



Integration Joint Board Meeting

NORTH AYRSHIRE
Health and Social Care
Partnership

Thursday, 09 May 2024 at 10:00

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

Meeting Arrangements - Hybrid Meetings

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

1 Apologies

2 Declarations of Interest

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

3 Minute/Action Note

The accuracy of the Minutes of the meeting held on 14 March 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 Community Nursing Transformation Update

Submit report by Dalene Steele, Associate Nurse Director (NHS) and Kerry Logan, Head of Service (Health and Community Care HSCP) on the progress of the outputs from the Community Nursing Review whilst noting the current identified risks (copy enclosed).

Primary Care Update

5 Primary Care General Medical Services Update

Submit report by Vicki Campbell, Head of Primary and Urgent Care Services on the provision of General Medical Services (GMS) across Ayrshire and Arran (copy enclosed).

- 6 Primary Urgent Care Update**
Submit report by Vicki Campbell, Head of Primary and Urgent Care Services on the on the provision of primary urgent care services delivered through the Ayrshire Urgent Care Service (AUCS) (copy enclosed).
- 7 Dental Services Update**
Submit report by Vicki Campbell, Head of Primary and Urgent Care Services on the current position of dental services (copy enclosed).
- 8 Brighter Pathways: Re-Modelling Care Options**
Submit report by Elizabeth Stewart, Head of Service (Children, Families and Justice) on the programme of work and current pressures on placement availability and alternative care for any child and young person in the looked after system (copy enclosed).
- 9 Director's Report**
Submit report by Caroline Cameron, Director (NAHSCP) on developments within the North Ayrshire Health and Social Care Partnership (copy enclosed).
- 10 Communities Mental Health & Wellbeing Fund Update**
Submit report by Vicki Yuill, Arran Community & Voluntary Service on Communities Mental Health & Wellbeing Fund (copy enclosed).
- 11 Equality Mainstreaming and Outcomes Report 2022- 2024**
Submit report by Caroline Cameron, Director (NAHSCP) on Equality Mainstreaming and Outcomes Report (copy enclosed).
- 12 Unpaid Carers Service Developments in North Ayrshire**
Submit report by Scott Hunter, Chief Social Work Officer (NAHSCP) on the developments to expand and improve support for unpaid carers in North Ayrshire (copy enclosed).
- 13 Strategic Inspection of Adult Support and Protection in North Ayrshire**
Submit report by Scott Hunter, Chief Social Work Officer (NAHSCP) on the outcomes of the strategic inspection of adult support and protection completed by the Care Inspectorate, Health Improvement Scotland and His Majesties Inspectorate of Constabularies (copy enclosed).
- 14 Community Alarm and Telecare Service transition from Analogue to Digital Update**
Submit report by Kerry Logan, Head of Service (Health and Community Care) on the Community Alarm and Telecare Service transition from Analogue to Digital Service (copy enclosed).
- 15 Whistleblowing Report Quarter 3, October – 31 December 2023**
Submit report for information in relation to whistleblowing concerns raised in Quarter 3 (October – 31 December 2023) (copy enclosed).

16 Urgent Items

Any other items which the Chair considers to be urgent.

Webcasting

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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 Nairn McDonald North Ayrshire Council
Jean Ford 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
Wendy Van Riet Director of Psychological Services

Stakeholder Representatives

Terri Collins Staff Rep - NHS Ayrshire and Arran
Vacancy Staff Rep
Vacancy 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 14 March 2024 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)
Joyce White, NHS Ayrshire and Arran (Vice-Chair)
Councillor Anthea Dickson, North Ayrshire Council
Councillor Nairn McDonald, 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
Scott Hunter, Chief Social Work Officer
Thelma Bowers, Mental Health Adviser
Kimberley Mroz, SDS Policy Review Manager
Darren Fullarton, Associate Nurse Director/Lead Nurse
Dr. Louise Wilson, GP Representative
Sharon Hackney, Lead Allied Health Professional

Stakeholder Representatives

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

Present (Remote Participation)

Voting Members

Councillor Timothy Billings, North Ayrshire Council
Marc Mazzucco, NHS Ayrshire and Arran

Professional Advisers

Elaine Young, Public Health Representative
Iain Jamieson, Clinical Director
Vicki Yuill, Third Sector Rep/Chair Arran Locality Forum

Stakeholders Representative

Pamela Jardine, Carers Representative
Michelle Sutherland, Partnership Facilitator

In Attendance (Physical Participation)

Kerry Logan, Head of Service (Health and Community Care)
Lee Ballantyne, Senior Manager (Strategic Planning and Transformation)
Corry McDonald, Senior Manager (Childre, Families and Justice)
Eleanor Currie, Principal Manager, (Finance)
Raymond Lynch, Senior Manager (Legal Services)
Linda Taylor, Team Manager, Litigation (Legal Services)
Karen Andrews, Team Manager (Governance)
Shannon Wilson, Committee Services Officer

1. Apologies for Absence

There were no apologies.

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 14 December 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:

- **Director's Report: Community Mental Health Fund** – Scheduled for May 2024.
- **Director's Report: Audit Scotland report** - Update scheduled for May 2024.
- **Chief Social Work Officer Annual Report: Justice Services Update** – Update scheduled for June 2024.

4. 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 National Care Service;
- publication of the Whole Family Wellbeing Funding (WFWF) Year 1 Report;
- the consultation on draft statutory guidance on Part 2 and Part 3, Section 18 of the UNCRC Act running until 26 May 2024;
- the consultation on the Terrorism (Protection of Premises) Bill, also known as Martyn's Law running until 18 March 2024;
- the Public Health Scotland baseline evaluation findings as part of the wider National Drug Deaths Mission;
- the draft Community Justice Outcomes Improvement Plan 2024-29;
- the Break the Silence local charity providing support to people affected by Childhood sexual trauma;
- progress in terms of the North Ayrshire Care at Home Service Delivery;

- the commendable outcome in relation to a recent joint inspection of the adult support and protection work across; and
- grant funding for projects which reduce drug and alcohol related harms.

A member asked a question and was provided with further information in relation to premises within North Ayrshire which may be affected by Martyn's law and whether a consultation response was submitted.

Noted.

5. Appointments

Submitted report by Caroline Cameron, Director (NAHSCP) on the recent appointments and changes to the IJB and IJB Performance and Audit Committee membership.

The report detailed information as follows:

- Councillor Nairn McDonald's appointment to both the IJB and IJB PAC as a replacement for Councillor Robert Foster; and
- an expression of interest from Tom Hopkins, NHS Ayrshire and Arran to sit on the IJB PAC.

The Director further advised:

- that one vacancy still remained on the IJB PAC
- a Voting Member replacement would be identified for Christie Fisher in due course and
- discussions were ongoing in terms of staff representations on the IJB.

The Board agreed (a) to approve the recent changes to Membership as indicated within the report; and (b) otherwise, to note the terms of the report.

6. Self Directed Support Learning Review (Phase 2 – Implementation)

Submitted report by Scott Hunter, Chief Social Work Officer on the implementation of Phase 2 of the review of activity to improve the application of Self Directed Support in North Ayrshire.

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

- progress made in implementing funded care for island residents; and
- the action plan for staff training.

The Board agreed to (a) note the development work ongoing to improve choice, control and flexibility in the delivery of Social Work services; and (b) endorse the approach designed to focus on outcomes and implement the necessary change.

7. 2023 – 2024 Month 10 Financial Performance

Submitted report by Paul Doak, Head of Service (HSCP Finance and Transformation), on the IJB's financial performance as at month 10 (January). Appendix A to the report

detailed the financial overview of the Partnership position, while Appendix B provided an overview of those service changed which did not have financial savings attached. Appendix C highlighted the movement in the budget position following the initial approved budget.

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

- the potential risk of the Health Board setting a savings target; and
- whether the increased annual cost justifies a business case.

The Board agreed to note (i) the overall integrated financial performance report for the financial year 2023-24 and the current overall projected year end overspend of £4.171m, (ii) the progress with delivery of agreed savings, (iii) the actions being taken to progress financial recovery, and (iv) the remaining financial risks for 2023-24; and (b) approve the budget reductions set out at section 2.10 of the report.

8. Revenue Budget 24-25 and Beyond

Submitted report by Paul Doak, Head of Service (HSCP Finance and Transformation), on the financial position for the Partnership for 2024-25, including the proposed delegated funding, services budget pressures, plans developed to set a balanced budget and the associated risks. Appendix A to the report provided a summary of the 2024-25 budget and the net budget increase while Appendix B provided information on service pressures. Savings in relation to NAC and NHS commissioned services were detailed in Appendix C to the report with Appendix D detailing the Scottish Government finance Settlement letters.

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

- the potential risk of the Health Board setting a savings target;
- the communication plan to inform staff on the current financial position; and
- a future review of figures to potentially improve the reserves position.

The Board agreed (a) to approve (i) the budget for 2024-25 for the Partnership inclusive of all pressures, savings and reserves while noting that the funding position is subject to confirmation by NHS Ayrshire and Arran and (ii) the new hourly rates for commissioned providers and Personal Assistants; and (b) otherwise, to note the risks associated with the budget.

9. Transformation Plan 2024-27

Submitted report by Lee Ballantyne, Senior Manager (Strategic Planning and Transformation) on the Transformation Plan 2024-2027. The full Plan was detailed at Appendix 1 to the report.

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

- input from the third sector organisations who deliver children's services across North Ayrshire; and
- the ambition of the plan to assist in overspend reduction to reach a balanced budget.

The Board approved the Transformation Plan 2024-27 set out at Appendix 1 to the report.

10. Unscheduled Care Plan

Submitted report by Kerry Logan, Head of Service (Health & Community Care) on performance in relation to Unscheduled Care in Ayrshire and Arran, highlighting areas of risk and detailing an update on the progress of winter plans and actions being progressed to reduce delays and unmet need within the North Ayrshire Health and Social Care Partnership's Community Care Services. Full detail on the plan and performance was detailed in Appendix 1 to the report.

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

- the plan in place around Acute services and how this was addressed;
- the impact and success of advertising campaigns for the community to assess whether a visit to A&E was required;
- the focus on adults with incapacity and the work and advertising campaigns undertaken to ensure that early intervention takes place where necessary;
- the frequency which the discovery debrief was updated and reissued;
- people choosing not to attend A&E until they had been unwell for some time and eventually requiring to be hospitalised for treatment; and
- work undertaken to address access to services within the community and outpatient appointments to potentially alleviate the pressure on A&E.

Noted.

On behalf of the Committee, the Provost, with the permission of the Chair, wished Louise McDaid a happy retirement, expressing gratitude for her input in the Integration Joint Board and highlighting her pragmatic questioning, staff focus and strong desire to see success and improve staff and service delivery for service users. Councillor Johnson, Chair, presented Louise with flowers and on behalf of the Committee expressed her gratitude for the contribution she had made to the Integration Joint Board.

11. Urgent Items

There were no urgent items.

The meeting ended at 12:35pm

North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 14 March 2024

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	Director's Report	12/10/23	Communities Mental Health Fund - The Impact Report for Year 1 and Interim Report for Year 2 to a future meeting.	Scheduled for May 2024.	Vicky Yuill
2.	Director's Report	12/10/23	Audit Scotland report for the Auditor General of Scotland and the Accounts Commission on Access to Mental Health Services - a report would be brought to a future meeting to consider the recommendations	Scheduled for May 2024.	Caroline Cameron/ Thelma Bowers
3.	Chief Social Work Officer Annual Report 2022/2023	12/10/23	Justice Services update report to be brought to a future meeting.	Scheduled for June 24	Elizabeth Stewart

Integration Joint Board
9th May 2024

Subject : **Community Nursing Transformation Update**

Purpose :

- Awareness

Recommendation : It is recommended that IJB Note the progress of the outputs from the Community Nursing Review whilst noting the current identified risks.

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
NMaHP	Nursing, Midwifery and Health Professions
CTAC	Community Treatment and Care
ICT	Integrated Care Teams
GPn	General Practice Nursing
ANPs	Advanced Nurse Practitioners

1.	EXECUTIVE SUMMARY
	<p>The Community Nursing review, which took place late 2021/early 2022, reviewed the community nursing care models being delivered across Ayrshire and Arran with the aim to develop care models which meets the needs of the changing demographics. This review covered 24 hour/7 day per week community nursing services.</p> <p>Through the Pan Ayrshire Community Nursing Governance Group we have been progressing the work identified through the four main recommendations of the review: new models of care; workforce planning and workforce competence; IT and Digital; and governance.</p> <p>This update information was tabled at Ayrshire and Arran’s Health and Care Governance Group on 6 November 2023. It has already been shared with East IJBs and will be shared at a future South IJB meeting.</p>
2.	BACKGROUND

2.1	<p>Demand for our health and care services is ever-increasing as people live longer, often living with multiple long-term conditions, reduced independence and increasingly complex needs for health, care and social support.</p> <p>The “Transforming Nursing, Midwifery and Health Professions’ (NMaHP) Roles: pushing the boundaries to meet health and social care needs in Scotland - The District Nursing role in integrated community nursing teams” (2017) document outlines what is required to enable Community Nurses to support the shifting the balance of care from hospital to community and primary care settings.</p> <p>To deliver on the Transforming Nursing and Caring for Ayrshire agendas it requires new and innovative ways of working. This includes more joined-up, collaborative ways of working which provides seamless interfaces with other professionals and services.</p> <p>The Community Nursing review commenced in September 2021 with a focus on the current nursing care delivery models across Ayrshire and Arran with the aim to develop a model which better meets the changing needs of the people in our communities. Related to this, the review highlighted the need for improved workforce planning with clear career progression pathways for both registered and unregistered staff.</p> <p>The review included all levels of Community Nursing staff (in hours and out of hours) across teams within District Nursing, Primary Care, Community Treatment and Care (CTAC), Integrated Care Teams (ICT), General Practice Nursing (GPn) and Community Advanced Nurse Practitioners (ANPs) across NHS Ayrshire & Arran.</p> <p>There is a Pan Ayrshire and Arran Community Nursing Governance group with four main subgroups progressing the four main themes of the review:</p> <ul style="list-style-type: none"> • New models of care; • Workforce planning and workforce competences; • IT and digital systems to support clinical care; • Improved governance.
2.2	<p><u>Community Nursing Review Update</u></p> <p>Over the last year, not only have our front line clinicians explored new and innovative ways of designing and delivering our health and care services, but our administrative team members, Caring for Ayrshire Quality Improvement team and Programme Management have been key in supporting the rollout of the outputs from the review.</p> <p>Each of the four work streams have a work plan which feeds into the main Community Nursing Governance group, and the management representatives from the Health and Care Partnerships (HSCPs) are responsible for communicating this work into their governance arrangements.</p>

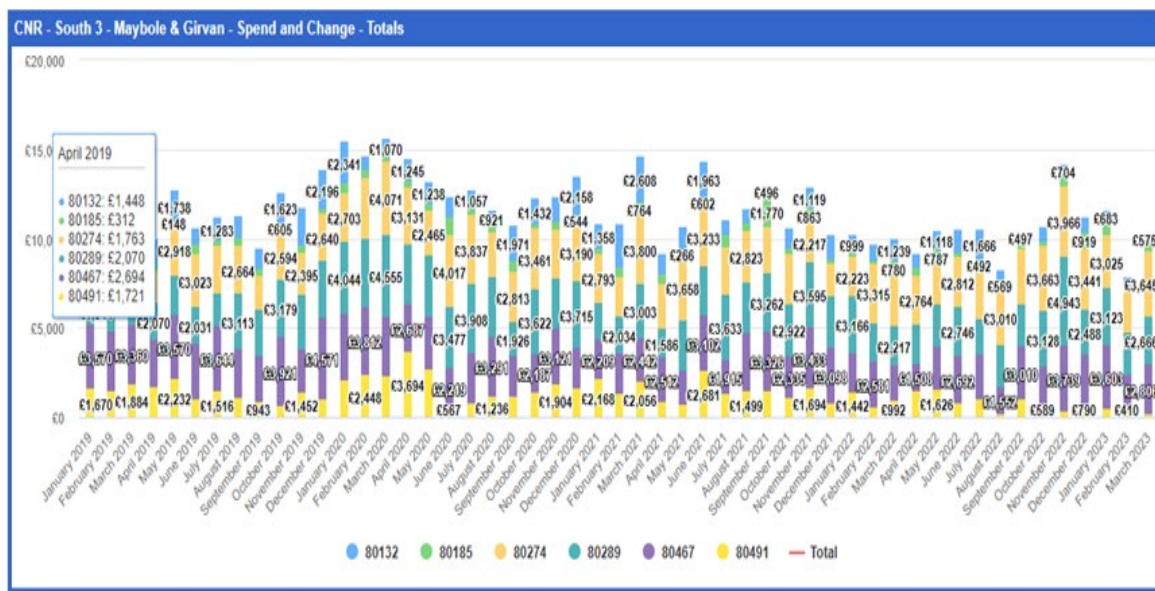
	<p>The main areas within each of the work plans will be summarised, with examples of developments and the impacts being reported for each of the four areas. Many of the developments are led by one sub group but will impact on others, for example ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) sits within the IT and Digital subgroup but will have implications for new models of care, workforce related to staff training and supervision and governance due to the need to audit the quality of the plans and measure the impact to patients and their families/carers.</p>
2.3	<p><u>New models of Care:</u></p> <p>The following is a summary of the main topics which short life working groups are progressing –</p> <p>Referral criteria to District Nursing document have been agreed;</p> <ul style="list-style-type: none"> • The ratified lower leg wound Standard Operating Procedure with progression to audit development in partnership between Podiatry and Community Nursing; • Progressing the administration of IV antibiotics/ fluids by community nurses • within people’s homes; • Diabetes care – Short life working group is in place to improve processes, including when patients are admitted or discharged from acute hospital sites; • Continence Care – update training programmes being developed and referral data is being reviewed; • Catheter care – A short life working group has been set up with the aim of identifying the number of catheters in situ, reduction in cost and infection rates. They will also provide guidance on learning, supervision and standardising care; • Adherence to a wound formulae and electronic PECOS ordering of wound • dressings; • Advanced Nurse Practitioner role in Care Homes around team around the person and future care plans; • District Nurse Specialist Practitioner role; • Antimicrobial prescribing; • Further developing the role of Community Nursing in Palliative and End of Life Care. <p>Example of New Models of Care work being progressed: PECOS</p> <p>A joint initiative, between Pharmacy and Community Nursing, is progressing the adherence to a wound formulae and electronic Professional Electronic Commerce Online System (PECOS) ordering of wound products. NHS Fife and NHS Tayside have been using PECOS to order both wound products and catheter supplies for a number of years. They have demonstrated cost efficiency and reduction in waste by</p>

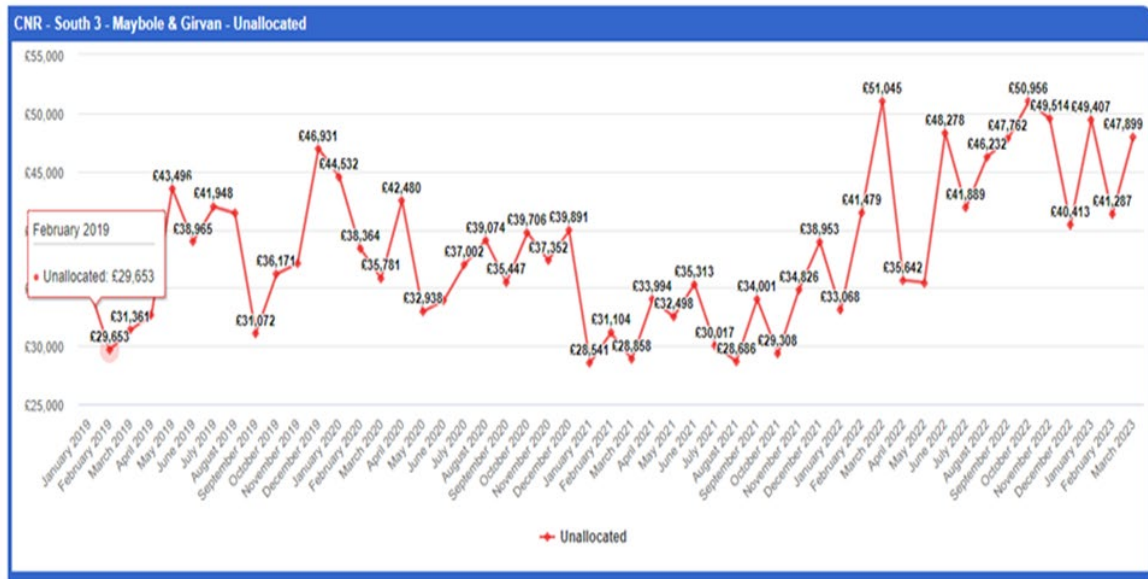
changing the way that dressings are supplied to patients by district nurses, treatment room nurses in GP practices and Care homes by ordering through PECOS. Only formulary items are available via the PECOS system thus improving formulary compliance which promotes safe and effective care.

The main staff advantages identified from the Fife experience included stock delivered to base, no prescription writing, no waiting for GPs to sign prescriptions, monitoring of dressing usage, improved budget control, right product right time. NHS Ayrshire & Arran spend in 2020/21 on these products was:-

- Wound Management Dressings £1.695M.
- Catheters/Bags/Sheaths/accessories spend £1.726M. Of this catheters spend is £1.208M.

A small test of change with two District Nursing Teams in South HSCP commenced in October 2023. Since then this process of ordering wound products has been fully rolled out in South HSCP and underway in East Ayrshire. Roll out for North HSCP is planned from July 2024 (North Coast - July, Irvine - August, Kilwinning/Garnock Valley - September and Three Towns - October). This work is being supported by the recruitment of a band 7 nurse who has been funded from Pharmacy but managed within Community Nursing. Data has been gathered to show prescription spending over the last four years and PECOS spending will be added to this in order to identify any savings (see tables below).





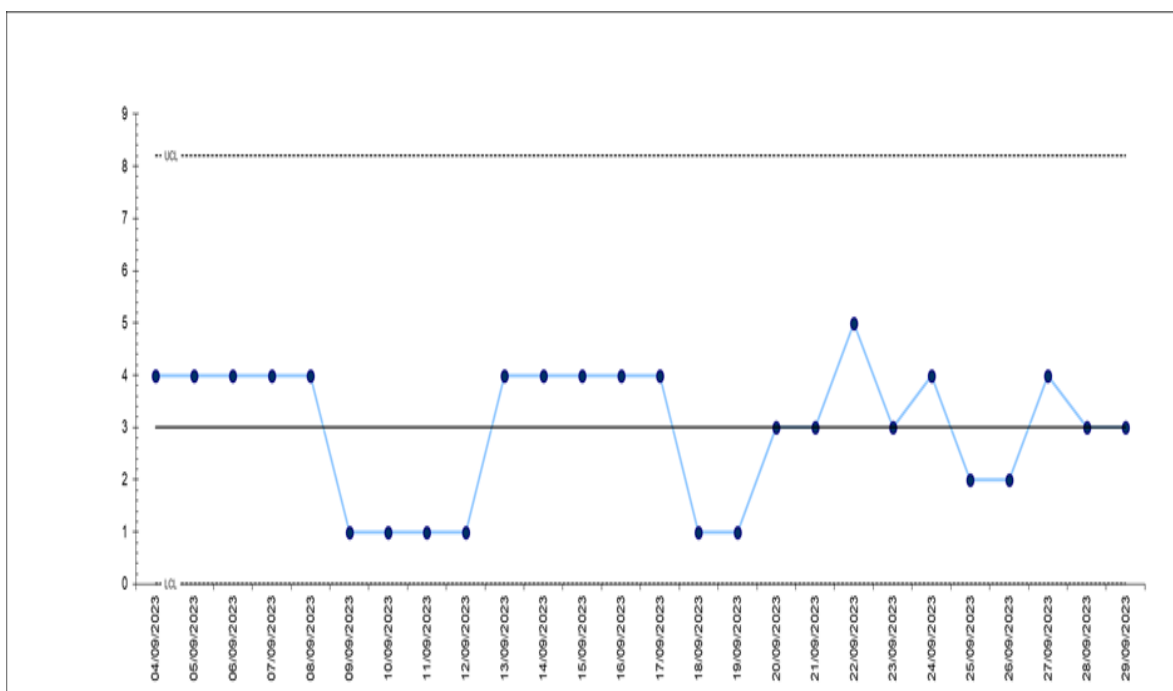
2.4 Workforce Planning/Competency

The following is a summary of the main topics which short life working groups are progressing –

- Job description and person specifications for all bands of staff have been reviewed and in draft form to ensure consistency.
- The development of competency frameworks for all levels of staff using national frameworks are being progressed;
- Piloting different shift patterns to support retainment of staff, skills mix, equitable training access and balance of workload. Changing the shift patterns also helps prevent delays in District Nurse responses to patients, especially those who are palliative, during the transition from “in hours” to “out of hours” teams and vice versa;
- Exploring the use of recruitment videos to increase the pool of people applying for community posts;
- Developing a range of supervision models to ensure safe and effective care;
- Career pathways for both registered and unregistered staff;
- Exploring a mentoring role for individuals transitioning into promoted posts by individuals leaving senior posts for retirement;
- Reviewing the Community Treatment and Care (CTAC) Educator Role;
- Workforce planning – a short life working group is in place. They are reviewing workforce profiles as well as public health population demographic information. In addition, the impact of the shorter working week on meeting the demands of the workload will be explored.

Example of workforce planning/competency work being progressed: different shift patterns-

The test of change commenced formally in September 2023 for a period of 3 months. Six staff from the clinical team agreed to be included in this initial test of change. Staffing ratios are being monitored on a daily basis. The outcomes of this test, including any benefits to both patients and staff, will be brought to the Community Nursing Governance group in early 2024 for agreement for next steps.



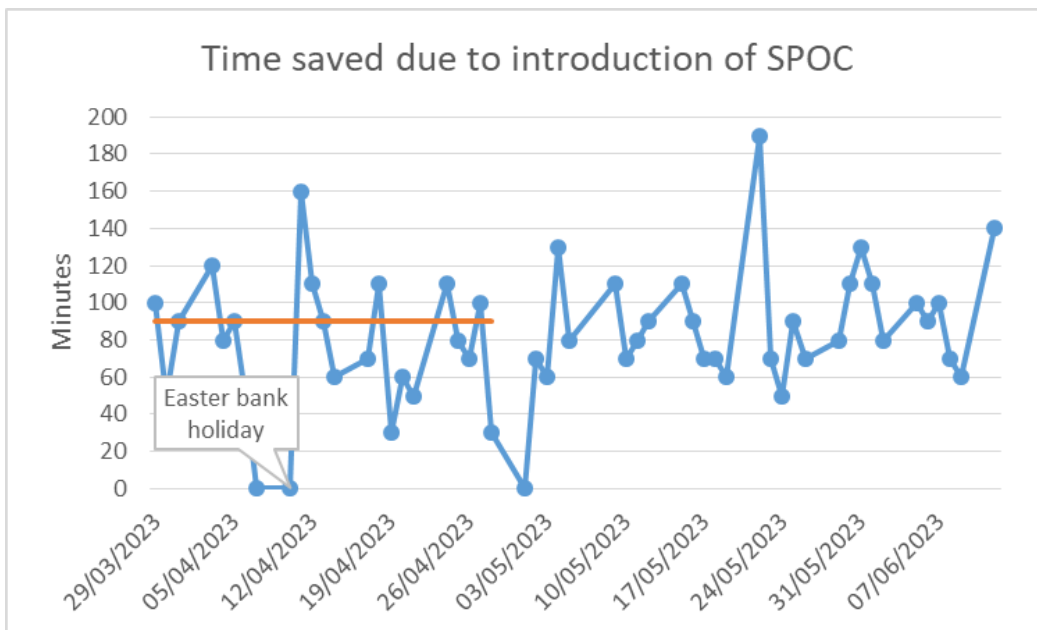
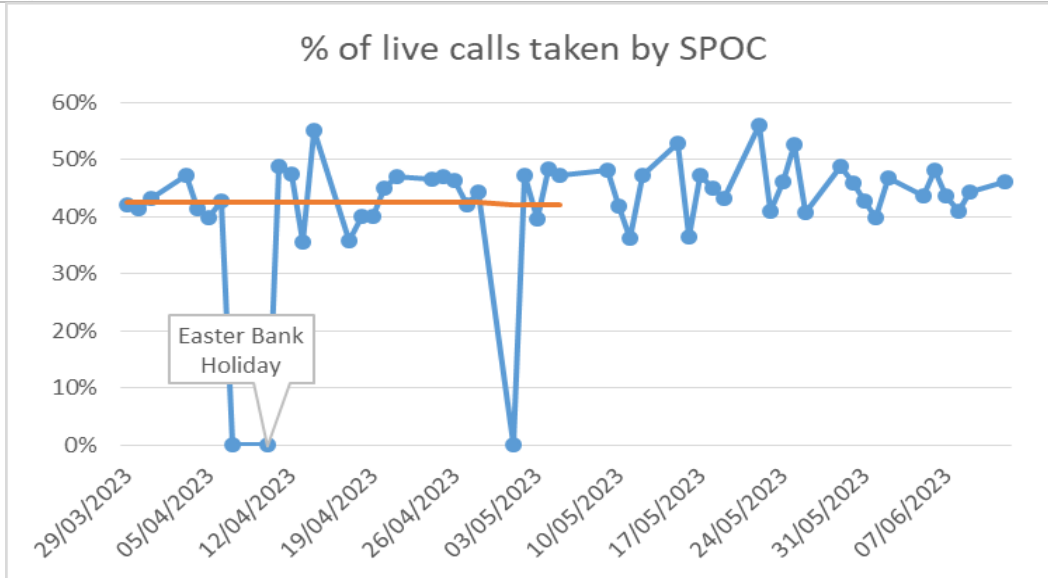
The table above demonstrates that out of 26 data points, 13 of those were related to higher than average (n:3) staffing ratio at four staff per shift. Eight data points were related to lower than average staffing ratio however four of these specific data points were weekends when staffing levels typically drop to one staff member per shift.

The initial feedback from the staff involved in this test of change is extremely positive and other areas are keen to review the outcome findings in early 2024.

Example of workforce planning/competency work being progressed: introduction of band 7 District Nurse Specialist Practitioner (DNSP) posts-

Workforce is one of the main work-streams of this programme to ensure we continue to deliver safe and effective care. One of our aims is to have clear career pathways for both registered and unregistered staff. From a registered nurse perspective, a direct outcome of the Community Nursing review was the introduction of band 7 District Nurse Specialist Practitioner (DNSP) posts to limit the number of people on the caseloads having to be admitted to acute hospitals for care and/or to

	<p>promote quicker discharges: these specialist, generalist nurses have advanced skills to provide complex care at home. We recognised that the band 7 Clinical Team Leaders, whilst supporting clinical demands, also had large operational/staff management responsibilities which can impact on the time they have to support the most vulnerable/complex patients on the DN caseloads. This along with the changing demographics of our populations and the number of band 6 who had completed Specialist Practitioner course who then left their post for promoted band 7 posts out with the District Nursing teams influenced the introduction of the DNSPs. The DNSPs have been introduced in Out of Hours, East and South HSCP.</p>
2.5	<p><u>IT and Digital</u></p> <p>The following is a summary of the main topics which short life working groups are progressing –</p> <ul style="list-style-type: none"> • The development of Single Point of Contacts in the HSCPs resulting in patient and their carers now speaking with a person instead of leaving voice messages; • A change to the management of referrals onto EMIS Web. • The use of Trakcare for receiving referrals from Acute and Community Hospital sites has been introduced; • Clinical photography Standard Operating Procedure (SOP) developed and ratified by all relevant stakeholders ahead of introduction of new wound management application to support clinical treatment plans; • Streamlining the process of information sharing between DN day services and out of hours teams; • Blood sampling labelling issues have been resolved; • Improved access to Community Nursing information for both public and staff – an AthenA site has been identified for staff and the Ayrshire and Arran public facing website will be used for members of the public; • GP Electronic Referrals (East) – test of change - Only 2 GP practices have not participated in testing referrals to DN service via e-form and email to clinical mailbox <p>Example of IT/digital work being progressed: changes to management of referral process</p> <ul style="list-style-type: none"> • The move from Netcall to admin colleagues providing a “live” call service has resulted in excellent feedback since both a service user and staff perspective. It has improved patient experience, with 12-15% of patients who have called in being dealt with at point of call and this has resulted in additional time being released for the nursing teams to provide care. The below table demonstrates the percentage of live calls taken by SPOC in the first 3 months.

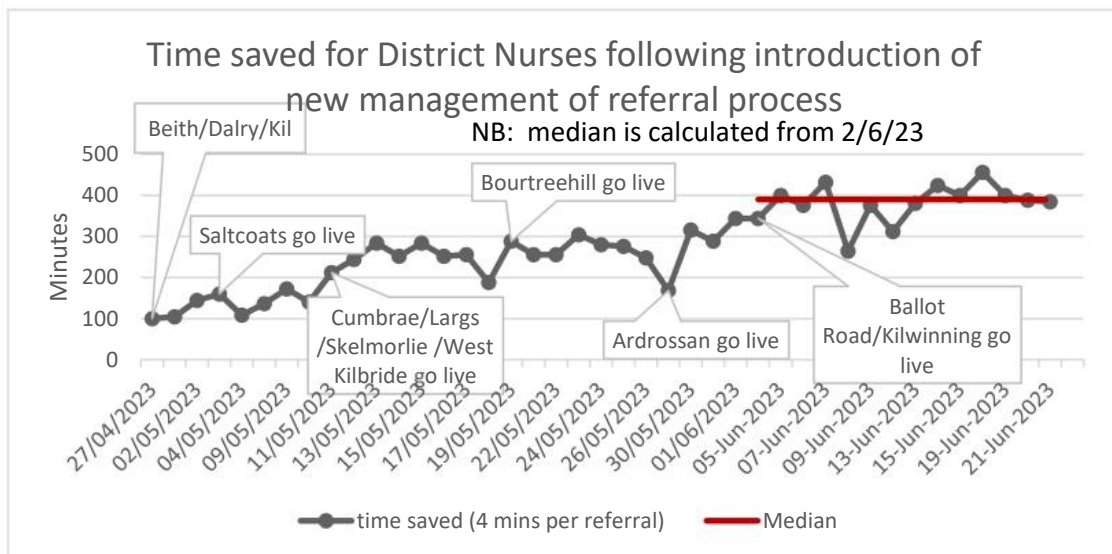


In early October 2023, positive feedback was received via a District Nurse from a palliative patient’s family about how the SPOC admin team supported them during a very challenging and upsetting time. The family member said

“every single person she spoke to on the phone were very supportive, kind and made her feel at ease when she was looking to get in touch with the DN Team urgently (she mentioned ***** name a couple of times too). She wanted to pass on how greatly appreciative her and the family are.

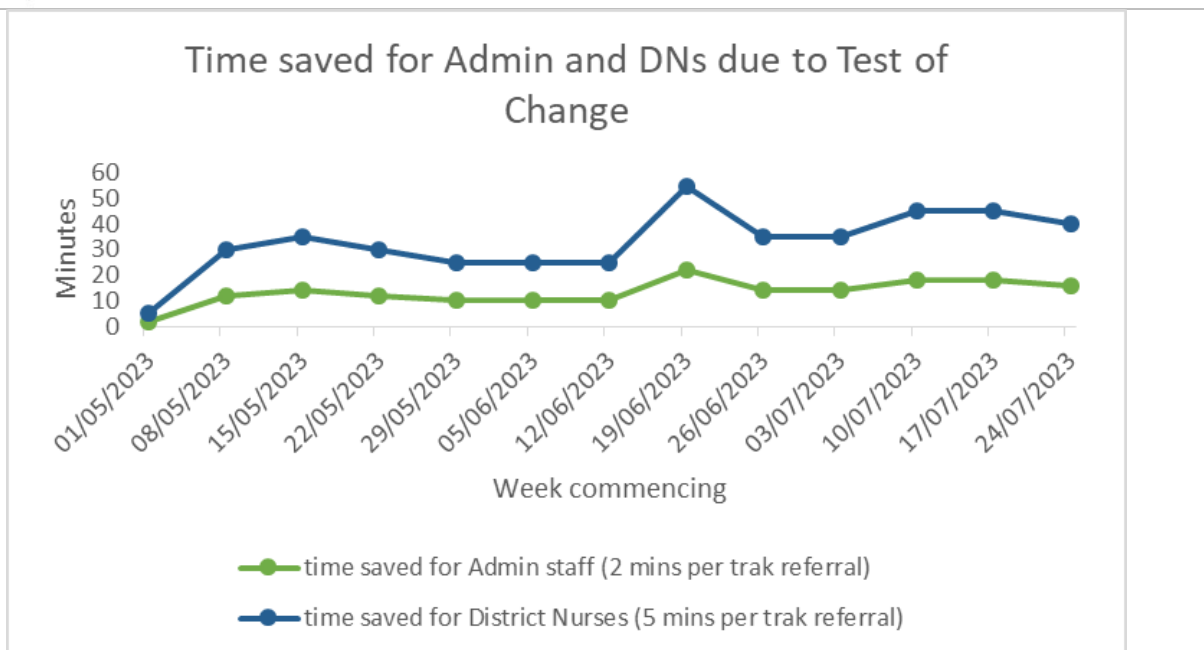
Example of IT/digital work being progressed: changes to management of referral process

North HSCP have been piloting the management of referrals on EMIS Web. A staff survey was carried out which found an improvement in the quality of information contained within referrals and reduction in the number of tasks being responded to, which in turn have released time to care for nurses. The below table demonstrates the clinical time saved by admin colleagues changing the way they processed referrals.



Example of IT/digital work being progressed: Trakcare

South HSCP have rolled out the use of Trakcare for receiving referrals from Acute and Community Hospital sites. Time has been saved both for admin staff and District Nurses and is demonstrated in the below table.



A staff survey was carried out which found an improvement in the quality of information contained within referrals and reduction in the number of tasks being responded to, which in turn have released time to care for nurses.

2.6 Governance

This sub group is focusing on the professional governance structure for community nursing, which ensures consistency of agenda, framework, report templates and frequency of reporting.

The following is a summary of the main topics which short life working groups are progressing –

- Development of Clinical Supervision - Plan to implement supervision along with the time lines and trajectories of NMAHP strategy and implementation of the National policy;
- Aligned Budget Codes - to support Nursing leaders to align their Budgets to allow accurate workforce reports;
- Monitoring Arrangements - Develop process for real time escalation of risk. Develop and agree reporting mechanisms and standardised reporting template. Agree our standards for audit, audit tool and how data will be recorded. Develop dashboard for community nursing;
- Developing a process and Standard Operating Procedure for real time staff escalation needs;
- Staff Governance and Support - Implementation of appropriate standards for team meetings. Appraisals, one to one meetings, Psychological safety

	questionnaires, NES safety cards Professional. Clinical and professional supervision.
3.	PEOPLE WHO USE SERVICES AND CARERS IMPLICATIONS
3.1	With an increasing amount of health and social care being delivered at community level, we recognise that our community nurses are pivotal in providing health care services communities want and need. Staff recognise that change is necessary to meet ongoing changing health needs to ensure the right care is delivered in the right place at the right time.
3.	PROPOSALS
3.1	For the IJB member to recognise the progress of the outputs resulting from the Community Nursing Review whilst noting the current identified risks.
3.2	<u>Anticipated Outcomes</u>
	<p>With the complexity of health care needs in our communities, we are having to transform our nursing teams in order to meet these needs to promote people getting the right care, at the right time, by the right person.</p> <p>Also with the extended clinical skills of community nurses there should be a reduction in work for our primary care colleagues for patients on the district nursing caseloads.</p>
3.3	<u>Measuring Impact</u>
	<p>Impact measures have been identified in all community nurses developments and pilots following the Community Nursing review. Some of these have been illustrated earlier in this paper.</p> <p>Through the Community Nursing Governance sub group on going quality and care measures are being scoped in order assurance can be provided and reported on.</p> <p>It is the intention that as a minimum, a yearly Community Nursing governance paper will be shared with each of the IJBs through their Health Care governance arrangements.</p>
4.	IMPLICATIONS
4.1	<u>Financial</u> Currently there are no cost implications for the work from the community nursing review. To date, all the work has been done within existing budgets. However, as the balance of care continues to shift into community and homely settings there will be a future need for additional resources within community nursing.
4.2	<u>Human Resources</u> There are no direct Human Resource implications arising from this report.
4.3	<u>Legal</u> There are no direct legal implications arising from this report. However given the Community Nursing review was based on Caring for Ayrshire and the National Transforming Nursing roles papers, there are policy implications. The Pan Ayrshire

	Community Nursing Governance group oversees the outputs of the review and reports to each of the three HSCPs through the membership of the group and through formal IJB update reports.
4.4	<u>Equality/Socio-Economic</u> There are no direct Equality implications arising from the report.
4.5	<u>Risk</u> The risks identified as part of the current works are: <ul style="list-style-type: none"> i. Issues with staff recruitment and retention of staff; ii. Information related to prescribed medications by Community Nurses not always being available due to EMIS access issues; iii. Risk associated with the current ways Community Nurses have to record care and also connectivity issues. Associated to this IT risk relates to cost pressures, for example android phones supplied by the organisation are required for nurses to take clinical photographs; iv. Increased community nursing activity within an environment of reduction in NHS staffs' working week.
4.6	<u>Community Wealth Building</u> Community Nurses are key in ensuring people are cared for within their own homes through the care they provide as also role within the multi-disciplinary team. Being aligned to GP surgeries allows the nurses to know what is available in community they work in therefore accessing local services, statutory and voluntary, to meet the holistic needs of their patients.
4.7	<u>Key Priorities</u> To continue to engage with our patients, families, the multi-disciplinary team, wider teams and local communities to promote the wellbeing of patients, including to ensure a good life and good death.
5.	CONSULTATION
	Consultation for the Community Nursing review is detailed in the pages 17-24 in appendix 1. Consultation with HSCP community nurses is ongoing through the Pan Ayrshire Community Governance group and its subgroups with managers within each of the HSCPs linking in through their local governance and communication channels.

**Dalene Steele (Associate Nurse Director, EAST) and
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Appendices

- Appendix No1, Community Nursing Review

Corporate Management Team (CMT) SBAR



DATE

Subject:	Community Nursing Review
Author(s):	Dalene Steele, Associate Nurse Director

Situation

- 1.1 A Community Nursing review (appendix 1) took place during September and October 2021 with a focus on the current nursing care delivery models across Ayrshire and Arran with the aim to develop a model which better meets the needs of our changing demographics and also to support improved workforce planning with clear career progression pathways.

Background

- 2.1 Demand for our health and care services is ever-increasing as people live longer but are often now living with multiple long-term conditions, reduced independence, and increasingly complex needs for health, care and social support.

The “Transforming Nursing, Midwifery and Health Professions’ (NMaHP) Roles: pushing the boundaries to meet health and social care needs in Scotland - The District Nursing role in integrated community nursing teams” document outlines what is required to enable to Community Nurses to support the shifting the balance of care from hospital to community and primary care settings.

To deliver on the transforming nursing and Caring for Ayrshire agendas it requires new and innovative ways of working. This includes more joined-up, collaborative way of working which provides seamless interfaces with other professionals and services.

The age profile of our Community Nursing workforce and the high turnover of band 6 District Nurses, especially those who had been supported by NHS Ayrshire and Arran to complete the Specialist Practitioner Qualification (District Nurse) course, was observed by the author and was one of the main reasons for requesting this review to be commissioned.

Assessment

- 3.1 Shifting the balance of care will allow more of our 65+ population to remain at home and receive care and treatment there and fits with Caring for Ayrshire.

‘Transforming Nursing, Midwifery and Health Professions’ (NMaHP) Roles: pushing the boundaries to meet health and social care needs in Scotland - The District Nursing role in integrated community nursing teams’ outlines the

proposed District Nursing role in the wider transformational change agenda in health and social care in Scotland.

Engagement with all levels of Community Nursing staff (in hours and out of hours) was facilitated through virtual focus groups and a questionnaire developed with support from NHS Ayrshire and Arran's engagement team. The questionnaire was sent to staff working in District Nursing, Primary Care, Community Treatment and Care (CTAC), Integrated Care Teams (ICT) and Community Advanced Nurse Practitioners (ANPs) across Ayrshire & Arran.

The findings of the review concluded the following four main themes:

- Implement a new model of care;
- Review of workforce planning and establishment of a 3 year workforce plan;
- Establishment of robust governance structures;
- IT and digital systems to support clinical care.

Recommendation

- 4.1 For CMT to endorse the recommendations of the Community Nursing review;
- 4.2 To agree a support resource to take forward the findings of the review;
- 4.3 For the 2021/22 second increment of Scottish Government's District Nurse uplift investment to be used across all areas (HSCPs and Out of Hours) for Band 7 Clinical posts;
- 4.4 To share the Community Nursing review with all stakeholders.



Ayrshire & Arran Community Nursing Review September/October 2021

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Aim of the work:-

To review current care models delivered in the community across Ayrshire to develop a model which meets the needs of the changing demographics. This will take into account District Nursing (DN), Advanced Nurse Practitioners (ANPs), Intermediate Care Teams (ICT), and Community Treatment and Care Teams (CTAC) spanning Ayrshire and Arran. Administration staff supporting these services will also be included. The review will consider all resources over the 24 hour period, i.e. in hours and out of hours services.

With more and more health and social care being delivered at community level, it is vital that health and social care staff in the community are supported to provide the services communities want and need. Staff recognise that change is necessary to meet ongoing health needs. They also recognise that while change is often challenging, it presents opportunities.

Caring for Ayrshire is an exciting and ambitious 10 year programme that will transform health and care services across Ayrshire and Arran. The vision is that care shall be delivered as close to home as possible, supported by a network of community services with safe, effective and timely access to high quality specialist services for those whose needs cannot be met in the community. The programme will explore new and innovative ways of designing and delivering health and care services.

This review will propose a new service delivery model for communities of Ayrshire & Arran that aims to meet the challenges we face now, and will face in the future.

Methods

Stakeholder engagement is central to this review. Virtual focus groups were undertaken with over 50 staff members. In addition, a questionnaire survey was sent to all community nursing staff to allow them the opportunity to contribute.

National guidance has been reviewed to offer a perspective on the national direction ensuring Ayrshire & Arran is aligned to that.

Timescales

Time period	Activity
13/09/21 – 20/09/21	Collate details of all community nursing teams - DNs, CTAC, ICT, ANPs
20/09/21 – 20/10/21	Workforce analysis
27/09/21 – 11/10/21	Virtual focus groups with staff/discussions with staff regarding their ideas for improvement
08/10/21 – 22/10/21	Development of questionnaire to all staff/ distribution of questionnaire
11/10/21 – 18/10/21	Review CNO document ‘Transforming Roles’ considering new, innovative roles Write up findings and recommendations for comments
Week beginning 25/10/21	Submission of findings

Background

The coming decades will see a rise in the number of older people, many of whom will have a long-term condition, and a fall in numbers of people of working age. Action is needed now to prepare a health care workforce to meet the challenges of delivering a community nursing service for people of all ages in the future.

We have changing demographics - people are living longer but are more unwell for longer. Demand for our health and care services is ever-increasing as people live longer but are often now living with multiple long-term conditions, reduced independence, and increasingly complex needs for health, care and social support.

The percentage of the population that is aged 65+ across Ayrshire (including each local authority areas) is higher than the national average. In recognition of this, there is a comprehensive Frailty programme spanning primary care, community and acute settings.

Within Ayrshire and Arran we already offer a wide range of health and care services in our communities so that people have access to the healthcare they need as close to their home as possible. However, many people are still unaware of the wide range of health and care professionals they can seek help and support from. As a result, the demand on GP time and the number of people attending our Emergency Departments continues to increase, often resulting in waiting times that are longer than we would like. We need to look at how we can better support people to access the health and care services they need at the right time and in the right place.

Hospital is not always the best place to provide care. Evidence shows that the best place for people to recover is at home or within a homely setting. Long stays in hospital negatively impact on a person's ability to return to normal activity, particularly for older people. We know that all three local authority areas in Ayrshire have a significantly higher rate of multiple hospital admissions (65+) than other areas, with an increasing trend in admissions. We need to look at different ways to deliver care in the community so that long stays in hospital are the exception and not the norm.

The pandemic has led us to use technical and digital solutions at times in order to continue delivering care within the constraints thrust upon us. These new ways of working will be considered during this review to ensure we are making full use of the technical and digital solutions available.

Sustainable and vibrant services within communities is key to the future of health and social care delivery. At the same time, the needs of patients and families are changing as they become increasingly active participants in their own care or the care of loved ones. With this comes a need to ensure that all health and social services are planned and delivered with the needs of users, rather than providers, in mind. It also requires a move to re-focus all health and social care services on the enablement of patients and carers.

The Public Bodies (Joint Working) (Scotland) Act 2014¹ sets out the policy and procedures for integrated services to improve the wellbeing of people in Ayrshire & Arran. The aim is to better support those who use health and social care services, particularly those whose needs are complex and involve support from health and social care at the same time. In addition the act seeks to develop further the provision of preventative and anticipatory approaches.

Transforming Nursing, Midwifery and Health Professions' (NMaHP) Roles: pushing the boundaries to meet health and social care needs in Scotland - The District Nursing role in integrated community nursing teams² outlines what is required to shift the balance of care from hospital to community and primary care settings. Delivering on these aims requires new and innovative ways of working. A more joined-up, collaborative way of working is needed which provides seamless interfaces with other professionals and services.

Community nursing services have much to offer in realising this vision and responding to the challenges associated with caring for an ageing population. However, new ways of working are highlighting the need for a wider range of skills and knowledge across district nursing teams, from appropriately prepared and supervised health care support workers and assistant practitioners to registered nurses working from level 5 through to advanced practice.

Description of Current Workforce and Current Service Provision

Workforce analysis for District Nursing, ANPs, CTAC, and ICT - all teams across each partnership has been undertaken by Linda McLaughlin, Workforce Staffing Lead. This is appended to this report. **Appendix 1** outlines the compositions of all community teams along with all leave and sick leave for each team.

Whole Time Equivalent (WTE) Resource

There is a significant resource working in communities across Ayrshire & Arran.

The total WTE across Ayrshire & Arran for registered nursing staff is in the region of **253.95 WTE**.

The total WTE across Ayrshire & Arran for non-registered nursing staff is in the region of **74.21 WTE**. Figure 1 below outlines the WTE resource in each partnership across banding levels 2 - 8A.

Figure 1 - WTE Resource

	WTE						
	Band 8A	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2
East Ayrshire H&SCP	1.60	5.40	11.00	46.00	0	25.00	5.00
North Ayrshire H&SCP	1.00	8.00	11.00	73.00	0	22.00	0
South Ayrshire H&SCP	1.00	4.00	12.00	61.00	2.00	20.00	4.00
Total	3.60	17.40	34.00	180.00	2.00	67.00	9.00

Age Profile

The age profile of staff highlights that, in some areas, the percentage of staff over 50 years old is high, i.e. 88% of band 7s in North Ayrshire are over 50; 67% of band 7s in South Ayrshire are over 50; 67% of band 8As are over 50 in East Ayrshire; 63% of band 3s are over 50 in both East and South Ayrshire.

Figure 2 - Age profile of community nursing resource

	WTE							Band 8A			Band 7			Band 6			Band 5			Band 4			Band 3			Band 2		
	Band 8	Band 7	Band 6	Band 5	Band 4	Band 3	Band 2	Head Count	Over 50	Under 50	Head Count	Over 50	Under 50	Head Count	Over 50	Under 50	Head Count	Over 50	Under 50	Head Count	Over 50	Under 50	Head Count	Over 50	Under 50	Head Count	Over 50	Under 50
	EAST Ayrshire HSCP	1.00	6.00	11.00	46.00	0.00	25.00	5.00	1	100%	0%	6	83.3%	16.7%	11	45.45%	54.55%	46	36.95%	63.05%	0	0%	0%	25	80%	20%	5	0%
North Ayrshire HSCP	1.00	8.00	11.00	73.00	0.00	22.00	0.00	1	100%	0%	8	100%	100%	11	54.54%	45.46%	73	38.35%	61.65%	0	0%	0%	22	22.72%	77.28%	0	0%	0%
South Ayrshire HSCP	1.00	4.00	12.00	61.00	2.00	20.00	4.00	1	100%	0%	4	80%	20%	12	33.33%	66.67%	61	19.67%	80.33%	2	0%	100%	20%	55%	45%	4	0%	100%

Please note that due to the inaccuracy of Cost Centre data, information required to be pulled manually

In terms of registered staff, the forthcoming changes in pensions in March 2022 may have a bearing on some staff retiring earlier than expected. The age profile, and contingencies for an ageing workforce who are close to retirement age, should be taken into consideration in the development of a sustainable workforce plan.

Health Needs of the Population

When compared to national averages, we know that Ayrshire has an older population (aged 65 years and over) than Scotland. During the pandemic we have heard feedback from staff to indicate that older people have become frailer and have increased rehabilitation needs.

A review of data also shows that the Ayrshire population of people aged 65 and over are more likely to have multiple hospital admissions than their counterparts across Scotland. Shifting the balance of care will allow more of our 65+ population to remain at home and receive care and treatment there.

Population 65+ - The percentage of the population that is aged 65+ across Ayrshire (including each local authority areas) is higher than the national average.

Multiple Hospital Admissions - All three local authority areas have a significantly higher rate of multiple hospital admissions (65+), with an increasing trend in admissions.

	East Ayrshire	North Ayrshire	South Ayrshire	Scotland	Time period
Mid-year population estimate - aged 65+ (NRS**)	20.45%	22.66%	25.53%	19.11%	2019
Multiple emergency hospital admissions, aged 65+ (Public Health Scotland/ISD)	6812.87 per 100,000	6259.98 per 100,000	6705.65 per 100,000	5455.96 per 100,000	2017-2019

For both of these reasons, it is acknowledged that changes are required in our ways of working.

Nursing Roles

Review of national guidance 'Transforming Nursing, Midwifery and Health Professions' (NMaHP) Roles: pushing the boundaries to meet health and social care needs in Scotland - The District Nursing role in integrated community nursing teams' outlines the proposed District Nursing role in the wider transformational change agenda in health and social care in Scotland.

It highlights that integrated community nursing teams will play a key role in planning, providing, managing, monitoring and reviewing care, building on current roles and best practice to meet the requirements of people with more complex health and care needs in a range of community settings.

The embedded document sets out responsibilities and roles in the wider community nursing team, with examples of levels of knowledge and skills from healthcare support worker level to advanced practitioner. The framework is organised around the four pillars of practice - clinical practice, facilitation of learning, leadership, and evidence, research and development.



CNO Transforming
Nursing Roles.pdf

Stakeholder Engagement

Virtual focus groups were undertaken over a 2 week period. From staff working at band 3 level to Senior Nurses, over 50 staff members participated in a virtual focus group. The agenda and themes from each of these focus groups are appended in **Appendix 2**.

A questionnaire was also developed with the support of our Engagement Team. The link to the questionnaire survey was sent to all staff working in District Nursing, CTAC, ICT, ANP services across Ayrshire & Arran. A total of 117 completed responses were received. The responses have been collated into a 60 page report. It is too lengthy to append to this report but is available to all should you wish to read it.

Contributions from community staff have been fantastic - there is a strength of feeling which is palpable and a desire to ensure community services are the best they can be.

What did stakeholders feedback?

Firstly, staff taking part in the virtual focus groups reported that COVID had given the opportunity for the development of stronger working relationships between individuals and teams. There had been increased cross boundary working and good, collaborative links made between teams and services.

Healthcare Support Workers indicated that they felt they were an integral part of the DN team, and very much trusted and valued by their nursing colleagues. They provided each other with a high level of support and were there for their team members, to listen and look after each other.

The themes which emerged during the virtual focus groups were:-

Communication - between individuals and different teams/services. Whilst there were some positive elements and examples offered regarding practice during the pandemic, there were some aspects which could be improved upon.

“Lack of communication between teams and repetitive visits by more than one team could be more stream-lined, freeing up staff rather having more than one nurse visiting, share nursing duties / responsibilities instead of referring onto other nursing colleagues”.

“There is inequity across the three partnerships and AUCS, due to the fact we are not one discipline and managed accordingly; there are differences across teams and information is not cascaded timeously to all staff”.

Workload - excessive caseloads with a need for consistent ways of working, streamlining of current processes.

“The DN service delivers best care, prioritises patient care over taking breaks, starting early and finishing late”.

“We are very responsive/accessible, take referrals from anyone, we know our communities well and in my opinion, patients get a very good service”.

“Huge lack of investment in district nursing, understaffed, poor skill mix”.

“Poor management, lack of safe staffing, lack of time for training and documentation. Ongoing problems of this kind for more than 5 years so staff are burnt out and leaving because of this”.

“On Arran, the service has been beset by chronic recruitment issues, limiting services and putting a great deal of pressure on the remaining team who are doing an excellent job with the time they have. There is no overnight nursing care on Arran, despite growing demand and an ageing demographic, and this is resulting in poor care or a lack of care particularly for palliative and terminal care. There are no trained staff to respond to, for instance, syringe driver problems overnight”.

“Under resourcing and a lack of workforce planning has resulted in poor staffing levels. High use of bank staff, often without the clinical skills required to deliver quality, safe care. District Nurse teams are not able to attend training sessions to maintain skills due to workload”.

“Increased demand on activity from GP Clinical Pharmacists requests - there has been impact on activity and frequency and duplication of task, BP, weight and height to be recorded frequently”.

“INR Star machines could be in all GP surgeries, this varies currently - therefore reducing the need for community nursing to go out to Care Homes”.

Systems - the functionality of current systems (EMIS-PC and EMIS-Web) was mentioned frequently. As systems are not compatible, there is duplication for staff inputting to these systems.

“The EMIS system is very problematic and cumbersome, wastes a lot of time with data input rather than actual nursing”.

“We need IT systems which speak to each other rather than the separate systems which are currently in place - GP / DN / OOHs”.

Role definition - clarity is required for all roles and work undertaken to extend practice.

“I feel that the services do not meet the changing needs of patients very well. For example, in the CTAC role you come across patients who may have some off days and are unable to attend for dressings. It would be useful, rather than adding to an already hectic workload, if we as CTAC staff members could visit these patients at home for the short time they may require a home visit”.

“We need better role clarity - referral criteria needed too as there is huge variation in requests for support”.

“Band 3 role definition is required and how it compares with other service areas/wards”.

“We need definition of role - across the Bands - what each does and does not do”.

Opportunities - there is a need for clear career progression and succession planning.

“We have strong leadership and now we have one senior manager and Interim CNM in post this has been invaluable for the communication channels for all staff”.

“Career progression routes should be defined (note that Care at Home staff are better paid than some Community Nursing Service jobs”.

These themes were corroborated by feedback from the questionnaire survey.

✚ 95.4% of community staff felt that there is room for improvement in community nursing/healthcare services across Ayrshire & Arran.

✚ 50% of those who responded to the questionnaire work in District Nursing.

✚ 35.7% of respondents work in East Ayrshire.

✚ 32.1% of respondents work in South Ayrshire.

✚ 28.6% of respondents work in North Ayrshire.

✚ 3.6% of respondents work pan-Ayrshire.

The questionnaire asked respondents what currently works well, what could be improved, and how we could be better in delivering care across our communities. The breadth of comments over the next 6 pages shows the range of just some of the qualitative comments received from the questionnaire survey.

What currently works well?

Collaborative working between teams and services was highlighted, along with some changes in the ways of working which had been adopted during the pandemic.

“The DN leading care when they have extended skills, prescribing - we can see the patient from diagnosis, during treatment, palliation ACP/DNACPR, medications, starting/adjusting syringe drivers to confirming death - complete holistic care driven and managed by the DN team”.

“I feel that CTAC integrates well with other health services such as pharmacy, mental health practitioner, etc., and that there are good connections available such as lymphoedema services”.

“In specific cases, we have shown the ability to provide excellent care. One instance was pulling together to get a hospital bed, walking aid, increased homecare and ongoing DN support for a palliative patient within one working day. Another instance was a DN raised a concern regarding function, ICT visited the same day, a stand aid was ordered and delivered promptly to ensure the safe transfer for a young patient at home”.

“EMIS Web, however, it doesn't get used by the out of hours service”.

“Fast response time from referral to initial assessment”.

“I think having Mental Health Practitioners (MHP) and Physiotherapists within GP practices and within the community works well. I have had patients come to me due to being extremely stressed and anxious to the point it has been affecting their health and I have been able to refer the straight to the MHP for a chat as a starting point”.

“The community nursing team on Arran meet twice weekly with the GP team to proactively review and plan care on active, complex and palliative community patients and this has greatly improved care but vitally is a chance for the teams to talk, reflect and support each other”.

“Holistic care, not task orientated - using our experience to make advanced clinical judgements, and having the ability to recognise deteriorating patients”.

“Link nurses within teams - nurses who have a special interest in a certain specialty and have the skills and knowledge to assist the wider team, e.g. palliative care, tissue viability, continence”.

“ICT responds immediately to referrals. We also have good communication with other teams working in the community”.

“The daily AM huddle - charge nurses, team leaders, managers from social work, mental health, East Ayrshire Community Hospital (EACH), CTAC, and service managers are all on the call - it last approximately 15 minutes with each service giving a brief status and overview and whether they need assistance that day. We can also address any issues and get an answer from the senior service manager on the call”.

How could we improve?

Similar themes of challenges with communication, excessive workload, incompatible IT systems, lack of clarity regarding role definition, and lack of opportunities for career progression were all highlighted.

“Better communication between services in/out of hours”.

“Easier access to services, less time trying to contact people”.

“More staff, more equipment, more experienced staff, better training, better support and staff care”.

“We could be more joined up with social services, it doesn't feel like a partnership”.

“Development of a leg ulcer service and community diabetic support”.

“We need more extended skill, investing in experienced staff who do not wish to do SPQ but could become prescribers/undertake advanced assessment. We need to raise the DN profile as few services appreciate the extended role”.

“Education for patients/families and carers in order to understand the role of the community nursing team as well as promoting self-management where appropriate”.

“Inappropriate referrals, continence and equipment issues take up far too much of our time that we could be putting to better use”.

“There are bureaucratic barriers to effective team working and communication within teams using separate note recording and IT systems which requires additional time and introduces the potential for patient safety issues when attempting to navigate them”.

“EMIS Web is not fit for DN needs - too much duplication and time consuming”.

“There needs to be clarity for the role of the District Nurse. The public and other professionals appear to view us as their ‘go to’ person, when no-one else will help”.

“I think there should be more training and progressions of the Healthcare Support Workers (HCSW) as the District Nursing role becomes more complex”.

“I think there is opportunity for development of the CTAC role. With appropriate training there is no reason why catheters, piccs cannot be done in clinic where mobile patients are able to attend”.

“We need more skill mix to allow the right person to deliver the right skills for the patient/family”.

“If an OT or physio undertakes an assessment for equipment, why does it fall to DN's to order equipment for a patient we have not met?”

“There is an expectation for DNs to pick up all referrals no matter what. One of the main issues is regarding continence support. This is an entire job role in itself and there are several calls a day to the office where patients are expecting a DN to sort a pad order. Referrals come to DNs from practices whereby the GP has automatically said the ‘DN will get you pads’ there is no appreciation for the complexity of this as an 8-week assessment needs to be undertaken, followed by urine screening and ongoing support. It is an extremely time-consuming part of the job and should not fall under the remit of a DN”.

How could we be better?

“Introduction of band 7 for our charge nurses with a post graduate diploma - they are highly educated members of staff who are not paid according to their education or the management of teams, this would hopefully retain them in their roles and we would not lose them to primary care or ANP jobs”.

“District Nursing has no waiting list and patients are seen instantly however recently we have had to triage and put off visits that are still essential. ICT and DN teams should be amalgamated into one team. Also - DN teams have no access to patient results portal and PMS which can, at times, hinder our assessment”.

“Referrals from hospitals/GPs/AHPS to District Nursing - a new referral form should be devised to give appropriate information to the DNs regarding the patient. Phone numbers and clinical mailboxes should be given to all staff for DNs as some wards are still using old numbers. Ensuring any discharges home have an adequate supply of dressings/continence aids for at least 1 week”.

“A robust referral system into the DN service to prevent it from being viewed and used as a default service when MDT colleagues are unsure where to sign post patients”.

“Managers need to be more aware of constraints and complications when working with people who are ill, our online diaries are packed full, often running until 7pm some nights, which means breaks are reduced and writing up has to be done at home”.

“ICT nurses could support DNs more if they had a budget for dressings, blood bottles, etc. ICT nurses should be able to request equipment such as hospital beds and hoists”.

“Consistency - there is no consistency in what we do and what patients we see. Communication and support from management. We need guidelines for what patients are considered “housebound”.

“Admin/band 4 clinical staff to have personal touch when patients make referral, signpost, triage. Admin support to keep eESS, SSTS, training calendars up to date”.

“Ask GPs to stop and think who is being referred and for what reason. As nurses can we not share responsibilities? i.e. could ICT nurses not take on more of the hands on nursing tasks if visiting patients anyway to free up DNs? This would benefit patient and reduce footfall”.

“I think we require a phlebotomy service attached to the DN bases due to the high increase of blood requests from GP surgeries, even more so since COVID and a lot of these patients are not on the DN caseload”.

“Better use of CTAC service: CTAC and DNs could work more closely together - CTAC could help DN workload by doing housebound wound management, B12s. This will allow DNs more time with palliative patients. CTAC could take on more skills by doing training on catheter care. (Not all patients who have catheters are housebound, therefore they could attend the surgery), alongside picc line care and nephrostomy care. Make the CTAC service more uniform, all GP practices work differently, have clearer guidelines for CTAC so that we can work anywhere. Make CTAC more aware of the integrated team by providing information about what services are available for patients”.

“Improved integration of teams in primary care, community, community hospitals and social care teams such as homecare and residential care would be hard but will be worthwhile”.

“Patients could be empowered to take ownership of their care, i.e. being shown how to administer eye drops and Fragmin at pre-op appointments”.

“If community stores deliver a hospital bed with a BiWave mattress why can it not be inflated by the delivery team? A District Nurse has to be phoned to come out and set up the mattress and inflate it”.

“When I started in general practice there were 2 District Nurses aligned with our practice - they were in and out throughout the day, leading to a better understanding of what was happening to the patients and better and more effective communication. Since this was stopped (to improve the service) there has been a dramatic reduction in the relationship between DNs and the practice. This is a cause for concern. The change was made and as far as I am aware there was no review to establish if the change had improved the service or made it worse. At present the DNs seem to be working in isolation and this will cause increased stress for the nurses and health care assistants”.

“There needs to be integration of all community nursing resource to a much better degree as, at present, we are working in silos with impact on service delivery palpable. Secondly, there needs to be investment and consideration of skill mix with increased numbers of bands 2/3/4 to support the community nursing teams”.

“There is a need for admin staff to help with organisational tasks freeing up nursing time, and easier ways for GPs to communicate with the DNs”.

“Support for SPQ candidates - prescribing time, backfill, and study leave to allow them to shadow other services and explore far reaching learning opportunities”.

“I was due to finish at 5 and it is now 6.15pm but I wanted to fill this in before the deadline - I haven’t had a chance to do it before now. We are short-staffed and having to help another area. We have had a vacant post for nearly 2 years and no bank staff hardly to cover. Please fix this situation for me, for my colleagues and most of all, for my patients. They need us in full working order”.

Ideas for improvement

There were many ideas for improvement - a small number are highlighted below. The recommendations take into account a wider range of the ideas to improve community services.

Provide adequate admin support to all community teams to allow them to focus on clinical skills and patient needs

More training for HCSWs to free up time for registered staff to deliver more complex care

Improve communication especially between day and out of hours - needs a dedicated nurse to nurse for complex handovers

From a community ANP perspective I am in a good position to mentor and provide training to staff while working with all partners to prevent hospital


During the pandemic the DN service has been put under extreme pressure. As patients stopped being admitted to hospitals and hospices, the % of people dying at home increased by 43% - a specialist palliative care service is needed or we need other activities removed to allow us to deliver palliative care well

With a SPOC we could reduce inbound referrals as we know many could be signposted elsewhere

Safety huddles each morning could be built upon but we need some clear escalation plans too when pressure is excessive

More agile working, telephone consultations and Near Me consultations

15 of 33



I have used Near Me consultations at patients' homes when using specialist services - this has saved a lot of travel time for patients and nurse specialist

Recommendations

Review of the workforce analysis, feedback from stakeholders, and national guidance have led to these recommendations below:-

1. Implement a new model of care

- Staff feedback indicated that utilisation of all staff groups could be maximised by implementing a Community Hub model with a Single Point of Contact (SPOC) and robust triage of referrals.
- Development of clear, robust referral criteria to services, e.g. a standardised definition of 'housebound' to ensure reduced variations in practice across Ayrshire.
- Skill mix/maximum utilisation of registered workforce. Feedback from staff suggested that some activities could be undertaken by others to free registered and unregistered staff to focus on their key responsibilities. Activities which could be undertaken by others included:-

Administrative support; Equipment ordering (currently this is undertaken via the District Nurse, even in instances where the DN is not involved in the person's care); Phlebotomy (not all areas have phlebotomists); Care Home inreach, e.g. INRs for Care Home residents; some aspects of continence care and treatment.

- Development of new pathways to maintain people at home for as long as possible, i.e. step-up to and step-down from Community Hospitals.
- Advancement of clinical Band 7 posts to meet the growing complexities of care in our communities and retain experienced, skilled staff in community services.
- Further clarity regarding staff roles and responsibilities. The development of a competency framework which outlines clearly all responsibilities in relation to each banding is required.
- Development of clear pathways for patients which ensure smooth handover at transition points of care, i.e. patients being discharged from acute care, patients being signposted/referred onto Third Sector and other agencies/services.

- Management of public expectations in terms of care provision by community services, i.e. promotion of anticipatory care, palliative care, and raising the self-management/self-care agenda.

2. Review of workforce planning and establishment of a 3 year workforce plan

- A robust workforce plan which takes into account an ageing workforce, and implications of changes in the pension scheme in March 2022. The COSLA document 'An Integrated Health and Social Care Workforce Plan for Scotland' highlights that a 3 year workforce plan is vital. National guidance will be issued to support local areas to develop their own plan.



integrated-health-social-care-workforce-plan

- Development of competency frameworks for all levels of community staff.
- Clear strategies for recruitment and retention of staff (We know that in one partnership area in Ayrshire, only 2 band 6 staff members out of 9 who have completed the Specialist Practitioner Qualification have remained in District Nursing - a retention rate of 22%).
- Development of clear routes for career progression.
- Development of Band 4 posts. This is being driven nationally with phase 1 due to be completed by 10 December 2021.

3. Establishment of robust governance structures

- A clear management structure which promotes the professional identity of community nurses.
- Further development of clinical supervision for all staff to ensure they are fully supported in their roles.
- Aligned budget codes which accurately reflect workforce location.
- Monitoring arrangements to support quality control and assurance of care delivery.

4. IT and digital systems to support clinical care

- Review of IT systems such as EMIS-PC and EMIS Web to reduce/eliminate duplication.
- A streamlined referral system fully supported by the IT system in place.

- Further utilisation of digital solutions to deliver care, e.g. Near Me consultations

Reference Documents

1. The Public Bodies (Joint Working) (Scotland) Act 2014
<https://www.legislation.gov.uk/asp/2014/9/contents/enacted>
2. Transforming Nursing, Midwifery and Health Professions' (NMaHP) Roles: pushing the boundaries to meet health and social care needs in Scotland - The District Nursing role in integrated community nursing teams

<https://www.gov.scot/publications/transforming-nursing-midwifery-health-professionals-roles-district-nursing-role-integrated/>

3. An Integrated Health and social care: integrated workforce plan

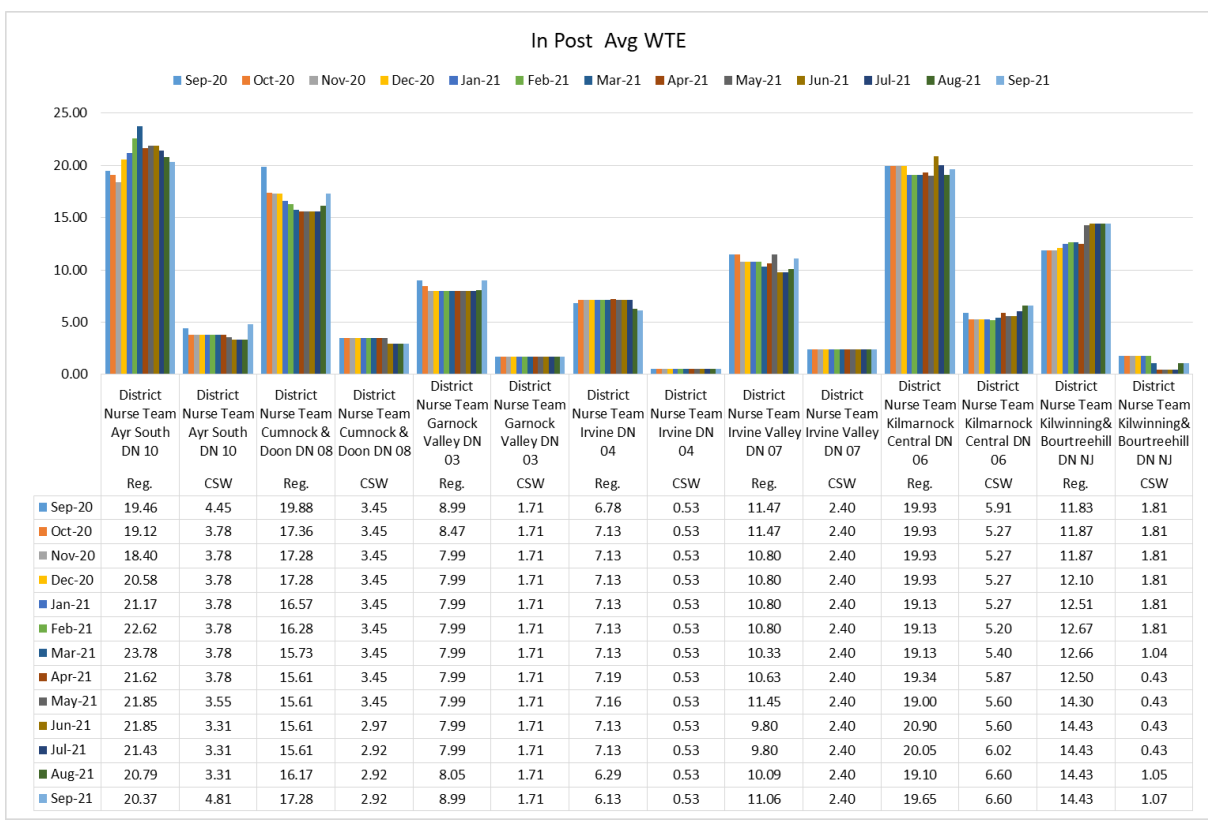
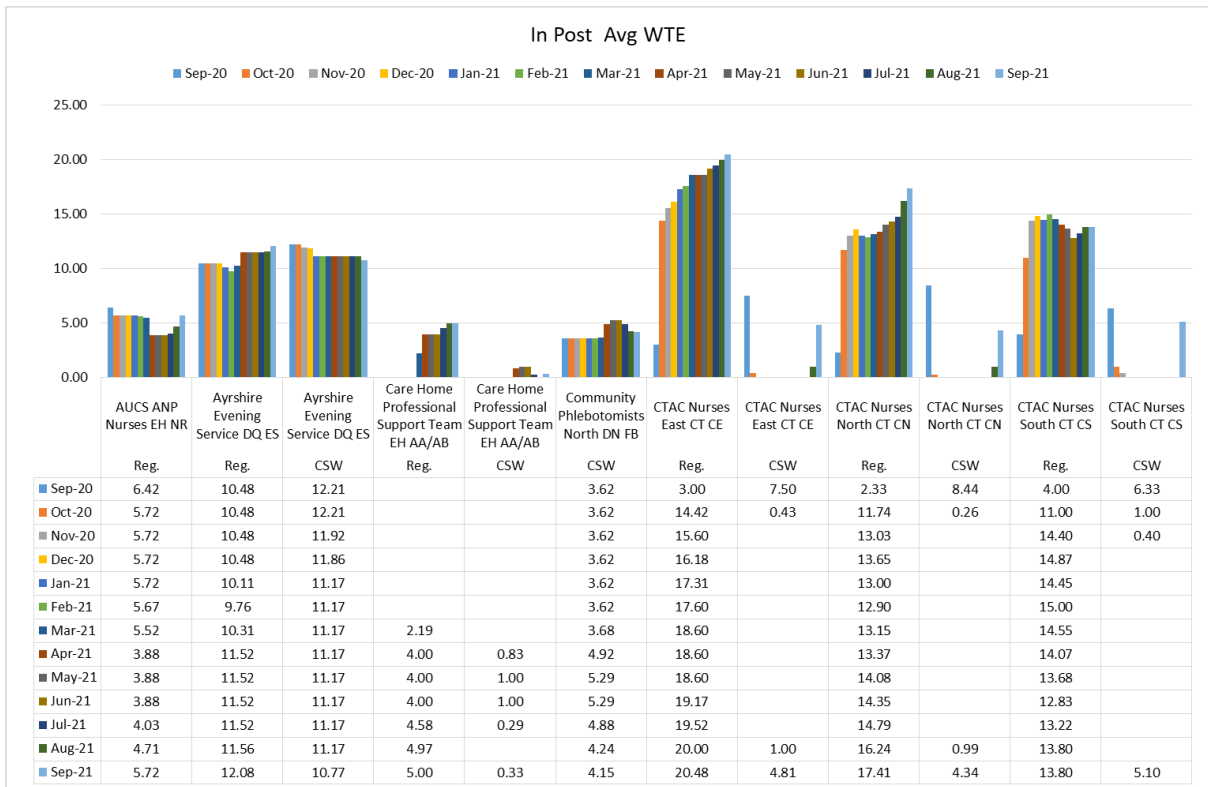
<https://www.gov.scot/publications/national-health-social-care-integrated-workforce-plan/>

Appendix 1 - Workforce analysis

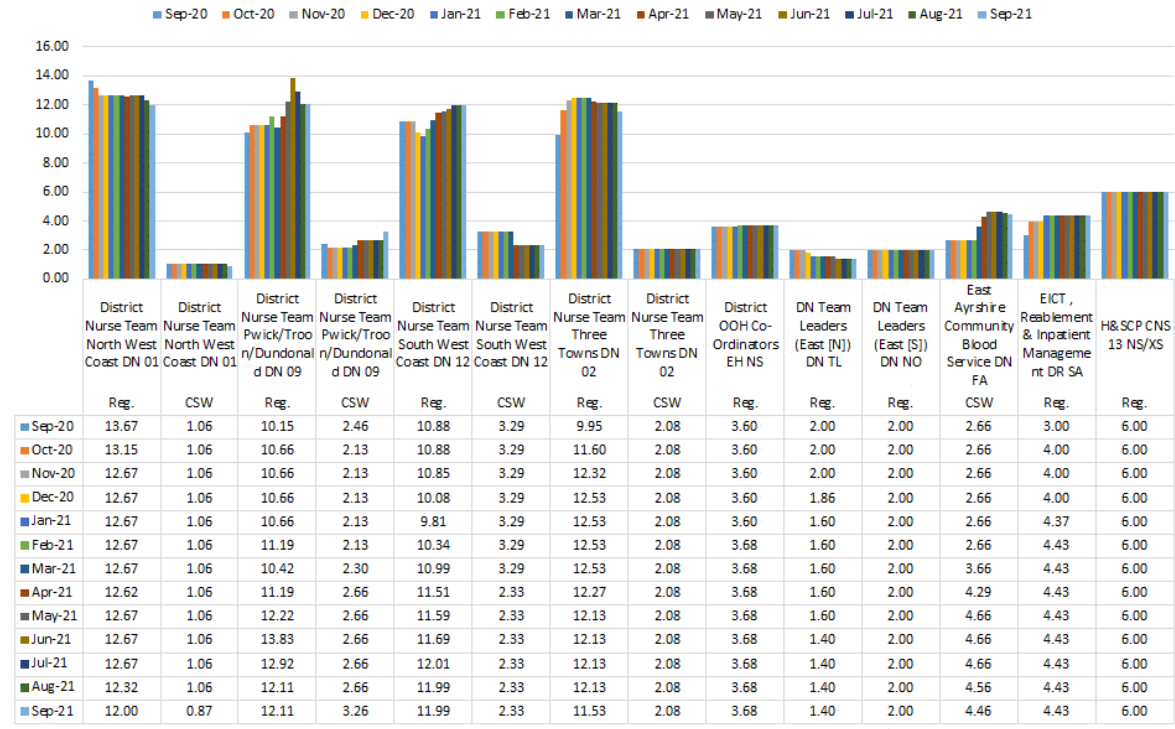
Appendix 2 - Virtual focus group template/questions

Appendix 3 - Virtual focus groups feedback

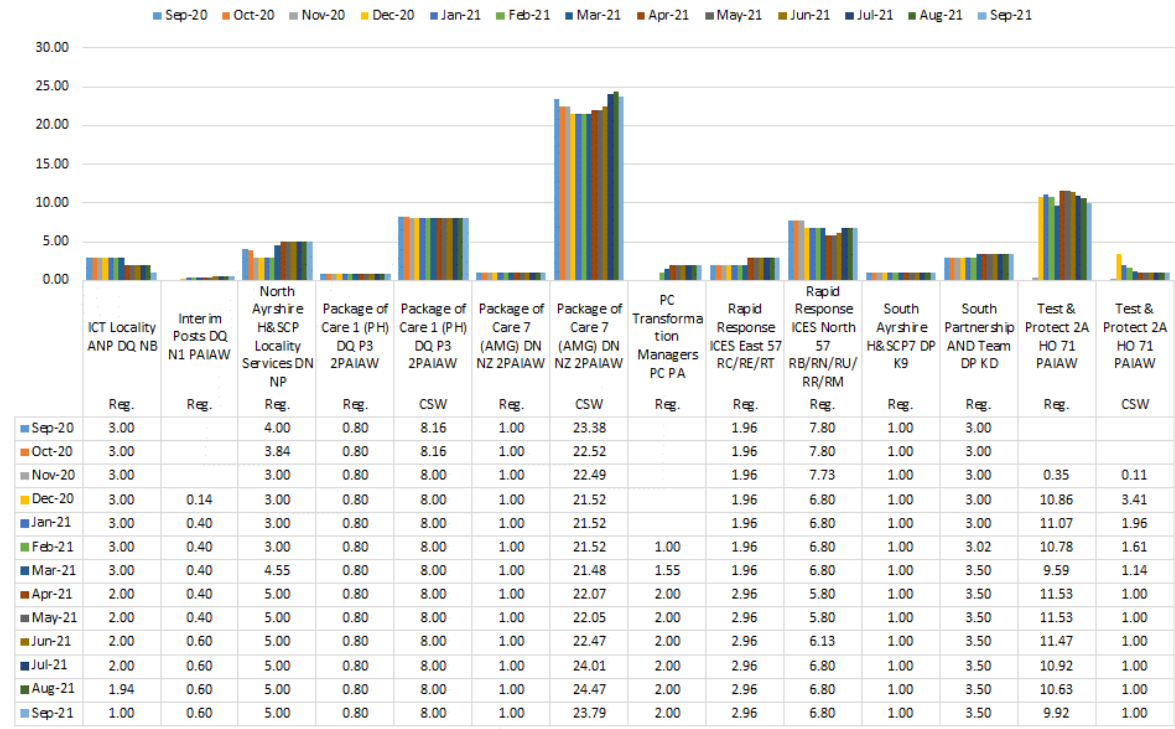
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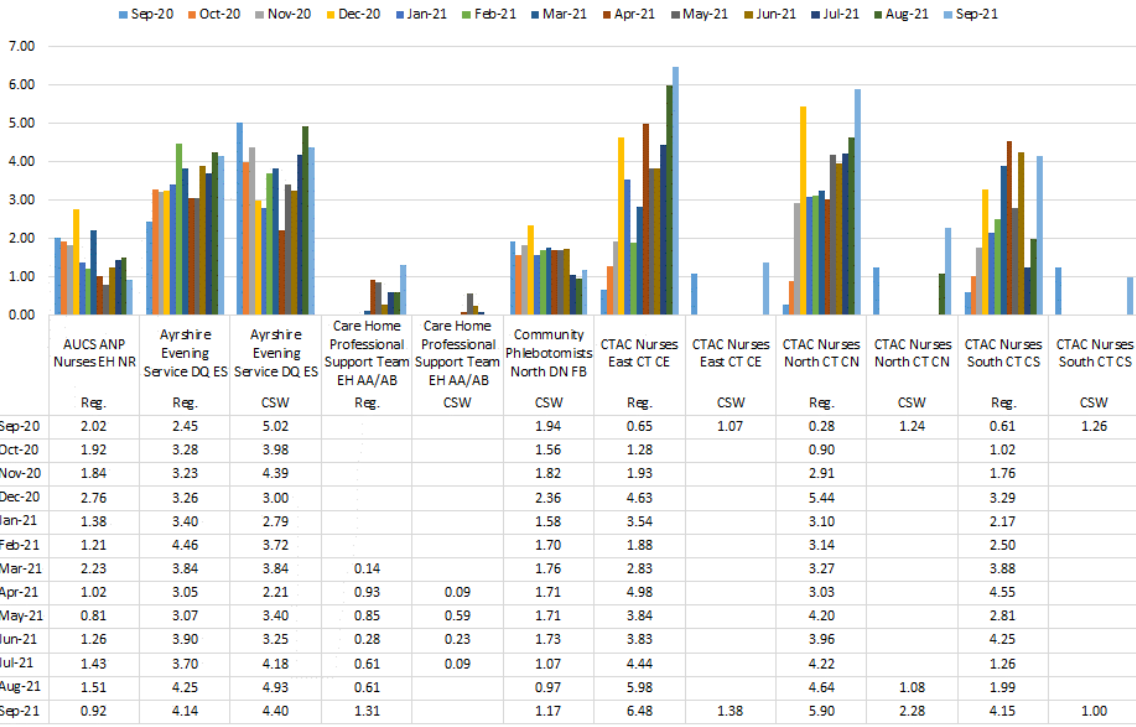
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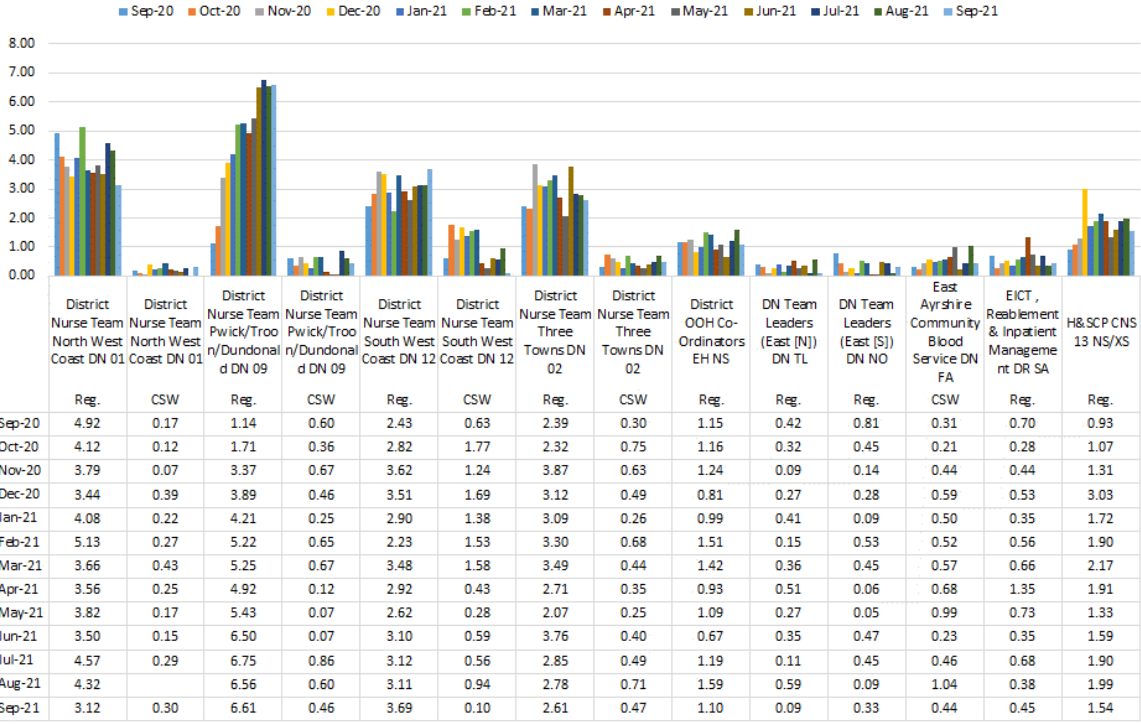
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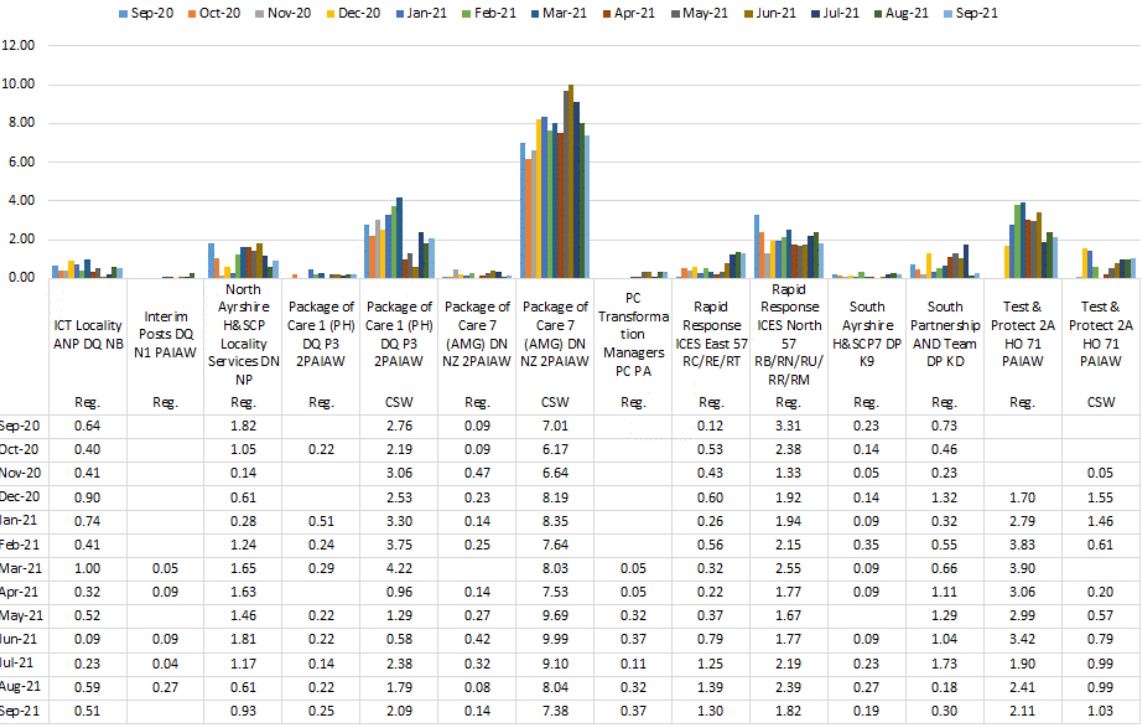
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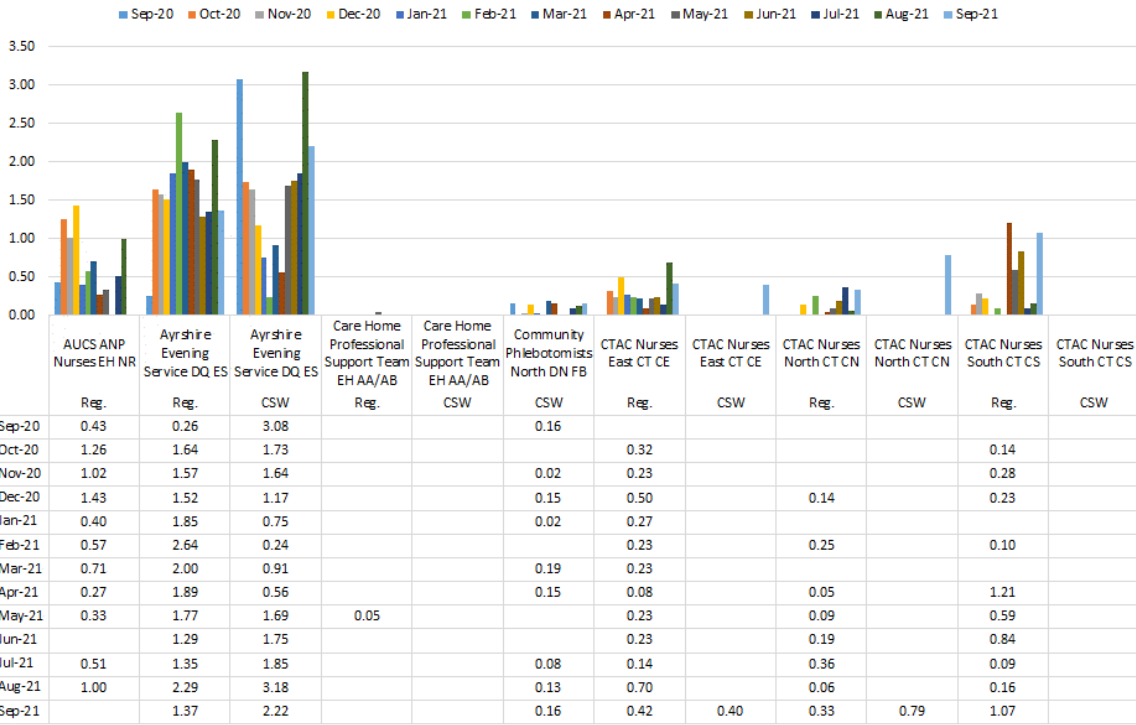
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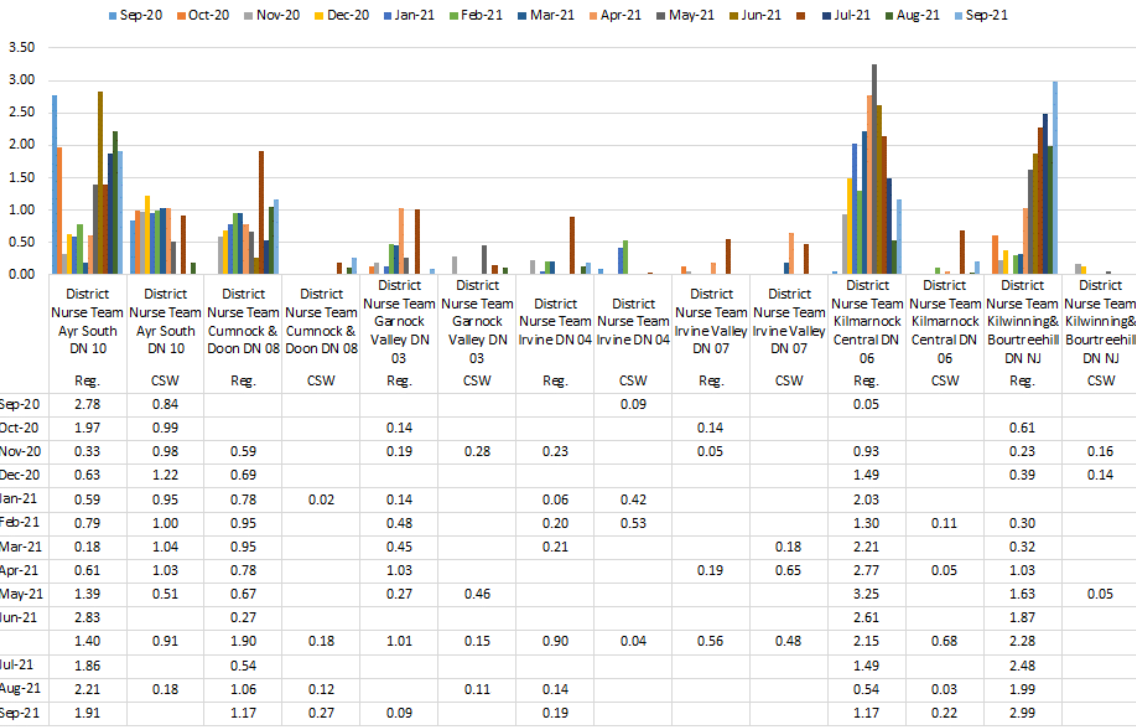
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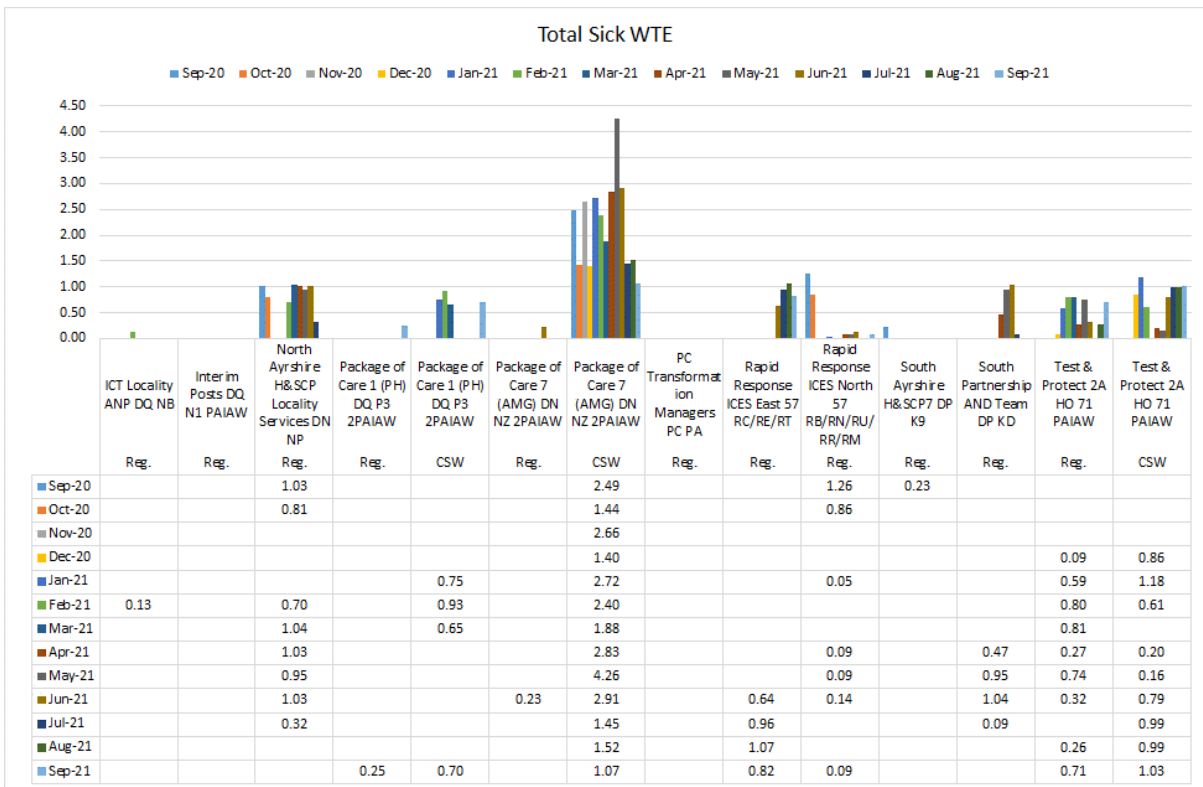
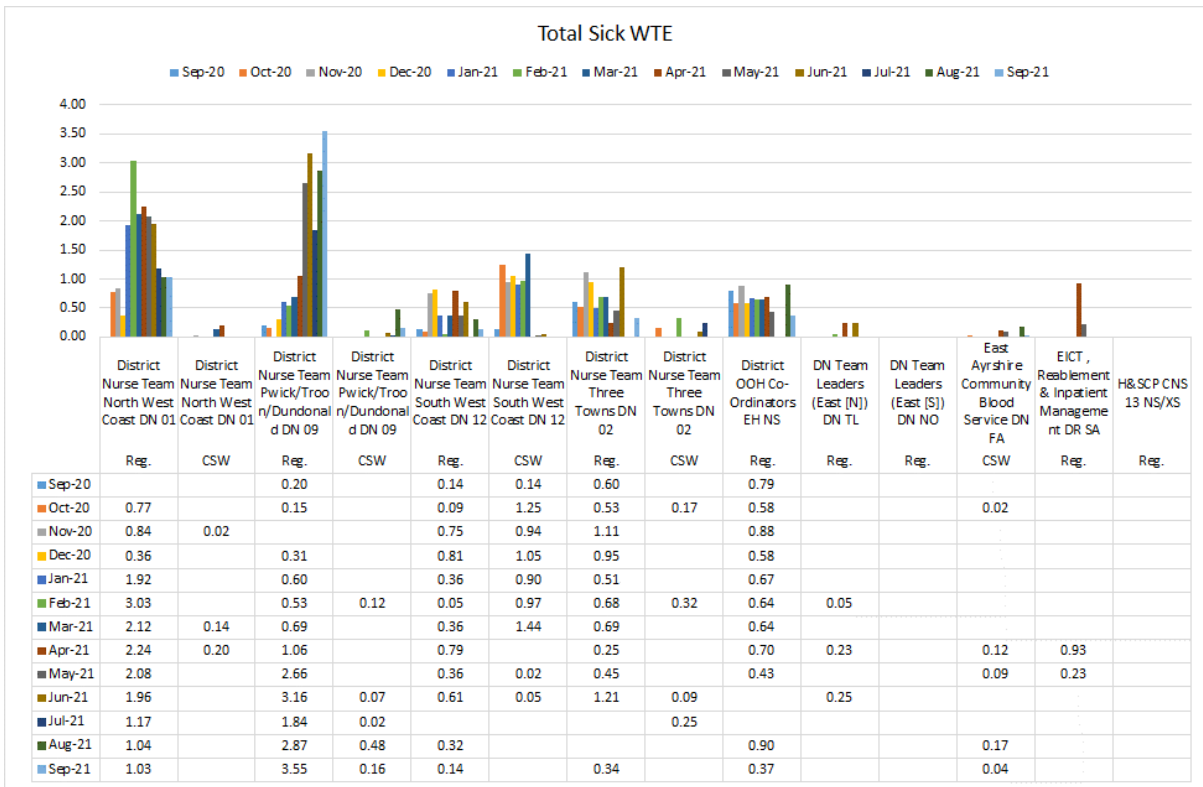


Total Sick WTE



Total Sick WTE





Community
Nursing
/Healthcare
Services Review
September
2021

**Why are we doing
this review?**

Demand for our health and care services is ever-increasing as people live longer but are often now living with multiple long-term conditions, reduced independence, and increasingly complex needs for healthcare and social support.

Within Ayrshire and Arran we already offer a wide range of health and social care services in our communities so that people have access to the care they need as close to their home as possible.

As a health and social care system, how do we best support people in our communities with their health and social care needs in future?



Community Nursing Review
September 2021

**Community Nursing / Healthcare Services Review across
Ayrshire & Arran**

The Associate Nurse Director/East Ayrshire IJB Lead Nurse, Dalene Steele, is undertaking a review of community nursing/healthcare services across Ayrshire and Arran - this takes into account District Nursing, Advanced Nurse Practitioners (ANPs), Intermediate Care Teams (ICT), and Community Treatment and Care (CTAC).

The review will consider all resources over the 24 hour period, i.e. in hours and out of hours services.

Dalene is keen to hear your ideas for how services could work in our communities going forward?

As part of capturing staff feedback to inform the review, we're facilitating virtual focus groups. We'd like to hear your views and ideas to shape future services.

Below are the questions we'll be asking in the virtual focus groups. If you're taking part, please have a think around these beforehand, and ask your colleagues too if they have any ideas/suggestions you can feedback on their behalf.

What works well?

So, what currently works well in our community nursing / healthcare services across Ayrshire & Arran? We'd like to hear examples of great practice. What impact does it have and how could that good work be spread?

What could be better?

Where could we be better? And in what ways? You'll have seen examples of where we could deliver even better care? Give us those examples please.

Where are our opportunities for change to improve what we already deliver?

You know your service best. What are your ideas for improvements? You'll have listened to feedback from people who use the service. You'll have seen different practices during the pandemic - which of these can we adopt or build upon? What else could we do together to continue to improve?

What currently works well?

- Level of support we provide for each other, to listen, be there and look after each other
- All working really hard
- Good communication between staff
- Care at Home services are pro-active and communicate well indicating early request for assistance
- Team members feel part of a team, have a level of responsibility and involved in decision making process
- Increased involvement in supporting palliative care individuals during COVID
- Good relationships with patients and families/carers and other services e.g. Podiatry
- Allocation of a duty nurse during the day to cover tasks (not all teams have this)
- Recently covering other service areas which has created opportunities to work elsewhere eg. Prisons, other teams
- COVID has given the opportunity for stronger working relationships across individuals and teams. Cross boundary working CTAC supporting DNs
- HCSW/NA see as an integral part of the DN Team, trusted and valued by nursing colleagues

What could be better?

- A lot of time spent doing admin functions – duplication of tasks on numerous systems. Use of EMIS web and EMIS PCS (EMIS PCS GP system) to record the same patient information
- Activity not recorded well on EMIS – does not translate into measure of time taken to undertake tasks – misrepresentation of activity
- Need for experienced, dedicated admin support to ensure clinical tasks are the priority
- Variation of practices – some Home Care Services dispense eye drops and apply creams whilst others don't. Where Home Care services do not do these tasks HSCW/NA need to pick up – clarity and definition required around roles and responsibilities
- GP Blood requests – consistent approach would help
- Housebound patients – who takes their bloods? – variation again. Time pressure on house visits where patient not necessarily housebound
- Increased demand on activity from GP Clinical Pharmacists requests – impact on activity and frequency and duplication of task, BP, weight and height recorded frequently
- Constant multi-tasking
- Care Homes – some homes have registered nurses however some nursing tasks are given to DN staff to undertake – bloods, INR etc. The purchase of an INR star machine would reduce the demand for community nursing staff to undertake these functions if they were supported in the Care Homes
- Better level of respect for the role undertaken
- Patients ask for a GP visit however the CNS is allocated the visit – patient and families wish a GP – managing expectations can be challenging
- Although being done well – some additional support for the palliative care elements
- Some communication is over reliant on IT systems and a phone call to staff is at times better and more efficient/effective and key to providing timeous patient care

Opportunities for Change?

- Same system across all areas – SOPs

- Band 3 role definition and how it compares with other service areas/wards
- Career progression routes defined (note that Care at Home staff better paid than some CNS jobs) **Community Nursing Service (CNS)**
- INR Star machines to be in all GP surgeries , varies currently – therefore reducing the need for CNS to go out
- INR blood vials? Issues with samples not being able to be processed by labs
- Definition of role – across the Bands – what each does and does not do
- Avoid numerous visits – if GP does a home visit then asks for the CNS to do bloods, another visit – why does the GP not take bloods there and then to avoid additional visit?

Themes

- **Communication** – positive elements however aspects which could be improved on
- **Systems** – functionality of current systems and duplication for staff on a regular basis
- **Role definition** – clarity required – expansion of the role, increased activity and demand
- **Opportunities** – career progression and succession planning
- **Workload** – need for consistent ways of working, streamlining of current processes

Virtual Focus Groups - Band 5 staff

What currently works well?

- Good example of working alongside the Tissue Viability Nurse – patient on Arran was provided specialist support by nurse providing a photo and sending over to TVN with good outcome for patient
- Good examples of working alongside the Hospice staff – Patricia Hood and GPs
- Hospice provides 24/7 on call support and advice on medication/triage calls which stop crisis points
- Diabetic Nurse support is also a good example
- Podiatry services are now re-mobilised and provide support for wounds from the ankle down and support can be accessed by a phone call to the ICT number
- CTAC came together as a cluster and shared vaccine vials which reduced the wastage of products. This could be spread by formalising clusters within CTAC to operate better vaccine campaigns
- Good link with Social Worker colleagues e.g. Kilbirnie meet every two weeks and any other concerns between meetings are picked up and shared
- CTAC nurse roles are very positive – October flu vaccine programme
- Local Operational Meeting – an example of Housing, Police, SW, GP in Three Towns where patients are discussed to reduce risks. Largs also has benefits of being co-located with GP, SW and police next door which offers a quicker response
- Community Store

What could be better?

- Employing dedicated Continence Nurse as a lot of time is taken up ordering of supplies, assessments and re-assessments. If one dedicated team were to focus on this it would

mean that we had expert advice rather than each DN covering this with only the one day training course

- Unrealistic expectation from GPs, SW, carers on what can be delivered – the DN pathway is outdated (2010) and GPs tend to pass the buck – hand everything over to the DN
- Better role clarity – referral criteria needed as huge variation in requests for support
- CTAC development – PICC lines. Could they provide housebound support with vaccines and wound care etc? This would allow the DNs to focus on more palliative care at home. Further training and role development for the CTAC staff
- Professional development in the role – CTAC nurse better alignment with the roles which staff can undertake – clarity and definition
- Development of the Band 3 role – INR and Nephrostomy care
- ?? CTAC nurse in surgery in the morning and then out in Community in the afternoon to assist DNs??
- Care Homes to invest in INR machines – which would reduce the need for DNs to visit to carry out tasks
- Ordering of equipment through the Community Stores – why does this have to come via DNs? The patient is not always known to services and the assessment information is best completed by the area where the patient is – in-patient ward area. Huge duplication of activity
- Additional phlebotomist capacity
- Lack of information when a patient is discharged from hospital where there is a request for DN support. Times when people come out without a Kardex, any information/details.

Opportunities for Change?

- Same system across all areas – SOPs
- Group lifestyle advice and patient education would support early intervention and prevention of some conditions rather than waiting until a crisis and services having to be sent in.
- INR Star machines to be in all GP surgeries and care homes – therefore reducing the need for CNS to go out
- Definition of role – across the Bands – what each does and does not do
- Admin tasks being done by qualified nursing staff – not a good skill mix
- Concise triage process – prior notification of discharge
- Signposting to other services rather than taking everything on
- Integrated care is failing because it appears easier and quicker to pass the buck to the DN service
- CTAC could support the Long Term Conditions in the community, wound care, urology, catheters, continence and provide training

Themes

Communication – positive elements however aspects which could be improved on

Systems – functionality of current systems and duplication for staff on a regular basis

Role definition – clarity required – expansion of the role, increased activity and demand

Virtual Focus Groups - Band 6 staff

What currently works well?

- Good examples of working alongside the Hospice staff – very responsive outreach intervention
- Hospice provides 24/7 on call support and advice on medication/triage calls which stop crisis points
- MS Teams – Arran example of GPs now twice weekly calls with DNs which has improved communication, improved response times and better time management
- MS Teams works well and can support some training
- Services are very much patient focused rather than task focused
- ‘We never say NO to a patient’
- Communication is good – very accessible and feel part of a bigger team
- Good thinkers, problem solvers and excellent at spinning plates and co-ordinating plans
- EMIS Web good at recording some data/activity which previously has not been captured

What could be better?

- Band 6 role doesn't reflect that of other Band 6s in a ward environment – pay structure needs to be looked at
- Job retention – turnover of staff is considered high
- **Referral document** needs progressed to provide criteria, education particularly of discharge planning from wards. Better interface between Acute Services and Community
- Gatekeeper of community store – needs revised and role – expectation that DNs will check equipment set up etc.
- Enablement ethos to be applied across all services
- Dedicated Continence Team/service
- National Procurement Contract
- Gap in service provision – OOHs and Weekends – 4.30-5.30pm gap – who covers?
- Admin support

Opportunities for Change?

- Skill mix – each team to have dedicated Band 2 phlebotomist
- IT system which speaks to each other rather than the separate systems which are currently in place – GP /DN / OOHs
- Care Homes – requiring a lot of support and further education on syringe drivers, wound management
- Peripatetic nursing staff – invest in the whole system rather than looking at fragments
- Development of the Community Hub model
- Invest in Staff governance and support
- More visible leadership
- Raise the profile of the profession – will be supported by a defined role/referral system

- 'Knock back some referrals'
- Signposting to other services rather than taking everything on

Themes

Communication – positive elements however aspects which could be improved on

Systems – functionality of current systems and duplication for staff on a regular basis

Role definition – clarity required – expansion of the role, increased activity and demand

Skill mix

Whole system approach rather than silo working

Virtual Focus Groups - Band 7/8A staff

What currently works well?

- Provision of end of life/palliative and continence care across DM teams works well in EA, use of bladder scanners, managing patient in their localities, saving a trip and appointment within Secondary Care and staff having to travel. Huge commitment as patients need scanned twice a day
- Clinical Nurse Manager Role (interim) in EA works well, supporting DN care home work working well re links to senior staff with social work background. Very valuable role supporting DMs to work as one team. Routes of communication, line management arrangement and escalation routes much better. Arrangement has worked well during COVID-19
- CNM role moving areas of work forward quicker now e.g. audits
- ANPs working in COVID-19 Centre now working at EACH x 1 ANP currently
- Opportunities to work as Community Team in future
- Working alongside Professional Advisors with regular meetings required
- ANP in General Practice, lots of positives, need to navigate across various roles

What could be better?

- DN Service would be better as a Pan Ayrshire model would give a consistent approach, currently different approached in different areas
- Need to be united as a services as per previous structure
- Most other nursing services managed by nurses
- Looking at new model (CNM role) but impact of COVID - affecting this
- Need to move forward with change when resources and time allow
- Where there are operational leaders without district nursing background, senior nurses have to work hard to define professional roles and responsibilities
- Links forming with Service Managers re input to operational issues
- Community Hospital nursing input being reviewed (SAHSCP) bring MDT together
- DN teams want to work to the top of their profession

- Improvement needed re close working relationships with GPs, OT, Social Work Team leaders. Integration could have worked with professional leadership retained
- 3 HSCPs have different opinions on DN service
- Need for robust referral criteria
- Informal working arrangements result in DNs “helping out” taking on work
- Issues with retaining staff, work life balance and career progression

Opportunities for Change?

- Band 6 staff undertaking Post Grad Diploma, dissertation required to achieve Masters, not require for Band 6 role. Should be Band 7 role requiring this qualification. 2 year study period a hard slog. Staff join DN teams as they are dedicated to Community Nursing.
- Band 6s should be developed to Band 7 role in different ways rather than Post Grad route would help with succession, contingency planning and retaining staff. Align with transforming nursing role paper
- More Band 7 staff required at clinical level a team leaders bogged down with admin work
- Other HB work in different way, services aligned to the specific needs of localities, works well in NHS Lanarkshire
- Current volume of caseloads significant, caseloads need to be manageable. Increase in Band 7 workforce would help with this
- Band 6 and 7s currently doing lower level work need for competency framework, this would release time for more appropriate work
- Development of Band 4 posts, clarity of career structure and career progression
- Teams swamped with blood test requests from GPs, challenging and need to push back work that keeps coming
- Consistency needed in what is appropriate for DN services and what is not
- Query Band 3 work – doing Band 4 tasks
- Having professional identify and leadership would strengthen professional position
- Historical budgets have not moved on?
- Opportunity to work well as pan Ayrshire services as many staff very experienced, skilled and knowledgeable
- Health Visiting service now standing strong, DN services has been left behind
- Strong leadership declined when review of DN service and changes implemented in 2010
- Lots of anxiety re 2010 review and reduction in DN workforce
- New referral processes written up for GP Sub Committee had not been progressed, concerns re feedback on this, need to move this forward
- Other services have an opinion on what DN services should be doing
- CTAC? – Practice Educator, Primary Care roles required – Band 6 to support learning and development of workforce, currently real gap in Band 6 role. Development lacking due to work pressures.
- DN and Practice Nurses have been support work pressure but this is not sustainable
- Support for HCSW development
- Care at home and DN services required across the wider community nursing roles e.g. CTAC
- New Band 6 roles would be attractive to Band 5 staff, without having to undertake 2 years study

- Consider retiring and returner roles, would not be for everyone a balanced approach would be required
- Approach being taken by NHS Borders

Integration Joint Board 9 May 2024

Subject :	Primary Care General Medical Services Update
Purpose :	<p>This report provides an update to the Integration Joint Board on the provision of General Medical Services (GMS) across Ayrshire and Arran.</p> <p>The report also details the current position with implementation of the 2018 GMS contract and wider development work across general practice.</p>
Recommendation :	<p>It is recommended that the Integration Joint Board:</p> <ol style="list-style-type: none"> i. Note the current position of Primary Care GMS ii. Note the progress of implementation of the 2018 GMS contract as well as the wider areas of development work across General Practice.

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	
BMA	British Medical Association
CAU	Combined Assessment Unit
CTAC	Community Treatment and Care
EMG	Expert Medical Generalist
GMS	General Medical Services
GP	General Practice / Practitioner
HIS	Healthcare Improvement Scotland
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
MDT	Multi-disciplinary team
MHP	Mental Health Practitioner
MoU	Memorandum of Understanding
MSK	Musculoskeletal
NHS AA	NHS Ayrshire & Arran
PLT	Protected Learning Time
PCIF	Primary Care Improvement Fund
PCIP	Primary Care Improvement Plan
TOC	Test of Change
WTE	Whole Time Equivalent

1.	EXECUTIVE SUMMARY
1.1	<p>General practices continue to face challenges with increased demand. Ongoing review of data and feedback has demonstrated that patients are presenting to General Practice with more advanced health concerns than they would have pre-pandemic. This in part can be attributed to this cohort of patients having more complex conditions and being managed longer by their GP whilst awaiting appointments in other parts of the system. Many of these patients require an extended (sometimes double) appointment time and clinicians may need to do a greater degree of follow up with the patient which again increases workload and appointment capacity.</p>
1.2	<p>Progress continues to be made implementing the 2018 GMS contract which provides the basis for an integrated health and care model with a number of additional professionals and services multi-disciplinary teams (MDTs) including nursing staff, pharmacists, mental health practitioners, MSK physiotherapists, and community link workers as well as signposting a number of patients, where appropriate, to other primary healthcare professionals within the community. This is aligned to the NHS Ayrshire & Arran Caring for Ayrshire vision to create a whole system health and care model focussing on individuals, families and communities with general practice and primary care providing accessible, continuing and co-ordinated care.</p>
1.3	<p>The Ayrshire and Arran Primary Care Team was successful bidding on behalf of the three Health and Social Care Partnerships (HSCPs) to be a Primary Care Improvement Phased Investment Programme Demonstrator site to work with NHS Health Improvement Scotland (HIS).</p> <p>This is to demonstrate what a model of full GMS Contract 2018 implementation of the MDT (focussing on Community Treatment and Care (CTAC) and Pharmacotherapy teams) can look like in General Practice. This is a 12-18 month programme which will be nationally funded and delivered by a local programme team with local governance arrangements. Data will be collected which will be used to model full national implementation of priority areas of the GMS 2018 Contract. Ayrshire and Arran will be one of four demonstrator sites across Scotland.</p>
1.4	<p>Development work will also continue alongside this to further embed MDT teams into practice through the GMS Contract which would continue in tandem with the focussed work on Pharmacotherapy and CTAC.</p>
1.5	<p>This report has also been presented to:</p> <ul style="list-style-type: none"> i. East Ayrshire IJB – 20 March 2024 ii. NHS Ayrshire & Arran Board – 25 March 2024 iii. South Ayrshire IJB – 3 April 2024

2.	BACKGROUND
2.1	<p>The Public Bodies (Joint Working) Scotland Act 2014 provides a legislative framework for the delivery of Primary Care Services in Scotland. East Ayrshire HSCP, through Lead HSCP arrangements, are responsible for the delivery of Primary Care Services across Ayrshire and Arran. In addition NHS Ayrshire & Arran directly commission East Ayrshire HSCP to conduct Primary Care Contracting on behalf of the Board, this being a function that cannot be delegated to IJBs at this time.</p>
2.2	<p>The 2018 GMS contract was introduced to facilitate a refocusing of the GP role as Expert Medical Generalist (EMG). The contract is a joint agreement between the Scottish Government and the British Medical Association (BMA) which sets out to:</p> <ul style="list-style-type: none"> • Provide a new direction for general practice in Scotland which aims to improve access for patients, address health inequalities and improve population health including mental health • Provide financial stability for GPs, and reduce GP workload through the expansion of the primary care multidisciplinary team • Redefines the role of the GP as an expert medical generalist focusing on complex care, reduce the risks associated with becoming a GP partner and encourage new entrants to the profession as well as help retain existing GPs
2.3	<p>The first Primary Care Improvement Plan (PCIP) (2018-2021) set out the plan to implement the new contract across NHS Ayrshire & Arran by 2021. The PCIP 2 (2020-22) was approved at each of the IJBs, NHS Board and Local Medical Committee in December 2019. It set out a collaborative approach for delivery across the three Ayrshire IJBs, the NHS Board and the local GP sub-committee / Local Medical Committee. This inclusive collaboration has been essential in developing an the ambition for all parties to develop our Primary Care services to be both sustainable and meet the future needs of our communities within each of the partnership areas.</p>
2.4	<p>In 2022 Scottish Government advised that there would be greater focus on the delivery of Pharmacotherapy, CTAC and Vaccinations following agreement with the BMA that these would be the contractual elements of the 2018 contract. This then became the priority across Ayrshire and Arran.</p>
3.	PROPOSALS
3.1	<p>Overview of General Practice</p> <p>Primary Care is usually a patient’s first point of contact with NHS Ayrshire & Arran and it is estimated that around 90% of NHS contacts take place within general practice. There are 53 GP practices across Ayrshire and Arran who all operate as separate independent businesses in their own right, and are not directly employed by the NHS Ayrshire & Arran.</p>

	<p>Within Ayrshire and Arran there are currently no Health Board managed practices, however the Primary Care Team continue to work closely with those practices that require support.</p> <p>The core elements of a general practice contract includes:</p> <ul style="list-style-type: none"> • An agreed geographical or population area the practice will cover • Require the practice to maintain a list of patients for the area and sets out who this list covers and under what circumstances a patient might be removed from it • The establishment of essential medical services a general practice must provide to its patients • Outlines key policies including indemnity, complaints, liability, insurance, clinical governance and termination of the contract.
3.2	<p>GP Practice Activity</p> <p>Whilst every GP Practice delivers general medical services through their contract with NHS Ayrshire & Arran, they have flexibility to deliver that in a manner that best suits their patient population as well as business model. One size does not fit all and all practices operate very differently in terms of clinics that operate on a daily basis, their clinical workforce model, and also how appointments are triaged and allocated.</p> <p>Recent available data shows that 55% of practices offer a triage first model for all requests for a clinician with the remaining 45% offering straight to clinical appointment.</p> <p>The majority of practices offer pre-bookable appointments. The small number of practices not offering pre-bookable appointments fed back that they feel that either their “same day” demand is too high to adopt the system, or they feel their appointments are already well managed without it.</p> <p>Those not operating triage first felt that it was unpopular with patients, duplicated work or was unnecessary given the current availability of pre-bookable and same day appointments at their practices.</p> <p>Data from the primary care information system shows that there has been a 20% increase in consultations from 2019 to 2023 with patients contacting their GP with more complex conditions. Patient Consultations currently sit at 2.5 million per year compared to just under 2 million pre-pandemic.</p> <p>During the pandemic a number of practices introduced an online platform for their patients to access practice services and clinical advice.</p> <p>Practices reported that this was easier for their working population to access services out with core opening hours and allowed staff to respond to patients directly without requiring an appointment and a time suitable to the practice/patient. This has also supported more efficient use of admin time.</p>

Reasons provided by practices for not using the online platform include:

- Concerns their patient population not being able to access due to no digital access
- Not popular with patients, uptake low, and some patients found it difficult to use or access
- Not enough staff to manage another entry route into the practice
- Current systems suffice for patient management

To fully understand the current status of each GP Practice in detail it was agreed in December 2023 to carry out a survey of all practices to inform a wider deep dive review of General Practice in Ayrshire and Arran. The questions in the survey were based on regular feedback or themes reported through various forums, including patient feedback which would allow the primary care team to present an overall position of primary care at the current time:

- Practice staffing levels (including workforce numbers and hours worked by each profession – this included those hours worked over and above committed time)
- Consultation capacity per professional
- Patient access – including extended opening times
- Feedback on areas that cause increased activity and pressure

As anticipated, the findings have highlighted areas of variance in service delivery models, with key areas such as consultation numbers and gaps in workforce that need explored further at an individual practice level. The data also confirms that patient demand is exceeding capacity. The findings will be shared with the practices and taken through local forums to inform next steps in response to the areas that have been reported on. This will also include how we engage with the public.

As GP Practices are only open for a certain number of hours per day, there is a maximum number of consultations that can be carried out. Practices are often at capacity by mid-day or earlier.

It is also important to note that the increased demand from patients waiting for outpatient treatment is in the main being absorbed into General Practice and is not being referred onto hospital services. GP referrals to University Hospital Crosshouse CAU (Combined Assessment Unit) from General Practice remain similar to pre-pandemic levels whilst GP referral rates into University Hospital Ayr CAU have reduced.

The consistent downward trend in Emergency Department attendances also suggests that patients are engaging with their GP in the event of deteriorating health rather than making unplanned hospital attendances in greater numbers.

	<p>To support practices with the high volume of unscheduled care demand at the end of the day an Urgent Care test of change (ToC) was initiated in December 2023. Generally all clinical resource within the practice is aimed at unscheduled care with no capacity for planned care. It is hoped this model will allow for practices to structure planned care time late afternoon.</p> <p>This involves the Ayrshire Urgent Care Services (AUCS) working alongside General Practice to support local practices with home visits between the hours of 3.30pm and 5.30pm.</p> <p>This was developed recognising the impact on General Practice when patients present to the practice late in the afternoon with an urgent care need requiring a home visit, and the requirement to ensure this is sufficient workforce in place to respond to this daily.</p> <p>To ensure safe delivery of the ToC, it is being rolled out on a phased basis at cluster level to ensure activity is monitored and evaluated. To date this now covers all of South Ayrshire, three practices within the Irvine Valley Cluster and most recently the Kilmarnock Cluster. This covers a total population of 108,376 patients.</p> <p>Numbers of referrals from the practices involved are growing week on week. Feedback has been positive from the practices taking part and early reports highlight this has allowed clinicians within practice to focus on planned appointments or patient engagement of results or care plans without having to block time in the event the clinician is required to attend a last minute home visit. The ToC will continue to be monitored and evaluated with a plan to extend wider across Ayrshire early throughout 2024 with a view to developing the model further to include in-person appointments.</p> <p>This model aligns to the urgent care principles within the 2018 contract as well as the vision of creating a 24/7 seamless urgent care pathway with general practice and AUCS working together.</p>
3.3	<p>Update on 2018 GMS Contract - Primary Care Improvement Plan</p> <p>In September 2023 Scottish Government provided an update on the implementation of the Memorandum of Understanding (MoU) nationally. This update confirmed that there was still commitment to the 2018 GMS contract and the principles within it, but it was recognised there was significant variation across the country.</p> <p>Board areas were advised there was a need to understand what a sustainable model of full delivery of the 2018 GMS contract looks like, and what additional outcomes it will achieve.</p> <p>The additional 'phased investment programme' was announced in this update stating that additional investment of £10-£15 million would be made available for a maximum of 2-3 areas in Scotland to bid to be a demonstrator site.</p>

The aim of the demonstrator sites would be to look at the different stages of implementation to demonstrate what a model of full implementation can look like in practice. It was proposed this would then build the case for additional investment in a sustainable and evidence-based way.

Ayrshire and Arran bid on behalf of the three HSCPs to continue with a pan Ayrshire approach locally. The selection process took place in December 2023 which involved an interview with Scottish Government and NHS HIS. Applications and the interview feedback was then considered by a panel made up various senior stakeholders across Scottish Government and NHS Scotland. Ayrshire and Arran were successful in their bid for an additional £3.5 m (approx. 60wte additional) to further implement the contractual elements of the GMS contract.

Following the Scottish Government announcement in 2022 to ensure greater focus on the agreed three main contractual elements of the contract (Pharmacotherapy, CTAC, and vaccinations) Ayrshire Arran, as demonstrator site, will be supported to use improvement methodologies to fully implement Pharmacotherapy and CTAC services as far as possible locally, while maintaining full delivery of the Vaccination Transformation Programme. The aim of this work is also to understand the impact for people, the workforce and the healthcare system, with reduction in GP and practice workload and improvement in patient outcomes a key aim. The work will collect evidence on the impact and the cost-effectiveness of MDT working which will then inform and support future model and long term investment associated with the GMS contract.

Whilst the focus will be on these two services, all MoU Services will be considered in the monitoring and evaluation of the demonstrator sites as part of a whole systems approach to quality improvement.

In 2018 Ayrshire and Arran developed a detailed delivery framework to implement the contract with timelines aligned to the agreed phased financial investment at that time. There has been significant progress across each of the contract areas with vaccinations transferred and the majority of practices accessing the additional roles described within the contract.

For each area of the programme there is delegated involvement, responsibility and accountability from representatives across the three HSCPs, NHS Board, and GP Sub Committee within Ayrshire and Arran. There are co-leadership arrangements with MoU workstream leads and local GP Sub Executive Members to oversee decision making and progress through the current implementation structure. This is further strengthened with involvement from the Clinical Director and GP Stakeholder role from each of the HSCP areas who are well engaged with practice teams and wider community teams on the ground.

This group come together every 8 weeks as the GMS Oversight Group. Consideration will be given to the frequency of these meetings in 2024/25 to ensure an appropriate level of oversight and input being a Demonstrator Site.

	<p>General practice and wider community teams have been fully engaged in developing service specifications aligned to the MoU. We are confident with additional support and focus we could demonstrate what full delivery could look like for a Board wide area.</p> <p>A two day site visit took place with NHS HIS on 29 February / 1 March to understand our system and further explore our bid which is outlined below. Funding has been confirmed for the 18 month programme – full year 2024/25 and part year 2025/26. The programme will be continuously evaluated by NHS HIS with discussions on the future recommendations of the contract taking place throughout.</p>
3.3.1	<p>Pharmacotherapy – a three year trajectory was set (2018-2021) to establish a sustainable pharmacotherapy service to every practice. This included a skill mix of pharmacists, pharmacy technicians and pharmacy support workers. The service was front loaded in terms of recruitment and training with an agreed service specification in place.</p> <p>The delivery model has continuously been refined adjusting the ratio of pharmacists, pharmacy technicians, and the introduction of pharmacy support workers.</p> <p>The Pharmacotherapy Service is now made up of 103.3 WTE roles with all GP Practices having access. Although reaching the agreed compliment of staff, there are still a number of challenges with implementation. These relate to a range of areas including:</p> <ul style="list-style-type: none"> ● Systems and processes ● Further development work required with current teams to embed the agreed service specification ● Improved digital enablers to reduce administrative burden ● Developing central hubs to support remotely during absence or high demand <p>Recent data shows the Pharmacotherapy Team are delivering the majority of medicines reconciliation across all GP practices. Locality based hubs are in place to cover planned or unplanned leave to ensure work is not diverted back to the GPs. There is currently no resilience in these hub teams and the recent successful bid includes additionality requirements.</p> <p>A target has been developed locally to enable pharmacy teams to manage acute prescribing workload safely and effectively. Current data demonstrates significant variation across practices in the number of acute prescriptions. The additional Quality Improvement support from NHS HIS will support closer review of these processes at scale. Achieving and sustaining this target will be essential to delivery of this element of the contract.</p> <p>There is also variation with pharmacist confidence in making prescribing decisions balancing risk and safety. The bid includes clinical supervision funding to support pharmacists to become more confident prescribers.</p>

3.3.2	<p>Community Treatment and Care (CTAC) Services – a total of 52 practices have full access to CTAC services with one practice not supportive of the CTAC service specification. There is ongoing dialogue with this practice. There is also a hub model tried and tested which has supported areas where accommodation has been challenging.</p> <p>It was previously estimated that 90 WTE staff, skill mix of Band 5 registered nurses and Band 3 Healthcare Support Workers would be required to fully deliver on CTAC. There is a total of 103.6 WTE mix of staff in post with an agreed service specification in place.</p> <p>Recent audits to understand what CTAC activity was still being undertaken by general practice staff has identified, that the main reasons for practice staff still undertaking the CTAC interventions is due to CTAC allocation not enough or CTAC staff being on annual leave or sick leave.</p> <p>There is a request within the demonstrator site bid to increase the CTAC resource required to meet the gaps, as well as mitigate the need for general practice to cover any leave to ensure full task transfer.</p> <p>The recent audit indicated that 72% of CTAC activity was undertaken by CTAC staff and 28% undertaken by practice staff. In order to provide full task transfer, to include additional resilience, there is a requirement to increase the workforce as well as further review the skill mix of total workforce.</p> <p>During the CTAC development phase there has also been fixed term investment of two Band 6 Practice Educator roles per HSCP to provide a robust education and supervision model whilst implementing the service specification. Due to the size of the workforce, and scale of working across a large number of practices within each HSCP, it has been agreed the continuation of these roles is fundamental to the ongoing safe delivery of CTAC services. These roles will also be explored as part of the demonstrator site work.</p>
3.3.3	<p>Extended Multi-Disciplinary Team (MDT) Professional Roles – Since its implementation, significant progress has been made to roll out the 2018 GMS Contract.</p> <ul style="list-style-type: none"> • All Practices have access to Pharmacotherapy staff • All Practices have access to all immunisations through the Vaccine Transformation Programme (except pregnancy and non-routine adult vaccinations) • All Practices have access to a Community Link Worker • All Practices except one in South Ayrshire have access to a CTAC Nurse / Healthcare Support Worker <p>Due to the funding constraints there is a high risk of not being able to providing these services across all practices in Ayrshire and Arran creating an inequality of access.</p>

This is creating health inequalities and access to services for patients based on a post code lottery. Unfortunately the financial envelope within the new GMS contract does not allow additional funding to be allocated to services at this stage. A breakdown of the MSK and MHP roles is noted in the table below.

HSCP	MSK	MHP
North	4.05WTE provide cover for 13 of 19 practices	9.9WTE provide cover for 16 of 19 practices
South	4.2WTE provide cover for 16 of 18 practices	8.4WTE provide cover for 18 of 18 practices
East	3.5WTE provide cover for 12 of 16 practices	9.6WTE provide cover for 16 of 16 practices

The overall additional MDT resource in total is split 30% in the East, 35% in the North and 30% in the South. This is largely in keeping with the partnership patient list size –

- East Ayrshire – 134,137 patients (35%) across 16 Practices
- North Ayrshire – 145,290 patients (37%) across 19 Practices
- South Ayrshire – 110,006 patients (28%) across 18 Practices

It should be noted that the analysis of the extended MDT workforce aligned to the new GP contract has been captured at a moment in time and can vary across the year.

3.4 **Primary Care Improvement Fund (PCIF) Update**

The implementation of the 2018 General Medical Services contract for Scotland intended to see an additional investment of £250m per annum in support of General Practice by 2021. This was part of an overall commitment of £500 million per annum investment in Primary and Community health services that was previously committed by Scottish Government.

Since 2021/22 and 2022/23 Primary Care Improvement Fund (PCIF) was allocated as tranche 1 and tranche 2 based on projections and spend against each of the IJBs National Resource Allocation Committee (NRAC) share.

Although the focus changed in 2022 to pharmacotherapy and CTAC, the HSCPs continued to invest in the additional wider roles set out as above. Each area has been at different stages throughout, and prioritised different services based on their population need.

It should be noted that as the PCIF is ‘flat cash’ all pay awards/uplifts are consumed within the budget itself. This has impacted significantly on the available funds available for additional investment.

	<p>The final allocation for 2023/24 was confirmed in February 2023 which is line with what was anticipated. The allocation is noted below per IJB:</p> <ul style="list-style-type: none"> • East Ayrshire - £4,915,035 (includes non-recurring carry forward of £466k from 2022/23) • North Ayrshire - £4,821,036 (-£157k was deducted start of year due to overspend in 2022/23) • South Ayrshire - £4,202,060 (includes non-recurring carry forward of £65k from 2022/23) <p>East Ayrshire IJB carried forward a higher underspend than was expected from 2022/23 year as noted above due to a large number of senior vacancies across the pharmacotherapy team and no replacement workforce, as well as vacancies across the MHP team.</p> <p>Joint discussions have taken place, and are ongoing with the North Ayrshire HSCP senior team to work through their budget allocation and committed resource.</p> <p>The final end of year position for each IJB is not available from the finance team at the time of report submission, but will be updated verbally at the IJB.</p>
3.5	<p>Premises</p> <p>Many GP practices are facing increasing challenges to accommodate the number of additional staff aligned to them through the PCIP. The lack of availability of assessment rooms means some practices are unable to access their full allocation of MDT resource therefore capacity to appoint patients to these practitioners is reduced. Many of the buildings within the GP practice estate are also needing significant investment or alternative accommodation identified for longer term viability.</p> <p>Infrastructure planning for Primary Care Services commenced in October 2023 along with the three Ayrshire HSCPs aligned to Caring for Ayrshire to look at greater cluster level models of care. This examined patient populations and premises across each of the three HSCP areas and considered the best use of the estate, virtual appointment delivery and scoping potential for some MDT services to be provided from local community hubs and where these could be located. The sessions also included engaging with each GP Practice to understand their premises and service delivery models, along with community facilities to identify our areas of greatest challenge as well as opportunity for future models of care. There was 100% return rate from General Practice. The outputs of this will also be included within the NHS Ayrshire & Arran whole system plan. It is anticipated this will progress over the next three years aligned to the organisation's short/medium/long term plans.</p>

3.6 **Digital**

In line with national requirements to phase out analogue telephone lines by 2025, the proposal agreed locally in 2022 in Ayrshire and Arran was for a single digital system, hosted by the health board, with improved functionality and enhanced patient access to be offered to all practices.

The proposed system allows for better call handling and monitoring in the style of a “Call Centre” where multiple calls come through a queuing system and call recording functionality is available. It was anticipated that this single solution would also be more cost effective for practices who were signed up to long contracts with a range of different providers, often at high costs.

Following initial agreement to proceed in 2022, the project experienced initial delays due to difficulties in recruiting to the technical support team and also delays in the delivery of necessary new equipment which did not arrive until February 2023.

To date, two practices have been successfully transferred and a further eleven are in progress. Delays in implementation and technical issues with legacy infrastructure have meant that some practices have chosen to opt out of the proposed Board model with two practices recently entering new long-term contracts with alternative providers. There is a risk that further practices will follow suit which in turn creates uncertainty to the proposed pricing structure and programme costs which were originally based on an agreed number of practices making the switch.

The Digital Team have set out to transfer one practice per month onto the new system and it is hoped that this could be increased to two practices per month as the programme gathers momentum, and processes are fully embedded. There are currently two practices on target to transfer over in January 2024. It should be noted that successful transfers are also dependant on the collaboration with the external commercial telephone providers which can lead to delays.

GP IT Re-provisioning - NHS Ayrshire & Arran has progressed with a single award to one provider in January 2024 with transition roll out planned currently scheduled to happen across all GP Practices from February to December 2025.

The primary care team will be scoping and defining the requirements alongside digital services colleagues to ensure service delivery to patients is not compromised during the transition. This will be a new significant piece of work across both teams under the leadership and direction of the new GP IT Re-provisioning Programme Board.

The Programme Board has wide representation across primary care management, clinical leadership, and digital services. The Scottish Government has agreed to fund the increase in costs associated with the new IT system as well as central costs over the implementation period.

3.7 2024/25 Priorities

There is a national focus on short term actions to sustain the current system and reduce risk be taken forward over one year that include:

- Stabilisation plan for General Practice – focus to be on retention and supporting the core building blocks of general practice.
- Chronic Disease Management – recovery plans to focus on what is needed to enable proactive management and review
- MDT Working – consideration, sharing learning and understanding variation with a focus on team working and changing ways of working to fully realise the role of the EMG.

These actions align to the priorities locally and objectives set out within local delivery plans. Key areas being taken forward include:

- **GP Contract Reviews** - Annual reviews of General Practice GMS Contracts were stood down in 2018 but have now been reinstated by the Primary Care Management Team. A programme for annual review will review practice operating models, quality indicators (including chronic disease management) and identify any improvement work.

In advance of each review, the practice will be asked to complete paperwork which will then facilitate a face to face meeting with the practice representative and primary care manager, supported by the Clinical Director as required to provide assurance of delivery of their contractual obligations. It also allows for any specific concerns to be discussed.

This programme of work will enhance oversight of core service delivery by the Board and help to early identify any issues or additional support practices may require to sustain service delivery.

- **Demonstrator Site** – this will be an extensive programme carried out at pace supported by NHS HIS with the local teams and GP Practices. The Ayrshire and Arran high level action plan is due to be submitted on 29 March 2024 which will inform the work plan and expectation across the next 18 months.
- **GP IT-Provisioning** – Further work is now being taken forward to understand the scale of the transition work in year and also 2025/26 in terms of preparatory work for digital services and for practices in advance of the transition as well as the detailed roll out, including additional workforce to take forward the roll out plan. A business case will be developed through the Programme Board and progressed through local governance groups.

<p>3.8</p>	<p>Quality / Patient Care</p> <p>Quality improvement within General Practice Clusters has continued to develop and strengthen throughout 2023. A range of improvement work has been carried out by the Clusters with some pieces of work done in collaboration with NHS HIS. Online Continual Professional Development events are hosted fortnightly with an open invite to staff in the whole MDT working in General Practice.</p> <p>Clinical Directors meet regularly with Stakeholder GPs to understand any barriers for improvement within clusters and ensure they are supported to undertake quality improvement initiatives identified through local data analysis.</p> <p>An All Ayrshire GP call is scheduled fortnightly and hosted by the Deputy Medical Director of Primary and Urgent Care. This is an open invite for all GPs and Practice Managers to attend and provides a forum for two-way communication to share information on developments and current challenges across the system, particularly across the interface with acute services. Invites are also extended to other key members of the wider healthcare community to provide expert knowledge on issues scheduled for discussion.</p> <p>Attendees have fed back that they find these sessions useful and provides them with an insight on current system pressures and how this is impacting on the patient journey.</p> <p>All GP Practices across Ayrshire and Arran are offered regular afternoon sessions throughout the year for Protected Learning Time (PLT). This allows the practice teams to come together as a practice to focus on reviewing service delivery models, staff development, discuss any opportunities for learning or improvements and opportunities for future ways of working. Calls into the practices participating in PLT on these afternoons are re-directed to AUCS to support patients during this time.</p>
<p>3.9</p>	<p>Anticipated Outcomes</p> <p>The purpose of the work underway is to help people access the right person, in the right place, at the right time in line with the Scottish Government Primary Care Vision and Outcomes. Including:</p> <ul style="list-style-type: none"> • Maintaining and improving access • Introducing a wider range of health and social care professionals to support the Expert Medical Generalist • Enabling more time with the GP for patients when it's really needed • Providing more information and support for patients. <p>As we have worked to build our devolved Health and Social Care System in Ayrshire and Arran, the critical role of primary care has been emphasised throughout implementation to date, and is viewed as a core component of an integrated community based care system.</p>

	<p>This provides a solid foundation for developing a whole system health and care model which focuses on individuals, families and communities with general practice and primary care providing accessible, continuing and co-ordinated care.</p> <p>The aim is to empower people to take control of their own health and care as far as possible, enabling self-management, promotion of wellbeing and prevention of ill-health, use of telecare and telehealth and maximising care provided in and around communities.</p>
3.10	<p>Measuring Impact</p> <p>Implementation of the PCIP has created opportunities seen in the context of the aim of the Caring for Ayrshire agenda to design a fully integrated system wide approach to ensure people are able to access the right care at the right time in the right place. Primary care clinicians have more interactions with patients than other parts of the NHS therefore the whole system transformational change relies on sustainable and accessible primary care services.</p>
4.	<p>IMPLICATIONS</p>
4.1	<p>Financial</p> <p>Primary Care Improvement Fund – the allocated fund available for the PCIP is not sufficient to ensure full roll out of the wider MDT roles. The projected additionality for CTAC and Pharmacotherapy is captured within the Demonstrator Site bid and funding. This will create an inequity across practices and different populations. There has been a request to NHS HIS to capture the impact of this as part of the evaluation process. Discussions have taken place nationally to baseline the PCIF into core budgets, but there is no agreement on this to date. Until the budget is baselined, the cost pressure associated with agreed pay awards will continue to impact on the number of roles that can be recruited to.</p> <p>Phased Investment Programme Demonstrator Site – the funding associated with this programme of work has only been confirmed for 2024/25 and part year 2025/26. There is no commitment beyond this time period. The detailed work being taken forward as a demo site will inform future investment, but there is no guarantee of ongoing funding. Discussions will take place as the programme progresses to determine staff turnover projections and the risk appetite at an IJB level to determine permanent vs fixed term job roles.</p> <p>GP IT-Provisioning – although the system costs will be funded nationally, there will still require to be a local business case for additional implementation resource given the size and scale of work required. There is minimum shared learning available at this time from other Board areas to help inform projected resource requirements. This will become clearer during 2024/25 and the planned scoping work.</p>

	<p>GP Practice Sustainability – there has been an increase in the number of practices who have indicated to the primary care team that they have sustainability concerns either relating to practice income or relating to their premises. Historic payments have been agreed with practices which will be reviewed 2024/25 and the primary care team will also be working closely with practices to understand sustainability concerns in more detail, providing guidance and support with the Local Medical Committee also. There is no dedicated funding allocation available for practices. The national GP Sustainability Loan scheme has been in place since 2018 which is open to all GP Practices who own their building to apply for an interest free sustainability loan up to the value of 20% of their property.</p> <p>The deadline for applications is 31 March 2024, but there has already been guidance issued to confirm that only those payments that have already gone through the extensive legal process will be progressed over the next 12 months. Since the scheme was introduced in 2018, 14 practices have applied from Ayrshire and Arran. Five practices have withdrawn their application, six practices have received their loans and three practices have their application in process.</p>
4.2	<p>Human Resources</p> <p>GP workforce remains a risk with a number of GPs retiring or choosing to leave the profession. There is ongoing work with current GPs and also trainees to make GP roles as attractive as possible in Ayrshire and Arran.</p> <p>The majority of roles within the additional workforce bid aligned to the demonstrator site bid ranges focusses on creating career pathways from schools or colleges.</p> <p>Availability and recruitment of the wider MDT staff and professional groups is becoming more challenging as other Health Board areas also progress their workforce plans.</p> <p>Many of the roles being created within the new service developments are new job roles and require job evaluation ahead of recruitment. Services plan ahead as much as possible when workforce planning, but there can still be significant delays when recruiting to these services.</p>
4.3	<p>Legal</p> <p>None.</p>
4.4	<p>Equality/Socio-Economic</p> <p>The aim through the reformed primary care service is not just to extend life, but aim to reduce the time spent in poor health. Implementing the 2018 GMS contract is an opportunity to mitigate health inequalities where possible.</p>

4.5	<p>Risk</p> <p>Continued sustainability of GP practices is at risk while the new GMS contract is being implemented. For those practices who have highlighted risks to service delivery or workforce availability, the Primary Care Managers carry out bi-monthly meetings with the Practice Manager and GP Practice Quality Lead to understand the practice issues and risks.</p> <p>There is a risk that GP Practices will be unable to recruit to GP or Locum roles due to availability of workforce. The Primary Care Team have supported a number of successful rolling media programmes to promote GP Practices in Ayrshire and Arran and will continue to work with practices to forecast potential vacancies.</p> <p>There is a risk of not being able to implement all aspects of the 2018 GMS contract due to financial constraints and the ability to recruit to additional professional roles to either expand the MDT teams, ensuring sufficient resilience for leave or vacancies within each of the services.</p>
4.6	<p>Community Wealth Building</p> <p>The wellbeing of people and communities is core to the aims and successes of Community Planning. The Primary Care Improvement Plan, delivered as an integral part of the Wellbeing Deliver Plan, Integration Authorities Strategic Commissioning Plan of both the NHS and Council, will contribute to support this wellbeing agenda.</p>
4.7	<p>Key Priorities</p> <p>The strategy and programme outlined in this report will assist the IJB to deliver the following Strategic Objectives from its Strategic Plan to:</p> <ul style="list-style-type: none"> • Provide early and effective support • Improve mental and physical health and wellbeing • Develop and support our workforce
5.	<p>CONSULTATION</p> <p>Consultation has taken place through the Primary Care structures involving all stakeholders across each HSCPs and GP Sub Committee.</p> <p>Ongoing communication with all stakeholders and the population will be critical as implementation and reform progresses post COVID-19 arrangements and challenges.</p>

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07 March 2024

North Ayrshire Integration Joint Board 9 May 2024

Subject : **Primary Urgent Care Update**

Purpose : This report aims to provide an update to the Integration Joint Board (IJB) on the provision of primary urgent care services delivered through the Ayrshire Urgent Care Service (AUCS). This report also updates on innovative pathways developed and tested throughout 2023.

Recommendation : It is recommended that the Integration Joint Board:

- a) Note the progress of the Urgent Care agenda across Ayrshire and Arran
- b) Note the increased activity within AUCS as a result of the new pathways introduced to ensure patient care is delivered as close to home as possible

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	
ANP	Advanced Nurse Practitioner
APP	Advanced Practice Paramedic
AUCS	Ayrshire Urgent Care Service
COPD	Chronic Obstructive Pulmonary Disease
ESMH	Emergency Services Mental Health
FNC	Flow Navigation Centre
GP	General Practitioner / General Practice
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
NHS AA	NHS Ayrshire & Arran
OOH	Out of Hours
PLT	Protected Learning Time
RRR	Rapid Respiratory Response
SARCS	Sexual Assault Response Co-Ordination Service
SAS	Scottish Ambulance Service

1.	EXECUTIVE SUMMARY
1.1	AUCS operates 7 days per week 24 hours a day as a GP led Flow Navigation Centre (FNC). Further information on this unique joint approach and the development and growth of pathways are outlined in this report.
1.2	This paper provides an overview of the activity of the service, including new innovative pathways in operation to support an improved patient journey, with continued focus on community based services. The data presented demonstrates the effectiveness of the service avoiding hospital attendances or avoidable admission to hospital which has better outcomes for patients.
1.3	The success of the new pathways and ways of working is a result of good working relationships across Ayrshire and Arran and wider system partners including NHS 24, Scottish Ambulance Service (SAS), Police Scotland, as well as strengthened connections with GP practices and Community Pharmacy. All new service developments are created in partnership across clinical and managerial leadership teams from relevant stakeholders.
1.4	Ayrshire and Arran were invited to attend the Winter Summit in August 2023 which was focussed on working together to develop winter resilience plans with health and social care partnership colleagues, COSLA and Scottish Government. This was an opportunity to share our approach in developing primary and community led pathways within urgent care which support patients to be receive their care as close to home as possible.
1.5	The Cabinet Secretary for NHS Recovery, Health and Social Care visited AUCS in October 2023 to meet the teams and get an overview of Ayrshire and Arran's 24/7 community urgent and out of hours care system. The presentation outlined the successes of managing urgent care demand through to community pathways and provided an opportunity to share the drivers for change, successes and challenges to achieve the right outcomes for patients the first time.
1.6	This report has also been presented to: <ul style="list-style-type: none"> • East Ayrshire IJB – 20 March 2024 • NHS Ayrshire & Arran Board – 26 March 2024 • South Ayrshire IJB – 3 April 2024
2.	BACKGROUND
2.1	The Public Bodies (Joint Working) Scotland Act 2014 provides a legislative framework for the delivery of Primary Care Services in Scotland with powers and duties delegated variously to both the NHS Board and the IJBs. Through these arrangements the three Ayrshire IJBs commission, through Directions, NHS Ayrshire & Arran (NHSAA) to provide Primary Care Services.

	<p>This includes provision of Out of Hours (OOH) Primary Care Services through AUCS. This is delivered through the Director of East Ayrshire Health and Social Care Partnership (HSCP) in a lead partnership arrangement. In addition, NHSAA directly commission East Ayrshire HSCP to conduct Primary Care Contracting on behalf of the Board, this being a function that cannot be delegated to IJBs at this time.</p>
2.2	<p>AUCS fulfils the vision of developing a multi-disciplinary integrated approach to OOH services in Ayrshire. AUCS continues to build on the unique 24/7 model which incorporates OOH and FNC through continuous review of all pathways to evaluate efficiency and effectiveness to create and sustain fully person centred pathways for all patients, getting the right care in the right place at the right time.</p>
3.	<p>PROPOSALS</p>
3.1	<p>Service Overview and Activity</p> <p>There are various services and pathways included within AUCS, some of which are available 24/7 and others during the OOH period (Monday to Friday 6 pm – 8 am and Saturday/Sunday). The OOH District Nursing and OOH Social Work teams are managed through East Ayrshire HSCP and the OOH Mental Health Crisis Team who are managed through North Ayrshire HSCP. All other pathways and services are supported within the current AUCS management structure. This includes pathways such as SAS Call before Convey, Emergency Services Mental Health Pathway and the Palliative End of Life Support line, all of which operate on a 24/7 basis.</p> <p>Call handling service - The call handing service has the highest volume of activity within the OOH service, when acting as the single point of contact for various services across East, North and South Ayrshire HSCPs. It includes calls from families and patients trying to reach, Care at home, Social work and District Nursing Services. During January – December 2023 the service saw an increase in calls 5743 (4967 in 2022) reflecting an additional 776 calls per month.</p> <p>GP Out of Hours Service – The OOH service is accessed via calls to NHS24 111 which are then passed to AUCS with a priority based on clinical need of one, two or four hours. Throughout 2023 the monthly average of contacts was 9448; an increase of 948 monthly from the 8500 contacts reported for 2022. Proportionately 55% of workload comes through the NHS 24 pathway; the remaining 45% from the other pathways supported through AUCS.</p> <p>All patients that are referred to AUCS OOH from NHS 24 go through a full clinical assessment within the triage time set by NHS 24 with an outcome of either:</p> <ul style="list-style-type: none"> • Self-Care • A prescription issued for collection at local pharmacy • An Appointment at a local Primary Care Urgent Care Centre • A home visit undertaken by GPs / Advanced Nurse Practitioners in dedicated cars with driver support colleagues.

In 2022 the service reported an average 89% of patients being clinically assessed within the set timeframe from NHS 24. This has increased to 92% for 2023 and reflects improvements to pathways and clinical resources with a consistent number of clinicians actively undertaking sessional shifts with the service. Factors impacting this performance includes periods of high demand where clinicians will prioritise the most vulnerable patients, including calls received with one and two hour response times, and patients who are non-contactable for several hours following receipt of the case from NHS24.

A non-urgent patient transport service is available to take patients to OOH urgent care centres, in Ayr, Kilmarnock or Irvine if they have no other means of transport. All clinicians are aware of the criteria outlined below of this resource which is fully funded by the service:

- Those who are deemed to need further clinical assessment at hospital on a non-urgent basis and are not suffering from conditions that are life threatening or deemed as an emergency
- Patients who have been assessed face to face, virtually or via telephone by a clinical member of GP practice or AUCS clinical staff
- Patients who have no alternative means of transport to the requested destination

Ayrshire and Arran covers an expansive caseload due to patients living in rural areas with infrequent / limited access to public transport, who particularly benefit from this element of patient transport. In 2023 there were a total of 1640 journeys recorded. It should be noted that this service also supports GP Practices and both hospital front doors where an ambulance is not required, and the patient has no means of transport.

The use of patient transport has also reduced the number of home visits required to be undertaken by a mobile clinician. This has allowed the service to adjust and flex the workforce to other areas of demand.

The 'clinical triage first model' for all out of hours calls from NHS 24 remains in place. This results on average 56% of calls closed off remotely through 2023; an increase of 10% from the previous year. The majority of remote consultations will relate to pharmaceutical enquiries, a change in symptoms or clinical advice.

The remote first model reduces the number of urgent care home visits and centre appointments across the three sites, prioritising face to face assessment time for those most in clinical need. It should be noted that a full clinical remote assessment can still take 15 minutes therefore robust clinical capacity is still required.

Further extended data analysis has been carried out during 2023 which has provided the AUCS management team greater insight into the service delivery model required to meet projected seasonal demand. This has enabled the implementation of two model types - Spring/Summer (1 April – 31 October) and Autumn/Winter (1 November – 31 March) which ensures safe delivery of all services.

This has allowed a flex in workforce to the busier months and weekends utilising the resource from the reduced spring/summer model.

The current model relies heavily on GP engagement for service delivery. In 2023 an additional 41 GPs joined the services from within Ayrshire and Arran, but also other NHS Board areas.

111 Emergency Department/Minor Injuries – patients who think they require to attend the Emergency Department are directed to contact NHS 24 (111) for their urgent care needs as a first point of contact. NHS 24 assess the patient’s needs and then route patients who require further assessment to the FNC operational within AUCS over the 24/7 period. The Senior Clinician, usually a GP, will clinically assess the patient remotely and determine the best outcome through the most appropriate care pathway which could include:

- Closed as assessment and care provided by a clinician over the phone with self-care advice
- Directed to their GP practice (during in-hours)
- Scheduled for a home visit by an AUCS clinician (during out of hours)
- Appointed to a Primary Care Treatment Centre (during out of hours)
- Onward refer to a community service and
- Appointment at the Minor Injury Unit

OOH District Nursing Team - continues to operate within the main AUCS hub at University Crosshouse Hospital to provide planned and urgent community based care to patients including palliative care where necessary. In October 2023 the professional management arrangements for the service were transitioned to East Ayrshire HSCP.

Throughout 2023 there has been an increase in patient referrals into the service with an average of 1900 per month compared to 1500 during the previous year.

Pan Ayrshire OOH Social Work Team - a range of Senior Practitioners and sessional social work staff ensure the delivery of a professional out of hours response to the immediate needs of individuals and families across all social work services, including those considered as vulnerable or at risk. Established links with Police Scotland, Health and Education services remain a constant with the team.

Throughout 2023 the service has seen an increase in referrals to 715 referrals per month. In 2022 this was 561 referrals. OOH Social Work colleagues have highlighted that the number of referrals received in 2023 matches that of 2019 however the complexity and needs of referrals has significantly increased.

Mental Health Crisis Team - continues to operate as part of AUCS in the OOH period providing urgent access to relevant community mental health services. The Mental Health Crisis Team support a range of services out with AUCS in the OOH period with a consistent average of 150 calls via NHS 24 / AUCS on a monthly basis throughout 2023, matching the average seen in 2022.

COVID-19 Therapeutic Service - the service has been delivered through AUCS since December 2021 within the Community Clinical Treatment Centre. This supports a specific cohort of patients deemed as very high risk of progression to severe disease and/or death if they develop COVID symptoms and test positive for the virus and therefore require intervention in the form of COVID therapeutics.

Whilst the frequency of COVID outbreaks has reduced throughout the past 12 months, the criteria of people identified as potentially eligible has increased with those newly eligible having been notified by letter with information on how to access this treatment locally as part of their care. There remains a facility for patients to self-refer or via their GP if they think they are eligible for treatment.

The table below shows a breakdown of referrals throughout 2023:

Year	Referrals	Receiving Antiviral Treatment	Later Admitted to acute hospital for further Covid-19 related illness
2022	1784	901	10
2023	625	423	6

The COVID Therapeutic Service was funded in 2022/23 and 2023/24 on a non-recurring basis utilising bank and vaccination staff. The model is flexed up and down to meet demand on a week to week basis. Discussions are ongoing regarding how this service will be taken forward and funded in 2024/25.

National Hub - Sexual Assault Response Coordination Service (SARCS) self-referral service – AUCS continues to act as the National Hub for all SARCS self-referrals Scotland wide, working in collaboration with NHS 24 and ensuring that all referrals, regardless of where the person is in Scotland, are managed within agreed timescales.

The Hub operates 24/7 and ensures that all referrals from NHS 24 are triaged and directed to the appropriate Board pathway. The Hub delivers a back office function without the need to speak to the person self-referring into the service.

Between the period of 1 April 2023 and 26 February 2024, a total of 334 referrals were processed by the National Hub (297 x acute; 32 x historic; 5 x 13-15yr old). A similar number to the previous year of 387 referrals (328 x acute; 33 x historic; 6 x 13-15yr old).

Whilst there is no clearly identifiable trend to enable forecasting the volume of self-referrals being received on particular days / times, peaks in October / November 2022 and 2023 were noted.

Strong relationships have developed with NHS 24 and national SARCS Policy Unit colleagues within Scottish Government through regular engagement to share learning, identify emerging issues with solution focussed discussions.

It was recognised as part of the bid to host this national service that Ayrshire and Arran had a robust infrastructure in place 24/7. The only additionality required were two Agenda for Change Band 2 call handlers to bolster that cohort of staff. Non-recurring national funding has been agreed to fund this.

Care and Nursing Home Pathway – as reported previously, this pathway provides direct access to the FNC within AUCS during the OOH period as an alternative to the NHS 24 process, reducing delays by using NHS 24 route and replicating in hours service by a care home's own GP practice. Direct calls to the FNC for clinical advice / assessment reached 3963 in 2023; an increase of 1331 from the previous year.

This local model has seen 8% of calls through this pathway attending hospital with only 3% going on to be admitted. This compares to admittance rates via SAS 999 of 22% and NHS 24 16%. The pathway through AUCS allows access to all community pathways under the 24/7 FNC and has contributed to and maintains around a 30% reduction in SAS attended calls for care home residents since the 2019 baseline.

Referral process in place for GP Practices - to schedule Minor Injury Appointments via the FNC where patient transport can also be arranged. This has reduced the number of ambulances being requested and the majority of patients are seen within the minor injury unit around their appointment time therefore reducing the crowding in Emergency Departments. There were 703 GP Practice referrals to the FNC through 2023, which also includes any referrals from GP Practices to request a revisit or patient follow up from a clinician in the OOH period. This reflects a reduction of 202 referrals from the previous year.

Emergency Services Mental Health (ESMH) Pathway - was fully launched on 30 May 2022 following a successful pilot in early 2022. SAS and Police Scotland refer mental health related calls which do not require emergency medical intervention to the FNC. This 24/7 service is a whole life pathway with no upper or lower age limits.

This process involves the FNC facilitating the call to the Emergency Mental Health Team for initial assessment which includes conversations with the referrer and the patient, after which a joint decision is made about whether an in-person mental health assessment is needed, either at the patient's own home or a specific location within the community. This is a more individualised and person-centred approach, providing the right care in the right place at the right time, and reduces pressure and capacity on Police Scotland, SAS and the Emergency Department teams as well as the opportunity for ongoing follow up within the community.

In 2023 a total of 1882 calls were received: an increase of 150% from the 748 calls in 2022. Calls are routed via the FNC to the Emergency Mental Health Team from Police Scotland or SAS. These patients would otherwise have formerly been conveyed to the Emergency Departments by Police Scotland or SAS which was not always the most appropriate place for the specific care needed by these vulnerable individuals. Plans are underway to establish an Urgent Mental Health assessment unit within the Woodland View hospital site. The unit will provide short stay beds for patients requiring further assessment for a period of up to 72 hours.

Scottish Ambulance Service (SAS) Call before Convey Pathway – the pathway for SAS crews attending calls or reviewing calls on their dispatch screens to consider what input and support the FNC could provide has been fully embedded with positive feedback from crews. AUCS clinicians have continued to attend to confirm life extinct for non-suspicious deaths for SAS and Police Scotland which helps our emergency services to prioritise patients with life threatening conditions.

In 2023 there were 3291 referrals to AUCS from SAS, of which only 9% went on to be referred to hospital as final outcome. Approximately 91% of referrals didn't require a SAS crew to convey to the hospital front door (2022 data – 1730 calls and 10% went on to be transferred to hospital). It is noted that 30% of the Call before Convey contacts with AUCS are between 8am and 6pm at weekends.

AUCS clinicians are able to access hospital clinical systems, emergency care summary, and previous encounters with AUCS. This provides greater insight to the landscape of a patient's needs and allows more robust assessment of individual risk. SAS contact with patients is not reported back to general practice whereas all referrals logged via the FNC are recorded via the FNC clinical system (Adatastra) and reported back to general practice. This allows visibility for the GP Practice to follow up where appropriate.

Rapid Respiratory Response Service (RRR) - Ayrshire and Arran has the second highest Chronic Obstructive Pulmonary Disease (COPD) rate in Scotland with emergency COPD admissions 34% longer than other emergency admissions. The vision for this service which used a targeted and data driven approach to service delivery is to enable patients to remain at home whenever possible.

The aim of this service is to:

- Provide specialist respiratory support during exacerbations
- Improve patient's ability and confidence to self-manage symptoms
- Support earlier discharge from hospital

An initial cohort of 17 GP practices able to refer to the pathway have identified a reduction of COPD related attendances to hospital reduce by 50%. Recent recurring funding will support the service to expand to a pan-Ayrshire model collaborating with all 53 GP practices making it available to all 11,835 patients currently diagnosed with COPD.

Community Pharmacy - a dedicated professional to professional pathway into AUCS in the OOH period should a patient present at community pharmacy and the Pharmacist is unable to fully treat them or needs support from a senior clinical decision maker from FNC. If a senior clinical decision maker is not available, a call back to the patient will be arranged within an agreed timeframe with the Pharmacist. Prior to this pathway, patients would normally be directed to NHS 24 if community pharmacy were unable to help therefore reducing the amount of services the patient has to navigate through.

This pathway is still in development with learning gathered routinely – a total of 719 patient referrals have been received into FNC from Community Pharmacy in 2023 which is an increase from 614 in 2022.

Protected Learning Time (PLT) – throughout 2023 AUCS provided clinical and operational support for 12 x five hour sessions of PLT. Each block of three sessions enabled an average of 50 Ayrshire and Arran GP Practices to deliver protected learning time for primary care staff, safe in the knowledge that urgent contacts were managed by AUCS. This has proved to be a valuable service to primary care colleagues and arrangements have been agreed to continue throughout 2024.

3.2 **Additional Improvement Projects**

Palliative End of Life Support Line - this new call handling service went live on 7 October 2023 and was created to facilitate a single point of contact for palliative patients in their last 30 days of life through the FNC using existing call handling services. The service is designed to enable timely management of unscheduled care episodes for palliative patients in the community and to address care needs effectively in their usual place of residence and prevent hospital admissions which may not be of benefit to them. A total of 39 patients have been referred to the service between 7 October 2023 and 31 December 2023. Work continues to scope what a 24 hour telephone support service could like for the benefit of patients, their families and carers aligned to wider community services.

Test of Change: Appointing to Community Pharmacy – an appointment system with a community pharmacy in the Maybole / Carrick catchment area was successfully tested for ten weeks from 9 December 2023 to 10 February 2024. A total of 18 appointment slots were made available each Saturday for common conditions such as sore throats, ears, and suspected chest infections for persons over five years of age.

This additional resource provided a person centred, local appointment to patients and allowed AUCS clinicians time to focus on more complex patients within centres. The pathway also encourages members of the public to utilise Pharmacy First, with the support of AUCS if clinical treatment is out with the scope of the Community Pharmacist. A robust review of the impact and benefits of this test of change is ongoing.

	<p>Test of Change: Support to GP Practice Home Visits 1600-2200 weekday evenings – it was highlighted that GP practices required additional support for patients who contacted them after 3pm and had been clinically assessed as requiring a home visit and were safe to wait a maximum of four hours to speak to a clinician. AUCS facilitated a test of change for eligible patients initially with only four GP practices. The scope gradually expanded and now includes a total of 25 GP practices.</p> <p>Over the 11 week period from 11 December 2023 to 23 February 2024, demand increased steadily, from five home visits in the first week to 27 in the final week. Work continues to identify the full benefits and impact of this service, as well as further data analysis in respect of widening the scope to further general practice clusters.</p> <p>SAS Advanced Prescribing Paramedics (APPs) - AUCS is hosting six APPs over a 14 week period which commenced on 4 December 2023. This is aimed at supporting development of a learning framework for OOH services which further bolsters the relationship between AUCS and SAS.</p>
3.3	<p>Quality</p> <p>The further development of reporting mechanisms to provide assurance on the delivery of safe, effective, person centred care in line with the dimensions of the quality strategy has supported processes to fully investigate complaints and adverse incidents. This ensures lessons learned are identified and necessary changes and improvements implemented to mitigate any recurring issues across the service.</p> <p>The FNC supports a number of pathways to wrap the professional services around the patient with an average 1644 calls per month over and above OOH activity. It is noted that only 25% (411) of the calls received via FNC attend hospital within 48 hours. The remaining 1,233 are assessed and treated via services within AUCS or navigated back to community services. This has also been linked to the sustained reduced level of Emergency Department attendances post pandemic.</p> <p>The FNC operates with one clinician and call operator 8am to midnight 7 days per week. The model fully integrates with the wider OOH team during the OOH period. Moving to a 24/7 service with multiple pathways there was also a requirement to increase the number of shift team managers to ensure sufficient management oversight as well as increased clinical support to ensure the pathways operate efficiently and safely. Discussions are ongoing to finalise the funding for 2024/25.</p>
3.4	<p>Next Steps</p> <p>The main aim for AUCS is to provide a prompt and seamless experience for citizens across Ayrshire and Arran as well as an opportunity to schedule an appointment or home visit when necessary. Clinicians and administration staff within the service feedback on a daily basis that patients are happy with their outcome either when they receive a scheduled appointment or are directed to the right service first time, and often at home.</p>

	<p>The teams will continue to build on the core OOH service and create innovative solutions to challenges through engagement with the workforce and stakeholders. Commitment to adopting continued learning, improvement and development to ensure the most efficient and effective service delivery model and services in light of the data informed knowledge that demand, overall activity and patient need for urgent care continues to evolve.</p> <p>Continuous review of current and new pathways must be undertaken to evaluate impact and effectiveness to ensure improved patient journeys.</p> <p>Creative and innovative response to emerging challenges within our region should continue to play a part in the service ethos.</p> <p>Collaborative work with a wide range of individuals and agencies, including acute and community professionals, stakeholders including patients, their families and carers, will continue in order to achieve the vision of providing the right care in the right place at the right time.</p>
<p>3.5</p>	<p>Anticipated Outcomes</p> <p>The main aim for AUCS is to provide a prompt and seamless experience for citizens across Ayrshire and Arran as well as an opportunity to schedule an appointment or home visit when necessary. Clinicians and administration staff within the service feedback on a daily basis that patients are happy with their outcome either when they receive a scheduled appointment or are directed to the right service first time, and often at home.</p> <p>The learning to date offers important opportunities seen in the context of the aim of the Caring for Ayrshire programme which is to design a fully integrated system wide approach to ensure people are able to access the right care at the right time in the right place.</p>
<p>3.6</p>	<p>Measuring Impact</p> <p>Continuous review of all new pathways is undertaken to evaluate impact and effectiveness to ensure improved patient journeys which will benefit citizens of Ayrshire and Arran to access appropriate care at the point of contact wherever possible.</p>
<p>4.</p>	<p>IMPLICATIONS</p>
<p>4.1</p>	<p><u>Financial</u></p> <p>The AUCS budget was originally set in 2016/17 based on activity at that time.</p>

	<p>Despite the gradual increase of activity, which has been consistently 20% in 2022 and 2023, the service has continued to manage within budget, working efficiently and re-designing where possible using data and trends to match the required workforce to demand.</p> <p>Due to unfunded additional public holidays in 2023, increasing GP pay rates, and an increased workforce required during peak demand times, this has been an extremely challenging year to manage within budget and has required tight budget management week to week. The service will end the year within budget due to vacancies in the management team and reallocation of funds from wider service budgets.</p> <p>Further discussions will take place in collaboration with other system partners and to determine the future of the FNC model beyond 31 March 2024 and funding to support this.</p> <p>A review of the COVID-19 Therapeutics Service is currently ongoing nationally to understand future resource requirements beyond 31 March 2024.</p>
4.2	<p><u>Human Resources</u></p> <p>A range of staff engagement sessions sharing data and themes in relation to the AUCS service delivery model and resources has successfully informed changes which will be tested during 2024/25 to ensure best practice and best value.</p> <p>Throughout 2023 AUCS has consistently improved on the projected shift cover reported to the Scottish Government on a weekly basis. The average shift cover projection is 92%, with actual shift cover average improving to 95%. This reflects the improvements in take-up of shifts with commitment from the spectrum of clinicians working within AUCS. In previous years this was as low as 43% at times.</p> <p>Recent developments have seen the senior management workforce model strengthened along with a wider multi-disciplinary team approach to deliver core urgent care services to patients.</p>
4.3	<p><u>Legal</u></p> <p>None.</p>
4.4	<p><u>Equality/Socio-Economic</u></p> <p>Changes to how urgent care services are accessed may positively impact patients who have reduced mobility or multi co-morbidities where travel can be difficult as there will not be a need to travel, and the infection risk will be reduced. Current and future users of urgent care will continue to access all services through NHS 24 / 111 route. This will ensure patients are seen in the right place with the right team at the right time. Access will remain unchanged for all emergency care needs and access to GPs will remain unchanged.</p>

	<p>The suite of current and new pathways in response to emerging challenges and issues allow for more seamless care by healthcare professionals for patients who try to access urgent care rather than patients trying to navigate various systems or having various ‘touch points’ across the system.</p>
4.5	<p><u>Risk</u></p> <p>Like most other NHS Boards, the ability to fill sessional GP shifts remains a consistent risk to service delivery. By utilising a multi-disciplinary clinical team providing OOH services along with the recruitment of GPs with Extended Roles who work between primary and urgent care, this core workforce mitigates the risk of solely using sessional GPs.</p> <p>There is a risk to the future of the FNC model and impact on the hospital front doors if sustained funding can’t be identified beyond 31 March 2024.</p> <p>The AUCS OOH component of the service has seen an increase of 20% in activity and there has been no update to core funding since 2016. Demand and funding associated to match clinical capacity will require close monitoring on an ongoing basis.</p>
4.6	<p><u>Community Wealth Building</u></p> <p>The wellbeing of people and communities continues to be core to the aims and successes of Community Planning. Ensuring we deliver the right care in the right place at the right time, is an integral part of the Wellbeing Delivery Plan, Integration Authorities Strategic Commissioning Plan of both the NHS and Council, will contribute to support this wellbeing agenda.</p>
4.7	<p><u>Key Priorities</u></p> <p>The strategy and programme outlined in this report will assist the IJB to deliver the following Strategic Objectives from its Strategic Plan to:</p> <ul style="list-style-type: none"> • Provide early and effective support • Improve mental and physical health and wellbeing • Develop and support our workforce
5.	CONSULTATION
5.1	<p>NHS Ayrshire & Arran has an ongoing commitment to engage with the public through television, radio and social media as well as in a range of community venues. AUCS will continue to participate in appropriate platforms and events to publicise how to access pathways available within AUCS and ensure that people are supported to access the right care at the right time at the right place.</p>



AUCS will continue to actively engage with and seek the assistance of the wider services with pathway design and expand the use of the FNC as a central hub. The management team is fully engaged with the National Urgent and Unscheduled Care Collaborative and work continues to respond to emerging barriers and challenges to the citizens of Ayrshire and Arran.

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7 March 2024

Integration Joint Board 9 May 2024

Subject : **Dental Services Update**

Purpose : This paper is presented to update members of the North Ayrshire Integration Joint Board (IJB) of the current position of dental services.

The paper also outlines the actions and measures that have been taken forward in the last six months to further sustain service delivery as well as the current status with the ongoing review for the vision of dentistry across Ayrshire and Arran.

Recommendation : Members of the Integration Joint Board are asked to:

- i. Note the current position of access to dental services across Ayrshire and Arran.
- ii. Note the ongoing review work to establish clear aims and objectives for the vision for dentistry across Ayrshire and Arran.

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

Glossary of Terms	
AGP	Aerosol Generating Procedures
DBC	Dental Body Corporates
DHSW	Dental Health Support Worker
EU	European Union
GDC	General Dental Council
GDP	General Dental Practitioner
GDS	General Dental Service
HIS	Health Improvement Scotland
HSCP	Health and Social Care Partnership
IJB	Integration Joint Board
NAHSCP	North Ayrshire Health and Social Care Partnership
NHS AA	NHS Ayrshire & Arran
OOH	Out of Hours
PDS	Public Dental Service
SIMD1	Scottish Index of Multiple Deprivation (ranking – 1 as most deprived)

1.	EXECUTIVE SUMMARY
1.1	<p>Previous updates to the IJBs and NHS Board highlighted the risks associated with dental access and the wider impact on general health, especially to those in vulnerable groups and those in deprived areas.</p> <p>Although General Dental Services (GDS) remains a risk to due to workforce availability and financial sustainability, the Dental Management Team have not noticed any significant shift in demand or increased risk following the last update in August 2023. There has been a focus on business continuity and trigger tool approaches to understand as early as possible if a practice is going into difficulty. The processes and tools that have been put in place has allowed greater understanding at a practice level.</p> <p>Overall there has been an increase in the number of General Dental Practitioners (GDPs) who are accepting new registrations although there are waiting lists. Initial feedback from the new payment structure has been positive, but as this has only been in place since November 2023, it will take until around May 2024 to measure the impact of this.</p> <p>The Public Dental Service (PDS) continues to be a safety net service for those patients who cannot access their own GDP in an emergency, or are not registered. Although there is variation month to month, demand is not increasing at the rate that was anticipated to the PDS.</p> <p>It was proposed in 2023 the service may need to consider introducing dental access centres, but the current demand, as well as local intelligence from the GDPs has not indicated a need for these at this stage.</p> <p>Recognising the workforce and access challenges, as well as the opportunity to enhance what we can deliver in Ayrshire and Arran collectively across all dental services, representatives from the Dental Management Team, Public Health, Area Dental Professional Committee and clinicians working across the service have engaged in a programme of work from December 2023 to consider the future vision and ambitious service model.</p>
1.2	<p>This report has also been presented to:</p> <ul style="list-style-type: none"> i. East Ayrshire IJB – 20 March 2024 ii. NHS Ayrshire & Arran Board – 25 March 2024 iii. South Ayrshire IJB – 3 April 2024

2.	BACKGROUND
2.1	<p>The Public Bodies (Joint Working) Scotland Act 2014 provides a legislative framework for the delivery of Primary Care Services in Scotland. East Ayrshire Health and Social Care Partnership (HSCP), through Lead HSCP arrangements, are responsible for the delivery of Primary Care Services across Ayrshire and Arran. In addition NHS Ayrshire & Arran directly commission East Ayrshire HSCP to conduct Primary Care Contracting on behalf of the Board, this being a function that cannot be delegated to IJBs at this time.</p>
2.2	<p>NHS GDS is typically the first point of contact for NHS dental treatment for patients within the community. People register with a dentist in order to receive the full range of NHS treatment available under GDS</p> <p>The PDS acts as both a specialised and safety-net service providing care for individuals who are unable to obtain care through the GDS such as those with special care needs or patients living in areas where there were few NHS dentists providing GDS.</p> <p>Secondary care is a referral based service which supports referrals from medical and dental practitioners. For example, <i>maxillofacial surgery which specialises in</i> the diagnosis and treatment of diseases affecting the mouth, jaws, face and neck. Those patients who are unable or not suited to be treated locally are referred to the General Dental Hospital who not only specialise on oral health care but deliver education and research in West and Central Scotland.</p>
3.	CURRENT POSITION
3.1	The Vision for Dental Services in Ayrshire and Arran
3.1.1	<p>A programme of work commenced in November 2023 to reset the vision and strategy for Dental Services in Ayrshire and Arran.</p> <p>The aim of this work was to allow greater understanding of the population need, the current status of all services within dental, and determine what a future delivery model for dental services in Ayrshire and Arran. There was acknowledgement that the current challenges being faced with workforce retention and access also provided opportunity to ensure our services are in the right place to deliver care wrapped around individuals.</p> <p>Three workshops took place between December 2023 and February 2024. These looked for ways to improve access for patient care within dental practices taking into account views of service providers and users. The workshops included representation from across GDP and PDS services, public health, the dental management team and the Area Dental Professional Committee.</p>

	<p>An agreed purpose was set out from the first workshop to:</p> <ul style="list-style-type: none"> • Develop a clear vision for the service which takes into account both the views of service providers and users • Identify a base level of appropriate and equitable access. • Support patients to manage their oral health for better health outcomes. • Invest in the development of our workforce. <p>In addition to the workshop sessions, public health colleagues led a Health Needs Assessment with a number of focus groups established to understand the needs of the population.</p> <p>A number of early priorities and suggested proposals to think about more integrated care across all the dental services from Public Health, GDP, PDS, and Specialist Services have come out of the workshops. The last workshop only took place at the end of February therefore outputs have not been shared widely with the networks aligned to them. The health needs assessment survey also closed on 29 February and will be used to inform next steps with the proposals.</p>
3.2	<p>Determination 1 – Dental Remuneration</p>
3.2.1	<p>The Scottish Government launched a new dental payment reform on 1 November 2023 - Determination 1, which went live with the stated purpose of supporting the oral health needs of every patient in Scotland.</p> <p>The aim of the reform is to make it easier for patients to understand what treatments are available. To simplify the remuneration for practices themselves, the items list has reduced from 700 to 45 items. All items can now be claimed for both adults and children unless stated otherwise, and there will no longer be a distinction between treatments available to registered and non-registered patients.</p> <p>The new fees also incorporate the Doctors and Dentist Review Body uplift of 6% on fee items and Capitation and Continuing Care payments. This was backdated to 1 April 2023.</p> <p>Patients who pay for treatment will continue to pay 80% of the cost with a maximum fee per treatment now introduced at £384. The revised payment structure was shared as part of a national campaign as well local communication campaigns.</p> <p>There is no data available locally or nationally to determine the impact of the new payment structure, but feedback throughout various forums indicates this has been positive for practices and their income, as well as greater clarity for patients.</p>

3.3	Access in North Ayrshire
3.3.1	<p>Since the last update in August 2023, six of the 28 GDPs listed with the Health Board who are committed to providing NHS care within North Ayrshire are accepting new NHS registrations – four of these are accepting both NHS adults and children with two practices only accepting children. This is an improvement from four practices reported in August 2023, although it should be noted there is a waiting list to first assessment of up to six months, but can be less.</p> <p>The Dental Team continue to keep in regular contact with GDPs to understand in detail the status of their service delivery to be aware of any issues early to be able to resolve and support where possible. The service also continues to prioritise prevention and oral health improvement to reduce the possible burden of dental disease and mitigate the impact of reduced dental access.</p> <p>The Dental Management Team have developed a comprehensive risk and resilience plan which contains a detailed data set and early warning triggers to identify areas which may be at risk of reducing or experiencing challenges in accessing dental services. The plan also sets out the steps that would be taken should a practice or body corporate seek to de-register patients. This includes how the PDS services would re-structure their service provision to maintain a sustainable services as well as support wider access to emergency dental care if required.</p>
3.4	Public Dental Service
3.4.1	<p>The PDS core function operates Monday to Friday with emergency appointment slots available as a safety net for practices who are unable to offer emergency appointments. The service has increased the number of available slots available per month from July 2023 due to a projected increase in demand. There has not always been the workforce to cover these sessions, but on a monthly basis overall, the demand for emergency appointments has not increased, with the exception of December 2023 where there was a slight increase. On average between 127 and 147 patients are seen per month with the majority of attendances being non-registered patients. Only 30% of the total number seen are registered patients seeking to use the service when they can't access their own registered dental practice.</p> <p>The Out of Hours (OOH) service has seen an increase in the number of registered patients attending the weekend emergency dental service for an appointment since August 2023. The service operates Saturday and Sunday 9 am – 3 pm with 44 appointment slots available. Some weekends the service will get near to capacity but has not exceeded capacity. The service has contingency arrangements in place for a stand by team should the reach capacity.</p> <p>The OOH service is accessed via NHS 24 and on review of the national reporting, demand has not increased to NHS 24 from Ayrshire and Arran.</p>

3.5	Wider PDS
3.5.1	<p><u>Prison Service</u></p> <p>The current waiting time is 19 weeks to treatment with 21 patients awaiting treatment. This is an improving position from the previously reported 22 weeks to treatment. Emergency appointments are being seen in the prison and where possible routine work that does not include aerosol generating procedure as the site is still not fit for purpose.</p> <p>The wait time is being impacted due to prisoners not being brought down on time for their appointments at 8:30am. It was agreed the clinic times would commence at 10am. The prison healthcare team are keen to support how the dental team can maximise the clinical session on site as the number of people who can be seen has reduced. There is a plan in place to appoint the 21 patients awaiting assessment and treatment which should in turn further improve the waiting time.</p>
3.5.2	<p><u>Paediatric Service</u></p> <p>The total number of paediatric patients on the waiting list as at end of February 2024 is 1225. The waiting time for this service is 18 weeks to initial assessment and 19 weeks to treatment thereafter. 504 of the 1225 patients currently on the list are awaiting initial assessment – this broken down by locality area below.</p> <ul style="list-style-type: none"> • 154 - South Ayrshire • 194 – North Ayrshire • 156 – East Ayrshire <p>The remaining 721 patients are now on an active treatment plan. Examples of the ongoing treatment plans are noted below:</p> <ul style="list-style-type: none"> • 143 of the 721 patients are waiting to be treated under general anaesthetic at University Hospital Crosshouse. • 420 of the 721 patients are being treated by a dental therapist. These patients will be allocated an appointment at a clinic closest to their home if possible or next available date. • 158 of the 721 are receiving treatment under the Paediatric Senior Dental Officer or a PDS dentist either at North West Kilmarnock or Ayrshire Central Hospital sites.
3.5.3	<p><u>Sedation Service</u></p> <p>The number of patients currently waiting for treatment under the PDS sedation service is 171 compared to 74 in August 2023. Work continues with local GDPs to confirm if there any alternative methods to support patients due to the number of patients now waiting.</p>

3.5.4	<p><u>Domiciliary Service</u></p> <p>There are currently 29 patients awaiting treatment with routine lists growing month on month. This is slightly higher than 27 patients that was reported previously in August 2023.</p>
3.5.5	<p><u>Adults with Additional Support Needs</u></p> <p>There are currently 26 patients awaiting treatment. This is slightly higher than 19 patients that was reported previously in August 2023.</p> <p>As the service continue to keep protected emergency slots available on each of the three PDS sites, this does impact on the activity that can be scheduled. It is also difficult to quantify how long emergencies can take which also impacts on the actual clinical capacity available for routine work.</p>
3.5.6	<p><u>Oral Health Prevention</u></p> <p>Oral Health prevention is a key priority across Ayrshire and Arran. The Oral Health Improvement Team continue to strengthen links within the community, delivering local training programmes, educating the population on good oral health practices with a priority on prevention and providing support for local groups and events.</p> <p>The team deliver training and interventions for priority groups following recognised national training programmes. The training programmes are tailored to individual needs of the population within each of the priority groups.</p> <p>At a population level this includes:</p> <ul style="list-style-type: none"> • Providing training materials for nursery, primary and secondary schools (these can be borrowed free of charge) • Promoting how the benefits of good oral health can improve general health via training and social media • Actively participate in National Oral Health Improvement initiatives such as National Smile Month and Mouth Cancer Action Month. <p>In addition, directed support targeting priority groups in greatest need through:</p> <ul style="list-style-type: none"> • Deliver the Caring for Smiles programme to every care home in Ayrshire • Provide Caring for Smiles training for care home staff • Provide Mouth Matters training and interventions for prisoners and prison staff • Provide Open Wide training and interventions for adults with additional needs • Provide Smile4Life training and interventions for homeless/addictions

	<ul style="list-style-type: none"> • Facilitate a referral service (Dental Access Programme) for homeless/addictions to the Public Dental Service • Deliver bespoke training and interventions for children with additional needs <p>During April and December 2023 there were 328 training sessions carried out involving 6,395 individual staff. There has also been agreement with HMP Kilmarnock to resume the oral health support programme for prisoners. A start for this has still to be agreed.</p>
3.5.7	<p><u>Childsmile Programme</u></p> <p>The Childsmile Toothbrushing Programme is a supervised programme aimed at helping children develop an important life skill at an early age, supporting positive development in their immediate social and physical environment. Across Ayrshire the program is delivered in:-</p> <ul style="list-style-type: none"> • 135 Early Years/nursery schools • 9 Additional Support Needs (ASN) schools • 98 Primary 1 & 2 classes in all priority primary schools. <p>- Current School year August 2023 – June 2024</p> <p>The Childsmile Fluoride Varnish Programme is delivered in all priority Early Years/nursery schools and primary schools from age 2 through to P4, again targeted to areas of highest dental decay and deprivation. Fluoride varnish is applied to participating children twice in the academic year.</p> <p>The Childsmile team also have a dedicated team of Dental Health Support Workers (DHSW) who support family’s additional support and oral health advice.</p> <p>In total 6,641 children have received one fluoride varnish application between August 2023 and January 2024.</p> <p>A breakdown of the number of schools visited is noted below:</p> <ul style="list-style-type: none"> • 42 in East Ayrshire – 11 still to complete before submission in early June. • 50 in North Ayrshire – with 20 still to complete before end of May • 42 in South Ayrshire – with 11 still to complete before end of May <p>A total of 1,288 children receiving fluoride varnish were then offered additional support from the Childsmile team.</p> <p>Following the COVID-19 pandemic the Childsmile Programme was given additional funding by Scottish Government to reduce oral health inequalities and to specifically target 0 - 5 year olds in SIMD1 areas and ethnic minority groups.</p>

	For 2023/24 a total of 554 children were identified under this programme and offered support by the Childsmile Dental Health Support Workers. They contacted the families, signposted them to dental services, assisted with dental registration and offered oral health advice.
3.6	Key Priorities 2024/25
3.6.1	<p>To support sustainability of services, the priorities will be:</p> <ul style="list-style-type: none"> • Continue to ensure the appropriate skill mix and workforce to maintain core PDS provision for vulnerable populations to access these referral based services. • Continue to explore organisational resilience and how necessary processes could be supported and expedited such as recruitment and procurement. • Identification of funding sources and financial incentives for recruitment, retention and ongoing service provision. • Continuing to prioritise prevention and oral health improvement to reduce the possible burden of dental disease and mitigate the impact of reduced dental access.
3.7	Anticipated Outcomes
3.7.1	<p>The main aim for dental services is to provide a prompt and seamless experience for citizens across Ayrshire and Arran as well as support people’s ongoing oral health needs.</p> <p>The learning to date offers important opportunities seen in the context of the aim of the Caring for Ayrshire programme which is to design a fully integrated system wide approach to ensure people are able to access the right care at the right time in the right place.</p>
3.8	Measuring Impact
3.8.1	Continuous review of general dental services and public dental services is undertaken to evaluate impact and effectiveness to ensure improved patient journeys which will benefit citizens of Ayrshire and Arran to access appropriate care.
4.	IMPLICATIONS
4.1	<p><u>Financial</u></p> <p>There is still a financial risk that a large body corporate organisation could de-register large numbers of patients and the NHS Board would be responsible for their dental care.</p> <p>Due to the current financial position, it is unlikely there will be ready available funds to quickly step up dental centres or scale the PDS up to cope with the demand without</p>

	<p>additional financial investment. The Dental Management team are in regular contact with GDPs to assess their financial sustainability and any expected risk would be escalated via the local governance route.</p> <p>Unscheduled care is one of the main drivers for long waiting lists across GDPs and PDS. As noted above under the vision work that is being taken forward, there is consensus across the dental professional groups that a consistent access route for emergencies would relieve the pressure across all services. The plan for this will be taken forward under the reform work, but would require investment.</p>
4.2	<p><u>Human Resources</u></p> <p>There continues to be a national risk with dental recruitment due to availability of workforce. There was a pause in dental students progressing through the Universities across Scotland during the COVID-19 pandemic, due to the restrictions imposed. This pause meant that dental students did not graduate for one year, and therefore left numerous Associate posts unfilled. This, coupled with a number of practitioners choosing to retire early due to the pandemic and uncertainty in the profession has resulted in a decrease in workforce. Despite the challenges, the PDS has recently recruited a dental practitioner based on Arran.</p> <p>As dental recruitment is a widespread issue across the country there is greater competition in recruitment, with many practitioners choosing to stay closer to cities rather than moving to Ayrshire and Arran. Brexit has also impacted the balance of practitioners in Scotland, as fewer individuals are choosing the UK as a place to work and many have chosen to leave the UK and return to the EU.</p> <p>The General Dental Council (GDC) had suspended their Overseas Registration Exam for a period of over two years, meaning that any inflow of clinicians from other parts of the world has stopped. The Overseas Registration Exam has now recently restarted, but, since the process takes several months or years to complete, this will not be an immediate or short term solution.</p> <p>There is also a risk in recruiting Dental Nurses due to a number leaving the profession during the pandemic. Feedback is the current pay structures for a trainee Dental Nurse in GDP is not attractive against the other competing job opportunities currently available.</p> <p>The service has increased the number of training places from 15 to 18 on the dental nurse training programme. This is a Modern Apprenticeship programme for trainee Dental Nurses in Ayrshire and Arran, enabling them to gain the required professional qualification which meets the GDC criteria for mandatory registration as a fully qualified Dental Nurse.</p>

4.3	<p><u>Legal</u></p> <p>None.</p>
4.4	<p><u>Equality/Socio-Economic</u></p> <p>There is a risk that those who already experience socio-economic deprivation will be disproportionately affected by dental access issues as they will be unable to pay for private dental care. The financial and social impacts of additional travel to access dental care should not be underestimated.</p> <p>Comprehensive Equality Impact Assessments will be in place for any service developments and equality should be a primary driver in the work to secure dental access.</p>
4.5	<p><u>Risk</u></p> <p>Sustainability of Public Dental Services - The uncertainty of GDS will continue put the sustainability of PDS at risk. This impacts on PDS being able to deliver on all aspects of the PDS. Long waits across GDP practices may result in an increase in registered and unregistered patients attempting to access emergency dental care via OOH and PDS.</p>
4.6	<p><u>Community Wealth Building</u></p> <p>The wellbeing of people and communities is core to the aims and successes of Community Planning.</p> <p>Ensuring we sustain access to NHS dental services for our citizens in Ayrshire and Arran is an integral part of the Wellbeing Delivery Plan, Integration Authorities Strategic Commissioning Plan of both the NHS and Council, will contribute to support this wellbeing agenda.</p>
4.7	<p><u>Key Priorities</u></p> <p>The strategy and programme outlined in this report will assist the IJB to deliver the following Strategic Objectives from its Strategic Plan to:</p> <ul style="list-style-type: none"> • Provide early and effective support • Improve mental and physical health and wellbeing • Develop and support our workforce
5.	<p>CONSULTATION</p>
5.1	<p>Consultation has taken place through current structures across dental services as well as regular engagement with the Area Dental Professional Committee.</p>

	<p>Ongoing communication with all Stakeholders and the population will be critical as implementation and reform progresses. No public consultation is planned at this time, but should the need for public consultation arise, due process will be followed in line with service guidelines and governance structures.</p>
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07 March 2024

North Ayrshire Integration Joint Board 9th May 2024

Subject: **Brighter Pathways: Re-Modelling Care Options**

Purpose: To update the IJB on the programme of work and current pressures on placement availability and alternative care for any child and young person in the looked after system. These challenges are not unique to North Ayrshire and compounded by a number of factors which are outlined in the report.

Recommendation: The Integration Joint Board are asked to:

- Note the Brighter Pathways programme of work and proposals to address the pressure areas with service developments and alternative resources to prevent high costs residential resources for children and young people.
- Note the intention to build capacity and provide more local resources and choice to young people who require to be looked after with increased family-based care and alternative options for young people leaving care.
- Note the review of current service provision to ensure it meets current context, changing landscape of the care system and the demographic young people and families.

Direction Required to Council, Health Board or Both <i>(where Directions are required, please complete Directions Template)</i>	Direction to: -	
	1. No Direction Required	X
	2. North Ayrshire Council	
	3. NHS Ayrshire & Arran	
	4. North Ayrshire Council and NHS Ayrshire & Arran	

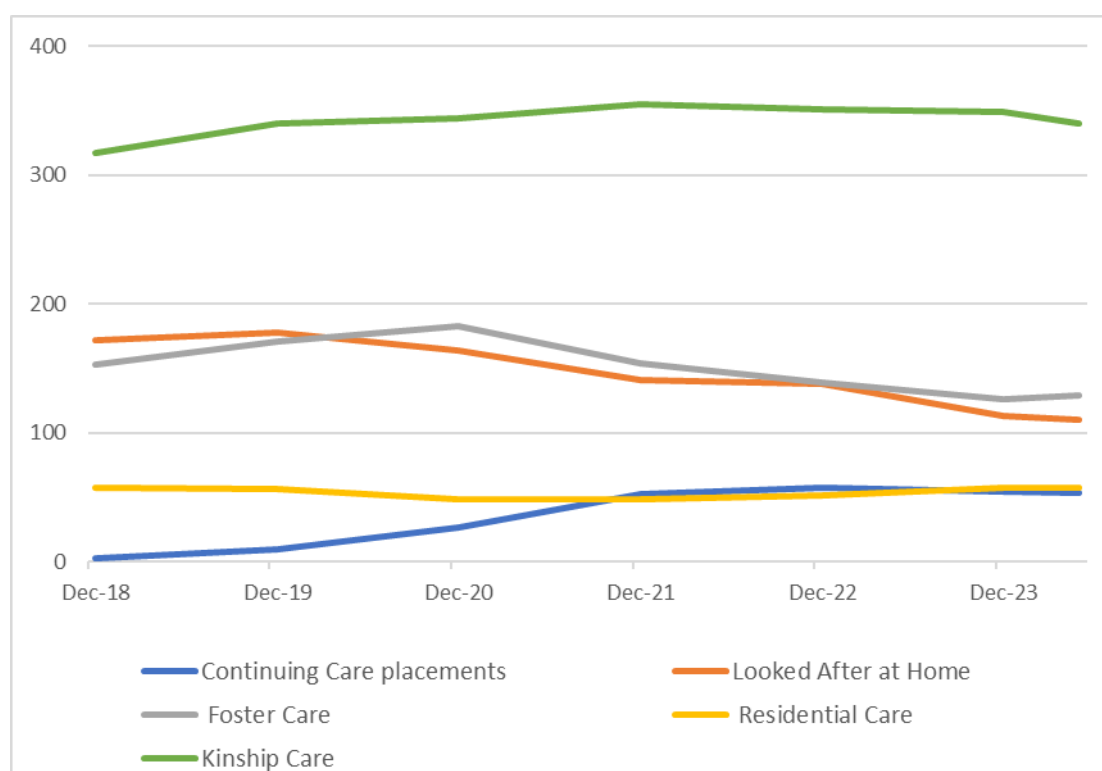
Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
HSCP	Health and Social Care Partnership

1.	EXECUTIVE SUMMARY
1.1	<p>The HSCP have embarked on a programme of work to address the current challenges associated with resources and accommodation for looked after and care experienced young people. A Programme Manager has been appointed and will work alongside a Planning Manager and Senior Management, to deliver and support the transformational change over the next two years. A Programme Board has been established and chaired by the Chief Social Work Officer, Scott Hunter with membership from key stakeholders and Corporate Parents, to provide strategic leadership and governance to support the workstreams and allocate resources where required.</p> <p>There are consolidated evidence-based messages from local authorities that there is significant challenges and pressures across the system which has been growing for some time prior to the mandation of the National Transfer Scheme in 2021. Indeed, there is a clear message that whilst the volume of Unaccompanied Asylum Seeking (UAS) children and young people arriving has increased the pressure on the system, it has not in isolation caused today's significant pressures in care.</p>
1.2	<p>The Project Board will work jointly with key stakeholders to deliver a significant transformational change agenda, with a focus on shifting the balance of care from high cost purchased residential accommodation to alternative community resources, supported carers, supported accommodation, family placements (foster / kinship care) and to provide support to families in need of intensive support.</p> <p>There is a substantial body of evidence to support the fact that additional tailored flexible support provided to children, young people and their families aimed at keeping young people engaged in their local communities and schools produces better outcomes regarding changed behaviour, active citizenship and keeping families together.</p>
1.3	<p>The work of the Brighter Pathways programme board will be closely aligned with The Promise development plan and the work of the Corporate Parenting Steering Group which is responsible for overseeing the six Corporate Parenting duties and each corporate parent upholds the rights and safeguard the wellbeing of Care Experienced people.</p> <p>It is proposed the transformational change and service developments will be delivered through establishing focussed workstreams on the following areas:</p> <ol style="list-style-type: none"> 1. Housing and Throughcare 2. Fostering and Kinship 3. Education including Residential School Placements 4. Internal Children's Houses – Model of Care 5. Early Intervention and Crisis/Intensive Support Pathways 6. Strategic Needs Assessment/Data/Workforce 7. Best Practice Models and Research

2. BACKGROUND

2.1 Children's Placements

Overall, the number of Looked After Children has steadily reduced over the last few years but the numbers in residential care have not followed the same trend, and the number of requests for Continuing Care has increased significantly. Positively the number of Kinship placements has increased over the same period. The graphs below illustrate the movement/trends since 2018.



Residential Care

At present within North Ayrshire Health and Social Care Partnership there is a significant overspend associated with Children's Residential Placements, over £5m across the HSCP and Education. The overspend predominately relates to costly External Residential Placements.

We started 2024 with 32 external placements. These placements are costly and do not always deliver the best outcomes for children, young people, and their families. Overall, the number of Looked After Children has reduced over the last few years but the numbers in residential care have not followed the same trend, and the number of requests for Continuing Care has increased significantly, at present we have 53 Children and Young People in Continuing Care, it is predicted that the number of Children receiving Continuing Care will continue to rise, resulting in older children

staying longer within Residential Care settings. The HSCP acknowledge that some children will always require more specialist resources due to their needs and complexity and in some situations an external residential placement will be unavoidable.

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 over occupancy for some time, at points in the last year we have had 39 young people within the houses, leading to increased use of external placements where residential care is required.
- We have limited availability of alternative care provision and community options, supported carers or supported accommodation options within North Ayrshire.
- Acute crisis in recruitment and retention of foster carers within North Ayrshire which has created capacity issues and limited family-based options for children and reliance on external fostering providers or residential care.
- The requirement to support Unaccompanied Asylum-Seeking Children (UASC) under the National Transfer Scheme and to support trafficked young people who have been identified in North Ayrshire. We currently have 31 young people living within North Ayrshire, across both our residential houses and semi-independent living who have come to us through these routes.
- 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 in most cases is shared 50/50 with Education services.

The landscape and demographic of young people in residential care has shifted with an increase in young people aged sixteen and above with a high number requesting continuing care which supports them to remain in residential houses until they are aged 21. This changing landscape is a result of Continuing Care legislation and Staying Put Guidance for Local Authorities and other Corporate Parents which promotes supporting looked after children and young people to remain in care, as part of a staged transition towards adulthood and greater independence.

Unaccompanied Asylum-Seeking Children/Trafficked Young People

Unaccompanied asylum-seeking children (UASC) and separated migrant children under the age of 18 who have been trafficked to Scotland, are looked after and accommodated by local authorities as children in need under Section 25 of the Children (Scotland) Act 1995.

Over the last few years there has been an increase in young people coming to North Ayrshire through the mandation of National Transfer Scheme in 2021. There are currently 12 Unaccompanied Asylum-Seeking Children and Trafficked Young People

in residential care and 19 who are supported in the community in shared tenancies, 1 in supported care. There has also been an increase in Trafficked Young People, 7 have been supported and provided accommodation in residential care. Trafficked young people are spontaneous arrivals and the local authority is required to identify appropriate accommodation for these young people at short notice as the notification is usually through out of hours social work and there is lack of opportunity to plan and resource accommodation options.

North Ayrshire receives funding from the Home Office for young people placed via the National Transfer Scheme, this is set at £1,001 per week for young people under 18 and £270 per week for young people over 18. The HSCP receive a lesser payment of £798 per week for a child who presents spontaneously (trafficked child) in the area. Funding from the Home Office falls far short for the costs associated with residential care for young people under 18 and is significantly lower for young people who remain in residential care under continuing care post 18.

North Ayrshire is proud of the support that we offer displaced and disadvantaged young people and we are committed to supporting these young people into adulthood and support their asylum process, educational needs and their transition from residential care to semi-independent or independent living.

North Ayrshire is not alone in facing these challenges, the Scottish Government recently undertook a scoping exercise working with areas across Scotland to better understand the pressures on the care system and the impact of responding to the needs of UASC. The report highlighted the significant lack of placement availability, which is compounded by the number of children arriving, the impact of continuing care, a decline in the number of foster carers, reduction in internal residential capacity, restrictions on residential capacity, growing pressures on stretched social work teams and a lack of suitable move on accommodation due to housing pressures. This often leads to extremely high costs due to increased use of costly external placements.

Family Based Care

Kinship Care

There has been significant progress and increasing numbers of children in kinship care in North Ayrshire and this is being explored at an early stage with families which is supported further by the Signs of Safety approach, kinship care is the preferred and first option for children who require alternative care which aligns to the HSCP Kinship Care Strategy and the ethos of The Promise. Kinship options are being explored and are continually considered throughout a child/young person's care journey and before a permanence plan is agreed.

There are currently 340 children in kinship care placements supported by the HSCP.

Foster Care

As at 31 March 2024 the fostering service had 72 fostering households who care for 131 children, the service has approved 5 family and friends' carers and 11 short break carers who offer support to the main foster carers.

There are also 9 children placed with external fostering providers.

During the period from 2019 until 2023, there were 16 interim carers approved by the fostering services, in the same timescale 31 carers were de-registered.

The acute crisis in foster care recruitment and retention has been widely documented and the significant shortfall of foster carers is having an impact on Independent Fostering Providers and Local Authorities across Scotland and the UK. Within North Ayrshire there has been more de-registrations than approvals of new carers which has created pressures resulting in fostering being a diminishing resource for children of all ages. As result of continuing care young people are choosing to stay with their foster carer until aged 21 which prevents them from caring for any other children.

The biggest challenge facing the fostering sector is the retention and recruitment of high-quality foster carers who can meet the needs of children in care.

In addition, the fostering service has not accommodated any young people over the age of 12 since 2020. There is lack of capacity or pool of carers who have been assessed/approved to provide care to teenagers and the current enhanced carers are at capacity and placement limit.

Due to capacity issues and lack of recruitment of carers willing to care for children over the age of 12, fostering services have become a resource mainly for children under 12 and any enquiries/alerts for older children for a fostering placement from the community can't be resourced, with a reliance on them being accommodated in residential care. The service is reporting challenges with resourcing external fostering provision due to them also facing significant challenges with recruitment.

The Scottish Government are acutely aware of the foster carer crisis, there is much work in progress by the Scottish Government who formed a group around a year ago on the back of the staying together and connected implementation group and all the gaps identified in achieving the sibling's legislation (The Children (Scotland) Act 2020 and the Looked After Children (Scotland) Amendment Regulations 2021). The Scottish Government are currently consulting with practitioners, through two Association Fostering Kinship and Adoption Forums and carers currently and there are a number of key areas that are likely to be taken forward with a focus on both recruitment and retention.

There were only 196 applications to Foster across Scotland in 2023, a 4.8% decrease from the previous year and the lowest in 6 years, research by The Fostering Network has indicated 12 per cent of foster carers retire or leave every year and that another 500 foster families are required across Scotland.

Factors impacting on Recruitment/Retention:

- Increase in home/agile working and spare room used as an office.
- Inflation/Cost of living crisis/allowances – NAHSCP paid higher than National Minimum allowances Scottish Government introduced – apart from 16plus – Flat rate £400 per week.
- New minimum allowance unlikely to have a significant impact in recruitment/retention.
- Financial risks associated with fostering (secure employment & pension), no income if no children in your care.
- Fostering not financially viable if only have one child at £400 per week, annual income of £20,800 (tax free).
- Fewer young people leaving home lack of spare bedrooms.
- Carers retiring, age and stage of life, carer burnout.

In light of these challenges, in retaining and recruiting foster carers and the impact on children when family-based care is not available, this is an area of significant concern to the HSCP and the current fostering schemes will be reviewed to consider allowances, contractual short breaks, training and support within the workstream and recommendations made to the Programme Board to support the retention and recruitment of foster carers within North Ayrshire.

Transformation Programme – Brighter Pathways

There are concerns that lack of local placement availability necessitates children being placed out with their local area and is an increasing concern that the level of displacement will grow further due to lack of local options and capacity.

The current situation with regards to care options and alternative resources for children and young people is very challenging and there is a need for transformational change and to consider different models to support and care for young people and consider re-modelling of current resources with a view to having alternative options for young people moving on from care and to create capacity in the residential houses to prevent children being placed in high cost external resources.

The current position within North Ayrshire is that there is a lack of alternative options to support young people’s transition from residential care to supported care and semi-independent living and them requesting continuing care is an option of choice due to lack of alternative resources/options.

The Brighter Pathways Programme Board has been established. There is a shared awareness with regards to the current pressures and a commitment from all corporate parents and key stakeholders to contribute to the work of the project to deliver services differently and for children and young people to have access to the appropriate resources and supports into adulthood.

The work of the Brighter Pathways programme board will be closely aligned with The Promise development plan and the work of the Corporate Parenting Steering Group which is responsible for overseeing the six Corporate Parenting duties and each corporate parent upholds the rights and safeguard the wellbeing of Care Experienced people.

The transformational change and service developments will be delivered through establishing focussed workstreams to support the Brighter Pathways Programme Board with a focus on the following areas:

1. Housing and Throughcare:
Review the current housing protocol for care leavers and pursue alternative accommodation options to support and prepare young people to transition from residential care to live independently in the community. The workstream will consider the use of supported care and look at models of supported accommodation.
2. Fostering and Kinship
Address the challenges around recruitment and retention of foster carers and a review of current fostering schemes and how we can support and sustain children in family-based care with foster carers and kinship carers and prevent placement disruption and children being placed in internal and external residential care.
3. Education including Residential School Placements
Review the current educational provision for looked after children and to ensure children who are looked after are provided with the appropriate support to sustain them in mainstream education and to prevent additional pressure on their carers/placement if require to be out of school.
4. Internal Children's Houses – Model of Care
Review the current model of care within the four children houses and the changing demographic and increase in young people over sixteen. Consideration will be given to is the current model providing the necessary support to young people to increase capacity for independent living.
5. Early Intervention and Crisis/Intensive Support Pathways
Map out the current supports from early intervention to crisis and intensive support to identify if there are any identified gaps in service provision to support children and families and to ensure that the services and interventions are targeted appropriately to provide early help and more intensive support to prevent children requiring alternative care.
6. Strategic Needs Assessment/Data/Workforce
Explore the current and future demographic and date to inform future resources and staffing levels. The work stream will project and model likely future need of care setting for children and young people.
7. Best Practice Models and Research
This workstream will scope out current models and approaches currently utilised and undertake research and benchmarking with other areas and consider new ways of working to support children and families.

3.	PROPOSALS
3.1	<p>The role of the Programme Board is to provide strategic leadership and oversight to the programme of work, in addition, the Programme Board will:</p> <ul style="list-style-type: none"> • Inform, engage, and take collective action on key issues identified. • Own and be accountable for the delivery of agreed actions. • Resolve strategic issues and remove barriers. • Ensure all members have a shared situational awareness. • Support the work of the project groups and allocate resource where required, and as appropriate.
3.2	<u>Anticipated Outcomes</u>
	<ul style="list-style-type: none"> • To improve local resources and range of choices for young people leaving care. • To improve long term outcomes for young people/ care leavers. • Review current service provision to ensure it meets current context, changing landscape and demographic of young people and families. • Support innovation in supporting children to remain in family-based care, with parents, foster carers or kinship carers. • Review and analyse the effectiveness of the preventative, early intervention and community-based supports for children, young people and families. • Review the model of support and alternatives for UASC/Trafficked young people. • All care experienced children and young people in North Ayrshire grow up feeling loved, safe and respected so they can realise their potential.
3.3	<u>Measuring Impact</u>
	<p>The Project Board will be tracking the progress of work plans or developments within the workstreams.</p> <p>There will be analysis of data and a needs analysis to project future demands for supports and services and how services need to be delivered. This will be an ongoing process that will review all young people within internal and external residential resources and their pathway to a supported community-based alternative or independent living.</p>
4.	IMPLICATIONS
4.1	<p><u>Financial</u></p> <p>As part of the programme of work there will be recommendations for short term investment and future re-alignment of financial support in specific areas with a view to longer term financial sustainability for the IJB. As noted whilst financial outcomes are not the main driver for the change programme which is focussed on quality outcomes for young people and families, there is an underlying overspend of over £5m in</p>

	external residential placements which requires to be addressed, recognising the work and time required to make the changes required the IJB provided for an additional £4m of resource as a budget pressure in 2024-25 to support this cost pressure with an expectation of this reducing over time.
4.2	<p><u>Human Resources</u></p> <p>Any possible impact on staff due to re-modelling or service redesign will be explored fully in the workstreams and project board, affected staff and Human Resources will be consulted.</p>
4.3	<p><u>Legal</u></p> <p>There is legislation and policy that govern looked after and care experienced children and young people and the programme of work will adhere to the legislative frameworks and relevant policies and regulations.</p> <p>Legal services will be consulted on any legal matters that arise throughout the programme of work.</p>
4.4	<p><u>Equality/Socio-Economic</u></p> <p>The aspirations of the programme board are in line with the vision of The Promise to address the inequality of outcomes experienced by our children and young people who have been or are in the care system. If the ambitions of The Promise are realised, not only will there be improved outcomes but also a reduction, and ideally, an elimination of the inequity that exists between care experienced children and young people and children and young people with no experience of care.</p>
4.5	<p><u>Risk</u></p> <p>The programme board has a risk log to identify any identified risks from each service represented on the board.</p> <p>When trying to project and plan resources for looked after children there is an element of uncertainty as children who require alternative care is usually in a crisis situation and their admission to care is unplanned with limited opportunity to plan and seek appropriate resource. Trafficked young people are spontaneous arrivals and it is unknown how many we will need to support in the near future.</p> <p>The current care system we are operating with is under significant pressure with capacity issues within foster care and residential care and limited options to support care leavers. The risk of not embarking on the programme of work and transformational change could lead to increased costs of external provisions and further overspend.</p>
4.6	<p><u>Community Wealth Building</u></p> <p>None.</p>

4.7	<p><u>Key Priorities</u></p> <p>The work of the Programme Board fully aligns and supports the work of the Councils strategic plans:</p> <ul style="list-style-type: none"> • The Promise – Plan 21-24. • The United Nations Convention on the Rights of the Child (UNCRC). • Kinship Care Strategy. • Getting it Right for Every Child (GIRFEC). • North Ayrshire Councils Corporate Parenting Plan 2023-2026. • Children’s Services Plan 2023 -26. <p>The proposal and recommendations support the spirit of The Children and Young People (Scotland) Act 2014, which outlines the need for appropriate accommodation for young people over 16 years of age, to support them to prepare for independent living.</p>
5.	<p>CONSULTATION</p>
	<p>Throughout the programme of work there will be ongoing consultation and collaboration with service areas, national bodies, third sector colleagues and consultation and co-production with service providers, young people, families, and carers.</p>

Caroline Cameron
Director HSCP

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

Appendices

- Appendix No, Title of Document

Integration Joint Board
9th May 2024

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
HIS	Healthcare Improvement Scotland
COSLA	Convention of Scottish Local Authorities
UDP	Ukrainian Displaced People

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										
	<u>National Developments</u>										
3.1	<u>COSLA Excellence Awards</u>										
	<p>Applications for the COSLA Excellence Awards are now open for 2024. These awards recognise the outstanding work that takes place in local government across Scotland. Last year, COSLA received a record number of applications and are hoping to surpass that number once again this year.</p> <p>The are five different categories for the nominations, including <i>Achieving Better Outcomes for the Most Vulnerable in Partnership</i> and <i>Tackling Inequalities and Improving Health and Wellbeing</i> (sponsored by Public Health Scotland). The deadline for applications is 5pm on Monday 3rd June.</p> <p>All the information including FAQs, key dates and last year's winners can be found on COSLA's website. The North Ayrshire HSCP will give due to consideration to nominations for our teams and services.</p>										
3.2	<u>Mental Health Nursing Review</u>										
	<p>Scottish Government has launched a national review of mental health nursing in Scotland: Mental health nursing: review - gov.scot (www.gov.scot).</p> <p>Through a national Leadership Advisory Group HSCPs have been asked to plan local engagement events within the following timeframe:</p> <table border="1" data-bbox="231 1344 1439 1691"> <thead> <tr> <th>Date</th> <th>Activity</th> </tr> </thead> <tbody> <tr> <td>Week 1 to 2 W/C 22/04</td> <td>Identify engagement leads, working collaboratively with the Practitioner Reference Group.</td> </tr> <tr> <td>Week 3 W/C 06/05</td> <td>Coaching Session with facilitators to discuss approach, share engagement pack, and format for feedback</td> </tr> <tr> <td>Weeks 4 to 7 W/C 13/05</td> <td>Conversations take place.</td> </tr> <tr> <td>Week 8 W/C 10/06</td> <td>Collation of local feedback and submission to the Mental Health Nursing Review Team.</td> </tr> </tbody> </table> <p>The partnership will promote this through already planned roadshow events in the coming weeks and the Mental Health Nursing Celebration event planned for May 17th 2024.</p> <p>All other opportunities to engage with nursing staff in the review or promote the national link to the MS Form will be prioritised.</p>	Date	Activity	Week 1 to 2 W/C 22/04	Identify engagement leads, working collaboratively with the Practitioner Reference Group.	Week 3 W/C 06/05	Coaching Session with facilitators to discuss approach, share engagement pack, and format for feedback	Weeks 4 to 7 W/C 13/05	Conversations take place.	Week 8 W/C 10/06	Collation of local feedback and submission to the Mental Health Nursing Review Team.
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3.3	<p><u>Ageing and Frailty Standards - April 2024</u></p>
	<p>Healthcare Improvement Scotland (HIS) are developing standards for the care of older people living with frailty. The proposed standards will replace the current Care of Older People in Hospital standards and will support national improvements in frailty services. They further aim to promote positive, healthy and active ageing and cover older people who may experience frailty as they age and apply in all settings. Feedback on the draft standards are welcomed by completing an online survey. The consultation on the draft standards closes at 11.59pm on 18 June 2024. The final standards will be published in November 2024.</p>
	<p><u>North Ayrshire Developments</u></p>
3.4	<p><u>Holly Health App</u></p>
	<p>People registered with a GP practice in North Ayrshire can now enjoy a year's free access to Holly Health, a mobile app that can support people to make small, achievable changes that could help boost their health and wellbeing. This offer is also open to HSCP providers in North Ayrshire.</p> <p>Using a personalised approach tailored to an individual's health goals, interests and activities, the app can help reduce stress and anxiety, rebuild relationships with food, increase exercise and movement and improve sleep.</p> <p>Holly Health will assist in making small but consistent changes to daily behaviours, helping to build healthier habits, promoting mindfulness and encouraging people to be more kind to themselves.</p> <p>In-app coaching is available through a supportive chat bot system, with friendly, motivational reminders by text or email to keep people on the right track. The app also contains a wealth of useful articles and videos.</p> <p>Funded by NAHSCP, people will initially enjoy six months' free access to the app, before being invited to a further six-month subscription for free once that expires.</p> <p>Sign up by visiting the Holly Health page on our website and clicking on the name of their GP surgery.</p>
3.5	<p><u>Mental Health Engagement Newsletter</u></p>
	<p>The April to August issue of the NAHSCP Mental Health Engagement Newsletter has been published on Microsoft Sway, with up to date info on the engagement work happening throughout the Partnership.</p>

	<p>The newsletter looks at some of the engagement activity that has occurred over the past few months, with updates on upcoming events and how you or your team can get involved.</p>
3.6	<p><u>Relaunch of the North Ayrshire Perinatal Wellbeing Team</u></p> <p>Following increased demands upon the service, the former North Ayrshire Perinatal Mental Health Nursing team within Universal Early Years, has rebranded to the Perinatal Wellbeing Team. The service continues to provide mental health support to expectant and new mums with low level mental health and wellbeing concerns and at any one time, can be supporting between 50 and 60 women.</p> <p>In 2017 the HSCP service was initially established as a single nurse service, focusing on the Kilwinning and Irvine areas. As the Perinatal Mental Health Nurse for the service at the time, supported 62 women in the first year – a clear indication of the demand for perinatal mental health support in the community. Over the following years, demand continued to increase to the point that in 2022, a second Perinatal MH Nurse joined the team followed by one more in 2023. The team is also supported by a Healthcare Support Worker, who provides ongoing support in newly established group sessions, facilitating play and nutrition workshops, and offering additional assistance in homes and communities to support mums and babies to engage fully in community activities.</p> <p>The expansion of the team means that all of North Ayrshire now has support from the team. The team also works closely with the Ayrshire and Arran Perinatal Mental Health service which supports mums with more severe mental health concerns.</p> <p>Over six years, the service has assessed and supported 573 women, primarily through referrals from health visitors, midwives, family nurses and GPs. The Irvine and Kilwinning locality continue to account for the highest number of referrals and demand, constituting approximately 50 per cent of all referrals received.</p> <p>Despite increasing demand, the team remains steadfast in its commitment to uphold the core values of meeting maternal wellbeing needs, combatting mental health stigma and providing empathetic support, while also facilitating connections between mums and with their local communities.</p>
3.7	<p><u>Refugee Support Team – supporting the health needs of asylum seekers, refugees and Ukrainian Displaced People (UDP) in North Ayrshire</u></p> <p>North Ayrshire's HSCP Refugee Support Team was established in May 2023 to provide all newly arrived refugees, asylum seekers and Ukrainian Displaced People (UDP) to North Ayrshire with an initial physical and mental health assessment, migrant screening for TB and Blood Borne Viruses, immunisation support and support to access local primary care services, including GPs and Dentists.</p>

	<p>The team has been working closely with Mears to support asylum seekers and has also recently taken on support to Unaccompanied Asylum Seeker Children (UASC) as part of the UK Government’s asylum dispersal programme.</p>
	<p>To date, 88 adults and 60 children have been supported through screening and health assessments. 97 TB screening forms have been completed and returned to Public Health for assessment and triage and 19 individuals have been supported to access immunisation appointments.</p>
	<p>Outwith the main urban centres for asylum seekers, this service is unique to North Ayrshire and has received positive feedback from across partner agencies. The service is funded until March 2025 with discussions ongoing re future sustainability.</p>
3.8	<p><u>Partnership with National Charity Dads Rock</u></p>
	<p>The Universal Early Years service has partnered with national charity Dads Rock through the Whole Family Wellbeing Fund to bring a dedicated Dads Worker into the existing integrated early years’ service. This is the first role of its kind in Scotland.</p> <p>Due to the differing nature of family structures in modern society Dads that do not reside in the home of the children may at times miss out on engagement with statutory services but still have much to offer and provide great benefit to the children. This role connects with Dads of all circumstances to grow their skills and confidence in providing care and support to their children and families regardless of family composition. By working more with Dads, we are able to create a more scaffolded approach enabling Dads to meet the needs of their families within a support structure that holds them at the centre. Working outside of the traditional model of 9-5, face to face, in-home support this project is more inclusive of modern family structures and the differing family parental dynamics.</p> <p>The Dads Worker came into post in October 2023, and despite only being in post a short time, great results have been achieved already. Over 30 Dads have connected with the Dads Worker, on a 1:1 basis, via the group and informal quick intervention support. A weekly group has been established and the first Dads and kids trip took place in March. Plans are in place to create unique resources such as Dad and Baby sensory sessions, swimming lesson and infant feeding workshops in the coming months.</p> <p>In addition, the worker has been mapping areas across health visiting and community midwifery services which could be reframed to be more inclusive of dads. This has included how we communicate with families and how we involve dads in antenatal classes for example.</p>

3.9 Boost for those with dementia and their families as North Ayrshire respite facility reopens after extensive upgrade

The Anam Cara respite centre in Kilbirnie has re-opened following an extensive refurbishment project.

The specialist dementia respite centre can accommodate up to 9 guests aged 60 years or over, offering critical respite services within single room, en suite accommodation for periods of up to 21 nights.



The service was temporarily relocated to the Taigh Mor site in Beith to allow the service to continue while works were carried out at Anam Cara. The service received a 'very good' rating from the Care Inspectorate after an unannounced visit in February, with the report commending its quality of care and the team's fantastic work in relocating and continuing this vital community support service under challenging circumstances.

The refurbishment project included a complete transformation of the main garden area, including new garden furniture, with a ramp installed from the conservatory to allow better access for guests to enjoy the outdoors. An additional, smaller garden area adjacent to the dining area has also had some landscaping improvements made.



A full revamp of the internal areas of the building has also been carried out, with works including wet wall installation in several of the bathrooms, replacement light fittings with energy-efficient LED bulbs and a full upgrade to the reception area. An archway has been created within the dining area to improve the space, allow better access to the outdoors and create an improved flow for staff moving around the area, and a new boiler and generator have been installed.



New flooring has been installed throughout the ground level, with new décor, furniture and soft furnishings creating a welcoming and homely feel for guests and staff. In addition, new TVs have been located in each room and WiFi connection has been improved throughout the building.

Externally, the building has undergone repairs to the roof, fascias, gutters and roughcast, with new windows in the dining room area.



Artworks for the walls of Anam Cara were very kindly donated by members of both Beith and Irvine camera clubs, featuring recognisable images taken throughout North Ayrshire to help stimulate memories for guests staying at the facility.

3.10 Mental Health and Wellbeing 'Connect' Event

North Ayrshire Health and Social Care Partnership hosted a Mental Health and Wellbeing 'Connect' event on Monday 29 April at Ardeer Community Centre in Stevenston. The event was attended by support services, included stalls and a variety of workshops focussing on a range of mental health topics.

Some of the services who attended the event included VoiceAbility advocacy, North Ayrshire Carers Gateway, the NHS A&A Health Improvement team, the Primary Care Mental Health team, Community Link Workers, North Ayrshire Alcohol and Drug Partnership, the NHS A&A Suicide Prevention team and North Ayrshire Wellbeing and Recovery College.

A series of mental health and wellbeing workshops were held on the day, with attendees having the opportunity to take part in all of these, as well as some creative or active movement taster sessions.

The event registrations sold out and was busy with a good mix of staff, service users and individuals from the community. Feedback was positive with many stating they would like more regular events, with a future request for an event to focus on young people's mental health.

3.11 Supported Carers Recruitment

North Ayrshire Health and Social Care Partnership (NAHSCP) is currently recruiting supported carers who can offer a spare room in their home to a young person who has previously been looked after by the local authority, as well as providing the day-to-day support that a young person needs to grow in confidence and develop the skills they will need to live independently in the future.



Our young people come from a wide range of backgrounds and may be leaving residential schools, children's houses or foster care. They will often have had challenging home and family lives, and just need that extra bit of support to help them achieve in employment, education, developing hobbies and maintaining links with friends and family.

Supported care can also be an option for assisting young people through the National Transfer Scheme for unaccompanied asylum-seeking children, which is supported by North Ayrshire Council.

NAHSCP welcomes enquiries from anyone who is patient, understanding, and has genuine interest in supporting vulnerable young people and providing them with a safe and caring environment.

Supported carers must be 25 years of age or above (there is no upper age limit) and have a spare bedroom (you don't have to own your own home), be single, married, in a civil partnership or co-habiting.

Once approved all carers will receive induction training, followed by ongoing training and support from a qualified social worker. You will also receive an allowance for each young person in your care.

Anyone interested in finding out more about being a supported carer, should visit <https://www.nahscp.org/children-young-people-families/adoption-fostering-short-break-and-kinship-care/supported-care> to find out more about the assessment process and how to apply, or call NAHSCP's Families for Children team on **01294 310300** (option 4 then option 1).

COVID Update

No COVID update.

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]

Appendices
Nil

COMMUNITIES MENTAL HEALTH & WELLBEING FUND

YEAR 1 REPORT & INTERIM DATA YEAR 2

November 2023



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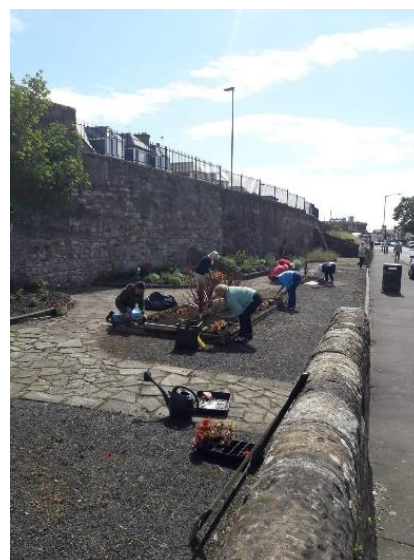
Introduction

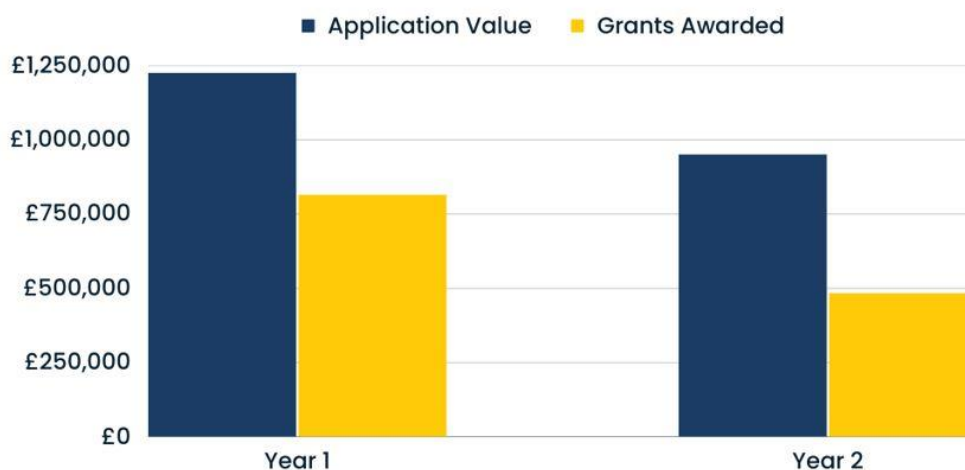
The Scottish Government's Communities Mental Health and Wellbeing Fund for Adults was established in October 2021 and to date has distributed around £36 million to community initiatives supporting mental health and wellbeing across Scotland. A third year of funding (£15 million) was announced in April 2023. The ongoing funding reflects the importance placed on community support as part of the Scottish Government's overall mental health infrastructure. The fund will continue to be distributed by Third Sector Interfaces (TSI) in communities across Scotland.

The Fund has a strong focus on prevention and early intervention and aims to support grass roots community groups in tackling mental health inequalities and addressing the priority issues of social isolation and loneliness, suicide prevention, and tackling poverty and inequality. There will be a continued emphasis in Year 3 on responding to the cost-of-living crisis and on those facing socio-economic disadvantage. The fund aims to take a preventative approach and allow communities to develop their own solutions, including developing stronger partnerships.

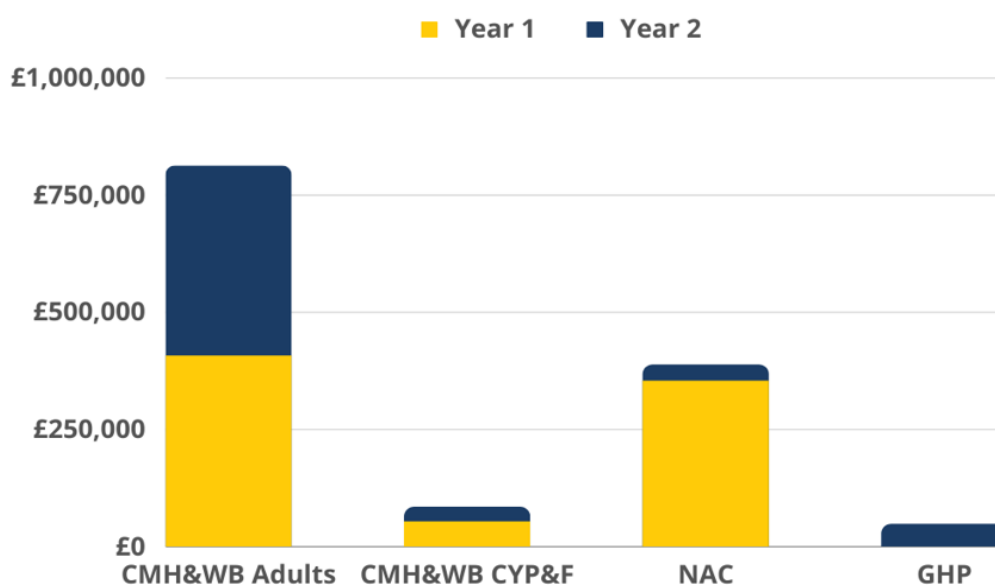
Funds were distributed by Arran Community & Voluntary Service (Arran CVS), as a partner in the Third Sector Interface North Ayrshire with the Ayrshire Community Trust. Arran CVS took the lead in administering the Fund and securing input from the Integration Authority and wider partners throughout. And as the grant holders lead on reporting to national monitoring processes as well as to local evaluation.

In **Year 1**, **61 North Ayrshire projects** collectively received funding to the value **£813,345**, which benefitted significantly from inclusion of **£353,134** in support from **North Ayrshire Council (NAC)**. This was made possible by additional Covid recovery funding, to back high-quality bids which particularly focussed on the local priorities of social isolation, mental wellbeing, and financial inclusion. **£52,999** was received and disbursed in collaboration and a parallel process with the **Children, Families & Young People CMH&WB Fund**. This enabled an estimated **33,000** North Ayrshire residents to benefit from activities that improved their mental health and wellbeing.





In Year 2, due to budget constraints, the level of contribution from NAC was understandably impacted. The Green Health Partnership included provision of a contribution amounting to £46,125 in Year 2, for projects specifically focussed on 'green health' related activity. This resulted in a total of £516,107 being distributed to 55 projects across North Ayrshire. Early monitoring demonstrates that so far, an additional 5,000 North Ayrshire residents have already benefitted from the Year 2 projects.

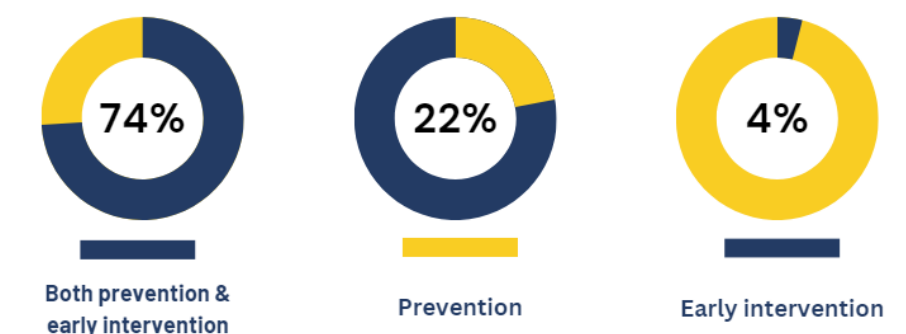


The Communities Mental Health and Wellbeing Fund is a fantastic initiative that supports local community groups and organisations at the heart of their communities. Helping them have a positive impact on the mental health and wellbeing of the population. North Ayrshire Green Health Partnership committed funding to Year 2 of the grant fund as it aligns closely to our vision and aims. Improving the health and wellbeing of the population in North Ayrshire through participation and exploration of North Ayrshires fantastic greenspaces and green health activities. We recognise the ability this fund has in achieving this as well as reducing health inequalities that exist in North Ayrshire and improving biodiversity of those local greenspaces.

David Meechan
Senior Project Officer, Green Health Partnership

The Fund was significantly over-subscribed in both year 1 and 2. Due to the NAC contribution amount in Year 1, 67% of the application value received was paid out, versus 50% in Year 2. Year 2 saw a drop in the total value of applications, which may be due, in part, to the reduction in the maximum grant award, from £50,000 in Year 1, to £20,000 in Year 2. Most of the Year 1 funded projects (74%) focused on **both prevention and early intervention**.

Project Focus – Year 1



Background and Approach – fund management

A Steering Group was formed and led by the Third Sector Interface North Ayrshire. This included a range of representatives from the Health & Social Care Partnership, the NHS, North Ayrshire Council, Third Sector Groups, and people with lived experience of mental health challenges. They came together to provide governance and oversight throughout the process, including agreement and alignment of the local and national priorities to the fund criteria, defining the application, and designing the scrutiny and scoring process. Many of the members became involved in the scoring panels and ultimately determined whether the projects would be funded. The entire process was developed to be both transparent and fair. Calibration sessions were held with each scoring panel and with the wider steering group to ensure consistency of approach and to discuss the projects where scoring was particularly close.

The Year 1 application process was launched across all North Ayrshire localities in October 2021 with a series of online and in-person information sessions for each. One-to-one support from development officers was made available to groups and organisations who required further guidance or support.

The Fund has acted as a mechanism to galvanise communities across North Ayrshire, bringing together people from a wide variety of projects and organisations, with the collective ambition of improving the lives of people in our communities. Sharing learning, resources, and skills, and working collaboratively to improve the reach and outcomes being delivered.

Additional Focus – Inclusion Year 1

TSI North Ayrshire highlighted its commitment to inclusion as part of the roll out of The Communities Mental Health & Wellbeing Fund from Year 1.

Through collaboration with the **North Ayrshire Learning Disabilities team** and **The Scottish Commission for People with Learning Disabilities (SCLD)**, a series of online workshops were held to introduce their **Active, Connected, Included** resource, which is designed to help people with learning disabilities become more included in their communities. Although geared towards people with learning disabilities, the principles can be applied to anyone disadvantaged and feeling excluded. The work done in North Ayrshire in this area was picked up by the Scottish Government after the interim monitoring for Year 1 was submitted and several questions focussing on inclusion, were added to the monitoring returns thereafter for all projects across Scotland.



40% of the Year 1 funded projects in North Ayrshire indicated that they found the **Active, Connected, Included resources to be either Useful or Extremely Useful** in helping them plan their approach and reconsider how they try to ensure their projects are as accessible as possible. This is in line with the attendance levels at the sessions, so further work is still required to **continue to raise the profile of this resource and inclusion more widely.**

Working within Learning Disability services in North Ayrshire, I have been particularly grateful for the opportunity my involvement has created to contribute to weaving the concerns of that population, and of inclusion and accessibility in general, throughout the activity linked to the fund. The opportunity it created for promoting the Active, Connected, Included resources developed by the Scottish Commission for Learning Disabilities (SCLD) was one which has had real impact, and which has been highlighted by SCLD themselves as an exemplar of good practice. I very much hope to see the fund go from strength to strength, enabled by the Scottish Government's visionary leadership in this regard.

Dominic Jarrett
Learning Disabilities Development Manager,
North Ayrshire Health and Social Care Partnership

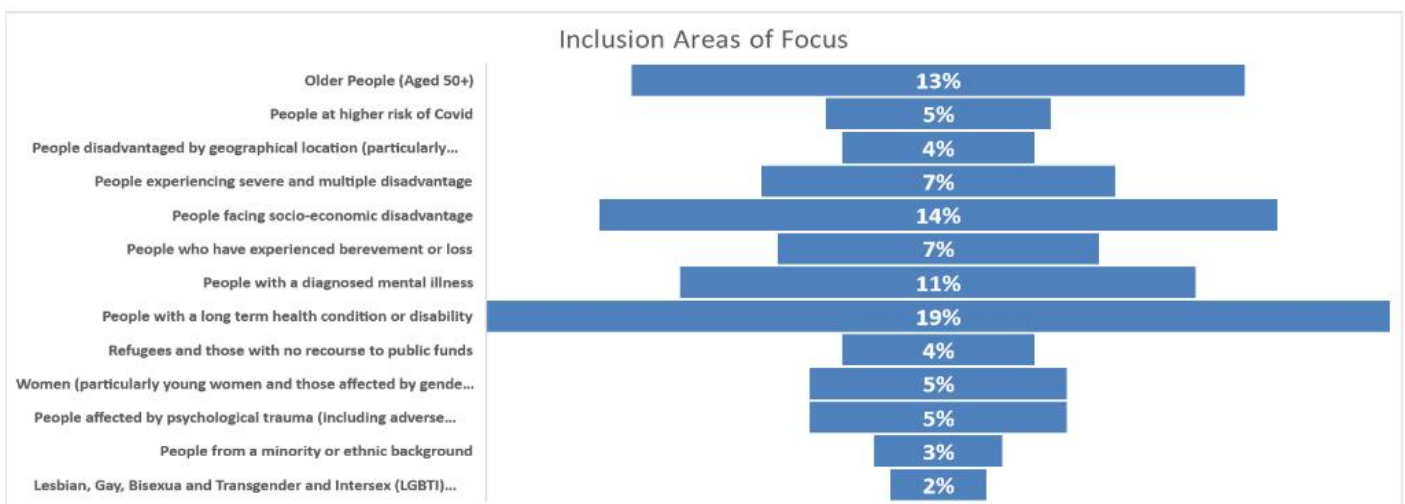
“Due to having limited mobility, we have found that people are often lonely and only have access to a small number of people generally immediate family members. Our rides enable them to be visible within our community, to connect with people and build new and lasting friendships.”

“Having a fully accessible venue and offering supportive transport, removes common barriers to participation.”

“We contacted organisations such as Trindlemoss, Cornerstone and the NAC NHS Integrated Community Learning Disability Team, who were already supporting adults with learning disabilities, liaising with managers to organise the time and date of sessions which could then be shared with communities.”

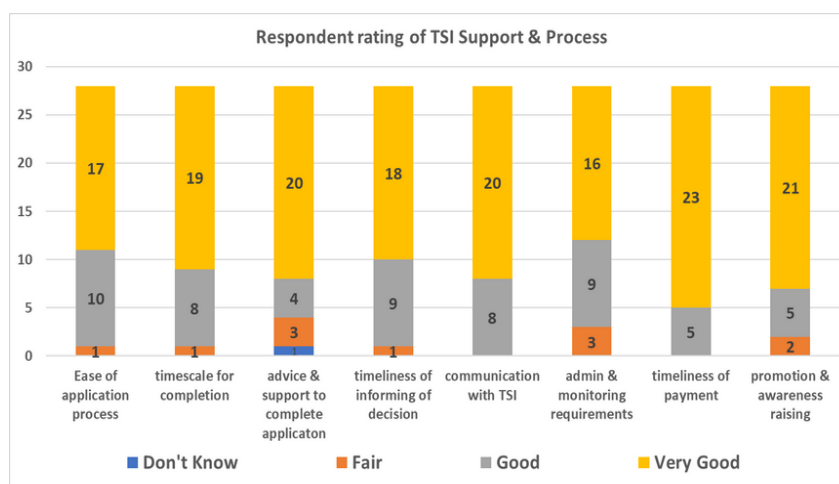
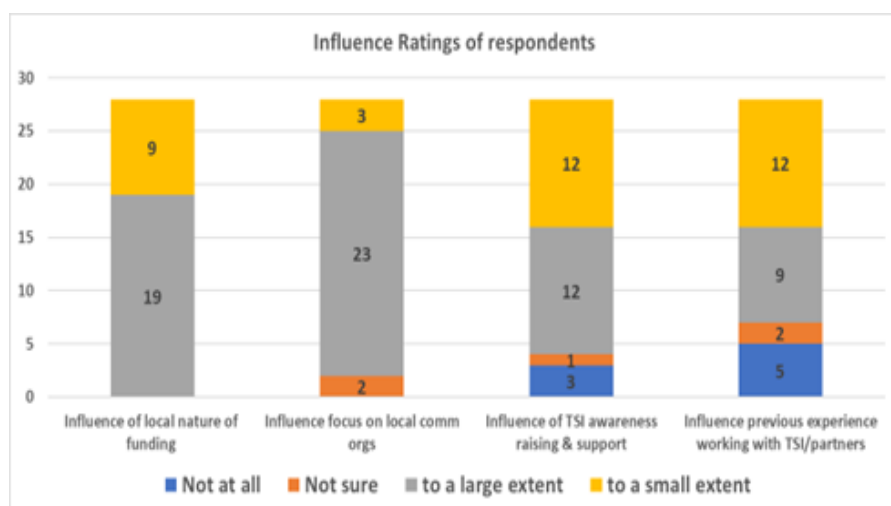
In the final Year 1 monitoring, each project was asked to highlight and provide examples of how they are working to improve inclusion across at least three of the target groups indicated below. The results below indicate the total number of times each area was highlighted.

You can see from the chart that people with a long-term health condition or disability have the largest area of with one in five projects supporting this area.



Independent Evaluation

An independent evaluation report for Year 1*, conducted by Blake Stevenson on behalf of the Scottish Government, highlighted that **96%** of respondents rated their experience of the application process as Good or Very Good, 86% rated the advice & support offered as Good or Very Good and 100% rated communication with the TSI as Good or Very Good. 82% of respondents also stated that they felt they were able to influence the focus on local community organisations to a large extent, with 68% stating they felt they were able to influence the local nature of the funding to a large extent.



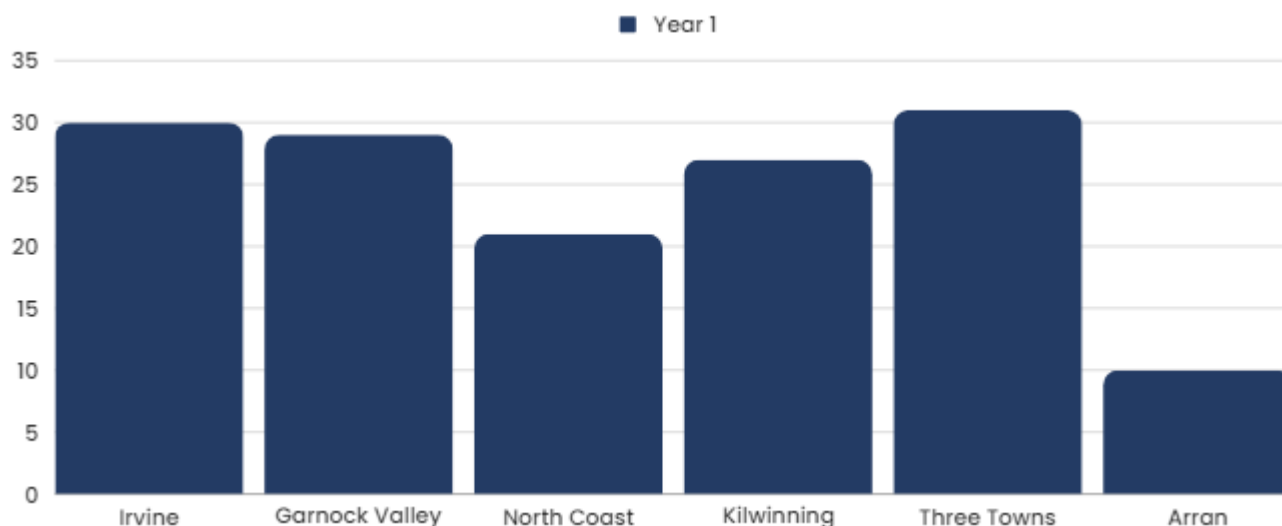
“The TSI-led local partnership model has delivered the Fund creatively and collaboratively to suit local circumstances and need. It has worked well with local partners and increased the capacity of grassroots organisations to deliver services within local communities.”

Evaluation of the Communities Mental Health & Wellbeing Fund for Adults, Scottish Government.

*<https://www.gov.scot/publications/evaluation-communities-mental-health-wellbeing-fund-adults/>

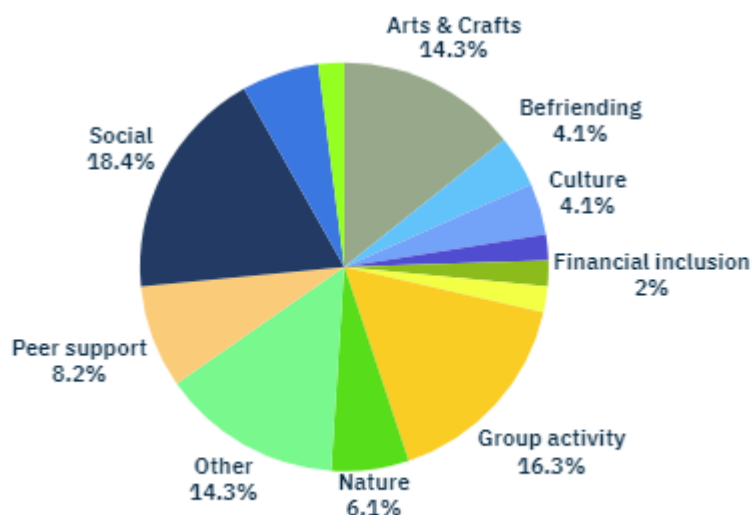
Year 1 Locality Spread & Project Types

In Year 1 almost 45% of the projects funded were completely new projects, with 43% of projects running for between 6 to 12 months and 45% running for more than 12 months. 50% of the projects funded in Year 2 were for continuations of year 1 funded projects.

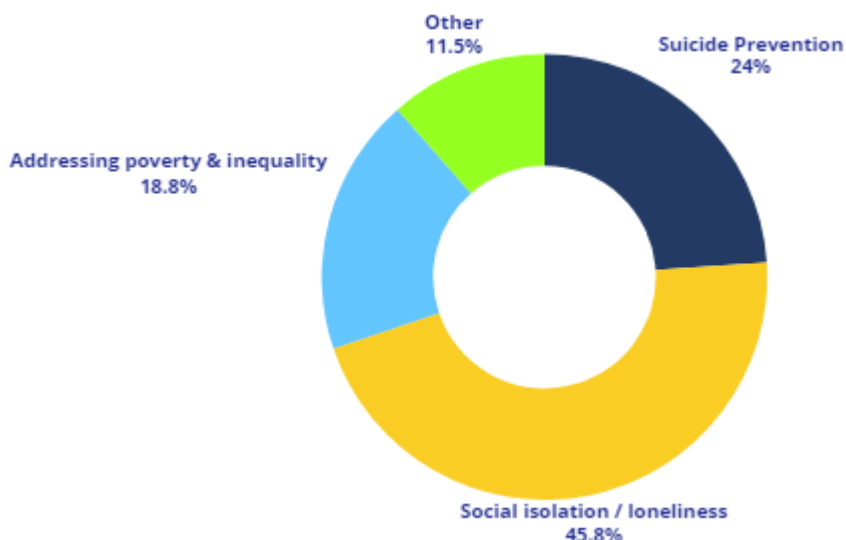


The impact of the Communities Mental Health & Wellbeing Fund has reached right into the heart of communities in North Ayrshire with over **33,000** people directly benefitting from Year 1 funded projects to date, with a good spread of projects offering services across all localities, except for Arran which reflects the size of the population.

A broad variety of projects were funded in Year 1, as illustrated here.



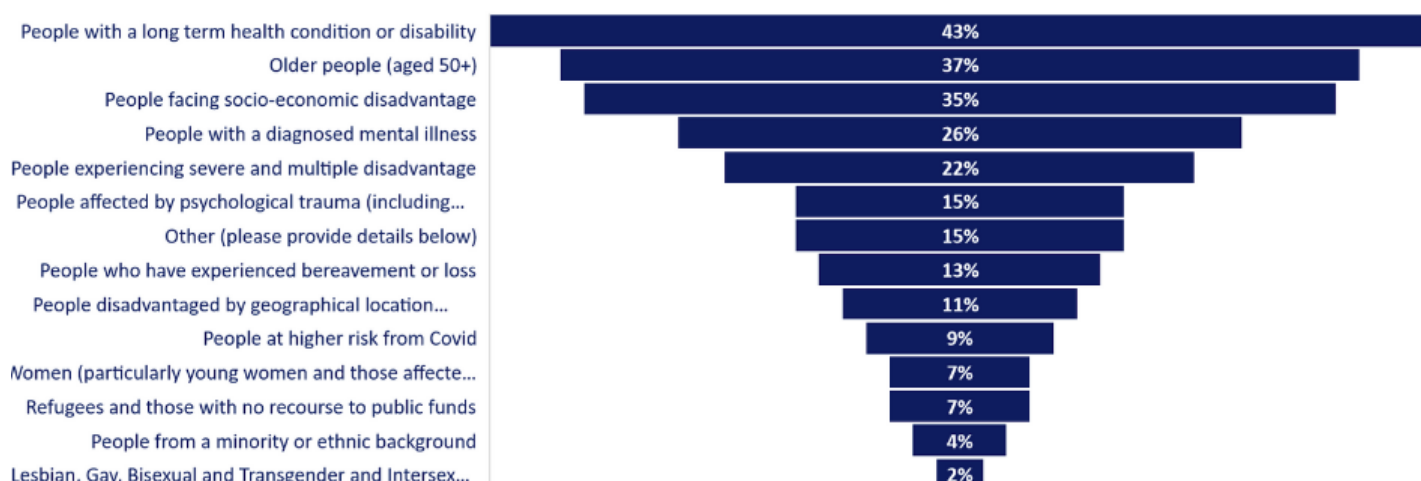
Central to every single project funded, is the powerful impact of human connection, developing meaningful friendships, and providing people with a sense of acceptance, belonging, and understanding.



Year 1 Priorities

The Fund prioritises a range of ‘at risk’ groups. A high percentage of the North Ayrshire Projects are focussed on people with a long-term health condition or disability (43%), older people (37%) and people facing socio-economic or severe and multiple disadvantage (57%). People from minority ethnic backgrounds, and LGBTI communities were under-represented, and this is an area of ongoing and targeted focus for Year 3.

Priority groups benefitting from Year 1 projects



Emerging from the Pandemic

The impact of the Pandemic cannot be under-estimated, and the far-reaching consequences are still being felt today. In Year 1, there was a requirement to only fund new projects, and many organisations experienced challenges engaging with, and gaining the trust of community members. It took patience, persistence, and for many, a change in the language being used around mental health when promoting their services, to coax people back into group situations and to help them to feel safe again.



Ayrshire Film Club

“We have found that many of our visitors and volunteers are very keen to talk about things that are troubling them and have been bottling up through the pandemic.”

“When it comes to mental health, we so over-complicate the solution. So often people just need to make one meaningful connection or friendship which can turn their life around.”

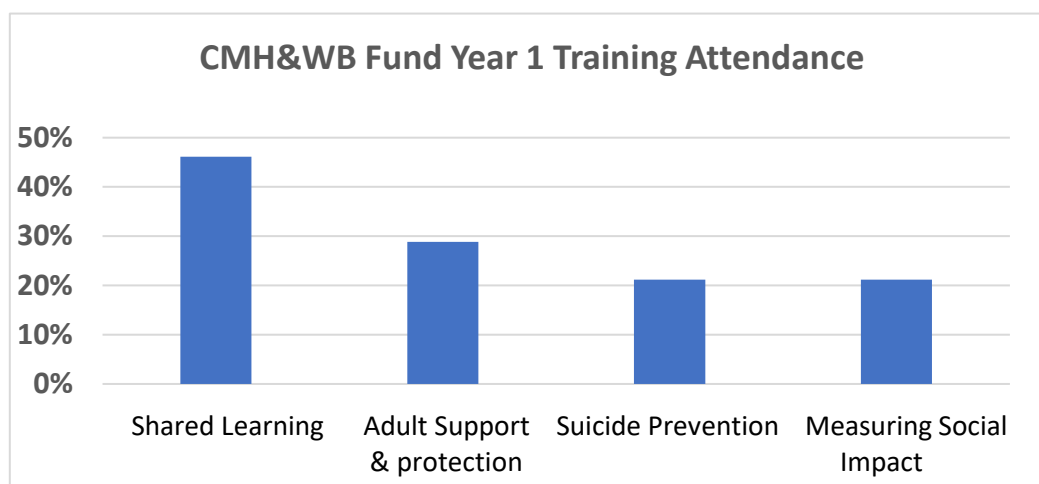
We only take a small number of passengers on our wheelchair transporter, everyone we meet and everyone who volunteers, benefit from connections made with those who are less able than themselves. All gain more understanding, empathy and above all, friends. Some people are reluctant to try something new, so it sometimes takes a degree of persuasion to get people to join on the trishaws and transporter. But once they are on, they love it and want to come back time and time again.



Cycling Without Age

Training, Networking & Partnership Working

Since the launch of the Fund, a wide variety of networking and training events were organised to encourage peer support, shared learning opportunities and to create an environment to encourage partnership working. Also introducing other organisations and statutory services to what is on offer in our communities to support people improve their mental health and wellbeing.



Many of the projects funded have subsequently come together in partnership to jointly deliver services, or where appropriate, refer on to other Third Sector or Statutory services, to enhance the overall support being offering within their communities.

46% of the groups funded in Year 1 attended at least one training session offered, with many attending all.

In addition, across the two years of the fund so far, four networking sessions were arranged and very well attended, with around 40 organisations at each.

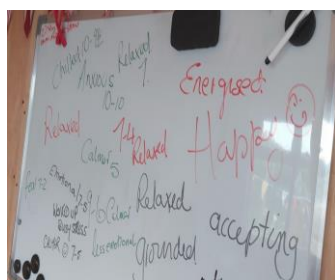
77% of the groups funded in Year 1 have reported they are now working in partnership with at least one other organisation.

“Arran CVS has continued to offer direction in relation to possible partnership opportunities which proved invaluable and helped us create an excellent working relationship with Bridgend Community Centre, where we have now established a 2nd outreach hub for residents of the Garnock Valley.”

“Super big thanks to Arran CVS for facilitating so much networking, some of which has led to ongoing partnerships and / or ally acquisition.”

Project outcomes & examples

Whilst the numbers are impressive, it's the stories of the many people benefitting that really tell us about the true impact of the projects. People who attended the projects funded in Year 1 have reported significant improvements in their mental health and general wellbeing. Participants have reported increased confidence and self-esteem, improved energy levels and a greater sense of purpose, through developing new skills and more frequent opportunities for social interaction and peer support.



“I have learned so much about myself, learned some new skills and learned how to laugh again and have fun.”

“I have stepped out my comfort zone many times, this has been great for my confidence as has the support from everyone at the café.”

Provision of essential household items

Other projects are providing families with much needed essential household items, furniture, and clothing, that eases the burden for low-income families, many of whom say that they feel overwhelmed by guilt and anxiety about not being able to provide a suitable home that meets the basic needs of their families. This in turn leads to poor mental health and anxiety.

“Families are sleeping in their own beds, clothes are being washed, food is staying fresher for longer, several secondary schools have had their nurture rooms furnished, over a thousand families have had their homes furnished including over 100 refugees.”

“Hundreds of families have had their houses turned into homes because we have furnished their properties. Children jump for joy because they now have bedrooms, thirty-year-old men are over the moon that they now have a furnished home to invite family to.”



“My children shouldn't suffer because of the things that affect me, sometimes the guilt is overwhelming, sometimes I feel that I'm not good enough for them, but just knowing that someone is there and that I don't need to keep asking for help, really helps.”

Debt management, income maximisation & housing advice

A client was referred to one of the funded projects by their Community Link Worker for help with their Income and Expenditure, plus income maximisation. Their adviser noted that the client has enduring mental health difficulties and helped them to apply for a council tax reduction based on the severity of their mental health impairment. This application was successful, and the client received a rebate of over £3000, which was backdated by several years. Additionally, this meant that the client had no ongoing council tax liability. With the client's permission, their adviser also contacted their social worker to request self-directed support budget to assist the client with care costs. The client disclosed that they had issues with how they were spending their money. As this presented a significant risk, the adviser discussed this with their social worker and together they encouraged the client to access support from relevant organisations. The client has now engaged in preliminary healthcare support for the troubling issue and their social worker has ongoing involvement.

Free & engaging activities promoting wellbeing

Providing access to free and engaging activities for people during the cost-of-living crisis is also vital. Many people simply would not be able to afford to go out or take part in activities if there was a cost associated with them. Many of the projects try to include free food where feasible, even a cup of tea and a cake, or soup and a sandwich, can make all the difference to someone facing financial hardship.



“My MH issues are a big part of my life. I attempted suicide 7 years ago; I have high anxiety depression and have experienced a lot of trauma. I now have WRAP – A Wellness Recovery Action Plan and I am in continuous therapy. But I have mainly good days now. I volunteer here, it helps my MH – I want to contribute back into society.”

“It gets me out of the house. I feel I am learning and using new skills and new talents. I find it really calming. I love interacting with other people.”

“The group is the best part of my week. I have made friends who understand how I feel, look out for me, and show they care.”

Attending activities where people can express themselves creatively, whether that be through writing a song or poem, making artwork, or learning to cook, has given attendees and volunteers a real sense of achievement and pride.



“I am really chuffed with myself making this! Doing these crafts is very therapeutic, I feel a sense of calm and purpose, it’s really enriching.”



These past few months I have been working on the loveliest project. Poetry. But not as I’ve ever worked with it before . . .

I’ve been working in Trindlemoss Day Opportunities in Irvine with adults with learning disabilities — and it has been the most wonderful process of exploration and creation, all inspired by the theme of “How We See Ourselves.” Artist Lynn McNally (pictured) has also worked onsite, facilitating art workshops, and the gorgeous results of these will be combined with newly created short films to complete this expansive (and excellent) project. Next, an exhibition of poetry, art, and film, showing the project in all its splendour, will open in September in the Harbour Arts Centre, Irvine. I am so happy to have played a role in this incredible project. I have learned so much and met some awesome, inspiring folk. I’m heart happy. Through creation, we really can express “how we see ourselves”.

Simon Lamb

Green Health

The health benefits, both physical and mental, of being outdoors and immersed in nature are well documented. Several of the funded projects have focused on bringing people together to enjoy nature and encourage people to spend more time outdoors.

People attending these sessions, especially when they engage on a regular basis, report an increase in their happiness, confidence, and self-esteem. They are more willing to try new things, their communication and connection with others improves, and they get out independently on a more regularly basis to benefit from being outdoors. They develop an increased awareness of nature and learn to use it, alongside mindfulness, as a self-regulation strategy, enabling them to feel a greater sense of calm and peace.



“I loved lying in the hammocks – something I have never done before.”

“Nature has been very good for my mental health.”



“When life deals you lemons, say, “Sod it” and sign up for a family day at Forest School. The summer holiday juggle has officially kicked in and my head is swirling with trying to juggle childcare and keep everyone smiling, including myself. I conceded defeat yesterday and cleared the diary for today and gave myself permission to have 1:1 time with little big man. We had a ball! We made bread on the campfire, played on the rope swing, and made a den together. Money can’t buy these memories and most importantly, I was a happy mum today and not work mummy, telling everyone to keep the noise down when I’m on a call. Thank you to the most amazing team at Woodland Wakeup for allowing us to sign up last minute and for giving us an incredible day to remember.”

Linda, parent (attending open day)

Men's Sheds

The Men's Sheds throughout North Ayrshire provide a hub for local men to come together for companionship and conversation, whilst undertaking tasks that utilise existing skills, or help them to develop new skills, and provide an excellent community service at the same time.

Most of the Men's Sheds build planters and other furniture and ornaments that are either donated or sold within the community to help fund their projects. Some also offer bicycle refurbishment, that sees them repairing and recycling donated bicycles that, once in good working order again, are donated back to members of the community in need, including many of the New Scots who have moved into the area.

Scott's story, from Dalry Men's Shed, is a perfect example of the positive impact the shed can have on lives of people in the community. Click link below to watch a short video of his story.



Video Link: [Scott's Story North Ayrshire](#)

Taking care of our Volunteers



Recognising the value and importance of the role that volunteers play in supporting the delivery of projects in the third sector is very important. Many volunteers don't recognise their own worth and the true value of their impact. Helping them to understand the importance of self-care and talking about their own experiences is important, especially when they are often working closely with people who are experiencing very poor mental health, or suffering with grief, which can be traumatic for them.

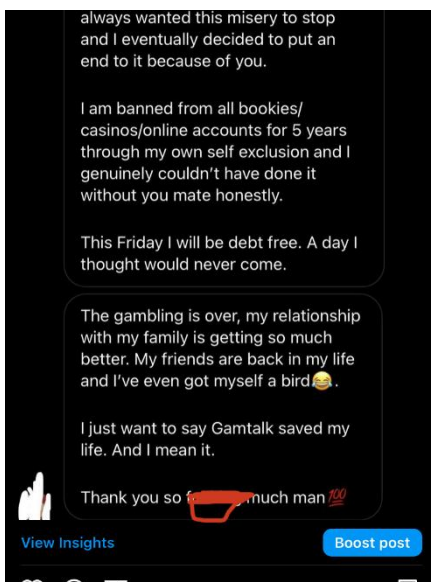
Funding projects specifically focussed on self-care for volunteers, has enabled them to develop their own peer support network and come together more as a team to support each other, ultimately benefitting the people who access their services.

Specialised support provision

Year 1 funded several projects that focussed on specialised areas of need, such as people suffering with very poor mental health due to, for example, gambling addiction, bereavement, domestic violence, or families affected by imprisonment. Although more targeted in their reach, these projects provide vital support to high-risk target groups, where suicidal thoughts are known to be more prevalent.

“Domestic abuse is on the increase, and I have learned that the entire family and extended family are affected. By supporting the female on her own recovery from abuse and increasing her self-efficacy, it can stop the cycle and really self-empower everyone affected.”

The impact of providing specialised peer support and raising awareness, providing a safe space for people to express themselves in a group with others who understand what they are going through, cannot be under-estimated.



“It was very scary taking that first step through the door, but I was made so welcome and felt safe from the start. Anyone dealing with mental health must feel safe in the environment they are in and from day one that’s what Sliding Doors offered me. I met people from every walk of life who heard me without being judgmental or thinking I was “off my head” which had been said to me often.”

“No one can understand the beauty of being understood and appreciated in their life and that is what Sliding Doors has given me. Sliding Doors has been my lifeline.”

“I buried my thoughts, feelings and emotions during the daytime and would then sit at night in hopelessness. The support I received from your volunteer counsellor Sally in 2022 literally saved my life.”

Community Food

Many of the Community Garden projects, Community Centres and Hubs, have teamed up with local food larders or food banks to make their produce available to the community. They have also been providing practical support on how to cook nutritious food on a budget, by creating and demonstrating recipes, as well as providing many of the ingredients.



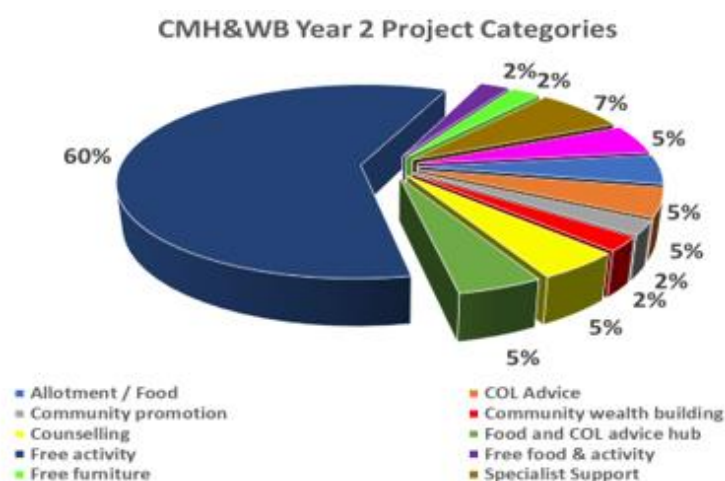
“The Soup Club has been a massive help, I’m out all day on a Monday otherwise I’d be in my jammies all day!”

“I also help at the family club, I don’t need to, but I opt to stay, and I really enjoy it. I make sure everyone gets some soup or toast or a scone.”

Cost of Living Crisis

Food insecurity and the cost-of-living crisis is a growing concern. Projects that provide access to free or low-cost nutritious food, other essential household items or advice on debt management and income maximisation strategies, have been a lifeline to many, through the Projects funded in Year 1.

The focus on projects that have a direct impact on the cost-of-living crisis, where free food, food growing or advice on managing debt and other issues relating to the cost of living, has remained constant between Year 1 & Year 2 at 19% of the total projects. **Free activities, which indirectly benefit people during the cost-of-living crisis, have increased from 53% of the projects in Year1, to 60% of the projects in Year 2.**



Additional Focus Year 2 - Suicide Prevention

One of the priorities of the Fund is suicide prevention, again a challenging medium to measure. During the Year 2 CMH&WB Launch event table discussions, the need for more resources and input around Suicide Prevention tools and techniques was identified. In addition to the training offered, the Third Sector asked for a resource to be developed to support them in this vital work.

A short-life working group was formed, which involved members from **11 local groups and organisations**, as well as North Ayrshire Council's **Choose Life Manager** and a **Senior Manager from Public Health**.

100% of the people involved fed back that they were **extremely satisfied or satisfied** with the content and format of the toolkit and how their input was represented. **100%** also confirmed they are **extremely likely or likely** to volunteer for other similar working groups in the future.



The collaborative work and energy which was involved in producing the Community Suicide Prevention Toolkit was a really positive experience and illustrates that the process and journey are as important as the final outcome. Ownership of the process and respectful collaboration have meant the document produced is informative and meaningful and hopefully will prove to be supportive to local groups, but it has also illustrated the power of a community-based approach to this work. It is hoped that this can be built on and developed going forward.

Sarah Watts

Choose Life Manager - North Ayrshire

A Third Sector
UNITED
to prevent
SUICIDE

“ The toolkit is not complicated, yet I believe it will save lives. Thank you for making this happen & showing there is help out there. The diversity of experiences and thoughts was invaluable in the group. Excellent resource & great group to be part of. Equality of opportunity to give input. I would like to stay active in this work moving forward. ”

Considerations for Year 3 and beyond

As we move into Year 3 it will be important to continue to build on what has gone before. To nurture and develop the existing relationships and cross sector partnerships that have evolved, encouraging greater collaboration and the creation of new opportunities to benefit the communities of North Ayrshire that are most in need. The belief that we are all created equal is flawed, our lives are dependent on many circumstances, but it's important to help people recognise that everyone has their own unique strengths and something to contribute. With some extra help to get through life's challenges, people can have a more equal chance of success in life and outcomes can be improved earlier and with **reduced need for medical intervention**.

This fund is an enabler in creating these positive outcomes, but consideration must be given to how the legacy of the Fund is sustained for the future, to ensure this valuable work can continue. **34% of Year 1 projects were funded to continue through Year 2**, with **31% able to incorporate the project** with existing funding, however **15% stated the project had to end** when the funding ended. Providing love, care, guidance, and mentoring are vital aspects missing from the lives of many people and it needs to be valued and recognised as such. **“By continuing to invest in these organisations and the support and activities they offer, we will be investing in prevention of ill health, community resilience and a sense of wellbeing for individuals, which undoubtedly will improve lives and consequences for so many across North Ayrshire.”**

Vicki Yuill

CEO - Arran Community & Voluntary Service



A few words from our projects

“The future is looking good as we have more funding for the group to continue as it is within the community.”

“The first year has been really challenging with setting everything up for the first time as a CIC. We look forward to collaborating more in the second year and building our trust with the communities we serve.”

“The allotments are building a community hub. The funding for year 2 will see an outdoor kitchen. This will be an added asset for the community.”

“Our new facilities will be permanently available to our local community and our continuing partnership with Harbourside Men's Shed has been strengthened.”

“We as a club have been in existence for 20 years and this is one of our best and most important and interesting projects and our successful projects that brings the social side of table tennis outwith the competitiveness of the sport.”

“Our services in Ayrshire & Arran face an uncertain future for funding reasons. Multi-year, sustainable funding is required to allow us to secure the service.”

“Your funding enabled them to have greater opportunity to try new things and learn.”

“Referring individuals to our project activities can improve patient outcomes by positively impacting mental health and well-being. The project offers a cost-effective intervention that complements primary care, reduces healthcare costs, and fosters a collaborative approach to care.”

“The grant allowed the project to run indefinitely, and it will continue to grow and become part of the local community.”

“Arran CVS introduced us to Mairi at Bridgend Community Centre last year at the Child Poverty event, which ultimately started the conversation that made the partnership and project possible.”

“Great to work with such a fantastic Organisation.”

“The difference this money is making in adding meaning and connection and hope to people lives have been significant and has made a difference to people’s mental health and wellbeing. It is a joy to be involved and see plans coming to fruition.”

“Arran CVS advises us of various leads for future possible projects and also sends invites to events and meetings which we attend if possible.”

Integration Joint Board
9th May 2024

Subject:	Equality Mainstreaming and Outcomes Report 2022-2024
Purpose:	This report is for: <ul style="list-style-type: none"> • Approval
Recommendation:	It is recommended that the Board review the attached Equality Mainstreaming and Outcomes Report and approve for publication.

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	
HSCP	Health and Social Care Partnership
EHRC	Equality and Human Rights Commission
NADARS	North Ayrshire Drug and Alcohol Recovery Service
PSED	Public Sector Equality Duty
EHCRIA	Equalities and Children's Rights Impact Assessment

1.	EXECUTIVE SUMMARY
1.1	The IJB approved its current Equalities Outcomes Plan for 2022-2025 at the meeting on the 16 th of March 2023.
1.2	It published its previous Equalities Mainstreaming Report for 2021-2022 at the IJB meeting on 11 th May 2023.
1.3	This report provides an overview of progress made to deliver the agreed equalities outcomes, and further efforts made to mainstream the Public Sector Equality Duty (PSED) between 1 st of April 2022 and 31 st March 2024.
2.	BACKGROUND
2.1	The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 requires public bodies in Scotland, including IJBs, to publish an Equalities Outcomes Plan every 4 years. The IJB approved the current plan, which covers a 3-year period to align with its Strategic Plan review period, in March 2023.

2.2	The Equalities and Human Rights Commission (EHRC) supported officers to develop suitable equalities outcomes for this plan, which were designed to promote equality and fairness across our services. These outcomes include a set of actions to be achieved by the 31 st of March 2025.
2.3	The Scottish Regulations include an additional duty for public authorities, which is to report at least every 2 years on its progress to mainstream the Public Sector Equality Duty (PSED). This was last approved by the IJB on the 11 th of May 2023, and covered the period of 2021-2022, which aligned to the one-year Strategic Bridging Plan.
2.4	This report presents the progress the HSCP has made towards delivering its adopted equality outcomes, as well as its progress towards mainstreaming the equality duty between the 1 st of April 2022 and 31 st of March 2024.
2.5	Due to the current 3-year plan and requirement to publish reviewed Equality Outcomes in April 2025, the next Mainstreaming Report will be provided for the next 1 year and will be published alongside the next Outcomes Plan. After this, it will return to a biennial reporting cycle.
3.	PROPOSALS
3.1	As a public body, the IJB is required to publish reports on the progress made to deliver its Equalities Outcomes, and on mainstreaming the public sector equality duty. This report combines both duties for the period 1 st of April 2022 to 31 st of March 2024. It is recommended the contents are noted as a presentation of the positive work carried out in this time and is approved for publication.
3.2	<u>Anticipated Outcomes</u>
3.2.1	The 4 Equality Outcomes that were published for 2022-2025 were: <ul style="list-style-type: none"> 1. People with complex care needs are supported to live independently at home for as long as possible. 2. People and communities who make North Ayrshire their home can effectively access the health and social care services they need. 3. Children and families in need are supported to live healthy and safe lives. 4. Through improved engagement practices and access to a greater range of health and social care opportunities, people with a learning disability, or those with complex health conditions, achieve better health outcomes.
3.3	<u>Measuring Impact</u>
3.3.1	The Equalities Outcomes Plan contains 21 actions across the four outcomes. Progress has been made towards delivering these with many being achieved already, and some presenting further challenges. An overview has been provided for each outcome below.

3.3.2	Outcome 1: There have been continued challenges regarding reducing the waiting lists for social work assessments and care, but there is ongoing work to address this. However, waiting lists have been successfully reduced for the Community Occupational Therapy due to ongoing service improvements.
3.3.3	Outcome 2: The HSCP's Resettlement team is supporting new Scots to access the right health and social care services to meeting their needs. It is also working with the Council's Refugee Task Force and other partners to ensure this is a person-focussed approach.
3.3.4	Outcome 3: There have been many achievements to support children and families, including the including the ongoing implementation of Signs of Safety approach to social work case work, and current development of Mini Minds Matter Infant Mental Health Service. 'Care experience' was also successfully included in the Equalities and Children's Rights Impact Assessment (EHCRIA) templates which have been adopted for use by the HSCP in December 2023.
3.3.5	Outcome 4: During the last 2 years there has been a renewed effort to ensure we are working with service-users to understand their need and support them to shape the development of services. There has been accessible engagement with users of the Learning Disability service in order to develop a Strategy in 2024/25, and ongoing work to understand the transition from children's to adults' services, with a particular focus on learning disability and mental health services.
3.3.6	The report also outlines efforts to mainstream the Public Sector Equality Duty, including a new approach to locality planning which will involve targeted engagement with equalities groups, the delivery of the North Ayrshire Drug and Alcohol Recovery Service's (NADARS) Equality and Diversity Plan, and how we are embedding equalities into our Transformation approach.
3.3.7	Further details are available in the report in Appendix 1.
4.	IMPLICATIONS
4.1	<u>Financial</u> None
4.2	<u>Human Resources</u> None
4.3	<u>Legal</u> In publishing this report, the IJB remains compliant with the Public Sector Equality Duty outlined in the Equality Act 2010, and the reporting duties outlined in the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012.
4.4	<u>Equality/Socio-Economic</u> This report outlines how local equalities outcomes are being advanced, and how equalities are being embedded in the day-to-day running of the HSCP.
4.5	<u>Risk</u>

	None
4.6	<u>Community Wealth Building</u> None
4.7	<u>Key Priorities</u> This report provides an overview of efforts to progress equalities outcomes which support the delivery of all 5 priority areas within the Strategic Plan. However, particularly relevant priorities are <i>Enable Communities</i> and <i>Tackle Inequalities</i> .
5.	CONSULTATION
5.1	The information provided in this report were provided by Heads of Service and their respective Senior Management Teams.

Caroline Cameron, Director
Author: Seony Ross, Team Manager Strategic Planning and Equalities,
seonyross@north-ayrshire.gov.uk

Appendices

- Appendix 1, Equality Mainstreaming and Outcomes Report 2022-2024

EQUALITY MAINSTREAMING AND OUTCOMES REPORT 2024

Reporting period 1st April 2022 to 31st March 2024

Biennial Report on Mainstreaming the Equality Duty &
Mid-term Report for the Equalities Outcomes Plan 2022-2025



North Ayrshire Health and Social Care Partnership

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1. Introduction

This report provides an update on the progress that North Ayrshire Health and Social Care Partnership has made to advance our Equalities Outcomes and to mainstream the equality duty within the day-to-day running of the organisation. The report covers the period of 1st April 2022 to 31st March 2024.

North Ayrshire Health and Social Care Partnership published its [Equalities Outcomes Plan 2022-2025](#) in March 2023. Outcomes need to be developed every 4 years; however, this plan covers a 3-year period in order to align with North Ayrshire Council outcome reporting cycles and our strategic plan.

The previous [Equality Mainstreaming and Outcomes Report](#) for activity carried out in 2021-2022 was published in May 2023. Public bodies are required to publish progress towards mainstreaming the equality duty every 2 years.

1.1 Equality Act 2010

The Equality Act 2010 brought into force the Public Sector Equality Duty for all public authorities in the UK. The public authority must have due regard to the need to:

- a) eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under the Act.
- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.
- c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 outlines a duty for Scottish Public Authorities to publish equality outcomes and report progress, and to report progress on mainstreaming the equality duty.

Due to the legislative structure of Integration Joint Boards (IJB), Health and Social Care Partnerships are exempt from certain specific duties as they are not employers, and all staff members remain employees of either NHS Ayrshire and Arran or North Ayrshire Council. These duties are related to gender pay gap information, equal pay statements, and employee information.

2. Mainstreaming the Equality Duty

This section outlines the progress the HSCP has made towards embedding equality into the day-to-day running and work of the partnership. By doing so, we ensure that people can access services in a way that best suits their needs and can share their experiences to support the development and progression of the way our services are delivered.

2.1 Integration Joint Board

The North Ayrshire Integration Joint Board is the decision-making Board for all functions delegated by North Ayrshire Council and NHS Ayrshire and Arran in terms of health and social care services. The Board meets monthly, and minutes and reports are published on the North Ayrshire Council website for transparency.

Equalities is considered in all of the decisions made by the Board through the implications sections of all papers presented to the Board. Anyone presenting a report, proposed policy, proposed service or service change, or anything else requiring Board decision-making, is required to explain how they

have considered the Equality Duty and the Fairer Scotland Duty under section 4.4 of the cover report.

2.2 Ayrshire Equalities Partnership

The Ayrshire Equalities Partnership meets quarterly and brings together Equalities officers from across different Ayrshire organisations in the area for the purpose of shared learning and planning. This includes officers from North, South and East Ayrshire's Councils, each of the HSCP's, NHS Ayrshire and Arran, Police Scotland, University of West of Scotland, and Ayrshire College.

This Partnership has developed broad shared outcomes for the area:

1. In Ayrshire, people experience safe and inclusive communities.
2. In Ayrshire, people have equal opportunity to access and shape our public services.
3. In Ayrshire, people have opportunities to fulfil their potential throughout life.
4. In Ayrshire, public bodies will be inclusive and diverse employers.

These high-level outcomes helped inform more specific local outcomes, which are reported on in section 3.

2.3 Transformation

The [NAHSCP Transformation Plan 2024-2027](#) is an ambitious programme of change consisting of a range of improvement and reform projects to improve the quality of our health and care services, and was approved by the Integration Joint Board on 14th March 2024. Transformation is a planning process that sets out to achieve our high aspirations of health equity, improved social circumstances, and long-term sustainability for the people of North Ayrshire by making best use of available resources to transform products and services to achieve better outcomes and experiences. The Transformation Plan is aligned to our Strategic Priorities, and promoting equality, and the principles of equality and fairness, are central to the plan, and the approach.

The governance structures required to effectively manage the programme of work have been reviewed and updated to support robust planning and effective and consistent monitoring, with an increased focus on benefits realisation, user-centred design, and a move to more data-driven and value-based approaches. This is to ensure we deliver what people want and need, and that this is evidenced. The impact on equality is a consideration from the beginning, and screening is part of the project proposal process. Once approved an equality impact assessment is carried out, along with user research and stakeholder engagement. The end-to-end process, from initial proposal to post-project evaluation, is designed to ensure each project delivers improved outcomes and experiences, contributing to a more equal and more sustainable North Ayrshire.

2.4 Strategic Planning

North Ayrshire HSCP's Strategic Plan, [Caring Together 2022-2030](#), was published on 17th March 2022, and is the first time the partnership has developed a plan that outlines our longer-term ambitions for local health and care. The plan outlines the priorities of the partnership to be:

- Enable communities.
- Develop and support our workforce.
- Provide early and effective support.
- Improve mental and physical health and wellbeing.
- Tackle inequalities.

In addition to the final priority being specifically regarding inequality, the 5 priorities are delivered in a holistic way to ensure equalities are considered every step of the way. We aim to enable communities by involving groups in developing our priorities and supporting them to improve local capacity and resilience which can enable different equalities groups. We support our workforce to understand equalities through training and learning, and to use that understanding in their everyday jobs. We also seek to understand how different groups use our services in different ways and ensure that service design considers these differences.

Although the current strategic plan is in place until 2030, it will be reviewed by March 2025 to ensure it is still fit for purpose, which will be the same time the HSCP will publish our revised Equalities Outcomes. These plans will be developed in partnership to ensure equalities goals are embedded within the strategic plan. Additionally, our locality work will be reflected in this update, which means the feedback and ongoing conversations we have with people in localities, will be reflected in the overall planning for the whole of North Ayrshire.

2.5 Working in Localities

The Covid-19 pandemic meant that a lot of face-to-face meetings and engagement were suspended temporarily or moved online. Prior to the pandemic we had 5 established Locality Planning Forums, which worked in smaller areas across North Ayrshire which were supported by a lead officer within the partnership. However, these were impacted by the pandemic and the Partnership felt that we should reinvigorate the process by establishing a new process led by the Senior Management team and with more involvement from local communities within each area.

North Ayrshire is comprised of 6 localities which are used for local service delivery planning, by the Health and Social Care Partnership as well as the wider Community Planning Partnership. These are:

- Arran
- Garnock Valley
- Irvine
- Kilwinning
- North Coast and Cumbrae, and
- Three Towns

Within each locality on the mainland, there will be a biannual locality conversation which will be established to maintain ongoing dialogue with service-users and ensure their voices are continually involved in the strategic planning process within their communities. These will be followed up by a meeting of the Locality Planning Review Group, which will analyse the results of the conversations, local data, community planning priorities and local knowledge of services within the locality.

Work to develop this new locality planning process began in spring 2023, since when we have developed a new process to better integrate with community planning processes, involve a wider group of service-users, and make more use of existing data and knowledge about each area. Initial scoping Locality Conversations took place in April 2023, and the start of the new Locality Planning Process is being kicked off by the first set of Locality Conversations in April 2024, and Locality Planning Review Groups in June 2024.

Locality plans will be developed in late 2025, after 2 years of data-gathering and ongoing dialogue with the community. In this time, work will be ongoing to involve people from different equalities groups to gain their viewpoint as we develop priorities and actions for each area.

2.6 Understanding Our Communities

As outlined above, a new locality planning model is being implemented in order to maintain ongoing dialogue with our communities and develop plans important to them for each area. This work will feed directly into the review of the Strategic Plan, as well as the development of a new Equalities Outcome Plan, both to be developed by Spring 2025. The Locality Conversations will be a continued route for the community to feed into this planning work, but there is also a great deal of work that has occurred to understand more about our communities, particularly those with additional challenges, barriers, or shared characteristics. For example:

How We See Ourselves

The 'How We See Ourselves' exhibition took place at the Harbour Arts Centre in Irvine in September 2023. The project used poetry, visual art, and animation to highlight the lives, interests, and talents of people with learning disabilities as well as raising awareness of the challenges they face. The project brought together collaborative partners from Trindlemoss Day Opportunities, Neighbourhood Networks, and local artists across North Ayrshire. A short film was produced as an outcome of the project, so that experiences of those involved can be shared on a continuing basis.

Mental health and Wellbeing Service in Primary Care consultation

This engagement took place in January 2023 and involved a public and a staff survey to understand people's current experience with the service and exploring self-care and wellbeing. This engagement process involved targeted engagement with different equalities groups, including focus groups for people with lived experience of mental health and long-term health condition, people with learning disabilities, and the local gypsy-traveller community. The surveys were made in a range of alternative languages and work was carried out with the New Scots team within North Ayrshire Council in order to encourage and support individuals with different new to the area with different language or cultural backgrounds to engage with the forms or attend a focus group.

Mental Health and wellbeing digital consultation

A pan-Ayrshire engagement project led by North Ayrshire HSCP in March 2023, this examined the usage of mental health and wellbeing apps and digital resources relating to mental health. The aim of this consultation was to gain further insight into online activity in the hope of improving engagement with digital mental health and self-care resources in the future. This piece of work contributed to wider digital transformation plans within mental health services.

Gypsy Traveller engagement

Following the engagement work with the gypsy traveller community related to the Mental Health and Wellbeing service outlined above, the group was identified as a priority group to encourage additional engagement in order to understand the potentially unique needs of the community. A gypsy traveller engagement working group was established, and an engagement event was organised to be part of a local gypsy traveller mission event. The event took place on the 21st of August 2023 at Eglinton Country Park, and was well attended with approximately 200 community members camped on site. The outputs from this engagement event supported the development of an engagement plan for the Mental Health and wellbeing of this group and there are currently plans for a further engagement project exploring male mental health and suicide prevention.

Neurodevelopmental Differences engagement

Over the past year, North Ayrshire HSCP has been working jointly with South and East Ayrshire HSCPs and NHS Ayrshire and Arran to redesign neurodevelopmental diversity specification and supports. North Ayrshire HSCP led work to carry out different phases of engagement with different groups,

including individuals and parents and carers of those with a suspected or confirmed neurodevelopmental difference (NDD). Phase 2 of this work is underway with further engagement being conducted with parents and carers of children and young people with possible or diagnosed NDD to explore support available in our communities.

2.7 North Ayrshire Drug and Alcohol Recovery Service

This is an integrated health and social care service that works with clients who have complex and dependent substance use, who are supported by a range of different professionals to develop a recovery care plan.

This service is used by a range of people with different shared characteristics, and equality and diversity is important to the service which has prioritised embedding it into their daily practice and strategic priorities. The service developed its own Equality and Diversity Improvement Plan for 2023-24 with the following aims:

- Develop and sustain a diverse, skilled and committed workforce able to deliver equitable, diverse and inclusive services to meet the needs of local people.
- Raise awareness of equality, diversity and inclusion to promote that the service is safe and accessible for LGBTQIA+ individuals and trans communities.
- Ensure all new Local Operating Plans, Standard Operating Plan or any guidance are reviewed to ensure that unlawful discrimination is eliminated, and equality of opportunity promoted.

The plan had a set of actions including staff training and education, awareness raising resources, and inclusive guidance, that were achieved by March 2024.

2.8 Communication and Accessibility

A brand new NAHSCP website was launched in April 2023 as the first step in helping the Partnership meet its commitments under the [Public Sector Bodies \(Websites and Mobile Applications\) \(No. 2\) Accessibility Regulations 2018](#).

The work carried out so far has been to improve access to health and social care information for North Ayrshire residents, particularly those with a visual impairment, making the site easier to read on a mobile device and navigate using a keyboard, improving colour contrast, and moving away from the use of PDF documents in favour of uploading content as HTML pages to ensure compatibility with screen-reading software. Where documents require to be included on the site in PDF format, then these are being created in a more accessible way, with the web team having run a series of well-attended staff drop-in sessions throughout 2023 to demonstrate the process of creating accessible documents.

A number of Accessibility Champions were identified and trained across Partnership services in 2023, giving staff a point of contact for advice and support when creating documents. In addition, any staff member creating a document for the website who requires further information on how to solve accessibility issues can also now book a one-to-one session with a member of the web team through the IT portal on the intranet.

The work carried out so far has increased the website's accessibility score on SiteImprove to 99.9%, however improvements will be ongoing in the long term as we strive to ensure fairer access to information for all and adapt to any changes in the legislation. Further manual testing of the site is necessary to identify user experience barriers that individuals with a disability may encounter while

using the site, with work also required to improve the readability of the site in terms of the complexity of language used.

2.9 Staff Understanding, Development, and Training

The Health and Social Care Partnership places a great deal of value on developing our staff and ensuring that there are progression and training opportunities. The Learning and Development Service published a new strategy [Be the best you can be 2023-2028](#), approved by IJB on the 12th October 2023.

The 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, aiming to achieve improved outcomes for people through a competent and educated workforce.

In addition to outlining the aims in terms of policy and practice, the strategy outlines the organisation's commitments to values, principles and ethics, specifically outlining goals for equality and diversity. It includes commitments to design and deliver anti-racist practice in Social Work training (which will begin this year), protected space to explore ethical dilemmas through forum opportunities, and to design and deliver promoting equality training with essential attendance for social work students and NQSWs (now in place).

Total numbers for different staff training delivered from April 2022 to March 2024:

- Adult Mental Health Awareness – 32 trained (new course)
- Autism Awareness – 6 trained
- British sign language eLearning – 31 trained
- Adult Support and Protection Scotland Act – 41 trained
- Adult Support and Protection eLearning – 111 trained
- Adult Support and Protection overview – 67 trained
- Adults with incapacity act – 29 trained
- Adults with incapacity act refresher – 37 trained
- Promoting equality awareness - 86 trained (new course)
- Child protection awareness face to face – 101 trained (new course)
- Child protection awareness eLearning – 62 trained
- Child protection investigation – 5 days training - 16 trained
- Child protection refresher – 18 trained
- Deaf awareness eLearning – 21 trained
- Deafblind awareness eLearning – 15 trained
- Domestic abuse understanding (ASP) – 19 trained
- Equalities awareness eLearning – 1195 trained
- Introduction to Neurodiversity – trained 244 from 28/04/2023 (new course)
- Learning disability awareness – 34 trained
- LGBT awareness (new course) – 8 trained
- ASIST suicide prevention – 2 full days – 8 trained
- Ask Tell Save a Life suicide prevention – 64 trained (new course)
- Parkinsons awareness – 56 trained (new course)
- Palliative/end of life care – 57 trained
- Care at home induction which includes adult support and protection and child protection and other conditions – 530 trained
- Safe and together overview – 254 trained

- Safe and together core – 74 trained
- Signs of safety – 207 trained

2.10 Embedding Equality in Procurement

In the previous Equalities Mainstreaming report for 2021-2022, it was reported that our procurement process had recently had work carried out to embed equality into the process. This included:

- Mandatory compliance for bidders with the Council's Equality Certificate for all tenders
- A mandatory section for Fair Work Practice included within the tender award criteria aligned to promoting equality of opportunity and developing a workforce which reflects the population of Scotland in terms of protected characteristics, and a fair and equal pay policy that includes a commitment to supporting the Living Wage.
- A commitment to the Charter for Involvement, which reflects 12 statements aligned to Human Rights in relation to how people who use support services want to be involved in the services they get; in the organisations that provide their services; and in their wider communities.
- Involving users of services and/or significant others in the procurement process. They are invited to take part in the award of contracts through designing quality questions in the award criteria and sitting on evaluation panels that select preferred bidders for award.

These commitments have continued to be taken forward, and we are currently working on how to involve service-users in the evaluation of commissioned services, in order to inform service improvement requirements.

2.11 Equality Impact Assessment

Equality Impact Assessments are used to assess any proposed policy, plan, or service, whether the proposal is a new or suggested change.

Since the launch of the partnership in 2015, we have applied the same Equality Impact Assessment process to both Council and NHS budget proposals that affect the Partnership. This has afforded the Partnership to achieve a greater level of consistency in equality impact assessments across the wider partnership. This has been a useful mechanism to both embed equalities practice in the partnership and further the process of integration.

Amendments to the assessment process in the past few years include the addition of further elements to assess the impact of both equality and inequalities. The HSCP now uses the NAC Equality and Children's Rights Impact Assessment process which includes:

- Children's Rights
- The Fairer Scotland Duty
- Island proofing
- Care experience as a protected characteristic.

Equality Impacts Assessments are published on the HSCP website. However, as mentioned above, the website was recently revised to ensure accessibility and the impact assessments require to be accessibility checked in order to be uploaded to the new website. This will be done as soon as possible but, in the meantime, people can request copies of impact assessments.

3. Progress Against our Equalities Outcomes

North Ayrshire Health and Social Care Partnership agreed the following equalities outcomes for 2022 to 2025:

1. People with complex care needs are supported to live independently at home for as long as possible.
2. People and communities who make North Ayrshire their home can effectively access the health and social care services they need.
3. Children and families in need are supported to live healthy and safe lives.
4. Through improved engagement practices and access to a greater range of health and social care opportunities, people with a learning disability, or those with complex health conditions, achieve better health outcomes.

The below table outlines progress against achieving our equality outcomes through the identified supporting actions. These equalities outcomes will be reviewed in 2025.

3.1 Equality Outcome 1: People with complex care needs are supported to live independently at home for as long as possible.

No.	Supporting Action	Progress for April 2022 – March 2024	Protected Groups																		
1.1	Reduce the waiting list for Social Work Assessment and Review	<p>Waiting list information is reported quarterly to our performance audit committee. This refers to Single Shared Assessments for adults over 65 with a physical disability. Since April 2022, the waiting list length has been:</p> <table border="1" data-bbox="629 501 1368 614"> <thead> <tr> <th></th> <th>Goal</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>22/23</td> <td>150</td> <td>229</td> <td>224</td> <td>247</td> <td>226</td> </tr> <tr> <td>23/24</td> <td>150</td> <td>198</td> <td>226</td> <td>227</td> <td>tbc</td> </tr> </tbody> </table> <p>Over this period the number of people waiting on an assessment has fluctuated with a high of 247 and low of 198 during the reporting periods but remains consistently around the 225 mark.</p> <p>Efforts to reduce the waiting list have been made over the last 2 years, such as additional social work staff in early 2023 within the locality teams which saw a reduction reflected in quarter 1 of 23/24. The Community Link Worker service continues to offer support to people on a wide range of issues that can affect people’s health and well-being, such as money worries, unemployment, social isolation, bereavement, alcohol and drug use, managing stress, and living a healthier lifestyle. The service can also support people to manage low mood and anxiety and assist people to access the resources they need to keep them well.</p> <p>Ongoing challenges remain, and the service continues to experience significant challenges related to workforce, recruitment, and an increasingly complex demand for services. During the most recent quarter, there were 37 new starts to the service and 23 leavers, which causes some delays in terms of gaps and training. However, our health and social care staff continues to provide high quality interventions and a number of pilots and service reviews, with the goal of continually improving our service delivery.</p>		Goal	Q1	Q2	Q3	Q4	22/23	150	229	224	247	226	23/24	150	198	226	227	tbc	Age (Older People) Disability
	Goal	Q1	Q2	Q3	Q4																
22/23	150	229	224	247	226																
23/24	150	198	226	227	tbc																

1.2	Reduce the waiting list for Care at Home Services (both at home and in hospital)	<p>Waiting list information for Care at Home is also reported quarterly to our performance audit committee. Since April 2022, the waiting list length has been:</p> <p>COMMUNITY</p> <table border="1" data-bbox="629 352 1368 464"> <thead> <tr> <th></th> <th>Goal</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>22/23</td> <td>90</td> <td>157</td> <td>174</td> <td>243</td> <td>174</td> </tr> <tr> <td>23/24</td> <td>90</td> <td>191</td> <td>189</td> <td>195</td> <td>tbc</td> </tr> </tbody> </table> <p>Over this period the number of people waiting in the community for Care at Home services has been consistently higher than the target and, with the exception of a spike then drop between quarters 3 and 4 in 2022/23, has been gradually getting higher over the reporting period.</p> <p>HOSPITAL</p> <table border="1" data-bbox="629 762 1368 874"> <thead> <tr> <th></th> <th>Goal</th> <th>Q1</th> <th>Q2</th> <th>Q3</th> <th>Q4</th> </tr> </thead> <tbody> <tr> <td>22/23</td> <td>12</td> <td>19</td> <td>11</td> <td>26</td> <td>24</td> </tr> <tr> <td>23/24</td> <td>12</td> <td>21</td> <td>22</td> <td>26</td> <td>tbc</td> </tr> </tbody> </table> <p>For people waiting in hospitals for Care at Home, the number has fluctuated over the last 2 years with a high of 26 and a low of 11.</p> <p>A number of interventions have been planned in order to address the waiting lists. The Reablement Care at Home service commenced in Quarter 2 of 23/24, which included a review of the waiting lists for people in the community awaiting a Care at Home service, utilising a reablement focussed approach, aiming to deliver an assessment of outcomes for each service user identifying strengths, actions, and interventions to encourage independence, reduce reliance on formal care services, and improve overall individual outcomes. This review was completed in early 2024 and will be further expanded in Quarter 4 with a 4-week initiative around accessing Care at Home supports.</p>		Goal	Q1	Q2	Q3	Q4	22/23	90	157	174	243	174	23/24	90	191	189	195	tbc		Goal	Q1	Q2	Q3	Q4	22/23	12	19	11	26	24	23/24	12	21	22	26	tbc	Age (Older People) Disability
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		<p>There have been ongoing recruitment challenges, staff absence, and increasing community demand in this reporting period. Additionally, a number of external providers have continued to review their positions in the market which led to a major provider ceasing their contract in March 2023. The partnership has continued to increase capacity for in-house services over this time with plans to bring all Care at Home services in house over Quarter 1 of 2024/25.</p> <p>The waiting lists will continue to be monitored quarterly to measure the impacts of the interventions.</p>	
1.3	Remobilise Day services for Older People, enhancing options to include both at home and residential provision.	<p>All mainland day services have re-opened with targets set to ensure full capacity is reached within Day services, and waiting lists are managed effectively. All staff vacancies have now been filled and funding for 4 outreach posts has been approved and will be advertised shortly. All day services are currently offering outreach within their current establishment of services, and this will be increased once outreach workers are appointed. A Care inspectorate variation was submitted for all Day Services to facilitate this, and a day service project plan and working group has facilitated ongoing improvements and developments within the service.</p>	<p>Age (Older People)</p> <p>Disability</p>
1.4	Review Local Models of Respite Provision	<p>Anam Cara Dementia Respite Centre temporarily transferred to Taigh Mhor, Beith following significant damage to the building, which ensured continuity of 8 respite care beds. Extensive repair and development of the Anam Cara site took place, with the service returning to Anam Cara in March 2024. This return has facilitated the re-opening of 9 respite beds in Anam Cara.</p> <p>A review of the current staffing model is being undertaken, alongside a review of emergency respite placements requested throughout North Ayrshire to determine capacity and requirement for additional respite provision within Anam Cara.</p>	<p>Age (Older People)</p> <p>Disability</p> <p>Other - Carers</p>
1.5	Reduce waiting list for people needing an Occupational Therapy assessment and improve access to aides and	<p>The Community Occupational Therapy services within NAHSCP provide assessment and interventions to children, adults and older adults who experience barriers to independence. Interventions include provision of equipment and adaptations (both minor and major),</p>	<p>Age (Older People)</p> <p>Disability</p>

	<p>adaptations to support independent living.</p>	<p>advice, signposting, and support to obtain charitable funding, blue badge assessment, input into Self-Directed Support, and assessment and care management.</p> <p>The Scottish Government published an updated version of the Guidance in the Provision of Equipment and Adaptations on 17th January 2023 to support HSCPs to deliver a more equitable and accessible service.</p> <p>Community Occupational Therapy has historically had high waiting times for service due to the volume of referrals coming through the service, which was not sustainable and North Ayrshire HSCP carried out a review increase efficiency across the service. Developments were made throughout 2023 to address waiting lists and pressures on the service. This included:</p> <ul style="list-style-type: none"> • Increased staffing resource – the recruitment of additional posts including 2 Occupational Therapists and 3 Occupational Therapy Assistants • 2 new posts were created and recruited, including 1 Permanent Occupational Therapy Team Manager and 1 Adaptations Officer. • A change of referral intake pathway via Enhanced Intermediate Care and Rehabilitation Hub – which commenced on 05/06/2023. • Completion of a Transformation Project to streamline processes and identify areas for development. <p>The most significant change to the service has been the change of referral intake process. This has moved away from referrals being received directly into the OT service CareFirst baskets to enable a greater level of control and autonomy of what referrals are being received into the service.</p> <p>These actions have successfully resulted in reduced waiting lists. Between March 2023 and March 2024, the waiting list in the North locality (over 65s) went from 192 to 90, a reduction of 52%, and in the South locality (over 65s) from 349 to 88, a reduction of 75%. The waiting list for the under 65 team (authority wide) went from 176 to 47, a reduction of 73%.</p>	<p>Other - Carers</p>
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		<p>The maximum wait time went from 550 days to 227 days, and the average wait time has gone from 163 days to 60 days.</p> <p>This action will be reported at the end of the outcomes plan period, but it has been successfully delivered.</p>	
1.6	Review Day Services on Arran for Older People	<p>A pilot to review the day service for older people on Arran was carried out between May 2023 and August 2023. This first phase of the review was to look at the potential for an outreach-based day service based in smaller villages around Arran. This first phase found that although some good outcomes were achieved there were only a small number of service users who benefitted. A second phase began in December 2023 and ran until March 2024. This was based in Stronach Day Unit at Montrose House in Brodick and there were six users in the pilot who attended one day per week. Feedback from families and carers was included in the review. This is now being evaluated with a report due at the end of April with recommendations based on both aspects of the review, which will then determine the next steps for Day services for older people on Arran.</p>	<p>Age (Older People)</p> <p>Disability</p> <p>Other - Carers</p>
1.7	Continue to develop community-based MDTs to ensure appropriate support for people in communities to support them to remain at home.	<p>Multi- Disciplinary Teams to support people with complex care needs are now in place across all localities, which meet monthly.</p> <p>One MDT is still outstanding for the Irvine area, which is currently being developed and will be in place and operational by October 2024.</p>	<p>Age (Older People)</p> <p>Disability</p> <p>Other - Carers</p>
1.8	People who have received a period of care within Acute will have access to a range of services to support their transition back home.	<p>Prior to discharge from hospital a comprehensive assessment is undertaken by the Care At Home Hospital based team. At this time referrals will be made to community-based services including Care at Home, Community Alarm, Appetito meals, Community Connectors as well as Primary Care services to facilitate a safe discharge home. If required, the hospital team will undertake further visits to support the person on their return home or liaise with community colleagues to provide support to the person returning home. This may involve follow up visits from Reablement Team Occupational therapists and/or social work assistants to support the person home, enabling them to be as independent as</p>	<p>Age (Older People)</p> <p>Disability</p> <p>Other - Carers</p>

		possible in their home environment. The hospital team may also link with Red Cross to request initial services to support transition home.	
1.9	Apply the principles of the Ayrshire end of life and palliative care model.	This action is currently under development and will be reported at the end of this plan period, in March 2025.	Age (Older People) Disability Other - Carers

3.2 Equality Outcome 2: People and communities who make North Ayrshire their home can effectively access the health and social care services they need.

No.	Supporting Action	Progress for April 2022 – March 2024	Protected Groups
2.1	Develop a plan to support the transition of new Scots away from Refugee Taskforce support and onto mainstream health and social care supports	<p>The HSCP has an established Resettlement team which supports the health and social care needs of refugees and asylum seekers, primarily Syrian and Afghan. With the arrival and coordination of the new Ukrainian scheme in 2022, the pre-existing Resettlement Team, which includes both HSCP and housing colleagues, mainstreamed support into existing health and social care supports for new Scots.</p> <p>The Resettlement Team, providing health, housing and wellbeing assessments and screening, ensured the delivery of long-term council tenancies and registration with GP practices. It is through this GP registration that the new Scots can access suitable early years, public health screening, mental health, immunisation, dental services, and other health/social care supports as required, and that access to mainstream health services is as timeous and efficient as possible.</p> <p>In May 2023, a new nursing team was established to support the initial health assessment and screening of Ukrainian Displaced People, including physical and mental health assessments, migrant screening, and immunisations. The team empowers individuals and families to access mainstream health supports as quickly as possible, only remaining open</p>	Race and Ethnicity

		<p>to new Scots for a short initial period. This team has now been expanded to include asylum seeker arrivals, Unaccompanied Asylum Seeker Children, and trafficked young people.</p> <p>The HSCPs role in the North Ayrshire Council led Refugee Task Force ensured a positive partnership approach with Housing, Connected Communities and Education colleagues to ensure a whole system holistic approach was put in place to support new Scots e.g. social clubs, language classes.</p>	
2.2	Undertake a needs assessment of the possible long-term health and social care needs of new Scots	With the arrival and coordination of the new Ukrainian scheme the HSCPs contributed to the North Ayrshire Refugee Task Force position statement. This position statement engaged with all services and GP clusters to be developed. The position statement highlighted the current service pressures, specific locality issues, gaps and opportunities faced by HSCP services in accommodating additional new arrivals. The new Scot long-term health and social care needs have been met locally.	Race and Ethnicity
2.3	Deliver locally the actions to support new Scots as identified in the Mental Welfare Commission for Scotland's Equality Outcome Plan 2021.	<p>The Equality and Human Rights Commission engaged with the HSCP Strategic Planning and Equalities lead to ensure that new Scots were captured as part of their Scotland's Equality Outcome Plan 2021. The action is regarding engagement with diverse communities, including ethnically diverse communities, gypsy/travellers, refugees and asylum seekers, LGBT people, disabled people, older people.</p> <p>As part of the Refugee Task Force, the pre-existing Resettlement Team, Connected Communities and Education colleagues continue to engage with new Scots on a regular basis to meet their needs effectively.</p> <p>Additionally, the HSCP has a programme of engagement with diverse communities. Currently, there is ongoing engagement with the gypsy/traveller community, particularly around male mental health, an identified issue for that demographic.</p>	<p>Disability</p> <p>Race and Ethnicity</p>

3.3 Equality Outcome 3: Children and families in need are supported to live healthy and safe lives.

No.	Supporting Action	Progress for April 2022 – March 2024	Protected Groups
3.1	Implement Signs of Safety approaches to improve how we work with families to develop meaningful childcare plans.	<p>The HSCP is implementing the Signs of Safety strength and safety organised approach to social work case work that analyses detailed information for a balanced risk assessment. It is a relationship-based model working within the context of child welfare and protection and will provide a practice framework that revolves around balanced risk assessment, risk management and effective safety and care planning.</p> <p>Signs of Safety integrates professional knowledge with knowledge from families and their wider networks to rigorously explore harm and complicating factors alongside existing strengths and safety.</p> <p>It involves partnership working with families to reduce risks and increase safety by building upon the family's strengths, resources and networks to change the everyday lived experience of the child so that we are confident the child is safe. As a consequence of working in a risk sensible approach with families more children will be supported to remain within their family network.</p> <p>Preparation for implementation commenced in April 2022, with a 2-year intense implementation period which will conclude in October 2024, fully embedding the approach in every day social work practice for future years.</p>	Age (Children)
3.2	Improve the quality and accessibility to services for children and young people who themselves (or parent/care givers) are at risk due to the harmful effects of alcohol or drug use, by establishing a speciality	The Child and Adolescent Specialist Substance Team has been in place since February 2021, working with 5–21-year-olds affected by their own or parental drug and/or alcohol use. Currently, the CASST team is running with a collective caseload of 60. The team is based within the Three Towns Locality, but the team covers all of North Ayrshire and works closely with Children & Family Social Work, Justice Services and NADARS (adult alcohol services). The team has done a number of things over the reporting period to improve the quality of the service, including:	Age (Children) Sex

	<p>support team in Partnership with the ADP.</p>	<ul style="list-style-type: none"> • In August 2023, recruitment of a care experienced modern apprentice on an 18-month contract to complete their SVQ3, revitalising the ethos of the group, morale, and team spirit. It has also been wholly successful thus far, with the modern apprentice now also undertaking their HNC in social care on day release at college. • Continuing to utilise CORRA funding for diversionary supports with the overall purpose of preventing CASST service users or their parents from using drugs or alcohol and/or for access to treatment. The funding has been used to build skills and promote social activities and interests/hobbies for young people and provide them with alternate experiences to encourage aspirational growth. This has included gym memberships, equine courses, participation in sports etc. <p>During the 2023 Summer holiday period, the team ran a hip-hop dance therapy summer scheme for children and young people affected by trauma and impacted by their own or parental drug or alcohol use, teaching dance classes to aged 5–11-year-olds and 12+. The aim of the dance therapy sessions was as an intervention to help with attention and focus, to improve communication, and to reduce feelings of isolation, social anxiety, and chronic pain. Overall, 24 children and young people attended across the summer holidays. Feedback was gathered from young people and their parents/carers using evaluation forms and was overwhelmingly positive. 100% of the children and young people who attended reported as enjoying the dance therapy classes and expressed that if given the option, they would attend again. Three of the parent’s feedback was [anonymously] as follows: “While home life is very difficult and her sister’s needs tend to take up most of my time, it has been great for her to have something so positive that is just hers. The positivity and energy of the class has really given her a much-needed boost”, “I love that X has her own thing, has made friends (which she normally finds difficult) and dance improves her balance and coordination”, “Y is so happy and gets so excited when it comes to a Thursday, she said this is the best thing about the Summer holidays”. Due to the success of this, plans are in progress to commence further dance therapy sessions for age groups 12m - 5 years, 5-10 and 11+. The dance therapy sessions will be starting again in March 2024.</p>	
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		CASST and Children 1 st have recently established a groupwork programme supporting primary school aged children in St Mark's Primary School offering weekly sessions focussing on early intervention, reducing stigma, and educating children around the risks of alcohol/drug use. There is also an afterschool group due to start in the coming weeks which will work with children and young people directly affected by parental drug/alcohol use. This will include educational/informative sessions as well as activity-based opportunities to promote social and emotional inclusion.	
3.3	Enhance early intervention and prevention provision within the established Infant Mental Health Service	<p>Ayrshire & Arrans Mini Minds Matter (Infant Mental Health Service) is currently under development.</p> <p>In 2019, the Scottish Government committed to implement and fund a Scotland-wide multi-agency model of IMH provision: <i>“to meet the needs of families experiencing significant adversity, including infant developmental difficulties, parental mental illness, parental substance misuse, domestic abuse and trauma.”</i></p> <p>The service is an infant mental health system of support with GIRFEC at the core as well as national guidance on highlighting the voice of the infant, the specific needs of infants outlined in “The Promise”, and UNCRC work on infants’ rights. Training is also being provided by NES Infant Mental Health training Plan. The service aims to promote emotional wellbeing for infants by supporting them and their important relationships with their parents and carers as well as working together with existing services to understand how, where and when the service can be helpful.</p> <p>A pan-Ayrshire steering group working on the ongoing development of the service, and a series of engagement sessions has been carried out through 2023 to ensure co-production from the outset. This has included focus groups with kinship carers, parents, and services, and identified Infant Mental Health champions.</p>	Age (Children) Sex Disability
3.4	Work with leadership across HSCP, NHS and North Ayrshire Council to locally agree that people with Care Experience	A motion was tabled at a North Ayrshire Council meeting on 29 th March 2023, outlining that in recognition of the Council’s commitment to the Promise and responsibility as corporate parents, the Council should support adding “Care Experienced” to be treated as a protected characteristic in North Ayrshire’s Equality impact assessments to ensure all decisions made	Age (Children)

	<p>are considered as a protected characteristic.</p>	<p>by Council give specific focus on how we can improve the lives of care experienced young people.</p> <p>A follow up report was presented on 13th December 2023, seeking approval to adopt the following definition of ‘care-experienced’ for the purpose of Equality and Children’s Rights Impact Assessments:</p> <p>“Anyone under the age of 26 years in the North Ayrshire area for whom North Ayrshire Council is, or has been, the Corporate Parent, or who is, or has been, looked after by North Ayrshire Council or any other local authority at any stage of their childhood, no matter how short. By ‘looked after’ we mean that the child or young person has been looked after by a local authority in foster care, kinship care or in residential care, or has been living at home subject to a compulsory supervision order made by the children’s hearing or has been subject to a kinship care order made by the court.”</p> <p>New templates for ECRIA assessment and screening were produced for use across the Council and the HSCP in January 2024.</p>	
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3.4 Equality Outcome 4: Through improved engagement practices and access to a greater range of health and social care opportunities, people with a learning disability, or those with complex health conditions, achieve better health outcomes.

No.	Supporting Action	Progress for April 2022 – March 2024	Protected Groups
4.1	<p>Undertake a Learning Disability Needs Assessment with all current LD Service users to better understand long-term need and resource requirements and consider processes for implementing</p>	<p>The support needs of clients are regularly reviewed and responded to as part of their ongoing involvement with the service and engagement information is currently being gathered in order to develop a Learning Disability Strategy. Work to develop the strategy began in late 2023 and has carried on into 2024, prioritising service-user and carer engagement. Ongoing engagement has been framed around the question of ‘What Makes a Good Life’, but other engagement with clients has taken place on topics such as respite provision, and mental health and wellbeing.</p>	<p>Disabilities, Other – Carers</p>

	<p>the Annual Health check for all service users.</p>	<p>Arts based activity has been an important aspect of our development work, resulting in the delivery of the 'How We See Ourselves' exhibition (a piece of work in collaboration with Neighbourhood Networks and local artists), and ongoing work to explore transitions within the 'What Comes Next?' project.</p> <p>Positive progress has been made around the implementation of Annual Health Checks, and it is intended to provide a light-touch report on that work in late April/early May. To date (2nd April 2024), 68 checks have been completed, and the learning regarding their implementation, and the potential role of Primary Care moving forward, continues to accrue.</p> <p>Work planned over the next year includes further development of the new Learning Disability Strategy. A critical aspect of the plan will be a commitment to finding a practical, meaningful, and sustainable way to involve clients and other stakeholders in an ongoing conversation regarding the development of the Learning Disability Service, and inclusive communities more broadly.</p>	
4.2	<p>Undertake robust stakeholder engagement activity to identify the range of available support options to service users and their families.</p>	<p>The health and social care sectors rely on local providers of care from the third and independent sectors, and there is a lot of activity locally to ensure service users understand local services and local providers understand local need.</p> <p>The commissioning team has regular communication with providers and currently complete biannual contract management meetings with services that are commissioned, annual visits, and daily communication where any concerns may arise within services.</p> <p>Within these visits and meetings we discuss outcomes for service users, reviews, concerns and discuss service action plans. Updated KPIs are also monitored for our meetings to capture progress of service delivery and if any gaps within service provision can be identified. The service also carries out regular provider's forums, most recently on 18th March 2024, in order to maintain communication.</p> <p>The Community Link Worker (CLW) Service directs and refers service-users to the local services they need and so have taken on the role of managing Referral Partners, which led</p>	<p>Disability Other – Carers</p>

		<p>to improved knowledge of service provision across North Ayrshire and within NHS Ayrshire & Arran.</p> <p>Guest speakers are invited to attend the CLW Steering Group meeting each month to update the team on service developments that can be shared with service users, and CLWs have attended a range of community events with the aim of promoting the CLW service and linking with service providers from across Ayrshire.</p> <p>A community mapping exercise was carried out in 2023 which saw CLW's updating community guides for each of the localities that we work in. The follow up work from this exercise is still ongoing but we are confident that this will be completed by the end of May 2024.</p> <p>A further community mapping exercise was carried out earlier this year and this has led to an A-Z list of support services being added to the NAHSCP to make residents aware of the support options available to them. This is also accessible via the NAC Cost of living page to increase reach.</p>	
4.3	<p>Host regular informative drop-in sessions with service users and families to inform them of the range of local community opportunities available.</p>	<p>Following some recruitment challenges within the Community Link Worker service, it now has a full complement of staff and is planning to carry out drop-in sessions. The service is currently planning drop-in sessions to be carried out in all towns across Garnock Valley and North Coast between June 2024 and March 2025.</p> <p>The Mental Health Service has previously hosted events on a drop-in basis and has further plans to implement a regular event for informing service-users of local mental health services. The Scottish Mental Health Arts Festival was established in 2007 and is run by the Mental Health Foundation annually, in order to explore how the arts can improve mental health and wellbeing, engage diverse communities and challenge stigma and perceptions. In October 2023 North Ayrshire ran a local Mental Health Arts Festival, organised collaboratively between the HSCP, NHSAA, NAC, RAMH North Ayrshire Wellbeing and recovery college, KA Leisure, and Arran CVS.</p>	<p>Disabilities</p> <p>Other – Carers</p>

		<p>In addition to hosting arts shows and performances, partners presented their work to raise awareness of local services, including: Beith Community Development Trust, in-patient mental health services, Tidelines, Trindlemoss Day Opportunities, and North Ayrshire Wellbeing & Recovery College – RAMH. This raised the profile of local services on the launch night, before the 3-week festival consisting of over 30 local events commenced.</p> <p>In addition to a second Mental Health Arts Festival being planned for October 2024, the Mental Health Service is hosting its first Mental health and Wellbeing Connect event on Monday 29th April which will be attended by a range of services and supports available to North Ayrshire residents, including Carers Gateway North Ayrshire, VoiceAbility, NHS 24, and Community Link Workers, giving people in the community the opportunity to learn of local services.</p>	
4.4	Undertake a review of respite provision, including engagement with LD services users and families on their respite/short break aspirations.	<p>Building on the service’s involvement in the Promoting Variety programme in 2023 (led by Healthcare Improvement Scotland and Shared Care Scotland), engagement work was undertaken with clients and carers in late 2023. The outputs of that work will form a key part of our continuing work around developing a broader perspective on respite provision. Red Rose House remains our main offer in this respect, and a greatly valued one. It has seen management changes in recent months, and Hansel (the provider) continues to be a key contributor to the ongoing discussions regarding respite.</p> <p>Going forwards, we will build on the engagement activity undertaken so far, and intend to establish a staff member linked to promoting short breaks activity within Carers Gateway. The service also continues to work with Hansel regarding further refining existing systems to ensure best use of the available resource, as well as taking on board learning generated by the engagement activity.</p>	<p>Disabilities</p> <p>Other – Carers</p>
4.5	We will review our Transition processes across Partnership Services. This will include undertaking meaningful	The HSCP is currently reviewing the Transitions Processes used within different services and teams, including health, education, and social care services, with a specific focus on mental health and the learning disability service. The term ‘transitions’ is used to refer to the process of young people moving from children’s to adult’s services, but transitions pathways within learning disability services can occur at different stages.	<p>Age</p> <p>Disability</p> <p>Other – Carers</p>

	<p>engagement with service users.</p>	<p>Different teams often operate using different criteria or processes, so this review aims to identify any differences, best practice, and inconsistency. To do this, a comprehensive period of engagement was planned and is currently on phase 4:</p> <p>Phase 1 involved focus groups with targeted staff groups, implementing the Principles into Practice framework to explore a range of themes relating to our current transition process.</p> <p>Phase 2 invited parents and carers of those with learning disability or mental health conditions to share their experience of transition. This was done with semi structured interviews.</p> <p>Phase 3 involved focus groups with young people about their transition experience. This adapted the Principles into Practice framework, so the same questions were asked but in methods that were more accessible. Workshops were held in 2 parts, to build relationship with each young person to ensure meaningful engagement and a transition workshop explored the move from school into the future.</p> <p>Phase 4 is currently underway, which is continued engagement and the formation of a transition parents peer group across North Ayrshire.</p> <p>The engagement process is ongoing, after which the Chief Social Work Officer will report recommendations for improving the partnership's transition processes. There is scope for further ongoing engagement with young people to consider the transition process for young people in mainstream schools.</p>	
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4. Next Equalities Outcomes Plan

The next Equalities Outcomes Plan will be published in Spring 2025. The current outcomes will be reviewed to ensure progress has been made and actions have been completed. New or reviewed outcomes will be developed following engagement with groups with shared protected characteristics about their experiences accessing health and social care in North Ayrshire.

The next plan will be developed alongside the review of the current Strategic Plan, to ensure that the voices of people with shared protected characteristics will be reflected in the overall strategic planning of the area, as well as reflected within our Locality Planning Structures.

Appendix: Equality Outcomes and our Strategic Priorities

HSCP Equality Outcome	Ayrshire Shared Equality Outcome	HSCP Strategic Priority
Older people with complex care needs are supported to live independently at home for as long as possible	<ol style="list-style-type: none"> 1. In Ayrshire, people have opportunities to fulfil their potential throughout life 	<p>Enable Communities</p> <p>Provide Early and Effective Support</p> <p>Improve Mental and Physical Health and Wellbeing</p>
People and communities who make North Ayrshire their home can effectively access the health and social care services they need	<ol style="list-style-type: none"> 1. In Ayrshire, people experience safe and inclusive communities 2. In Ayrshire, people have equal opportunity to access and shape our public services 3. In Ayrshire, people have opportunities to fulfil their potential throughout life 	<p>Enable Communities</p> <p>Improve Mental and Physical Health and Wellbeing</p> <p>Tackle Inequalities</p>
Children and families in need are supported to live healthy and safe lives.	<ol style="list-style-type: none"> 1. In Ayrshire, people experience safe and inclusive communities 3. In Ayrshire, people have opportunities to fulfil their potential throughout life 	<p>Enable Communities</p> <p>Provide Early and Effective Support</p> <p>Improve Mental and Physical Health and Wellbeing</p> <p>Tackle Inequalities</p>
Through improved engagement practices and access to a greater range of health and social care opportunities, disabled people or those complex health conditions, achieve better health outcomes.	<ol style="list-style-type: none"> 1. In Ayrshire, people experience safe and inclusive communities 2. In Ayrshire, people have equal opportunity to access and shape our public services 3. In Ayrshire, people have opportunities to fulfil their potential throughout life 	<p>Enable Communities</p> <p>Improve Mental and Physical Health and Wellbeing</p> <p>Tackle Inequalities</p>

Integration Joint Board
9th May 2024

Subject: **Unpaid Carers Service Developments in North Ayrshire**

Purpose: To update Integrated Joint Board members on progress to date with developments to expand and improve support for unpaid carers in North Ayrshire.

Recommendation: Integration Joint Board members are asked to:

- Note the advancement and impact for improved carer information and support services.
- Agree to annual progress updates to be brought to the IJB in future

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	

1.	EXECUTIVE SUMMARY
1.1	This update brings forth progress to date of the local North Ayrshire Carer Strategy: Building Caring Communities 2023 – 2025 and re-provision of the expanding Carer Gateway North Ayrshire Service, as well as plans for the coming months into 2024/2025.
1.2	<p>The paper highlights the collective priorities and range of activities being taken forward as a strategic partnership with Unity Enterprise and their rebranded Carers Gateway North Ayrshire service, launched in October 2023.</p> <p>The report demonstrates the early effect of improvements and the continued commitment and importance of identifying, informing, involving and supporting carers to sustain caring roles and offer a life alongside caring. It also ensures NAHSCP continues with the implementation of the Carer (Scotland) Act 2016 and the statutory responsibilities therein.</p>
2.	BACKGROUND
2.1	<p>The Carer’s (Scotland) Act 2016, which took effect on 1st April 2018, aims to enable unpaid carers to be better supported so they can continue to care, if they wish to do so, while also having a life alongside caring. The Act sets out several responsibilities including:</p> <ul style="list-style-type: none"> • the right to an adult carer support plan or young carer statement based on each carers personal outcomes and need for support,

	<ul style="list-style-type: none"> • a duty to provide support for carers based on local criteria, and consider support in the form of a break from caring, • the establishment and maintenance of an information and advice service and publishing of a Short Breaks Service Statement, • a duty for local councils and health boards to involve carers in the planning and evaluation of services that support carers, including the publication of a local carer strategy • a duty on health boards to inform the carer and invite their views before the cared-for person is discharged from a hospital stay. <p>In Summer 2023 NAHSCP launched a revised interim local carer strategy: Building Caring Communities 2023 - 2025, with clear aspirations for supporting carers. This was in conjunction with a threefold investment in the re-provision of the local carer service which has been rebranded and launched as a more visible locality-based Carers Gateway for communities across North Ayrshire. The report details progress on strategic priorities and Carer Gateway service plans.</p> <p>For context, 1,580 (1,213 adult & 367 young carers) carers were known and registered with the Carers Gateway on 31st March 2024. This shows a reduction in adult carers since last reporting in August 2023 due to data cleansing and archiving of around 200 carer records within the service for all carers aged 18 and over. Most new registrations for adult carers are predominantly coming from self-referral.</p> <p>Improvements to the young carer data set had already been completed and shows a 28% increase for young carer registrations and reflects good progress based on the work and messaging of the carer services partnership. New registrations predominantly are coming from primary school referrals for young carers.</p> <p>NAC Education Services lead on young carer identification and support. Across our primary and secondary schools at the last count on 16th April 24, 417 young carers under 18 years were identified on SEEMiS – pupil record management system, an increase of 32% since last reporting in August 2023. There will be expected crossover in the Carer Gateway and Education figures as we offer young people a choice of how they wish to be identified and supported through multiple routes.</p>
<p>3.</p>	<p>PROPOSALS</p>
<p>3.1</p>	<p>Priorities remain highlighted within the local carer strategy for growing young and adult carer services. NAHSCP continue to work closely with carers, our commissioned Carer Gateway service and other key partners to improve and implement information and support options with systems that are easier for carers to access to ensure:</p>

- Carers are actively sought and identified.
- Carers are informed, have increased confidence in their caring role and feel supported.
- Carers are offered and supported to prepare an Adult Carer Support Plan or Young Carer Statement.
- Variety in breaks from caring.
- Carers feel involved as equal partners in care design/ delivery.
- Strong partnership working/ engagement is evident.
- Improved identification, information and support for Young Carers with a focus on transition periods through to adulthood.

Primary areas of focus for the Carers Gateway service in the initial months of expansion fell under the following workstreams:

- Continuity and monitoring of current carer service as the service grows.
- Recruitment & HR.
- Partnership mapping to promote the new service.
- Marketing of the rebranded 'Gateway' carer service.
- Digital developments, scoping the right resource and market testing for young and adult carers.
- Property discussions and establishing a new administrative base (no firm date to leave the current facility).
- Financial planning.

The outcomes of the expansion have been positive to date and the report shares some of these below:

Recruitment

A programme of recruitment has seen the Carers Gateway team expand from 4.5 to 15 staff with only two positions remaining vacant.

Adult locality workers are more present in community spaces and at various groups sharing the Carer Gateway aspirations with existing and new networks. The young carers team are also operational across schools with each worker supporting 3 clusters on a rota across their designated areas.

The NAHSCP Carers Team also welcomed Claire Wiseman – Project Delivery Officer for Carers and Self-directed Support developments on 25th March. Claire will continue the work that commenced with our in-house teams and services to improve and increase our messaging for adult and young carers. Areas of focus will be to improve uptake/conversion for Adult Carer Support Plans and to encourage the offer of Adult Carer Support Plans and Young Carer Statements across Children and Family services.

Digital Support

The Carers Gateway have commissioned [Bridgit Digital Carer Support Services](#), a 24/7 digital resource to reach and identify more carers, provide access to online self-help, access to referral and registration with the Gateway Service, local and national information and support, access to build personal plans, WhatsApp and multi-channel support for regular contact. The resource also has built in analytics and reporting for service tracking and development. The resource went live on 11th March with a full launch proposed in the coming weeks.

The objectives for North Ayrshire carers with the resource are:

1. Improving information; advice and guidance – Bridgit, through AI can access a real time directory of local and national information, events and services for instant support.
2. Identifying carers; the Carers Gateway is exploring joint campaigns with the resource and local Primary Care services, initial conversations in Kilwinning have been positive. The resource is also supported by targeted advertising campaigns through google searches.
3. Staying healthy; self-help plans are available to build and include various topics, health conditions, wellbeing solutions and things important to each individual carer circumstances.
4. A Life outside of Caring; Local events, groups and services are signposted to help identify opportunities away from the caring role.
5. Assessment & Support; carers can access a level of self-assessment with active engagement and support chat along the way.
6. Emergency/ Contingency Planning; carers can create and log 'what to do in an emergency' when they are unable to care. Links to the local Carer Appreciation Card are being explored also to make this a digital offer.
7. Recognition & Value; ensuring that carers have access to a resource and services they have engaged with in the design, operation and content through various focus groups and that it signposts and provides valued support.

The resource is predominantly aimed at adult carers but additionality agreed from the Bridgit Care Service as part of this project is scoping a resource more suitable for young carers. There will also be an area of work to promote local short breaks from caring on the Bridgit platform. Integration work between Bridgit to the Carers Gateway record management system – Charity Log has also taken place to capture online referrals, registrations and plans. On 31st March Carers Gateway reported 6 new registrations and 73 personal carer plans already created by carers self-accessing and exploring Bridgit while seeking information and support.

Engagement work for the resource highlighted the following challenges by carers and it is hopeful Bridgit digital resource will be a starting point to help to guide, support and improve on some of these areas for carers:

- Lack of carer recognition.
- Lack of communication.
- Lack of joined up working across the health and social care system.
- Carers navigating the care system alone and feel unsupported.
- Carers have higher levels of poor mental health than national averages.
- Restricted engagement within the hospital system.

Carers Gateway are also improving their website to correlate with and showcase the changes to the new approach and model, and ensuring more current, correct information is available for local carers [Carers Gateway | Information, support and advice for carers of all ages](#). This went live on 11th March. The service are also making full use of [Carers Gateway North Ayrshire | Irvine | Facebook](#) which is a lively hub for identifying, communicating, engaging and promoting information and support.

A first suite of accompanying printed communication resources (leaflets, banners) has also been developed for staff to connect with other agencies at local events and for carers who are not able or do not wish to access information and support options digitally.

Carers Assessments

Adult Carer Support Plans: In 2023/24, across all Social Work services 1,290 Supported Self-Assessment Questionnaires (SSAQ) have been completed for adults seeking support. In 65% of these assessments there was no offer of an Adult Carer Support Plan, which may be the case for some as no unpaid carer exists or were present at the time of assessment. 35% (452) of these assessments identified a carer and offered the opportunity to complete an Adult Carer Support Plan and 81% (368) of those people declined the opportunity to have a conversation about their caring needs. There is no record of the reason for any of those who declined the offer. 19% (85 carers) accepted the offer to complete an Adult Carer Support Plan. In total over the year 116 Adult Carer Support Plans have been completed. This is an increase of just over 50% from the previous year.

In October 2022 capacity was added to NAHSCP carer team with a Carer Support Officer (CSO) to offer an alternative route to early and preventative carer support, for those who are not already known to Social Work teams, where the cared-for does not meet eligibility thresholds for services or for young carers aged 16 - 18 years who are not in school. The introduction of this role has seen the carers team complete 56% (65) of all Adult Carer Support Plans for the year with the remainder being completed by Health & Community Care teams.

Young Carers: Across North Ayrshire primary and secondary schools 376 young carers under 18 years were identified and offered the opportunity to complete a Young Carer Statement. This is a 50% increase from those reported in 2022/ 2023 Scottish Government census return and is representative of the good partnership links with Education Services and strength of messaging and promotion. 30 young carers declined and 346 completed Young Carer Statements have been returned from NAC

Education Services. CareFirst reports that a further 2 have been completed by the CSO role.

Young Carer Statements are beginning to be carried out by Carers Gateway but work is still required to agree appropriate process, access routes to funds for support, recording and reporting and how/when the statement will be reviewed but progress is encouraging with a further route for assessment and good caring conversations for young carers. There will be the same offer for adult carers over the coming months.

Variety in Short Breaks from Caring

A break from caring is any form of support which can be taken in several ways to enable a carer to have time away from their caring routines and responsibilities. The purpose is for carers to have a life outside or alongside the caring role. Short breaks support the carer and often the cared-for, the caring relationship and promote sustained or improved health and wellbeing. It can provide a change of scenery, improve carer confidence, increase ability to cope or succeed, reduce isolation, improve emotional wellbeing, improve general quality of life and increase the ability to sustain the caring role.

The Carers Gateway received £77k for breaks from caring from Shared Care Scotland for 2023/24 which supported 3 phases of carer breaks with around 120 applications per phase supporting a variety of requests at a spend of £69K. The remaining £8K is accounted for in the additional routes for support with breaks and hardship fund at point 3 below where a further 26 carers and families have been supported. £80K has been awarded from Shared Care Scotland for 2024/25.

Carers Gateway also forecast a further £59k spend on carers breaks over the Spring of 2024, as follows:

- £5k (£2.5 each) to the constituted locality carer groups in North Coast and Three Towns to support self-management and growth. It was also used for trips to the Waverly, Healthy Walks and an outing to the Ayr Flower Show.
- £5k for an adult carer trip to bring different carers across the localities together, widening carers opportunity to form peer networks, provide respite and the opportunity to engage in activities which may not always be financially viable.
- £12k (including the £8K mentioned above) for an additional round of short breaks/ hardship funding which will be progressed by the new Short Breaks Officer recently in post.
- £10k for short breaks funding to networks such as NADARS/ Café Solace/ LGBTQIA+/ New Scot – harder to engage carers across these groups (ringfenced).
- £23k for young carers Easter activities including Arty Party, Inverclyde Sports/ Activities in conjunction with Active Schools, Umbrella Holistic Therapies at Fullerton ConneXions, Family Day to the Science Centre, Pony Trek at Kelburn, Watersports at Castle Semple, In Time Escape Room and a weekend sailing trip for 10 young carers with Ocean Youth Trust.

- The remainder was used for staff for organising and processing the above routes to breaks from caring and to issue funds at pace.

Over the festive period Carers Gateway also used £7K to support families who were struggling with food vouchers and presents in addition to the annual festive activities.

For young carers there have been 110 requests for a break from caring this financial year through the HSCP/ Education fund with 74 processed, 10 with no cost due to accessing the KA leisure pass scheme and 26 in final stages with families and supporting services with a total cost of £20,047. Below are some examples of how the fund has contributed to meeting young carer outcomes and looked further to enhance life opportunities.

Young carer applied to complete a Widening Access course to improve their chance to gain entry to Glasgow School of Art. Financial pressures on the family meant the young carer would struggle with weekly travel costs and extra materials to complete the course. £230 was allocated allowing the young carer to have a break from their caring role, pursue their interests and open opportunities after leaving school.

Young carer was the only one in his under 13 ice hockey team to be invited to play competitively for Scotland in Bratislava. This would open further opportunities to represent his country at other games over the coming year, help to find sponsorship and potentially offer pathways beyond school and his caring role for an older relative whilst mum worked. Ice hockey is his break from caring and the family were experiencing financial difficulties, with £1,200 the young carer was accompanied to be part of trial competitions, it relieved him from his caring role and mum did not have to take on extra work and could provide more care to her mother... good news ... the young carer has made it to the final selection for the 2024 Scotland team due to his attendance, ability, commitment and effort.

Young carer with their own health issues engaged in a conversation though school, they lacked confidence, were unhealthy and quite unhappy. School applied for a KA Leisure Membership to help support the young carer's own health and wellbeing through the current programme. Other routes were sought for the young carer through the ILF Transition Fund to support driving lessons due to a transport element to the caring role for appointments and family shopping and to promote independence and reduce feelings of anxiety. A final request for £300 from the HSCP/ Education fund was submitted towards the cost for the young person to attend end of year prom to ensure the young carer had the best experience leaving school as they had undergone an extremely difficult time throughout school, this supported a positive end.

There have been many other young carers supported with small, meaningful purchases such as football boots to play in the school tournament which was turned around in one day with help from HSCP business support and from the Resettlement Team to fully understand the young person's support needs, ice skates to join friends at the local skating rink, vouchers for sports clothing to go to the gym to improve wellbeing.

Carers Act funding secured 240 KA Leisure memberships for young carers across North Ayrshire as a route to improved wellbeing and social opportunities with peers. 236 have been allocated to date with final requests being processed. 25 young carers through a survey issued have told us that this has been good for their physical and mental health. For some it helped with feelings of anger, for some they could go swimming with mum as it was the least painful activity for her, it was about family time, for some it was about body positivity and for many it reduced the financial barriers of being able to join in and be with friends whilst taking a break from caring.

For adult carers in 2023/ 24 there have been 127 referrals to the Carers Team – CSO. Not all requests required access to funding but through these conversations we have supported carers with a variety of requests at a cost of £9,722 and can share the impact on support for the following carers:

Gentleman cares for his wife who receives palliative care and have no wider network or family support. Allocated Social Worker contacted the CSO for help to identify a break from caring. The carer had a caravan in the back garden where he liked to spend time which felt close enough to be able to get time alone but care for his wife, but it required work to repair the electrics. £300 was awarded and this encouraged further conversations to assist the carer to access No One Dies Alone and the Men’s Shed.

Service Access referred to the CSO for a gentleman (carer) and his wife waiting for a package of support. The gentleman was finding the caring role increasingly difficult. They have family close by, use the services of a cleaner, handyman and Wiltshire Farm Foods for meals. The CSO placed a referral initially to the Sensory Impairment Team, North Ayrshire bin pull out service, Community Alarm and advised how to install a key safe. It was suggested to use the cleaner more than once per week and purchase a slow cooker as the gentleman enjoyed making home cooked meals at the weekend. The wife’s health improved slightly over a number of weeks and the gentleman felt more able to cope and no longer felt the need for formal support. They have been in touch again for support to access a podiatry service. This was all at no cost other than time to listen, understand and advise.

CSO supported a family with multiple caring roles. Father was allocated £200 to purchase a gym membership to support his mental wellbeing and was signposted to the Wellbeing Recovery College for confidence building after a previous diagnosis of cancer. Other opportunities for computer courses and the Men’s Shed were offered when ready to engage. Mum was offered £200 to continue to attend exercise classes for physical and mental wellbeing and with a referral to CLASP and Money Matters for income maximisation and benefit advice. The Son has autism and formal support had been removed. He was advised of a local film club and attends independently twice per week. He has been signposted to Equal Futures and has since returned to university to finish a master’s degree in Broadcast Production.

NAHS CP’s longstanding Carers Appreciation Card has 1,107 young and adult carers benefitting from the cards ability to identify them in their caring role across their

community and provide carers with discounts and concessions from 40 local businesses often supporting a break from caring.

Carer Involvement & Engagement

NAHSCP is committed to the principle of carer involvement with our longstanding Carers Advisory Group, our Carer Champion and nominated Carer Representative on the IJB all of which widen the pool of views being represented locally for carers.

Carer involvement continued with the Carers Gateway and the launch of their service in October 23 in West Kilbride. This was the first in a suite of roadshows forecast to meet and engage with more carers and showcase the renewed service – future dates include June in Irvine, August in Arran, September in Kilwinning and November in either Garnock Valley or North Coast (TBC).

The final Carers Advisory Group was held 27th November 2023 which included discussions to move away from the corporate approach of engagement with limited access for all carers to an open network or collaborative. The Carers Gateway Marketing and Engagement Officer is moving forward with the Carers Participation and Engagement strand of work adopting the underlying principles of a Champions Board approach (Equality, Empowerment, Collaboration and Action) as the foundation of a new model for carers voices.

An inaugural North Ayrshire Carers Conference will take place on 12th June at the Riverside Hotel, Irvine in line with celebrations for Carers Week – June 2024. This will invite 100 carers from across North Ayrshire localities to express our gratitude for the care they provide for their loved ones, to showcase the value and regard we have for carers and to share information, ideas and routes for improvement for carer services, as well as to celebrate the first year of the remodelled Carers Gateway service.

NAHSCP Carer Development Officer has been working with the HSCP Transformation Team, Arran CVS, Arran schools, Brodick Patient Participation Group and the Carers Gateway Arran family worker following a period of initial engagement on the Island which highlighted the need to increase carer awareness, information, advice and support on the Island. A phased plan of activity is underway (March to October 2024) to explore understanding and use of adult carer support plans, young carers statements and Carers Gateway service. The work will investigate young people's understanding of caring and explore the impact caring has on future life options and choices, along with the general populations understanding of the caring role, carer rights, and use of the Carers Gateway service. The final phase will identify specific carer needs, gaps in information and carer support. The work will generally raise awareness with a view to increasing reach and referrals for the Carers Gateway service. Green shoots are already evident with 12 new carer registrations due to this activity (6 adult and 6 young carers).

3.2	<u>Anticipated Outcomes</u>
	<p>The report demonstrates the early effect of improvements and the continued commitment and importance of identifying, informing, involving and supporting carers to sustain caring roles and offer a life alongside caring. Ensuring the IJB continues with the implementation of the Carer (Scotland) Act 2016 and the statutory responsibilities therein.</p>
3.3	<u>Measuring Impact</u>
	<p>We will demonstrate improvements and what good carer support looks like through governance and performance monitoring of the local strategy and Carer Gateway Service Development Plan 2024 – 2025. The carer services and its associated developments remain accountable to the IJB and North Ayrshire Council. Scheduled updates will be tabled through appropriate governance routes for continued oversight and direction with escalation where required. It is proposed the formal reporting to the IJB moves to an annual reporting cycle.</p> <p>Bi-annual contract monitoring also measures quality and impact through agreed KPI's linked to outcomes in the local strategy.</p> <p>Carers Gateway have worked to improve their data collection system – Charity Log with a cleansing exercise and staff training for all delivered in February 24. NAHSCP have highlighted the importance of accurate recording and reporting through our governance system and the need for timely information, as well as statutory reporting of the annual Scottish Government Carer Census. Carer identification, increased reach and access to support will be tracked through referrals, registrations or short break applications as well as completed ACSP and YCS.</p> <p>Improvements to the carer engagement model will also provide a measure of impact/success as we move to a more inclusive and collaborative model. Developments will be monitored through the voices, wisdom and experiences of our carers.</p> <p>Carers Gateway also began work with Evaluation Support Scotland but did not feel they were the right fit and have now accessed support from Matter of Focus who support organisations to measure, monitor and report on their impact for improvement.</p>
4.	IMPLICATIONS
4.1	<p><u>Financial</u></p> <p>North Ayrshire have been awarded Carer's Act Implementation funds from the Scottish Government since 2018. The use of this funding is not ringfenced or stipulated but should enable and support the implementation of carer duties under the Act. The revised annual budget for 2023/24 was £1,188,716. The following shows annual spend for carer support services in 2023/24:</p>

Actual Annual Spend 23/ 24		£
Carer Service Contract		566,066
Staffing Carer Support Team (<i>2 team posts-SDS/ mainstream</i>)		57,727
Light touch breaks for adult carers		9,722
Young Carers Wellbeing through Education		20,047
Digital Resource (Carers UK)		2,500
NAHSCP SDS Learning Review		8,250
TOTAL SPEND		666,312
TOTAL BUDGET		1,188,722

NB: Carer funds were also realigned to the provision of in-house respite services

4.2 **Human Resources**
There has been positive progress with filling all positions, with updates contained in the report for both Unity - Carers Gateway NA and NAHSCP Carers Team.

4.3 **Legal**
North Ayrshire Council and NHS Ayrshire and Arran must meet their duties under the Carers (Waiving of Charges for Support) 2014 Regulations, Carers (Scotland) Act 2016, Terminal Illness Regulations (July 2021), in relation to carers 'Rights to Breaks from Caring'. Unpaid carer legislation should be held in the same regard as any other directive pertaining to professional assessment of need and provision of support.

4.4 **Equality/Socio-Economic**
Under the Fairer Scotland agenda, it is commonly noted that unpaid care places added strain on multiple areas of a person's life including personal health, relationships and social opportunities, finances, appropriate housing, ability to retain education or employment. It is also known that carers predominantly are female and in the mid – older stages of life.

The strategy and plans for continued carer service growth contained in the report bring together a range of priorities, new approaches and better routes for information and support to ensure carers are equally recognised, informed and supported whilst trying to reduce any negative impacts caring may have.

4.5 **Risk**
The work outlined goes some way to mitigate the risks which are well understood in relation to not getting the right supports in place for unpaid carers, including:

- Carers not being be aware of their rights or how to access information and support at the right time on their caring journey impacting on multiple factors of their life.
- Carers are not be identified, informed and supported resulting in carer roles/ relationship breakdown and carers experiencing further impact on their own physical and emotional wellbeing.

	<ul style="list-style-type: none"> • Carers may not be included, listened to or involved in carer services design to support them or care planning for their loved ones. • The impact on wider HSCP services if Carers are not supported, further overwhelming and increasing demands on statutory care services and increased costs for health and social care services.
4.6	<p><u>Community Wealth Building</u> Community benefits are a contractual requirement within the re-provision of the carer service. The NAC Community Benefit wish list has also been considered. Quarterly reporting of community benefits will be adhered to with a final report within 2 weeks of contract end date – 2nd July 2026. Below are the agreed benefits from Unity.</p> <ul style="list-style-type: none"> • Attend 5 employers fairs. • Employ 1 x FTE who has been unemployed for more than a year. • Employ 1 x 0.5 FTE who has been unemployed for more than six months. • Four student work placements lasting at least two weeks. • One instance of support via the NA Community Benefit wish list (two opportunities currently being explored in a local care home and on Arran).
4.7	<p><u>Key Priorities</u> NAHSCP priorities remain linked to those highlighted in our local carer strategy - Building Caring Communities 2023 – 2025. The Carers Gateway Service Development plan 'Visibility, Value and Voice 2024 – 2025' is being finalised and works in conjunction with local strategy aims. Plans are to help carers reduce isolation, develop skills, improve wellbeing and feel more empowered and valued.</p> <p>As a partnership we will focus on the following in the coming year:</p> <ul style="list-style-type: none"> • North Ayrshire Short Breaks Statement will be reviewed and published with development in variety of breaks following the recent appointment of a Short Break Officer and Wellbeing & Activities Officer. • Communication and marketing materials to encourage carer identification and carer conversations, promote carers rights and inform how to access carer services. • Wider carer engagement will continue from the work in Arran across to our mainland communities to begin to develop a medium – long term strategy commencing 2026. • Information, awareness and support to improve our offer for carers across all HSCP teams enhancing staffs understanding of their duties, carers rights, ACSP/ YCS and the support available. • Creation of a communication and activities plan for the coming year, making the most of the national calendar events, local roadshows and annual carer celebration. • Continued networking, mapping and partnership building with local organisations.

	<ul style="list-style-type: none"> • Engagement with carers through development of the Carer Champions Board, building on established and constituted peer groups and involvement in locality planning groups. • Continuing to develop Bridgit and the opportunities the digital resource offers. • Improved social media presence and sharing positive carer stories empowering carers voices. • Identifying and supporting carers who experience financial pressures. • Improved strategies to identify and support minority carers. • Localised work within North Coast, Garnock Valley and Arran where there are low registrations and less carers seeking support. • Improved process and pathways for all carers with identification, registration, ACSP and YCS options. • Development of Section 28 – Involving Carers in Hospital Discharge, learning from the pan Ayrshire work and identifying a model and approach for North Ayrshire community hospitals. <p>Specifically for young carers we will continue to:</p> <ul style="list-style-type: none"> • Forge partnerships with education, health, social care teams and third sector staff to identify potential young carers. • Develop better systems and safe spaces for self-identification and sharing experiences for students. • Support schools to establish peer groups and buddy supports as young carers transfer from primary to secondary. This also ensures the transfer of information meaning schools are prepared to support the young carer on arrival. • Host awareness campaigns, sessions, events to encourage disclosure and minimise stigma for professionals and carers. • Encourage YCS completion and access to support. • Develop activities and short breaks opportunities with young carers. • Engage with parents to understand what information and support is required and when for families. <p>Focusing on these areas and fostering collaborative partnerships ensures that all young carers in North Ayrshire, including those from underrepresented communities, receive the support, recognition, and resources they need to thrive.</p>
5.	CONSULTATION
5.1	<p>Carer involvement and collaborative working is a key principle and duty under the Act and in all our ambitions for carers, we recognise carers are equal, expert and valued partners in caring decisions, care delivery and reforming carer services. Fuller consultation and engagement plans are through the body of the report.</p>

Caroline Cameron, Director

Lead: Scott Hunter, Chief Social Worker

Kimberley Mroz, Manager – Professional Standards (SDS/ Carers), kmroz@north-ayrshire.gov.uk

Integration Joint Board
9th May 2024

Subject:	Strategic Inspection of Adult Support and Protection in North Ayrshire.
Purpose:	To advise board on the outcomes of the strategic inspection of adult support and protection completed by the Care Inspectorate, Health Improvement Scotland and His Majesties Inspectorate of Constabularies.
Recommendation:	Board members are asked to: <ul style="list-style-type: none"> • Note the outcomes of the inspection. • Note the submission of the improvement plan and the governance of this through the Adult Protection Committee and Chief Officers Group.

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	

1.	EXECUTIVE SUMMARY
1.1	<p>This paper updates board on the process, outcomes and submission of the action plan as it relates to the strategic inspection of Adult Support and Protection (ASP) in North Ayrshire which was undertaken between September and December 2023. The inspection team scrutinised the records of 89 adults at risk of harm for the preceding two-year period, from September 2021 to September 2023.</p> <p>This paper will reference those parts of the inspection report that apply to delegated services only with observations offered if this impacts the interface between the HSCP and NHS Ayrshire and Arran and/or Police Scotland.</p> <p>The full Inspection report can be found here.</p>
1.2	<p>The inspection found clear strengths in ensuring adults at risk of harm are safe, protected and supported. The inspection highlighted key strengths and also identified areas for development including:</p> <ul style="list-style-type: none"> • Overall, adult support and protection inquiries were undertaken in line with the code of practice. They were of a high quality, prompt and competently determined whether to proceed to full investigation. • The quality and competence of adult support and protection investigations was a clear strength. They reflected multi-agency contributions and supported effective risk assessment.

	<ul style="list-style-type: none"> • The creation of an NHS Ayrshire and Arran associate nurse director for public protection and other initiatives impacted positively on health operational practice and strategic partnerships. • The partnership’s strategic leadership was committed to continuous learning and improvement. This was channelled through well-established, and regularly undertaken, audit and self-evaluation activities. <p>The inspections also reported key areas for improvement. These included:</p> <ul style="list-style-type: none"> • Access to independent advocacy was limited. The partnership aimed to address this through their refreshed advocacy strategy. This should be a priority area for improvement. • Police Scotland inconsistently applied policy and practice across several areas, which when combined weakened the operational effectiveness of the partnership’s adult support and protection activity. These require to be promptly addressed to ensure parity of service levels across the partnership
2.	BACKGROUND
2.1	<p>Inspection activity in relation to ASP nationally concluded its first phase and in the first phase North Ayrshire was inspected in 2017.</p> <p>Learning from this national activity prompted Scottish Ministers to request that the Care Inspectorate lead a second phase of joint inspection and development of adult support and protection in collaboration with Healthcare Improvement Scotland and His Majesty’s Inspectorate of Constabulary in Scotland. Phase two is closely linked to the Scottish Government’s improvement plan for adult support and protection, and the national implementation groups which support it.</p> <p><u><i>The joint inspection focus:</i></u></p> <p>Phase two joint inspections aim to provide national assurance about local partnership areas’ effective operations of adult support and protection key processes, and leadership for adult support and protection.</p> <p>Updated codes of practice were published in July 2022. In recognition that adult protection partnerships were at different stages of embedding these, the Care Inspectorate issued a single question survey to all partnerships in Scotland. This asked respondents to describe their approach to inquiry and investigation work and outline the role of council officers. Twenty-two partnerships responded, and findings showed that practice and adoption across Scotland is variable, with most areas having work to do in this respect. North Ayrshire partnership fully adopted the codes of practice from March 2023.</p> <p>The focus of the inspection was on whether adults at risk of harm in the North Ayrshire partnership area were safe, protected and supported.</p>

The joint inspection took place between September and December 2023. The inspection team scrutinised the records of adults at risk of harm for the preceding two-year period, from September 2021 to September 2023.

Progress statements

To provide Scottish Ministers with timely high-level information, the joint inspection report includes a statement about the partnership's progress in relation to our two key questions.

- How good were the partnership's key processes for adult support and protection?
- How good was the partnership's strategic leadership for adult support and protection?

Joint inspection methodology:

In line with the targeted nature of the joint inspection programme, the methodology for this inspection included five proportionate scrutiny activities.

- The analysis of supporting documentary evidence and a position statement submitted by the partnership.
- Staff survey. 319 staff from across the partnership responded to our adult support and protection staff survey. This was issued to a range of health, police, social work and third sector provider organisations. It sought staff views on adult support and protection outcomes for adults at risk of harm, key processes, staff support and training and strategic leadership. The survey was structured to take account of the fact that some staff have more regular and intensive involvement in adult support and protection work than others.
- The scrutiny of social work records of adults at risk of harm. This involved the records of 39 adults at risk of harm who did not require any further adult support and protection intervention beyond the initial inquiry stage.
- The scrutiny of the health, police, and social work records of adults of risk of harm. This involved the records of 50 adults at risk of harm for whom inquiries used investigative powers under sections 7-10 of the 2007 Act. This included cases where adult support and protection activity proceeded beyond the inquiry with investigative powers stage.
- Staff focus groups. We carried out three focus groups and met with 38 members of staff from across the partnership to discuss adult support and protection practice and adults at risk of harm.

3.	PROPOSALS
3.1	<p><u>Key Themes</u></p> <p>There are three key themes within the report that board should be reflective of, these are:</p> <ol style="list-style-type: none"> 1. <u>Key Processes:</u> The inspectorate concluded, <i>“Overall, the quality of North Ayrshire’s adult support and protection work across social work and health is commendable. While there is always room for improvement performance was strong and collaborative in every area of core adult support and protection business including inquiries, investigations, risk assessments and protection planning. This reflected our findings in the 2017 inspection and was evidence of the partnership’s sustainability and push for excellence.”</i> <p>While there is much detail in the report it is worthy activity to acknowledge the quality and consistency of key processes. The scrutiny activity reflected on timely inquiries, good quality risk assessments and protection plans and noted the high quality of case conferences. These key processes and the consistent level of quality is directly linked to a confident, competent and skilled workforce. The link between confident and well-trained practitioners and outcomes for people is well established. The approach to learning and development by both the Adult Protection Committee and the recent Partnership Strategy, Be The Best You Can Be, signals our commitment to continue to support and develop the workforce into the future.</p> 2. <u>Collaborative Working:</u> The report is consistent in its reflection upon the scale and efficacy of collaborative working across the partnership area. Specific reference is made in relation to: <ul style="list-style-type: none"> • Almost all staff believed they were supported to work collaboratively. • Police sharing information to keep people safe. • The investment by NHS Ayrshire and Arran in its Public Protection Team. • The third and independent sector are providing a strong supporting role within the ASP Partnership. <p>Collaborative working in this area of practice is critical. Practitioners very rarely have all the information and exert professional judgement on a daily basis. Effective collaborative working reduces risk through sharing of information and more effective risk management practices.</p> 3. <u>Governance:</u> The report highlights the governance of ASP activity at all levels as a strength. The report highlights key aspects in relation to staff development and the presence of governance in almost all Social Work records.

	<p>At a strategic level the work of the Chief Officers Group is highlighted with reference to effective strategic leadership, governance of ASP and oversight of performance and strategy.</p> <p>Areas for Improvement:</p> <p><u><i>Adults at risk of harm will have access to independent advocacy</i></u></p> <p>The partnership were aware of the need to improve access to quality independent advocacy services for adults. A new Independent Advocacy service, provided by Voiceability, is in place and links have been made with Adult Protection Services. The ASP Lead Officer will carry out quarterly monitoring of Adult Support and Protection statistics to ensure improvement on the number of adults receiving advocacy following referral. The Advocacy Strategy and monitoring framework will be reviewed annually to evaluate the ongoing effectiveness of advocacy and highlight any gaps/identify future needs.</p> <p><u><i>Improvement in consistency of police resilience matrix research and assessments</i></u></p> <p>Policy and practice reviews by NRAC, will review professional curiosity, rational/decision making and legal pathways used for sharing all types of vulnerability as part of the risk matrix protocol. New iVPD general user “why” training will highlight the need to widen focus to ensure this is not solely on criminality where a vulnerable individual is involved.</p> <p>Domestic Abuse Safety plans are under development and a planned future iVPD will include a safety plan template to facilitate and encourage local policing input on ASP, especially for adults already subject to partner support but still requiring a policing response.</p> <p>Training to be offered for local policing CWU to attend tier two ASP training where benefit will be gained from input from outside agencies. Improve compliance of PAARoH training.</p>
3.2	<u>Anticipated Outcomes</u>
	<p>The recent joint inspection feedback and report provides reassurance of the North Ayrshire approach to Adult Support and Protection across a range of agencies. Whilst there is always scope for improvement and learning, the most recent inspection reflects the non-negotiable priority of striving to safeguard and protect adults from harm in North Ayrshire.</p>
3.3	<u>Measuring Impact</u>
	<p>A multi-agency improvement plan in response to the findings of the inspection has been submitted to the Care Inspectorate by the ASP Lead Officer. Monitoring of the</p>

	<p>local delivery will be via the Adult Protection Committee and on to Chief Officers Group for strategic oversight.</p> <p>The individual improvement agencies will liaise with partners in relation to single agency issues.</p> <p>The Partnership will continue its referenced multi agency audit activity to ensure performance and outcomes are subject to strong ongoing governance.</p>
4.	IMPLICATIONS
4.1	<p><u>Financial</u> There are no financial implications.</p>
4.2	<p><u>Human Resources</u> There are no human resource implications.</p>
4.3	<p><u>Legal</u> There are no legal implications.</p>
4.4	<p><u>Equality/Socio-Economic</u> There are no equality or socio-economic implications.</p>
4.5	<p><u>Risk</u> Public Protection activity remains an area of high risk. While there is assurance from this report that key processes and governance structures are working well, our practitioners in this area often work with out the full picture. This results in the exercising of professional judgement at all stages.</p>
4.6	<p><u>Community Wealth Building</u> There is no implication for community wealth building.</p>
4.7	<p><u>Key Priorities</u> The key priorities will naturally focus around the areas for improvement and for the HSCP this relates primarily to the issue of access to advocacy. This work has been subject to a recent paper to IJB on our refreshed advocacy strategy and retendering process. Work will progress to ensure ASP referrals and supports become a regular part of business with our new advocacy service. The other priority area related to Police Scotland who will be supported by HMICS to support improvement.</p> <p>The other priority will be to ensure we continue to support and look after our practitioners to maintain this high level of professional practice. Ultimately this is to ensure we continue to collectively respond in a compassionate way to those in our community subject to circumstances where protection is needed.</p>

5.	CONSULTATION
5.1	The inspection preparation, facilitation and improvement activity has been overseen by a multi-agency group. Regular updates on the process and outcomes have been provided across services through management structures.

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Integration Joint Board
09 May 2024

Subject :	Community Alarm and Telecare Service transition from Analogue to Digital Update Report
Purpose :	To provide an update to the Integration Joint Board on the North Ayrshire programme of work for Community Alarm and Telecare Service transition from Analogue to Digital Service
Recommendation :	The Integration Joint Board is asked to: (i) Note the content of the report and the update on progress provided, including noting the risks

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	
HSCP	Health and Social Care Partnership
ARC	Alarm Receiving Centre
PSTN	Public Switched Telephone Network
SHU	Sheltered Housing Unit

1.	EXECUTIVE SUMMARY
1.1	<p>This report provides an update on how the North Ayrshire Health and Social Care Partnership is supporting North Ayrshire service users through the Telecommunication Providers Analogue to Digital switchover.</p> <p>Community Alarm and Telecare users in North Ayrshire traditionally accessed this critical Community Care service via technology that is supported by analogue phone lines and voice band data. Analogue Community Alarm and Telecare equipment is designed to send calls over the Public Switched Telephone Network (PSTN) and is not designed to be compatible with digital network(s) and digital communication protocols. As such, to ensure people can continue to access this much needed service, there is a requirement to replace all analogue technology with a digitally enabled equivalent.</p>
1.2	<p>The Partnership's Analogue to Digital transition plan has been in progress since 2022 and at the onset of this there was recognition that there were a number of unknowns associated with the transition. Since this date there have been ongoing challenges in progressing with the transition which has impacted on the project, including many which are outwith the Partnership's control. This includes the impact of the COVID</p>

	Pandemic, timescales associated with the telecommunications switchover, technology developments and financial costs.
2.	BACKGROUND
2.1	<p>North Ayrshire Health and Social Care Partnership delivers a Community Alarm and Telecare service to over 4,300 individuals across North Ayrshire both on the mainland and the islands of Cumbrae and Arran. Service Users who access the Community Alarm and Telecare system either have technology installed by HSCP staff, which was traditionally connected through their analogue phone lines, allowing them to access and request help and support via a Call Monitoring and Alarm Receiving Centre, or access this via a Call Warden System within Sheltered Housing properties. The Call Monitoring and Alarm Receiving Centre will direct any calls it receives to a variety of sources including HSCP social care staff, medical services, emergency services, family and next of kin.</p> <p>Users of the Community Alarm and Telecare service in North Ayrshire generate in excess of 20,000 calls per month via Community Alarm/Telecare equipment, with the HSCP's dedicated team responding to over 6,000 activations on a monthly basis which require a physical response to provide assistance to people in their homes. The HSCP has a team of Care at Home Assistants who provide a response service to calls and alarm activations across 24 hours per day, 7 days per week on the mainland, with a reduced response service on the islands.</p>
2.2	<p>Since as early as 2023 it has not been possible for some customers to purchase an analogue phone service from many of the main telecommunication providers and all telecommunication providers are expected to have fully transitioned their analogue telephone networks to a digital equivalent by 2025. Therefore, Community Alarm and Telecare users will require to have a digital solution in place within their homes in order to access Telecare and Community Alarm technology and supports.</p> <p>Ofcom and telecommunication providers have confirmed that systems which are currently reliant on analogue and voice band data will be affected by this change. This includes systems such as security alarms, cash terminals, fire alarms and Community Alarm/Telecare systems.</p>
2.3	<p>The move to digital systems is well underway and many providers previously accelerated their switchover to be complete by the end of 2023. As a result of accelerated timescales from telephony providers, the Scottish Local Government's Digital Telecare Office encouraged Telecare Providers to make the shift to digital solutions from as early as 2023, and the North Partnership is progressing to have digital solution(s) in place by the end of 2024. Unfortunately, however, there has been no clear roadmap provided by the telecommunication providers, and whilst many people have transitioned to a digital line from an analogue line, there is awareness within the Telecare community that the timescales for providers to switch over may now extend well beyond the original 2025 deadline meaning that there will continue to</p>

	be a mix of telephone network arrangements for at least the next 2 years (ie both analogue and digital telephone lines).
2.4	Hanover (Scotland) are the current provider of Call Monitoring and Alarm Receiving Services for North Ayrshire’s Community Alarm and Telecare services. Following a recent procurement exercise Hanover (Scotland) have been awarded a further contract to provide this service in North Ayrshire for a period of up to 4 years.
2.5	<p>The HSCP has an Analogue to Digital Transition Project Board, which is supported by attendance from across North Ayrshire Council and the Partnership. The Project Board provides governance for the implementation of the project plan and monitors the team’s progress. The project plan lays out the actions that will require to be taken to support the transition and progress updates and escalations are provided on a regular basis to the Partnership’s Transformation Board. The project plan has included the development of a robust communication strategy and risk register.</p> <p>The Partnership has employed a dedicated project team, consisting of a TEC Lead and 4 x Technicians, to support the transition and they are currently progressing an implementation plan with an anticipated project completion date of early 2025.</p>
3	ASSESSMENT
3.1	<p><u>Digital Equipment Procurement</u></p> <p>As the North Partnership predominantly use Tunstall branded Community Alarm and Telecare equipment there was a requirement for the new digital alarm solution to be compatible with the range of Tunstall devices already installed in North Ayrshire homes – of which there can be several in each home in addition to the base alarm unit with an approximate stock value of over £800k. This limited the options available to only 2 Telecare equipment providers and there have been significant concerns during the period alarms required to be purchased around the rising cost and reduced availability of digital equipment, which had been impacted by the COVID pandemic and a global shortage of parts impacting on equipment supply.</p> <p>As such, a decision was made to procure Tunstall branded digital alarms which ensured compatibility with both the existing Call Handling software platform and the current stock of Community Alarm and Telecare equipment. Tunstall are an ISO accredited technology provider and one of the largest Telecare providers in the UK.</p> <p>The service purchased a digital alarm solution and have a stock of 3,000+ digital alarm units for installation to support the transition plan. No analogue alarms have been purchased since 2023 and an installation plan is in place to complete the replacement of all existing dispersed analogue alarms by the end of August 2024.</p> <p>There remains a requirement to procure an additional number of digital devices and the team are continuing to explore new digital alarm technologies and testing these to ensure there is a range of equipment available which will increase resilience and</p>

	<p>support business continuity plans. It is expected the remaining alarms will be purchased in the next few months.</p>
<p>3.2</p>	<p><u>Installation Plan</u></p> <p>The programme for replacing alarms commenced in 2023 with approximately 3,500 dispersed analogue Community Alarms requiring to be replaced. To date around 2,200 digital alarms have been installed across North Ayrshire and the project plans to complete the full replacement of analogue alarms by the end of August 2024. There is, however, a final stage of the installation plan linked to reprogramming that will mean the timescale for project completion extends to early 2025.</p> <p>The installation plan and replacement programme is being undertaken geographically based on the most populated areas in North Ayrshire, with the majority of analogue alarms in the Irvine and Kilwinning and Three Towns area replaced. The team currently installing replacements in the North Coast Locality and following this will move on to the Garnock Valley and the Islands of Cumbrae and Arran.</p>
<p>3.3</p>	<p><u>Call Monitoring and Alarm Receiving Centre/Connectivity Risks</u></p> <p>Community Alarm units have been operating via analogue telephone lines for the last 30-40 years. They communicate with the alarm receiving centre (ARC) using traditional landlines and rarely fail. Unfortunately, leading up to the deadline date of December 2025, analogue connectivity is expected to become less reliable. An example of this occurred recently when analogue units using the Talk Talk network failed to fully connect to the Call Monitoring Centre and presented as ‘Handshake Fail’ calls. This affected most Tunstall providers across the central belt in Scotland. The situation settled after a couple of weeks.</p> <p>Digital alarms use mobile connectivity via an in-built SIM card (via both an analogue route and a digital route) and can also connect to a broadband router if this is in place. If both communication paths are available, the reliability is similar to analogue units. If there is only one path available, there is a greater risk that calls may fail.</p>
<p>3.4</p>	<p>All of the digital alarms currently being installed by the team in this phase of the implementation plan are installed via the in-built SIM card (analogue route). This is due to the current ARC not yet being fully digitally enabled to receive end to end digital alarm activations. The timescale for ‘digital readiness’ has been pushed back several times and delayed by approximately 18 months so far. It is anticipated that the new ‘go-live’ date for digital readiness with the call handling provider will be June 2024 and operational teams and commissioning colleagues have been working with the call handler to resolve this issue and urgently progress.</p> <p>It was not possible to delay the implementation of digital alarms until the call handling provider could accept digital calls as more and more alarm users were finding their telephone lines transitioned to digital which meant their existing analogue alarm was not compatible and required to be replaced. Therefore, the current implementation</p>

	<p>plan is working with a temporary interim solution, in that digital alarms are connected to the ARC via the in-built SIM card, and will require a final stage of the implementation plan to re-programme each alarm once the ARC can fully receive end to end digital calls.</p>
3.5	<p>It is important to note that whilst the in-built SIM card connection is favoured by the Scottish Digital Office as the first route of connection, with broadband connections considered vulnerable due to power outages, there is a risk of call failure without the additional resilience of the back-up connection via the broadband router. There was a Europe wide SIM outage in June 2023 which resulted in 400 SIM units (Digital units and analogue GSM units) in North Ayrshire all failing to work simultaneously, leaving service users affected for approximately 14 hours. Fortunately, these outages are very rare and there has been no further issue since June 2023. This interim solution could not be avoided as described there is not an alternative solution as telephony providers had commenced transition to digital lines rendering existing analogue alarms obsolete and unreliable.</p> <p>In terms of risk mitigation the service has learned from the incident in June 2023, and has a SIM Outage Standard Operating Procedure in place to respond to such incidents in the future and to ensure the most vulnerable service users are safe and prioritised. Furthermore the status of all installed digital units can be monitored through an online portal. The digital technicians monitor this portal daily to ensure that any units losing connection are identified quickly.</p>
3.6	<p>The requirement to have a final stage of installation, which will require the reprogramming of over 2,000 alarms if not more, was unexpected and has impacted on the proposed completion of the project. Re-programming can be undertaken remotely, however this would be a last resort and the preferred option will be for a further home visit to each service user to safely re-programme and test Community Alarm equipment.</p> <p>It is anticipated that all Community Alarm and Telecare service users in North Ayrshire will have a digital alarm solution installed in their home by the end of August 2024 and as such are not at risk when analogue phone lines are withdrawn/unavailable. The re-programming of alarms to ensure a second layer of connectivity via the broadband (where available) will be undertaken as soon as possible. Tunstall have agreed to provide a technician dedicated to the North Partnership to support the reprogramming for a period of 3 months. Final timescales on the full completion of installation and re-programming will not be fully understood until the ARC has a final go live date, as this will be dependent on the number of alarms to be reprogrammed which is increasing week on week, however it is anticipated that the re-programming will be fully completed in early 2025.</p>
3.7	<p>The team remain vigilant around the potential challenges related to connectivity issues in the more rural locations in North Ayrshire including on the islands of Arran and Cumbrae and in some areas of the mainland. A number of scoping visits have already</p>

	<p>been undertaken on the islands to consider the current mobile environment and the potential issues that may arise from this.</p> <p>As part of the project planning the team have opted to plan transition in areas of poorer connectivity, such as on the islands of Arran and Cumbrae, until the end of the replacement programme. By then it is expected that the team will have more expertise and experience of mainland issues to ensure that the best possible option(s), including alternative technology, which could be provided to users in these areas. There may, however, be scenarios where there is either no mobile signal or no broadband router available and the desired resilience of connections will not be possible and as such robust planning and risk assessment will be required to mitigate risk associated with this.</p>
3.8	<p><u>Shared Alarm Receiving Centre/Call Handling Platform</u></p> <p>Unlike a number of other Local Authority's, including both East and South Ayrshire, the North Partnership does not provide an inhouse Call Monitoring and Alarm Receiving Centre. As such, Call Handling is commissioned externally, and whilst within the terms of the contract and service specification the service can describe and detail service requirements, there are often limits to this from a technical perspective and this can be subject to change based on the Call Handlers own specifications and contractual arrangements.</p> <p>The Scottish Digital Office have appointed Chubb Skyresponse (CS) as the preferred supplier of its 'Shared ARC' contract. Several local authorities have stated their intention to use the CS platform. The Partnership's Call Handler, currently have a Tunstall ARC platform, however this may be subject to change due to their own contractual arrangements.</p> <p>Non-Tunstall platforms are technically unable to support the analogue protocols (languages) built into Tunstall alarm units. Analogue protocols will be used as an important backup after transition, for when digital connectivity fails, which can happen occasionally. This presents a risk as it means alarms will be less resilient, especially those relying on SIM connectivity alone. This could result in various issues, in particular 'Handshake Fail' calls where the unit fails to fully dial through to the platform.</p>
3.9	<p><u>Sheltered Housing Unit Installation Plan</u></p> <p>NAC have a number of Sheltered Housing Units (SHUs), each containing a warden call system. These systems will also have to be upgraded to be compatible with digital landlines. This work is delayed until the ARC is fully digitally enabled. Property Management colleagues have been in contact with Openreach and await information on when various SHU units will switch to digital. This will allow planning to prioritise the units which need to be targeted first.</p>

3.10	<p><u>Financial update</u></p> <p>The North Ayrshire Council capital budget for the analogue to digital project is just over £1m which included £50k of temporary Scottish Government funding. The cost of digital alarm equipment is more expensive at around double the cost of the traditional analogue alarms, costing from £225 - £335 per alarm unit with ongoing yearly sim card costs of around £45 per year from year 3 onwards. These units have also increased in cost in recent years and the initial project was based on a cost of around £200 per alarm unit.</p> <p>There remains around 500 digital alarm units to be purchased and with a potential extension required for the project team to be extended to approximately March 2025 resulting in a shortfall within the capital budget of around £221k. A request has been made to the Capital Programme Group for additional funding and it is expected that this will be approved to support the remainder of the project to completion.</p> <p>It is also recognised that there will be ongoing yearly SIM costs for each alarm and there may be a requirement to permanently recruit to some new posts due to a technical requirement linked to Community Alarm technology. Financial planning is ongoing in relation to these increased ongoing annual costs.</p>
4	SUMMARY
	<p>There are several plans in place to mitigate the risks that have been identified within this report. The Analogue to Digital Programme Board continues to meet regularly and holds a Risk Register linked to the project. The Project Team have robustly risk assessed various scenarios associated with Call Handling arrangements and continue to introduce plans to manage and mitigate any emerging risks. This includes ongoing engagement with stakeholders including the Scottish Digital Office, other Health and Social Care Partnership's and Telecare Provider colleagues.</p> <p>The team have developed a Communication plan which has been implemented throughout the project to increase awareness of the Partnership's plans for the Analogue to Digital transition and there has been ongoing communication directly with users of the service. In addition, the team have completed a plan of Routine Visits to all Community Alarm and Telecare users and are now developing plans for future undertaking of these, including the plan and programme for testing equipment.</p> <p>As the programme develops it will be essential in the next few years to consider future equipment lifespan and a longer-term equipment replacement programme and costs.</p>
5	PROPOSALS
5.1	<p>The IJB are asked to note the updates provided in the report and acknowledge the highlighted project risks, as summarised below.</p>

	<ul style="list-style-type: none"> • Call Handling and Alarm Receiving Centre digital readiness and call handling platform proposals • Financial Position including project costs and ongoing yearly costs • Connectivity and risk of call failure • Project Timescale linked to re-programming
5.2	<u>Anticipated Outcomes</u>
	The robust programme approach and planning for the Analogue to Digital switchover for our Community Alarm service users is anticipated to minimise any disruption, deliver a safe and effective switchover and secure the future resilience of the service provided for Community Alarm/Telecare users in North Ayrshire.
5.3	<u>Measuring Impact</u>
	The ongoing progress and impact of the analogue to digital transition will be measured via the Analogue to Digital Project Board and via the Transformation Board.
6	IMPLICATIONS
6.1	<u>Financial</u> There will be financial implications linked to the costs associated with the analogue to digital switchover. Financial planning is ongoing in relation to potential increased ongoing annual costs.
6.2	<u>Human Resources</u> None
6.3	<u>Legal</u> None
6.4	<u>Equality/Socio-Economic</u> None
6.5	<u>Risk</u> Medium
6.6	<u>Community Wealth Building</u> None
6.7	<u>Key Priorities</u> The Partnership are committed to investing in technology solutions to provide Early and Effective Support to people in our communities.

7	CONSULTATION
	<p>Representatives from Community Care Services have been involved in regular consultation with the TSA, Scottish Government, Telecommunication and Telecare providers. This consultation will continue throughout the transition from analogue to digital. There has been ongoing engagement with Community Alarm users and their families via the developed communication strategy. In addition, staff from the Community Care Services team and the project team are members of the networking groups who meet to discuss this transitional programme of work and the implementation of the analogue to digital strategy.</p>

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NHS Ayrshire & Arran

Meeting:	Ayrshire and Arran NHS Board
Meeting date:	Tuesday 26 March 2024
Title:	Whistleblowing Report Quarter 3, October – 31 December 2023
Responsible Director:	Jennifer Wilson, Nurse Director
Report Author:	Karen Callaghan, Corporate Governance Coordinator

1. Purpose

This is presented to the NHS Board for:

- Discussion

This paper relates to:

- Government policy/directive

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

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

The National Whistleblowing Standards and Once for Scotland Whistleblowing policy (the Standards) were introduced on 1 April 2021. NHS Board Members are asked to discuss the report on organisational activity in relation to Whistleblowing concerns raised in 2023-24 Quarter 3 (October – 31 December 2023).

2.2 Background

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

The Standards also require that Boards publish an annual report setting out performance in handling whistleblowing concerns. The annual report summarises and builds on the quarterly reports produced by the board, including performance against the requirements of the Standards, Key Performance Indicators (KPIs), the issues that

have been raised and the actions that have been or will be taken to improve services as a result of concerns.

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

2.3 Assessment

In Quarter 3 (Q3) there were three direct staff contacts to the Speak Up mailbox. The contacts were seeking advice and support on how to progress issues or concerns. From the information provided the concerns raised related to individual staff conduct, bullying and harassment and health and safety issues about a work environment. On all occasions the individuals were provided with guidance and directed to the most appropriate route to raise their concerns and also information on who to contact to seek support.

No immediate risk to patient safety was identified in the contacts received in Q3 and no action required.

As no Whistleblowing concerns were received in Q3 a detailed report is not possible therefore an update on recent whistleblowing activity to support the Standards is provided below.

- Case Update: Table 1 below provides an update on the position of the investigations which were ongoing from Q3 and Q4 2022/23. Of the two concerns that remained open one is closed with the concerns raised being partially upheld.

Update for Stage 2 Concern 2022/23	Area	Ongoing	Closed	Not Upheld	Partially Upheld	Fully Upheld
Q3	ISS	-	1	-	1	-
Q4	Acute- UHA	1	-	-	-	-

Table 1

- Learning: For each complaint that is investigated an improvement or learning plan is put in place to address any recommendations. The Q3 2022/23 investigation closed in this quarter identified several areas of improvement these included:
 - Ensure an induction plan is in place for new staff which includes training and mentoring support
 - Ensure an annual audit programme is planned and scheduled to include audits of premises, processes and training/competency of all staff
 - Improved visibility of senior managers
 - Review of departmental Risk Assessments
 - Improved record keeping, for example - ensure records are updated timeously, the use of digital systems where available
 - Refresh training on the use of PPE.
- Improvement plans: Table 2 shows the status of investigations from whistleblowing concerns raised in 2021-2022 and 2022-2023. All plans from 2021-2022 have now been completed, with the remaining improvement plan closed in Q3 2023-24. Both improvement plans for 2022-23 are currently in

progress. These plans are monitored through the department's governance group as advised by the Commissioning Director, with feedback on closure to the Whistleblowing Oversight Group. Progress is followed up by the Corporate Governance Coordinator.

Number Investigations		Numbers of Improvement Plans		Number of Learning Plans	
		In Progress	Closed	In Progress	Closed
2021-22	5	0	4	0	1
2022-23	2	2	0	-	-

Table 2

- **Training:** It is worth noting that in Q3 there was an increase of 8% in the number of managers completing the Turas Whistleblowing e-Learning modules. This may be a result of refreshed communication through Daily Digest (DD) in November 2023 reminding managers that it is mandatory for them to complete the relevant module. Communications will continue through 2024 to highlight this training to managers

	Total Complete		Increase
	30/09/2023	31/12/2023	
An overview (STAFF)	3272	3506	234
For Line Managers	112	162	50
For Senior Managers	424	439	15

Table 2

Monthly reports continue to be produced to monitor completion of the Turas Whistleblowing eLearning modules.

- **Confidential Contacts:** A new poster with information on the Confidential Contacts and how to contact them has been shared via email with all management level staff for dissemination to all staff groups with a request that a hard copy is placed in Staff areas. A plan is in place to produce a video of each CC with these being issued via the DD & eNews.
- A refresh of Whistleblowing communications is in progress as a reminder to staff on how to raise a Whistleblowing concern and includes refreshed and updated 7-minute briefings. This is supported by our Communication Team.

2.3.1 Quality

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

2.3.2 Workforce

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

2.3.3 Financial

There is no financial impact.

2.3.4 Risk assessment/management

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

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

2.3.5 Equality and diversity, including health inequalities

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

2.3.6 Other impacts

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

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the meeting

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

- Whistleblowing Oversight Group on 25 January 2024
- Staff Governance Committee on 12 February 2024.

2.4 Recommendation

For discussion. NHS Board Members are asked to discuss the paper for Quarter 3 (October - December 2023)