to ensure that applicants are given all the relevant information about the qualification and the sponsorship arrangements. Applications are welcomed from staff to enter the degree programme at any stage of the four-stage course.

Requirements

- You are required to have an SCQF Level 7 qualification in order to apply – this is the minimum requirement.
- SCQF Level 7 qualification examples are HNC, SVQ, DD102, K102 (both OU Stage 1 modules).
- A degree is required for the Post Graduate Diploma.
- You must be able to provide evidence of qualifications.
- You must have at least one years' experience of working in a social care. setting directly with service users – this can be voluntary or paid experience. This allows you to commence the Undergraduate Degree at Stage 1 or apply for the PG Dip.
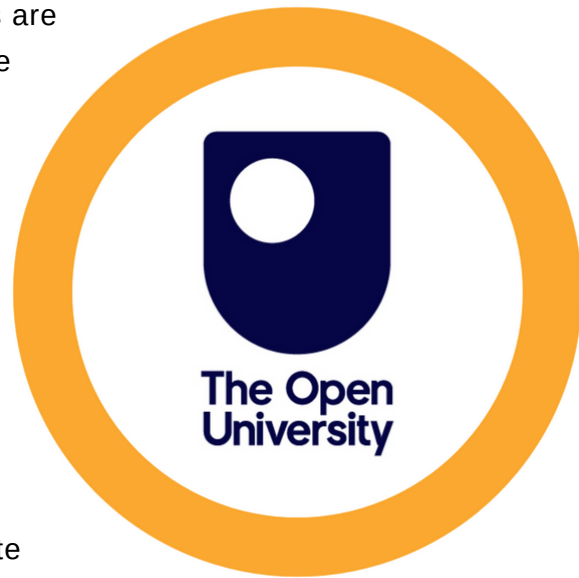
- If you have additional qualifications, i.e. an SVQ & HNC or other, you may be eligible for Credit Transfer with the OU and be able to start the sponsored Undergraduate Degree programme at Stage 2 or Stage 3.
- You are required to have an SCQF Level 5 qualification in Maths or be willing to undertake the OU Numeracy Test.
- You must be willing to register with the SSSC as a Student Social Worker and be a member of the PVG scheme through Disclosure Scotland, even if you are registered in your current role.

All applicants must obtain agreement from Senior Managers and Team Managers in their service for release onto the sponsorship prior to applying.

The application and interview process includes submission of a personal statement, application, evidence of qualifications and OU credit transfer where applicable. Following successful applications, a panel and service user interview is held for each applicant.

Trainee Social Worker Programme:

This programme allows employees to apply for a Trainee Social Worker post through myjobscotland, and each traineeship is aligned to a particular service.

This career pathway is a fully funded post where the HSCP will fund the successful applicant to undertake a Social Work qualification whilst they work as a Trainee Social Worker within a designated service.

NB: This programme differs from the sponsorship, as the employee applies for this 'post' and successful applicants resign from their current post.

Requirements
- HNC or SVQ Level III in Social Care or equivalent.
- A degree is required for the Post Graduate Diploma.
- The ability to undertake and achieve a BA Honours Degree in Social Work (Scotland) or Post Graduate Diploma in Social Work.
- Experience of working in a social care setting directly with Service Users – this can be voluntary or paid experience.
- You are required to have an SCQF Level 5 Qualification in Maths or be willing to undertake the OU Numeracy Test.
- You must be willing to register with the SSSC as a Student Social Worker and be a member of the PVG scheme through Disclosure Scotland, even if you are registered in your current role.

On successful completion of the Social Work Qualification, the trainee is 'matched' into a Social Work post within the HSCP.

Independent Student Social Workers Recruitment Programme:

The HSCP supports independent student social workers from universities across the West of Scotland as a statutory requirement.

Students completing a final placement within the HSCP will be offered the opportunity to apply for 'ringfenced' social work posts. which are only open for students to apply for through myjobscotland.

NB: All of the programmes outlined have additional processes, and detailed notes for employees and managers which are available on request from Lesley Higgins (L&D Team Manager).

Appendix 7: Supervision Recording Template

Sample:

Name of Supervisor:

Name of Supervisee:

Date of Supervision: Duration of Supervision:

Key Areas Discussed in Session

  •

The following can be brief notes or points that reflect feedback, planning, discussion, actions:

Practice and Performance and Competency (Reflective)

Professional Development

Personal Support (Wellbeing)

Mediation & Organisation

If you require any additional information about the contents of this document, please contact:

HSCPLearningDevelopment@north-ayrshire.gov.uk

North Ayrshire Health and Social Care Partnership
Cunninghame House
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North Ayrshire
KA12 8EE

www.nahscp.org

Integration Joint Board
12th October 2023

Subject :	**Meeting Dates 2024**
Purpose :	To advise members of the proposed timetable for meetings of the IJB, PAC and SPG for 2024. This report is for **approval.**
Recommendation :	That IJB agree the dates for meetings of the Integration Joint Board, Performance and Audit Committee and Strategic Planning Group for 2024.

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

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

1.	**EXECUTIVE SUMMARY**
1.1	The schedule of meetings for the Integration Joint Board (IJB) and Performance and Audit Committee (PAC) is required for the forthcoming year.
2.	**BACKGROUND**
2.1	The IJB in agreed in September 2021 to reduce to 8 meetings during 2022 to avoid the council recess periods and the period of purdah during the local government elections in May 2022.
3.	**PROPOSALS**
3.1	The number of IJB meetings for 2023 was reinstated to 9 meetings per year, with ad hoc private sessions arranged as and when required. The 2024 dates will follow the same pattern as 2023.
3.2	The Performance and Audit Committee will continue to meet on a quarterly basis.
3.3	The Strategic Planning Group meetings frequency will remain unchanged from 2023.

3.4	As in previous years, the timing of meetings has taken budget reporting and performance schedules into consideration and the timetable has been created to avoid clashes with key NHS and Council meetings, avoiding some recess periods of the Council.		
3.5	The proposed dates for IJB, SPG and PAC meetings are detailed below. The schedule of meetings is attached in Appendix 1.		
	Integration Joint Board		**Performance and Audit Committee**
	8th February 2024		1st March 2024
	14th March 2024		21st June 2024
	9th May 2024		30th August 2024
	13th June 2024		22nd November 2024
	22nd August 2024		**Strategic Planning Group**
	19th September 2024		30th January 2024
	10th October 2024		25th March 2024
	14th November 2024		21st May 2024
	12th December 2024		17th September 2024
			19th November 2024
4.	**IMPLICATIONS**		
4.1	<u>Financial</u> None.		
4.2	<u>Human Resources</u> None		
4.3	<u>Legal</u> None		
4.4	<u>Equality/Socio-Economic</u> None		
4.5	<u>Risk</u> None		
4.6	<u>Community Wealth Building</u> None		
4.7	<u>Key Priorities</u> None		
5.	**CONSULTATION**		
	Consultation has taken place with the Chair and Vice Chair, IJB and Chair, PAC as well as other relevant officers on the proposed timetable.		

Caroline Cameron, Director

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

<u>Appendices</u>

- Appendix 1 – Schedule of IJB Meetings

Appendix 1

**NORTH AYSHIRE HEALTH AND SOCIAL CARE PARTNESHIP
MEETING SCHEDULE 2024**

INTEGRATION JOINT BOARD / PERFORMANCE AND AUDIT COMMITTEE

Integration Joint Board	Performance and Audit Committee
11th January 2024 [**Private Session]**	1st March 29024
8th February 2024	21st June 2024
14th March 2024	30th August 2024
9th May 2024	22nd November 2024
13th June 2024	**Strategic Planning Group**
22nd August 2024	30th January 2024
19th September 2024	25th March 2024
10th October 2024	21st May 2024
14th November 2024	17th September 2024
12th December 2024	19th November 2024

NHS AYRSHIRE AND ARRAN

DELIVERY PLAN 2023 – 2026

Contents

1. INTRODUCTION

As a Board we recognise that sustainable improvement in operational and financial performance across the four pillars of public service reform will require transformation. Securing transformation when the pace and demand for service is high is not simple; however, as a system we are committed to reduce health inequality and with our anchor organisation status and ambitions for wealth creation, we will make Ayrshire and Arran a place of preference to establish a future that retains and nurtures it's local communities for the benefit of all citizens.

Our shared ambition, as captured in our Caring for Ayrshire strategy, is to develop and deliver on a whole system programme of work to ensure access to care and best care is available for every person, at the time they need it. In the immediate term, 2023 - 2026 this will be delivered through 3 corporate priorities; re-defining bed based care, the delivery of a sustainable financial future and digital reform.

Throughout these priorities, investing in our workforce will enable opportunities for service improvement and service redesign. As a system we are committed to an approach of evidence based change, with an emphasis on developing the networks and relationships that will enable an integrated health and care service model to evolve. This programme of work will consider all aspects of health and care from birth, to end of life, with citizens being at the heart of the proposals, ensuring our future services consider and respond to the changing population demographics (e.g. ageing population and increasing inequalities, particularly as a result of poverty) and the other key drivers that impact on service needs.

Establishing a sustainable financial recovery plan, as we work through this post Covid era, is essential. The in-year, 2023/24, capital investment has been weighted to progressing the delivery of our digital strategy as we believe it to be a core enabler in reforming the way the Health Board can deliver best care as close to the patient as possible. Our digital strategy is system wide and includes an Ayrshire wide commitment to deliver a single electronic patient record. It is acknowledged by the Board that the sustainable and longer term recovery of the current £56M forecast deficit is crucial. The financial recovery plan will be corporately led, and progress against delivery will be mapped to specific cost reduction plans; notably the reduction of high cost agency staff in preference to local recruitment and retention ambitions.

We will continue to work collaboratively with our health and social care partners and our wider community planning partners to improve planning and investment in our communities, to optimise population health not only through better provision of health and care services but through wider economic benefit, regeneration and growth in our communities.

The diagram below illustrates how, as a system, we are working together to secure high quality primary and community care services, delivering care closer to home and, when required, ensuring access to specialist care in our local hospital and national service networks.

Home with Care / Self Care
Self / supported care provided in or accessed from individuals home setting

Homely Environment
Continuing care provided on residential basis in local community

Primary Care
First point of care coordinating access to health and wellbeing services supported by multi disciplinary teams

Health and Wellbeing Hub
Providing care closer to home as safe and effective alternatives to hospital admission

Acute Services
Bed based care addressing acute / complex health needs on an emergency and planned basis

2023/24 Progress

In the immediate term the priorities for NHS Ayrshire and Arran within 2023/24 are to focus on system safety and service resilience to ensure we have the safest hospitals possible. To support our system, our health and social care teams are working together to guarantee that all available capacity across our health and social care system is aligned as well as it can be to the human resource we have.

To ensure progress in delivering against our Caring for Ayrshire strategy NHS Ayrshire and Arran have agreed three corporate priorities; re-defining bed based care, the delivery of a sustainable financial future and digital reform.

These corporate priorities are fully aligned to reforming our health and care services. Digital reform, throughout NHS Ayrshire and Arran, will enable clinical and non-clinical reform by enabling new ways of working, reduce duplication and reduce clinical risks. Digital reform will support our workforce to deliver care closer to home as digital inter-operability provides information live. As the digital foundations of our network are made fit for purpose (2023/24), we will ensure that our learning since 2018 is captured, inclusive of the positive and negative features of the pandemic. We will constantly review the capital infrastructure challenges that NHS Ayrshire and Arran has, and continue to work to create opportunities while recognising the fragility of our current health and care system.

Re-defining bed base care is a whole system piece of work. Historically the acute sector has been a barometer for access to bed based care, measured through high occupancy levels and overcrowded emergency departments; however, it is understood that these are symptoms of pressures and limitations to capacity in the community and care at home settings. Over the next three years our ambition is to systematically plan to redefine our bed base in the acute sector in preference for right sized services, inclusive of bed based care options in the community. It is acknowledged that there is unmet need in post-acute care and limited capacity throughout our rehabilitation services, both virtual health and personal care models. The re-defining of the bed base for NHS Ayrshire and Arran, will focus on reducing avoidable acute and community hospital bed day stays. This will allow a redistribution of workforce across the acute sector, which will support safer staffing models, reduce risks to harm to patients and

reduce high cost workforce investment, contributing to the financial stability of our acute hospitals.

Through digital reform and the system wide re-provision of bed based care NHS Ayrshire and Arran will develop and deliver a cost reduction programme to bring the Board into a sustainable financial recovery.

In terms of timelines, we appreciate that the horizon three vision of our Caring for Ayrshire strategy will take time to fully form, but to ensure yearly progress is made, we will compile and agree a phased service change approach to ensure delivery to objectives is achieved. We have developed a virtual Caring for Ayrshire hub: www.jointheconversation-nhsaaa.co.uk. The hub contains information and news about the Caring for Ayrshire programme and will allow community and staff engagement.

Our plans have been informed by our understanding of our system data and we continue to utilise and develop our whole system model tool, in collaboration with the Public Health Scotland modelling team, to help predict, with a reasonable level of accuracy, the number of occupied beds in our hospital sites on a 12-weekly basis. This approach has also been used to develop further 6-month projections, which have allowed us to test various scenarios and inform short-to-medium-term action planning. The utilisation of the whole system model and its accompanying projections is an important step towards effective resource allocation and management within the acute hospital sites. By providing an informed forecast of future demand, site teams are supported to optimise resource allocation more effectively and to proactively respond to potential challenges arising from increased levels of demand, thereby helping to ensure continued quality of care.

2.   PRIMARY AND COMMUNITY CARE

Within primary and community care services, a framework of measures continues to be implemented to ensure the continued safe and effective delivery of services to patients. To support strategic aims of both delivering more care in the community and enhancing a focus on preventative care the multidisciplinary team preventative approach is being extended.

Delivery of services within General Practice will be closely monitored with ongoing support from the Primary Care management and clinical leadership teams to minimise the impact on practice teams as a result of pressures across the whole system. Scoping will also be carried out collaboratively to fully understand the impact on General Practice following the announcement that directions will not be issued in relation to the key contractual priorities of the new General Practice Contract.

There will be ongoing review of the integrated General Medical Services and the wider multi-disciplinary out of hour's service as well as the enhanced Flow Navigation Centre pathways within the Ayrshire Urgent Care Service as part of the commitment to Redesign Urgent Care. This will be done in partnership with acute and community professionals and will identify areas of improvement to benefit citizens of Ayrshire and Arran accessing appropriate care 24/7 at the point of contact wherever possible.

A programme of review and data gathering within Public Dental Services will support informed decision making and development of plans to enhance community based access. Ongoing

programmes of work within community optometry services will also increase access within a community setting aligned to the Caring for Ayrshire vision.

Mental Health and Wellbeing Service
It is the vision to create a Mental Health and Wellbeing service for Primary Care that is consistent across Ayrshire and Arran. Work will continue over the next few years to develop detailed plans which will be funding dependent. It is our ambition that by March 2026, the service will comprise a multi-disciplinary team composed of Mental Health Practitioners, Community Link Workers and Occupational Therapists. Self-help Workers, Enhanced Psychological Practitioners (EPPs), Administration and other roles will also be under consideration as detailed planning is completed. At present, the multi-disciplinary team offers a triage and assessment service predominantly for adults (although younger age ranges are available within some areas). At present there is limited scope for treatments. It is anticipated that as staff levels rise, the age range and treatments offered will expand to all ages and a limited range of short treatments. Online treatment options and group sessions are areas that will be explored alongside more traditional psychological therapies. There are great benefits to having these roles working directly in GP Practices, however, as the team grows in numbers so too will the space requirements.

Frailty Programmes
South Ayrshire HSCP have successfully applied and been recruited to the forthcoming Healthcare Improvement Scotland Frailty Collaborative Initiative to continue and expand on the Frailty work that they were involved in pre Covid via Healthcare Improvement Scotland collaborative working.

They have based this application on enhancing whole system working including the following areas:

- Very upstream population health approaches based within localities and with support from wider Community Planning Partners;
- Intervention and supports at early (mild) stages of frailty with particular reference to the Life Curve;
- GP Practice based interventions using the eFrailty tool and Occupational Therapy-led supports for people moving into significant levels of frailty;
- Community based supports for those with significant frailty that might mitigate a potential hospital admission;
- Support through hospital based journeys and upon discharge;
- Support Reablement and longer term Community Rehabilitation interventions;
- Supportive self-management;
- Support for informal carers throughout the whole process;
- Particular support for frailty within Care Home sector;
- Identification of where technology enabled care approaches can add value; and
- Links to the opportunities linked to our new Micro-enterprise approaches.

A pan Ayrshire Falls Collaborative commenced in May 2022, which includes a focus on frailty. Link Workers have been identified for each Care Home to support improvements within the care home. Learning sessions take place on a 12 week cycle, are MDT focused and supported by a Falls Trainer role pan Ayrshire.

Diabetes Prevention and Weight Management Service

Weight Management services in Ayrshire & Arran comprise of a number of work streams, each of which would support people to 'wait well' as well as preventing a number of long term conditions such as type 2 diabetes and cardiovascular disease. The work streams are as follows:

- Provision of care for women at risk of gestational diabetes (GDM) to reduce the risk of adverse health outcomes for women and their babies, and reduce the number of women who have type 2 diabetes post-natally;
- Provision of early intervention and support for those at high risk of type 2 diabetes i.e. those diagnosed with pre-diabetes to reduce the number of people who develop type 2 diabetes;
- Provision of person-centred weight management support for those with a high BMI. This includes a tier 2 weight management programme delivered by a range of external providers, and expansion of a tier 3 multi-disciplinary specialist weight management service. Those with a high BMI are at risk of a range of poorer physical and mental health outcomes; services are designed to support people to improve their health and wellbeing as well as reduce their weight; and
- Provision of a type 2 diabetes remission programme involving total diet replacement treatment for those recently diagnosed with type 2 diabetes. There is good evidence that intensive total diet replacement therapy can result in remission of type 2 diabetes, meaning that people can stop/reduce a range of medications not only for diabetes but for other co-morbidities such as hypertension and hyperlipidaemia.

Infection, Prevention and Control (IPC)

In order to meet recommendation three of the IPC Workforce Strategy 2022-2024 to review the provision of IPC support available to Primary Care, including general practice and dental practice, and consider how these settings can be supported in the future. We aim to:

- Carry out a gap analysis;
- Liaise with Public Health to ensure collaborative working;
- Ensure a multi-agency approach to meet all the requirements of the IPC workforce strategy;
- Develop short, medium and long term plans to ensure transparency in approach; and
- Carry out a staff scoping exercise with the support of an external expert to ensure adequate resource is available to meet the needs of the plan.

The IPCT aim to restructure and align with North, East and South sectors. Each sector will consist of a Band 7, Band 6's, Band 5 and Band 4 staff. Although based in Crosshouse will travel all over NHS Ayrshire and Arran to ensure safe and effective IPC delivery of:

- Training and education;
- Alert organism surveillance;
- Outbreak management;
- Audit; and
- Advice and support

The aim is to have hubs all over Ayrshire to minimise travel for the IPCT. Each sector will have experience and knowledge of:

- The National Infection Prevention and Control Manual;
- Care Home Infection Prevention and Control Manual;
- The Built Environment; and
- IPC Standards

To ensure appropriate governance of the approach a new Programme Board is under review, which aims to include Public Health, Infection Prevention and Control, Occupational Health, Acute, Dental, General Practitioner representation and Microbiology (including antimicrobial management leads).

The aim of the Programme Board is to ensure roles and responsibilities are clear between the relevant agencies. The IPCT aims to deliver training and education of the National Infection Prevention and Control and Care Home Manual within Primary Care. Public Health will continue to manage incidents within this setting as per Chapter 3 of the Infection Prevention and Control Manual.

During the Covid 19 pandemic our Nurse Director had the added responsibility of providing education and training to care homes. The IPCT offer a number of packages which include:

- Hand Hygiene;
- Personal Protection Equipment;
- Safe Management of Care Equipment;
- Safe Management of Care Environment;
- Getting to Grips with Standard Infection Control Precautions (SICPs);
- Gloves are Off (PPE); and
- Transmission based Precautions (TBPs)

In addition, training sessions on "Winter Preparedness" are provided.

In 2022-23, a total of 71 education sessions were provided to care homes. These sessions were provided as 'Gloves are Off' and 'Getting to Grips with SICPs' with 659 staff having completed the training during this time. Feedback forms are obtained after each session and the feedback from staff has been positive.

There are 79 care homes/facilities. The aim is to offer training to each care home within 2023-24.

This section is in support of the IPC Standards 2022 and delivery of the IPC Planned Programme 2023-24.

Anticipated risks are the unpredictability of the Covid 19 pandemic and staff resource due to limited availability of experienced IPC staff. Current risk exists within the strategic risk register.

Primary and Community Care – Improvement Actions

- Recruitment into key Multidisciplinary Team roles within General Practice will continue as part of the new GP Contract maximising on the current financial allocation of the Primary Care Improvement Fund (PCIF) to ensure progress to implement the Primary Care Improvement Plan (PCIP) to date is sustained. Workforce will be reviewed within individual service areas to ensure equitable access across GP practices wherever appropriate and ensure all opportunities are implemented whilst awaiting updated

National Framework for Community Treatment and Care (CTAC) and Pharmacotherapy task transfer;

- A programme of work is also underway to move General Practice on a per Practice basis from a fragmented set of independent telephony solutions to a single resilient digital telephony platform supported by NHS Ayrshire and Arran. The proposed new platform offers increased functionality that will benefit general practice clinicians and patients alike. Practices have been prioritised to transfer onto the health board telephony platform based on current quality of telephone systems within the practice and the expiry date of their current contract;

- The Out of Hours Service, Ayrshire Urgent Care Service (AUCS) will continuously be reviewed to ensure clinical capacity against the medical workforce, as well as utilisation of integrated pathways. This will include ongoing engagement with the clinical workforce and review of rotas using innovative approaches to fill any gaps; Service data is reviewed daily to identify any learning or improvements in live time;

- An ongoing review programme for General Practice Enhanced Services will ensure they remain current and fit for purpose in line with NHS Quality Ambitions and national and local drivers for change. The Programme will provide governance and assurance that these are being delivered in accordance with the agreed specification ensuring they meet the needs of the population and are sustainable;

- Current scoping is underway to gather a robust data set to allow for evidence based contingency planning which will support informed decision making and development of plans to reduce waiting times and increase appointment capacity where required within the Public Dental Service. Continued recruitment into key dental roles within the Public Dental Service will also support increased capacity for those awaiting assessment;

- Increase capacity and access for dental patients for routine in-hours care and urgent dental care for unregistered and deregistered patients whilst General Dental Services continues to re-mobilise;

- An operational working group has been established to further develop new pathways and determine further areas of ophthalmic care which can transition into a community setting. This includes a number of community Opticians undertaking a training programme to deliver a Glaucoma Service (anticipated mid 2024/25). A pathway for Anterior Uveitis / Juvenile Idiopathic Arthritis is also in development with the aim to implement the service by Quarter 3;

- Improve the delivery of adult community mental health support and services, by service focus and design shaped through quality standards and service specification. Commence strategic group to refocus, aims, objectives and achievements of the community mental health team; and

- Enhanced Psychological Practitioners (EPP's) to enhance the treatments offered to patients within primary care setting and complement existing services offered by Mental Health Practitioner's, Community Link Workers, Self-Help Workers.

3. URGENT & UNSCHEDULED CARE

NHS Ayrshire and Arran is transforming the way in which people access urgent and unscheduled care. Our focus is to provide alternatives to front door attendance and admissions utilising a Whole System Collaborative approach.

Existing programmes of work will continue to deliver internal improvements with work ongoing to expand and embed:

- Rapid Assessment Pathways;
- Virtual Capacity Pathways;
- Discharge without Delay; and
- Phase 2 Redesign of Urgent Care.
- Ambulance Handover Plan

Recognising the need to increase the pace and scale of change across our system we will focus on the activity which we expect to make the greatest impact with clear links between the actions and outcomes they are expected to deliver. Modelling data has shaped decision making and influenced planning over the coming 12 months. This focussed plan will support the recovery and stabilisation of our services which will result in a resilient and sustainable system as we approach winter 2023/24.

Rapid Assessment Pathways
We continue to develop access across the wider urgent and emergency care system, working with primary care colleagues to promote the booking of appointments for patients referred by GP's into scheduled slots within our Combined Assessment Unit's. This will prevent unnecessary overnight stays and promote the use of our Rapid Access and Care Treatment areas to increase the number of same day discharges to 30% by December 2023.

Virtual Capacity Pathways

Hospital @ Home (H@H)
The H@H service for NHS Ayrshire and Arran has been developed to support frail older people at home or close to home, as an alternative to unscheduled acute hospital admission. This service provides rapid access, specialist outpatient assessment or hospital at home for older people at risk of unscheduled acute hospital admission as well as supporting early discharge from an acute setting. Over the next 12 months H@H will expand from 12 to 24 virtual beds in quarterly increments based on additional Scottish Government funding and availability of workforce.

Rapid Respiratory Response (RRR)
The RRR programme is underway utilising a robust intelligence driven model. This has resulted in a scaled up service with further plans to offer coverage to additional GP practices across all three HSCPs. The staffing model offers an opportunity for skills mix across a range of posts to deliver effectively to a wider population and to provide more geographical coverage. In addition, consideration has been given to moving to a more appropriate and useful patient information system which not only holds information about the patients within the service but offers the opportunity for other clinicians to identify patients quickly as being engaged within RRR, and therefore promptly accessing the right support for those patients. This has enhanced the patient experience for those engaged with the service and significantly reduced the likelihood of those patients attending the ED once they are known to the RRR service.

Discharge without Delay (DwD)
The initiative of Whole System Intervention (WSI) linked to the DwD plan, focused on both expediting safe patient discharge and remediation of existing system issues. This collaboration brought our partners into the heart of hospital operations while giving hospital staff an insight into the services our partners provide in the community. This approach is now embedded as business as usual.

Ward-based board rounds have been long established as best practice in managing ward processes and patient flow. At University Hospital Crosshouse and Ayr many wards have already implemented board rounds and there have been multiple initiatives over the last few years to improve and sustain their robustness. There is a recognition that further work is needed in order to refresh and formalise our current board rounds, support them with a wider MDT based approach as well as improve their quality and to further improve patient flow and experience.

Our objective is to establish regular MDT board rounds on all wards which implement and review patient-centred discharge plans in a timely manner preventing delay to treatment and discharge. As standard we will implement, where appropriate:

- A board round every day at the same time to maximise attendance;
- An MDT approach including AHPs, Doctors, Home First Practitioners and relevant HSCP services;
- The use of Criteria Led Discharge; and
- A Discharge to Assess/Home First approach.

The implementation of the above will support an increase in the number of pre-noon discharges to 30% and an increase in the weekend discharge rate as a percentage of the weekday rate to 60% by December 2023.

Phase 2 - Redesign of Urgent Care (RUC)
A number of actions are underway to sustain the current improvements and identify any further primary care pathways via the Ayrshire Urgent Care Service (AUCS) in its role as the Flow Navigation Centre (FNC). To provide appropriate pathways of care for patients to ensure they receive the right care in the right place, leading to an avoidance of front door attendance and admission.
Through implementation of the RUC, the FNC has the ability to schedule and appoint patients, where appropriate and direct to the Emergency Department (ED). This currently works well to help alleviate front door pressures with no specific actions identified.

To develop an integrated approach to urgent care services, the Community Pharmacy pathway into AUCS will be further developed. This supports patients to access appropriate care and avoid unnecessary attendance at the ED. Demand profiling will be undertaken to develop the MSK urgent care pathway through an enhanced MSK model. This will provide patients the ability to self-refer into MSK community services and to fit within the wider AUCS and urgent care model.

Public messaging continues to be developed and utilised across social media channels and community groups to promote new pathways and signposting to other services including NHS Inform. This will reinforce the Right Care, in the Right Time in the Right Place campaign to avoid inappropriate attendance at ED and encourage use of community based services and self-help advice.

Best Start
Work progressed within Maternity Services to date includes the progression of the Best Start programme with 23 of the 29 local recommendations having been delivered. Non-recurring Best Start funding will cease in March 2024 which will have an impact on delivering the Continuity Model of Care, unless an alternative source of funding is identified. Development has commenced for a Business Case to identify funding and support sustainability from 2024/25.

Maternity plans are ongoing and regularly reviewed through the Maternity Transformation Group.

Unscheduled Care – Improvement Actions
- To provide alternatives to front door attendance and admission, maintaining & improving reduction in scheduled and unscheduled attendances;
- To reduce attendances, minimise admission and stream where possible to same day care services;
- Reduce ambulance handover waits in accordance with NHS Scotland guidance
- Reduce acute average length of stay (excluding Delayed Transfers of Care);
- Reduce average length of stay for patients Delayed in their Transfers of Care;
- Implement MDT board rounds;
- Increase use of Criteria Led Discharge's;
- Maximise the use of same day care pathways; and
- Expand the H@H virtual bed capacity from 12 to 24.

Urgent Care - Improvement Actions
- Enhance the Flow Navigation Centre (FNC) within Ayrshire Urgent Care Service (AUCS) to provide care that ensures less than 15% of demand requires attendance at hospital;
- Eliminate inappropriate conveyance to hospital through the use of the Call Before Convey pathway with Scottish Ambulance Service (SAS);
- Enhance access for Care Homes to Ayrshire Urgent Care Service (AUCS), including redirection to other appropriate pathways during the out of hours period to sustain current level of onward transfer to hospital which is currently only 8% of patients;
- Provide alternative navigation to community mental health services of Urgent Mental Health patients by the emergency services through the use of the Urgent Emergency Services Mental Health pathway (ESMHP);
- Further develop the Community Pharmacy pathway into Ayrshire Urgent Care Service to support patients to access appropriate care and avoid unnecessary attendance at the Emergency Department;
- Implement a Musculoskeletal (MSK) - Urgent Care Pathway; and
- Expand the evidence based Community Rapid Respiratory Response pathway across all three Health and Social Care Partnership areas.

Best Start and Maternity and Neonatal - Improvement Actions
- Delivering on the remaining Best Start Programme actions:
- Implementation of Continuity of Carer Model;
- Sustainability of Continuity Service;
- Develop plans and implement actions to improve birth place options;
- Develop plans to implement ante natal education;
- Scope data set requirements to implement a Maternity dashboard; and
- Implementation of a 7 day Neonatal Home Care model of care
- Development of Rainbow Pathway;
- Implementation of the Bereavement Liaison Pathway;
- Development and implementation of an Out Patient Induction of Labour Provision; and
- Review current estate and scope alternatives.

4.   MENTAL HEALTH

The transition and recovery plans for mental health continue to deliver targeted actions to ensure a whole system response to the challenges presented, addressing backlog management as we continue to innovate, 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.

CAMHS
The CAMHS Service in Ayrshire and Arran during the period 2022-23 streamlined the 3 distinct parts of the service to ensure that children and young people are on the correct pathway at a much earlier stage.

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

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

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

CAMHS have been experiencing a considerable increase in referrals since April 2022. In March 2022 CAMHS saw 192 new referrals, in March 2023 this was 366 new referrals. The Referral to Treatment (RTT) compliance at the end of March 2023 was 97% and continues to be monitored. Maintaining the 18 week waiting times standard will be a significant challenge going into the summer 2023 and this has been flagged as an organisational risk and on associated Risk Registers, due to a number of reasons:
- The implementation of the CAMHS specification is being undertaken from 1 August 2023. This is hoped to lead to meaningfully redirection of all non-mental health Neurodevelopmental assessments not coming into a Tier 3 Specialist Mental Health Service. The service expect to have an increase in referrals as the 1 August approaches;
- The increase in referrals over the last year which has resulted in double the number of referrals coming into the service;
- CAMHS experiences high Did Not Attend (DNA) rates and various mitigations have been put in place including; phoning families to opt in, text reminders and offering both face to face and 'Near Me' virtual appointments;
- Recruitment is challenging across all disciplines, in CAMHS particularly around Psychiatry, Nursing and Psychology. The service has continued to look at the skill mix required for the service based on these challenges and are recruiting more Allied Health Professionals (AHP) and Play Therapists to bring another dimension to the team; and
- CAMHS has also had contracts with external providers to help young people already on the CAMHS Neuro waiting list get an assessment appointment sooner. The existing

contract comes to an end in June 2023 for Purple House and Helios with 220 young people having been seen. There is a new contract being negotiated but will take time to go through the required procurement and governance processes. This is not expected to be in place until Oct 2023.

In 2023/24, all very long waits (over 52 weeks) will be addressed within CAMHS by scrutinising the CAMHS waiting list and ensuring the longest waits are discussed and allocated as soon as possible. CAMHS in Ayrshire and Arran are meeting the 18 week RTT with 97.3% complete for the quarter end March 2023.

Neurodevelopmental CAMHS have completed a robust review of the current young people waiting for a Neuro assessment within CAMHS and have developed four diagnostic pathways to improve the children and young people's journey. In addition, working with Glasgow University on the ESSENCE D model to help streamline Neuro referrals to the correct pathways and this should save clinical time going forward.

CEDS continues to be one of the few Eating Disorder Services in Scotland to provide an all age service. Following the National Eating Disorders Review in 2022, a local review of services was undertaken which included criteria, skill mix, training requirements. A Consultant Clinical Psychologist and Charge Nurse post has been recruited to with the wider AHP requirement being negotiated. A training plan has been updated and all job descriptions reviewed to ensure fidelity to the National Review and the SIGN Guidelines. Working with key stakeholders to support early intervention.

Psychological Therapies
The latest published data for quarter ending March 2023 indicates that compliance for Psychological Therapies remains higher than the Scotland average. In terms of Referral to Treatment (RTT) figures, the 12 month average was 87.3% compliance, with 90% reached on three occasions during the fiscal year. Reduction in longest waits has been a priority across those services. The number of patients waiting more than one year has shown a 38% reduction from the start of 2023, and 51% reduction from the highest point in October 2022. Overall numbers waiting across services has remained at a similar level, but with the increase in services providing recordable data, this would be expected. The continued reduction of this figure will be monitored over 2023/24, with the caveat that overall RTT compliance will be somewhat negatively affected whilst these longest waits are addressed.

Local and national funding opportunities and allocations have been utilised to expand existing and new pan-Ayrshire provision to several Mental Health specialties, Acute, Primary Care and Third Sector. Additional administrative and leadership capacity has also been developed to support this expansion. In a competitive workforce context, we have successfully appointed to our full Scottish Government Psychological Therapies funding allocation targeting clinical areas with longest waits and unmet need. Our Lead (North) Partnership for Mental Health Services/Psychology has been supportive in approving permanent contracts to improve recruitment and retention of our limited specialist workforce.

The additional funding to date has enabled us to develop our service provision to Addictions, Staff Wellbeing, Patient's Hospitalised with Covid 19, Pain Management, Weight Management and Trauma Neuro-Rehabilitation beds, Adult In-patient, Infant Mental Health and Eating Disorders.

Service developments over the next 12 months will address the requirements dictated by the Psychological Therapies Service Specification and the Community Mental Health Service Plan,

in order to ensure local compliance. Specific areas of focus will continue to be centred around longest waits, neurodevelopmental service provision (both Children and Adults) and whole board alignment to the updated Matrix Treatment Recommendation for Psychological Therapies.

CAMHS and Psychological Therapies National Dataset (CAPTND) Compliance
Work has commenced in order to achieve full compliance with CAPTND data set. We have moved to Trakcare and since this move a number of issues require to be worked through and this has impacted on the accuracy of data being entered and reported.

- Variations between services in how different waiting lists are utilised in Trakcare;
- Incorrect reporting criteria in Business Objects requiring reprogramming; and
- The need for additional data fields in Care Partner to ensure completeness of data for reporting.

Monthly data reconciliations have taken place for a number of months to check and resolve the errors. Until the return for March 2023 these returns have been submitted from the repopulated Microsoft Access databases. This has now ceased and from April 2023 all aggregate data returns will include data extracted from Business Objects. Data errors will continue to be identified through planned monthly admin validations and analyst checks, and these will be resolved through the project working group.

In Patients
Pressures on mental health and learning disability inpatient services has been sustained throughout 2022/23, in the last quarter of 2022/23 admission bed occupancy has been in excess of 100% which creates additional pressures in ensuring bed availability for urgent admissions. To meet demand a ward vacated as part of pandemic contingencies has been utilised on an unfunded basis.

Exacerbating demand for beds has been underlying high levels of patients delayed in their transfer of care. Within the Adult Mental Health admission setting this has been due to numbers of individuals awaiting supported accommodation, specialist under 65 care home provision, allocation of tenancies and/or awaiting care providers to recruit staff to support 'higher end' packages of care. Within the Elderly Mental Health setting in addition to some of those reasons listed above, delays have been associated with Guardianship processes.

In addition, there has been an increase in higher end private sector providers in Ayrshire and Arran and therefore, an increased cohort of individuals with complex care needs within Ayrshire who, if placement breaks down, are likely to require urgent inpatient care. Thus far placing Boards have declined to accept transfers of such persons back to their own areas pending alternative community placement leading to lengthy inpatient stays and an increased requirement of admission beds.

Mental Health – Improvement Actions

CAMHs
Measures will be in place to mitigate and limit the impact on the RTT from the Implementation of the CAMHS Specification on the 1 August 2023.

- Approval from the Chief Executives of the Board, three Integrated Joint Boards and Health and Social Care Partnerships to implement the CAMHS service specification;
- Neurodevelopmental Extreme Teams co-chaired by Head of Mental Health Services and Head of Children's Services SAHSCP (running from May 2023 for 8 weeks);
- Communication Strategy with key stakeholders;
- Using the CAMHS DCAQ (Demand Capacity and Queue Model) to look at capacity, workforce and skill mix; and
- CAMHS have employed a CAMHS Data/Information Analyst to assist in the forecasting, demand and capacity. We have increased assessment and 1st treatment appointments to meet the increased demand as shown in the graph. However, if demand continues to increase we will endeavour to match capacity to demand. This will have an impact on young people requiring treatment.

Psychological Services (PS)
- **Recruitment** - Psychological Services continues to engage in a strong recruitment drive to fill all vacancies and utilisation of skill mix and post reconfiguration as needed. Use of recruitment agency for difficult to appoint posts, alongside national advertising;
- **Service Delivery** – Continued remote delivery and development of assessment and treatment where appropriate. Introduction of Pan-Ayrshire group interventions for Adult Mental Health population;
- **Training/Wider Workforce Upskilling** - Implement the recently developed strategic plan for psychological training and supervision, initially focused on Adult Mental Health, based on clinical care pathways, and with more explicit knowledge of what resource is available and required for delivery of the different levels of psychological work. Scoping exercises to be completed for workforce training in Eating Disorders; and
- **Data Systems** – Continue implementation of data systems (TrakCare and CarePartner) within specialities to improve accuracy in reporting and access to service data to inform on demand capacity analyses and clinical outcomes.

In Patients
- **Implementation of Workforce Strategy** - Roll out of e-Rostering/safer staffing including optimal integration between substantive and flexible staff resource;
- **Innovation Adoption** - Fast track the national adoption of proven innovations which could have a transformational impact on efficiency and patient outcomes and Reducing Length of Stay: Rapid assessment and streaming;
- **Improve the delivery of mental health support and services**
- **Mental health pathways – forensic services** - Review of internal referral pathways between low secure, forensic rehabilitation and community services is being undertaken to have refreshed pathways/timescales in place by September 2023. Optimising transition between services and maximising availability to repatriate persons to NHS Ayrshire and Arran from external placements and as a resource for wider Forensic Network.

5.   PLANNED CARE

The Access allocation will continue to fund £4M of previously implemented initiatives. These had been funded non-recurringly in previous years but will now be established in baseline

budgets. These initiatives have been successful in delivering the additionality which has contributed to notable waiting list improvements in 2022/23 and will continue to contribute in 2023/24.

These include:
- Orthopaedics centre of excellence for orthopaedic surgery: Orthopaedic outpatients are now achieving less than 52 week wait for outpatients, and also supports reduction in the inpatient/daycase waiting time;
- Endoscopy 4th room and three Nurse Endoscopists: These have contributed to a significant reduction in the endoscopy waiting list, and the opening of the UHA 4th room in May 2023 will deliver further significant improvement in 2023/24;
- CT Pod: This has contributed to the reduction in CT waiting times from circa 40 weeks in 2021 to 6 weeks by December 2022; and
- Pain Clinic Redesign: this has transformed the delivery of pain services and resulted in a significant reduction in waiting times.

NHS Ayrshire and Arran recognises the importance of moving towards more sustainable solutions to delivering waiting times. A process of transition to sustainable approaches will be initiated benefiting from the recurring nature of the Access funding allocation. In year 2023/24 this will be a modest recurring investment in key priority areas, allowing further detailed planning to progress in other areas.

Short term solutions including insourcing and waiting lists initiatives will provide additional capacity to ensure continued progress towards targets. These short term approaches are required for a variety of reasons: in some services where core capacity and demand are in balance and short term capacity is required solely to eliminate the pandemic-induced backlog, in services where there is a lead in period for redesign such as the training of new roles, where there are staff vacancies, or where redesign planning is still underway. Prioritisation will be given to Diabetes, Neurology and Ultrasound where ongoing capacity issues are impacting on the ability to deliver waiting times targets.

Waiting List Validation
Robust administrative validation of waiting lists is in place. Outpatient waiting lists have already been validated to 52 weeks wait, and through 2023/24 we will progress to validation of patients to 26 weeks. This validation will be a continuous rolling programme targeting the specialties which have capacity to appoint the validated patients in the first instance. National Elective Coordination Unit (NECU) will support administrative validation of the Inpatient waiting lists to 26wks using a new interactive text messaging approach. NHS Ayrshire and Arran will be an early adopter of this approach and the learning from this will inform ongoing approaches to waiting list validation.

Through the Value Improvement Fund, we will trial a peri-operative assessment approach which will contribute to waiting list validation. Through this approach, long waiting patients will be contacted and undergo pre-assessment triage at an earlier stage, allowing patients who require more intervention to be identified and supported much earlier in the process. This concept of a 'preparation list' rather than a waiting list is expected to deliver clinical benefits and faster recovery but will also contribute to the ongoing validation of the inpatient/daycase waiting list.

To support patients to wait well for planned care, a Perioperative Care Coordinator will be recruited on each hospital site in Ayrshire to:

- Access surgical waiting lists and perform Remote Pre-operative Assessment (POA) Risk Screening, allowing triage of individuals onto Low Risk and Expedited pre-operative assessment groups;
- Issue Low Risk Individuals with Keep in Touch Information and Universal Pre-habilitation Resources;
- Refer Expedited individuals directly onto our nurse-led POA Pathway, facilitating much earlier access to risk assessment, optimisation and shared decision making; and
- Keep in touch with patients waiting for surgery every 3 months, which will change waiting lists for surgery into Preparation Lists.

Planned Care Plan – Improvement Actions

- Validate outpatient and inpatient/daycase waiting lists to 26 weeks;
- Further expand the use of Active Clinical Referral Triage (ACRT) with a particular focus on Neurology, Gastroenterology and Diabetes and Endocrinology;
- Provide supplemental short term outpatient capacity through Insourcing and Waiting List Initiatives;
- Enhance sustainability through development of new permanent capacity;
- Complete and submit Full Business Case for National Treatment Centre and proceed to implement;
- Embed EqUIP pathways for Hernia and Haemorrhoidectomy to reduce waiting lists;
- Increase throughput of cataract surgery theatre lists in line with Specialty Delivery Group recommendations;
- Increase theatre productivity and increase theatre utilisation. Reduction in Gap times and cancellations;
- Increase daycase rates for three procedures (Hip Arthroplasty, Lap Cholecystectomy, Destruction bladder lesion) with the largest productive opportunity;
- Establish 3rd CT Scanner and permanent radiographer team to maintain CT capacity and reduce waiting list; and
- Diabetes and Endocrinology service redesign – deliver measurable progress in Year 1 of programme.

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6.   CANCER CARE

Recovering and improving cancer performance, and further developing and improving the cancer service is a high priority for 2023/24. Performance governance and leadership will be enhanced through the establishment of a director-led Cancer Performance Governance Group.

Diagnostics Services
The main focus in improving cancer waiting times will be addressing key pressure points within diagnostic services. The single biggest potential for improvement sits in the colorectal cancer pathway, and so creating additional endoscopy capacity and further embedding other triage tools such as qFIT and colon capsule endoscopy will be given high priority. It is also recognised that there is a significant workforce and capacity constraint within Pathology services which affects all cancer pathways, and so addressing this with both short-term interventions and development of a longer-term plan will also be priorities in 2023/24. In 2020/21 and 2021/22, establishment of an off-site CT scanning service at Ayrshire Central Hospital (ACH) was found to significantly benefit the continuity and protection of imaging services for cancer patients and this will be further embedded through the establishment of a permanent NHS radiographer team. There is also a plan to establish a diagnostics centre including MRI at ACH and although

this is not within the capital plan for 2023/24, we will use the planning cycle to endeavour to confirm a future timescale for this.

NHS Ayrshire and Arran participated as a pilot project for Early Cancer Diagnostic Centre, now Rapid Cancer Diagnostics Service. We are continuing to fully participate in the evaluation, being led by University of Strathclyde of the different service models trialled during this pilot and are readying ourselves to adapt the approach in line with the expected outcomes of this evaluation. Following the evaluation outcome, a business case will be developed to ensure funding is secured for future years.

Cancer Staging Data
Cancer staging data is currently recorded for all patients undergoing surgical treatment, but not for those undergoing other non-surgical forms of treatment. Through 2023/24 we will develop a procedure to record cancer staging for all patients, including radiological staging for some patients, and expect this process to involve the MDT and MDT coordinator.

Systemic Anti-Cancer Treatment (SACT)
There has been a significant increase in demand for SACT and this shows no signs of slowing with the introduction of new medicines, increased life expectancy and with treatment ongoing until disease progression. NHS Ayrshire and Arran has shown an increase of 37% on-treatment episodes since pre-pandemic, and regionally an annual increase of >10% is expected. NHS Ayrshire and Arran made significant changes during the pandemic to ensure continuity and safety of inpatient and daycase SACT delivery and we aim to expand on these changes in the longer term ensuring patients can have their treatments as close to home as possible, by expanding our Tier 3 (low risk SACT) community sites. SACT workforce has been expanded in terms of nursing and pharmacy staff (including non-medical prescribers), and we will ensure patients receive safe and timely treatment, meeting standards laid out in CEL30.

Patient Support and Prehabilitation
The single point of contact for cancer patients is their Advanced Cancer Nurse Specialist (ACNS) and there are ACNS for all main tumour types. There will be recruitment for an ACNS in melanoma for a 1 year post and a business case will be developed for permanency. Health Care Support Worker roles are used in the prostate cancer pathway and a similar test of change will be undertaken in the breast cancer pathway. A Navigator role has also just been funded as part of the optimal lung cancer pathway and will be trialled in 2023/24.

All patients are holistically assessed by their ACNS. Holistic needs assessment using the cancer concerns checklist/care plans is utilised within multiple services. Patients are provided with information specific to their needs and preferences. Patients are given an information and support directory at diagnosis which includes information on counselling services, Macmillan Move More, Healthy and Active Rehab Programme, Macmillan Money Matters, Support Groups. Services are sign-posted, or the patient is referred to the service as required, including those mentioned above including AHP services and buddy support services. A 'Macmillan Improving the Cancer Journey' project is underway, where patients will be referred for holistic assessment in the future and they will refer on appropriately for social/psychological support with ACNS focussing on other clinical care/support requirements and referrals.

ACNS are aware of the Maggie centre generic rehabilitation programme and referral processes and the prehabilitation website and a bid has been submitted to Macmillan regionally for a prehabilitation advocate post for 16 months to take this work forward with the role managed by Health Improvement.

The Psychological Framework was developed within the West of Scotland and has been implemented within NHS Ayrshire and Arran. The training matrix is utilised for new ACNS. We have benchmarked against this framework on a regular basis. Clinicians/ACNS refer to level 3 and 4 services at Ayrshire Cancer Support or Level 4 Clinical Psychology services. There is, however, no dedicated funding for a Clinical Psychologist in Cancer.

We work closely in partnership with Ayrshire Cancer Support. Through a Service Level Agreement that is in place, supervision for counsellors is provided by NHS Ayrshire and Arran Clinical Psychology team. We support bids for endowment funds and other funds to develop their services further. We are also working with Breast Cancer Now and Prostate UK to provide programmes to support recovery after cancer.

NHS Ayrshire and Arran will continue to follow the National Cancer Action Plan in a process of continual improvement for cancer services. We will continue to monitor, review and implement changes to improve the timeliness of cancer pathways, as well as to focus on the improvements in the support and service to patients. Many of the initiatives take several years to fully embed and deliver results. This includes some of the initiatives to address increased diagnostics and capacity constraints such as the development of additional Ultrasonographers who take several years to train. Furthermore the NHS Ayrshire and Arran planned development of a diagnostics hub at Ayrshire Central Hospital, although agreed in principle, will progress in line with capital funding availability*.* The outcomes from the SACT review, underway in 2023/24, will be taken forward for implementation.

We will continue to work closely with national colleagues to contribute to data requests and most recently provided the data required for the National Oncology workforce review.

Cancer Care – Improvement Actions

- Continue to follow the National Cancer Action Plan in a process of continual improvement for cancer services and continue to monitor, review and implement changes to improve the timeliness of cancer pathways, as well as to focus on the improvements in the support and service to patients;
- Establishing increased Pathology Services capacity with both short-term interventions and development of a longer-term plan;
- Ready ourselves to adapt the outcomes of the Rapid Cancer Diagnostics service models trialled during the pilot;
- Develop a procedure to record cancer staging for all patients, including radiological staging for some patients;
- Expanding our Tier 3 (low risk SACT) community sites to ensure patients can have their treatments as close to home as possible;
- Continue the Macmillan Improving the Cancer Journey project to improve holistic assessment and appropriate referral for social/psychological support;
- Work closely with Breast Cancer Now and Prostate UK to provide programmes to support recovery after cancer; and
- Expedited Lung Cancer Pathway Trial to streamline pathway for GP requesting chest x-ray.

7.   HEALTH INEQUALITIES

NHS Ayrshire and Arran's Mainstreaming Report sets out our commitment to ensuring the ever-changing demography and multiple identities of our population are person-centred and that our core function of providing health care and prevention of ill-health for all meets the needs of those who access it. It aims to inform our service users, their carers, visitors, staff and partner organisations how we as an organisation work towards ensuring that equalities is being mainstreamed into the functions and activities of our organisation. NHS Ayrshire and Arran's approach to continuous improvement and embedding of equalities into our functions continues through visible leadership, organisational commitment and staff training amongst other initiatives.

As a Board, we are fully committed to continually improving the ways in which we engage with people. Our engagement strategy to support and develop engagement with stakeholders across all protected characteristics underpins the progression of strategies and service reform. Equality and inclusivity underpin our engagement approaches. We have an important role to play in supporting and encouraging people to get involved as active partners in their own care or through engagement in wider discussions about health and care services. By ensuring that all engagement activity is appropriately impact assessed from the outset, we can identify any potential barriers for people to participate and take appropriate steps to mitigate or minimise those impacts.

Women's Health Plan
In 2021, the Scottish Government published their first Women's Health Plan (WHP) which aimed to reduce inequalities in the health outcomes experienced by women in Scotland. Many of the actions and deliverables outlined were first reported to the NHS Ayrshire and Arran Board in March 2023 in the Director of Public Health report on Women's Health.

The Board will work towards the short, medium and longer term actions outlined in the plan and designated to territorial boards to deliver, which fall under key themes:

- Sexual and reproductive health;
- Endometriosis;
- Menopause;
- Heart Health; and
- Inclusive healthcare.

Women's Health Plan – Improvement Actions

- NHS Ayrshire and Arran to achieve endometriosis friendly accreditation with Endometriosis UK;
- Establish a strategic group to consider Inclusive Healthcare for Women and Girls;
- Develop an action plan for improving pre-conception care and support for women;
- Map current provision of input to cardiac services including clinical psychology, cardiac rehab and prevention to develop an action plan for strengthening the provision of cardiac care for women; and
- Continue to monitor and implement the Menopause Workplace guidance.

National Mission on Drugs

Within North, South and East Ayrshire Health and Social Care Partnerships there are specific Drug Related Death (DRD) Prevention Groups with identified Improvement/Action Plans in place to prevent DRD's.

Working in partnership with local Alcohol and Drug Partnerships there has been a focus on specific actions to prevent DRD's which include, but is not limited to, the following improvement actions.

Improvement Actions

National Mission on Drugs
- Recognising health inequalities, services will offer an 'open' referral process available to individuals, families, carers and services and partner agencies. New Medication Assisted Treatment (MAT) interventions will continue to be delivered by community alcohol and drug services whilst widening this approach across additional settings including primary care, police custody and prison. MAT Improvement Implementation Plans are in place and continue to be evaluated and improved with support from the national support service (MIST). Services will ensure national 'Access to Treatment' waiting times standards are met (ensuring that 90% of individuals referred for alcohol and/or drug treatment commence treatment within 3 weeks of referral; and 100% of individuals commence treatment within 6 weeks. Services will continue to support the delivery of Alcohol Brief Interventions (ABI's) and will meet the national ABI standards. Naloxone supply will be prioritised alongside increased support to individuals with co-existing mental health and alcohol and drug use. Access pathways to local and national residential detoxification and rehabilitation support will continue to be implemented and improved.

Substance Use Treatment Target
- We are working towards the nationally set targets by April 2024. This will be achieved by services offering an 'open' referral system and offering increased support via Medication Assisted Treatment (MAT) interventions, follow up support to individuals following a Non-Fatal Overdose (NFO) and offering a range of local and national residential rehabilitation support.

Increasing access to Residential Rehabilitation
- This is a priority topic for services and residents now have increased access to residential rehabilitation support via local mechanisms including Ward 5, Woodland View, which offers detoxification, rehabilitation and day attendance support. Pathways are also now in place to support vulnerable families, as appropriate, to Harper House, Stevenston and also to access external residential rehabilitation facilities across Scotland. We are engaged with Healthcare Improvement Scotland (HIS) via a regional hub network model and will be conducting a detailed self-assessment which will then identify learning and further improvements.
- South Ayrshire Alcohol and Drug Partnership undertook scoping and research study to inform the development of a Residential Rehabilitation Community Infrastructure and Funded Placement Model. The new multiagency Roads Out of Recovery Alcohol and Drug Support (ROADS) Team, began taking referrals in July 2022, offering support for individuals to consider, prepare for and access long term Residential Rehabilitation in Scotland, as well as ongoing aftercare support when individuals return to the

> community. The team will support individuals to ensure long term residential rehabilitation is the right choice for them, and to consider areas such as housing and benefits. The ROADS Team also offer support to families, carers and children of individuals who are going to long term residential rehabilitation. The funding for the placements is provided by the ADP through funding provided by the Scottish Government National Drug Mission funding.

Delivery of Healthcare

For those in prison or police custody, actions align with priority for reducing health inequalities and the delivery of MAT standards. Those in the care of the prison are more likely to be affected by a mental health issue and have higher rates of substance misuse. There is a particular need for the enhancement of early identification and intervention to reduce harm and achieve improved outcomes. Medium term plans include the development of models that deliver enhanced early identification and intervention to reduce harm and achieve improved outcomes with increased treatment choice. Evidence based assessment of progress on delivery of MAT standards 1-10 by April 2025. Systems within Ayrshire and Arran already enable primary care staff to have access to prisoner healthcare records. Executive Lead for prisons healthcare and those in custody is the Head of Service Children's Health Care and Justice Services/Chief Social Work Officer, East Ayrshire Health and Social Care Partnership.

Delivery of Healthcare in Prisons and Police Custody – Improvement Actions

- Review Community Rehabilitation Model to identify area's for development to improve patient pathways for those leaving prison custody. Work aligned to Scottish Government GIRFe (Getting It Right For Everyone) People in Prison pathfinder program;
- Implementation of Health Care Needs assessment recommendations to develop the HMP Kilmarnock prison based mental health provision to provide enhanced early intervention for mental health and wellbeing need;
- Progress delivery of MAT standards in Prison and Police custody settings in line with national MAT standards delivery plan in justice settings; and
- Review HMP Kilmarnock's 2022/23 health needs assessment and prioritise any recommendation linked to reducing health inequalities.

Community Wealth Building (CWB) in Ayrshire

To address the Boards Anchor responsibilities and following signature of the Ayrshire Community Wealth Building Anchor Charter, NHS Ayrshire and Arran have developed an Anchor/Community Wealth Building Programme. The programme is governed by our Anchor Organisation Programme Board which meets quarterly.

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

The Board has appointed Community Wealth Building leads for the 5 standard pillars of Community Wealth Building and a sixth pillar Climate Change:

- Procurement

- Fair Employment
- Land and Assets
- Financial power
- Plural ownership of the economy
- Climate change

The Board has carried out self-assessment work using the Joseph Rowntree Anchor assessment tool to establish where it is on its Community Wealth Building (CWB) journey. This has allowed NHS Ayrshire and Arran to identify the proposed aims, work streams and barriers to delivery of Community Wealth Building actions. An NHS Ayrshire and Arran Board Community Wealth Building Workshop was held on 30 March 2023 to discuss our CWB pillars, aims and work streams and work has commenced on development of a 3-year Anchor/Community Wealth Building Strategy and work plans.

Community Wealth Building – Improvement Actions
- Develop NHS Ayrshire and Arran Anchor/Community Wealth Building (CWB) Strategy and three-year plan by September 2023; and   - Workplans developed for each of the 6 CWB pillars, outlining clear actions over 2023/24.

Accessibility to Services
Accessibility to services is an integral part of healthcare, and NHS Ayrshire and Arran give consideration to transport needs in the planning and delivery of services. Relevant information on patient transport and travel reimbursement entitlement is included with appointment letters. Also, Patient Travel and Expenses Schemes are set out in the Finance Operating Procedures which are available on the NHS Ayrshire and Arran website. Patients can claim for reasonable expenses for attendance at hospital under 3 main Schemes all of which are based upon the guidance contained within NHS MEL(1996)70.

There is a discretionary scheme for patient travelling expenses which is available to Ayrshire and Arran residents who are undertaking/receiving planned treatment and care within an NHS facility in the UK, who need to travel outwith the West of Scotland to receive this treatment and care, and who do not qualify for reimbursement of travel costs under the means-tested patients travel expenses scheme. This is a Discretionary Scheme and Scottish Health Boards are not obliged to implement payment under these circumstances however, Ayrshire and Arran took the decision to reimburse reasonable expenses incurred by patients. Work is required to ensure this is visible to all patients and this will be taken forward as an action in 2023/24.

8.   INNOVATION ADOPTION

The Accelerated National Innovation Adoption (ANIA) Pathway is an exciting new initiative focused on fast-tracking the adoption of proven technological innovations across NHS Scotland. ANIA will ensure the quick and safe rollout of technological innovations that will improve patient outcomes, reduce waiting times and improve patient and staff experience. NHS Ayrshire and Arran have in place a governance process for Accelerated National Innovation Adoption (ANIA) projects involving Digital solutions. The purpose of this governance process is to improve NHS Ayrshire and Arrans approach to digital innovation. This process outlines our approach around decision making and oversight as we go forward, ensuring that all ANIA digital initiatives are fully aligned with our priorities both local and national.

- A representative from Digital Services shall be invited to attend all future meetings of the local Centre for Sustainable Delivery (CfSD) team;
- All projects being discussed by the CfSD team which contain new Digital systems or have potential for a Digital solution will be subject to the completion of a Pre Scoping Checklist (PSCL) by the appropriate clinician supported where necessary by Digital Services resource;
- The PSCL will then be submitted to the Digital Services Programme Board for initial assessment. Requests will be reviewed to ensure they are aligned to the local digital strategy and the national health and social care digital strategy, meet the infrastructure standards (ensuring that any additional infrastructure requirements are captured and costed) can be resourced from both Digital Services and the affected service(s) and appropriate timescales set;
- ANIA projects will also be subject to the production of a Business Case produced by the appropriate service and supported by Digital Services. The Business Case will outline the benefits of the proposal and details of costs and any available funding if identified. Full option appraisal of alternative or existing solutions shall also form part of the Business Case;
- Business Cases will then be presented to the appropriate Programme Board;
- Upon approval by the appropriate Programme Board the Business Case will be aligned with an accompanying SBAR and submitted to the Strategic Digital Delivery Group for final approval; and
- Significant projects and those requiring funding will be submitted to Corporate Management Team for further discussion and decision at the appropriate level.

By following the above process the following benefits will be delivered:
- Ensure effective use of available resources to deliver best value;
- Co-ordinate initiatives to identify overlap and synergies;
- Ensure informed decision-making; and
- Avoid duplication and silo-based thinking.

9.   WORKFORCE

In relation to Workforce it is recognised that the People Strategy, Workforce Plan and our Health, Safety & Wellbeing Strategy, which is currently being reviewed and refreshed, are there to support all staff who work within the Board. We are also progressing work to achieve real living wage accreditation and are a pilot Board for equally safe accreditation. It is also recognised that at times there may be role specific workforce challenges that arise which require development of an additional strategic approach to secure and retain a sustainable workforce going forward. An example of this is the development of the Nursing and Midwifery and Allied Health Professionals (NMAHP) Strategy which encompasses both clinical and workforce elements and was co-produced with staff involvement. It is the case that any workforce related elements arising with any supporting Strategies developed for any staff groups will also form an integral part of the overarching Board People and Workforce Strategies as appropriate to mitigate any potential fragmentation of strategy development and implementation and also to ensure shared organisational learning and opportunities.

Preparation for implementation of the Health & Care Staffing Act is ongoing, with a multidisciplinary Programme Board overseeing preparatory work, and we continue to apply the

suite of nursing and midwifery workforce and workload tools on an ongoing basis. The intrinsic balancing of substantive and supplemental staffing is a high priority for the Board in line with the national guidance on limiting the use of non-framework agency. This is particularly challenging given the ongoing reliance on supplemental staffing to support those beds that continue to be open on our Acute sites beyond our funded baseline. This position is also impacted upon by the availability of social care staff with Local Authority partners also facing their own challenges in relation to workforce recruitment and retention. Work is ongoing within our nurse bank in optimising our bank function whilst making requisite changes to control demand and supply of non-framework high cost agency staffing.

With regard to eRostering we have a Programme Board which is chaired by our Nurse Director. Rollout has commenced in our first phase areas which encompasses clinical and non-clinical areas.

Workforce – Improvement Actions

- Review existing International Recruitment Plan and learning from its implementation to use this approach on an ongoing basis to improve the supply of Nursing & AHP staff;
- Reducing non framework agency usage – maximisation of nurse bank usage and framework agencies where necessary;
- Block recruitment of newly qualified nurses due to graduate (approx. 160) addressing latent registrant nursing vacancies across the system;
- Block recruitment of Clinical Development Fellows / Clinical Teaching Fellows (approx. 100);
- Rollout of eRostering across the organisation. System should provide assistive insight to managers in staff deployment and use in the long term;
- Skillmix change – Conclude the Band 2/3 HCSW review for substantive and bank staff.
- Evaluate the impact of introduction of Band 4 nursing roles within Acute Services and consider expanding this into other areas as appropriatehort; and
- Workforce capacity – planned and unplanned leave. Ongoing management of unplanned sickness absence seeking to minimise this as far as practicably possible. Encouraging staff to utilise annual leave throughout the year for rest and recuperation and avoiding bottlenecking of leave at peak periods which can cause operational difficulties.

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10.   DIGITAL

NHS Ayrshire and Arran Digital and Data Strategy 2023>25 "Digital Excellent in Healthcare, a platform for change" sets out how we are going to develop and deliver on ambitions for a unified digital infrastructure that will ensure we are digitally fit to network with health and social care partners, as well as with national networks. This technical platform for integration will help us maximise opportunities for seamless health and care support, when and where it is needed.

A Strategic Digital Delivery Group (SDDG), has been formed to oversee the strategic decision making and implementation of the Ayrshire and Arran Digital Strategy. This includes the delivery of key actions, transformation of organisational processes, benefits realisation, and approval of

new digital projects.   Chaired by the Chief Executive, the group comprises senior stakeholders from within the organisation. The responsibilities of the SDDG are to provide strategic direction to the delivery of Digital Services throughout the NHS Board including close workings with the three Health and Social Care Partnerships.

Digital Skills are high on our agenda and are featured throughout our local Digital Strategy. The organisation has also created a role in the form of a 'Digital Skills Champion' to support the work of the strategy and execute some of the associated actions which form part of this, particularly around the Digital Skills of our staff. We have built an excellent Digital Champions Network which continues to grow monthly and our approach to this has seen keen interest from other boards. We have recently completed a Digital Skills survey and resources are being researched and planning is underway on how this can be executed to ensure that all staff have access to enhance their digital skills and that they are also aware that they have a duty to ensure they are equipped for the digital world not only as our staff members but also as citizens and therefore patients of Ayrshire and Arran.

Digital – Improvement Actions

Microsoft 365 (M365)
- M365 now in use across our organisation. Sessions have been facilitated on storage and retention as well as providing advice, guidance, and targeted learning sessions in preparation for the future implementation of SharePoint. The Information Governance Team will inform the deployment of the document management classification workstreams in conjunction with Digital Services once the security steps are in place. To date we have completed our on prem to cloud Mail Migration, migrated (where appropriate) and remediated accounts from NHS.net to the CI Forest, Junior Doctor Mail Migration, supported staff groups to move away from Access databases, supported the retirement on IE11 across our estate, supported a pilot for Teams for Patient Use (before the new functionality for group consultations within NearMe was available), implemented part of the Defender policies (remediation work almost complete to move forward with the outstanding elements of this). The move away from our current encryption software to Bitlocker is progressing; and
- The M365 apps that we have rolled out across the organisation and continue adoption activities on regularly are Outlook Web Access, Teams, Viva Insights, Forms, Planner, Sway, Visio and Find Time, and Ayrshire and Arran are the national pilot board for Yammer/Viva Engage. A small SharePoint Comms pilot is underway. We have been assessing job roles and departments of our entire estate to ensure staff receive the most appropriate license and that it is compatible with clinical and business systems. We are also part of the current stage of the federation project which sees NHS Ayrshire and Arran and two of our local authorities able to collaborate and communicate on Teams without guest access. As applications become end of life, or their contracts are due to expire, alternative options which utilise the M365 platform, providing return on investment and cost savings against the current suppliers are being considered.

Integrated Care Record
- Aligned to the Caring for Ayrshire transformation ambitions, a programme has been established to take forward a number of projects to continue the development of an integrated care record. The programme is underpinned by a range of work to progress key enablers including infrastructure (improving network connectivity and end user

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devices, hosting strategy), information sharing and governance, data quality and standards, and developing workforce digital skills.

HEPMA Outpatients
- The WellSky electronic prescribing solution is an existing software used across inpatient hospital sites within Ayrshire and Arran. The system operates as a pharmacy stock control and electronic prescribing system for all hospital inpatients within the health board. The new version of WellSky was upgraded in March 2021 which allows the opportunity to develop the electronic outpatient functionally within the system which we now wish to make use of. This will improve safety through reduction of errors and adverse drug events as well as improve information sharing. A successful pilot has been underway for 8 months in the Respiratory and Urology outpatient clinic at UHA, feedback has been positive. Renal specialty has been approached as next site. The plan is to roll out the new outpatient feature across all specialties with a 1 year timescale (starting April 2023) we are in the process of recruiting 4 x 1 year fixed term posts to support the roll out.

CHI and Child Health Transformation Programme
- A local implementation group is in place to support the new CHI XML upgrade alongside the NSS National Project Team and Board Lead Officers from Scottish Boards. CHI and Child Health have been decoupled into two phased projects to replace legacy CHI. New CHI is scheduled to go live in September 2023 and Child Health scheduled for April 2023 .

Connect Me
- Local Remote Health Pathways (RHPs) which are live include Asthma Review, Depression Review, Contraceptive Pill Review, COPD Review, COPD Self-Management, Paediatric IBD, Prostate Cancer Results. Local RHP for Epilepsy review is in development. National RHPs live in NHSAA Heart Failure, BP Monitoring, Multi LTC Review. National Mental Health and Lymphedema RHPs in development lead by NHSAA. We will have a full suite of Long-Term Condition Review Pathways in use in Primary Care to support the Annual Review Process. We will use RHPs in Acute Care to reduce length of stay in hospital and cut clinic times.

Near Me
- Is in use across Organisational Units, Waiting Areas and Group Areas. Uptake within Primary Care Services and Acute Services has been a challenge for the team despite sharing best practice guidelines with GP Practices. There is no capacity within the TEC Team to promote the use of NHSNearMe. It has been identified that expanding the TEC Team to support and promote the use of NHSNearMe would be of great benefit and is outlined in the NHS Ayrshire and Arran TEC Delivery Plan for 2023/24.

Clinical Portal Update
- Optometry Access to Portal is part of a national programme to give all optometrists and prescribing optometrists access to Portal via CAT20 or Swan Tunnel. Technical work has been completed. On receipt of Information Sharing Agreements and Fair warning documentation user accounts will be created.

SCI Gateway R21.0 Upgrade

- This upgrade of SCI Gateway is a large change for all, where the system will be split into two environments. This upgrade required all boards referral protocols to be converted to Interactive Referral Protocol Forms, the current protocol format will be retired and not work in the new version. NSS upgraded all NHS Ayrshire and Arran referral protocols in the UAT environment in November 2022. NHS Ayrshire and Arran are required to move the converted protocols into the live environment before 12 June 2023. Further rounds of testing are scheduled during April/May 2023.

Community Pharmacy - AMS Digital Payments Programme
- This National Programme will seek to understand what is required in order to enable community pharmacies to utilise the existing capability of submitting GP10 prescriptions electronically and to drive out the need for paper. Identified several possible pilot pharmacies to support the pilot process and full rollout. Early implementers will commence in June/July 2023.

GP IT Re-Provisioning
- Work continues with Primary Care colleagues to establish a single cohort covering all Ayrshire and Arran GP requirements with the aim to document and submit local requirements by September 2023.

Scottish Vaccination Immunisation Programme
- Digital Support for the Vaccination Programme has been provided by a dedicated team of contractors to date but during 2023/24 this resource will be absorbed into business as usual support team within Digital Services. Key digital support for vaccinations and immunisations will then be provided from a larger pool of staff allowing for greater flexibility to direct resource to where they are most required.

Organisational Digital Maturity Exercise
- NHS Ayrshire and Arran are ready to participate in the 2023 Digital Maturity Exercise with the Director of Infrastructure and Support Services as Executive Lead and the Assistant Director, Digital Services acting as Digital Maturity Co-ordinator. Initial awareness workshops have been attended and access to the tool kit is now awaited.

Scottish Health Competent Authority /Network and Information Systems Regulations (NI)s Regulation Audits
- NHS Ayrshire and Arran have continued to show improvement over previous audits with focus continuing in areas identified by 2022 audit to ensure continued improvement. The new evidence template has been adopted and the self-assessment tool is being utilised to ensure compliance progresses. The Health Board has been engaged with the Cloud Centre of Excellence (CCoE) since its inception and has close working relationships with members of the centre which help support incident response, monitoring and reporting.

11.   CLIMATE

NHS Ayrshire and Arran Climate Change and Sustainability Strategy is in place to provide a framework for NHS Ayrshire and Arran to maximise its contribution to mitigating and adapting to the effects of global climate emergency and for the development of integrating sustainability into our everyday actions as an organisation. The strategy sets out the aims that we must

reduce our greenhouse gas emissions across our estate, activities, goods, and services, meeting the Scottish Governments targets, achieving net zero by 2045.

- Establishing a culture of stewardship where healthcare professionals are mindful of the resources they use, delivering more sustainable care;
- Creating a circular economy and stopping the incineration of medical waste;
- Designing out pollution, keeping materials in use and contributing to regenerative natural systems;
- Promotion of our greenspace, tackling the ecological emergency increasing and restoring biodiversity; and
- Becoming an anchor institution integral to the community in which we seek to care for.

Climate – Improvement Actions

- Aim to decarbonise our fleet emissions in line with local, regional and national requirements;
- Aim to achieve waste targets set out in DL (2021) 38 by focussing on the following initiatives;
  - The creation of the Sustainability working groups, which will include the Waste Management Group to oversee, report and provide operational assurance associated with the national guidance and the Boards Climate Change and Sustainability Strategy; and
  - Complete a review of existing Waste Management Policy and procedures to accurately reflect National standards;
- Aim to adopt the learning from the National Green Theatre Programme and continue to achieve further improvements;
- Ensure the use of the National Waste Management system to accurately record waste quality data for national reporting;
- Aim to reduce cumulative energy consumption and carbon footprint emissions in order to deliver year-on-year reductions in building energy emissions at a rate which is consistent with meeting a 75% reduction by 2030 compared to 1990. Further reductions are expected to be delivered from reduced emissions from the combustion of fossil fuel;
- Aim to meet the requirements contained within the current policy *"A Policy For NHS Scotland On The Climate Emergency And Sustainable Development - DL (2021) 38"* item 56 and 57;
- Optimise the way the Board uses its buildings by creating Distributed Working exemplar accommodation; and
- Develop a Nitrous Oxide / Medical Gas net zero oversight group to reduce medical gas emissions.

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12. FINANCE & SUSTAINABILITY

The health board set a deficit budget of £26.4 million for 2022/23 financial year. This was on the basis that all Covid related costs would be covered for 2022/23. In 2023/2024 the only Covid related costs which will be funded by Scottish Government relate to test and protect, vaccination programmes, public health and PPE. This means that acute costs including

enhanced cleaning, respiratory pathways, as well as any additional acute beds open due to Covid related pressures are cost pressures in 2023/24.

For 2023/24, cost pressures (excluding additional acute beds) of £53.2 million cannot be covered by the general allocation funding uplift (£19.7 million) and cash releasing efficiency savings planned of £9.6 million. Taken together with the underlying deficit brought into the year of £26.4 million, the underlying recurring deficit in 2023/24 is £50.3 million. In addition, at least £6 million will be spent on additional acute beds (with the planned closures happening during the year) therefore the projected deficit for 2023/24 is £56.4 million.

Cost Pressures

Additional Beds and Workforce Costs
Throughout 2022/23 our acute hospitals have had 180 unfunded beds open at a cost of £12.5 million which for the last few years was funded through additional Covid funding. Our objective in 2023/24 is to close all of these unfunded beds and achieve cost avoidance.

The use of agency staff is largely driven by the acute unfunded beds and agency nurse spend for 2022/23 was £10.6 million and for medical agency £6.2 million. In line with the closure of the additional beds, there is an aspiration to half nurse agency costs in 2023/24. Both this and the closure of the unfunded beds are cost avoidance rather than cash releasing efficiency savings as there is no recurring budget for these, with a target cost avoidance across the bed closures and agency use of £12 million, which is additional to the cash releasing savings.

Medicines Costs
NHS Ayrshire and Arran is unusual in that our integration scheme has the risk for primary care prescribing overspends and cost pressures sitting with the Health Board rather than Integration Joint Boards. In 2022/23 the primary care prescribing volumes increased by 2% which was budgeted for, however the price per item has increased by over 10% during the year which was not budgeted for, resulting in a £7.2 million overspend in 2022/23 and therefore a 2023/24 cost pressure of around £12.5 million (assuming no further price increase in 2023/24.

The announcement on 19 January 2023 to assume a share of £150 million nationally for New Medicines Fund will mean funding of £10.9 million, however spend in 2023/24 on new medicines is estimated at £23 million therefore an overspend of around £12 million.

Digital Infrastructure
The core e-health infrastructure for NHS Ayrshire and Arran is no longer fit for purpose and therefore there is a requirement to upgrade systems, make networks more secure and increase band width to improve speed of connection. A strategy of moving toward cloud based hosting (in line with Scottish Government policy) comes as a revenue cost pressure as opposed to capital cost for replacing servers etc. The additional costs of Microsoft Office 365 were only partially funded in previous years and therefore in 2023/24 there is a cost pressure of £1.4 million for Microsoft Office 365. In addition there is £3.15 million cost pressure for other system infrastructure upgrades, additional digital staff and some cloud hosting of key systems. Investment of over £10 million one-off and about £5 million recurring in 2023/24 is planned in digital infrastructure, staff and migrating to cloud hosting. This will create a resilient platform for digital infrastructure, see productivity gains for staff through reduction in staff time wasted due to inefficient systems which do not interface and savings are expected in the longer term as we create greater efficiency in our ways of working.

Energy Costs

Forecasts for future year energy increases have used the 30% increase in the Corporate Finance Network assumptions. Additional costs for NHS Ayrshire and Arran funded in 2022/23 was £2.67 million however in 2023/24 a further £2.4 million of cost increase requires to be funded.

How the Board will implement the financial plan

Operational and financial performance recovery requires radical reform of health and care services. Work undertaken by NHS Ayrshire and Arran pre-pandemic to define our 'Caring for Ayrshire' ambition was grounded in the understanding of this need for reform of health and care services. As we move in to a post pandemic period we are resetting our Caring for Ayrshire ambition and will set out a whole system plan and associated infrastructure plan for approval by the NHS Board and IJBs towards the end of 2023/24.

In the immediate term, the priorities for NHS Ayrshire and Arran within 2023/24 are to focus on system safety and service resilience to ensure we have the safest hospitals possible. The average length of stay within the Ayrshire acute hospitals post pandemic has been significantly higher than the Scottish average and much higher than that achieved in England. Reduction of the average length of stay will allow the closure of unfunded acute beds.

Avoiding admissions to hospital can be facilitated by good community support and we have invested in intermediate care and rehabilitation, however further investment is required in allied health professionals to rapidly assess patients in emergency departments and combined assessment units on a daily basis and creation of frailty assessment services aligned with general practice out with an acute hospital setting which would reduce acute admissions. Provision of community based rehabilitation for stroke patients in South Ayrshire on a pilot basis is expected to reduce the number of stroke patients in the acute hospital who do not require acute care.

To recover this scale of underlying deficit, the following streams of work are needed:

1. Delivery of our Caring for Ayrshire ambition for whole health and care system reform;
2. Reduction in length of stay, closing all unfunded beds (cost avoidance) and realignment of workforce reducing agency and locum spend;
3. Delivery of a programme of cash releasing efficiency savings targets; and
4. Review of the financial risk between the Health Board and Integration Joint Boards in relation to Primary care prescribing and overspends and the approach to risk share in relation to set aside commissioning.

Risks and mitigation

The priority programmes for 2022/23 did not release cash efficiencies due to service pressures, Covid waves, flu outbreaks, staff absence and inability to recruit registered staff, resulting in vacancies and use of agency, in addition to the 180 unfunded beds remaining open in our acute services. These all remain risks in 2023/24, however learning from 2022/23 should mitigate these somewhat.

13. WORKFORCE

In addition to detail contained in Section 9, the table below confirms the position with the extant NHS Ayrshire and Arran Workforce Plan 2022-2025 which was endorsed by the NHS Board in October 2022. The plan sets out 32 distinct actions aligned to themes cross referenced with the ambition of the national health and social workforce strategy and intended to span the lifetime of the plan up to 2025 as 'stretch' deliverables. Note that this necessarily means there is cross coverage of some themes e.g. Community Wealth Building and Fair Work that are in their own right Annual Delivery Plan (ADP) drivers / deliverables.

The table below details the progress of the 15 most significant actions within the agreed Workforce Plan and identifies progress as at March 2023. In addition, a summary of the aims of the workforce elements of the NMAHP Strategy include the following:

- Programme plan with critical delivery timescales per Quarter defined
- A Health Care Support Worker (HCSW) Development Programme will be launched
- PDRs will be carried out by an appropriate clinician for NMAHPs
- The number of Assistant Practitioners within NHS Ayrshire & Arran will increase by 30%
- Identified Measures of Success:
    - Percentage completion of PDRs for NMAHP staff
    - Trainee Assistant Practitioners have completed education and training
    - Every newly qualified nurse receives planned clinical supervision

We will also take cognisance of the outputs from the "Heads of Agreement" within the recently agreed Agenda for Change Pay Award which relate to workforce supply and capacity. (Band 5 Review, Protected Learning Time, Reduced Working Week, AfC Review) This work is to be progressed within 2023/24 and will also feature as an element of the MTP submission.

The table below details the progress as at March 2023.

Action ref	Nat. strategy theme	Action	(Lead Director) & Lead Officer(s)	Associated Groups	RAG status	Progress
**People Strategy Theme – Attract:** Our ambition is to improve the supply of registrant clinical staff thus reducing our reliance on supplemental staffing solutions and ensuring we provide safe, effective, high quality services.
A1	Attract	Deliver upon our international recruitment plan for registrant staff in 2022/23 and refine this for subsequent years so there is an established supply	(S Leslie – HRD) S Rosher T Dante	International Recruitment Steering Group	Green	Rolling programme of ongoing AHP and nursing recruitment. First cohort of international recruits commenced in February 2023, cohort 2 in process and planning for cohort 3 in August 2023 underway.
A2	Attract	Make improvements to our marketing for recruitment to ensure we stand out as an employer of choice in a crowded market	(S Leslie – HRD) S Rosher C McCluskey		Amber	We fully utilise Jobtrain as our key recruitment portal and which links to wider recruitment websites raising profile of our vacancies. We are undertaking work with communications colleagues to better utilise social media, Twitter etc, as an assistive element of marketing roles. Development of a landing page on the external NHSA&A website is a key development we are pursuing.
A3	Plan	Seek to reduce our use of high cost agency in line with our stabilising our system targets	(D Lindsay – DoF) J Edwards J Wilson	Right sizing the workforce	Red	Agency spend has increased in 22/23 as we were unable to close any of the additional unfunded beds and have high use of premium non-framework suppliers. There is a new supplementary nursing group chaired by ND and DoA. There is revised SG guidance around the use of agency staff that will be incorporated and implemented which directly impacts upon this action.
A4	Plan	Use the most cost effective supplemental staffing solutions such as bank, excess part time hours and overtime	(J Edwards – DA) GMs Chief Nurses CNMs	Right sizing the workforce	Red	See progress for A3 above.
A5	Employ	Continue to encourage staff to join our banks including building on practice during the pandemic of encouraging students to join	(J Wilson – ND) J Pennycook M Wilson	Nursing Workforce Group	Green	Students offered Band 3 on Nurse Bank when 1st year completed to encourage recruitment to bank. Moved to continuous recruitment for all internal appointments including student

						Green	nurses. 10/04/23 All Student Nurses have been offered a Band 3 Healthcare Assistant post on the Nurse Bank and work is currently being undertaken to consider the process of implementing the offer of a Band 4 Healthcare Assistant for Nursing Students in the last 6 months of their training.
A6	Attract	Where supply allows we will seek to recruit to our latent vacancies for consultant medical staff however given the length of time some of these posts have been vacant, and ongoing national supply issues, we may need to redesign services accordingly	(J Edwards – DoA) Site Directors GMs CDs AMDs AND Chief Nurses			Red	Pressure areas: Acute medicine (Ayr), General Medicine (both sites), Pathology (pan-Ayrshire service), Anaesthetics, ICM and General Surgery (Ayr) Challenged position at UHA site within medical specialties with only 5 substantive consultant posts currently filled Adverts out for locum consultants in acute medicine at UHA site utilising recruitment agency Pathology recruitment ongoing and hope to be able to recruit from this year's CCT cohort Recruitment drive planned for medical specialties from April – August utilising the 16.8 WTE salaries. The aim would be for a pan-Ayrshire approach to recruitment. ICM review under way to explore options as unable to recruit despite multiple recruitment rounds. Specialist role advertised for ICM to attract senior tier Specialist role being explored for multiple specialties including dermatology and haematology
A7	Plan	Deliver on our vision for Best Medical Workforce	(C McGuffie – MD) C Gilroy			Green	CTF and CDF recruitment ongoing, fill rate in August 2022 and Feb 2024 was 100% and the Board was able to backfill NES gaps albeit at a more junior level.

					Green	Clinical Director Leadership Development programme has been reviewed and will relaunch as Clinical Leader Development programme. New Consultant programme ongoing and evaluates well. Specialist role being explored and promoted across all specialties. Recruited first CDF from 2019 programme into an Ayrshire post as a GP with extended role into Ayr CAU. Expecting first consultant recruitment from CDF cohort in August 2023.
A8	Employ	Continue our annual process of block recruiting all newly qualified nurses from the Ayrshire campus of the University of West of Scotland to funded nurse vacancies (across all branches)	(J Wilson – ND) J Pennycook C McCluskey	Nursing Workforce Group	Amber	The Annual Newly Qualified Nurse recruitment launched on Jobtrain on 10/2/23 and closed on 30/03/23. UWS event took place on 28/2/23 where a number of NHSAA staff spent the day at UWS. Presentations included recruitment process and also support to NQNs in NHSAA 2 open evenings for final year students planned by JP took place on 7th March at UHC and 14th March at UHA with 130 plus attendees. Interviews are scheduled from 17/4/23- 01/05/23 with service.
A9	Train	Deliver the NMAHP workforce strategy which facilitates education and leadership and career pathways at all levels, enable clinically led reform of new models of care, contributes to Magnet status and supports new role development	(J Wilson – ND)	Nursing Workforce Group	Green	Paper was presented to Workforce Planning Implementation group on 24th Feb and then onto CMT on 28th Feb to launch strategy and seeking support for proposed delivery. The NMAHP Strategy will launch of 17th April with a video from Jenny Wilson. Posters and Flyers will be delivered to the areas. A steering group and 4 working groups will commence in May 2023.
A10	Plan	Complete the Healthcare Improvement Scotland self-assessment template of preparedness for the Health & Care staffing which will become effective on 1st April 2024 and work with all job families ensure readiness	(J Wilson – ND) R McMurdo L McLaughlin	Health & Care Staffing Board	Amber	10/04/23 This is in progress and has been tested with a few nursing families. Feedback has been shared with HSP team at HIS. Our role was to test this rather than to complete it. This action will be ongoing. Requirement is to make sure every service is aware of Bill and the components of this. Board self-

				Amber	assessment template now complete and first return submitted.
A11	Plan	Deliver our planned programme of running the suite of nursing & midwifery workforce and workload planning tools which will inform workforce demand and financial planning	(J Wilson – ND) L McLaughlin	Nursing Workforce Group	Amber	These were run in June 2022 for Acute Services and an established programme is in place for rollout. 10/04/23 Robust programme is being finalised for the 2023 running of the nursing and midwifery workforce and workload tools. The Gantt chart showing our intended delivery plan is attached. Responses are awaited from MH, EACH, ACH & WV wards 1&2. Discussion with Deputy ND planned for 10th April to consider Crosshouse Adult in-patient and EDEM. Suggestion is to avoid the 'red block' dates to allow capacity to train and support.
A12	Plan	Establish a multi-disciplinary Health & Care Staffing Board	(J Wilson – ND)	Health & Care Staffing Board	Green	Health & Care Staffing Programme Board now established and first meeting took place on 09/03/23
A13	Attract	Undertake phased recruitment to fulfil the staffing levels associated with the Ayrshire National Treatment Centre as agreed and monitored monthly by Scottish Government	(J Edwards – DoA) K Andrews C McCluskey	NTC Programme Board	Amber	Awaiting submission of FBC to Board and SG CIG for approval. Workforce template agreed by SG NTC programme
A14	Plan	Appoint a Workforce Planning Advisor to assist in developing workforce plans and assessing workforce demand associated with delivering Caring for Ayrshire ambition	(S Leslie – HRD) C Lean		Red	We have refocused our priority onto the availability of workforce intelligence in a service format via Power BI as being more assistive to organisational workforce planning as opposed to a Workforce Planning Advisor role which we were unsuccessful in attracting candidates to previously.
A15	Employ	Support the employment of Armed Forces leavers and veterans	(S Leslie – HRD) S Rosher C McCluskey		Amber	We will consider the approaches that other Boards have taken in supporting armed forces veterans and leavers and apply this accordingly within Ayrshire. We already have links with veterans organisations and will seek to strengthen these.

14. VALUE BASED HEALTH AND CARE

NHS Ayrshire and Arran's Medical Director is active nationally, regionally and locally in ensuring the high profile of realistic medicine; it has been the theme of clinic senates held to bring clinicians together to share knowledge and expertise in this arena. Realistic medicine is a consistent theme throughout our service improvement and transformation work.

We intend to progress the integration of Realistic Medicine Team and the Board Executive Team by forming a Realistic Medicine Steering Group with key stakeholders from across acute services, pharmacy, mental health, palliative care, nursing, estates, primary and urgent care. This will help ensure that Realistic Medicine is at the heart of recovery and service improvement across NHS Ayrshire and Arran as we seek to deliver Value Based Health and Care.

- BRAN are questions to help patients make an informed choice about their test and treatment options: What are the **Benefits**? What are the **Risks**? What are the **Alternatives**? What if I do **Nothing**? We intend to pilot the use of "enhanced" BRAN leaflets pre-appointment and then evaluate using the SURE and collaboRATE measure tools - we will identify departments to take part in the pilot and send out Shared Decision Making (SDM)/BRAN leaflets to patients before appointments in order to facilitate SDM discussions. This is best practice and delivers person centred care. We also know that patients who take part in SDM tend to choose less treatment so this has the potential to help reduce waiting lists and provide valued based health and care;
- We intend to conduct a cost analysis of single vs re-usable equipment in theatres and once done liaise with infection control to discuss how to overcome some of the barriers being experienced by the green theatre group in trying to progress this piece of work which is potential cost saving, but certainly much more sustainable and helping to work towards NHS Ayrshire and Arran's "net zero" goals; and
- Following introduction of the "Neptune" surgical waste management system within urology theatres in NHS Ayrshire and Arran, we intend to use the positive evaluation to explore upscaling this system to other theatre specialties. This has demonstrated cost savings and a reduction in environmental waste.

15. INTEGRATION

The Annual Delivery Plan (ADP) has been developed and submitted in partnership with the three Integrated Joint Boards. It has been prepared collaboratively with our partners, to provide Scottish Government with confirmation that we have plans in place to ensure that health and social care services are firmly integrated around the needs of citizens, their carer's and other family members.

16. IMPROVEMENT PROGRAMMES

Our Quality Strategy (Excellence for Ayrshire: 2019-2021) defines a system wide approach that outlines a requirement to address the identified gap in the provision of foundation level education. As a result, Ayrshire and Arran Improvement Foundation Skills (AAIFs) was developed - a foundation level course suitable for staff who have not completed a National QI Qualification and are interested in Quality Improvement.

A total of 108 people have successfully completed AAIFs at the time of this plan, with a further 76 candidates predicted to complete the course by end 2023. The key QI project themes that can be identified and aligned to strategic objectives are detailed below and presented as a percentage of the overall themes:

- Caring For Ayrshire (16%);
- Deteriorating Patient (5%);
- Improving Working Practices/Processes/Services (70%);
- Pressure Ulcer (1%);
- Training and Education (7%); and
- Unscheduled Care (1%)

National Programmes
In September 2021 the **Scottish Patient Safety Programme (SPSP) Acute Adult Collaborative** was launched. The programme uses a breakthrough series collaborative approach lasting 2 years and aims to bring together NHS Scotland boards seeking improvement in the topic area of falls and deteriorating patient. NHS Ayrshire and Arran (NHSAA) committed to the programme by recruiting clinical areas from across both acute sites with a clear focus on reducing in-patient falls and early recognition and timely intervention for deteriorating patients. The falls programme aim is to reduce falls by 20% and falls with harm by 30% by March 2024. The national aim for deteriorating patient has not been set in terms of by how much and by when as yet, but has an ambition to collaboratively work to reduce rates of true cardiac arrests across all reporting health boards in Scotland.

In April 2022 the **Scottish Patient Safety Programme (SPSP) Mental Health Collaborative** was launched. The programme uses a breakthrough series collaborative approach lasting 12 months and aims to bring together NHS Scotland boards seeking improvement in the clinical area of in-patient mental health services.

The overall aim of the programme is to:
- Creating the conditions for improvement within your team;
- The implementation of 'From Observation to Intervention' national guidance;
- Reducing the incidence of Restraint, whilst improving this experience for staff and patients; and
- Reducing episodes of Seclusion, whilst improving this experience for staff and patients.

Within NHSAA there are 4 in-patient ward areas that were included in the collaborative. The principles of the learning is now being applied in other in-patient areas in Mental Health with joint learning opportunities.

Local Programmes
NHSAA a collaborative approach to support the **reduction of acquired Pressure Ulcers** (PU) across acute in-patient wards was launched in Dec 2022.

The aims of the collaborative are:
- To reduce newly acquired PUs across identified sites within acute in-patient wards within NHSAA by 30% by December 2023;
- To support using Quality Improvement methodology/approaches develop and improve knowledge and skills in PU prevention;
- To develop a learning community and network locally which will hasten learning and share good practice; and

- To promote a culture of learning and continuous ongoing quality improvement.

Our local implementation plan for **Excellence in Care (EiC)** has been enhanced by the national relaunch of Excellence in Care assurance programme and strategy in June 2022. In-line with Scottish Government 2023/2024 objectives, the EiC team are building capability and capacity to support embedding EiC in practice. This will be achieved by:

- Increasing user access and understanding of data hosted within Care Assurance and Improvement Resource (CAIR);
- Maximising EiC measure submission to Public Health Scotland (PHS);
- Continual development of a local Care Assurance Tool;
- Care Assurance Tool audit will inform Quality and Safety discussions with Nursing Leads and will support/influence the identification of key improvement priorities and learning from excellence;
- Collaborative working with Healthcare Improvement Scotland, NHS Education for Scotland to develop a Leadership Educational Programme (Leading Excellence in Care);
- Working in partnership with Clinical, QI , and local national programme leads (WMTY, Realistic Medicine);
- Continuation of a robust nursing and healthcare support worker education programme; and
- Revision of nursing documentation, following completion of a Human Factors review in November 2022. Nursing documentation will be a key component of Digitally Led Transformation.

Identified risks for successful implementation of EiC are attributed to the extraction and submission of data. This is particular to Badgernet, Vision and CarePartner platforms. This has been highlighted and investigated nationally.

The **Caring for Ayrshire (CFA)** ambition and plan of progression is currently under development and as a result, the CFA QI team is very much in its infancy and building a portfolio of work. As a result of this the projects are at the beginning of their journey and the measures are still very much in draft form. The CFA QI team will focus on improving outcomes/reducing harm for patients that are out with the Acute hospital setting and supporting projects that keep Ayrshire and Arran citizens at home or as close to a homely setting as possible to change the model of care delivery from the acute setting. The measures associated with this are currently not driven nationally as part of a collaborative but rather individual projects focussing on organisational priorities. When considering the Drivers for Recovery the CFA QI projects/vision potentially would sit within the 'Fast track the national adoption of proven innovations which could have a transformative impact on efficiency and patient outcomes' driver. This encompasses the CFA ambition of transforming care through change in care model delivery through innovative projects.

Annual Delivery Plan Template

Template: ADP 2

April 2023

NHS Board: Ayrshire and Arran

Recovery Driver *Please select from the drop down list :*	SG ADP Action Reference *Please select from the drop down list:*	Deliverable Summary *Please include a brief summary of the deliverable, briefly outlining the intended action and what this will achieve in 23/24.*	Q1 Milestones *Please outline what you intend to have achieved by Q1*	Q2 Milestones *Please outline what you intend to have achieved by Q2*	Q3 Milestones *Please outline what you intend to have achieved by Q3*	Q4 Milestones *Please outline what you intend to have achieved by Q4*	Risks and Issues - Category *Please indicate the types of risk(s) and/or issue(s) impacting on delivery of milestones. Please choose all that are relevent from the list :*	Risks and Issues - Description *Please provide a short summary of risk(s) and/or issue(s) with a focus on cause and impact i.e. what is the specific area at risk and how will it impact on objectives/milestones.*	Controls *Please sumarise the key controls in place to manage the risk(s) and/or issue(s), to reduce the impact, or to reduce the likelihood of a risk from occuring.*
1. Primary and Community Care	1.3	Improve access to mental health at primary care to enable earlier intervention.	Commence writing group of Mental Health & Wellbeing in Primary Care Working group	Complete writing group of Mental Health & Wellbeing in Primary Care Working group	Complete business case for submission for approval at 3 x IJBs	Commence recruitment process	Finance - Funding not yet agreed Workforce - Recruitment	Previously identified Mental Health & Wellbeing monies have as yet not been distributed. Failure to provide additional financial support will provide minimum if any impact. Business case will require careful consideration to ensure appropriate workforce attainment.	Business case proposal will include no funding attainment, some and full attainment.
1. Primary and Community Care	1.3	Enhanced Psychological Practitioners (EPP's) to enhance the treatments offered to patients within primary care setting and complement existing services offered MHP's, CLW, self help workers.	NES have offered this opportunity - A decision around whether to accept this temporary workforce and also attempt to secure\ discuss long term funding.	Look at this area in relation Mental Health & Wellbeing in Primary Care Working group	Recruit EPP's	Review how EPP and EPP training is progressing			
1. Primary and Community Care	1.1	Recruitment into key MDT roles within General Practice will continue as part of the new GP Contract maximising on the current financial allocation of the Primary Care Improvement Fund (PCIF) to ensure progress to implement the PCIP to date is sustained. Workforce will be reviewed within individual service areas to ensure equitable access across GP practices wherever appropriate and ensure all opportunities are implemented whilst awaiting updated National Framework for CTAC and Pharmacotherapy task transfer.	Scope and determine where all current resource sits across 53 GP Practices. Present increased requirements to Scottish Government to achieve further progress with task transfer. Pharmacotherapy Team to identify improvements around delivery and workload at a practice level, standardisation of processes, release capacity within the team and increase patient facing time. CTAC session planned for 26 June to review current service specification and practice requirements.	Review of service specifications and benefits to patients outcomes and general practice	Awaiting national guidance to inform expectations for 2023/24.	Awaiting national guidance to inform expectations for 2023/24.	Workforce - Recruitment Finance - Funding not yet agreed Estates	Ability to identify additional professional staff to fill the new roles within the PCIP. No identified funding to recruit into additional MDT roles will mean only those posts currently funded through the PCIF can be recruited into. This will pause the continued roll-out of MDT staff into General Practice to fully implement the MoU. Lack of accommodation within GP practices to accommodate MDT staff resulting in inequitable patient access to services. Due to the volume of MDT's being allocated to GP Practices, space is becoming a real issue and concern.	Work closely with Service Leads to identify recruitment risks. Monitor allocation of resource to practices. Utilise whole system workforce planning to forecast recruitment predictions. Following recent PCIF discussions, measures in place to look at added resilience within the service and introduce new roles to support with the task transfer and aid succession planning to ensure the service is more resilient. Discussions ongoing with practices to identify accommodation issues and proposed solutions. Implement locality models where GP practices can't accommodate additional staff. Work to identify community hubs or shared resource as a medium term measure. Wider planning with HSCPs in line with Caring for Ayrshire for new improved premises.
1. Primary and Community Care		Enhance digital telephony within General Practice and move to a single resilient digital telephony platform. This will enable telephone queuing systems and increase the number of lines into practices to enhance patients being able to get through to practices without making multiple attempts.	Confirm practice specification and requirements. Identify priority cohorts for roll-out programme. Infrastructure preparation. Procure equipment for transfer of priority practices. Agree financial model for practice telephony costs.	Roll out of Phase 2 priority cohort(s).	Roll out of Phase 3 priority cohort(s).	Roll out of Phase 4 priority cohort(s).	Other	Practices need to be assured of financial, patient and staff benefit to confirm transfer. Reliant on capacity within digital services support team for roll-out. External factors including telephone lines and external providers.	Dedicated technical team assigned to infrastructure and network requirements. Support team in place within primary care and digital services to fully understand individual practice requirements ahead of final roll-out. Additional resource recruited into digital services to support implementation.

Area		No.	Description					Category	Risk	Mitigation
1. Primary and Community Care		1.2	Sustain Out of Hours Services by continuing to engage with local clinical workforce to ensure we are learning and improving from the current service delivery model.	Review of demand/capacity of clinical rotas to support all pathways 24/7. Engagement sessions with clinical teams to discuss best value and use of resource. Recruitment of 2WTE Advanced Nurse Practitioners (ANPs) to support wider MDT working. Engagement sessions with clinical teams to discuss best value and use of resource. Recruitment of 2WTE Advanced Nurse Practitioners (ANPs) to support wider MDT working. Forecast winter planning arrangements and workforce requirements for Q3 & Q4.	Actions to be determined following work undertaken in Q1.			Workforce - Retention	Medical workforce availability is reliant on volunteer GPs to undertake shifts to populate rotas, many of which already work in daytime General Practice.	Continuous engagement with current sessional GPs working within AUCS to establish improvement areas required. Rotas are continuously reviewed using innovate approaches and different ways working to fill any gaps.
1. Primary and Community Care		1.4	Review Enhanced Services to ensure they continue to be fit for purpose to meet the needs of the patient population and ensure improved management of specific conditions.	Identify priority areas for review due to unmet need and patient demand. Initial reviews will include diabetes and care homes.	Identify next agreed specifications to be reviewed.			Other	Enhanced services in Ayrshire and Arran have not been reviewed since 2010 therefore will require significant joint work with various services. Additional financial commitment may be required.	All development work will be taken forward jointly with primary care leadership team and acute and community leadership teams as required to ensure joint care models.
1. Primary and Community Care		1.6	Increase capacity and access for dental patients for routine in-hours care and urgent dental care for unregistered and deregistered patients whilst General Dental Services continues to re-mobilise.	• Gather and review baseline data to fully understand demand and capacity of the services. • Additional clinics have been scheduled within Public Dental Service to increase capacity for un(de)registered patients. • Business Continuity Plans (BCP) are being developed with greater detail should demand increase for in-hours care outwith routine PDS demand. • Consideration is being given to dental access centres and when these would be invoked if demand substantially increases. Consideration also of increasing Personal Dental Services (PDS) surgery accommodation to increase PDS capacity and patient flow. • Continual monitoring of waiting lists, appointment allocations and staff deployment is undertaken to maximise		The outcome of the national review of Determination 1 and the dental payment system is awaited in October. This will provide better insight of potential issues of General Dental Practices (GDS) moving away from providing NHS Services.		Workforce - Recruitment	Inability to recruit to key professional roles resulting in decreased access to emergency dental care or increased waiting times for routine treatment for unregistered patients.	Continuously review waiting times. Recruitment at all dental levels is a key risk impacted by reduced throughput of new graduates and inflow from overseas stopping. By implementing mass assessment clinics this reduces current PDS waiting times and frees up clinical capacity to redistribute staff to focus on emergency care and maximise resource.
1. Primary and Community Care		1.7	Increased shared care, access to service and patient experience within community Optometry – Support additional eye disease being managed by Community Optometrists in conjunction with the Hospital Eye Service.	Implementation of Community Glaucoma Service (CGS) Stage 1 - 5 Independent Optometrists starting a 12 month training programme. Scoping to be determined with Consultant Ophthalmologists and Consultants on % workload that will move to Community. Further develop the Anterior Uveitis / Juvenile Idiopathic Arthritis community pathway by scoping referral pathway and identify Independent Prescribers to provide the service.	Implementation of Glaucoma Service – Stage 1 – 5 Independent Optometrists starting a 12 month training programme. Scoping to be determined with Consultant Ophthalmologists and Consultants on % workload that will move to Community. Implement the Anterior Uveitis / Juvenile Idiopathic Arthritis community pathway.	Will be determined by work progressed up to Q2. Commence planning phase of CGS with primary and secondary care services. Anterior Uveitis / Juvenile Idiopathic Arthritis community pathway to be implemented by end of Q3	Will be determined by work progressed up to Q3	Workforce - Training, Development & Skills	Securing funding to move to implementation. Potential lack of engagement either from acute services or community optometrists to progress.	Establishment of an Operational Group reporting into the Strategic Oversight Group to ensure progression of work.
1. Primary and Community Care		1.3	Improve access to mental health at primary care to enable earlier intervention and prevention. (Consideration of lifespan focus)	Commence writing group of Mental Health & Wellbeing in Primary Care Working group	Complete writing group of Mental Health & Wellbeing in Primary Care Working group	Complete business case for submission for approval at 3 x IJBs	Commence recruitment process	Financial & Workforce	Previously identified Mental Health & Wellbeing monies have as yet not been distributed. Failure to provide additional financial support will provide minimum if any impact. Business case will require careful consideration to ensure appropriate workforce attainment.	Business case proposal will include no funding attainment, some and full attainment.

Area		Ref	Objective	Q1	Q2	Q3	Q4	Type	Risk	Control Measures
1. Primary and Community Care		1.4	**Diabetes Prevention and Adult Weight Management Services** comprise of a number of work streams, each of which would support people to 'wait well' as well as preventing a number of long term conditions such as type 2 diabetes and cardiovascular disease: · Provision of care for women at risk of gestational diabetes (GDM) post-natally. · Provision of early intervention and support for those at high risk of type 2 diabetes · Provision of person-centred weight management support for those with a high BMI · Provision of a type 2 diabetes remission programme involving total diet replacement treatment for those recently diagnosed with type 2 diabetes	Diabetes prevention (including GDM): Aim to offer treatment and support to 72 people Tier 2 weight management: Aim to offer treatment and support to 50 people Tier 3 weight management: Aim to offer treatment and support to 51 people Remission programme: Aim to offer treatment and support to 12 people	Diabetes prevention (including GDM): Aim to offer treatment and support to 72 people Tier 2 weight management: Aim to offer treatment and support to 50 people Tier 3 weight management: Aim to offer treatment and support to 51 people Remission programme: Aim to offer treatment and support to 12 people	Diabetes prevention (including GDM): Aim to offer treatment and support to 72 people Tier 2 weight management: Aim to offer treatment and support to 50 people Tier 3 weight management: Aim to offer treatment and support to 51 people Remission programme: Aim to offer treatment and support to 12 people	Diabetes prevention (including GDM): Aim to offer treatment and support to 72 people Tier 2 weight management: Aim to offer treatment and support to 50 people Tier 3 weight management: Aim to offer treatment and support to 51 people Remission programme: Aim to offer treatment and support to 12 people	Other Recruitment - Retention Finance - Non-recurrent Funding Estates	Poor uptake/non engagement of target groups with services offered. Accommodation issues within a number of offices for conducting consultations. Recruitment and retention of staff due to non-recurring funding from Scottish Government. Unable to access reports for all services that use EMIS web so reports on outcomes from the services cannot be	Use of a variety of communication routes detailing what each of the services offer so this can be communicated effectively by healthcare professionals to target groups. Issue has been flagged via each operational service. Commitment for the diabetes prevention allocation has been given by SG until the end of the current parliamentary term (end of 2026). 3 HSCPs have committed to recurring funding for expansion of tier 3 specialist weight management programme. Issue has been escalated to Director of AHPs to liaise with Infrastructure & Support
10. Climate		10.1	The board to receive 100 new electric vehicles to transition our fleet over from ICE (internal Combustion Engine) to new electric vehicles within Q3 and Q4 reporting periods.	To plan the fleet hand over to the various services across the organisation.	To plan the fleet hand over to the various services across the organisation.	To plan the fleet hand over to the various services across the organisation.	To plan the fleet hand over to the various services across the organisation.	Procurement	Main risk is the failure of the manufacturer to deliver the electric vehicles requested by the board due to shortfalls in supply chain. Objectives and Projects - Charging infrastructure is not in place to support the transition to EV.	Main control measures are to address other car manufacturers to provide EV's to the board to meet the shortfalls
10. Climate		10.2	Reduce Domestic waste volume arising by 15% compared to a financial year 2012/13 baseline.	Collect current position data across main sites, the volume and type of waste generated	Obtain the 2012/13 baseline figures.	Implement the training /posters being compiled by National Waste Management Group	Continue roll out of materials to promote education of reducing domestic waste	Other	Delays in poster/materials being issued and positioned in place. Compliance - Failure to achieve target reduction from baseline. Adverse publicity / reputation - Impact on perception of the organisation with media interest.	Waste Manager on the National Waste Management Steering Group
10. Climate		10.2	No more than 5% of domestic waste goes to landfill.	Supplier providing confirmation that 0% to landfill – various residual waste streams send to a waste heat facility	Less than 5% is landfill	Less than 5% is landfill	Less than 5% is landfill	Procurement Other	Supplier not providing the information. New tender out and may result in different supplier. Compliance - Failure to achieve target reduction from baseline. Adverse publicity / reputation - Impact on perception of the organisation with media interest.	Current Supplier is on the National framework and - Waste Manager liaising with NSS procurement team
10. Climate		10.2	Reduce food waste by 33% against 2015-16 baseline.	Continue catering production model ensuring ordering as close as possible to service	Obtain the 2015/16 baseline figures	Food waste action group formed and progressed	Food waste confirmed as reduced by 33%	Other	Unserved meals at lowest in Scotland. Staffing resources not available to collect and weigh food waste – delaying results. Compliance - Failure to achieve target reduction from baseline. Adverse publicity / reputation - Impact on perception of the organisation with media interest.	Monitored through the Catering Manager professional group
10. Climate		10.2	Ensure 70% of domestic waste is recycled or composted.	Supplier providing confirmation that 70% is recycled/composted	70% of domestic waste is recycled or composted	70% of domestic waste is recycled or composted	70% of domestic waste is recycled or composted	Procurement Other	Supplier unable to provide confirmation. New tender out and may result in different supplier. Compliance - Failure to achieve target reduction from baseline.	Current Supplier is on the National framework and - Waste Manager liaising with NSS procurement team
10. Climate		10.4	Neptune waste capture system – implement in Ayr Hospital Theatre 1.	Evaluate unit's location and drainage units are sufficient	Carry out post project review addressing clinical review, savings achieved through waste, carbon and costs	Identify any ongoing issues with the system	Write up a post project evaluation and highlight potential areas where this can be replicated across our theatres	Other	Savings in waste, carbon and costs, are not captured and the benefits of the device are not communicated or evaluated. Compliance - Failure to achieve target reduction from baseline.	Ensure post project evaluation is written up and addresses future uses elsewhere to be replicated.
10. Climate		10.4	Reduction in Ethyl Chloride use by introducing cool sticks into Crosshouse theatres (reducing ethyl chloride use).	Set up monitoring processes	Identify leads to carry out monitoring	Collect data	Report on savings achieved and clinical objectives reached	Other	Clinical benefits are not realised in terms of costs, savings, carbon, waste etc.... Compliance - Failure to achieve target reduction from baseline.	Evaluation is carried out in accordance with quality assurance measures
10. Climate		10.4	Reduce single use Theatre hats within main operating theatres.	Gain support from "*Green theatre program board*" – project undertaken by 1st year student	Identify leads to review	Collect data		Other	Silo working on areas of the green theatre work program creates divisions and uncertainty. Compliance - Failure to achieve target reduction from baseline.	Creation of program board to oversee all activities and co-ordinate work programs
10. Climate		10.4	Anaesthetic Gas Scavenging System (AGSS) review.	Review of current systems across estate	Infrastructure Schematics and energy consumption to be identified.	Define the risks and the cost associated with the decommissioning and removal of AGSS plant.	Identify savings opportunities and develop a plan for capital investment	Other	The inability to safely collect, remove or vent anesthetic gases from the theatre environment operating rooms and other areas that have gas terminal units. Compliance - Guidance	Authorising Engineer (MGPS) technical support. NHS Scotland Assure. SHTM 02-01 guidance. Existing policy and procedures.

10. Climate		10.5	Reduce carbon and greenhouse gas emissions through rationalising the retained estate including the disposal of premises deemed surplus to Board requirements.	Fully developed boardwide demolition plan	Obtain approvals to progress with disposals/demolition programme.	Appointment of contractors. Complete property transactions.	Agreed programme of work completed	Other	Objectives and Projects – Reduced scope with a reduction in the ability to meet project objectives in full or in part. Compliance – Failure to achieve national emission reduction targets from 2019 baseline.	Board has full autonomy through existing governance to act with regards to disposals/demolition plans.
10. Climate		10.2	Reduction of theatre single use plastic	Scope Options for reusable gowns and testing of such	Reduction of clinical waste and increased recycling	Increase recycling		Other	Reduction in clinical waste, may increase domestic waste. Theatre staff following programme – delaying any results/actions Increased laundry costs for washing reusage items	Monitoring Lead for National programme is based at UHC (Phil Korsak) Head of Service East – linking with clinician and Laundry provider during testing phase
10. Climate		10.2	Compile National Waste Data platform with all waste invoices for capturing cost and carbon emissions data	All suppliers to submit their invoicing to the Rio National Waste Platform to be uploaded	Waste group to meet			Other	Suppliers not submitting information	Required by various groups, and supplier advised of any gaps
10. Climate		10.7	Resources are required to take forward the implementation of a board wide Environmental Management System (EMS)	Prepare a second paper for the request for staff resources - Environmental manager	Have agreement on paper format and content	Present paper at CESOG / EMT for approval.	Obtain consent for resources to be allocated.	Estates	Board / EMT have limited financial resources to put resources in place	Control measures will be to highlight corporate risks and compliance with current policy requirements
10. Climate		10.7	Develop job description for new post(s)	Prepare a draft Job Description(s) for review	Obtain organisational approval.	Progress post(s) through Job evaluation.	Complete recruitment process.	Estates	Board internal governance groups fail to approve/ support	Control measure to ensure board /EMT are aware of the corporate risks of not have this post in place, and the cost of non-compliance across the organisation
10. Climate		10.7	Complete the Environmental Management system feasibility/scoping exercise.	Review current market options for a one stop digital software option to enable board compliance and auditing tool to meet the various compliance aspects	Engage with other Healthboards.	Prepare Business Case to the board / EMT / CESOG outlining the optimum digital platform software solution.	Review National Frameworks and procurement routes for compliance software – linking with funding request paper	Estates	Board internal governance groups fail to approve/ support	Detail policy requirements and the omission of an EMS within existing Risk Register.
2. Urgent and Unscheduled Care		2.1	**Reducing Attendances – Phase 2 RUC -** Enhance the Flow Navigation Centre (FNC) within Ayrshire Urgent Care Service (AUCS) to provide care that ensures less than 15% of demand requires attendance at hospital.	Define all available RUC pathways and how they intersect. Identify the best and most effective way to communicate these to the public, health services and professionals.	Continuation of workstreams within Urgent Care, utilising the FNC as a conduit for Urgent Care pathway demand, ensuring that it continues to deliver on the target of less than 15% of demand requiring attendance at hospital. Work is underway to develop pathways further to include Rapid Respiratory Response Services. This will be operational by end of Q2.	Continuation of workstreams within Urgent Care, utilising the FNC as a conduit for Urgent Care pathway demand, ensuring that it continues to deliver on the target of less than 15% of demand requiring attendance at hospital.	Continuation of workstreams within Urgent Care, utilising the FNC as a conduit for Urgent Care pathway demand, ensuring that it continues to deliver on the target of less than 15% of demand requiring attendance at hospital.	Workforce - Retention	Medical workforce availability across AUCS is a risk with the service reliant on volunteer GPs to undertake shifts to populate rotas, many of which already work in day time general practice. Funding allocation to ensure continuation of 24/7 AUCS model	Continuous engagement with current sessional GPs to identify areas for improvement and efficient working processes. Continuous review of rotas to forecast demand and planning staffing levels to provide safe effective, care ensuring Best Value.
2. Urgent and Unscheduled Care		2.1	**Reducing Attendances – Phase 2 RUC -** Eliminate inappropriate and unnecessary conveyance to hospital through the use of the Call Before Convey pathway with Scottish Ambulance Service (SAS) ensuring that current levels of avoidance are met, whilst increasing the alternatives.	Maintain current levels of avoided conveyance of patients through Call Before Convey (88% are not conveyed or attend front doors within 48 hours). Enhance Falls pathway through AUCS for SAS crews to ensure single point of contact and referral to Falls Team members				Other	During busy periods over weekends and public holidays there is a risk that senior clinicians will not be able to respond to SAS crews within the 1 hour turnaround time when they are on scene with a patient. Crews are given early notification of this and calls will be prioritised where possible. Crews from out of area are not always aware of the pathway and important the pathways are shared with all new crews to area.	Predict demand based on previous activity and resource FNC appropriately to meet need. Shared learning and reflection of key benefits is continuously undertaken. Any arising risk could be mitigated through further discussion between operational managers involved.
2. Urgent and Unscheduled Care		2.1	**Reducing Attendances – Phase 2 RUC -** Enhance access for Care Homes to Ayrshire Urgent Care Service (AUCS), including redirection to other appropriate pathways during the out of hours period to sustain current level of onward transfer to hospital which is currently only 8% of patients.	Maintain pathway into AUCS for Care Homes to support patients to remain in their homely setting whenever possible, including redirection to other appropriate pathways, avoiding attendance at hospital front door. Joint work with Care Home Professional Support Team. Sharing learning and positive outcomes with the homes to promote using AUCS.				Other	Care Home and SAS staff not fully utilising pathway at all opportunities	Continuous engagement with Care Homes and SAS staff to promote use of pathway and benefits.

2. Urgent and Unscheduled Care		2.1	**Reducing Attendances – Phase 2 RUC** - Provide alternative navigation to community mental health services of Urgent Mental Health patients by the emergency services through the use of the Urgent Emergency Services Mental Health pathway (ESHMHP).	Maintain current levels of avoided conveyance of patients through ESMHP as part of Call Before Convey (100% treated within community). Increasing engagement with SAS and Police Scotland to ensure appropriate pathway of care for patients experiencing Urgent Mental Health need. Work with colleagues in Mental Health team to ensure pathway into the 72 hour Mental Health Assessment Unit (planned for Summer 2023) is modelled within AUCS to ensure capacity matches demand.				Other	Pathway not fully utilised by SAS or Police Scotland for patients appropriate for referral.	Continuous dialogue with all services to promote pathway and key benefits for resources and patients. Promote pathway and work across national improvement networks to refine and enhance the service.
2. Urgent and Unscheduled Care		2.1	**Reducing Attendances - Phase 2 RUC -** Further develop the Community Pharmacy pathway into Ayrshire Urgent Care Service to support patients to access appropriate care and avoid unnecessary attendance at the Emergency Department.	Enhance the dedicated professional to professional pathway into AUCS in the OOH period from Community Pharmacy to avoid patients present at community pharmacy and requiring to attend hospital when the Pharmacist is unable to fully treat them.			Introduce a pathway between Pharmacy and ED via FNC for appropriate scheduled referral to ED.	Other	Ability to schedule appointment in ED is dependent on availability	Scheduling availability informed by USC Demand and Capacity model
2. Urgent and Unscheduled Care		2.1	**Reducing Attendances – Phase 2 RUC -** Implement a Musculoskeletal (MSK) - Urgent Care Pathway	Scope patient triage system through eConsult and Connect Me. Pilot patient system in three GP Practices.	Detailed review of unscheduled care MSK presentations to understand demand profile. Understand current community and acute MSK pathways and map out potential alternatives for improved access.			Other	Building consensus for service delivery model across a broad spectrum of operational stakeholders	Detailed Test of Change documentation and project plan. Regular Programme Management Meetings. Regular Performance Monitoring and evaluation.
2. Urgent and Unscheduled Care		2.1	**Reducing Admissions - Phase 2 RUC -** Expand the evidence based Community Rapid Respiratory Response pathway across all three HSCP areas.	Review of GP practice COPD registers. Detailed review of unscheduled care attendances linked to respiratory disease. Confirm additional roll-out to practices for expansion of service. Establish evaluation measures to evidence impact of service on population. Currently 340 patients are supported by the RRR service with plans to expand this to 557. Expand the RRR Service from 8 GP practices to14 across the three Ayrshire HSCP areas.	Evidence reduction in attendances to hospital for patients within RRR service. Currently 340 patients are supported by the RRR service with plans to expand this to 557. Expand the RRR Service from 8 GP practices to14 across the three Ayrshire HSCP areas. Use of digital solutions to be explored as part of the expansion programme to ensure optimum service delivery as part of a whole system pathway for Respiratory patients. Development of a prioritisation framework developed based on disease progression scale to ensure optimum benefit is gained with constraints of limited funding.			Other	Due to working with 14 practices, it may be challenging to evidence impact and evaluation. Constraints to service delivery due to technology interfaces. Sustainability and retention of temporary staff within the posts.	
2. Urgent and Unscheduled Care		2.4	**Reducing Admissions -** Reduce admission and stream where possible to same day care services Protect short stay areas in CAU and stream to relevant clinical area Dedicated improvement and clinical leadership within CAU with effect from 11th April including senior manager to lead continuous flow. Increase H@H virtual capacity from 12 to 24 beds Refresher training for ED triage nurses to reinforce the alternatives available	Reduce the length of stay in Initial Assessment of both CAUs to 10 hours Increase % same day discharges to 28% at UHC and 25% at UHA Increase redirection of flow 1 attendances to 6% Increase H@H capacity to 15 beds	Reduce the length of stay in Initial Assessment of both CAUs to 9 hours Increase % same day discharges to 29% at UHC and 27% at UHA Increase redirection of flow 1 attendances to 7.5% Increase H@H capacity to 18 beds	Reduce the length of stay in Initial Assessment of both CAUs to 8 hours Increase % same day discharges to 30% at both UHA and UHC Increase redirection of flow 1 attendances to 9% Increase H@H capacity to 21 beds	Maintain the length of stay in Initial Assessment of both CAUs at 8 hours Maintain % same day discharges to 30% at both UHA and UHC Increase redirection of flow 1 attendances to 10% Increase H@H capacity to 24 beds	Other Workforce - Recruitment Workforce - Retention	Not all services are offered on a 7 day basis e.g. Rapid Assessment & Care Recruitment to Hospital at Home posts	Ongoing prgramme of recruitment Ongoing programme of training and development

2. Urgent and Unscheduled Care		2.6	**Reducing Length of Stay -** Reduce the Non-delayed Acute Average LoS by 20% Increase pre-noon discharges Increase weekend discharge rate	Reduce non-delayed acute average LOS by 5% Increase pre-noon discharges to 22.5% Increase the weekend discharge rate to 52%	Reduce non-delayed acute average LOS by 10% Increase pre-noon discharges to 25% Increase the weekend discharge rate to 55%	Reduce non-delayed acute average LOS by 15% Increase pre-noon discharges to 27.5% Increase the weekend discharge rate to 57.5%	Reduce non-delayed acute average LOS by 20% Increase pre-noon discharges to 30% Increase the weekend discharge rate to 60%	Workforce - Recruitment Workforce - Retention Workforce - Absence Other	7 day working not resourced No ability to transfer to downstream beds at weekends	Ongoing programme of recruitment Ensure implementation of DWD principles
2. Urgent and Unscheduled Care		2.6	**Reducing Length of Stay -** Reduce Average LoS for patients Delayed in their Transfers of Care Reduction of South Ayrshire DTOC	Reduce DTOC to 58	Reduce DTOC to 27	Reduce DTOC to 25	Reduce DTOC to 25	workforce - Recruitment Workforce - Retention Workforce - Absence Other		
2. Urgent and Unscheduled Care		2.4	**Reducing Admissions -** Optimise Virtual Capacity pathways to deliver care closer to home and prevent hospital admission.	Increase Hospital @ Home to 15 beds	Increase Hospital @ Home to 18 beds	Increase Hospital @ Home to 21 beds	Increase Hospital @ Home to 24 beds	Funding - Non-recurrent Workforce - Recruitment Workforce - Retention Workforce - Absence Other	Inability to recruit to posts Inability to secure permanent funding	Active positive recruitment and social media use Continue to secure funding from SG where available
2. Urgent and Unscheduled Care		2.6	**Reducing Length of Stay: Rapid assessment and streaming -** We will increase our zero days length of stay by: Increasing the number of patients treated via Rapid Assessment & Care Increase assessment capacity with short stay ambulatory areas to help support early decision making and streaming to short stay pathways	By the end of June 2023 we will consistently stream 75/60 patients per week through Rapid Assessment & Care and maintain an average discharge rate of 75% or above. (UHC/UHA) By the end of June 2023 we will consistently stream patients with a stay of <72 hours to ambulatory care – reducing admissions to inpatient bedded area by 10%	By the end of September 2023 we will consistently stream 75/60 patients per week through Rapid Assessment & Care and maintain an average discharge rate of 75% or above. (UHC/UHA) By the end of September 2023 we will consistently stream patients with a stay of <72 hours to ambulatory care – reducing admissions to inpatient bedded area by 15%	Extend hours/days in RAC to enable increase in patients managed inclusive of extended evening cover & weekends Increasing to 90/75 patients a week in RAC By the end of December 2023 we will consistently stream patients with a stay of <72 hours to ambulatory care – reducing admissions to inpatient bedded area by 20%	Extend hours/days in RAC to enable increase in patients managed inclusive of extended evening cover & weekends Increasing to 90/75 patients a week in RAC By the end of March 2024 we will consistently stream patients with a stay of <72 hours to ambulatory care – reducing admissions to inpatient bedded area by 20%		Inability to source funding to increase hours for medical ANP/nursing workforce for increased hours/weekend cover. Environmental restraints may restrict numbers we can manage on short stay pathways	Ask the board to prioritise allocated funds to this piece of improvement work. Use software to actively consider how we differently use the environment available to us
2. Urgent and Unscheduled Care		2.1	By August 2023 100% of patients should be handed over within 60 minutes	Achieve 70% of all patients handed over within 60 minutes	Achieve 100% of all patients handed over within 60 minutes	Achieve 100% of all patients handed over within 60 minutes	Achieve 100% of all patients handed over within 60 minutes			
2. Urgent and Unscheduled Care		2.5	**Paediatrics** Paediatric Unscheduled Care Pathway	Current state mapping of pathways with all relevant stakeholders. Consultation on current state with wider staff group	Identification of areas requiring improvement & development of pathways / care model as required	Identify initial phase of improvements (no investment required)	Implementation of agreed improvements. SBAR proposal for any required investment to DMT / CMT.	Finance - funding not yet agreed	Lack of funding / resource to complete the work.	
2. Urgent and Unscheduled Care		2.5	**Heart Failure** Heart Failure Unscheduled Care Pathway Equitable and timely access to digitally supported heart failure diagnostics	1. Improve Diagnostic pathway by utilising Digital pathways to improve optimisation post diagnosis. 2. Extending the use of point of care/laboratory/ NT Pro BNP testing for diagnosis and treatment decision making.			1. Improved patient outcomes. 2. Reduced risk of HF hospitalisation by at least 20%, within 1 month of commencing treatment.		Current resources are limited in this area and do not meet demand. i.e 600 referrals v 250 capacity	
2. Urgent and Unscheduled Care		2.6	**Rapid Access and Care Treatment areas** Early decision making and streaming to short stay pathways.	Senior clinical support in CAU for 12 week period at UHC (April-June) to initiate & embed new practices and explore new models of care. Enhanced triage implemented with dedicated pathways being streamed to RAC. Pathways and conditions appropriate for management in RAC have been shared with GPs, ED and the Operational Response Centre to ensure patient suitability. Clinical space for RAC has been protected to ensure only the right patients are treated there and no use of the space overnight is possible. SOPs have been refreshed to ensure consistency of processes in Initial Assessment and ambulance offload to help maintain overall flow in the unit.		A similar exercise will be carried out at UHA (Sep-Nov)				

								Workforce	Risk	
2. Urgent and Unscheduled Care		2.7	Deliver effective discharge planning seven days a week, through adopting the 'Discharge without Delay' approach	Develop and introduce training material for PDD planning, structured board rounds and CLD. Develop and introduce a discharge planning tool built on CLD principles and minimal goal setting. Revision of SOP for care at home referrals in collaboration with 3 HSCPs. Collaborative working with EACH to refine referral process and clinical criteria.	Establish daily board rounds on all acute wards to include PDD review. Develop and Introduce board round scripts for use in all acute wards. Implement use of the discharge lounge as the default for all suitable patients. Creation of integrated discharge hub at UHA in collaboration with South Ayrshire HSCP.	Introduce 'discharge to assess' approach led by Home First Practitioners. Establish weekly full MDT board rounds on all acute wards. Maintain close links with the National DWD team to ensure support and guidance is utilised fully. Monthly Whole System Intervention events on both acute sites in collaboration with all 3 HSCPs.				
3. Mental Health		3.2	Implementation of the CAMHS National Specification by the 1st Aug 2023 with the separation of the non-mental health Pan Ayrshire Neurodevelopmental assessments.	Communication to the IJB's across Ayrshire.	Extreme Team established co-chaired by the Head of Mental Health Services and Head of Children's Services in South Ayrshire. Working groups initiated.	Proposed pathways agreed across Ayrshire. 45% Reduction in referrals to CAMHS for Neurodevelopmental assessments.	Roll out of the pathways.			
3. Mental Health			Improve the delivery of adult community mental health support and services, by service focus and design shaped through quality standards and service specification.	Commence strategic group to refocus, aims, objectives and achievements of the community mental health team.	Benchmark against secondary care standards	Commence redesign of service in line with aims, objectives and benchmarking	Complete redesign of service.	Workforce - Recruitment, Retention, Absence, Training, Development & Skills Other	Workforce, Demand, Capacity 1) Patient experience or outcome 2) Staffing and competence 3) Service / business interruption 4) Objectives and projects 5) Injury (physical and psychological) to patient's staff. 6) Complaints / claims	Risk is not mitigated fully at this time. Short term control measures have reduced some risk, but not of significance as such, risk has been entered onto risk register. Further control measures required to further mitigate risks without requested investment. Without this, we will be unable to stabilise core service.
3. Mental Health			Re-opening of ward 7B as an unscheduled care assessment hub, nurse-led and maximum 72 hours stay. Should reduce presentations to EDs solely for mental health assessment, reduce bed occupancy % for AMH acute and number of admissions.	Design/required works to Ward 7B be finalised and building warrants submitted, tender process completed.	Works should be well progressed. Staff group using this new area should be in situ to begin using as a base. All guidelines/SOPs will be finalised. Benchmark data will be gathered as to current activity – referrals, outcomes and current AMH acute activity levels.	Unit will be fully operational – diverting any avoidable mental health assessments to this unit V UHC/UHA ED. Data being gathered as to activity and effectiveness of service. Review systems/ processes as learning is gathered to inform future delivery.	End of year report as to activity and outcomes. Review planned activity for 2024/25 and any identified additionality required for workforce. Consider future opportunities this service affords for reconfiguration of AMH Acute beds .		Risk – excessive pressure on MH assessment beds has required individuals to be boarded out with specialty on occasion to create capacity and for unfunded contingency beds to be opened. Risk – individual practitioners having to undertake urgent unscheduled care assessments within busy Emergency Departments in a short time scale. Risk – persons referred for admission into an existing assessment ward can have longer length of stay than may be required - based on time to Consultant review, full 'battery' of assessments taking place, expectation of individual and family of person being admitted.	All referrals for admission are 'challenged' to ask if ICPNT has been considered as an alternative. Assessing practitioner has availability of On Call Consultant if wish to discuss assessment and outcome. Focus on discharge from point of admission. Regular meetings around Delayed Discharges. AMH acute capacity will not be changed until effectiveness of new assessment hub is fully understood.

Theme	Ref	Action	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Risk Category	Risks / Barriers	Mitigation / Comments
3. Mental Health		Through robust bed management processes including use of traffic light system, opening of unscheduled care assessment hub, monitoring of delayed discharges and developing alternative community based provisions improve efficiency of inpatient services to ensure have the right bed, at the right time for the right person.	**Average Length of Stay (ALOS)** AMH Acute for 2022/23 was 49.3 days. Achieve 5% reduction = ALOS to 46.8 days EMH Acute for 2022/23 was 90.1 days. Achieve 5% reduction = ALOS to 85.6 days **Delayed Discharges(DD)** AMH average Delayed Discharge days Q4 2022/23 was 1425.3 days. Achieve 5% reduction = DD to 1354 days EMH Acute for 2022/23 was 375 days. Achieve 5% reduction DD to 356.2 days Explore/develop alternatives to ongoing inpatient care such as supported accommodation, specialist provider provision, new models of care between public and independent sectors. Complete data gathering across Ayrshire as baseline to current activity and service demand.	**Average Length of Stay (ALOS)** AMH Acute for 2022/23 was 49.3 days. Achieve 10% reduction = ALOS to 44.4 days EMH Acute for 2022/23 was 90.1 days. Achieve 10% reduction = ALOS to 80.1 days **Delayed Discharges(DD)** AMH average Delayed Discharge days Q4 2022/23 was 1425.3 days. Achieve 10% reduction = DD to 1282.8 days EMH Acute for 2022/23 was 375 days. Achieve 10% reduction DD to 337.5 days Explore with Arran View options for LD/ABI/MH Complex Care step down models in their available accommodation. Place first persons (in Lamlash) from Learning Disability Perspective. Confirm planned visit to NHS Grampian re their new provision in association with	**Average Length of Stay (ALOS)** AMH Acute for 2022/23 was 49.3 days. Achieve 15% reduction = ALOS to 41.9 days EMH Acute for 2022/23 was 90.1 days. Achieve 15% reduction = ALOS to 76.6 days **Delayed Discharges(DD)** AMH average Delayed Discharge days Q4 2022/23 was 1,425.3 days. Achieve 15% reduction = DD to 1,211.5 days EMH Acute for 2022/23 was 375 days. Achieve 15% reduction DD to 318.7 days If agreed, place first MH complex care/step down/ABI persons in other unit in Lamlash. Assuming is an opportunity put a business case forward re development of vacant accommodation (Lochranza) in Arran View for suitable persons and how could be funded to North (?all) IJBs.	**Average Length of Stay (ALOS)** AMH Acute for 2022/23 was 49.3 days. Achieve 20% reduction = ALOS to 39.4 days EMH Acute for 2022/23 was 90.1 days. Achieve 20% reduction = ALOS to 72.1 days **Delayed Discharges(DD)** AMH average Delayed Discharge days Q4 2022/23 was 1,425.3 days. Achieve 20% reduction = DD to 1140.3 days EMH Acute for 2022/23 was 375 days. Achieve 20% reduction DD to 300 days If agreed, place first MH complex care/step down/ABI persons in other unit in Lamlash. Assuming is an opportunity put a business case forward re development of vacant accommodation (Lochranza) in Arran View for suitable persons and how could be funded to North (?all) IJBs.			
3. Mental Health		Improve the delivery of adult community mental health support and services, by service focus and design shaped through quality standards and service specification.	Commence strategic group to refocus, aims, objectives and achievements of the community mental health team.	Benchmark against secondary care standards	Commence redesign of service in line with aims, objectives and benchmarking	Complete redesign of service.	Workforce, Demand, Capacity	1) Patient experience or outcome 2) Staffing and competence 3) Service / business interruption 4) Objectives and projects 5) Injury (physical and psychological) to patient's staff. 6) Complaints / claims	Risk is not mitigated fully at this time. Short term control measures have reduced some risk, but not of significance as such, risk has been entered onto risk register. Further control measures required to further mitigate risks without requested investment. Without this, we will be unable to stabilise core service.
3. Mental Health		Under Caring for Ayrshire programme auspices complete service review of Older Adult Mental Health Services across NHS Ayrshire and Arran and develop an Outline Business Case as to future service provision and required service infrastructure to support, including inpatient provision.	Complete data gathering across Ayrshire as baseline to current activity and service demand.	Develop vision as to what future service delivery should look like and what workforce, service and infrastructure would be required to be support/deliver this.	Develop case for change and use this to inform development of draft Outline Business Case (OBC) for submission to Caring for Ayrshire Programme Board for their consideration.	Table OBC and update with any requested areas prior to progression (if supported) to developing Full Business Case.		There is an inequity in service between 'working age' and over 65 population. The over 65 population is growing in size (particularly in Ayrshire) and there are high levels of co-morbidity including mental health needs. Existing service models are outdated and without robust review demand will outstrip capacity in a very short period.	This risk has been identified and Caring for Ayrshire Programme Board has supported development of an OBC to describe anticipated need and proposed solutions.
4. Planned Care	4.4	Validate OP and IP/DC waiting lists to 26 weeks	OP : rolling 3000 patients over 26 weeks validated IP/DC : NECU supported validation of all patients >26wks	OP : rolling 3000 pts over 26 weeks validated	OP : rolling 3000 pts over 26 weeks validated IP/DC : NECU supported repeat validation of all patients >26wks	OP : rolling 3000 pts over 26 weeks validated	Other	Workforce Patient engagement Reduction of validation due to lack of appointment capacity	Review digital approaches. Re-categorisation of referrals to increase core capacity
4. Planned Care	4.3	Further expand the use of ACRT with a particular focus on Neurology, Gastroenterology and Diabetes & Endocrinology	Neurology ACRT 15 % not added to waiting list. Gastro ACRT of long waiters : 250 patients removed from waiting list. D&E ACRT of long waiters : 50 patients removed from waiting list.	Neurology ACRT 15 % not added to waiting list. Gastro ACRT of long waiters : 250 patients removed from waiting list. D&E ACRT of long waiters 50 patients removed from waiting list	Neurology ACRT 20 % not added to waiting list. Gastro ACRT of long waiters : 250 patients removed from waiting list. Gastro new referral ACRT : 10 % managed without adding to wait list. D&E ACRT of long waiters 50 patients removed from waiting list.	Neurology ACRT 25 % not added to waiting list. Gastro ACRT of long waiters: 250 patients removed from waiting list. Gastro new referral ACRT : 20 % managed without adding to wait list. D&E ACRT 30 % managed without adding to wait list.	Other	Clinical agreement on opt-in pathways. Primary Care concerns around return of patients. Consultant workforce / job plan capacity. Infrastructure to support mutual aid.	Primary Care engagement. NECU support to establish mutual aid arrangements.
4. Planned Care	4.2	Provide supplemental short term outpatient capacity through Insourcing and WLI for:- Dermatology Neurology Ophthalmology Respiratory Rheumatology Gastrology	3500 patient appointments delivered in Qtr 1	4000 patient appointments delivered in Qtr 2	4000 patient appointments delivered in Qtr 3	3500 patient appointments delivered in Qtr 4	Other	Difficulty securing insourcing contracts. Lack of willingness from clinical staff to do additional activity.	New contracts to have the option to extend included as standard.

4. Planned Care		Enhance sustainability through development of new permanent capacity	Posts recruited : · Nurse Colposcopist · Nurse Hysteroscopist . Ultrasonographers · Diabetes Specialist Nurse	Posts recruited: · Headache Nurse Specialist · Endocrine Nurse Specialist . Urology Surgical Care Practitioner			Workforce - Recruitment Workforce - Training, Development & Skills	Workforce availability. Length of training will impact on volume of activity being delivered.	Enhance sustainability through development of new permanent capacity. Share job descriptions with neighbouring Boards
4. Planned Care		Complete and submit Full Business case for National Treatment Centre and proceed to implement	Full Business Case Submitted 26/04/23. NHS AA Board and Capital Investment Group approval. Prepare and implement NDAP report action plan. Prepare and implement NHSSA FBC KSAR action plan. Prepare and implement SDaC action plan (awaiting issue of report).	Planning Permission Secured. Stages 1-3 Building Warrants obtained. Contract awarded to PSCP. Mobilisation commenced. Internal finishes confirmed during further 1:50 review. NEC4 Supervisor & Clerk of Works appointed. Construction commences.	Recruitment has commenced for a further 32 WTE staff. Development of Arts strategy & implementation plan. Progress Construction Stage KSAR. Progress Equipment procurement plan. Progress Soft Landings delivery plan.	45 WTE staff appointed to NTC	Finance - Funding not yet agreed Workforce - Recruitment Estates	FBC not supported by SG CIG. Delay in award of Planning Permission. Workforce funding not released by SG to allow phased recruitment (see FBC for full risk register)	6 weekly Programme Board meetings to review progress. Regular meetings with SG colleagues. Monthly meetings to review Risk Register. Project Managers appointed to manage process including Principle Supply Chain Partner. Regular dialogue with South Ayrshire Council. Regular dialogue with universities and colleges to promote project and encourage recruitment.
4. Planned Care		Embed EqUIP pathways for Hernia and Haemorrhoidectomy to reduce waiting lists	100 patients vetted to EQUiP pathways	140 patients vetted to EQUiP pathways	180 patients vetted to EQUiP pathways	200 patients vetted to EQUiP pathways	Other	Clinical engagement Managing patient expectation	National pathways Patient information leaflets
4. Planned Care		Increase throughput of cataract surgery theatre lists in line with Specialty Delivery Group recommendations. (Baseline 6 cataracts/half day list)	Increase to 7 patients per list	Increase to 7 patients per list	Increase to 8 patients per list	Increase to 8 patients per list	Other	Clinical engagement	Involvement in CfSD Specialty Delivery Group
4. Planned Care		Increase Theatre productivity – Increase theatre utilisation. Reduction in Gap times (baseline median in 2022/23= mins). Reduction in cancellations	Theatre Utilisation 91%. Establish baseline Gap times per specialty. Establish ave cancellations per week.	Theatre Utilisation 92%. Reduction in ave weekly cancellations by 5%.	Theatre Utilisation 93%. Reduction in Gap times by 1 minute. Reduction in ave weekly cancellations by 5%.	Theatre Utilisation 95%. Reduction in Gap times by 1 minute. Reduction in ave weekly cancellations by 5%.	Other Estates	Clinical engagement Shortfall in daycase recovery space at UHC Impact of ICU capital works Introduction of RAS impact on productivity until embedded	Regular discussion that weekly peri-op meeting and quarterly theatre governance meeting. Weekly utilisation meetings to review previous weeks activity.
4. Planned Care	4.2	Increase daycase rates for 3 procedures with the largest productive opportunity. Baseline % same day : · Hip Arthroplasty : 0% (BADS target 10%) · Lap Cholecystectomy : 54% (BADS target 75%) . Destruction bladder lesion : 25% (BADS target 60%)	Hip Arthroplasty =3% Lap chole = 58% Bladder lesion: 30%	Hip Arthroplasty = 3% Lap chole = 60% Bladder lesion: 35%	Hip Arthroplasty = 3% Lap chole = 65% Bladder lesion: 40%	Hip Arthroplasty = 3% Lap chole = 65% Bladder lesion: 40%	Estates Other	Clinical engagement Shortfall in daycase recovery space at UHC Workforce availability	Regular presentation of BADs performance data to clinical teams
4. Planned Care		3rd CT Scanner – establish permanent radiographer team to maintain CT capacity and reduce waiting list	168 extra CT scans/wk	168 extra CT scans/wk	168 extra CT scans/wk	168 extra CT scans/wk	Other	Workforce availability	Locum cover
4. Planned Care	4.1	Adopt a 'Hospital within a Hospital' approach in order to protect the delivery of planned care	A 'hospital within a hospital' approach is being taken to ensure that elective orthopaedic services can be maintained even during times of peak system pressure. An area of 14 beds within Station 16 has been formally protected in order that elective orthopaedic surgery can continue, albeit it at a reduced capacity, during times of peak pressure. Similarly 4 beds are protected for planned care gynaecology at UHC, and at times of pressure these beds can also support continuation of breast surgery.	Work is ongoing across the remaining surgical bed footprint to establish any further opportunities to embed this concept.					
5. Cancer Care	5.1	Increase Endoscopy capacity and reduce waiting list through establishment of 4th room at UHA	Capital works completed	4th room fully operational 5 days per week % remobilisation increased to 95%	Reduction in bowel screening waiting list Reduction in time to colonoscopy % remobilisation increased to 100%	Reduction in bowel screening waiting list Reduction in time to colonoscopy	Estates Workforce - Recruitment	Delay in completion of capital work Workforce challenges in staffing full additional capacity	Close involvement with capital planning team Early recruitment supported Using the wider endoscopist team from both acute hospitals and nurse endoscopists
5. Cancer Care	5.1	Embedding of qFiT into colorectal referral pathway	Agreed processes for qFiT stocking in GP practices Establish baseline median referral to treatment time = 98 days	Implementation of GP issued qFiT tests Median referral to treatment time reduced to 91 days	Finalised plan for qFiT testing within NHSAA lab Median referral to treatment time reduced to 85 days	Median referral to treatment time reduced to 80 days	Other	Financial concerns in primary care Lack of willingness from GPs BMS/MLS workforce shortfall to take on local testing	qFiT testing capacity bought from NHS Lanarkshire in the interim
5. Cancer Care		Establish increased pathology capacity	Confirm insourcing capacity Unauthorised backlog : 2800 cases Oldest date : 2.5months	Secure additional mutual aid capacity through developing SLAs Unauthorised backlog : 2400 cases Oldest date : 2.5months	Secure additional mutual aid capacity through developing SLAs Unauthorised backlog : 2000 cases Oldest date : 2 months	Unauthorised backlog : 1600 cases Oldest date : 2 months	Other	Affordability of insourcing options Shortage of capacity in other Boards Local admin capacity may become a bottleneck	

Category	No.	Action					Risk Type	Risk	Outcome
5. Cancer Care		Expedited Lung Cancer Pathway Trial	Establish baseline : Mean time referral to MDT	Establish additional CT capacity Mean time referral to MDT	Expand Digital Pathology Mean time referral to MDT	Introduce streamlined pathway for GP requested chest x-ray Mean time referral to MDT	Other	Workforce availability Level of primary care engagement IMRER restrictions	Agency radiography staffing where necessary Project manager working jointly across primary and secondary care
6. Health Inequalities	6.3	Implement agreed MAT Improvement Plans across community alcohol and drug services whilst increasing access to primary care (GP and Pharmacy) MAT support (MAT Standard).	Identify two sites to pilot Pharmacy based prescribing clinics – focussing on Buvidal medication.	Recruit additional Pharmacist prescribing support within the NADARS	Recruit additional GP specialist prescribing support via the offer of a local Service Level Agreement.	Have all planned enhanced GP and Pharmacist prescribing support in place.	Workforce - Recruitment Finance - Non-recurrent funding	Unable to recruit to additional GP and Pharmacist staff if no recurring funding is identified.	A proposal has been submitted to the Scottish Government (SG) for recurring funding to deliver on MAT Standard 7. Whilst awaiting a response, the NA ADP have identified non-recurring funding to support the implementation of initial developments.
6. Health Inequalities	6.3	Deliver and meet the 'Substance Use Treatment Target', whereby 959 individuals will receive supportive treatment by April 2024 via the NADARS and the full range of treatment options including MAT interventions, NFO support and accompanying mental, physical, sexual and social care support.	A minimum of 930 individuals will receive supportive treatment	Target of 940	Target of 950	Target of 959			Pathways and processes have been implemented in 2022 to ensure that this Target will be met
6. Health Inequalities	6.3	Ensure quick access to treatment for individuals with alcohol and drug problems by meeting the national 'Access to Treatment' waiting times Standard' during each reporting Quarter.	90% of individuals will commence treatment within 3 weeks of referral; 100% within 6 weeks	90% of individuals will commence treatment within 3 weeks of referral; 100% within 6 weeks	90% of individuals will commence treatment within 3 weeks of referral; 100% within 6 weeks	90% of individuals will commence treatment within 3 weeks of referral; 100% within 6 weeks			Pathways and processes have been implemented in 2022 to ensure that this Target will be met
6. Health Inequalities	6.5	Develop NHS Ayrshire & Arran Anchor/Community Wealth Building (CWB) Strategy and three-year plan	Draft NHS Ayrshire & Arran Anchor/CWB Strategy and 3 -year plan developed	Publish NHS Ayrshire & Arran Anchor/CWB Strategy and action plan	Move to implement action plan	Move to implement action plan			
6. Health Inequalities	6.3	Deliver and meet the 'Substance Use Treatment Target', whereby targeted individuals will receive supportive treatment by April 2024 via the East Add and the full range of treatment options including MAT interventions, NFO support and accompanying mental, physical, sexual and social care support.	East currently have exceeded target at 1079	To continue increasing numbers of individuals who will receive supported treatment	To continue increasing numbers of individuals who will receive supported treatment	East target of 1029			Pathways and processes have been implemented in 2022 to ensure that this Target will be met
6. Health Inequalities	6.3	Ensure quick access to treatment for individuals with alcohol and drug problems by meeting the national 'Access to Treatment' waiting times Standard' during each reporting Quarter.	90% of individuals will commence treatment within 3 weeks of referral; 100% within 6 weeks	90% of individuals will commence treatment within 3 weeks of referral; 100% within 6 weeks	90% of individuals will commence treatment within 3 weeks of referral; 100% within 6 weeks	90% of individuals will commence treatment within 3 weeks of referral; 100% within 6 weeks			Pathways and processes are in place
6. Health Inequalities	6.3	Deliver and meet the 'Substance Use Treatment Target', whereby 610 individuals will receive supportive treatment by April 2024 via the NADARS and the full range of treatment options including MAT interventions, NFO support and accompanying mental, physical, sexual and social care support.	A minimum of 930 individuals will receive supportive treatment	Target of 940	Target of 610 by April 2024	Target of 610			Pathways and processes have been implemented in 2022 to ensure that this Target will be met
6. Health Inequalities	6.3	Ensure quick access to treatment for individuals with alcohol and drug problems by meeting the national 'Access to Treatment' waiting times Standard' during each reporting Quarter.	90% of individuals will commence treatment within 3 weeks of referral; 100% within 6 weeks	90% of individuals will commence treatment within 3 weeks of referral; 100% within 6 weeks	90% of individuals will commence treatment within 3 weeks of referral; 100% within 6 weeks	90% of individuals will commence treatment within 3 weeks of referral; 100% within 6 weeks			Pathways and processes are in place
6. Health Inequalities	6.2	Review of Community Rehabilitation Model to identify area's for development to improve patient pathways for those leaving prison custody. Work aligned to Scottish Government GIRFe (Getting It Right For Everyone) People in Prison pathfinder program	Completion on Journey Mapping with agency partners and lived experience	Co-design of concepts for tests of change	Testing of prototypes	Implementation of successful tests of change	Other	Delivering on outcomes dependent on successful engagement with partners in other parts of the health system and other agencies	Establishment of multi-agency group to lead work plan
6. Health Inequalities	6.2	Implementation of Health Care Needs assessment recommendations to develop the HMP Kilmarnock prison based mental health provision to provide enhanced early intervention for mental health and wellbeing need	Review recommendations to be presented to IJB for approval.	Job evaluation processes to be competed for new job roles in changed skill mix.	Recruitment to new job roles	Implementation of model with enhanced early intervention provision	Workforce - Recruitment	Delay in Job Evaluation process. Difficulties in recruiting to posts in the prison setting.	Job roles more attractive and a new service development linked to early intervention
6. Health Inequalities	6.2	Progress delivery of MAT standards in Prison and Police custody settings in line with national MAT standards delivery plan in justice settings.	Limited capacity to progress until recruited new staff come into role	Design of test of change for identification of addiction needs on reception to prison custody	Implementation of test of change learning cycle to develop effective process	Embedding processes for early identification expanding treatment choice	Workforce - Recruitment	Currently waiting for recruited staff to come into role to provide capacity to deliver. Continued recruitment and retention challenges may impact on progress of the work	Implementation of QI support and facilitated reflection opportunities to support staff engagement and wellbeing.
8. Workforce		Delivery of international recruitment plan on an ongoing basis providing supply of Nursing & AHP staff	Cohort 2 of international recruits commenced (May 23)	Cohort 3 of international recruits commenced (Aug 23)	Cohort 4 of international recruits commenced (Aug 23)	Cohort 5 of international recruits commenced (Aug 23)	Workforce - Recruitment Estates	Accommodation for recruits is a significant factor which constrains the volume and frequency of cohorts	Plan for international recruits is staged rolling – next cohort commences when welcome accommodation for preceding cohort becomes available for next cohort i.e. 2-3 months lead in between cohorts

				Q1	Q2	Q3	Q4	Category	Risk Narrative	Mitigation
8. Workforce			Reducing non framework agency usage – maximisation of nurse bank usage and framework agencies where necessary	Communication to all nursing staff on agency changes and raising awareness of bank (May) 40% reduction in non-framework agency spend (June)		100% reduction in non-framework agency spend (October)		Other	High proportion of our non-framework spend is associated with our additional beds beyond our funded establishment therefore our ability to remove those beds from the system is critical to achieving our trajectory	Nurse Director chairing supplemental spend groups and operational management triumvirates overseeing use and control of agency and wider supplemental usage. Ongoing activity to increase attraction to and optimisation of nurse bank
8. Workforce			Block recruitment of newly qualified nurses due to graduate (approx. 160) addressing latent registrant nursing vacancies across the system	Interviewing and offers made		Successful candidates commence Band 5 roles	Planning and process for 2024 NQN outturn commences	Workforce - Recruitment	Competition with other Boards as NQNs apply for multiple posts across region therefore preferred candidates may withdraw at short notice depending on preference	All WoS Boards follow same timetable for initial averts for NQNs. Strengthened engagement from both Nurse Directorate and operational teams to retain students who have trained within NHSA&A
8. Workforce			Block recruitment of Clinical Development Fellows / Clinical Teaching Fellows (approx. 100)	Recruitment of CDFs	Successful candidates commence in post (Aug 23)		Planning and process for 2024 CDF/CTF commences			
8. Workforce		8.1	Rollout of eRostering across the organisation using. System should provide assistive insight to managers in staff deployment and use in the long term.	Phase 1 delivered – Woodland View, Medical Anaesthetics and Digital Services	TBC – see risk narrative	TBC – see risk narrative	TBC – see risk narrative	Other	Lack of interfaces between Allocate and SSTS creates a resource risk for the Board that could materially necessitate a slowing of rollout until such time as the SSTS interface is operational	Resource in place for initial phase however as rollout increases this will require to grow until such time as there is an operational interface. Allocate Programme Board keeping under review and seeking assurance from NSS / national team as to timescales for interface work.
8. Workforce			Skillmix change – conclude the Band 2/3 HCSW review for substantive and bank staff. Evaluate the impact of introduction of Band 4 nursing roles in Acute and expand this to another cohort. Richer skillmix provides better	Band 4 HCSWs commenced in post (April) Substantive Band 2 staff changed to Band 3 (Jun)	Bank Band 2 staff changed to Band 3			Workforce - Recruitment	Changing skillmix and the opportunities this presents could potentially exacerbate existing problems in social care workforce as NHS HCSW roles become more attractive in respect of terms and conditions	Limited scope to control risk due to the considerable differentials in the respective terms and conditions between social care and NHS
8. Workforce			Workforce capacity – planned and unplanned leave. Ongoing management of unplanned sickness absence seeking to minimise this as far as practicably possible. Encouraging staff to utilise annual leave throughout the year for rest and recuperation and avoiding bottlenecking of leave at peak periods which can cause operational difficulties	Monitoring of planned and unplanned absence rates	Monitoring of planned and unplanned absence rates	Monitoring of planned and unplanned absence rates	Monitoring of planned and unplanned absence rates	Workforce - Absence	Sickness absence remains higher than the pre-pandemic period and in excess of the national standard of 4%. Any future 'spikes' in covid related absence will inflate the absence position. When absence is high staff sometimes defer taking scheduled annual leave and necessitating the need for carry forward from year to year. Rest and recuperation important to avoid staff burnout	Ongoing monitoring of planned and unplanned absence and the reasons associated with this and messaging throughout the year for staff to utilise their annual leave fully.
9. Digital		9.1	Optimising M365 - migration of shared drives to Sharepoint	Implementation of Intune and Microsoft Defender for Cloud Apps	Move to OneDrive and closing all personal drives	OneDrive Implementation - mop up and commence early shared drive moves	Continuation of sharepoint implementation	Other	Compliance - failure to complete migrations in a timely manner. NB - delivery of this is dependant on the Conditional Access Policy being available as is currently under review by NSS due to issues within other boards. Awaiting notification of National support model for boards progressing with OneDrive/SharePoint as only support available is for Outlook/Exchange and Teams at the moment.	If shared drives are not migrated in a timely manner then on site storage will require to be retained with associated costs.
9. Digital		9.1	Optimising M365 - Fully embed the document management classification scheme working practices compliant with GDPR guidance	Link to Intune (9.1) robust deployment tool required to increase compliance with a supported Office version which is compatible with the labeling functionality. Office 2013 is not compatible with document management classification.	Link with Information Governance regarding roll-out and adoption planning and undertake pre-requisites engaging with Records and Digital Champions to work together.	Continue Q2 progress		Other	Compliance - failure to introduce correct document classification will lead to breaches of GDPR legislation. Finance - any breaches of GDPR legislation could lead to fines being imposed by ICO. Incorrect or missing document classification can lead to confidential information being inadvertently disclosed.	Working with records champions across the organisation to ensure that appropriate document classifications are enabled.

9. Digital		9.2	National Digital Programmes - develop the electronic outpatient functionality within WellSky.	Plan is to roll out the new outpatient feature across all specialties with a 1 year timescale (starting April 23). Progress recruitment of 4 x 1 year fixed term posts to support the roll out.	Recruit 4 posts required to take project forward. Engage with the first phase of specialties to start training sessions. All awareness communications sent and CD Forum users are informed. Portal work to start.	Start phase 2 and 3 of specialities and continue with training sessions and go-lives within each specialty area.	Start phase 4 and 5 of specialities and continue with training sessions and go-lives within each specialty	Workforce - Recruitment	If we don't manage to recruit to full capacity there will be a delay rolling out the project due to staffing levels. There may be resistance to change while rolling the new Electronic prescribing process out. Resistance may cause delays.	Monitor risks and raise at the Operational Outpatient Meeting throughout the project lifecycle.
9. Digital		9.2	National Digital Programmes - CHI & Child Health Transformation Programme	New Child Health is scheduled to go Live in April 2025	CHI - Rerouting complete for Trakcare, SCI Store, AYRshare in UAT environment, Engage with NSS to make config changes to Badgernet (scheduled for 11/05/2023 @ 3PM) and SBR in preparation of the Testing window commencing in October 2023		Proposed Testing Window Scheduled for October/November 2023 with Go Live Scheduled for End of November 2023. Downtime Plan confirmed with Heatlth Records and Child Health services for Cutover Weekend.	Other	With NHSAA co-current projects Cloud Hosting UAT and CHI rerouting in UAT, the project team have identified potential conflict challenges in regard to testing. Period of downtime where demographics updates/Patients CHI's are unavailable. NSS National Team contraints to Go Live Date. (Go Live date may incur cost therefore NSS will attempt to bring forward go live weekend)	Digital Service Project Manager has arranged to engage with NSS and Intersystems to ensure testing can be completed appropriately and provides updates to both LIG and Hosting Project Teams. Progress with Business Continuity Processes for Acute, Primary Care and Child Health during downtime.
9. Digital		9.2	National Digital Programmes - ConnectMe - Development of a full suite of Long-Term Condition Review Pathways in Primary Care to support the Annual Review Process alongside the development of Remote Health Pathways (RHP's) in Acute Care to reduce length of stay in hospital and cut clinic times.	Complete the testing of the last two pathways to be developed for the suite of review pathways (Epilepsy and Multi Long Term Conditions). Train and support Practices to transition from using Florence Text messaging for BP monitoring to using IHC. Promote the use of these within all GP Practices. Engage with Acute services to promote the use of RHPs within their specific remits.	Continue to work in partnership with the National TEC Team to promote pathways built Scotland wide within our local services. Continue to support Primary Care to develop further pathways for use in GP Practices.	Promote the use of RHPs throughout Primary and Acute Care and work with teams to design, develop and implement pathways to benefit the services and patients, reducing attendance at Practices, clinics and reducing length of stay in hospitals.	Have a fully functional TEC Team available to work with services to promote the use of TEC to benefit staff and patients.	Other	Barriers have been put in place for designing and producing pathways which would be of great benefit to our local teams however might not be suitable Nationally. There is a process in place to apply to the National TEC team for the design, build and implementation of pathways. If this is not passed then we are unable to progress with pathways which might benefit our teams locally.	There is a process in place to apply to the National TEC team for the design, build and implementation of pathways. If this is not passed then we are unable to progress with pathways which might benefit our teams locally.
9. Digital		9.2	National Digital Programmes - Near Me - promote the use of Near Me / Attend Anywhere as a safe and secure NHS video calling platform to offer access to services without travelling - bringing care closer to patients.	To have the capacity within the TEC Team to promote the use of the NHSNearMe platform. To highlight best practice by promoting the areas of extended use and give patients the choice of whether they want video/phone access rather than attending face to face.	To work towards giving patients a choice on how they want to attend their appointments in Primary and Secondary Care.	To increase the use of NHSNearMe in Primary and Secondary Care improving the outcomes Nationally.	Have a fully functional TEC Team available to work with services to promote the use of TEC to benefit staff and patients.	Workforce - Recruitment	Lack of uptake within Primary Care Services and Acute Services has been a challenge for the team despite sharing best practice guidelines with all NHSAA GP Practices. There is no capacity within the NHSAA TEC Team to promote the use of NHSNearMe within NHSAA.	Expanding the TEC Team to support and promote the use of NHSNearMe would be of great benefit and is outlined in the NHSAA TEC Delivery Plan for 2023/24.
9. Digital		9.2	National Digital Programmes - To develop Clinical Portal to provide a more comprehensive EPR and broaden service access.	Optometry Access to Portal via CAT20 or Swan Tunnel on receipt of Information Sharing Agreements and Fair warning documentation user accounts will be created. Community Pharmacy, GP Pharmacy Access and Community Dental access to Clinical Portal to provide access to as many services as possible. HSCP information available in Clinical Portal to broaden portal to being a more comprehensive EPR. Demo arranged with HealthCare Gateway April 2023.	We are receiving the relevant documentation and will have all Optometrists accessing portal by the end of Q2. We will set up short live working groups with Pharmcy and Dental to look at the information they require and get the relevent IG documentation completed. We have a meeting on the 1st June with HealthCare Gateway (previous one had to be cancelled) Need decisions at board level as to what we do next.	Hope to have the RBAC created for Dental and Pharmacy. Start the technical process with the CAT20 boxes as we did with Optometry and be in a position to send out the relevant documentation.	All GP Pharmacy, Community Pharmacy and Dental access to Clinical Portal.	Other	Other - getting agreement on what Pharmacy and Dental can access. Delays in getting appropriate Governance documentation completed.	Ensuring effective communication with all involved specifically heads of service.
			Infection, Prevention and Control The COVID pandemic has significantly impacted on Infection Prevention & Control (IPC) resource, workload and expectation. The intention is to build an IPC service in conjunction with the IPC Workforce Strategy, HCAI Strategy and comply with the IPC Standards May 2022.	- Completion of service review within IPC and recommendations submitted to CMT for approval. - Gap Analysis - IPC Workforce Strategy. - Develop short, medium and long term objectives to support service review and gap analysis of IPC Workforce Strategy - Commence short term objectives (IPC Service Review and IPC Workforce Strategy) - Implementation of the interim IPC Planned Programme 2023/24 - Delivery of HAI standards and Indicators	- Review and creation of job descriptions to support IPC Service Review - Progress with the interim IPC Planned Programme 2023/24 - Review strategic risk (Risk 811 - Service / Business Interruption – Inability to Deliver Core/optimal IPCT Service)	- Commence medium term objectives (service review and IPC Workforce Strategy) - Progress with the interim IPC Planned Programme 2023/24	- Review progress of interim IPC planned Programme 2023/24 - IPC workforce strategy implemented by March 2024 - Review progress of medium term objectives (IPC Service Review and IPC Workforce Strategy) - Review strategic risk (Risk 811 - Service / Business Interruption – Inability to Deliver Core/optimal IPCT Service)	Workforce - Recruitment, Retention, Absence, Training, Development & Skills Other	Unpredictability of the COVID 19 Pandemic. Staff resource diverted to outbreak management which will have an impact on delivery of the Interim IPC Planned Programme and progress against short, medium and long term objectives. IPC staffing resource, national resource issue due to limited experience. Failure to recruit will impact on delivery of Q1 – Q4 milestones.	IPC resource currently included within the Boards strategic risk register. IPC will prioritise those areas of the IPC interim Planned Programme however will continue to escalate areas of concern as required.

Realistic Medicine BRAN Leaflet Pilot/Shared Decision Making	Development of Leaflet	Identify outpatient areas to pilot BRAN/SDM leaflet and have initial plans for pilot in place	Have pilot underway	Start process of evaluating pilot using SURE and CollaboRATE tools	Other	Risks include the capacity of medical workforce to engage as SDM is perceived to take more time. Another key risk would be the physical process of sending out the BRAN leaflets as we have hit stumbling blocks with the physical sending of an additional leaflet when trying to implement this on a larger scale before	We hope that in the process of identifying outpatient areas to try this we are able to engage departments that are already taking an active interest in exploring SDM so that we can then demonstrate the benefits to other clinical areas.
Realistic Medicine Reusable theatre items	Begin the process of a cost analysis of single use vs reusable items	Have discussion with key stakeholders re the outcomes of cost analysis	Explore further the barriers to reusable items along with the green theatre groups and infection control team	Start to make progress in introducing the use of some reusable items at UHC and UHA theatre sites.	Other	National infection control & health and safety guidelines currently restrict movement from single to reusable use items.	Current collaborative work between Green Theatre Group, IC and H&S locally and nationally through ARHAI to discuss national IC guidelines.
Realistic Medicine Neptune Waste Management System	Gather information from urology regarding current experience and benefits of using Neptune	Present information regarding urology findings to other surgical depts. That may benefit from use of system i.e. gynaecology Rep from Stryker who deal with Neptune Suction System due to meet theatre staff at Crosshouse Hospital on 10/5/23	Explore further funding options for purchasing further Neptune systems Liaise with CfSD regarding potential national procurement of waste management systems	Explore purchase and installation to appropriate theatre(s)	Finance - funding not yet agreed	Key risks: funding. Urology will demonstrate most benefit as a specialty. Need to evaluate whether same benefits demonstrated in other specialties.	Hopefully in demonstrating the potential benefits of Neptune in improved theatre waste management we will be able to access funding for further provision.
Realistic Medicine Integration of Realistic Medicine and the executive team	Identify key stakeholders to sit on Realistic Medicine Steering Group and invite to first meeting	Hold first meeting of RM Steering Group	Create points for action and form an RM Working Group to take these forwards	Hold further RM Steering group meeting to check progress and create further points for action.	Other	Key risks to progress are the capacity for clinical and other staff to attend further meetings and join further working groups.	We hope that we can work collaboratively with key stakeholders to assist with current workstreams and clinically led reform, rather than creating additional workload.
Realistic Medicine National RM Policy team directives: 1) ensure all health and care professionals in Scotland complete online SDM training via TURAS 2) ensure patients and families are encouraged to use BRAN questions 3) support local teams to work the CfSD on full roll out of ACRT, PIR and best practice pathways 4) ensure local teams begin to evaluate the impact of SDM conversations 5) ensure local clinical teams engage with CfSD to consider Atlas of variation data and demonstrate how board can improve	1)Liaise with director of medical education, CDs and deputy medical director primary and urgent care 2) and 3) as above re BRAN/SDM/SURE/ COLLABORATE 4) Establish link with CfSD Champion locally to discuss 5)As per number 4	1)Establish how many staff members have currently undertaken module and then communicate with all staff re TURAS module 2) And 3) as above 4) In conjunction with CfSD make a plan for supporting roll out 5) In conjunction with CfSD access up to date Atlas data and ask relevant teams to look at data	1) Allow some time for staff to complete module 2) And 3) as above 4)Unclear as yet 5)Ask for feedback from teams re Atlas Data	1)Reassess how many staff have now completed the module 2) And 3 as above 4)Unclear as yet 5) Ask teams for suggestions on actions based on variations	Other	Main key risks are staff time for engagement and RM team time to deliver these targets in conjunction with pre-existing RM team action plan plus board deliverables detailed above.	Need support from the executive team

**Minutes of North Ayrshire Strategic Planning Group Meeting
Held on Tuesday 8 August 2023, 2:00pm
Harbourside Hall, Fullarton Connexions, Irvine**

Present:
Joyce White (Chair)
Councillor Margaret Johnson
Scott Bryan, Strategic Planning, Policy, and Inequalities Officer, NAHSCP
Lindsay Murphy, Health Improvement Lead, NHS AA (for Elaine Young)
Peter McArthur, Senior Manager – Addictions, NHS AA
Nicola Fraser, Interim Programme Manager Transformation
Scott Hunter, Chief Social Work Officer, NAHSCP
Louise McDaid, Staff Representative & North Coast Locality Lead
Vivian Forbes, Property Services Programme Manager
Paul Doak, Head of Service (Finance and Transformation), NAHSCP
Sharon Hackney, AHP Senior Manager, NAHSCP
Roseanne Burns, Senior Manager, Justice Services, NAHSCP
Betty Saunders, Contract and Commissioning Manager, NAHSCP
Jennifer McGee, Planning Officer, NAHSCP

Apologies Received:
Thelma Bowers, Head of Service, Mental Health & Learning Disabilities, NAHSCP
Julie Barrett, Senior Manager, Mental Health Services, NAHSCP
Elizabeth Stewart, Interim Head of Service, Children's Health, Care & Justice Services
Darren Fullarton, Associate Nurse Director, NAHSCP
Sam Hodkinson, Partnership Engagement Officer
Vicki Yuill, Arran CVS and Arran Locality Lead
Elaine Young, Public Health Representative
Allison McAllister, Library & Information Manager, NAC
Elaine McClure, Portfolio Programme Manager, NHS A&A
Fiona Comrie, KA Leisure
Alison Sutherland, Head of Service, Children's Health, Care & Justice Services
Michelle Sutherland, Interim Senior Manager, Primary Care and Communities, NAHSCP
Neil McLaughlin, Performance & Planning, Health and Community Care
Robert Martin (Vice Chair)
Billy Brotherson, Independent Chair of ADP
Councillor Anthea Dickson, Provost, NAHSCP
Caroline Cameron, Director, NAHSCP
Michael McLennan, Partnership Engagement Officer
Morag Henderson, Consultant Psychiatrist/ Clinical Director, NHS
Helen Gourlay, NHS Healthcare Improvement
Rosemary White, Lead Officer, ADP, NAHSCP

Item	Item	Action
1.	**Welcome and Introductions**	
1.1	Joyce White opened the meeting by welcoming all in attendance. Apologies were noted and accepted.	
2.	**Minutes of Meeting held on 23rd May 2023**	
2.1	The minutes from the previous meeting dated 23rd May 2023 were agreed as an accurate reflection of discussion. It was noted that another event is planned in relation to the suicide prevention work and the Creating Hope strategy continues to be developed.	
Focus on: Matters Arising		
3.	**<u>Locality Conversation Model – Update</u>** Scott provided the group with an update on the Locality Conversation Model and noted this will be taken to PSMT in November then IJB and SPG in January. A two-step approach has been taken via feedback and ongoing engagement, with 2 conversations planned per year. There will be 6 Locality Review Groups (one for each locality) which will review the feedback from the conversations and identify areas for action. The chair/ lead will feed in to the SPG. There was a discussion around whether the chairs of the review groups could be Team Managers or Service Managers from the Partnership who would be familiar with the issues within the locality areas. Paul noted a TOR is being developed for these groups. It was agreed training for chairs would also be helpful. Scott noted the groups will be established in September and will feed back to the SPG within the next 12 months. Scott noted the Performance Team will also attend the group meetings to collate feedback. It was agreed it would be important to ensure we reach the active groups in the community and involve them in the conversations.	
3.a.	**<u>Scheme of Integrations Update</u>** Scott provided the group with an update on this work and noted there was a discussion at the previous meeting. It has been 5 years so it is likely the review will need to be updated. Feedback was gathered from managers who have agreed this is required so the review will now go ahead. HSCP and Council Chief Officers will agree what this will look like, what the workstreams will be and will begin this work in the next few months.	
Focus on: MAT Standards		
4.	**<u>Medicated Assisted Treatment (MAT) Standards</u>** Peter McArthur attended today's meeting and provided an overview of the MAT Standards work. Peter noted that reducing drug-based harm	

and deaths is one of the main areas of concern which the Scottish Government has identified to reduce.

There are 10 standards currently in place which are:

1. All people accessing services have the option to start MAT from the same day of presentation.
2. All people are supported to make an informed choice on what medication to use for MAT, and the appropriate dose.
3. All people at high risk of drug related harm are proactively identified and offered support to commence or continue MAT.
4. All people are offered evidence-based harm reduction at the point of MAT delivery.
5. All people will receive support to remain in treatment for as long as requested.
6. The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social networks.
7. All people have the option of MAT shared with Primary Care
8. All people have access to independent advocacy and support for housing, welfare and income needs.
9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery.
10. All people receive trauma informed care

Peter noted the focus over the last year and a half has been on developing standards 1 to 5, and work will take place to embed and sustain these over the next few months.

A test of change took place in the Three Towns Resource Centre which proved this work can be delivered safely and, in a recovery,-focused way. Work will now be started to determine how this can be scaled up.

Peter provided the group with some statistics for information:
- There were 376 referrals for MAT assessment within the last year.
  - 326 of these commenced MAT support (the others disengaged with services, declined support or were provided with different support)
    - 236 (72%) commenced on the same or next day
    - 24 (7%) commenced within 2 to 4 days
    - 20 (6%) commenced within 5 to 7 days
    - 50 (15%) commenced more than 7 days (likely due to disengagement/ difficulties making contact etc.)

Peter noted service user and staff feedback so far has been gathered and submitted to the MAT Standards Implementation Support Team (MIST).

4.a.	**Discussion** Betty queried whether this work has had a positive impact on staff, for example, with job satisfaction/ wellbeing. Peter noted a lot of staff are very positive about this work and this has also been added to the health & wellbeing agenda. There have however been some concerns noted by staff around the definitions being changed which has cause some frustration as reporting/ recording needed to be updated to reflect this. Paul queried what the outcomes have been for service users and noted the positive numbers of people commencing treatment quickly. Peter noted quick access is a protective factor, especially for people with chaotic lifestyles as this can reduce the risk of drug related deaths. Support is provided in a trauma-informed way so people will also be given links to welfare/ housing information etc. The 2022 data on drug related deaths is expected in the next few months. It is likely there will not be a significant reduction, but the service hopes the numbers will not have risen much. The service has also received good feedback from service users and this work also allows for a quick response to child/ adult protection concerns. Joyce noted that there is a perception that the third sector is being overlooked within this work, and queried how we measure the success of this work within reporting. Peter noted third sector services are part of the pathway through the MAT Standards, and less severe or vulnerable cases would be signposted through third sector away from NADARS which deals with the more severe cases. It was noted that ADP reps are supporting third sector colleagues with accessing funding and other supports. It was agreed that the ask of this group is to ensure we are challenging stigma and promoting the work of the services and inclusivity of the locality areas. Joyce thanked Peter for today's update and noted the group looks forward to future updates on this work.	
**Focus on: Strategic Planning Group – Terms of Reference**	
5.	**SPG Terms of Reference – Overview** Scott provided the group with an update and noted the previous terms of reference were updated in 2018. Scott went through the layout of the plan and noted there are some concerns around gaps in the group membership. There are a few vacancies and some members do not regularly attend the meetings.	
5.a	**Discussion** **Joyce noted she will share the updated terms of reference with Board members** for awareness.	J White

	It was agreed version numbers should be added to the terms of reference going forward. It was agreed that the layout of the report should more reflect the layout in today's presentation which is easier to read and understand. It was also agreed that staff names should be removed, with just job titles noted. **Scott will arrange for the report to be updated.**	S Bryan
	It was agreed it would also be useful to hold a workshop once the posts are identified and filled to agree important areas of work and what is expected of the group. Jennifer McGee noted she can support Scott with this.	S Bryan/ J McGee
Focus on: Engagement		
6.	<u>**Caring for Ayrshire – Information Leaflet**</u> The leaflet was noted by the group. Scott noted the driver for this work is to move service users aware from acute services into community services where possible. It was noted that engagement work is ongoing, and the group are asked to share the leaflet with their services for awareness. Vivian noted funding has been reduced significantly which is affecting delivery. It was agreed it would be useful to seek updates from GPs in relation to this work and an update on the Primary Care Improvement Plan, and **Vicki Campbell should be invited to a future meeting** to provide an update. It was also agreed that **it would be useful to ensure the Clinical Director attends these meetings** as he could provide updates on this work going forward.	L McCleish L McCleish
Future Meetings		
7.	<u>**Future Agenda Items**</u> - C&F Safe & Together	

8.	<u>**Date of Meetings 2023**</u>
	   o Tuesday 3rd October 2023, 2pm – 4pm
	   o Tuesday 5th December 2023, 2pm – 4pm	