



Integration Joint Board Meeting

NORTH AYRSHIRE
Health and Social Care
Partnership

Thursday, 24 August 2023 at 10:00

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

Meeting Arrangements - Hybrid Meetings

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

1 Apologies

2 Declarations of Interest

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

3 Minute / Action Note

The accuracy of the Minutes of the meeting held on 15 June 2023 will be confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973 (copy enclosed).

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

Submit report by Scott Hunter, Chief Social Work Officer (NAHSCP) on the New Carer Strategy & Investment in Services for Unpaid Carers in North Ayrshire (copy enclosed).

5 Dental Services Update

Submit report by Claire McCamon, Senior Manager for Primary Care, NHS to provide an update on the current position of access to dental services within the North Ayrshire Health and Social Care Partnership (NAHSCP) (copy enclosed).

- 6 Alcohol and Drug Performance Management Report**
Submit report by Peter McArthur, Senior Manager in respect of the North Ayrshire Health and Social Care Partnership (NAHSCP) Alcohol and Drug Performance Management Report (copy enclosed).
- 7 Director's Report**
Submit report by Caroline Cameron, Director (NAHSCP) on developments within the North Ayrshire Health and Social Care Partnership (copy enclosed).
- 8 2023 - 2024 - Month 3 Financial Performance**
Submit report by Paul Doak, Head of Service (HSCP Finance and Transformation) to provide an overview of the IJB's financial performance as at month 3 (June) (copy enclosed).
- 9 Annual Performance Report 2022 - 2023**
Submit report by Paul Doak, Head of Service (HSCP Finance and Transformation) to discuss the Annual Performance Report 2022 - 2023 (copy enclosed).
- 10 Clinical and Care Governance Group Update**
Submit report providing an update on Clinical and Care Governance (copy enclosed).
- 11 Whistleblowing Report - Quarter 1 April - 30 June 2023**
Submit report for information in relation to whistleblowing concerns raised in Quarter 1 (April – 30 June 2023) (copy enclosed).
- 12 Whistleblowing Annual Report 2022 - 2023**
Submit report for information in relation to whistleblowing concerns raised in year 2022 - 2023 (copy enclosed).
- 13 Urgent Items**
Any other items which the Chair considers to be urgent.

Webcasting

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IJB

Voting Members

Margaret Johnson (Chair)
Joyce White (Vice-Chair)

North Ayrshire Council
NHS Ayrshire & Arran

Cllr Timothy Billing
Cllr Anthea Dickson
Cllr Robert Foster
Christie Fisher
Tom Hopkins
Marc Mazzucco

North Ayrshire Council
North Ayrshire Council
North Ayrshire Council
NHS Ayrshire & Arran
NHS Ayrshire & Arran
NHS Ayrshire & Arran

Professional Advisors

Caroline Cameron
Paul Doak
Aileen Craig
Iain Jamieson
Scott Hunter
Thelma Bowers
Darren Fullarton

Director
Head of Service/Section 95 Officer
IJB Monitoring Officer
Clinical Director
Chief Social Work Officer – North Ayrshire
Mental Health Adviser
Associate Nurse Director/
Lead Nurse
Acute Services Representative
GP Representative
Lead Allied Health Professional
Public Health Representative
Psychology Lead

Dr Victor Chong
Dr Louise Wilson
Sharon Hackney
Elaine Young
Vacancy

Stakeholder Representatives

Terri Collins

Staff Representative – NHS
Ayrshire and Arran
Staff Representative, NAC/Chair,
North Coast Locality Forum
Carers Representative
Service User Representative
Independent Sector Representative
Third Sector Representative/ Chair Arran
Locality Forum
IJB Kilwinning Locality Forum (Chair)
IJB Three Towns Locality Forum (Chair)
IJB Garnock Valley Locality Forum (Chair)
IJB Irvine Locality Forum (Chair)

Louise McDaid

Pamela Jardine
Clive Shephard
Vacancy
Vicki Yuill

Vacancy
Vacancy
Vacancy
Vacancy



North Ayrshire Health and Social Care Partnership

**Minute of Integration Joint Board meeting held on
Thursday 15 June 2023 at 10.00 a.m.**

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

Present (Physical Participation)

Voting Members

Councillor Margaret Johnson, North Ayrshire Council (Chair)
Councillor Robert Foster, North Ayrshire Council
Joyce White, NHS Ayrshire and Arran (Vice-Chair)

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
Sharon Hackney, Lead Allied Health Professional

Present (Remote Participation)

Voting Members

Adrian Carragher, NHS Ayrshire and Arran
Councillor Anthea Dickson, North Ayrshire Council
Christie Fisher, NHS Ayrshire and Arran
Marc Mazzucco, NHS Ayrshire and Arran

Professional Advisers

Elaine Young, Public Health Representative

Stakeholder Representatives

Vicki Yuill, Third Sector Representative

In Attendance (Physical Participation)

Billy Brotherston, Independent Chair of ADP
Michael McLennan, Interim ADP Lead Officer/Partnership Engagement Officer
Elizabeth Stewart, Interim Head of Service (Children, Families and Criminal Justice)
Eleanor Currie, Manager, HSCP
Natalie Young, Trainee Accountant, HSCP
Michelle Sutherland, Partnership Facilitator, HSCP
Kerry Logan, Head of Service (Health and Community Care)
Scott Bryan, Interim Portfolio Programme Manager
Shannon Wilson, Committee Services Officer
Diane McCaw, Committee Services Officer

In Attendance (Remote Participation)

Peter McArthur, Senior Manager (Addictions)

Eileen Bray, CAMHS

Kenneth MacMahon, CAMHS

Apologies

Councillor Timothy Billings, North Ayrshire Council

Aileen Craig, IJB Monitoring Officer

Thelma Bowers, Mental Health Adviser

1. Apologies for Absence and Chair's Remarks

Apologies for absence were noted.

The Chair welcomed Councillor Robert Foster as a voting Member of the IJB, Kerry Logan as the newly appointed Head of Service (Health and Community Care) and Sharon Hackney as Lead Allied Health Professional, to the IJB.

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 11 May 2023 were confirmed and the Minutes signed in accordance with Paragraph 7(10) of Schedule 7 of the Local Government (Scotland) Act 1973.

3.1 Matters Arising from the Action Note

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

- **2022-23 – Month 7 Financial Performance** – Report on Dental Services – Scheduled for 24 August 2023.
- **The Promise in North Ayrshire Update on Progress** – on Agenda 15 June 2023 - action closed.
- **Implementation of the National CAMHS and Neurodevelopmental Specifications** – Update report to be presented to IJB in August 2023.
- **Director's Report** – Update to a future meeting regarding commissioned services – Scheduled for September 2023.
- **Suicide Prevention: Strategy, Learning and Development** – Summary of training levels and availability to be provided to IJB – date tbc.

Eileen Brae, CAMHS representative, gave a verbal update on the current position regarding implementation of the National CAMHS and Neurodevelopment specifications, including information on Extreme Team meetings on a weekly basis, the establishment of a number of project scopes and communication workstreams.

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

- an anticipated July 2024 opening for the CAMHS facility at West Road, Irvine;

- the continued commitment to work towards the 1 August deadline for the provision of alternative referral pathways for young people; and
- additional funding provided to the Neurodevelopmental Empowerment & Strategy Team (NEST) for the delivery of non-diagnostic dependent support.

Noted.

Adrian Carragher joined the meeting at this point.

4. Medication Assisted Treatment (MAT) Standards Update

The Board received a presentation by Peter McArthur, Senior Manager (Addictions) in respect of the MAT Standards including information on implementation and evaluation of Standards 1-5, scoping requirements for Standards 6-10, progress and developments during 2022/23, and other developments relative to non-fatal overdose and residential rehabilitation pathways.

The Independent Chair of the Alcohol and Drugs Partnership (ADP) advised the Board on the work undertaken by the Senior Manager (Addictions) and the Interim ADP Lead, which had contributed to significant progress with recent workstreams and production of the Annual Performance report to be presented to a future IJB.

Kenneth McMahon left the meeting at this point.

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

- MAT Implementation Support Team (MIST) benchmarking scores related to Standards 6-10 and currently detailed as RAG status amber; and
- identification of increased measures to improve the RAG status in connection with Standards 6-10.

Noted.

5. North Ayrshire ADP Annual Reporting Survey 2022/23

Submitted report by Michael McLennan, Interim ADP Lead Officer on the proposed North Ayrshire ADP Annual Reporting Survey response for submission to the Scottish Government. The full Survey, with question responses, was detailed at Appendix 1 to the report.

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

- recruitment of support to further develop the work of the ADP;
- the format of questions posed by the Scottish Government;
- feedback provided by the Scottish Government following submission of the Survey response;
- support pathways regarding community and criminal justice services;
- anticipated key learning arising from the reporting information provided to the Scottish Government; and
- the impact of the cost-of-living crisis on the number of referrals to support services.

Councillor Dickson left the meeting at this point.

The IJB agreed to approve the responses contained in the ADP Annual Reporting Survey for submission to the Scottish Government, as detailed in the Appendix to the report.

6. Director's Report

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

Peter McArthur left the meeting at this point.

The report provided an update on the following areas:-

- National Developments that included the launch of Coming Home Dynamic Support Registers aimed at reducing out of area residential placements and inappropriate hospital stays for people with learning disabilities and complex care needs, publication of the national 'Dementia Strategy for Scotland: Everyone's Story' on 31 May 2023, and the National Care Service programme of events for Summer 2023; and
- North Ayrshire Developments that included the opening of the new staff accommodation on the Isle of Arran on 22 May 2023, the resignation of Councillor Louise McPhater from the IJB with the subsequent appointment of Councillor Robert Foster to the IJB and IJB Performance and Audit Committee, the development and launch of the refreshed North Ayrshire HSCP website, changes to the delivery of 'Day Services' following the remobilisation which began in June 2022, the positive impact of Naloxone distribution to counteract the effects of an opioid overdose, and Scottish Government confirmation that face coverings are no longer required in hospitals, health centres, community sectors, primary care social work and care homes.

Noted.

7. Directions and Review of Integration Scheme

Submitted report by Paul Doak, Head of Service (HSCP Finance and Transformation), on the Directions and Review of the Integration Scheme. Pan-Ayrshire work to progress a number of key aspects of integration had recently been recommenced following a pause due to the Covid-19 pandemic. The work covered the use of Directions, the development of a Joint Strategic Commissioning Plan and large hospital Set Aside budgets, along with the review of the Integration Scheme. The report detailed an update on progress with the workstreams.

Members asked a question and were provided with further clarification in relation to the complex budget set aside position.

The Board (a) agreed to take forward a review of the Integration Scheme in 2023; and (b) to otherwise note the recommencement of work in relation to the implementation of Directors and associated pan-Ayrshire workstreams.

8. 2022-23 Year End Performance

Submitted report by Paul Doak, Head of Service (HSCP Finance and Transformation), providing an overview of the IJB's financial performance for the year ended 2022-23 and the implications for the IJB's overall financial position including an update on the financial impact of the Covid-19 response. Appendix A to the report detailed the Objective Summary as at 31 March 2023 with Appendix B providing the reserves position in detail. Appendices C and D provided information on 2022/23 savings and highlighted the movement in the overall budget position respectively.

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

- the use of reserves to balance the budget and clarification around the element of surplus monies earmarked for specific purposes;
- the future focus on building reserve levels; and
- how VER scheme funding would be utilised by the Partnership.

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

9. Community Wealth Building Update

Submitted report by Paul Doak, Head of Service (HSCP Finance and Transformation), providing an update on Community Wealth Building and on the recent establishment of a working group to progress this agenda within the Partnership. Appendix 1 to the report detailed the 'Anchor Charter' signed by the IJB in October 2021 in conjunction with partner agencies.

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

- the enthusiastic response from services in terms of the Community Wealth Building employment pillar recruitment process; and
- the requirement for each NHS Board to have a Strategy and Action Plan in terms of Community Wealth Building.

The Board agreed (a) to receive future updates in connection with the Community Wealth Building agenda; and (b) otherwise to note the work carried out to date.

10. Corporate Parenting Plan and The Promise Three Years On

Submitted report by Elizabeth Stewart, Interim Head of Service (Children, Families and Justice) in relation to ongoing work to develop the Corporate Parenting Plan and to deliver “The Promise” to Children and Young People. The report detailed the progress in North Ayrshire to lay the foundations in Phase 1 of The Promise delivery plan which would enable the ambitious 10-year change plan to 2030 to be carried out and key actions to be progressed. The Promise Summary Report on progress and the Corporate Parenting Plan (2023-2026) were detailed at Appendices 1 and 2 to the report respectively.

Noted.

Adrian Carragher left the meeting at this point.

11. North Ayrshire Children’s Services Plan 2023-26

Submitted report by Elizabeth Stewart, Interim Head of Service (Children, Families and Justice) presenting the North Ayrshire Children’s Services Plan 2023-26, which was detailed in full at Appendix 1 to the report.

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

- the impact on services of continuing care, where 16-year-old young people in care ask to remain in placement until the age of 21; and
- how the Whole Family Wellbeing Fund will support delivery of holistic whole family support services.

The Board agreed to endorse the North Ayrshire Children’s Services Plan 2023-26, as detailed in the Appendix to the report, for submission to the Scottish Government.

12. Whistleblowing Update

Submitted report by Karen Callaghan, Corporate Governance Co-ordinator, in relation to whistleblowing concerns raised in Quarter 4 (January - 31 March 2023).

Noted.

The meeting ended at 12.10 p.m.

North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 15 June 2023

No.	Agenda Item	Date of Meeting	Action	Status	Officer
1.	2022-23 – Month 7 Financial Performance	15/12/22	Noted that a report on dental services would come to a future meeting of the Board for Members' consideration.	Agenda for August 2023	East HSCP
2.	Implementation of the National CAMHS and Neurodevelopmental Specifications	16/3/23	Further update being provided to the IJB, potentially prior to the summer recess period.	Briefing note has been issued to IJB members on progress, formal progress report to IJB by October 2023.	Caroline Cameron / Thelma Bowers
3.	Director's Report	11/5/23	An update to a future meeting regarding commissioned services, to provide the IJB with an overview of provider landscape.	Planned for September 2023	Paul Doak
4.	Suicide Prevention: Strategy, Learning and Development	11/5/23	Darren Fullerton advised a summary of training levels and availability could be provided to members of the IJB	Verbal update to be provided to IJB on 24 th August 2023	Darren Fullerton

**Integration Joint Board
24th August 2023**

Subject:	New Carer Strategy & Investment in Services for Unpaid Carers in North Ayrshire
Purpose:	To bring forward a new Carer Strategy and update board on the developments in relation to increased investment in support for unpaid carers.
Recommendation:	Board members are asked to: <ul style="list-style-type: none"> • Note the new Carer Strategy (2023 – March 2025) • Note the increased investment in services for unpaid carers through the development of a strategic partnership with Unity Enterprise.

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 progress across two workstreams for unpaid carers.</p> <ol style="list-style-type: none"> 1. The first is the development of a 2-year carer strategy: <i>Building Caring Communities 2023 – 2025</i>. This strategy is in conjunction with implementation plans to accompany; 2. the reprovisioning of the expanded North Ayrshire carer service following a recent tender award.
1.2	<p>This paper highlights a range of collective priorities be taken forward as a strategic partnership with the successful incumbent supplier of carer services, Unity Enterprise.</p> <p>Both the strategy and implementation plans detail the importance of supporting carers to sustain their caring roles and look after their wellbeing. The commitment to the carer’s agenda with a threefold increase in resource will crucially show how the service will expand its reach and improve carer identification, information, assessment, and support.</p> <p>NAHSCP continues to aspire to involve more carers and key partners in collaborative decision making on services for carers and the people they care for. Ultimately progress ensures NAHSCP continues with the implementation of the Carer (Scotland) Act 2016 and the delivery of statutory responsibilities therein.</p>

2.	BACKGROUND
2.1	<p>Duties under the Carer’s (Scotland) Act 2016 came into force in April 2018. The Act sets out responsibilities including the development and publishing of a local carer strategy and the establishment and maintenance of an information and advice service for carers resident or caring for someone in that local authority area. North Ayrshire Council has commissioned carer information and support services for over 20 years.</p> <p>Carer engagement activities had commenced in preparation for the review of the strategy in late 2019 but were postponed due to the COVID19 pandemic. Efforts were redirected to focus on ensuring carers and the people they care for were informed, supported to protect themselves from COVID-19, and when possible, were enabled to safely re-engage in their communities. With the post covid context now clearer and retendering of commissioned carer support service complete attention within the HSCP carer team turned to the carer strategy in Q1 and Q2 of 2023.</p> <p>The strategy must cover the following areas to meet the statutory definition of a carer strategy:</p> <ol style="list-style-type: none"> 1. Plans for identifying relevant carers and obtaining information about the care they provide to cared-for persons in North Ayrshire. 2. An assessment of the demand for support to relevant carers. 3. Support available to relevant carers in North Ayrshire. 4. An assessment of unmet need for carers. 5. Plans for supporting carers. 6. Plans for putting arrangements in place for the provision of care to the cared-for person in emergencies. 7. As assessment of the extent to which plans in place may reduce any impact of caring on carers’ health & wellbeing. 8. Intended timescales for preparing adult carer support plans and young carer statements. 9. Information relating to the particular needs and circumstances of young carers. <p>We now bring forth our carer strategy – <i>Building Caring Communities 2023 - 2025</i> and its priorities to be taken forward with the new strategic partner and rebranded – Unity Gateway Carer Service. The intent is to use the 16 month strategy period to work with Unity Gateway Carer Service, our carers and the broader sector to engage in a medium-term strategy to be ready to cover the period 2025 – 2030.</p> <p>Recently, a National Carer Strategy and implementation plan was also published by the Scottish Government (December 2022) which provides guidance on national priorities. The NAHSCP carer strategy has taken this into account when devising our key priorities.</p> <p>Contextually, the carer population is just under 14,000 people in North Ayrshire according to the Scottish Census. 1,607 (1,343 adults & 264 young carers) carers</p>

	<p>were known and registered with Unity Gateway Carer Service at the last count on 18th July 2023. This is a 5% increase from July 2022 and reflects some progress based on the messaging and promotion of the carer services partnership. Predominantly increased referrals for carer registration have come from self-referral, NAC Education for young carers or Hospital discharge teams for adult carers.</p> <p>NAHSCP has shared responsibility with NAC Education Services for young carer identification and offers of support. Across our primary and secondary schools 287 young carers under 18 years old were identified in June 2023 prior to the school term finishing.</p> <p>By way of assessment leading to support, for the reporting year 2022/ 2023, Social Work staff have offered 449 Adult Carer Support Plans with 94 accepted and 56 of those following on to completion.</p> <p>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, mainly for carers who were not already known to Social Work services or were aged 16 - 18 years and not in school. The introduction of this new role has seen the NAHSCP carer team offer retrospective support to 72 adult carers and work is ongoing with 57 young carers and families. There have been 29 new referrals and 7 assessments completed through the new CSO route since February 2023 for light touch support. This has been improved by a Self-referral form launched in carers week (5th - 11th June 2023) to all services, service access and commissioned carer services with release on social media platforms.</p> <p>NAC Education staff report 183 Young Carer Statements offered with 167 accepted and completed in the year 2022/ 2023. Over three times more than in 2021/ 2022. From the young carer statements, it is noted 40% required a break away from their caring role, 34% needed emotional support meaning school staff being aware of caring roles, their anxieties and having someone to talk to. 23% requested practical support with homework, schoolwork or a place to study. And 24% did not need additional support through their carer conversation.</p>
<p>3.</p>	<p>PROPOSALS</p>
<p>3.1</p>	<p><u>A. Carer Strategy</u></p> <p>‘Building Caring Communities’ 2023 - 2025 is intended to help deliver consistency of message and approach for all carers. It advises carers of their rights, sets out plans to identify carers, routes for assessment and support, and information about local and national services.</p> <p>The strategy advises carers, those they care for, professional staff and partner agencies of how we currently identify and support carers, and what this will look and feel like in the future through the expanded service. We are continuing with a programme of review, change and growth as to how we work with and involve carers</p>

in and around our communities and in service design to shape and implement better carer services.

The aim is that all North Ayrshire carers are identified, supported and valued and are afforded an opportunity to live, work, thrive and stay connected to their communities enjoying a life alongside caring, where they choose to continue to care.

It is also our ambition that all unpaid carers have their voices heard and ideas considered in the design and delivery of information and support services provided across NAHSCP through a more collaborative/ network model led by North Ayrshire Carers Gateway, Carer Champion and IJB Carer Representative.

We understand that often caring roles are demanding and complex and we hope the strategy offers support and guidance to carers when they need it most.

In the development of the strategy priority areas have been identified for growing young and adult carer services. NAHSCP will work closely with North Ayrshire carers, North Ayrshire Carers Gateway. and other key partners to implement and improve information, systems and support options through ensuring:

- Priority 1: Carers are actively sought and identified.
- Priority 2: Carers are informed, have increased confidence in their caring role and feel supported.
- Priority 3: Carers are offered and supported to prepare an Adult Carer Support Plan or Young Carer Statement.
- Priority 4: Promotion of variety in breaks from caring.
- Priority 5: Carers feel involved as equal partners in care design/ delivery.
- Priority 6: Strong partnership working/ engagement.
- Priority 7: Improved identification, information and support for Young Carers with a focus on transition periods through to adulthood.

The strategy and priorities have been developed over the past 6 months and have been endorsed by our longstanding Carers Advisory Group, which includes the North Ayrshire Council Carers Champion and the HSCP Portfolio Holder/IJB Chair, the Carers Advisory Group endorsed the strategy on 20th July 2023. It has also been endorsed through the Partnership Senior Management Team and the Social Work Governance Board.

NAHSCP will fine tune this strategy with a proposed soft launch with carers in September 2023. We will move forward with the content, priorities and associated action plan to ensure all carers in North Ayrshire can experience a good quality of life,

sustain or improve their wellbeing and realise their goals by accessing information and support closer to home that enables them to continue caring, where they wish to do so.

As a final point the strategy acknowledges the challenges currently faced across Health and Social Care Partnership services and systems, but we also recognise that often means rising pressure for many carers. Carers are paramount to the wealth and sustainability of our communities and the health and social care system. This is why carers needs are of priority across North Ayrshire.

B. North Ayrshire Carers Gateway – Implementation Plans

Strategy preparation has been in conjunction with the retender and reprovision of the North Ayrshire carer service for young and adult carers. Unity Enterprise was awarded the contract for 3 years commencing 3rd July 2023 with the option to extend for up to 24 months. The total value of the overall contract delivers a threefold increase in the resource to support carers.

Due thought and diligence have gone into considering the options available, risks, resource/ best value implications and crucially the right result for North Ayrshire carers. Tender process timescales were stretched to the fullest and the outcome was not concluded lightly. A prior interest notice for unpaid carer services was issued in October 2022 to test the market and seek a dynamic and creative strategic partner to be more present and visible within our communities to develop, deliver and expand the reach of information, and support services to young and adult unpaid carers across all North Ayrshire localities.

NAHSCP invited suitable applicants to tender for the reprovision in March 2023 with 11 expressions of interest. Interviews were held with all suitable applicants. Tender scoring weighed favourably with Unity Enterprise.

As stated, there is considerable investment in improving carer services. This will see an increase from 4.5FTE to 14FTE carer support staff to develop and resource an outreach model. Carer identification, information, activities and support will be closer to carers homes, in their communities. This includes a fourfold increase to ensure sufficient coverage to all primary and secondary school clusters. There will be specialist posts for carer wellbeing and to promote variety in breaks from caring. A specialist recruitment consultant has been appointed to support the upscale of staff. Interviews for the Service Manager and Locality Co-ordinator roles are scheduled for August. The success of this expansion relies heavily on these key posts having the skills to deliver organisational and service planning and to be prepared to drive change forward with our carers. Consistent messaging for carers and professionals on the newly branded and expanded outreach service and what it offers is also crucial and this will be the role of the new Marketing and Evaluation Officer.

The service will be operational from 8am – 8pm with some weekend provision. This is supported by investment in localised digital resource/ platforms to support and inform all carers 24/7, 365 days per year. Caring is not a Monday – Friday, 9 – 5

	<p>commitment and we understand caring for loved ones can have pressure points or the need to reach out for information and support at various junctures or times. We also understand carers need options to suit how they identify in their caring role and how they wish to seek support.</p> <p>Moving forward with Unity Enterprise the broad requirements for the delivery of the service mirror the 7 priorities noted above under the strategy.</p> <p>A Project Initiation Document has been agreed and an implementation plan and risk register set for the first 6 months with the immediate establishment of a small strategic project board having met weekly since award. Primary areas for focus are under the following streams:</p> <ul style="list-style-type: none"> • Continuity and monitoring of current carer service as the service grows • Phased Recruitment & HR responsibilities • Partnership mapping & establishment 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 with possible colocation and establishing a new administrative base • Financial planning and oversight
3.2	<p><u>Anticipated Outcomes</u></p>
	<p>The results we hope to achieve through the strategy and expansion programme for carers are:</p> <p>Priority 1: Carers are actively sought and identified.</p> <p>Carer staff will be more present and visible across all localities to seek out carers who are currently unreached or not engaging with carer services. North Ayrshire Carers Gateway will consist of dedicated and knowledgeable staff within each locality and across schools. We will see:</p> <ul style="list-style-type: none"> • An increase in the number of carers identified, registered and supported, year on year. • A proportion of the carers identified will be new young and adult carers who are not known to services or in receipt of carer support as well as from diverse groups (<i>minority communities such as BAME, LGBTQIA+, the travelling community at Redburn and those seeking refuge or asylum</i>). • Improved reporting of carer referrals and registrations.

Priority 2: Carers are informed, have increased confidence in their caring role and feel supported.

Carers, professionals and partner agencies will know North Ayrshire Carers Gateway as the first point of contact for carer information, advice and support when they need it. We will see:

- Carers being aware of carers rights and where to go to access good quality information and support closer to carers homes and community.
- Good response times for carers from the first point of contact to information and support received.
- Carers having understood, used and acted upon the information, advice and guidance to support their caring role.
- Service and partner agencies staff having increased carer awareness/ knowledge.

Priority 3: Carers are offered and supported to prepare an Adult Carer Support Plan or Young Carer Statement

Until now carer assessment was only available through NAC/ NAHSCP services. North Ayrshire Carers Gateway. will offer alternative routes for young and adult carers to flexibly be offered or request a carer conversation and access to support. We will see:

- All carers identified through the Gateway service offered the opportunity to prepare an ACSP or YCS.
- Good recording and reporting of ACSP, YCS information and support received, personal carer outcomes being met and better information for statutory annual returns.
- Good recording and reporting of reviews of each ACSP and YCS completed.

Priority 4: Promoting variety in 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. The short break will support the carer and often the cared-for, the caring relationship and promote sustained or improved health & 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. We will see:

- All breaks and funding payments logged, recorded and reported appropriately within agreed, reasonable timeframes with appropriate paperwork for the purpose of audit.

- Published best practice examples of carer short breaks for young and adult carers showcasing the options available for carers.
- Carers reporting they have time for themselves and feel that they have a life outside caring.
- Carers having an improved ability to manage and enjoy a changing relationship with the person they care for.
- Carers reporting improved wellbeing.

Priority 5: Carers feel involved as equal partners in care design/ delivery.

NAHSCP has always been committed to the principle of carer involvement with our nominated Carer Representative on IJB and Carer Champion role. Both help widen the pool of views being represented locally for carers. The longstanding Carers Advisory Group has been active for 11 years and carers represent all localities, care groups and conditions. Moving forward this group will expand to form a Carers Collaborative. This approach gives carers a stronger voice in future service design and planning and encourages the principles of community engagement to be embedded more widely. To support this aspiration further North Ayrshire Carers Gateway will host an annual North Ayrshire Carers Conference. We will see:

- Evidence of carers feeling they are involved, listened to and opinions valued - treated as equal and expert partners in care.
- Engagement/ consultation activities reported quarterly under contract management.
- Carers reporting an improved confidence in their caring role and in their wider life circumstances.
- Carers having a greater say and control over the support and services they receive as well as those provided to those being cared-for.

Priority 6: Strong partnership working/ engagement.

NAHSCP seek and encourage effective relationships and partnerships with carers, professional staff and partner agencies to achieve better opportunities and outcomes for carers. We will:

- Demonstrate carers and professionals' knowledge and skills are developed due to working in partnership with the service.
- Develop and undertake outreach across the 6 localities of North Ayrshire.
- Report attendance and learning at different networking sessions/ events/ groups annually.
- Evidence an increase in carer referrals and registrations from all pathways including Social Care, Health and Education, third sector and independent providers.
- Produce and publish a range of resources/ materials/ links for use by all professionals and agencies to improve the early identification, recognition of caring and delivery of communication and support available for carers.

	<p>Priority 7: Improved identification, information and support for Young Carers with a focus on transition periods through to adulthood.</p> <p>NAHSCP take a whole family approach and want to ensure young carers are recognised and supported as early as possible and enabled to be children and young people first and foremost. This is especially important at transitional ages and stages for young people who should be supported to manage and prepare for changes moving into adulthood and becoming an adult carer. We will:</p> <ul style="list-style-type: none"> • Evidence the whole family have been considered in each young carers needs. • Demonstrate how young carers statements identify strengths, aspirations and support to overcome possible barriers created by caring. • Ensure young carers know the service and what information and support is available in their community. • Ensure strategic partners and universal services such as HSCP, education and primary/ acute care are aware of the specific needs of young carers. • Have information and support available/ accessible in digital formats that appeal to younger carers. • Demonstrate how young carers are involved in developing information, resources and support opportunities.
3.3	<p><u>Measuring Impact</u></p>
	<p>We will demonstrate what good carer support looks like through governance and performance monitoring of the strategy, implementation plans and above anticipated outcomes. The carer service and its associated developments remain accountable to the IJB. Scheduled updates will be tabled through PSMT for continued oversight and direction with escalation to SWGB where required.</p> <p>Adjustments to the carer engagement model will also provide a robust measure of impact/ success. Carers Advisory Group will continue to assist whilst we move to a more inclusive and collaborative engagement model. Developments will be monitored through the voices, wisdom and experiences of our carers.</p> <p>North Ayrshire Carers Gateway also work with Evaluation Support Scotland who support organisations to measure, monitor and report on their impact for improvement.</p> <p>The appointment of an Administration & Evaluation Officer to the Gateway will also enhance the services ability to capture better, quality data to interrogate for service design and improvement.</p> <p>Quality assurance will further be measured through NAC quarterly contract monitoring and agreed KPI's again linked to the anticipated outcomes.</p>

4.	IMPLICATIONS																				
4.1	<p><u>Financial</u></p> <p>NAHSCP 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 duties under the Act. The revised annual budget for 2023/24 currently is £1,185,623. Following the award of the contract the funding distribution is summarised below:</p> <table border="1"> <thead> <tr> <th>Planned/ Proposed Annual Spend 23/ 24</th> <th>£</th> </tr> </thead> <tbody> <tr> <td>Carer Service Contract (part year cost)</td> <td>566,065</td> </tr> <tr> <td>Staffing Carer Support Team (2 further posts are under SDS)</td> <td>54,659</td> </tr> <tr> <td>Light touch breaks for adult carers</td> <td>100,000</td> </tr> <tr> <td>Young Carers Wellbeing through Education</td> <td>20,000</td> </tr> <tr> <td>Young Carer KA Payment</td> <td>28,784</td> </tr> <tr> <td>Digital Resource (Carers UK)</td> <td>2,500</td> </tr> <tr> <td>Business Contingency for Emergent Needs</td> <td>20,000</td> </tr> <tr> <td>TOTAL SPEND</td> <td>792,008</td> </tr> <tr> <td>TOTAL BUDGET</td> <td>1,185, 623</td> </tr> </tbody> </table> <p>It is important to note there are other workstreams that relate to carer activity which have yet to be finalised but will impact on spend, for example work ongoing in relation to Self Directed Support. A conscious decision has also been taken to retain resources to allow capacity to respond to any emergent issues.</p>	Planned/ Proposed Annual Spend 23/ 24	£	Carer Service Contract (part year cost)	566,065	Staffing Carer Support Team (2 further posts are under SDS)	54,659	Light touch breaks for adult carers	100,000	Young Carers Wellbeing through Education	20,000	Young Carer KA Payment	28,784	Digital Resource (Carers UK)	2,500	Business Contingency for Emergent Needs	20,000	TOTAL SPEND	792,008	TOTAL BUDGET	1,185, 623
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4.2	<p><u>Human Resources</u></p> <p>Recruitment of the expanded service is underway and as previously stated people will be the bedrock for success of the service moving forward. HR requirements have been adhered to with the incumbent supplier Unity Enterprise matching necessary posts and offering internal opportunities. A recruitment consultant is guiding the process to upscale from 4.5FTE to 14FTE to find suitable quality candidates. External recruitment commenced week beginning 31/07/23. This process is in true partnership with a mixed Unity and HSCP recruitment panel.</p>																				
4.3	<p><u>Legal</u></p> <p>North Ayrshire Council and NHS Ayrshire & Arran must meet their duties under the Carers (Waiving of Charges for Support) 2014 Regulations, Carers (Scotland) Act 2016, Terminal Illness Regulations (July 2021) and upcoming National Care Service Bill in relation to possible carers ‘Rights to Breaks from Caring’. This legislation should be held in the same regard as any other directive pertaining to professional assessment of need and provision of support.</p>																				
4.4	<p><u>Equality/Socio-Economic</u></p> <p>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,</p>																				

	<p>relationships & 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.</p> <p>The strategy and plans for 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 on people’s lives.</p>
4.5	<p><u>Risk</u> Board should note the risks if this work does not continue to be a key priority:</p> <ul style="list-style-type: none"> • Carers will not be aware of their rights or how to access information and support at the right time on their caring journey. • More carers will not be identified, informed and supported resulting in carer roles/ relationship breakdown and carers experiencing further impact on their own physical and emotional wellbeing. • Carers and HSCP services will be further overwhelmed and experience increasing pressure, leading the carer into crisis and resulting in higher demand and cost for health and social care services. • Current messaging and approaches to carer identification and support through adult carer support plans are not sufficient. Opening the routes further through our strategic partner Unity Enterprise can support those carers who do not want to or need to be supported through the social work front door. • Statutory carer duties will not be met. • Fiscally, conditions are not going to improve immediately for citizens, carers, local government or the care sector. Mobilising resources to mitigate some of the pressure’s carers are experiencing should be a priority. <p style="text-align: right;"><i>(Moderate)</i></p>
4.6	<p><u>Community Wealth Building</u> Community benefits are a contractual requirement within the reprovision of the carer service. The growing investment leads to an increase in the local workforce and supports available locally for carers with a shift to a locality approach to support.</p>
4.7	<p><u>Key Priorities</u> For carers service expansion the primary areas for focus are under the following streams:</p> <ul style="list-style-type: none"> • Continuity and monitoring of current carer service as the service grows • Phased Recruitment & HR responsibilities • Partnership mapping & establishment to promote the new service • Marketing of the rebranded ‘Gateway’ carer service • Digital developments, scoping the right resource and market testing • Property with possible colocation and establishing a new base • Financial planning and oversight

	<p>For 'Building Caring Communities' 2023 – 2025, the strategy will be minimally adjusted and designed to allow for a soft launch with a special Carer Advisory Group mid-September 2023. Focus will then turn to fuller carer engagement to begin to explore, imagine, shape and realise medium term goals for carer information and support.</p> <p>The new strategy is fully in alignment with the IJBs Strategic Plan “Caring Together” ambitions.</p>
5.	CONSULTATION
5.1	<p>As noted earlier the collective priorities and expansion plans within this update have been discussed and agreed through appropriate governance routes including Carers Advisory Group, PSMT, SWGB and with our strategic partner Unity Enterprise.</p> <p>Carer involvement and collaborative working is a key principle in all our ambitions for carers and we recognise they are equal and expert partners in caring. It is our priority moving forward with the renewed service and new medium – term strategy to ensure carers and those partners responsible for supporting carers are at the core of everything we design and deliver through the remodelled Carer Collaborative Network. There are also plans to host an inaugural North Ayrshire Carers Conference in line with celebrations in Carers Week – June 2024 inviting carers from across North Ayrshire localities to share information, insight, knowledge, ideas and routes for improvement for carer services.</p>

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Building Caring Communities: Interim Carer Strategy for 2023 – 2025

**Priorities &
Actions**

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FOREWORD

Welcome to Building Caring Communities: 2023 – 2025, an interim strategy for young and adult unpaid carers in North Ayrshire.

This strategy is one of the North Ayrshire Health and Social Care Partnership's priorities under the [Carers \(Scotland\) Act 2016](#) (the Act), which extends and enhances the rights of unpaid carers. The strategy has been written with and is supported by North Ayrshire carers, strategic partner – Unity Gateway Carer Service and key stakeholders who want our aims and ambitions for carers to be clear with information and support offered to all carers, which includes those who are adults, parents, working, retired, young and at school or moving into adulthood.

North Ayrshire Health and Social Care Partnership acknowledge and give thanks for the substantial contribution that unpaid carers make in caring for loved ones and friends' health and wellbeing and recognise the value carers add throughout our communities.

There are around 14,000 carers in North Ayrshire,¹ yet many do not identify in their caring role and are not accessing key carer information and support. This strategy is in place to help reach more carers and provide vital information and links to support to be accessed at a time that is right for each individual carer and their circumstances.

Our aim is that all North Ayrshire carers are identified, supported and valued and are afforded an opportunity to live, work, thrive and stay connected to their communities enjoying a life alongside caring, where they choose to continue to care.

Our ambition is that all unpaid carers have their voices heard and ideas considered in the design and delivery of information and support services provided across North Ayrshire Health and Social Care Partnership. We understand that often caring roles are demanding and complex and we hope that this strategy offers support and guidance to carers when they need it most.

We acknowledge the challenges that we currently face across Health and Social Care Partnership services and systems, but we also recognise that often means rising pressure for many carers. Carers are paramount to the wealth and sustainability of our communities and the health and social care system. This is why carers needs are of priority across North Ayrshire.

1

https://www.google.com/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&ved=2ahUKEwjSherN4fT_AhXizgIHHVYvC-EQFnoECCAQAQ&url=https%3A%2F%2Fwww.ons.gov.uk%2Ffile%3Furi%3D%2Fpeoplepopulationandcommunity%2Fpopulationandmigration%2Fpopulationestimates%2Fdatasets%2F2011censuskeystatisticsandquickstatisticsforlocalauthoritiesintheunitedkingdompart1%2Fr21ukrtableqs301ukladv1_tcm77-330517.xls&usq=AOvVaw3e55wWR8PtTnPd2Rey95IR&opi=89978449

INTRODUCTION

Carers help their families and friends across our communities every day to live their lives. Carers and those they care for are at the heart of everything we do and deliver across North Ayrshire health and social care services.

Through understanding and building on the strengths and experiences of carers, North Ayrshire Health and Social Care Partnership will continue to co-produce local information and support services which meet the needs of all carers to help make routes to information and support easier and quicker to achieve a better quality of life whilst caring.

The [Carers \(Scotland\) Act 2016](#) came into effect on April 1st, 2018. The duties therein extend and enhances the rights of carers to help improve wellbeing. It enables carers to continue to provide care to friends or family, if able and willing in good health. The Act works alongside other initiatives to support carers and the people they care for, including transforming primary care, reforming adult social care, and improving choice and control.

In Scotland, there are an estimated 800,000 carers which includes 30,000 young carers under the age of 18 ². This accounts for almost 15% of the population. In North Ayrshire, the number of unpaid carers is estimated at 14,000 carers but not everyone recognises themselves in a caring role and are often not seeking the information and help available.

Carers need time and support to look after their own health and wellbeing, achieve their educational, employment and life ambitions and ensure they stay connected to friends and communities alongside caring.

This strategy details the priorities and actions North Ayrshire Health and Social Care Partnership will work towards to help carers realise their ambitions.

WHAT DO WE MEAN BY 'CARER'

Many people do not relate to the term 'carer'. People often see the help and support they offer as the natural thing to do for family and friends. What becomes a caring role, they see simply as a natural extension of those relationships.

The Carers (Scotland) Act 2016 recognises the importance of identifying and supporting caring roles and defines a carer as an individual who:

- ***provides (or intends to provide) care for another person, and this refers to young and adult carers.***
- ***An adult carer is someone over the age of 18.***
- ***A young carer is someone under the age of 18 or has reached 18 and is still in school.***

² [Unpaid carers - Social care - gov.scot \(www.gov.scot\)](#)

In North Ayrshire carers are defined as:

- ***someone who looks after a family member or friend who needs support due to illness, disability, mental health, addiction issues or needs extra help as they grow older.***

It is not a caring role if this is only because of the person's age (where they are under 18). This is parental duties unless the dependent child has additional care and support needs.

It is not caring if care is being provided as voluntary work or under a contract of employment. There is also the exclusion of foster care due to the agreement in place and fees paid.

Caring roles can vary, some may be for a short time whilst someone recovers from an illness, operation or injury, or it can be a part of everyday life due to a long-term condition, disability or diagnosis. A carer can provide care for one or more people, and they do not need to live in the same household or town. The help carers provide is also varied, it can be practical such as personal care i.e., washing or dressing, housework, finances, shopping, transport to appointments and picking up and administering medication. It can also be providing company and emotional support. For many carers there are positive and rewarding aspects but there are also lots of reasons why caring leaves carers needing support.

WHAT ARE YOUR RIGHTS AS A CARER

Many carers are unaware of their rights and miss out on information, practical, emotional and financial support available to them. The [Carers Charter](#) has been published by the Scottish Government and sets out the rights of adult and young carers. Those rights include:

- Being offered or requesting an Adult Carer Support Plan or Young Carer Statement and receiving support to complete them. The plan or statement should also contain information on any emergency plans if the carer is not able or willing to care and/ or circumstances change.
- Support based on any needs identified in the plan or statement which meet local eligibility criteria for carer support. NAHSCP publish [North Ayrshire Carers Eligibility Criteria](#).
- Support which may be in the form of a break from caring. NAHSCP publish [North Ayrshire's Short Breaks Statement](#) which explains more.
- Access to an [information and advice service](#) for carers. In North Ayrshire the local authority deliver services in partnership with Unity Gateway Carer Service.
- Being involved in the planning of support for the person being cared-for at the point of hospital discharge.
- Being involved in the planning of services for carers more generally, including the preparation of this local North Ayrshire Carers Interim Strategy.

We want as many carers as possible across North Ayrshire to understand and realise their rights. For more information, please contact **Unity Gateway Carer Service** on **01294 311333** or email northayrshire.carers@unity-enterprise.com

or visit [Coalition of Carers in Scotland](#), [Carers Trust Scotland](#), [Carers UK](#) or [Care Information Scotland](#).

NORTH AYRSHIRE CARING PROFILE

Around 133,806 people currently live in North Ayrshire across 6 localities with an expectation that this will fall over the next 8 years. By 2030 it is expected that the population will fall to 129,987 with those 65 and over accounting for more than 27%. In addition, it is expected that the number of people over 75 will grow by 16%, from 14,546 in 2022 to approximately 16,905 by 2030, with those 65 to 74 increasing by 11% to 19,207. Currently, 27% of local people are known to have some form of long-term condition with it being recognised that the prevalence of people with a long-term condition increases by age.

Just over 10% of the North Ayrshire population recognise they are carers according to the Scottish Census. 1,777 (1,543 adults & 234 young carers) carers were known and registered with Unity gateway Carer Service on 30th June 2023. This is a 16% increase from May 2022 and reflects progress based on the messaging of the carer services partnership. Predominantly referrals for carer registration come from self-referral, Education Services for young carers or acute settings - hospital discharge for adult carers.

North Ayrshire Health & Social Care Partnership has delegated equal responsibility to North Ayrshire Education Services for young carer identification and offers of support. Across our primary and secondary schools 287 young carers under 18 years old were identified at June 2023. Some of those young carers in schools will be known to Unity Gateway Carer Service but not all as it is the young person's choice to be recognised in their caring role. Similarly, those young carers identified by Unity Gateway Carer Service may not wish to be identified as a carer in school. It is imperative that all carers have multiple routes to identification enabling them to access information and support at the right time.

These figures do not account for anyone living out with the local authority area but caring for someone who resides in our North Ayrshire communities.

NORTH AYRSHIRE CARERS INDEPENDENT ADVICE & SUPPORT SERVICE

North Ayrshire Health and Social Care Partnership recently retendered the information and support service for carers. Significant resource is being invested to seek a dynamic and creative strategic partner to help build and deliver an expanded outreach service for key advice, information and support for young and adult unpaid carers in all North Ayrshire localities.

Unity the incumbent carer service was successful in the award with plans to expand the team more than threefold with more outreach and specialist roles to reach more carers and offer alternative supports. Alongside this positive growth they will continue to ensure continuity of carer services for a term of 3 years commencing 3rd July 2023.

Due thought and diligence went in to considering the options available, risks, and best value implications but it was crucial to achieve the right result for North Ayrshire carers.

Moving forward with Unity Gateway Carer Service the broad requirements for the delivery of the service are as follows:

- Carers are actively sought and identified as we extend the reach of the service through outreach & community-based models.
- Carers are informed, have increased confidence in their caring role and feel supported with carers knowing the service well and how to access it.
- Carers are offered and supported to prepare an Adult Carer Support Plan or Young Carer Statement through expanding the routes threefold for carer access to assessment and support.
- Promoting variety in breaks from caring with the expansion of wellbeing and short break support in preparation for the National Carer Service 'right to breaks' regulations.
- Carers feel involved as equal partner in care design/ delivery with development of the carer collaborative/ network and hospital discharge as priorities for carer engagement and carer voices to be heard.
- Stronger partnership working and engagement by establishing effective relationships to increase co-production with carers and key agencies to achieve continuous service improvement.
- Improved identification, information and support for young carers with a focus on transition stages in particular into adulthood.

An implementation plan has been set with the immediate establishment of a strategic project board. Initial areas for focus whilst ensuring continuity of carer services are:

- Recruitment & HR
- Partnership mapping & establishment of an expanded service
- Consideration of colocation with partners
- Digital developments
- Marketing of the rebranded 'Gateway' carer service
- Financial planning

WHAT ARE OUR CARER PRIORITIES FOR DEVELOPMENT

Priority areas and actions have been identified for growing young and adult carer services. North Ayrshire Health and Social Care Partnership will work closely with North Ayrshire carers, Unity Gateway Carer Service and other key partners to implement and improve information, systems and support.

Priority 1: Carers are actively sought and identified.

The question often asked in relation to carers is 'how do you start to look for those that don't know they need to be found?'

Carers are often referred to as 'hidden' and in North Ayrshire this includes carers in employment, parent carers, young adult carers, those caring for loved ones living with addiction or mental health. We would also include our minority communities such as BAME, LGBTQIA+, the travelling community at Redburn and those seeking refuge or asylum.

The move to a community-based outreach service will be central to achieving this priority. An increase to the workforce both in the Health & Social Care Partnership and within Unity Gateway Carer Service means there are now 17.5 staff to develop and support the carers agenda.

Carer staff will be more present and visible across all localities to seek out carers who are currently unreached or not engaging with the service. The team will consist of dedicated and knowledgeable specialists within each locality and across schools. They will engage with carers, build networks and use the strengths within our communities to help identify many more carers at the earliest possible opportunity, ensuring Information, signposting and support can be offered directly at a time and place that suits each carer.

Innovative marketing, including a service rebrand, and a new digital portal will be established to make identification and registering for support easier. There are plans to include carer identification via GP practices across North Ayrshire. Specific strategies for reaching more young and young adult carers include working with both secondary and their feeder primary schools. This will allow us to support the youngest carers and ensure they are identified earlier. We will also work with local higher and further education establishments across the whole of Ayrshire (and beyond) to identify and support young adult carers.

North Ayrshire Health and Social Care Partnership introduced the [Carers Appreciation Card](#) in 2016 to work towards 'building a caring community' where carers can use the card to be identified and recognised across the community, at hospital, in pharmacies or at school, to name a few. Over 970 carers have registered for their free card and over 30 North Ayrshire businesses recognise the value in caring and offer discounts and concessions for carers.

Work already started within North Ayrshire Drugs & Alcohol Recovery Service and the Adult Learning Disability health and social care teams will continue. A programme of carer awareness and improvement will increase staff confidence and capacity to improve the level of carer interaction and identification with information and services offered equally to all carers.

"I care for my elderly Father, and I am currently supported by the North Ayrshire Drug and Alcohol Recovery Service. My worker identified that I provide a caring role and

reached out with the offer of an Adult Carers Support Plan. Through conversations it was identified that I would benefit from more support in the community to talk to other carers.

I began to attend a local Carer Support Group and I have now gained the support I needed, I have been days out and feel I can also manage my caring role much better now. The support group has helped me manage my mental health and get out of the house more and I am thankful that I was able to be connected with them". (Adult Carer)

Priority 2: Carers are informed, have increased confidence in their caring role and feel supported.

The aim is for North Ayrshire carers, professionals and partner agencies to know the Unity Gateway Carer Service as the first point of contact for carer information, advice and support when they need it.

The service will:

- Raise awareness of and support carers to understand their rights.
- Develop and publish relevant local and national carer information, news, and updates on carer developments and support using a variety of appropriate digital/ non digital methods and accessible formats.
- Build and maintain effective relationships with other partners to offer and supply co-ordinated carer information and support.
- Signpost and support carers to navigate and access local and national health, social care, housing, benefits and grants, education and employment systems in the best way and at the right time.
- Implement a workforce development programme for awareness and training and improving staff competence, confidence and capacity to improve the quality of information and service offered.
- Implement systems and pathways for effective easy access and delivery of support.

North Ayrshire Health and Social Care Partnership currently purchase the Carers UK [Digital Resource for Carers](#). This is designed to bring together several digital products and online resources including e-learning, factsheets, guides and tools to help carers manage their caring responsibilities. It covers areas such as health and wellbeing, practical support with caring including short breaks, help with finances, and information on carers' rights including rights at work. Access is also free for the care coordination app, [Jointly](#) to organise care. This resource helps provide 24/7 support and comprehensive guidance for carers. Find out more by visiting the [Carers Digital website](#) and creating an account using the following free access code: **DGTL4110**

A dedicated page: [Support for Carers](#) is available on the North Ayrshire Health and Social Care Partnership website.

Unity Gateway Carer Service will introduce a new digital portal to replace the current resource. The portal will provide local and national information, advice and

signposting tailored to meet each individual carer's needs. The digital portal will be managed by a Marketing & Engagement Officer in the service, who will also deliver ongoing communication via monthly e-newsletters and social media. The digital platform will be available 24/7, and the team will be accessible via email, telephone, video call and online chat between 8am and 8pm, seven days a week.

The service will develop a triage process operated by Locality Carer Support Officers. It will be more responsive ensuring that carers are quickly directed to the appropriate pathways and are guided towards the support that is relevant to them. Carers will also be offered flexibility in accessing the support in a manner and at a time that suits them.

There will also be a focus on providing awareness and training for carers, both to aid their caring responsibilities and in other life skills as suggested by North Ayrshire carers.

North Ayrshire Health and Social Care Partnership and North Ayrshire Council Education have worked in partnership to identify a key Young Carers Co-ordinator in every school across North Ayrshire. In partnership 'Young Carer Statement' workshops were delivered with the aim of raising awareness of young carers, promoting good conversations, how to offer and complete Young Carers Statements and recording of identified support needs. This workshop was also delivered to School Inclusion Workers along with a separate 'Young Carer Awareness' session.

Between October 2022 and March 2023 young carers recorded on seemis increased by 50% and the number of young carers statements offered more than trebled in the reporting period 2022/ 2023 compared to the 2021/ 2022. All information, resources, toolkits and support are available on GLOW for Education staff.

Young Carer Support Officers will deliver their programme of information and support to fit around the needs of young carers under the age of 18 years, whether that be within school or on evenings/ weekends. The Young Carer Support Officers work in line with the Team Around the Child (TAC) model to ensure a joined-up approach with other agencies with regards to the welfare of the young person.

The multitude of ways in which carers can engage with the new partnership carer service will ensure a flexible, responsive and fully accessible service, which will be a key driver in building their confidence in caring roles and ensuring carers feel informed and supported.

Priority 3: Carers are offered and supported to prepare an Adult Carer Support Plan or Young Carer Statement

Until now all Adult Carer Support Plans were offered and prepared by North Ayrshire Health and Social Care Partnership Social Work staff.

For the reporting year 2022/ 2023, Social Work staff have offered 449 Adult Carer Support Plans with 94 accepted and only 12% (56) of those offered following on to completion.

In October 2022 capacity was added to the carer team with a Carer Support Officer to offer an alternative route to early and preventative carer support, more so for carers who were not already known to Social Work services or were aged 16 - 18 years and not in school. The introduction of this new role has seen the carer team offer retrospective support and funds to all 72 carers. 20 plans are completed, 1 in progress, 24 carers are no longer caring, 3 carers have been passed back to the appropriate service for follow up with the remainder declined, not responding or having moved out with North Ayrshire.

There have been 29 referrals and 7 assessments completed through the new route since February 2023 for light touch support. This has been improved by a Self-referral form launched in carers week (5th - 11th June 2023) to all services, service access and commissioned carer services with release on social media platforms. These routes allow carers the opportunity to be involved in good and equal conversations to identify their personal goals and need for support, which if achieved, will enable the carer to provide or continue to provide care for someone.

The route for young carers to be offered or request and prepare a Young Carer Statement is through both our Social Work teams and North Ayrshire Council Education.

NAC Education staff report 183 Young Carer Statements offered with 167 accepted and completed in the year 2022/ 2023. Over three times more than in 2021/ 2022.

From the young carer statements, it is noted 40% required a break away from their caring role, 34% needed emotional support meaning school staff being aware of caring roles, their anxieties and having someone to talk to. 23% requested practical support with homework, schoolwork or a place to study. And 24% did not need additional support through their carer conversation. Also 40% identified as having 2 or more (multiple) needs.

57 young carers and families are being contacted regards an agreed retrospective provision from reviewing Young Carer Statements completed in 2021/ 2022. 46 young carers are entitled to an offer of support and the remainder have left school or moved out of the area. 21 payments for support have been issued and 5 in progress.

During preparation of a plan or statement, there is an opportunity to discuss the caring role and consider the impact caring has on several areas in a carer's life, identifying any risk that may impact on the carer's own health and wellbeing or ability to have a quality of life.

To determine the level of support carers receive fairly and consistently North Ayrshire Health and Social Care Partnership are required to publish a framework for eligibility for [adult carers](#) based on national health and wellbeing outcomes and [young carers](#) based on GIRFEC indicators to access services.

Every carer is entitled to information, advice and universal support. Our Integrated Joint Board agreed in June 2022 to extend the eligibility threshold to include those individuals with low and moderate need as per the Strategic Commissioning Plan – Caring Together 2022 – 2030 ambitions meaning lower levels of support will be

provided for carers with a view to supporting carers at an early stage in the caring journey.

Unity Gateway Carer Service will offer a third route for young and adult carers to flexibly be offered or request a carer conversation and access to support. It will be the equal responsibility of the Locality Carer Support Officers and Young Carer Support Officers to increase both the total volume of Support Plans/Statements, and the proportion of registered carers who do so. The benefits of completing Support Plans/Statements will be incorporated by the Marketing & Engagement Officer through marketing messaging and embedded as a key feature of the new digital portal.

There are no set timescales for the offer or preparation of Adult Carer Support Plans or Young Carer Statements from identification. It is expected that all carers who want one should be able to benefit in an efficient and timely manner and 'ought to be offered and prepared within reasonable timescales taking into account the urgency of need for support and any fluctuation in those needs'.

Due to the urgency of supporting carers looking after someone who is terminally ill, the Act sets out time limits for preparing plans of support for these carers. Diagnosis of a terminal illness affects the person and their family or friends who support or intend to support them in very different ways. Carers in this situation often do not have time to think about and discuss their own needs or are ready to recognise their role of becoming a carer.

Many carers are already known to North Ayrshire Health and Social Care Partnership services and can approach the team already involved with the person they care for. Alternatively, carers can contact their local area office Service Access Team as the route to all formal assessment and support. Carers may also ask for a referral from Hospital, GP, District Nurse, Carer Centre, hospice care or other sources through our local office Service Access Team.

All carers of people who are terminally ill will be offered an adult carer support plan or young carer statement within **2 days of them being identified as a carer**, if this is not possible, as soon as is practical thereafter, and as soon as the local authority becomes aware the person is caring for someone with a terminal illness.

An initial carer conversation should then cover immediate or urgent outcomes and need for support and should be had **within 5 working days of the carer accepting the offer** to complete an adult carer support plan or young carer statement. Based on the substantive conversation a light touch adult carer support plan or young carer statement is completed. If the conversation takes place within 5 working days, then the **adult carer support plan or young carer statement must be completed within 10 working days of the date when the carer originally requested or accepted the offer** of the plan/ statement.

If the conversation takes place at a later date, as requested by the carer, the adult carer support plan or young carer statement must be prepared within 10 'qualifying working days' from the original request or acceptance. The timeframe is paused so

that any working days between the delayed date and the conversation taking place are not counted as qualifying days and still allows for 10 working days.

The light touch adult carer support plan or young carer statement addresses immediate and urgent carer need and support but may not cover all information required. The carer and North Ayrshire Health and Social Care Partnership appropriate team or Education staff will agree when the plan should be reviewed to include full carer information and a plan/ statement finalised with direction on when all identified carer needs will be met. It is expected that the review would be proportionate to the carer's circumstances. Where there is a terminal illness diagnosis it may require more regular contact, communication and review of support provision.

Priority 4: Promoting variety in breaks from caring.

There are many terms used to describe breaks from caring, including respite, short breaks, relief or replacement care.

Respite often refers to more traditional forms of building based or residential services which can be beneficial for many carers and families and indeed, have their place. North Ayrshire Health and Social Care Partnership offers day care, residential and nursing care home services.

The idea of a short break, taken often, as a means of supporting carers helps sustain caring relationships, and for some is more acceptable to the carer and the people they care for. Short breaks focus on improving the quality of life for both the carer and the person they help, potentially including a break taken together. Short breaks align with the development of personalised approaches and options under the [Social Care \(Self-directed Support\) \(Scotland\) Act 2013](#).

A short break can mean different things to different people.

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. The short break will support the carer and often the cared-for, the caring relationship and promote sustained or improved health & 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.

North Ayrshire Health and Social Care Partnership have prepared and published a [Short Breaks Services Statement](#) along with local carers and the people they care for, the longstanding Carers Advisory Group, Unity Gateway Carer Service, as well as staff and other third sector partners.

The Short Break Statement is to inform and advise young and adult carers, staff and the wider community of planned, short break (often referred to as respite) opportunities for carers who care for someone living in North Ayrshire. The

Statement provides useful links and ideas, what is available regardless of level of support needed, and how to access a break from caring.

Collaboratively the carer services will develop, resource and deliver a Short Breaks Bureau. This will include statutory and voluntary offers and will increase the choice and variety of carer breaks. The Bureau will offer advice and practical support to carers seeking and planning a short break from caring along with accessing funding for the cost of carer breaks, detailing any contribution or costs that may apply. Resource by way of a Wellbeing and Breaks Officer specialist role will strengthen the promotion and arranging of breaks from caring.

‘I provide care for elderly grandparents who have a number of medical conditions. I help with shopping, preparing meals, and doing housework. I recently applied for the ‘Time to Live Fund’ via the local Carers Centre.

I volunteer at local stables and use this time as a break from my caring role. The fund allowed me to purchase the proper equipment for horse riding and I have now increased the number of days I volunteer which has had a positive impact on my health and wellbeing.’ (Adult Carer)

A Short Breaks Bureau as defined by [Shared Care Scotland](#) is ...

“a single point of contact through which carers, and those requiring care, can be supported to access personalised, overnight, short breaks. The bureau helps to connect people with services that best meet their particular needs and situation. The bureau gives people the support they need to plan what they want and to organise it through the bureau or, if they prefer, through family and friends or advocate”.

Unity Gateway Carer Services receive funding from the Scottish Government through Shared Care Scotland to distribute across North Ayrshire communities. Carers can access Better Breaks, Creative Breaks and Time to Live funding programmes. For the year 2023/ 24 Unity have been awarded £70k with the proposal to target certain carer groups and locality areas which do not normally access breaks.

North Ayrshire Health and Social Care Partnership have initiated several routes recently to support young carers wellbeing and offer short breaks from caring.

Young carers identified have been supported via the Young Carers Education Fund. The fund has been used to deliver a variety of creative breaks for young carers to enable them to take time out from their caring responsibilities. This has included overnight stays, family activities, days out, clothing for the gym and personal pieces of equipment such as goal posts, footballs and football boots, ice skates and paddle boards.

‘I bought a paddleboard which I love. I am now able to go out with friends and do something I enjoy and not have to think about caring.’

(Young carer, age 15)

Carer partners along with KA Leisure have offered all registered young carers a one-year subscription to help support positive and active lives. This opportunity offers young carers the ability to access swimming, ice-skating, the gym and activities across all KA Leisure facilities for all ages.

‘I love being able to go ice-skating on a Friday night with my friends, it’s expensive but I don’t need to worry about missing out anymore as I have my KA Card.’ (Young carer, age 14)

Carer partners along with Active Schools helped 19 young carers enjoy a free two-day residential trip where young carers enjoyed a variety of activities and the opportunity to make friends. Active Schools will continue to work with young carers to ensure their identified needs to remain active and healthy are met.

‘This was my first residential and I met new friends and had a great time’.
(Young carer, age 10)

It was good to get a break away from caring and spend time with my friends doing new activities. I did find it hard being away from home overnight, but I am proud of myself for doing it.’ (Young carer, age 11)

For young carers aged 16 - 18 who are eligible and meet the criteria the [Young Carers Grant](#) offers a one of annual payment of £359.65.

Young Scot offers a special bundle of treats available to all young carers who are aged 11 to 18 years old (inclusive) in Scotland - [Young Carers Package](#).

The Scottish [Young Carers Festival](#) takes place every year and provides a chance for young carers to have a break from their caring role, meet other young carers, take part in consultation and most importantly, have fun.

Priority 5: Carers feel involved as equal partners in care design/ delivery.

North Ayrshire Health and Social Care Partnership believe carers should be included and involved as much as possible in key decisions about their support and the support of their loved ones.

We recognise carers feel heard, seen and empowered by having their views and feelings considered by others in relation to support planning and care decisions.

North Ayrshire Health and Social Care Partnership use the [Equal Partners in Care](#) principles which set out the right for carers to play an equal and active role and are intended to ensure that workers in different settings have a shared understanding of how to work in partnership with all carers including young carers.

We understand carers have a unique role in the life of the person they care for. Each carer and their own circumstances mean not all caring roles are the same, but all carers have valuable skills and knowledge to contribute to decisions for support. More often the carer is the expert in their loved one’s life. Encouraging this input

from carers on key decisions at transition stages in life, on discharge from hospital, at the beginning of the support journey or when there are changes to care needs is key to true partnership working.

Involvement of carers in the design and development of local services at strategic level through policy and practice developments, and with Unity Gateway Carer Service is equally important to ensure carer services in North Ayrshire are developed with carers for carers.

The North Ayrshire Health and Social Care Partnership Integrated Joint Board (IJB) is the main decision-making body. A nominated Carer Representative has been part of the group membership for around 8 years along with the Carer Champion for over 10 years to widen the pool of views being represented locally for carers.

The longstanding Carers Advisory Group has been active for 11 years and carers represent all localities, care groups and conditions. Moving forward the advisory group will expand to form a Carers Collaborative or network for carers, professionals, organisations or volunteers who have a shared aim of improving carer services. This will be established and led by the Carers Champion, Carer IJB Representative and Unity Gateway Carer Service. This approach gives carers a stronger voice in future service design and planning and encourages the principles of community engagement to be embedded more widely. To support this aspiration further Unity Gateway Carer Service will introduce an annual North Ayrshire Carers Conference.

There are also carer involvement duties for NHS Ayrshire & Arran Health Board under the Discharge without Delay agenda to improve pathways through hospital settings and reduce inpatient stay.

Working with carers from admission ensures people and their families can make informed decisions and are as prepared as possible for loved ones to return home or to a homely setting.

A Pan Ayrshire team, led by East Ayrshire HSCP and supported by Health Improvement Scotland have made good progress over the past year as part of the intensive support to acute hospitals. East Ayrshire have recruited 2 Carer Support Staff based at Crosshouse and Ayr acute sites, to work with staff, to identify carers, and support in delivering the right information and support at the right time for carers. A referral process is also implemented for workers to signpost into Unity Gateway Carer Service. The Carer Team will bring forward the learning from this approach for North Ayrshire Community Hospital settings.

Priority 6: Strong partnership working/ engagement.

North Ayrshire Health and Social Care Partnership seek and encourage effective relationships with carers, professional staff and partner agencies to achieve better outcomes and opportunities for carers as set out in this strategy. The carer service altogether will actively engage to support earlier carer identification through delivering core information about the role of carers and support available to them.

Unity Gateway Carer Service will reach locality community groups both face to face and through strong digital, social media and virtual engagement to achieve greater presence, raise awareness, provide an important opportunity to network and enhance the ability to signpost carers to appropriate and new services.

Unity Gateway Carer Service has a solid foundation and reputation. The service will be responsible for growing partnerships at a strategic level, establishing a North Ayrshire-wide framework that will then be activated by the Carer Support Officers/ Young Carer Support Officers in each locality. Carer staff will have autonomy to implement and expand these relationships locally to best meet the needs of carers in their area.

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Priority 7: Improved identification, information and support for Young Carers with a focus on transition periods through to adulthood.

Carer rights, opportunities and developments laid out in the preceding sections of the strategy also apply to young carers.

North Ayrshire Health and Social Care Partnership take a whole family approach and want to ensure that young carers are recognised and supported as early as possible and enabled to be children and young people first and foremost. This includes relieving them of any inappropriate caring roles to allow them to have a quality for life and a childhood like their peers.

A [Jargon Buster for Young Carers](#) has been developed to help young carers understand some of the key points within the Act that matter to them most.

Unity Gateway Carer Service currently supports 234 young carers across North Ayrshire. The expanded service will have a four-fold increase in the staff resource to support young and young adult carers, such is the importance being placed on supporting young people with caring responsibilities. Young Carer Support Workers

will be split across North Ayrshire school clusters, with each worker being aligned to 3 secondary schools and the feeder primaries in these clusters.

The impact from young caring responsibilities often can be reflected in school attendance, academic progress and opportunities, social or financial prospects and in some cases physical, emotional and mental wellbeing.

The main area for focus is earlier identification of young carers to ensure support can be put in place when moving through primary to secondary school or onto further education or employment. There will be additional responsibility for young adult carers who are persistently hard to reach. Staff will build stronger partnerships with West College Scotland, the University of the West of Scotland and higher and further education establishments Scotland wide, all of whom receive young adult carers from North Ayrshire.

North Ayrshire Council Education service have supported and delivered on the young carer agenda immensely. Young Carer Co-ordinators have been nominated in every school across North Ayrshire. In partnership, Young Carer Statement workshops were delivered in 2022 with the aim of raising awareness of young carers, promoting good conversations, equal offering and preparation of Young Carer Statements and recording of identified young carer support needs. The workshop and other sessions were also delivered to School Inclusion Workers.

The result of the targeted work between October 2022 and March 2023 saw young carers identified increase by 50% and the number of young carers statements offered more than treble in the reporting period 2022/2023 compared to the 2021/2022.

A Young Carers Statement begins with a conversation that helps young carers to think about their caring role and what is important to them in their life. This gives young carers the opportunity to think about their own health and wellbeing, what goals or aims they want to achieve, and it helps to find out what help young carers might need to do the things they enjoy when they are not caring (going to after school clubs, enjoying sports or hobbies or hanging out with friends). It helps professionals such as teachers, school nurses, social care services and Unity Gateway Carer Service to establish if young carers are carrying out caring tasks, they feel comfortable with and not helping with those that are inappropriate. The key points of the conversation along with identified needs and support are written down and this becomes the child/ young person's Young Carer Statement.

***** TRANSITION PLANNING FOR CARERS**

Transitions can mean any significant change in circumstances for young and adult carers or the people they care for. Life can be full of change, during which we transition or move from one stage to another. This can be an anxious or stressful, unknown time, so the correct information and support being available at the right time is crucial.

Some examples of transitions for carers can include:

- *Moving from being a young carer to an adult carer*
- *Changing or giving up employment*
- *Changes to financial benefits*
- *Declining health or a new diagnosis*
- *Hospital admission or discharge*
- *Moving from the family home to a care home*

Any change in circumstances for the people we care for may require a level of information, advice or extra support. The role of emergency and future planning is important to manage change well.

Young carers should have a smooth [transition pathway](#) to support them entering different ages and stages of life more so from the age of 16 years to manage and prepare for changes to the caring role when they reach the age of 18 years and become adult carers. Changes in life/ education/ home/ work/ caring circumstances trigger specific advice and support.

Some young carers also have their own health difficulties, disabilities or impairments. The [ILF Transition Fund](#) can help young disabled people, between the ages of 16 and 25, with transition after leaving school or children's services to be more independent, more active and engage in their community and to build and maintain relationships with other people.

WHAT WILL GOOD SUPPORT LOOK LIKE FOR CARERS

North Ayrshire Health & Social Care Partnership will promote and provide consistency of information and support and create a culture of mutual respect and partnership with carers, cared-for persons, Unity Gateway Carer Service and partner services altogether.

North Ayrshire Health & Social Care Partnership have adopted and expanded the [Equal Partners in Care Principles](#) which align with our responsibilities under the Act ensuring:

- Carers are identified as early as possible across all communities.
- Carers are supported and empowered to manage their caring role.
- Carers are enabled to live fulfilled lives and have a quality of life alongside caring.
- Carers have equal and easy access to good information, good conversations and support to enable them to maintain their own wellbeing.
- Carers are free from disadvantage or discrimination related to their caring role.
- Carers are fully engaged in the planning and shaping of services.
- Carers are recognised and valued as equal expert partners in care.

North Ayrshire Health and Social care Partnership will move forward with the content of this strategy and associated action plan (see appendices) to ensure all carers in North Ayrshire can experience a good quality of life, sustain or improve their

wellbeing and realise their goals by accessing information and support closer to home that enables them to continue caring where they wish to do so.

We will demonstrate what good carer support looks through governance and performance monitoring of the action plan. The Carer Service and its associated developments remain accountable to the Integrated Joint Board (IJB) and North Ayrshire Council. Scheduled updates will be tabled at Partnership Senior Management Team meetings for continued oversight and direction with escalation to the Social Work Governance Board where required.

Developments will be further monitored through the voices, wisdom and experiences of our carers. The extended Carer Collaborative will be more inclusive with the shared aim of real change for carers. Members will share information, insight, knowledge, ideas and routes for improvement as well as identify implementation gaps. Unity Gateway Carer Service will also have responsibility for greater engagement in partnership with the Carers Champions and create a programme of engagement with carers to ensure the Champions are able to represent the interests of local carers within their networks. These opportunities will form the key building blocks of our caring communities.

Unity Gateway Carer Service also work with Evaluation Support Scotland who support organisations to measure, monitor and report on their impact. They have a proven track record of supporting third sector organisations to improve and enhance their existing processes for evaluation and impact monitoring. Unity have worked with ESS previously within other service areas with success in analysis and learning for improving quality of services.

APPENDICES

North Ayrshire National & Local Policy Context for Carers

It is the intention of the [Carers \(Scotland\) Act 2016](#) to ensure all carers are better supported on a more consistent basis so that they can continue to care, where willing, able and if they so wish, in good health and wellbeing, allowing them to have a life alongside caring.

The overriding intention for young carers is that they should have a childhood like their non-carer peers by ensuring young carers are enabled to be children and young people first and foremost and relieved of any inappropriate caring roles to allow them to have a quality of life.

The Act makes real this ambition by furthering the rights of both adult and young carers instructing North Ayrshire Council/ Health & Social Care Partnership to:

- Actively identify unpaid carers.
- Provide information and advice services to carers, which must be accessible and proportionate to the needs of carers who use these services.
- Offer and complete Adult Carer Support Plans or Young Carer Statements to identify personal outcomes and need for support. As well as the provision of that support, which may include access to breaks from caring.

- Set local eligibility criteria frameworks for all carers. In North Ayrshire it was agreed at IJB dated 16th June 2022 to amend the eligibility thresholds to include those individuals with low and moderate need for carer support. This extended the parameters of support to include early and effective support as per the Strategic Commissioning Plan (Caring Together 2022 – 2030) ambitions meaning lower levels of support are provided for carers with a view to supporting carers at an earlier stage and preventing the breakdown of carer relationship and support.
- Involve and engage effectively with carers about their own potential support needs, that of the person(s) they care for, in general around service design and delivery as well as relating to hospital discharge processes.
- Develop, implement and publish a Carer Strategy to detail plans for how carers are identified and how they receive information about local support in their area.

A separate [Carers' Charter](#) was also published by Scottish Government setting out the rights of carers as provided for under the Act.

The [National Carer Strategy in Scotland](#) aims to support unpaid carers whilst recognising and valuing their contributions. It sets out a range of priorities and actions to ensure carers are supported fully in a joined up and cohesive way.

The Act and National Strategy are a few of the directives that sit within the broader context of local and national policies and plans that guide carer developments and support in North Ayrshire. Others are:

[Caring Together Strategic Commissioning Plan 2022 - 2030](#)

NAHSCP's strategic vision from the commissioning plan 'Caring Together' 2022-2030' is **'People who live in North Ayrshire are able to have a safe, healthy and active life'**. To help realise this NAHSCP have five strategic priority areas for action:

- Engaging Communities
- Prevention & Early Intervention
- Improve Mental Health & Wellbeing
- Tackling Inequalities, and
- Bringing Services Together

[North Ayrshire Council Plan 2023 - 2028](#)

North Ayrshire Council's Plan is a contract with the communities and contains priorities for its residents. The vision of the plan is 'A North Ayrshire that is fair for all'.

The strategic aims of the plan focus on four areas which aspire to:

- Transition to a wellbeing economy, delivering prosperity, wellbeing and resilience for local people.
- Have active inclusive and resilient communities.
- Achieve net-zero by 2030.
- Be a community wealth building Council that is efficient and accessible, maximising investment and focusing resources on our priorities.

[Independent Review of Adult Social Care](#)

The review is a request to recommend improvements to adult social care support in Scotland. It proposes to:

1. Shift the paradigm or thinking.
2. Strengthen the foundations.
3. Redesign the system.

For carers there are four specific recommendations (11 – 14) to improve involvement in planning and support and increase the recognition of carers and caring roles:

11. Carers need better, more consistent support to carry out their caring role well and to take a break from caring with regular access to quality respite provision. Carers should be given a right to respite with an amendment to the Carers Act as required, and a range of options for respite and short breaks should be developed.

12. A new National Care Service should prioritise improved information and advice for carers, and an improved complaints process. It should take a human rights based approach to the support of carers.

13. Local assessment of carers' needs must, in common with assessment of the needs of people using social care support services and supports, better involve the person themselves in planning support.

14. Carers must be represented as full partners on the Integration Joint Boards and on the Board of the National Care Service.

[GIRFEC Principles](#)

Getting it Right for Every Child (GIRFEC) is a strengths-based approach and puts the interests and rights of the child at the heart of decision making for their wellbeing, attainments and development.

The young carer eligibility criteria for North Ayrshire is based on GIRFEC's wellbeing indicators – Safe, Health, Active, Nurtured, Achieving, Respected, Responsible, and Included. This promotes the preventative work and early intervention to support young carers to enable them to be children and young people first and foremost.

[The Promise Scotland](#)

The Promise aims to ensure that care experienced children and young people will grow up loved, safe and respected.

[Carer Positive](#)

North Ayrshire Council achieved Carer Positive Exemplary accreditation in March 2023. North Ayrshire Council aspires to be an employer of choice and are committed to valuing, supporting and retaining employees in the workplace who have caring responsibilities.

Associated Legislation

- Social Work (Scotland) Act 1968
- NHS Community Care Act 1990
- Adult Support and Protection (Scotland) Act 2017
- Mental Health (Care and Treatment) (Scotland) Act 2003

- Adults with Incapacity (Scotland) Act 2000
- Children (Scotland) Act 1995
- Children and Social Work Act 2017
- The Social Care (Self Directed Support) (Scotland) Act 2012
- Public Bodies (Joint Working) (Scotland) Act 2014
- Community Care and Health (Scotland) Act 2022
- Equality Act 2010

ACTION PLAN

Priority 1: Carers are actively sought and identified.

Performance Indicators

- Evidence an increase in the number of carers identified, registered and supported, year on year.
- A proportion of the carers identified will be new young and adult carers who are not known to services or in receipt of carer support.
- A proportion of new carers should be from diverse groups as noted in point iii above.
- Satisfactory administration and reporting of carer referrals and registrations.

Priority 2: Carers are informed, have increased confidence in their caring role and feel supported.

Performance Indicators

- Evidence that carers and partner agencies know where to go and have options on how to access good quality information and support closer to their home/ in their community.
- Evidence of response times to carers from the first point of contact to information and support received.
- Evidence that carers have understood, used and acted upon the information, advice and guidance to support their caring role.
- Demonstrate service and partner agencies staff increased awareness/ knowledge.

Priority 3: Carers are offered and supported to prepare an Adult Carer Support Plan or Young Carer Statement.

Performance Indicators

- Evidence that all carers identified through the service have been offered the opportunity to prepare an ACSP or YCS.
- Reporting and recording to confirm ACSP and YCS accepted and declined with the reasons for decline and signposting to universal or alternative support.

- Reporting and recording of information and support received and the personal carer outcomes met.
- Reporting and recording of reviews of each ACSP and YCS completed, at least, within 12 months of the original assessment being completed. Any new identified carer needs at the point of review should be considered for the correct level of support.

NB: Reporting of ACSP & YCS inform the statutory annual Scottish Government Carer Census return required to be submitted by Local Authorities and Carer Support Services.

Priority 4: Promoting variety in breaks from caring.

Performance Indicators

- Evidence that all carers planning and receiving a short break have been offered an ACSP or YCS.
- Evidence that funding payments are logged, recorded and reported appropriately within agreed, reasonable timeframes of making the payment/purchase.
- All funding payments will have an invoice or receipt for the purpose of audit.
- Publish best practice examples of carer short breaks for young and adult carers, with permission of the carer/ recipient(s).
- Carers report they have time for themselves and feel that they have a life outside caring (collected at review or survey).
- Carers have an improved ability to manage and enjoy a changing relationship with the person they care for (collected at review or survey).
- Carers report improved wellbeing (collected at review or survey).

Priority 5: Carers feel involved as equal partners in care design/ delivery.

Performance Indicators

- Evidence of carers feeling they were involved, listened to and opinions valued - treated as equal and expert partners in care (collected at referral, review or survey or through the Carer Collaborative)
- Engagement/ consultation activities reported 1/4ly under contract management.
- Carers report improved confidence in their caring role and in their wider life circumstances (collected at review or survey).
- Carers report having a greater say and control over the support and services they receive as well as those provided to those being cared-for (collected at referral, review or survey).

Priority 6: Strong partnership working/ engagement.

Performance Indicators

- Demonstrate carers and professionals' knowledge and skills are developed due to working in partnership with the service.
- Develop and undertake outreach across the 6 localities of North Ayrshire.
- Report attendance and learning at different networking sessions/ events/ groups annually.

- Evidence an increase in carer referrals and registrations from all pathways including Social Care, Health and Education, third sector and independent providers.
- Produce and publish a range of resources/ materials/ links for use by all professionals and agencies to improve the early identification, recognition of caring and delivery of communication and support available for carers.

Priority 7: Improved identification, information and support for Young Carers with a focus on transition periods through to adulthood.

Performance Indicators

- Evidence the whole family have been considered in each young carers needs.
- Demonstrate how young carers statements identify strengths, aspirations and support to overcome possible barriers created by caring.
- Young carers know the service and what information and support is available in their community.
- Strategic partners and universal services such as HSCP, education and primary/ acute care are aware of the specific needs of young carers.
- Information and support are available/ accessible in digital formats.
- Demonstrate how young carers are involved in developing information, resources and support opportunities.

ⁱ [Caring Together: NAHSCP Strategic Commissioning Plan 2022-2030](#)

Integration Joint Board
24 August 2023

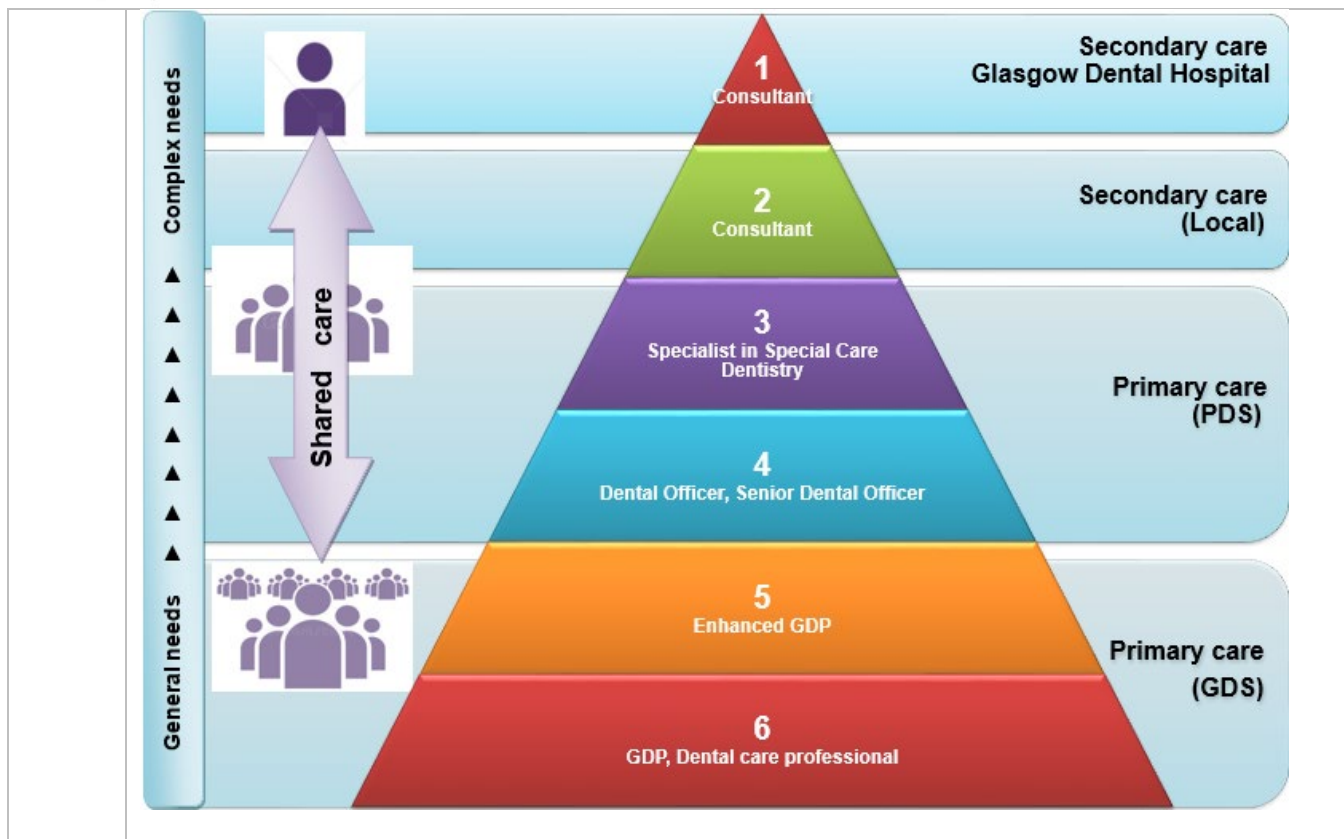
Subject :	Dental Services Update
Purpose :	To update members of the North Ayrshire Integration Joint Board (IJB) of the current position of access to dental services within the North Ayrshire Health and Social Care Partnership (NAHSCP).
Recommendation :	The members of IJB are asked to note to note the current position of access to dental services across Ayrshire and Arran

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	
AGP	Aerosol Generating Procedures
DBC	Dental Body Corporates
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 and Arran
PDS	Public Dental Service

1.	EXECUTIVE SUMMARY
1.1	This report provides an update on the provision of dental services including the current position in relation to access to dental services within the North Ayrshire Health and Social Care Partnership (NA HSCP).
1.2	<p>The report highlights the ongoing recovery and remobilisation of NHS dental services which is at significant risk of stalling, with the potential of a reduction in the availability of NHS dental care.</p> <p>This is driven by a multitude of factors including availability of staff, reduction in NHS commitment as practices increase their private provision, ongoing uncertainty about the future contractual model for primary care dentistry and destabilisation of business models for dental practices.</p>

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.</p>
2.2	<p>Dental Services is currently sub divided into specialities across primary and secondary care. Dentistry is delivered by General Dental Services (GDS), Public Dental Service (PDS) and Secondary Care Dental Service.</p> <p>NHS GDS is typically the first point of contact for NHS dental treatment. 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, maxillofacial surgery which specialises in 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 in oral health care but deliver education and research in West and Central Scotland.</p> <p>An illustration of the structure of services is shown below.</p>



2.3 General Dental Services

2.3.1 The majority of the population receive their dental care from a General Dental Practitioner (GDP), a 'High Street Dentist' working in primary care.

All dentists have to be registered with the General Dental Council in order to practice in the UK. GDP's are independent businesses that range from a small single clinician owned and operated practice to a large multi-Practice, Global Investment Firm owned by Dental Body Corporates (DBC).

The majority of GDPs choose to carry out a mix of private dental care and NHS dental care, as an Independent Contractor, which they are permitted to do so from the same practice.

NHS Boards are not required to provide a full dental service to their populations however as per Section 25 of the NHS (Scotland) Act 1978, NHS Boards are required to maintain a list of dentists providing NHS services available in their area. Those GDP's providing NHS services are expected to comply with the NHS (General Dental Service) (Scotland) Regulations 2010. As there is no contractual requirement for a dentist to provide a basic level of service, they are directly reimbursed for the treatments provided to their NHS patients as set out in the Statement of Dental Remuneration (SDR). It is worth noting the Scottish Government has committed to reforming the current payment structure from 1 November 2023.

	<p>GDP businesses can decide at any time to reduce or withdraw their NHS commitment and become either a wholly private business or provide limited NHS commitment. For example, continuing to only treat children or adults, as this ensures they maintain the benefits of being NHS committed.</p>
2.4	<p>Public Dental Service</p>
2.4.1	<p>The PDS was formed in September 2013 by the merger of the Community Dental Service and Salaried Dental Service.</p> <p>The PDS is a clinical service that is directly run by the Health Board with Health Board employed dental staff. The service provides enhanced care to patients with complex physical, mental, medical and behavioural needs that cannot appropriately be provided in GDPs.</p> <p>The PDS also functions as a safety-net service that ensures emergency access to dentistry for patients who are registered and or not with a practice.</p> <p>The PDS mainly operates from three Hubs in Ayr Hospital, Ayrshire Central Hospital and Northwest Kilmarnock Area Centre. In addition there are currently clinics in, Cumnock, Patna, Lamlash, Crosshouse Hospital and HMP Kilmarnock. Although it is based in primary care, its services overlap with secondary care, public health and the Glasgow University Dental Hospital, by delivering ‘hands-on’ training for final year dental students.</p> <p>The PDS also currently operates dental practices in, Patna, Cumnock, Lamlash, Isle of Arran and Millport. It should be noted that Millport clinics only run twice yearly to those patients who cannot travel to the mainland due to their physical or mental health wellbeing.</p>
2.5	<p>Enhanced Dental Services – delivered via Public Dental Service</p>
2.5.1	<p><u>Anxiety Management</u></p> <p>The PDS offers a referral based service for phobic and anxious patients. These patients are initially assessed to determine their suitability within PDS with the overall aim for these patients to eventually be treated within a GDP.</p> <p>Using de-sensitising skills and techniques can sometimes allow a patient to receive dental treatment that previously the patient would not be able to tolerate, this would become part of their routine care. If these methods are unsuccessful then treatment with the use of a type of sedation would be tried, however it would be hoped that by using sedation and de-sensitising through time the patient would be able to have treatment normally.</p>

2.5.2	<p><u>Special Care Dental Service</u></p> <p>Patients in this category include those with a physical, sensory, intellectual, mental, medical, emotional or social impairment or disability.</p> <p>The service seek to meet the individual's needs through the provision of dental hubs and highly skilled staff. Through acclimatisation and desensitisation appointments trust can be developed between staff and patient to successfully treat patients and have a positive outcome. Staff have further developed their skills by attending training specific to this patient group. Staff have researched and purchased aids which have made a significant difference in engagement from children and adults with additional needs/learning disabilities.</p>
2.5.3	<p><u>Inhalation Sedation Service</u></p> <p>This service is provided at all three hubs to both paediatric and adult patients who require a mild form of sedation in order for them to be able to tolerate dental treatment.</p>
2.5.4	<p><u>Intravenous Sedation Service</u></p> <p>This service is assessed at all three hubs to adult patients who require a stronger form of sedation in order for them to be able to tolerate dental treatment however those requiring treatment are only provided at Ayr hub.</p> <p>This service is time intensive with treatment appointments lasting between one and a half to two hours to allow the patient to be sedated, have treatment and then recover enough to be able to go home. The PDS has been under increased demand with limited resources which makes providing this time consuming service challenging.</p> <p>Across all the above services there is on average 30 patients per month referred with the longest wait being six weeks.</p>
2.5.5	<p><u>Domiciliary Care</u></p> <p>Domiciliary care is provided throughout Ayrshire and Arran covering 64 residential Care Homes. The PDS provides dental care to 57 out of the 64 residential care homes in Ayrshire with the remaining seven care homes covered by independent practices. In addition domiciliary care is provided to those patients who are unable to travel to dental clinics. This service has been gradually restarting post COVID with currently 40 patients on average per month receiving treatment in their own homes.</p>
2.5.6	<p><u>Paediatric General Anaesthetic Service</u></p> <p>The service operates from Crosshouse Day Surgery Department two days per week, providing treatment sessions in the morning and assessment clinics in the afternoon. The service is to treat children (aged approximately between 1 year and 14 years) who have pain and/or sepsis as a result of decay, abscessed teeth or trauma that require extraction. These children would not be able to tolerate treatment in a general practice setting.</p> <p>At the assessment clinic within Northwest Kilmarnock, a Dental Health Support Worker provides advice to the child and family to help ensure positive oral health</p>

	<p>messages are reinforced. Links between the dental department and Health Visitor or School Nurse are in place to ensure follow-up where required.</p> <p>There is on average 130 referrals per month received per month with a 13 week wait time.</p>
2.5.7	<p><u>Adult General Anaesthetic Service</u></p> <p>The service operates from Crosshouse Day Surgery Department. Sessions are delivered one day per week and are mainly for phobic and anxious adults and for adults with additional needs; these patients can be challenged by general treatment and therefore require a general anaesthetic for examination and comprehensive dental treatment that ensues.</p> <p>There are on average 30 referrals per month to this service with only four patients currently on the waiting list to be appointed.</p>
2.5.8	<p><u>Out of Hours and Weekday Emergency Dental Service</u></p> <p>The weekend service operates 9am – 3pm. Patients are triaged and appointed to this service by NHS 24.</p> <p>The service is provided by GDPs and PDS through an agreed rota. The dentists rostered on provide overall clinical guidance and basic perational management for the service to operate supported by dental nurses.</p> <p>The data for this is collected quarterly with the first quarter of 2023/24 reporting just under 1800 patients treated. Approximately a quarter of these patients were registered with a dentist with the remaining unregistered.</p> <p>In terms of weekday emergency care, pre pandemic, the PDS blocked out one hour slots across the three sites for any registered and unregistered emergency appointments; any cancellations would also be offered out as emergencies.</p> <p>Since the pandemic, the PDS now offer a total of six emergency appointments across all three sites, two at each site, in additional to cancellations. We also now offer a full day Monday session at Ayr hospital, which equates to approximately 10-12 appointments.</p> <p>In the first quarter PDS have treated a total number of 65 PDS registered patients and 433 unregistered patients, of those 372 were unregistered and 61 were registered with a GDP.</p> <p>Since 2022, there has only ever been one complaint received regarding the service with the majority of feedback received being positive.</p>

2.5.9	<p><u>Prison Dental Service</u></p> <p>The PDS currently provides four (previously six) dental sessions per week within HMP Kilmarnock which is made up of dentists and therapist time. The needs of these patients are high and demand for this care is significant.</p> <p>Currently HMP Kilmarnock is not fit for purpose in terms of ventilation and therefore aerosol generating procedures (AGP)'s have not yet been reinstated and only routine or emergency care is being provided.</p> <p>There is currently an average waiting list time of 22 weeks.</p>
2.5.10	<p><u>Inpatients and Support to other Specialities</u></p> <p>The PDS provides care as required to inpatients within any ward across all hospitals in Ayrshire and Arran. Currently a clinic operates at Crosshouse Hospital twice monthly treating medically compromised patients who require to be made dentally fit prior to surgery. Links are in place with Consultants in Haematology and Oncology providing training and support to staff on best oral health practice.</p> <p>The PDS has also provided advice and support to the Intensive Care Unit at Crosshouse Hospital on how to provide effective oral healthcare to their patients as improving oral cleanliness during critical illness has been shown to reduce the incidence of ventilator acquired pneumonia. The PDS has further rolled this training out to the wider Intensive Care Unit team at Ayr Hospital and continue to support the teams to deliver effective oral healthcare. Each unit continues to be provided with oral care packs for each patient admitted.</p>
2.5.11	<p><u>Additional Needs Schools</u></p> <p>Within Additional Needs Schools, the PDS provides several services, these include resources for the school to operate a daily tooth brushing programme, a monthly visit from our hygienists to undertake a hands on tooth brushing and de-sensitising session, bi-annual fluoride varnish programme and provide the staff with any training or development they require to help support the child's oral health.</p>
2.5.12	<p><u>Undergraduate Outreach Service</u></p> <p>Since 2007 the Teach and Treat Dental Centre in Northwest Kilmarnock has provided an Undergraduate outreach service in conjunction with the University of Glasgow, which allows final year dental students to gain experience in providing care in a dental clinic rather than in a teaching hospital environment.</p> <p>The service operates during university term time with eight (previously four) students providing free dental care to their patients while gaining the valuable competencies they require to ensure they have the necessary skills to treat patients upon graduation as a dentist. These are often new patients, non-registered emergencies or a patient who has been advised to phone by their GDP; this is not a referral based service however on average 4-5 appointments are provided by students per day.</p>

3.	CURRENT POSITION
3.1	<p><u>Recovery, Remobilisation</u></p> <p>Both the PDS and GDPs continue to face exceptional challenges with increased demand month on month. GDPs were instructed to close throughout the pandemic with the PDS instructed to cease core operational activity and deliver care based on clinical need. Red, Amber and Green clinics were setup to reduce the risk to both the public and to practice staff, and reduce the transmission of COVID.</p> <p>Practices were advised in line with national guidance to follow the infection, prevention and control guidance. This ensured that practices complied with the guidance issued and measures that General Practice took to protect patients and staff.</p> <p>Full dental services were among the last to return to normal because of the infection risks of the AGPs and the requirement to leave time gaps between patients. Many procedures involve AGPs (high speed drilling and water spray) and time is required to fully ventilate consulting and treatment rooms between patients (fallow periods). This has affected GDP's and the PDS differently.</p> <p>Due to the current practice delivery model, some GDP practices have chosen to reduce their NHS commitment due to a variety of reasons, including difficulties recruiting dental staff, or practitioners within practices opting to work reduced hours as well as associated costs with workforce and supplies.</p> <p>The Scottish Government has committed to implementing the NHS dental payment reform from 1 November 2023. The relevant part of the new Determination 1 of the Statement of Dental Remuneration (SDR) and the associated fees was issued to practices on 27 July 2023.</p> <p>The NHS reduction is particularly affecting adult patients who are being encouraged by their practice to transfer to private plans. The majority of practices will continue to treat children. The dental management team have no influence over this.</p> <p>Those patients who are being deregistered are encouraged to register with another GDP practice, however this is not always possible and as a result those patients will rely on the PDS to provide emergency care.</p> <p>The PDS has experienced an increase in emergency appointments with additional sessions being implemented in addition to the level of routine care being reduced in order to support emergency appointments. The prison dental services has been unable to return to full capacity due to current premises not being fit for purpose.</p> <p>Waiting lists have increased across each of the services mentioned above despite the offer of additional hours, providing mass assessments, offering late night appointments and numerous attempts to recruit additional staff. There has been a</p>

	<p>significant amount of work done to improve the anxiety management pathway through acclimatisation and desensitisation appointments.</p> <p>Outreach Teach and Treat have been able to take on more students than previous years to support those student who were unable to complete their academic year.</p> <p>The Dental management team continue to work closely with GDP colleagues to help support with any concerns. For example, meetings to discuss any concerns or fears around the new payment structure within GDPs have been arranged, though initial thoughts around the new payment structure are positive.</p>
3.2	<p><u>North Ayrshire Update</u></p> <p>Out of the 26 GDP practices listed with the Health Board who are committed to providing NHS care, four of these practices are accepting new NHS registrations, both NHS adult and children, but have large waiting lists.</p> <p>Largs, Irvine and Saltcoats are areas of particular concern in where there is little or no access to NHS committed practices due to a high level of recruitment issues, large waiting lists and practices choosing to become private.</p> <p>The current position fluctuates daily and the Primary Care Dental Management team are in regular contact with all practices and GDP champions. To ensure maximum support is given, the dental management team are reliant on GDPs keeping them informed on their current position.</p> <p>As highlighted previously, GDPs are independent businesses therefore not all GDPs provide NHS dental care however those practices on the dental lists held by the Board are supported by the dental management team. The dental management team are in frequent contact with practices, particularly those vulnerable practices, and are encouraged to contact the management team should they have any concerns. All NHS committed practices are also provided both pastoral and governance support from the Dental Practice advisors who are contracted/employed by the Board.</p>
3.3	<p><u>Impact on PDS</u></p> <p>Should more GDP practices continue to go private this puts the PDS at risk of increased out of hours and weekday emergency care for registered and unregistered patients.</p> <p>Maintaining core PDS provision for vulnerable populations and referral based services is key however if dental access reaches concerning levels current staff would need to be redistributed from other areas within the service to treat emergency patients whilst still providing the minimum core services to ensure long term sustainability. Reducing core service and unscheduled care to support non registered care would substantially increase wait times across the Board. This would reverse the hard work that has been done to date to try and recovery the PDS to a level of service that was similar to pre-pandemic status.</p>

4.	PROPOSALS
4.1	<p><u>Anticipated Outcomes and Measuring Impact</u></p> <p>It is proposed at this time that there is close monitoring of Dental Services across Ayrshire and Arran due to the current risks to service delivery and patient outcomes. There are a range of actions that the dental management team are undertaking such as scoping and developing the need for dental access centres across Ayrshire and Arran. This scoping exercise will determine when and how many centres would be required.</p> <p>The Dental Team are in regular contact with GDPs where possible to understand in detail the status of their service delivery and also sighted on any issues early to be able to resolve and support where possible.</p> <p>At present a mapping exercise is being undertaken to identify the core requirements of a sustainable service moving forward this will include identifying key geographical areas of concern, articulating the core requirement for the PDS function and different operating models for dental access centres should this be required.</p>
5.	IMPLICATIONS
5.1	<p><u>Financial</u></p> <p>During the COVID-19 pandemic the Scottish Government allocated NHS Boards monies for ventilation improvements and to purchase of dental tools within GDP practices.</p> <p>In March 2022, NHS Ayrshire & Arran Dental services carried forward £718,954 of Practice Improvement Funding. Since April 2022, a total amount of £462,645 has been spent on practice improvements. This left a total of £256,000 within the budget for year 2023/24. It is projected that there will be further improvement funding claimed to the value of £178,000 by the end of September. This will leave a remainder of £77,814 to be allocated. Practices that received this funding committed to continue providing NHS care to patients for a further two years depending on when monies were received.</p> <p>The allocation of these monies relieved the pressure on both the General and Public Dental Service to a degree however the demand for NHS care within GDP services continues to outweigh capacity. There is widespread recognition that the PDS has a finite resource and any further dental access issues would have a significant impact on the operation of the PDS and its ongoing provision of care to vulnerable patients and referral based services.</p> <p>The PDS currently have limited estate therefore any expansion or new centres would require a bid for additional funding to Scottish Government would be necessary.</p>

	<p>The Dental Management team are in regular contact with GDPs to assess their financial sustainability and any expected risk to service which is reported to the Senior Dental Management team.</p>
<p>5.2</p>	<p><u>Human Resources</u></p> <p>There is a national risk in terms of dental recruitment due to availability of workforce. During the COVID-19 pandemic, there was a pause in dental students progressing through the Universities across Scotland, due to the restrictions imposed on the use of AGPs. This pause meant that a full year's worth of dental students did not graduate, and therefore left numerous Associate posts unfilled. This, coupled with a significant number of practitioners choosing to retire early due to the pandemic and uncertainty in the profession has resulted in a marked decrease in workforce.</p> <p>As this 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>A further factor is that the General Dental Council had suspended their Overseas Registration Exam (ORE) for a period of over two years, meaning that any inflow of clinicians from other parts of the world has stopped. The ORE has now recently restarted, but, since the process takes several months or years to complete, any potential of bolstering the profession from abroad is still quite far off.</p> <p>It is not just the dentist workforce that is an issue, shortages exist at all levels of the profession. Dental Nurses are an essential part of the team, but a significant number left the profession during the pandemic, and the current pay structures for a trainee Dental Nurse in GDP is not proving attractive against the other competing job opportunities currently available.</p> <p>Dental Hygienists and Therapists working in General Practice are, in the main, self-employed. Many left the profession during the pandemic, and those that remained are mostly delivering private treatment.</p> <p>Dental Technicians are the people who make prosthesis, such as dentures, crowns, bridges etc, for Dentists. They are independent businesses, and during the pandemic, they were not entitled to the same financial support that GDPs received. Several of their laboratories did not survive the pandemic, and there was also an exodus from the profession. For several years NHS Education Scotland (NES) have been training only eight Technicians per year in Scotland, and this is in Aberdeen.</p>
<p>5.3</p>	<p><u>Legal</u> None</p>

5.4	<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>
5.5	<p><u>Risk</u></p> <p>5.5.1 <u>Dental Body Corporates</u></p> <p>There is a rise in the number of practices owned and operated under DBC schemes across Scotland. This business model poses a business continuity risk should these companies either cease trading due to financial difficulties or decide to move wholesale away from NHS provision. The impact of one of these organisations making a decision to move away from NHS care could leave thousands of patients without a viable alternative. There are 15 DBCs across Ayrshire and Arran.</p> <p>5.5.2 <u>Sustainability of Public Dental Services</u></p> <p>There is a risk of not being able to deliver on all aspects of the PDS, as well as longer waiting lists should GDP practices continue to reduce or stop providing NHS care which will result in the number of registered and unregistered patients attempting to access emergency dental care via the PDS.</p>
5.6	<p><u>Community Wealth Building</u></p> <p>None.</p>
5.7	<p><u>Key Priorities</u></p> <p>The priorities will be:</p> <ul style="list-style-type: none"> • Identifying early warning triggers and a comprehensive data set for ongoing monitoring of dental access across the Health Board. • Maintaining core PDS provision for vulnerable populations and referral based services. • Keeping any access services established through this process separate from core PDS provision to reduce the long term financial liability to the Board and allow a disinvestment at the appropriate time when GDS function has stabilised. • 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. • Operating within a pan-Ayrshire, Caring for Ayrshire framework, ensuring access is as equitable as possible across the Health Board, with the needs of patients at the forefront.

	<ul style="list-style-type: none"> Continuing to prioritise prevention and oral health improvement to reduce the possible burden of dental disease and mitigate the impact of reduced dental access.
6.	CONSULTATION
	<p>This paper is being tabled for information and awareness raising. 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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Not achieved

Agenda Item 6

On target

Achieved

NORTH AYRSHIRE HEALTH AND SOCIAL CARE PARTNERSHIP & ADP

Performance management report

Alcohol and drug related information

April 2022 - March 2023

Prepared by Denise Brown

Prevention and Service Support Team

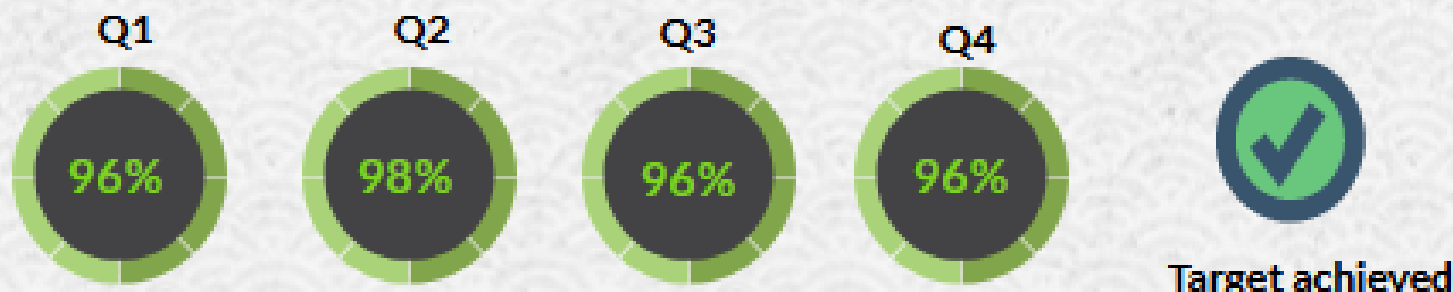
North Ayrshire ADP

Waiting Times

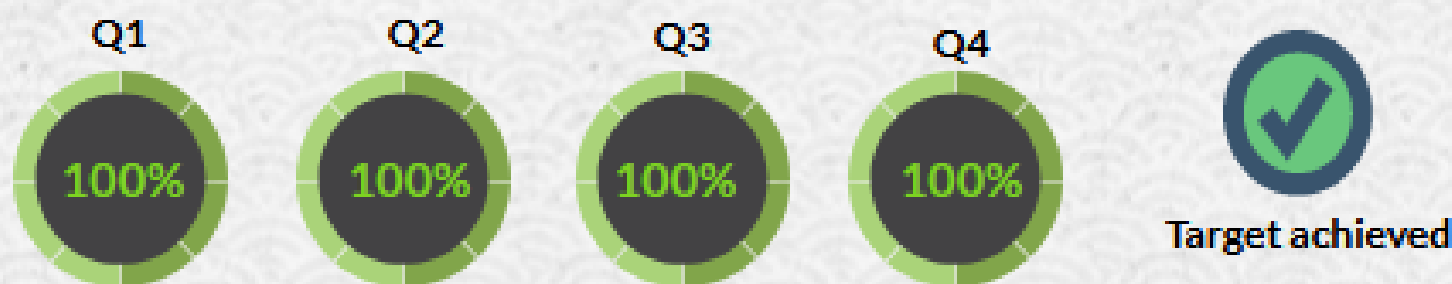
Annual summary:
April 2022 - March 2023

Alcohol

- 90% of clients will wait no longer than 3 weeks from referral to appropriate alcohol treatment that supports their recovery

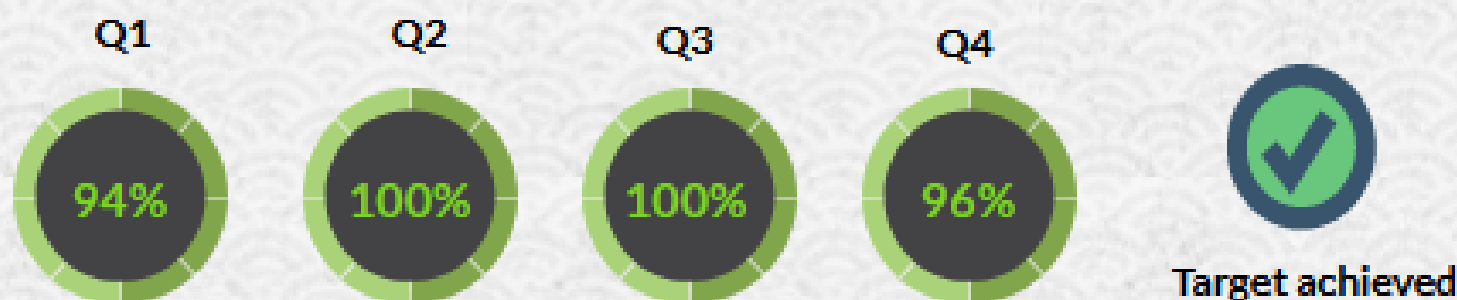


- 100% of clients will wait no longer than 6 weeks from referral to appropriate alcohol treatment that supports their recovery

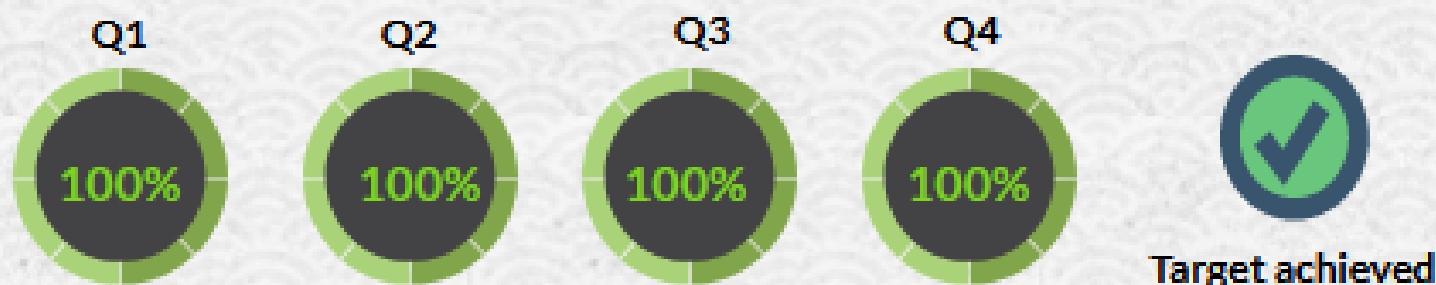


Drug

- 90% of clients will wait no longer than 3 weeks from referral to appropriate drug treatment that supports their recovery



- 100% of clients will wait no longer than 6 weeks from referral to appropriate alcohol treatment that supports their recovery



Alcohol Brief Interventions (ABI)

Ayrshire and Arran wide information

Annual report: April 2022 - March 2023

Annual target set by Scottish Government - Priority Settings - **3419**

Total ABI delivery in Priority settings (as at 31/03/23) - **4933**



Annual target set by Scottish Government in Wider Settings - **1207**

Total ABI delivery in Wider Settings (as at 31/3/22) - **1027**



Both priority and wider settings Alcohol Brief Intervention targets have been met

Substance Use Treatment Target

The Scottish Government have created a new 'Substance Use Treatment Target' to increase the number of individuals being supported in treatment.

North Ayrshire has been set a target to increase numbers in treatment from 882 individuals in April 2020 to 959 individuals by March 2024.

Baseline from Scottish Government

	East	North	South
01/04/2020 - 31/03/2021	946	882	561

Target by 2024 by Scottish Government

East	North	South
1029	959	610

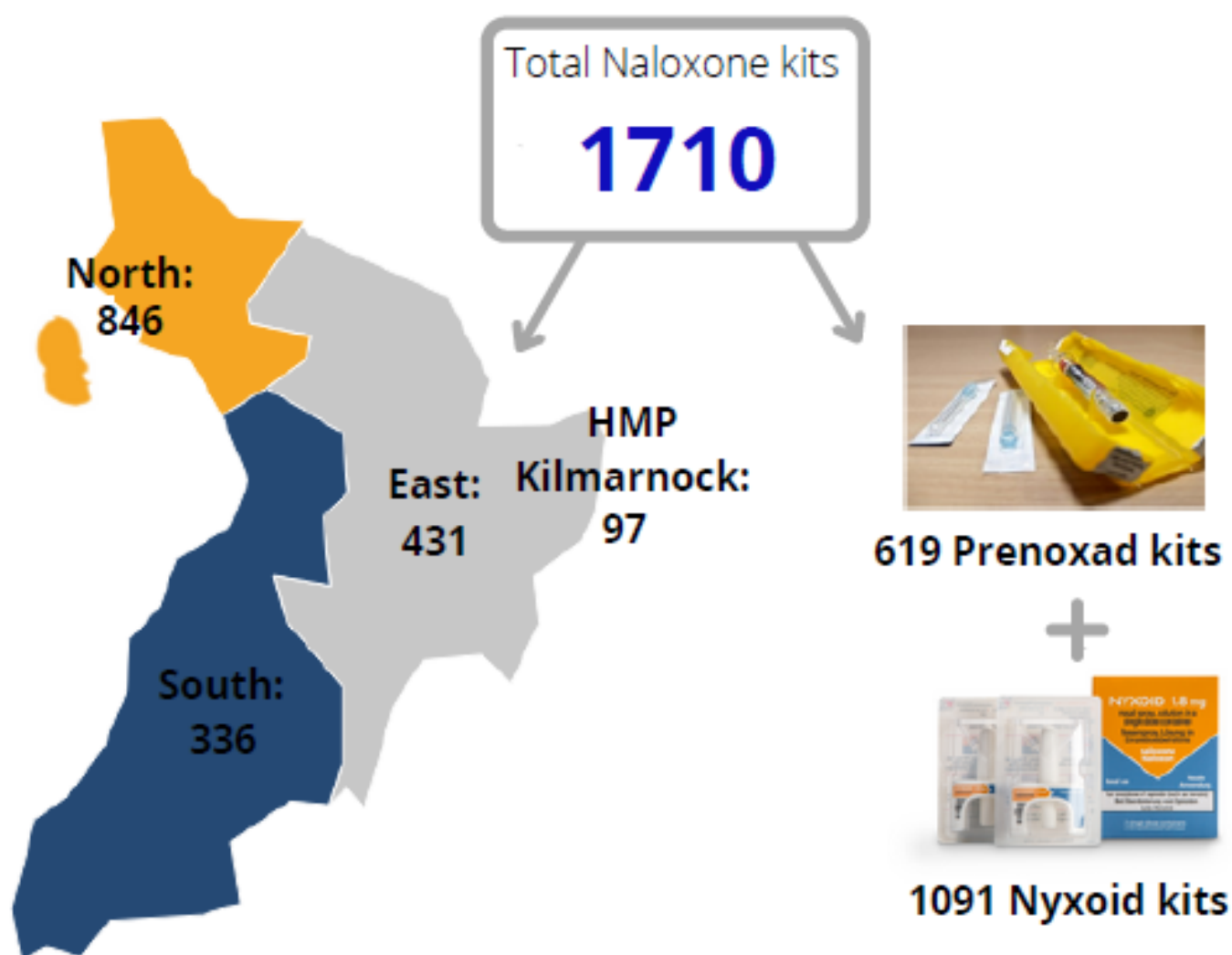
Interventions are in place across our community alcohol and drug recovery services to support the achievement of this target by the due date of April 2024. Please note the monthly information supplied is unpublished and has been collected from local prescribing systems to monitor progress, however, we await an initial verified nationally published report.

2022/2023 Financial Year

Month ending	East	North	South
Apr-22	899	847	502
May-22	922	875	512
Jun-22	950	898	522
Jul-22	965	917	524
Aug-22	979	931	534
Sep-22	998	940	542
Oct-22	1011	952	551
Nov-22	1022	962	559
Dec-22	1032	974	567
Jan-23	1045	993	572
Feb-23	1054	1000	574
Mar-23	1064	1011	583

Ayrshire & Arran Annual Naloxone Report 1st April 2022 - 31st March 2023

This report outlines Naloxone kits supplied in the community and reported through the Shared Addictions Management System (SAMS).

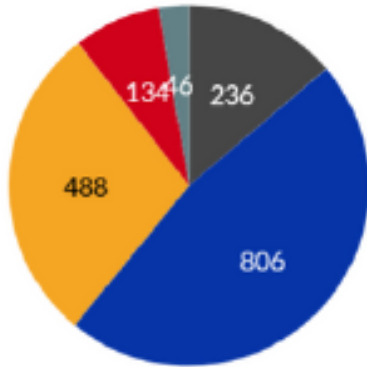


Locality	Q1	Q2	Q3	Q4	Totals
North	299	233	169	145	846
East	59	120	137	115	431
South	91	59	124	62	336
HMP Kilmarnock	26	25	29	17	97

Demographics



Recipients



- Family/friend (13.8%)
- Person at risk (47.13%)
- Service worker (28.54%)
- Member of the public (7.84%)
- Professional (2.69%)

Age



- 25 & under (5.92%)
- 26-35 (26.62%)
- 36-45 (40.85%)
- 46-55 (23.1%)
- 56 and over (3.52%)

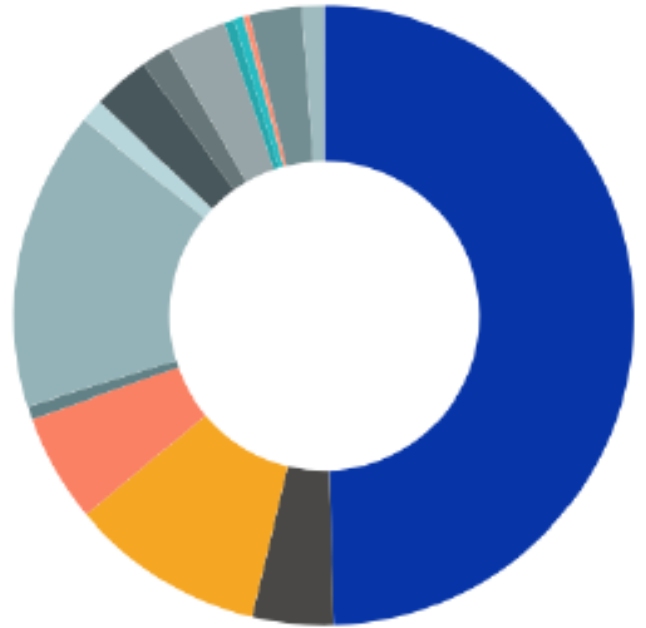
Gender*



31% 69%

**Where this data was recorded*

Who supplied the kits?



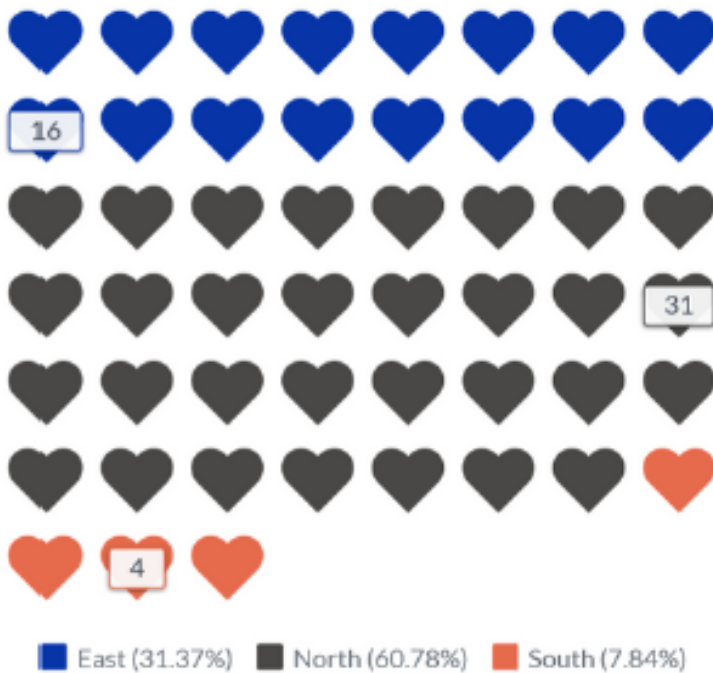
- Alcohol and Drug Services (excluding RADAR) (49.53%)
- We Are With You (East) (4.21%)
- P.E.A.R Turning Point Scotland (10.18%)
- HMP Kilmarnock (5.67%)
- Ward 5 (0.7%)
- PSST (15.61%)
- Alcohol and Drug Liaison Team (1.23%)
- South Ayrshire ADP Peer Network (2.98%)
- We are with you (South) (1.52%)
- Family worker within South Ayrshire HSCP (Children and Fa...
- East Ayrshire Advocacy Service (0.53%)
- RADAR (East) (0.47%)
- SAC Housing First (0.06%)
- Homeless nurses (0.29%)
- Navigator supplies (2.69%)
- Ayrshire Justice Services Partnership (1.17%)



Scottish Families supplied **408 kits** to Ayrshire & Arran residents via their 'Click & Deliver' service (these figures are recorded separately).

Saves

Number of reports of naloxone uses in the community to reverse overdose:





There were a minimum of 51 **lives** saved through community naloxone use in Ayrshire over the last year. Many saves go unreported.


“ Administered Naloxone to a young vulnerable individual who had recently relapsed. Two doses were administered, individual was taken to hospital where they remained overnight. Another life saved. ”


“ Individual was found within in an entry of a block of flats, unresponsive and showing signs of overdose. One dose of Naloxone was given and the individual responded to this. ”



 77 completed the Naloxone LearnPro module

 1311 received overdose awareness training

 9 Naloxone Training for Trainers sessions were delivered.

 378 people attended a virtual or face to face Naloxone awareness course.

Ayrshire and Arran

Drug related deaths information

ANNUAL SUMMARY

1st April 2022- 31st March 2023

National Records for Scotland - Drug Related Deaths

Please find information in the link below around the definition of drug related deaths and what deaths are excluded from this definition:

<https://www.nrscotland.gov.uk/files/statistics/drug-related-deaths/drd2016/html/drug-related-deaths-2016-annex-a.html>

The link below details the full report which details statistics of drug-related deaths in 2021 and earlier years, broken down by age, sex, substances implicated in the death, underlying cause of death and NHS Board and Council.

<https://www.nrscotland.gov.uk/files//statistics/drug-related-deaths/21/drug-related-deaths-21-report.pdf>

Published confirmed deaths (Extracted from National Records of Scotland Drug Related Deaths in Scotland, 2021)

Number of deaths confirmed				
	EAST	NORTH	SOUTH	TOTAL
2017	24	25	12	61
2018	29	38	15	82
2019	41	41	26	108
2020	36	39	31	106
2021	38	39	23	100

2022/23- no confirmed published information as yet

Number of NADARS reviews conducted for individuals identified as potentially suffering a drug related death

27

Number of these reviews which identified learning or recommendations

3

Number of reports submitted by other services which identified learning or recommendations

0

In the last year, local learning identified from reviews were:

- Review and update of Drug Notification Process Local Operating Procedure
- Effective record keeping
- Regularity of review and continuity of support when keyworker was not available

Annual Report

April 2022 - March 2023



Alcohol & Drug Training Calendar

119 Calendar Courses

81 Ad-Hoc training Courses

1720 Participants

Participant Feedback

What did you like the most?

"Clear information provided that kept my interest and gave me a better understanding"

"Enjoyed it very much, very realistic and informative"

"The whole presentation was excellent. I enjoyed the mix of short videos, group tasks and presentation"

"Quiz was enjoyable and interactive"

"Trainer was very informal and yet informative. Her delivery of the training was perfect"

Training delivery

Following Covid, we have adapted the way in which we provide our training courses. Our drug and alcohol training calendar, and bespoke training service features options for virtual and face-to-face course delivery. As changes to how we work and learn continue, PSST currently issue upcoming training courses on a quarterly basis.

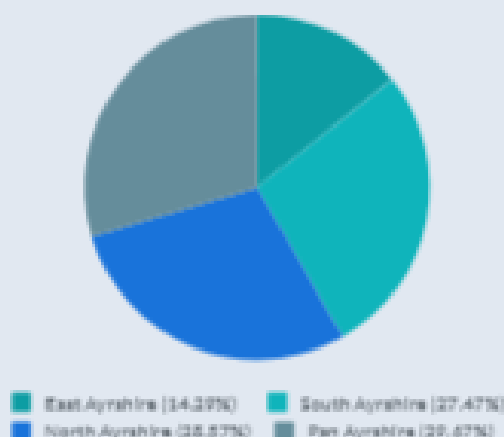
Groupwork courses we updated: Ward 5 Woodland View

3

Groupwork sessions delivered within Ward 5

46

Ad-Hoc Training & Health Information Events by Locality Area



Alcohol Brief Interventions

Annual target for 2021/22 as set by Scottish Government in priority settings - **3419**

Total ABI Delivery in Priority settings - 4933



Annual target for 2021/22 as set by Scottish Government in Non-priority settings - **855**

Total ABI Delivery in Non priority settings - 1027



Prevention & Service Support Team-NHS Ayrshire & Arran



Follow us on twitter @PSST_NHSaaa

Follow our Social Media pages to keep up-to-date with our activities at Prevention Service & Support Team.

Annual Report

April 2022 - March 2023

Ayrshire College

Alcohol & Drug Liaison Officer



118 Workshops with 1312 Participants

112 workshops were delivered on campus, 6 were delivered virtually

Once students were back on campus, health events were an important way to make contact with individuals again and make them aware that the Liaison Officers were available and approachable. Three LO events were held in April 2022 with approx. 160 contacts. Other events attended by ADLO were: a MH week event, 2 freshers fayres, a care experienced event for young people, a GBV event, a Winter Fayre and 2 re-freshers fayres.

34 One-To-One Student support Interventions



Naloxone

77 staff completed the Naloxone LearnPro Module

9 Train the Trainer sessions delivered

Minimum of **51** lives saved* in the community

37 Naloxone Awareness sessions delivered

*lives saved across Ayrshire and Arran as reported on the Shared Addiction Management System (SAMS). Many saves go unreported.

Naloxone supplied by PSST



Service Support

Service support facilitate service development activity which supports the implementation and delivery of the quality improvement agenda for Addiction Services which meets national, local and strategic objectives.

-  **20** Audit & Evaluation Activity
-  **6** Guidelines Reviewed
-  **25** Drug and Alcohol Groups Supported

MAT standards implementation

Non fatal overdose pathway

Client satisfaction

Support to RADAR service

Development of local clinical and care pathways

Support to Ward 5

Information Management & Technology (IM&T)

The Information Management & Technology Team are responsible for the development, training and monitoring of the Shared Addiction Management System (SAMS) and the training and monitoring of Drug and Alcohol Information System (DAISy). These systems are used to record drug and alcohol information, which enables the team to provide national and local reports.

SAMS updates

7 sections within SAMS were updated

Development of new Substitute Prescribing Application.

Updates to Substitute Prescribing Printing app to improve CHI capture

Updates to the current Substitute Prescribing to include Buprenorphine Injection and Buprenorphine Microdosing

Training, e-learning and support

51 individuals received SAMS training

24 individuals received DAISy training

2 new LearnPro modules have been released and 3 have been updated

Approximately 50 SAMS/DAISy support calls a month excluding report requests.

Drug related death reporting

IM&T are also responsible for the collation and reporting of Drug Related Deaths and the completion of the National Drug Death database.

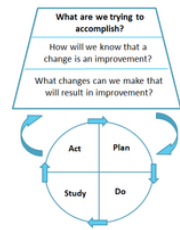
Reporting

- Quarterly reports including ASPIRE report (**29 individual performance reports**), Scottish Government reports, ADP reports and local performance and planning reports.
- Development of reports and audits for new MAT Standards and submission of MAT 1 – 5 Numerical data.
- Monthly reports including **10 current OST reports**, MAT Target Report, SAMS Data Quality Reports and Psychological Therapy Waiting Times
- Weekly DAISy Quality Data checks for Waiting Times, Assessments and Reviews for all Drug and Alcohol Services.
- Monthly Substitute Prescribing Audit
- Drug related death reports
- Development of report for new Residential Rehab Dataset
- Approximately 10-15 ad hoc report requests per month

Implementation of MAT standards within North Ayrshire

A pilot test of change evaluation was carried out within the Three Towns Area of North Ayrshire. By March 2022, results demonstrated that MAT delivery could be undertaken safely and with positive recovery outcomes throughout North Ayrshire.

An evaluation of an initial test of change pilot demonstrated that MAT delivery could be undertaken safely and with positive recovery outcomes. It was agreed to expand MAT availability during 2022/23 – to ensure MAT was available across all of North Ayrshire and Arran to prioritised groups due to vulnerability in relation to risk.



An Improvement Implementation Plan, approved by Chief Executives, was implemented, evaluated & updated with regular progress reports submitted to the Scottish Government alongside quarterly update reports being sent to the national MAT support Team – ‘MIST’.

- MAT availability was increased at Caley court to 3 days per week & ‘drop in’ access - and then ultimately expanded to 5 days a week with extended hours.
- Locations identified across NA Localities for MAT access closer to home – ultimately MAT is now available across all 6 NA Localities with immediate support available to all from Caley Court alongside ‘low threshold’ access in rural areas.
- An explicit delivery plan was put in place for delivering trauma informed practise;
- LOPs, SOPs, guidelines & clinical & care pathways of support were put in place

National and local ADP funding was secured for additional staff which includes:

- Consultant Psychiatry, Additional prescribing capacity; Addiction Workers; Nursing staff; Support Workers; Recovery Development Workers (lived experience)

Priorities for 2023/24 include:

- MAT 7 – Primary Care (GP & Pharmacy) involvement. Vision, model & process agreed. SG recently Ring Fenced funding for this. LES to be offered to GPs.
- In addition MAT availability to be expanded to include Prison and Police Custody.

A RAGB self-assessment was completed and evidence (numerical, experiential and process information) was submitted to the MIST team for analysis and benchmarking. The table below highlights a very positive final RAGB score for the implementation of MAT standards 1 - 10 across North Ayrshire.

ADP	MAT	Predicted RAGB	Final RAGB AS 15.05.2023
North Ayrshire	MAT 1	Provisional Green	Provisional Green
	MAT 2	Provisional Green	Provisional Green
	MAT 3	Provisional Green	Provisional Green
	MAT 4	Provisional Green	Provisional Green
	MAT 5	Provisional Green	Provisional Green
	MAT 6	Provisional Amber	Provisional Amber
	MAT 7	Provisional Amber	Amber
	MAT 8	Provisional Amber	Amber
	MAT 9	Provisional Amber	Provisional Amber
	MAT 10	Provisional Amber	Provisional Amber

Residential Rehabilitation expansion

Access to residential rehabilitation across Ayrshire and Arran - Ward 5

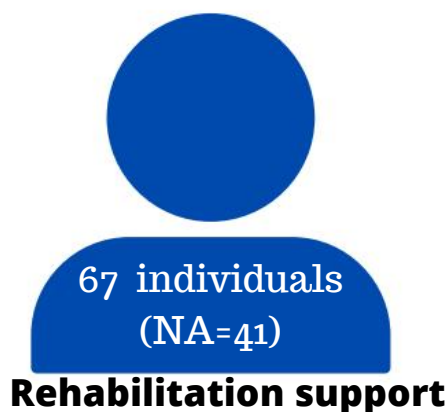
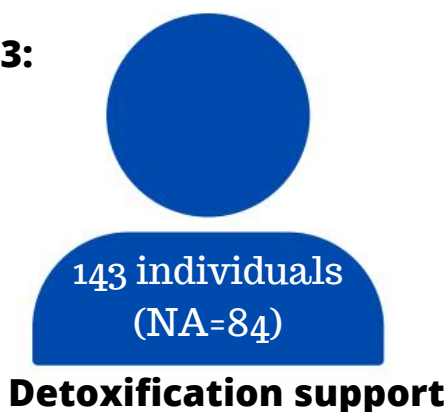
Local residential rehabilitation support is provided in Ward 5, Woodland View to anyone who has an alcohol and/or drug problem and mental health issues.

Ward 5 has **10** beds for residential care:



Seamless pathways of support are in place with the local community team supporting individuals before, during and after their placement (extra support in place for NA residents e.g. in addition to ongoing NADARS support, everyone is also provided with daily follow up support from the PEAR service for the first week following discharge).

During 2022/23:



Access to additional local residential rehabilitation - Harper House

The NA H&SCP was instrumental in supporting Phoenix Futures, Scotland, to open 'Harper House' in November 2022. It is located in Saltcoats & is a Care Inspectorate registered service, funded by the Scottish Government – it offers specialist support for the 'whole family to recover from the harms of problematic drug and alcohol use'. Their family-focused programme of interventions is 'designed to benefit each member of the family and the family unit as a whole'. Referrals are accepted from across Scotland, with enhanced local access available for residents of North Ayrshire. These pathways continue to be improved with a local oversight group meeting regularly to support the identification and suitability of families. In the first 4 months of opening 4 families from NA have benefited from this support.

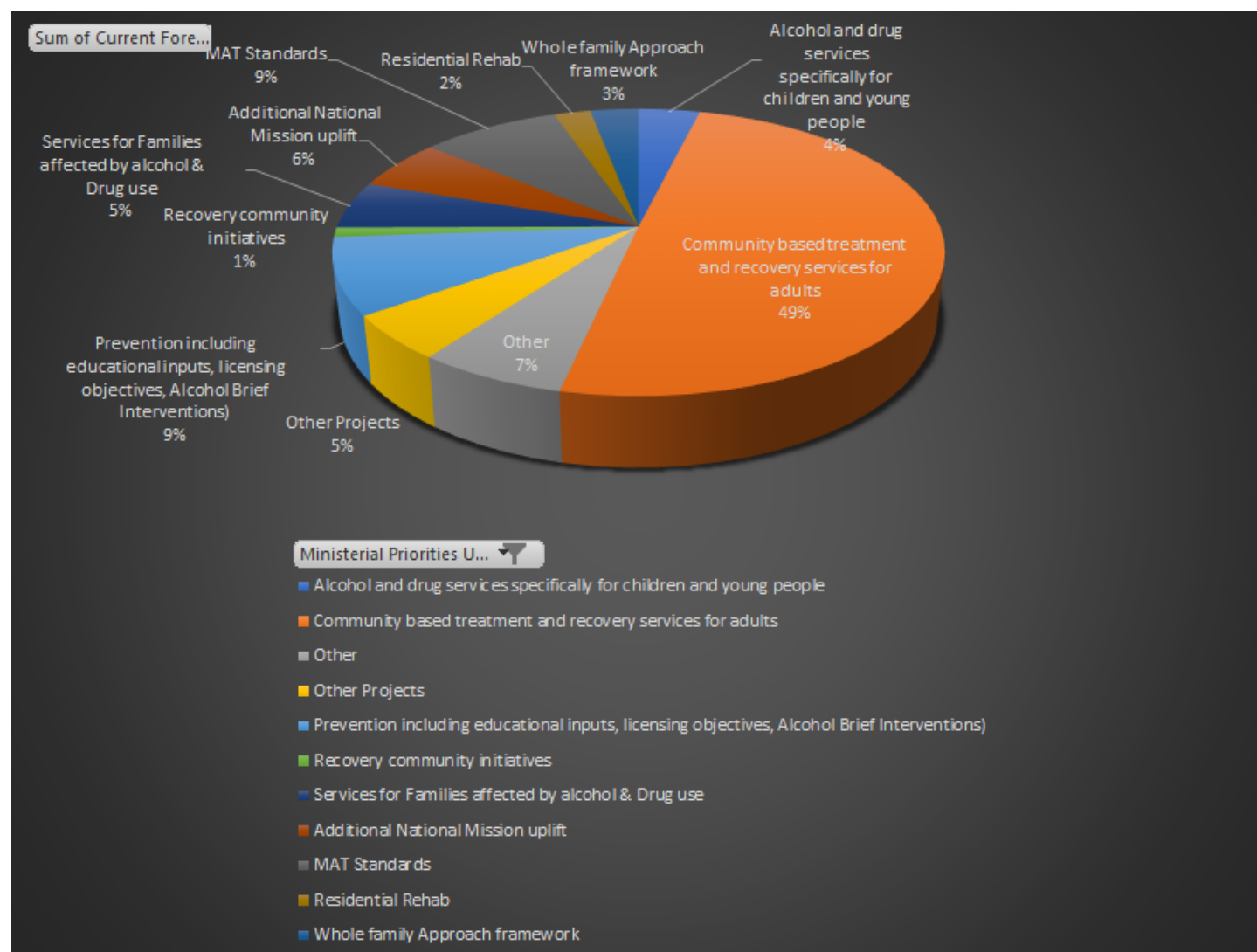
Access to External Residential Rehabilitation (ERR)

Individuals wishing to access external residential rehabilitation support can do so via NADARS who will support the development of a care plan, identify a residential rehabilitation provider, seek funding and then support individuals into, through and after their external residential rehabilitation placement. In quarter 4, 4 individuals have been supported in to ERR.

Financial information

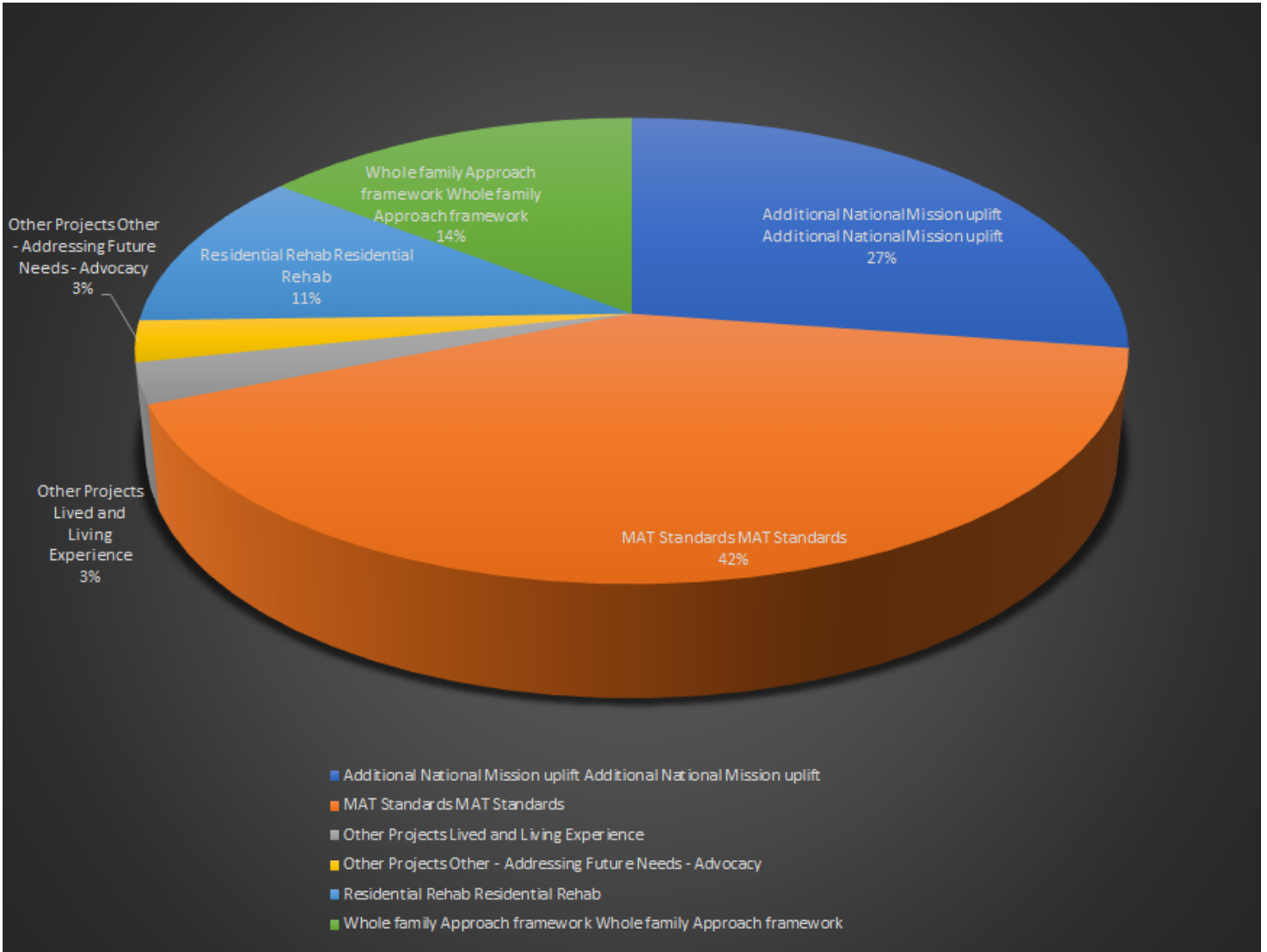
ADP 22-23 Forecast Spend

Ministerial priorities	Sum of Current Forecast
Alcohol and drug services specifically for children and young people	95866
Community based treatment and recovery services for adults	1236701.023
Other	166372.666
Other Projects	126219.5987
Prevention including educational inputs, licensing objectives, Alcohol Brief Interventions)	215020.6651
Recovery community initiatives	26682.61
Services for Families affected by alcohol & Drug use	133676.21
Additional National Mission uplift	142696.25
MAT Standards	216480
Residential Rehab	57522.48
Whole family Approach framework	75272
Grand Total	2492509.503



Additional funding streams

Sum of Current Forecast		
Ministerial Priorities Update	Ministerial Priorities	Total
Additional National Mission uplift	Additional National Mission uplift	142696.25
MAT Standards	MAT Standards	216480
Other Projects	Lived and Living Experience	14609.75
	Other - Addressing Future Needs - Advocacy	15000
Residential Rehab	Residential Rehab	57522.48
Whole family Approach framework	Whole family Approach framework	75272
Grand Total		521580.48



Integration Joint Board 24th August 2023

Subject : **Director's Report**

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

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


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

Glossary of Terms	
NHS AA	NHS Ayrshire and Arran
IJB	Integration Joint Board
HSCP	Health and Social Care Partnership
BSL	British Sign Language
NCS	National Care Service
ACF	Area Clinical Forum
RSPB	Royal Society for Protection of Birds
RMP	Records Management Plan
PUR	Progress Update Review

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>
	<u>Consultations</u>
3.1	<u>Health and Care Safe Staffing</u>
	<p>The Health and Care (Staffing) (Scotland) Act 2019 draft statutory guidance: consultation is currently open and can be accessed here: form https://www.gov.scot/publications/health-care-staffing-scotl... The consultation will close on 19th September 2023.</p> <p>The Scottish Government would like as many stakeholders as possible from Social Care to take part in the consultation.</p> <p>A future briefing on the safe staffing legislation will be provided for IJB members.</p>
3.2	<u>British Sign Language National Plan 2023 – 2029</u>
	<p>The BSL National Plan 2023-2029 consultation is now open and will run until Sunday 3 September, with the BSL National Plan 2023-2029 expected to be published by Tuesday 31 October.</p> <p>Individuals and organisations can respond to the consultation in a number of ways and can be accessed by the following the links below:</p> <ul style="list-style-type: none"> • Consultation document (English Version) – The draft BSL National Plan 2023-2029 (English Version) can be found in Annex C. • Consultation document (BSL Version) • Draft BSL National Plan 2023-2029 (BSL Version)
3.3	<u>Health and Social Care Integration Authority Planning and Performance Reporting Statutory Guidance: Consultation</u>
	<p>The Scottish Government established a working group, including partners from across health and social care, to refresh the statutory guidance on strategic plans and annual performance reports. The working group included organisations that represent supported people, carer organisations, provider organisations, those who plan and oversee the delivery of services, and many more organisations.</p> <p>Re-drafts of the guidance have been produced through engagement with the working group and is currently out for consultation. Once feedback and views on these revised guidance documents has been received, this will be issued to integrated authorities to make it easier for them to plan services.</p>

	<p>The consultation is open for everyone to respond by 23 October 2023, and can be accessed here.</p>
<p>3.4</p>	<p><u>National Care Service (Scotland) Bill</u></p>
	<p>The Scottish Government has reached an initial agreement with local authorities and the NHS about the accountability arrangements for the National Care Service (NCS). The agreement establishes who will be responsible for people’s care once the NCS is established, and confirmed that :-</p> <ul style="list-style-type: none"> • Councils will continue to hold staff, assets, and the delivery of social care services; • Discussions will take place over the coming months to develop an accountability framework for local and national elements, and • New governance arrangements will be introduced to ensure consistently high levels of service across the country. <p>The partnership agreement follows the Verity House agreement on closer cooperation between Scottish Government and local government.</p> <p>Discussions have also started with trade unions and the Scottish Government has organised a suite of regional co-design events throughout the summer. A survey has been launched to understand how people’s experience of accessing social care support and community health services is shaped by the local area they live in and the results will be used to design how local services will be delivered and managed within the National Care Service.</p> <p>Stage 1 of the Bill was due to be completed by end of March 2023, but subsequently extended to end of June 2023. A first Parliamentary vote on the Bill is now not expected until January 2024 to :-</p> <ul style="list-style-type: none"> • Ensure all required information is available to make the Bill as robust as possible; • Support improvements to the social care system ahead of establishment of the NCS. <p>No further clarity has been received on the inclusion or exclusion of children and justice services within the Bill, however a final report from Children’s Services Reform is expected to be published towards the end of October 2023.</p> <p>In relation to Criminal Justice services, a programme work and engagement in underway and a final report is due late September 2023.</p>

	<u>North Ayrshire Developments</u>
3.5	<u>Appointments - IJB</u>
	Dr Tom Hopkins, has been appointed as the new Chair of the Area Clinical Forum by members of the ACF. Tom's Ministerial Appointment has been confirmed and he will take up his Non-Executive role on the NHS Board from 18 August for four years. Tom replaces Adrian Carragher, Area Clinical Forum (ACF) Chair who will step down as ACF Chair and as a Non-Exec of the NHS Board from 17 August after his agreed four year term. Tom Hopkins will therefore replace Adrian as Non Executive Director on the North Ayrshire IJB, from that date. I would like to thank Adrian for his support for the North Ayrshire IJB over the last four years.
3.6	<u>Appointment – PAC</u>
	Following a request for expressions of interest, Vicki Yuill has agreed to join the IJB Performance and Audit Committee, all vacancies on PAC have now been filled.
3.7	<u>Celebration of Care Event</u>
	<p>The winners of the 2023 Partnership Awards were announced at our 'Celebration of Care' event on Tuesday 20th June 2023 at the Volunteer Rooms in Irvine.</p>  <p>The event was a fantastic celebration of the staff, teams and individuals who support or deliver health and social care in North Ayrshire - and importantly, the crucial work of people in our communities who support others to improve their health or well-being.</p> <p>Huge congratulations to all of this year's winners, finalists and nominees. The event was so successful, planning is already underway for next year's event.</p>
3.8	<u>iMatter</u>
	All HSCP staff, NHS and NAC employed, were asked to complete the annual iMatter survey. The reports are now available for those teams who reached their response threshold and this year, we had our second highest response rate at 65%, and positively the Partnership aggregate level of employee engagement was 81 – the highest it has ever been. Whilst the overall figure doesn't show these teams sitting above or below that level, it is a good general indicator of how team members experience working in North Ayrshire HSCP and how engaged they are with their job, their team and the HSCP.

	<p>Individual teams are asked to complete their action plan by agreeing one thing the team does well and identifying one action (or up to three actions) to improve the team member experience at work.</p> <p>iMatter is a key tool for the HSCP to understand and gather feedback from the integrated workforce and teams.</p>
3.9	<p><u>What Matters to You?</u></p>
	<p>The NAHSCP Engagement Team is preparing to deliver the ‘What Matters to You?’ conversation for 2023 during the week beginning Monday 21 August.</p> <p>The focus of engagement this year will be on staff members, with employees being asked ‘what matters to them’ about working in the Partnership. In addition, staff will also be asked ‘what one thing could they change’ to make their day-to-day roles better.</p> <p>The focus on staff this year (rather than the wider public) is to provide an insight into the mindset of staff as they have returned to more normalised working following the pandemic. Many staff have been following the new agile working approach for some time and we would be keen to learn the impact of this.</p> <p>Feedback from the engagement will be fed back to IJB members in due course.</p>
3.10	<p><u>Congratulations - Trindlemoss Team Achieves Gold</u></p>
	<p>A group from Trindlemoss Day Opportunities in Irvine has achieved a Gold Award as part of the RSPB’s Wild Challenge Awards programme. Stewart Baird, Mark Stevenson, Darren Cousar and Elaine Rae have been busy taking part in the scheme, which has seen them discovering, learning about, and helping wildlife in its natural habitat.</p> <p>Having already completed the Bronze and Silver levels, the team has worked extremely hard over the past 18 weeks to achieve the highest accolade in the Gold award, with each level of the programme requiring the completion of a total of six activities.</p> <p>Each award level is split into two categories, a ‘Help Nature’ section that involves making our outdoor spaces wildlife friendly, and an ‘Experience Nature’ section, where participants get up close and personal with wildlife and explore the amazing world of nature on our doorsteps.</p>



The group has taken part in a host of activities throughout the challenge, including building bat boxes, bird boxes and bee houses, local plant and mini-beast safaris, and creating a fantastic mini-pond within the garden area at Trindlemoss. They've also enjoyed a visit to Eglinton Park, where they tried pond dipping and discovered some newts, as well as RSPB Lochwinnoch to explore the various wildlife.

3.11 Launch of new community grief hub at Trindlemoss

A new community grief hub has launched at Trindlemoss this month.

[Cruse Bereavement Support](#) is working in partnership with the Co-op to bring grief resources, drop-in support sessions and compassionate community workshops to the hub, offering free support to those who are grieving and new skills to those who want to understand how to better support someone following a bereavement.

A weekly drop-in session will be held at Trindlemoss on Thursdays from 4pm to 6pm, where Melanie from Cruse will be on hand to chat and signpost to support in the community. For more information, visit [the Co-op website](#).

3.12 New Debt Advice Service for North Ayrshire residents

North Ayrshire Health and Social Care Partnership is launching a new debt advice service, which will be delivered by CHAP for the next two years through their base at The Michael Lynch Centre for Enterprise in Ardrossan.

	<p>CHAP provides free, independent debt advice and practical solutions for all - no matter how big or small your debt problem. With a team of specialist staff, one of CHAP's expert debt advisers can talk you through your options and help you decide the best way forward for you, before setting up your chosen debt solution and allowing you to take back control of your life.</p> <p>To get in touch, call 030 0002 0002, email enquiries@chap.org.uk or use the online contact form.</p> <p>In addition to the new debt advice service, a Financial Inclusion Partnership for North Ayrshire has recently been established by NAHSCP. You can read more about both of these on the North Ayrshire Council news website.</p>
3.13	<p><u>IJB Records Management Plan – Progress Update Review (PUR)</u></p>
	<p>The North Ayrshire IJB Records Management Plan (RMP) was agreed by the Keeper of Records office in April 2021. Each year the IJB is invited to submit a Progress Update Review (PUR) to help authorities to demonstrate their continuing compliance in keeping the RMP under review. This is a voluntary mechanism and there is no legal requirement or expectation to do this. North Ayrshire IJB made no changes during 2022 to the RMP but have submitted a PUR this year with some very minor updates to the Record Management Plan including a change of name at No 2 and update at No 7. This was submitted on behalf of NAIJB on 31st July 2023.</p>
	<p><u>COVID Update</u></p>
3.14	<p><u>Scottish Government COVID 19 : Pause in COVID 19 Testing Guidance</u></p>
	<p>The Cabinet Secretary for NHS Recovery, Health and Social Care, the Cabinet Secretary for Justice and Home Affairs, and the Minister for Social Care, Mental Wellbeing and Sport have agreed to pause all Scottish Government routine COVID-19 testing guidance across health, social care and prison settings. The exception to the pause is for individuals in hospital, prior to being discharged to a care home or hospice; this routine testing will remain.</p> <p>This decision has come about following advice from Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland, Scottish Government Professional Clinical Advisors in Infection, Prevention and Control (IPC) and Public Health Scotland (PHS) who have reviewed the current state of the COVID-19 pandemic and the efficacy of current testing protocols.</p> <p>This includes pausing the testing of symptomatic health and social care staff. Staff should adhere to the NHS Inform Advice on managing symptoms of a respiratory infection.</p>

	Testing for COVID-19 will remain to support clinical diagnosis and remain for outbreaks as per the National Infection Prevention and Control Manual. These changes should take effect no later than 30 August 2023. Local implementation is being considered by the NHS Ayrshire and Arran Public Health led Testing Programme Board.
3.15	<u>COVID Inquiry</u>
	<p>There are currently two active public inquiries running simultaneously relating to the COVID 19 pandemic. Both the Scottish Inquiry and the UK Inquiry are actively seeking and receiving information and documentation from both health bodies and local authorities in Scotland across a number of themes. Hearings in relation to both inquiries are scheduled to proceed across a range of modules. Further information on the Inquiries and themes can be found on their website here.</p> <p>The partnership has already received and responded to requests for information for various aspects of the inquiry, including investigations into deaths within Care Homes. Oversight and co-ordination arrangements have been established within the Local Authority, NHS Ayrshire and Arran and the HSCP to oversee this activity and Julie Davis, Principal Manager Business Administration has been appointed as the North Ayrshire HSCP Single Point of Contact for the inquiries.</p>
4.	IMPLICATIONS
4.1	<u>Financial</u> None
4.2	<u>Human Resources</u> None
4.3	<u>Legal</u> None
4.4	<u>Equality/Socio-Economic</u> None
4.5	<u>Risk</u> None
4.6	<u>Community Wealth Building</u> None
4.7	<u>Key Priorities</u> None

5.	CONSULTATION
	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
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Appendices
Nil

Integration Joint Board 24th August 2023

Subject :	2023-24 – Month 3 Financial Performance
Purpose :	To provide an overview of the IJB’s financial performance as at month 3 (June).
Recommendation :	It is recommended that the IJB: <ul style="list-style-type: none"> (a) notes the overall integrated financial performance report for the financial year 2023-24 and the current overall projected year-end overspend of £4.576m; (b) notes the progress with delivery of agreed savings; (c) notes the remaining financial risks for 2023-24; and (d) approves the budget reductions which are detailed at paragraph 2.10.

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

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

1.	EXECUTIVE SUMMARY
1.1	The report provides an overview of the financial position for the Partnership and outlines the projected year-end outturn position informed by the projected expenditure and income commitments; these have been prepared in conjunction with relevant budget holders and services. It should be noted that, although this report refers to the position at the end of June, further work is undertaken following the month end to finalise projections, therefore the projected outturn position is as current and up to date as can practicably be reported.

1.2	The projected outturn is a year-end overspend of £4.576m (1.6%) for 2023-24. This includes the financial impact of the NHS pay award but excludes the Council pay award.
1.3	From the core projections, overall, the main areas of pressure are residential placements for children, supplementary staff in wards and Unplanned Activities (UnPACs) within the lead partnership for mental health.
2.	CURRENT POSITION
2.1	The report includes an overview of the financial position including commitments against the available resource, explanations for the main budget variances and an update on progress in terms of savings delivery.
2.2	FINANCIAL PERFORMANCE – AT MONTH 3
	<p>At month 3 against the full-year budget of £285.076m there is a projected year-end overspend of £4.576m (1.6%). The Integration Scheme outlines that there is an expectation that the IJB takes account of the totality of resources available to balance the budget in year. Following this approach, an integrated view of the financial position should be taken, however it is useful to note that this overall position consists of a projected overspend of £3.837m in social care services and a projected overspend of £0.739m in health services.</p> <p>Appendix A provides the financial overview of the Partnership position. The sections that follow outline the significant variances in service expenditure compared to the approved budgets.</p> <p>The projections for some areas will be subject to fluctuations as they depend on recruitment plans for new funding and also the capacity of providers to take on work.</p> <p>East and South HSCP do not report at month 3 so the impact of their Lead Partnership services is not included in this report.</p>
2.3	Health and Community Care Services
	<p>Against the full-year budget of £89.901m there is a projected overspend of £0.616m (0.7%) and the main variances are:</p> <p>a) Care home placements including respite placements (net position after service user contributions and charging order income) are projected to underspend by £0.171m. The projected costs reflect the recently agreed National Care Home Contract (NCHC) rates.</p> <p>The budgeted number of permanent placements is 780 and at month 3 there are 771 placements. The projection assumes that the current number of placements will continue to increase to 780 placements by the end of the year. Within the projection</p>

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

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

b) Care at home (in house and purchased) is projected to be £0.637m underspent. The position is made up of an underspend in in-house services of £1.145m as there are vacant posts, but some of the current capacity is being met by existing staff working additional hours and casual staff. Bank staff are being offered contracts and additional staff are being recruited which will replace the need for existing staff to work additional hours. This is partly offset by an overspend in purchased services of £0.508m as the budget was reduced to reflect the additional costs of bringing some services in-house after the provider withdrew from the contract.

c) Reablement services are projected to be £0.121m underspent due to vacancies.

d) Care at Home Charging Income is projected to under recover by £0.080m due to an ongoing shift towards personal care which is non chargeable.

e) Physical Disability Care Packages (including residential and direct payments) - projected underspend of £0.152m in community care packages, £0.292m underspend in direct payments and £0.611m overspend for residential placements. There is also an under-recovery of income of £0.135m. There will be a further review of these projections in month 4 to focus on areas where there are unused hours or clawback of direct payments.

f) Anam Cara is projected to overspend by £0.177m due to covering vacancies and sickness absence (£0.121m) and under-recovered income (£0.056m).

g) Integrated Island Services is projected to be £0.163m underspent. This is mainly due to a projected underspend in care at home costs of £0.198m.. There is also an overspend in supplies and cleaning costs of £0.075m.

h) District Nursing is projected to overspend by £0.225m due to an overspend on bank nursing costs and supplies.

i) Rehab wards are projected to overspend by £0.265m (Redburn ward £0.215m overspent and Douglas Grant £0.050m overspent). The overspend is due to cover

	<p>costs for vacancies as well as supplementary staffing for patients who require one to one support.</p> <p>j) Wards 1 and 2 are projected to overspend by £0.750m due to increased use of supplementary staffing.</p> <p>k) Cumbrae Lodge Continuing Care beds are projected to underspend by £0.150m due to a reduced charge to reflect the reduction in beds used during the transition to the new service.</p>
2.4	<p>Mental Health Services</p>
	<p>Against the full-year budget of £101.049m there is a projected overspend of £1.898m (1.9%) prior to the reallocation of the Lead Partnership overspend to East and South HSCP. This also excludes any potential variance on the Mental Health Recovery and Renewal Funding where any underspend will be earmarked at the year-end for use in 2024-25. The main variances are:</p> <p>a) Learning Disabilities are projected to overspend by £0.691m and the main variances are:</p> <ul style="list-style-type: none"> • Care Packages (including residential and direct payments) - projected underspend of £0.310m in community care packages and projected overspends of £0.497m in direct payments and £0.684m for residential placements. • Trindlemoss non-employee costs are projected to underspend by £0.075m. <p>b) Community Mental Health services are projected to underspend by £0.203m which is mainly due to an underspend of £0.218m in community packages (including direct payments) and an overspend in residential placements of £0.083m.</p> <p>c) The Lead Partnership for Mental Health is projecting to be £1.410m overspent and the main variances are as follows:</p> <ul style="list-style-type: none"> • A projected overspend in Adult Inpatients of £0.600m due to overspends in supplementary staff, staff in redeployment, staff cover due to sickness (inc covid outbreak) and reduced bed sale income. • The UNPACS (Unplanned Activities) budget is projected to overspend by £1.067m based on current number of placements and enhanced costs remaining until the year end. These placements are for individuals with very specific needs that require a higher level of security and/or care from a staff group with a particular skill set/competence. There are no local NHS secure facilities for women, people with a learning disability or people with neurodevelopmental disorder. This can necessitate an UNPACS placement with a specialist provider which can be out-of-area. The nature of mental health UNPACS spend is that it is almost exclusively on medium or long term complex secure residential placements which are very expensive so a small increase in

placements can have a high budgetary impact. Due to the complexity and risk involved, transitions between units or levels of security can take many months. Applications to approve a placement are made to the Associate Medical Director for Mental Health who needs to be satisfied that the placement is appropriate and unavoidable prior to this being agreed.

- A projected overspend in MH Pharmacy of £0.118m due to an increase in substitute prescribing costs.
- Learning Disability Services are projected to overspend by £0.426m due to high usage of supplementary staffing, cross-charging for a LD patient whose discharge has been delayed and redeployment staffing costs. Supplementary staffing costs relate to backfill for sickness, increased and sustained enhanced observations and vacancies. The enhanced observations are reviewed on a daily basis.
- Elderly Inpatients are projected to overspend by £0.240m due to the use of supplementary staffing.
- The Innovation Fund is projected to underspend by £0.229m due to slippage within some of the projects and not all of the funding was allocated.
- Addictions in patients are projected to overspend by £0.150m due to the use of supplementary staffing.
- The turnover target for vacancy savings for the Lead Partnership is held within the Lead Partnership as this is a Pan-Ayrshire target. There is a projected over-recovery of the vacancy savings target of £1.035m in 2023-24, further information is included in the table below:

Vacancy Savings Target	(£0.873m)
Projected to March 2024	£1.908m
Over/(Under) Achievement	£1.035m

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

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

- CAMHS £0.592m
- Mental Health Admin £0.376m
- Psychiatry £0.348m
- Psychology £0.495m
- Associate Nurse Director £0.097m

2.5 Children and Justice Services

Children's Services

Against the full-year budget of £39.191m there is a projected overspend of £5.615m (14.3%) and the main variances are:

	<p>a) Care Experienced Children and Young People is projected to overspend by £5.628m. The main areas within this are noted below:</p> <ul style="list-style-type: none"> • Children’s residential placements are projected to overspend by £5.700m. We started 2023/24 with 32 external placements and there are currently 36 placements which are assumed to continue until the end of the year. Within the £5.700m there is £0.250m relating to enhanced costs for two placements. There are a number of factors leading to this challenging position: <ul style="list-style-type: none"> • We have 32 places available in our internal children’s houses, due to demand these have been operating at 100%+ occupancy for some time, leading to increased use of external placements where residential care is required. • The requirement to support Unaccompanied Asylum Seeking Children (UASC) under the National Transfer Scheme and to support Trafficked young people located in North Ayrshire. • A number of young people in residential care have requested Continuing Care, whereby a young person can remain in their placement until age 21. • Where appropriate young people are placed to meet their Educational needs, the cost of Residential School Placements in the most cases is shared 50/50 with Education services. <p>Children’s Services are continuing to work with other services including Education and Housing to address the challenges. A change programme is being developed to respond to the pressures of residential care, further detail of the scope and plan around this work will be presented to a future IJB.</p> <ul style="list-style-type: none"> • Looked after and Accommodated Children (fostering, adoption, kinship etc) is projected to be £0.361m underspent based on the current number of placements. <p>b) Children with disabilities – residential placements are projected to overspend by £0.245m. This is based on 8 current placements and 2 further placements which are expected to commence during September. Direct payments are projected to underspend by £0.139m.</p>
	<p>c) Residential respite – placements are projected to overspend by £0.049m. These short-term placements are used to prevent an admission to full residential care. There is one short term placement, but this could vary throughout the year and have an impact on the projection.</p> <p>d) Children’s Houses Employee Costs – are projected to overspend by £0.100m due to additional overtime costs.</p> <p>e) Head of Service – is projected to overspend by £0.305m which is mainly due to the saving of £0.233m in relation to the staff reconfiguration in the children’s</p>

	houses which is not expected to be fully achieved in 23-24. There are also projected costs of £0.092m for the JII (Joint Investigative Interview) project which is not funded.												
2.6	ALLIED HEALTH PROFESSIONALS (AHP)												
	The non-employee costs element of the AHP services are projected to be on-line. All underspends in employee costs have been taken as payroll turnover.												
2.7	CHIEF SOCIAL WORK OFFICER												
	There is a projected underspend of £0.379m mainly due to a projected underspend in the Carers Strategy funding.												
2.8	MANAGEMENT AND SUPPORT												
	<p>Management and Support Services are projected to underspend by £1.959m and the main areas of underspend are:</p> <ul style="list-style-type: none"> • An over-recovery of payroll turnover of £0.723m for social care services and an over-recovery of payroll turnover of £0.261m for health services as outlined in the table below. • The Band 2 to Band 3 regrading costs are still being worked through but there is £0.700m set aside to cover this as part of the agreed 23/24 budget paper. This is included as an underspend as the overspends have been included in the services above. An update on the adequacy of this provision will be provided in future reports. • There is projected slippage on the LD and MH transition funding of £0.380m due to delays in children transitioning into adult services. <p>The turnover targets and projected achievement for the financial year for Health and Social Care services outwith the Lead Partnership is noted below:</p> <table border="1" data-bbox="343 1496 1327 1691"> <thead> <tr> <th></th> <th>Social Care</th> <th>Health Services</th> </tr> </thead> <tbody> <tr> <td>Vacancy Savings Target</td> <td>(3.014m)</td> <td>(1.433m)</td> </tr> <tr> <td>Projected to March 2024</td> <td>3.737m</td> <td>1.694m</td> </tr> <tr> <td>Over/(Under) Achievement</td> <td>0.723m</td> <td>0.261m</td> </tr> </tbody> </table> <p>The position in the table above reflects the assumption in the current financial projections. For social care, a total of £0.934m (31% of annual target) has been achieved to date.</p> <p>The health vacancy projection to the year-end is based on the month 3 position and is informed by the recruitment plans and confidence in recruitment to posts for the remainder of the year.</p>		Social Care	Health Services	Vacancy Savings Target	(3.014m)	(1.433m)	Projected to March 2024	3.737m	1.694m	Over/(Under) Achievement	0.723m	0.261m
	Social Care	Health Services											
Vacancy Savings Target	(3.014m)	(1.433m)											
Projected to March 2024	3.737m	1.694m											
Over/(Under) Achievement	0.723m	0.261m											

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

The main areas at month 3 are:

- Children and Families £0.275m
- Learning Disability £0.029m
- Management and Support £0.098m
- Community Care Service Delivery £0.091m
- Rehab and Reablement £0.099m
- Locality Services £0.115m
- Integrated Island Services £0.132m

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

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

2.9 Savings Progress

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

BRAG Status	Position at Budget Approval £m	Position at Month 3 £m
Red	-	0.273
Amber	2.245	2.182
Green	2.718	2.508
Blue	-	-
TOTAL	4.963	4.963

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

Work is ongoing to refresh the Transformation Plan to focus on the financial challenges which the Partnership expects to face in 2024/25 and 2025/26. The plan is critical to the ongoing sustainability of service delivery. Once it has been endorsed by the Transformation Board it will be included within future financial monitoring reports. The Transformation Board also has responsibility for overseeing the delivery of the plan and for ensuring that projects remain on track.

	<p>Appendix B provides an overview of those service changes which do have financial savings attached to them and the current BRAG status around the deliverability of each saving.</p>
2.10	<p>Budget Changes</p> <p>The Integration Scheme states that <i>“either party may increase it’s in year payment to the Integration Joint Board. Neither party may reduce the payment in-year to the Integration Joint Board nor Services managed on a Lead Partnership basis.... without the express consent of the Integration Joint Board.”</i></p> <p>Appendix C highlights the movement in the budget position following the initial approved budget.</p> <p>Reductions Requiring Approval:</p> <ol style="list-style-type: none"> 1) Transfer to IT re software costs £0.012m 2) Transfer to Capital re West Road £0.300m <p>Any NHS reductions will be reported in month 4.</p>
2.11	<p>Pan Ayrshire Lead Partnership services and Large Hospital Set Aside</p> <p>Lead Partnerships: - The IJB outturn position is adjusted to reflect the impact of Lead Partnership services. The outturn for all Lead Partnership services is shared across the 3 Partnerships on an NRAC basis; this position is currently the default pending further work to develop a framework to report the financial position and risk sharing across the 3 Partnerships in relation to hosted or lead service arrangements, which has been delayed by the requirement to focus efforts on the Covid response.</p> <p>The final outturn in relation to North Lead Partnership services would not be fully attributed to the North IJB as a share would be allocated to East and South Partnerships; similarly, the impact of the outturn on East and South led services will require to be shared with North. At Month 3 the MH lead partnership is projected to overspend by £1.410m (£0.462m NRAC share for East and £0.403m for South). South and East HSCP do not report until month 4.</p> <p>Set Aside: - preparatory work is well underway with NHS Ayrshire and Arran and the other Ayrshire partnerships to progress and develop the set aside arrangements to fully implement the legislative requirement. This includes arrangements in relation to the use of Directions, Joint Commissioning Plans and overall progression towards fair share allocations of resources. The North budget for set aside resources for 2023-24 is £35.547m. This is based on the 2023-23 figure of £34.850m inflated by the 2023-24 uplift of 2%.</p> <p>The annual budget for Acute Services is £409.9m. The directorate is overspent by £6.8m after 3 months. This caused by increasing overspends on agency medical and nursing staff, together with increasing drug expenditure. These have been required due to the level of operational pressure being experienced, in common with many</p>

	<p>other areas in Scotland. Several unfunded wards are open across both main hospital sites.</p>
	<p>There is a material underlying deficit caused by:</p> <ul style="list-style-type: none"> • Unachieved efficiency savings • High expenditure on medical and nursing agency staff, high rates of absence and vacancies causing service pressure. • High numbers of delayed discharges and high acuity of patients. <p>The IJBs and the Health Board work closely in partnership to maintain service and improve performance.</p>
2.12	FINANCIAL RECOVERY PLAN
	<p>The Integration Scheme requires the preparation of a recovery plan if an overspend position is being projected to plan to bring overall service delivery back into line with the available resource.</p> <p>As a contingency there is provision of £2m non-recurring funding set aside in the reserves (appendix D) to contribute towards the 2023-24 position. This would reduce the current projected overspend to £2.576m.</p> <p>A financial recovery plan is being developed to address the main areas of overspend and to identify further areas which can contribute to bringing the position back into line, this will be brought to next IJB meeting with the Month 4 financial report.</p> <p>The IJB also holds a General Fund reserve balance of £6.448m of unallocated funds, this would underwrite the risk of the remainder of the projected overspend if it cannot be managed downwards in the coming months. This would be a last resort as this funding is non-recurring and it does not resolve the areas underlying the projected overspend.</p>
2.13	FINANCIAL RISKS
	<p>There are a number of ongoing financial risk areas that may impact on the 2023-24 budget during the year, these include:</p> <ul style="list-style-type: none"> • Current high levels of inflation which impact on costs incurred directly by the Partnership and on our partner providers • High risk areas of low volume / high-cost services areas e.g. Children's residential placements, Learning Disability care packages and complex care packages; • Progress with the work to develop set aside arrangements and the risk sharing arrangements agreed as part of this. • Ongoing implementation costs of the Scottish Government policy directives

- Lead / hosted service arrangements, including managing pressures and reporting this across the 3 IJBs.
- The impact on Lead Partnership and acute services from decisions taken by other Ayrshire areas.
- The Covid recovery process including the ability to change and improve services following learning from the Covid response.
- Continuing risks associated with provider sustainability.
- The Local Government pay award is not settled for 2023-24 and negotiations are ongoing; any increase above the budgeted 3% will impact on the financial position unless additional funding is forthcoming.

These risks will be monitored during 2023-24 and any impact reported through the financial monitoring report.

2.14 **RESERVES**

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

The 'free' general fund balance of £6.448m is held as a contingency balance, this equates to around 2.3% of the initial approved IJB budget for 2023-24 which is which is within, but towards the lower end, of the target range of 2%-4%.

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

The 2023-24 budget approved the use of £1.252m of previously earmarked reserves to support a balanced budget position for 2023-24. The HSCP earmarked reserves also includes an amount of £2.0m which was agreed to support the financial position during 2023-24.

3. PROPOSALS

3.1 Anticipated Outcomes

Continuing to closely monitor the financial position will allow the IJB to take corrective action where required to ensure the Partnership can deliver services in 2023-24 from within the available resource, thereby limiting the financial risk to the funding partners.

3.3 Measuring Impact

	Ongoing updates to the financial position will be reported to the IJB throughout 2023-24.
4.	IMPLICATIONS
4.1	<u>Financial</u> The financial implications are as outlined in the report. Against the full-year budget of £285.076m there is a projected overspend of £4.576m. The report outlines the main variances for individual services.
4.2	<u>Human Resources</u> The report highlights vacancy or turnover savings achieved to date. Services will review any staffing establishment plans and recruitment in line with normal practice when implementing service change and reviews as per agreement with the IJB, there is no intention to sustain the staffing capacity reduction on a recurring or planned basis.
4.3	<u>Legal</u> None.
4.4	<u>Equality/Socio-Economic</u> None.
4.5	<u>Risk</u> Para 2.12 highlights the financial risks. The report falls in line with the agreed risk appetite statement which is a low -risk appetite in respect to adherence to standing financial instructions, financial controls and financial statutory duties and a high -risk appetite in relation to finance and value for money.
4.6	<u>Community Wealth Building</u> None.
4.7	<u>Key Priorities</u> None.
5.	CONSULTATION
5.1	This report has been produced in consultation with relevant budget holders and the Partnership Senior Management Team.
5.2	The IJB financial monitoring report is shared with the NHS Ayrshire and Arran Director of Finance and North Ayrshire Council's Head of Finance after the report has been finalised for the IJB.

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2023-24 Budget Monitoring Report–Objective Summary as at 30th June

Appendix A

Partnership Budget - Objective Summary	2023/24 Budget								
	Council			Health			TOTAL		
	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance	Budget	Outturn	Over/ (Under) Spend Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
COMMUNITY CARE AND HEALTH	70,156	69,498	(658)	19,745	21,019	1,274	89,901	90,517	616
: Locality Services	28,157	28,233	76	6,148	6,378	230	34,305	34,611	306
: Community Care Service Delivery	36,577	35,849	(728)	0	0	0	36,577	35,849	(728)
: Rehabilitation and Reablement	2,206	2,207	1	0	0	0	2,206	2,207	1
: Long Term Conditions	944	1,108	164	10,952	11,817	865	11,896	12,925	1,029
: Community Link Workers	197	188	(9)	0	0	0	197	188	(9)
: Integrated Island Services	2,075	1,913	(162)	2,645	2,824	179	4,720	4,737	17
MENTAL HEALTH SERVICES	29,692	30,180	488	71,357	72,767	1,410	101,049	102,947	1,898
: Learning Disabilities	22,864	23,555	691	542	542	0	23,406	24,097	691
: Community Mental Health	5,942	5,739	(203)	1,623	1,623	0	7,565	7,362	(203)
: Addictions	886	886	0	1,784	1,784	0	2,670	2,670	0
: Lead Partnership Mental Health NHS Area Wide	0	0	0	67,408	68,818	1,410	67,408	68,818	1,410
CHILDREN & JUSTICE SERVICES	34,627	40,087	5,460	4,564	4,719	155	39,191	44,806	5,615
: Irvine, Kilwinning and Three Towns	3,184	3,101	(83)	0	0	0	3,184	3,101	(83)
: Garnock Valley, North Coast and Arran	3,188	3,013	(175)	0	0	0	3,188	3,013	(175)
: Intervention Services	1,885	1,801	(84)	440	440	0	2,325	2,241	(84)
: Care Experienced Children & Young people	22,655	28,283	5,628	0	0	0	22,655	28,283	5,628
: Head of Service - Children & Families	1,075	1,380	305	0	0	0	1,075	1,380	305
: Justice Services	2,412	2,279	(133)	0	0	0	2,412	2,279	(133)
: Universal Early Years	228	230	2	3,698	3,853	155	3,926	4,083	157
: Lead Partnership NHS Children's Services	0	0	0	426	426	0	426	426	0
CHIEF SOCIAL WORK OFFICER	1,852	1,473	(379)	0	0	0	1,852	1,473	(379)
PRIMARY CARE	0	0	0	53,406	53,350	(56)	53,406	53,350	(56)
ALLIED HEALTH PROFESSIONALS	0	0	0	10,176	10,176	0	10,176	10,176	0
COVID NHS	0	0	0	0	(275)	(275)	0	(275)	(275)
MANAGEMENT AND SUPPORT COSTS	5,271	4,216	(1,055)	(17,227)	(18,131)	(904)	(11,956)	(13,915)	(1,959)
FINANCIAL INCLUSION	1,457	1,438	(19)	0	0	0	1,457	1,438	(19)
OUTTURN ON A MANAGED BASIS	143,055	146,892	3,837	142,021	143,625	1,604	285,076	290,517	5,441
Return Hosted Over/Underspends East	0	0	0	0	(462)	(462)	0	(462)	(462)
Return Hosted Over/Underspends South	0	0	0	0	(403)	(403)	0	(403)	(403)
OUTTURN ON AN IJB BASIS	143,055	146,892	3,837	142,021	142,760	739	285,076	289,652	4,576

2023-24 Savings Tracker

Appendix B

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

Savings ref number	Description	Deliverability Status at budget setting	Deliverability Status at month 3	2023/24 Saving	Description of the Saving
Other Areas					
10	Payroll Turnover - increase to target (social care)	Green	Green	1,000,000	22/23 Month 10 – projecting turnover savings £4.414m v target £2.014m resulting in a projected overachievement of target in 22/23 of £2.4m. Saving based on less than 50% of this year's overachievement
11	Income Generation - 5% Increase to fees and charges	Green	Green	46,600	Implement a 5% increase to fees and charges and a 5% increase to the maximum charge. The impact will be limited where service users are already paying the maximum charge. Social care charges are means-tested with the exception of community alarms
13	Review the contingency funds	Green	Green		
12	Staffing Reconfiguration - Finance and Transformation	Green	Green	35,091	Saving released through management and admin structure change
TOTAL SOCIAL CARE SAVINGS				4,020,623	

Health:

Savings ref number	Description	Deliverability Status at budget setting	Deliverability Status at month 3	Approved Saving 2023/24 £m	Description of the Saving
13	Payroll Turnover - Health Lead Partnership	Green	Green	392,245	22/23 Month 10 – projecting turnover savings £2.182m v target £0.481m resulting in a projected overachievement of target in 22/23 of £1.701m. The saving is based on less than 25% of this year's overachievement
14	Payroll Turnover - Health Non Lead Partnership	Green	Green	250,000	22/23 Month 10 – projecting turnover savings £1.789m v target £1.183m resulting in a projected overachievement of target in 22/23 of £0.606m. The saving is less than 50% of this year's overachievement.
15	Reprovisioning of Continuing Care beds	Amber	Amber	300,000	Currently provided through Cumbrae Lodge Care Home in Irvine but the provider does not want to continue to provide the service. Plans are being developed to relocate the service to Taigh Mor in Beith with an anticipated saving of £0.3m.
21	Inflationary increase to East HSCP re Woodland View beds	Green	Green	-	

TOTAL HEALTH SAVINGS

942,245

PUBLIC INFORMATION

TOTAL NORTH HSCP SAVINGS

4,962,868

2023-24 Budget Reconciliation

Appendix C

COUNCIL	Period	Permanent or Temporary	£'m
Initial Approved Budget			121.408
Less Living Wage Fund not yet allocated			(2.826)
Revised Budget			118.582
Resource Transfer	1-3	P	21.562
HSCP Fin Circ 3	1-3	T	0.013
Living Wage - final allocation	1-3	P	2.808
ICT Licences Various	1-3	P	(0.012)
Island Funds	1-3	T	0.015
Facilities Management Costs - Montrose House	1-3	P	0.387
West Road - Capital funded from Revenue	1-3	T	(0.300)
Social Care Budget Reported at Month 3			143.055

**Integration Joint Board
24th August 2023**

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

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

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

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

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

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

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

	<ul style="list-style-type: none"> • Transformational Change. • Budget and financial information.
3.3	<u>Measuring Impact</u>
	With the publication of the Annual Performance Report 2022-23 the Partnership has met its obligations under the Public Bodies (Joint Working) (Scotland) Act 2014.
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> The Annual Performance Report provides an annual update on the delivery of strategic priorities and objectives as outlined in the IJB Strategic Plan 2022/30, Caring Together.
5.	CONSULTATION
	Consultation has taken place with staff, partnership stakeholders, the Partnership Senior Management Team (PSMT) and the IJB Performance and Audit Committee (PAC).

**Neil McLaughlin, Manager Performance and Information Systems on 01294 317744
or email nmclaughlin@north-ayrshire.gov.uk**

Appendices

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



North Ayrshire Health and Social Care Partnership

Annual Performance Report
2022 to 2023



Reflections from the Director

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

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

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

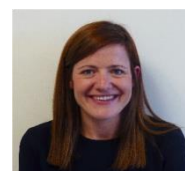
Working together, we can develop a vibrant and proactive health and social care service, that is adaptable to the changing needs and demands of North Ayrshire and will continue to provide our communities with the right service at the right time. We are ambitious in how we want to change and modernise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

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

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

Caroline Cameron

Director, North Ayrshire Health and Social Care Partnership



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Visions, Values and Priorities

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

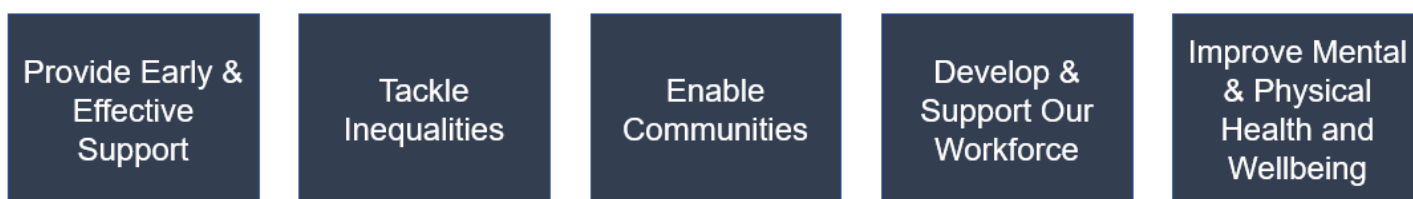
“All people who live in North Ayrshire are able to have a safe, healthy and active life.”

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

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

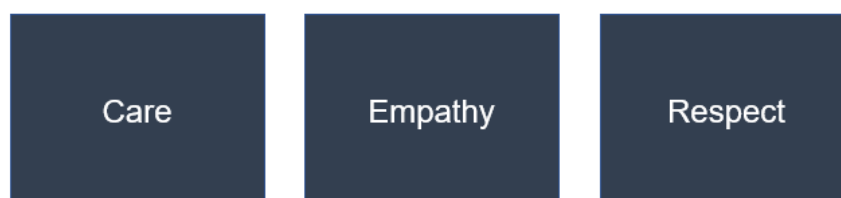
This report aligns with our “Caring Together” Strategic Commissioning Plan 2022-2030. This is the first time the Health and Social Care Partnership has set out such a long-term plan for how we intend to improve services and the health and wellbeing of the local community. The plan set out our pandemic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

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



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

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



Our Local Priorities

Developing our Engagement Approach

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

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

Changing our approach to Engagement

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

How this approach will be undertaken

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

Further details can be found on Page 62

Structure of this report

We have measured and evaluated our performance in relation to:

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

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

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

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

Provide Early and Effective Support

National Outcomes

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

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

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

The service provides the following:

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

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

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

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

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

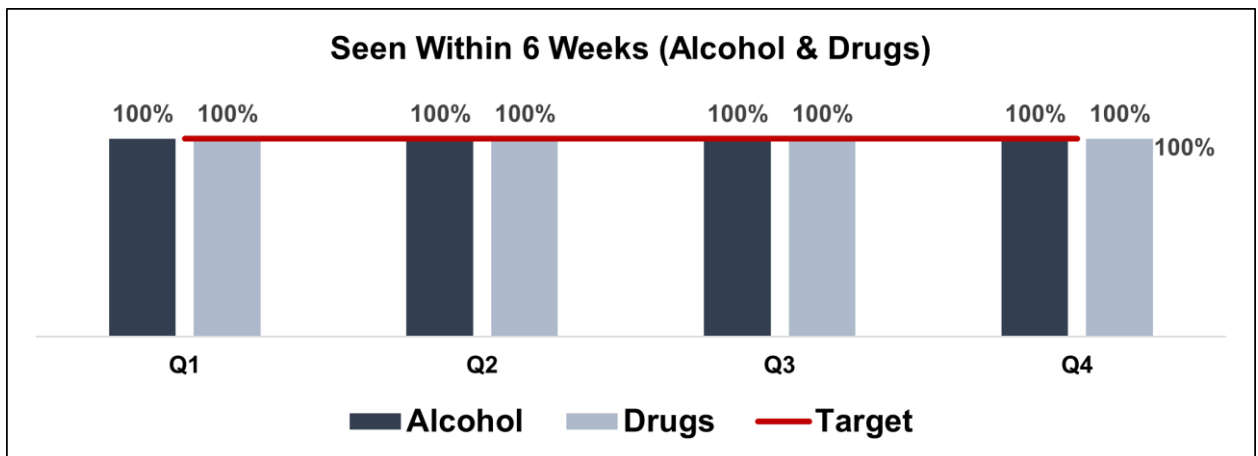
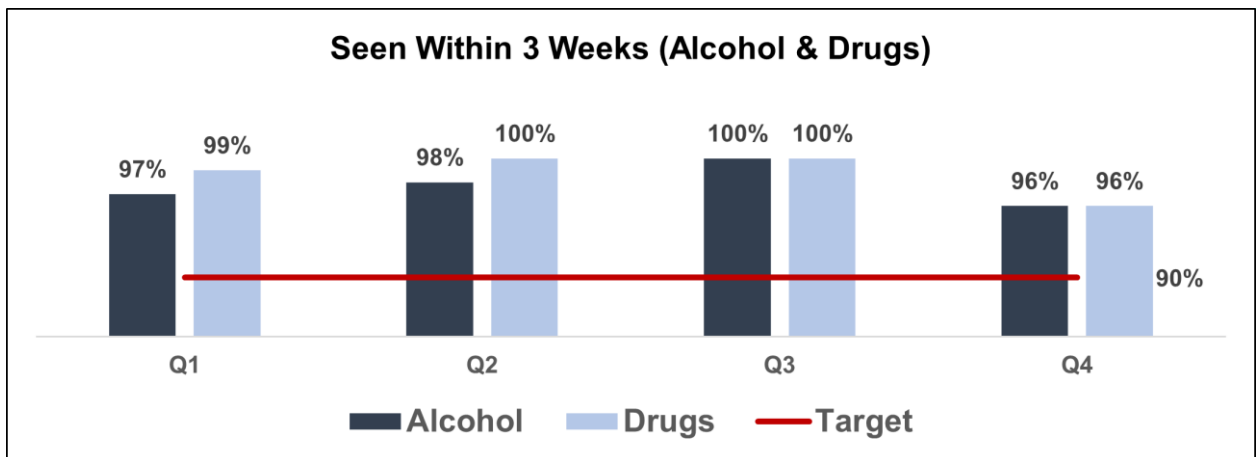
Recognising the increased demand for Mental Wellbeing support, Community Link Workers co-produced a "**My Wellbeing Matters**" workshop in partnership with our Community Mental Health Team and Public Health. The workshop consists of information and resources to help people self-manage their wellbeing.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



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

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

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

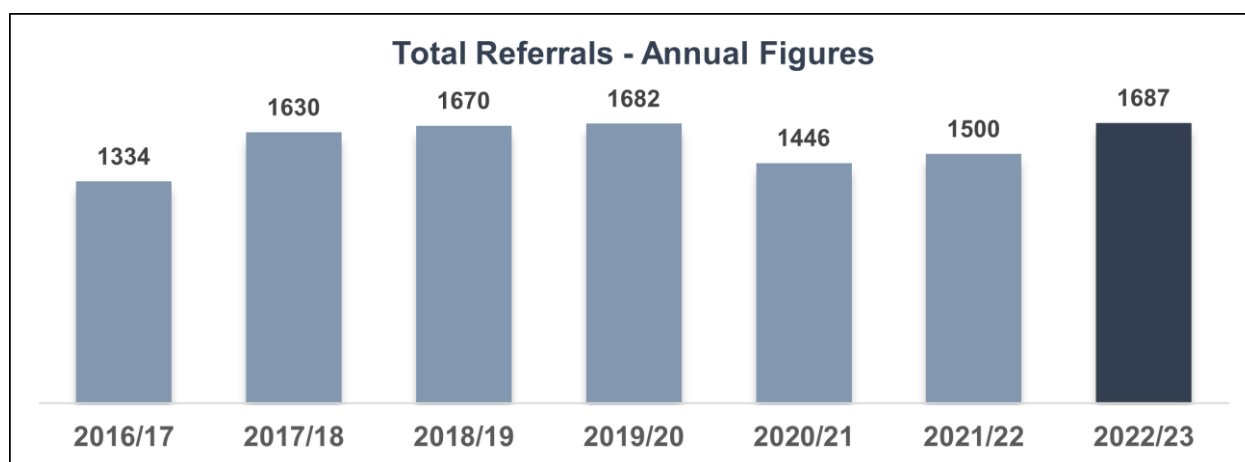


The team continues to identify new ways of working to provide a more agile and streamlined service and further improve performance. This work has been evidenced by the delivery of early intervention services in the delivery of Alcohol Brief Interventions (ABI) in both priority (Primary Care, A&E and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

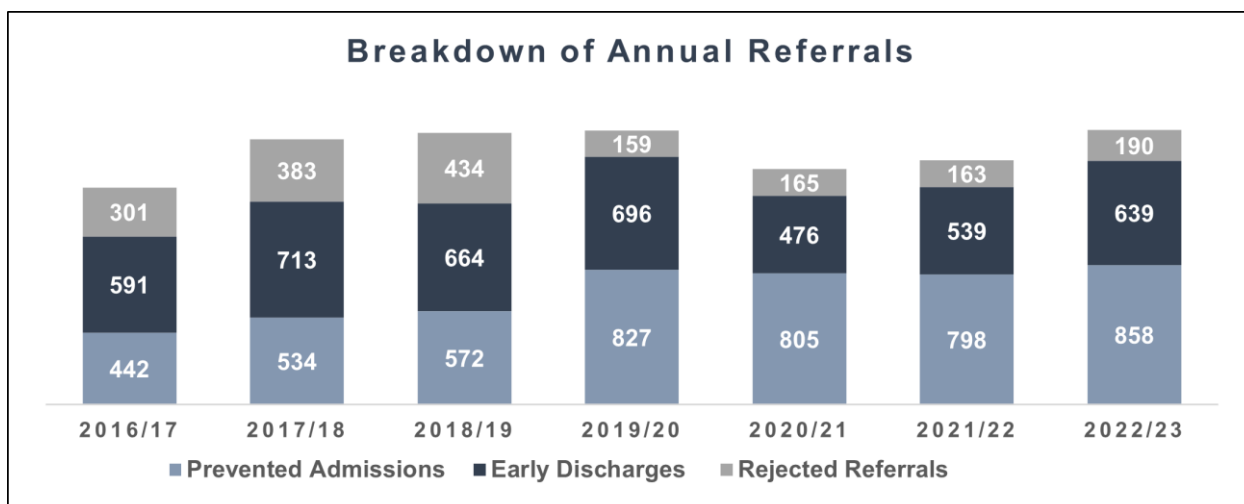
Indicator	2020-21	2021-22	2022-23
Target set by Scottish Government – Priority Settings	3,420	3,420	3,419
Total ABI delivery in Priority Settings (Ayrshire & Arran)	5,920	5,776	4,699

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

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



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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Case Study

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

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

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

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

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

National Indicators

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

Tackle Inequalities

National Outcomes

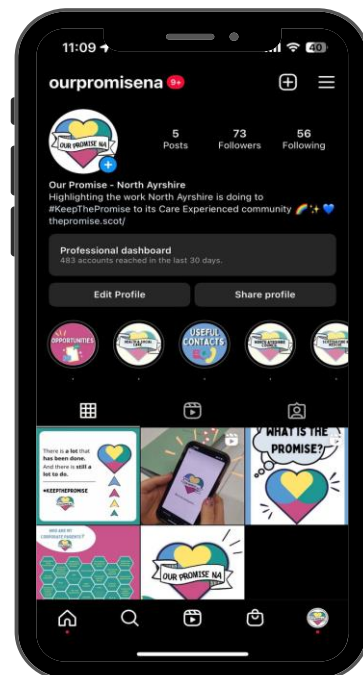
- 3 People who use health and social care services have positive experiences of those services, and have their dignity respected.
- 4 Health and social care services are centred on helping to maintain or improve the quality of life of people who use those services.
- 5 Health and social care services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

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

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

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

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



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

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

There was also the launch of Hasta Barista, based at Meadowcroft in Irvine which allows young people aged from 14 to 26 to achieve an industry recognised certificate in barista skills that will enable them to seek employment in hospitality settings, or even branch out and set up their own successful businesses in the future.

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

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

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

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



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

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

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

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

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

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

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

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

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

Money Matters - Annual Comparison



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

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

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

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

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

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

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

Service providers are now in operation within the accommodations:

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



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

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

National Indicators

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

Enable Communities

National Outcomes

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

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

Compliments

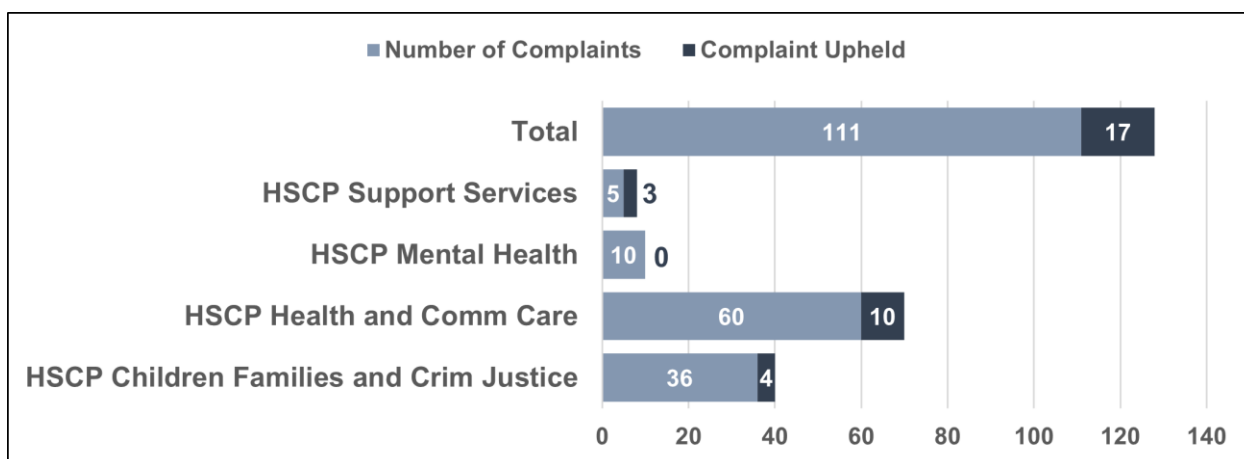
“We are so grateful to NAC and OT staff in particular for all the skilled kind patient help that has been extended to X over the years and enabled him with daily living... Everyone we came in contact with was absolutely amazing and you have all made such a difference to our lives”

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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



Case Study:

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

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

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

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

- 3.8 The Mental Health and Wellbeing in Primary Care working group**, have completed an initial period of engagement with service user and stakeholders. 451 survey questionnaires were completed, with 47 individuals attending focus groups across the localities. Follow up focus groups with partners are planned to take place early into the New Year, with a particular focus group focused on digital solutions. Further mental health conversations will take place within the communities into the New Year, particularly with a focus of the new mental health and wellbeing strategy.
- 3.9 Occupational Therapy (OT)** have engaged creative solutions to service delivery problems in 2022/23. Ongoing high demand for community OT assessments resulted in a review of the current waiting list and identified that there are issues with duplication between OT/Multi-Disciplinary Team rehabilitations services with high volume of inappropriate referrals and lack of clarity of priority of cases on the waiting list. As a result of the referral intake process being

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

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

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

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

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

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

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

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

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

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

National Indicators

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

Develop and Support Our Workforce

National Outcomes

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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



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

National Indicators

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

Improve Mental and Physical Health and Wellbeing

National Outcomes

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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



Progression of the service includes:

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

National Indicators

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

MSG Indicators

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

MSG Indicators – Delayed Discharges

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

National Health and Wellbeing Indicators

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

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

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

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

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

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

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

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

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

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

Children's Outcomes

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

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

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

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

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



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

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

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

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

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

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



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

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

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

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

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

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

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

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

The report outlined two areas for further improvement:

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

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

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

1.6 Community Short Break Service – Positive Case Study

Case Study:

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

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

Case Study:

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

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

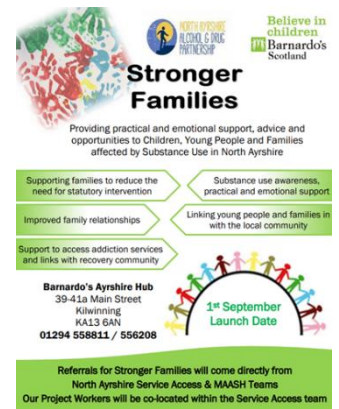
Within Greenwood Academy Y has supported my Grandson for the past two years through some very difficult challenges. My grandson has been placed with us, his parental grandparents, as a place of safety, during this difficult time Y has been a continuous support throughout his mental health issues. She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

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

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

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

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



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

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

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

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

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

A Case Study regarding TC is provided below.

Case Study:

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

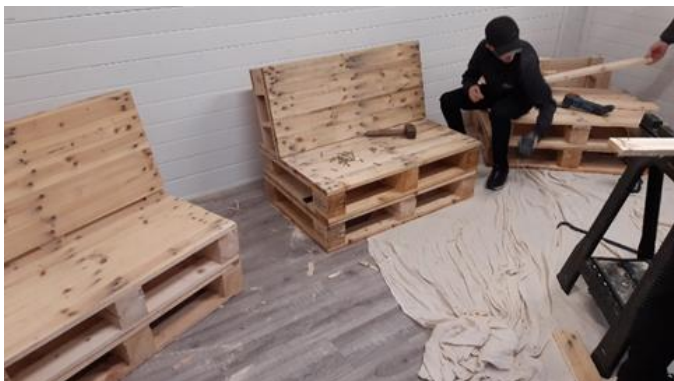


'I loved how easy it was to create something that looked so complicated' - participant.

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

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

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



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

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

1.11 Suicide Prevention Pathway Review, June 2022

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

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

This will reduce the risk of:

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

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

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

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

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

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

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

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



Justice Outcomes

Outcome 1: Community Safety and Public Protection.

Outcome 2: The Reduction of re-offending.

Outcome 3: Social inclusion to support desistance from offending.

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

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

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

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

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

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

Case Study:

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

“Hi respected Zoe

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

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

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

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

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

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

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

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

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

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

What do these projects accomplish:

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

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

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

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

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

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

Case Study:

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

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

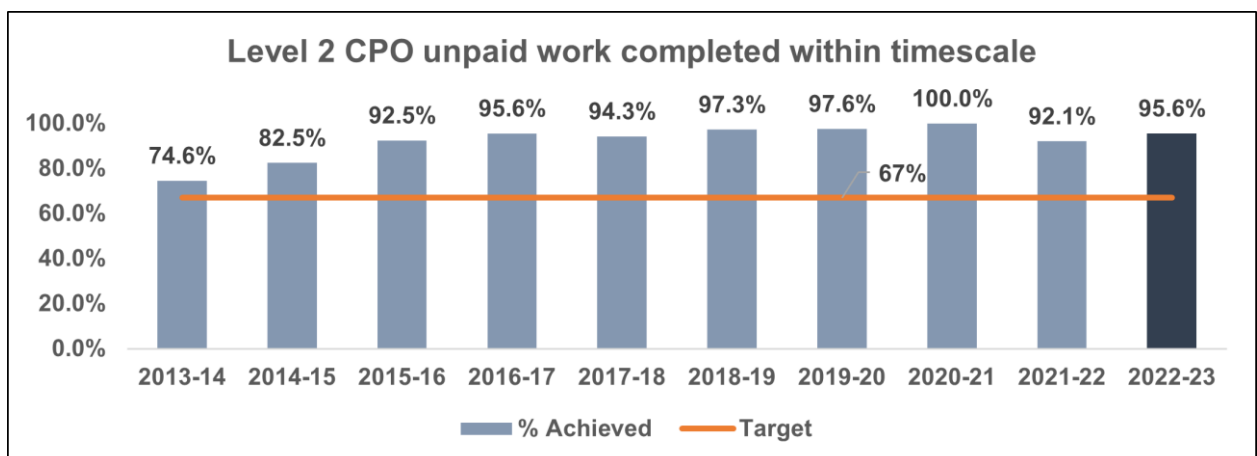
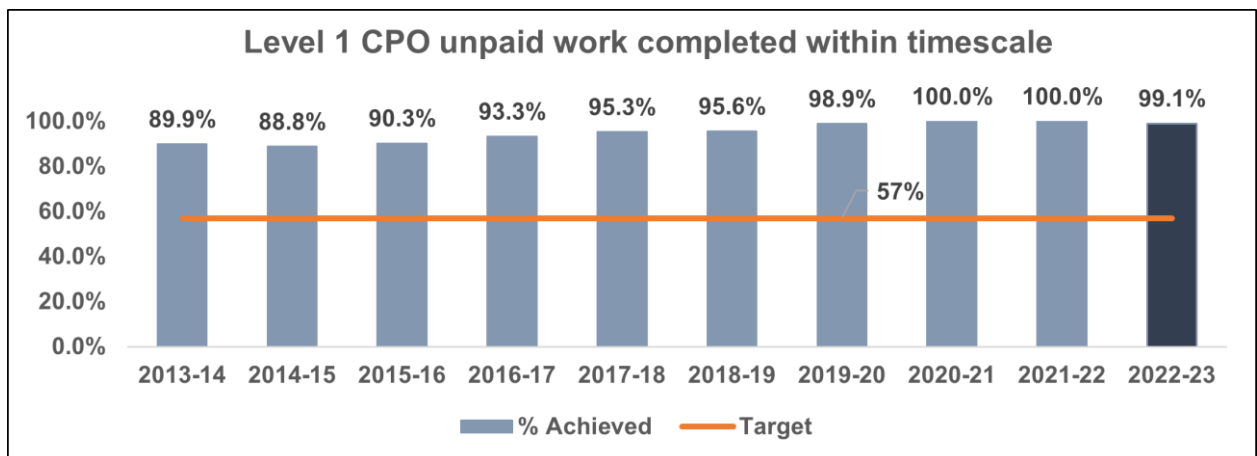
A local newspaper covered a story about the impact of the Unpaid Work projects on our communities. [Irvine Harbour area transformed by community payback team – Irvine Times](#). The article showed the commitment and hard work of the team who have been instrumental in

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

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

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

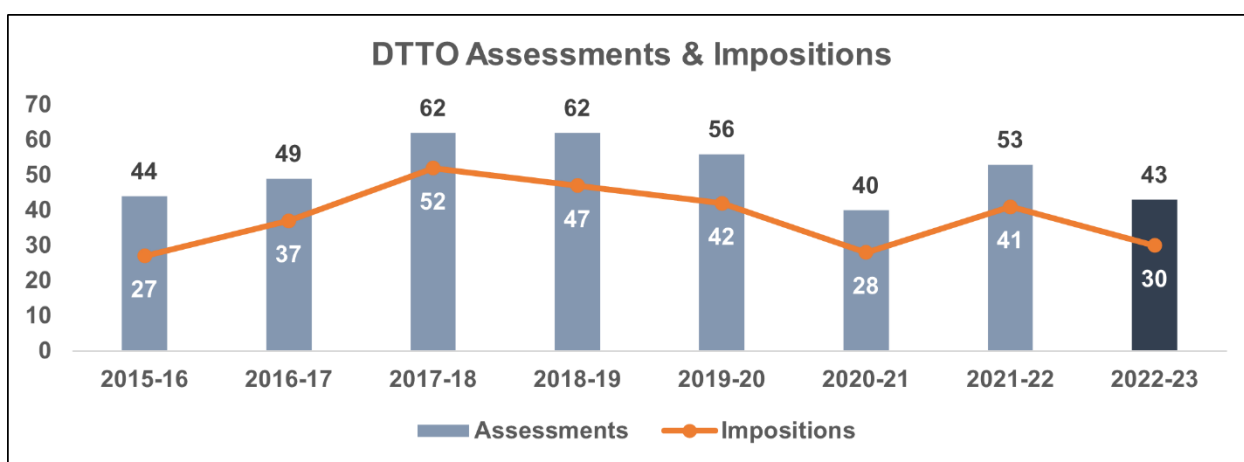
Our Justice Services continue to have a positive impact on the local community through the Community Payback Order (CPO) unpaid work scheme. For the tenth year we have continuously over-achieved against targets for CPO level 1 and level 2. 2022-23 saw 116 out of 117 level 1 CPO's completing within timescales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



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

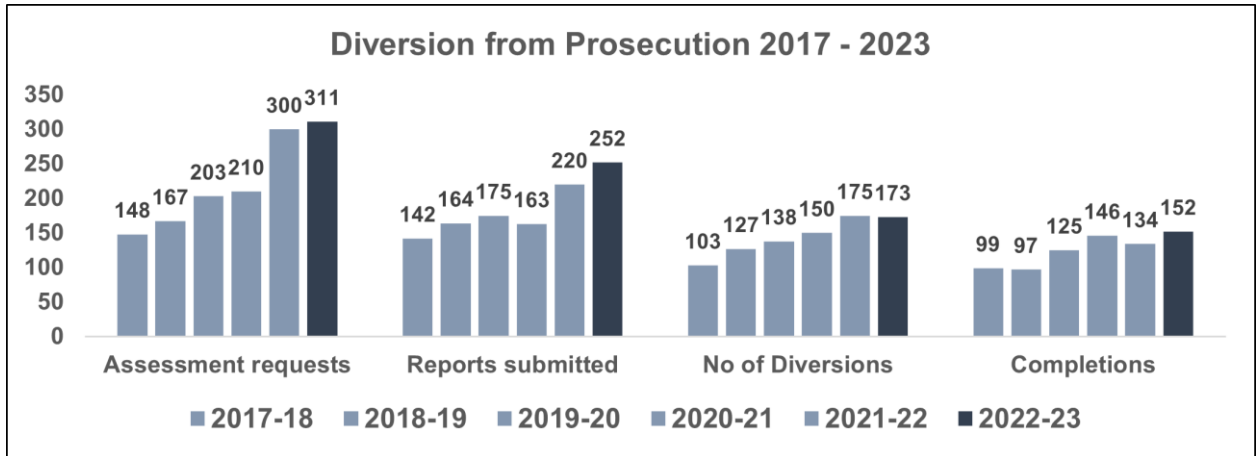
There is a high correlation between the number of assessments submitted and DTTO's imposed and notably 100% of assessments considered to be suitable resulted in a DTTO.

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



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

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



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

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



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

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

Case Study:

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

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

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

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

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

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

Reporting on localities

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

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

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



Locality Planning

Developing our Engagement Approach

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

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

Why change our approach?

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

What does it look like?

Locality Conversations

Frequency: 2 per year in each locality

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

Locality Planning Review Groups

Frequency: 2 per year

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

Transformation Programme

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



Transformation in 2022/23

Children, Families and Justice Services

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

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

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

Health and Community Care

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

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

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

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

Self-directed Support

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

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

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

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

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

Early opportunities:

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

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

Carers

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

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

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

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

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

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

Mental Health and Learning Disabilities

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

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

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

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

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

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

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

Accommodation

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

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

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

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

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

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

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

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

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



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

Reporting on lead partnership responsibility

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

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

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

Mental Health Services

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

Child Health Services

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

Inspection of service

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

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



Independent Care Providers who provide care services on our behalf

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

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

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

Registered Services – Minimum Grades across all themes

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

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

Inspection of Local Services

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

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

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

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

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

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

The report outlined there were two areas for further improvement:

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

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

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

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

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

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

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

Financial performance and best value

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

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



Partnership Revenue Expenditure 2022/23

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

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

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

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

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

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

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

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

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

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

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

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

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

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

COVID-19 Costs

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

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

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

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

Financial Outlook

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

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

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

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

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

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

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

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

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

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

Reporting on Localities

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

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

Allocation Method	%
Total allocated on population basis	63.9%
By Locality	36.1%
Total	100%

















This resulted in the following spend per locality -

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

Appendix

Local Indicators – 2022/23

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

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

MSG Indicators

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

Where to find more information

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

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

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

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

Integration Joint Board
24 August 2023

Subject : **Clinical and Care Governance Group Update**

Purpose : The report is for :-

- Awareness

Recommendation : The IJB are asked to note the contents of this report.

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

Glossary of Terms	
CCGG	Clinical Care Governance Group
HB	Health Board
HSCP	Health and Social Care Partnership
LD	Learning Disability
NACPC	North Ayrshire Child Protection Committee
NHS AA	NHS Ayrshire and Arran

1.	EXECUTIVE SUMMARY
1.1	The Health and Social Care Partnership continue to provide robust arrangements for governance of partnership services and wider relevant provision in order to deliver statutory, policy and professional requirements and the achievement of partnership quality ambitions.
1.2	This paper provides an update and overview of governance activity for the period August 2022 – August 2023 inclusive for consideration by the IJB.
2.	BACKGROUND
2.1	As part of the integration of health and social care services, a National Clinical and Care Governance Framework was developed. Clinical and Care Governance is the system in which the Health and Social Care Partnership are accountable for continuously improving quality and safeguarding high standards of care. The Partnership has developed Clinical and Care Governance arrangements in line with the commitments and requirements contained in the Integration Scheme.

	<p>The Clinical and Care Governance Group (CCGG) provide assurance to the IJB that:</p> <ul style="list-style-type: none"> • Quality of care, effectiveness and efficiency drives decision-making about the planning, provision, organisation and management of services • The planning and delivery of services take full account of the perspective of patients and service users • Unacceptable clinical and care practice will be detected and addressed <p>The Terms of Reference for the CCGG are included as Appendix 1 of this report.</p> <p>The HSCP a strong professional leadership across services and professional leads to ensure that the role and function of the CCGG is built upon strong partnership and collaboration.</p>
2.2	<p>The CCGG has met on a monthly basis with the exception of June and July when the meeting was adjourned as the group was not quorate. The next NA CCGG is scheduled for 30th August 2023.</p> <p>The CCGG has a standing agenda that ensures routine consideration of:</p> <ul style="list-style-type: none"> • Public Protection • Professional Updates • Heads of Service updates • Adverse Events • Complaints/Enquiries • Inspection Reports/Action Plans/SPSO • Workforce • Consultation and Safety Action Notices • Infection Control and Infection <p>The CCGG has also had specific updates and assurance reports on:</p> <ul style="list-style-type: none"> • The Promise • Equalities Action Plan • Pharmacy developments • Maternity and Neonatal Psychological Intervention (MNPI) service • Ayrshire Mental Health Conversation: Priorities and Outcomes • Signs of Safety Framework • CAMHS Referrals Mitigation
2.3	<p><u>Mental Welfare Commission</u></p> <p>The Mental Welfare Commission (MWC) for Scotland’s mission and purpose is to be a leading and independent voice in promoting a society where people with mental illness, learning disabilities, dementia and related conditions are treated fairly, have their rights respected, and have appropriate support to live the life of their choice.</p>

	<p>To achieve this mission and purpose the Commission have identified four strategic priorities:</p> <ul style="list-style-type: none"> • To challenge and to promote change • Focus on the most vulnerable • Increase their impact • Improve their efficiency and effectiveness <p>Each year the MWC visits around 1,350 individuals in hospital, other care settings, and in their own homes to find out their views and check on their care and treatment. Where appropriate, they will also speak with friends and relatives.</p> <p>The Commission carries out their statutory duties by focussing on five main areas of work:</p> <ul style="list-style-type: none"> • Visiting people • Monitoring the Acts • Investigations • Information and advice • Influencing and challenging
	<p>Between April 2022 and March 2023 mental health services across Ayrshire and Arran received 8 visits from the MWC. Of the six announced visits the MWC made recommendations for four of these. The MWC made recommendations following the two unannounced visits. An assurance report providing details of all visits, recommendations and action plans and thematic reports was developed by the NA CCGG and presented to the NHS Ayrshire and Arran Healthcare Governance Group in July 2023.</p>
	<p>As part of the MWC review process, wide consultation with staff, patients and families is undertaken to ensure that multiple aspects and views are considered. Some of the complementary feedback received highlighted:</p> <ul style="list-style-type: none"> • Positive interaction between staff and patients • Caring and enthusiastic approach from staff • Detailed risk assessments • Environment bright, cheerful and dementia friendly • Patients and family spoke highly of staff and were positive about the care, treatment and support offered • Warm and supportive interactions between staff and patients observed • Care plans detailed, and person centred • Ayrshire Risk Assessment Framework embedded into practice • Evidence of patient involvement within MDT process • Physical environment to a high standard • Good evidence of family engagement • Use of the “Positive Behaviour Support” model • Excellent nursing leadership • Staff approachable and supportive <p>Action plans in response to the MWC recommendations are provided as Appendix 2.</p>

2.4	<u>Risk Register</u>																										
	<p>The Operational Risk Register is tabled at CCGG for regular review and monitoring. The last update was to the December 2022 meeting and the next update will be on 30th August 2023. This report outlines:</p> <p>a) New risks</p> <table border="1" data-bbox="220 591 1385 741"> <thead> <tr> <th>Ref</th> <th>Description</th> <th>Risk Rating</th> </tr> </thead> <tbody> <tr> <td>ORR35</td> <td>Analogue to Digital Implementation</td> <td>15 High</td> </tr> <tr> <td>ORR36</td> <td>CAMHS – Referral to Treatment Target</td> <td>16 High</td> </tr> <tr> <td>ORR37</td> <td>Delivery of Neuro Diversity Specification</td> <td>20 Very High</td> </tr> </tbody> </table> <p>b) Reduced score risk</p> <table border="1" data-bbox="220 853 1442 1003"> <thead> <tr> <th>Ref</th> <th>Description</th> <th>Risk Rating Nov 22</th> <th>Risk Rating May 23</th> </tr> </thead> <tbody> <tr> <td>ORR24</td> <td>Covid Impact on Workforce</td> <td>20 Very High</td> <td>16 High</td> </tr> </tbody> </table> <p>c) Risks removed from the register</p> <table border="1" data-bbox="220 1115 1442 1265"> <thead> <tr> <th>Ref</th> <th>Description</th> <th>Reason for Removal</th> </tr> </thead> <tbody> <tr> <td>ORR29</td> <td>IT infrastructure at the Three Towns to support NAC staff (Social Work Team)</td> <td>The IT issues have been resolved.</td> </tr> </tbody> </table> <p>The CCGG will consider if any of the operational risks need to be escalated to the Partnership Senior Management Team (PSMT) for consideration for inclusion on the Strategic Risk Register.</p>	Ref	Description	Risk Rating	ORR35	Analogue to Digital Implementation	15 High	ORR36	CAMHS – Referral to Treatment Target	16 High	ORR37	Delivery of Neuro Diversity Specification	20 Very High	Ref	Description	Risk Rating Nov 22	Risk Rating May 23	ORR24	Covid Impact on Workforce	20 Very High	16 High	Ref	Description	Reason for Removal	ORR29	IT infrastructure at the Three Towns to support NAC staff (Social Work Team)	The IT issues have been resolved.
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ORR29	IT infrastructure at the Three Towns to support NAC staff (Social Work Team)	The IT issues have been resolved.																									
	<p>The CCGG also reviewed emerging risks:</p> <ul style="list-style-type: none"> • CAMHS Referrals Mitigation Report (March 2023 CCGG) • Speech and Language Therapy (SLT) Service (March 2023 CCGG) 																										
3.	PROPOSALS																										
3.1	<p>The Clinical and Care Governance group has recognised that over the course the past 2 years there has been considerable focus and effort in services across the HSCP to effectively and safely respond to the challenges of the Covid pandemic. This has reinforced the requirement and benefit of robustness around partnership governance framework with all staff contributing to quality and safe care. The CCGG will continue to ensure that staff in each service have the opportunity to contribute to the governance framework. Further meeting dates for the North Ayrshire Health and Social Care Partnerships' Clinical and Care Governance Group are planned for 2023/4, and future update reports will be provided to the Integration Joint Board.</p>																										
3.2	<u>Anticipated Outcomes</u>																										

	Strong clinical and care governance arrangements will ensure the quality of health and social care is monitored and assured and where risks emerge that those are able to be responded to in a safe way involving key stakeholders.
3.3	<u>Measuring Impact</u>
	It is anticipated that through continuous quality improvement and enhanced reporting structures, the CCG will ensure services are safe, effective, person-centred and responsive to the ongoing needs of the population.
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> Governance contributes to risk management and risk mitigation activities. The CCGG has clear links with service and professional governance groups, including the Social Work Governance Board. The Chair of CCGG is working closely with professional and service leads to review opportunities to further strengthen the approach to Clinical and Care Governance for the North Ayrshire HSCP.
4.6	<u>Community Wealth Building</u> None
4.7	<u>Key Priorities</u> As part of the integration of Health and social care services, a National Clinical and Care Governance Framework was developed. Clinical and Care Governance is the system in which the Health and Social Care Partnership are accountable for continuously improving quality and safeguarding high standards of care.
5.	CONSULTATION
	None

Caroline Cameron, Director
Darren Fullarton, Lead Nurse/Associate Nurse Director

Appendices
Appendix 1, Terms Of Reference
Appendix 2, MWC Action Plans

Clinical and Care Governance Group

Background

The main purpose of integration is to improve the wellbeing of people who use our health and social care services, of families, our communities and, in particular, those whose needs are complex and involve support from across health and social care at the same time. The North Ayrshire Health & Social Care Partnership (NAHSCP) Integration Scheme is intended to achieve the National Health and Wellbeing Outcomes prescribed by the Scottish Ministers in Regulations under section 5(1) of the Public Bodies (Joint Working) (Scotland) Act 2014 (hereinafter referred to as “the Act”).

In Annex C of ‘Clinical and Care Governance of Integrated Health and Social Care Services’ (A Scottish Government publication) it contains the following description of clinical and care governance.

- 1. Clinical and care governance is the process by which accountability for the quality of health and social care is monitored and assured. It should create a culture where delivery of the highest quality of care and support is understood to be the responsibility of everyone working in the organisation - built upon partnership and collaboration within teams and between health and social care professionals and managers.*
- 2. It is the way by which structures and processes assure Integration Joint Boards, Health Boards and Local Authorities that this is happening - whilst at the same time empowering clinical and care staff to contribute to the improvement of quality - making sure that there is a strong voice of the people and communities who use services.*
- 3. Clinical and care governance should have a high profile, to ensure that quality of care is given the highest priority at every level within integrated services. Effective clinical and care governance will provide assurance to patients, service users, clinical and care staff and managers, Directors alike that:
 - a. Quality of care, effectiveness and efficiency drives decision-making about the planning, provision, organisation and management of services;*
 - b. Unacceptable clinical and care practice will be detected and addressed**
- 4. Effective clinical and care governance is not the sum of all these activities; rather it is the means by which these activities are brought together into this structured framework and linked to the corporate agenda of Integration Authorities, NHS Boards and Local Authorities.*
- 5. A key purpose of clinical and care governance is to support staff in continuously improving the quality and safety of care. However, it will also ensure that wherever possible poor performance is identified and addressed. All health and social care*

professionals will remain accountable for their individual clinical and care decisions.

- 6. Many clinical and care governance issues will relate to the organisation and management of services rather than to individual clinical decisions. All aspects of the work of Integration Authorities, Health Boards and local authorities should be driven by and designed to support efforts to deliver the best possible quality of health and social care. Clinical and care governance, however, is principally concerned with those activities which directly affect the care, treatment and support people receive.*

Terms of Reference

1.0 Introduction

The Clinical and Care Governance Group is identified as a sub group of the North Ayrshire Health and Social Care Partnership, Integration Joint Board (IJB). The approved Terms of Reference and information on the composition and frequency of the group will be considered as an integral part of the standing orders of the Integrated Joint Board.

The Group will be known as the Clinical and Care Governance Group of the Integration Joint Board and will be a sub group of the Integration Joint Board.

2.0 Remit

To provide assurance to the IJB as follows:

- On the quality and safety of health and social care partnership services.
- That staff across the Partnership are supported to provide quality services and are appropriately skilled and registered to discharge their professional responsibilities.
- That proposed changes in practice, within one professional group, do not adversely impact upon another profession, and that there is a whole system approach to improvement.
- That services are able to learn and develop from service user and carer experiences and that effective mechanisms are in place to do so.
- That self-evaluation and quality assurance mechanisms are in place to inform improvement.
- That a systematic and proportionate approach to the review of critical incidents, significant incidents and near misses is embedded in the Partnership; and pan-Ayrshire where this relates to mental health services.
- That findings of critical incidents, significant events and near misses, locally and nationally, are considered and used to review and improve practice.
- That services commissioned through registered, third and independent sector have appropriate contract monitoring arrangements in place and that those services are delivered to a high standard.
- That medical devices (and where required - devices to support care), that are used, are sourced and maintained appropriately.
- That appropriate links to Infection Control structures are in place.
- That a learning culture is encouraged and that good practice and success is shared widely.
- That current Partnership governance structures report into and through the Clinical & Care Governance Group.
- That practice improvement plans are delivered, as appropriate.
- That all Health and Care arrangements are developed with service users at the centre.

3.0 Group Membership

The Clinical and Care Governance Group will be chaired by the Lead Nurse, on behalf of the Chief Officer. The Group will report to the Chief Officer and through the Chief Officer to the Integration Joint Board.

The Vice Chair of the Group will be the Clinical Director who will cover the meeting in the Chair's absence.

The group will comprise of the following members:

- Lead Nurse
- Clinical Director
- Lead Allied Health Professional
- Chief Social Work Officer
- Associate Medical Director, Mental Health Services
- Director of Public Health or representative
- Head of Children, Families & Justice Services
- Head of Health and Community Care
- Head of Mental Health
- Quality Improvement Lead
- Psychology Professional Lead
- Carer Representative
- Risk Management Representative
- Governance Representative (NHS)

Service Users and Carers, Third and Independent sector representation will be sought via the IJB. The Chair and members will be appointed by the IJB. Group membership will be reviewed annually and the first meeting of the year.

4.0 Quorum

Four members including two of the professional leads will constitute a quorum. The professional leads are:

- Clinical Director
- Lead Nurse
- Lead Allied Health Professional
- Chief Social Work Officer
- Associate Medical Director, Mental Health Services
- Assistant Director of Public Health
- Clinical Director for Psychological Services

Members will be asked to identify deputies to attend in their absence however they will not be included in quorum numbers.

5.0 Attendance

The group may co-opt additional advisors as required.

6.0 Frequency of Meetings

The Group will meet every 4 weeks. The Chair may, at any time, convene additional meetings of the group.

7.0 Authority

The group is authorised to investigate any matters which fall within its terms of reference and obtain external professional advice. The group may form sub-groups to support its functions. The group is authorised to seek and obtain any information it requires from any employee whilst taking account of policy, legal rights and responsibilities.

8.0 Duties

The Group shall be responsible for the oversight of clinical and care governance within North Ayrshire Health and Social Care Partnership and specifically it will:

- Consider matters relating to; professional governance relevant to Strategic Plan development, service user feedback and complaints, standards, education, learning, continuous improvement and inspection activity.
- Provide advice to the strategic planning group, audit and performance committee and locality groups within the Council area. The strategic planning group, audit and performance committee and locality groups may seek relevant advice directly from the Group.
- Provide assurance to IJB on the operation of clinical and care governance within the Health and Social Care Partnership in compliance with relevant national standards, highlighting problems and action being taken where appropriate.
- When clinical and care governance issues relating to Lead Partnership Services are being considered, the Clinical and Care Governance Group for the Lead Partner will obtain input from the Clinical and Care Governance Groups of the other Health and Social Care Partnerships.
- When Clinical and Care Governance issues relating to Public Health are being considered, the Clinical and Care Governance Group will obtain input from the Public Health Governance Group.
- The Integration Joint Board may seek advice on clinical and care governance directly from the Clinical and Care Governance Group. In addition, the Integration Joint Board may directly take into consideration the professional views of the professional leads as outlined previously.

- Receive minutes and annual reports from the sub-groups established by the Clinical and Care Governance Group in order to provide assurance and accountability.
- The group will monitor and review risks falling within its remit.

9.0 Conduct of Business

Meetings of the group will be called by the Chair of the group. The agenda and supporting papers will be sent to members five working days prior to the date of the meeting.

10.0 Reporting Arrangements

Minutes will be kept of the proceedings of the group and will be circulated in draft within five working days to the Chair of the meeting and within three working days thereafter to group members, prior to consideration at a subsequent meeting of the committee. The Chair of the group shall provide assurance on the work of the group and the approved minutes will be submitted to the IJB for information. The group will conduct an annual review of its role, function and achievements. The group will hold a repository for annual reports from Stakeholder Groups

Service response to local visit recommendations

Name of service: Woodland View, Ward 10 and 11

Visit date: 17th May 2022

Date final report sent to service: Draft 20th July 2022

Recommendation	Action planned	Timescale	Responsible person
1. Managers should ensure that nursing one-to-one sessions/ interventions are highlighted and clearly documented.	SCN have communicated to registered nurse group when recording on CarePartner patient's one-to-one session's descriptor box will be used to record this intervention. Resulting in this being clearly visible when reviewing all patients CarePartner activities. This will be monitored through record keeping audits.	Monthly	SCN and DCN
2. Managers should audit consent to treatment documentation to ensure that treatment is legally authorised.	Consent to treatment documentation is part of ward audit rolling programme within wards 10 and 11.	Weekly	SCN and DCN

Name of person completing this form:

Signature: SCN P Rennie/SCNA Peden/CNM D McGill

Date: 29/07/22

Service response to local visit recommendations

Name of service: Woodland View, Ward 7A

Visit date: 14 June 2022

Date final report sent to service: 7 September 2022

Recommendation	Action planned	Timescale	Responsible person
1. Managers should carry out an audit of the nursing care plan reviews to ensure that they fully reflect the patients' progress towards stated care goals, and that the recording of the reviews are consistent across all care plans.	Care Plan Audit pro forma has been developed and is in place.	In place	SCN / Service Manager
2. Managers should ensure that as well as regularly auditing delayed discharges processes. That work should continue alongside partners to expedite discharge.	1. All patients who are currently recorded as delayed discharge are under the Care Programme Approach with regular meetings held to allow communication with partners to expedite discharge. 2. For patients who originate from local authority areas out with Ayrshire, there are regular meetings involving senior managers from North Ayrshire Health & Social Care partnership to engage with	Already in place at time of recommendation	RMOs / SCN / service manager

	<p>other local authorities regarding ways to expedite discharge. We have involved a professional advisor from the Scottish Government in these cases.</p> <p>3. All delayed discharges are recorded on Trakcare and audited accordingly.</p>		
<p>3. Managers should ensure consent to treatment documentation is audited to ensure that treatment is legally authorised.</p>	<p>1. Weekly MDT updates are prepared and this document includes expiry dates for legal documentation which are reviewed by the MDT</p> <p>2. Nursing staff carry out regular checks / audits to ensure appropriate documentation is in place and within date.</p> <p>3. The Mental Health Administrator notifies the RMO whenever legal documentation is required or due to expire</p>	<p>Already in place at time of recommendation</p>	<p>RMOs / nursing team / Mental Health Administrator</p>

Name of person completing this form:

Signature: 

Date: 25.1.23

Service response to local visit recommendations

Name of service: Woodland View, Ward 8

Visit date: 2 Nov 2022

Date final report sent to service: 7 Dec 2022

Recommendation	Action planned	Timescale	Responsible person
<p>1. Managers should ensure that as well as regularly auditing delayed discharge processes that work should continue alongside partners to expedite discharge.</p>	<p>Delayed discharges are reviewed regularly through bed management structure, 4 weekly delayed discharge meetings are taking place to discuss all relevant patients alongside social work and community colleagues. In addition to this the pathway work is ongoing within Ward 8 working with other in patient areas to review and monitor the safe transitions of patients in and out of Ward 8. With regards to a specific individual from another Board area discussions are ongoing, and now including Scottish</p>	<p>Delayed discharge process ongoing Pathway work July 2023</p>	<p>General Manager ACH/ CNM Rehab & Forensic Services</p>



	Government on an advisory basis, with the Board and HSCP who originally placed the individual to identify an alternative provision.		
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Name of person completing this form: **William Lauder**

Signature: *William Lauder*

Date: **06/04/23**

Service response to local visit recommendations

Name of service: East Ayrshire Community Hospital, Marchburn Ward

Visit date: 8 May 2022

Date final report sent to service: 3 August 2022

Recommendation	Action planned	Timescale	Status	Responsible person
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	<ul style="list-style-type: none"> • Continue to perform 2 monthly reviews of the recorded risk on the corporate risk register. • WTE Clinical Psychologist has been appointed, to start post May 2023, with dedicated direct input to 3 organic mental health wards including Marchburn Ward. <ul style="list-style-type: none"> o There is ongoing nondedicated direct access via referral and strategic indirect input via the wider Psychology service • There is currently no dedicated AHP resource to Marchburn. This has been delivered on case by case basis. AHP service to undertake a workforce review utilising HIS workforce tools and common staffing method to identify recommendations. 	<p>June 2023</p>	<p>Completed</p> <p>Completed</p>	<p>Manager</p> <p>Dr Ying Tey, Consultant Clinical Psychologist</p> <p>Lianne McNally, AHP Senior Manager</p>
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	<ul style="list-style-type: none"> • Funding to resource the recommended AHP model to be explored. • Post-COVID restrictions on face to face assessments have been lifted and so 'NHS Near Me' for wider MDT reviews were not felt to be required. 		<p>In Progress</p> <p>Completed</p>	<p>Lianne McInally, AHP Senior Manager</p> <p>Tracey McAllister, SCN Marchburn Ward</p>
<p>3. Managers should undertake an audit to ensure that where there is a proxy decision maker, a copy of the powers granted are on file.</p>	<ul style="list-style-type: none"> • The family/NOK of all patients who currently have a Power of Attorney/Guardian were requested by letter to supply the most up to date copy of the powers. These have now all been received and uploaded on Care Partner. • Monthly audits of all patient files and Care Partner will be undertaken to ensure compliance in the future and uploaded to Quality Improvement Portal. This will be undertaken by all trained staff and nominated by the SCN. The SCN will present audit results and proposed additional improvements monthly to Clinical Nurse Manager (CNM) until evidence of 100% compliance is available. 	<p>01/10/2022</p> <p>10/11/2022</p>	<p>Completed</p> <p>Completed</p>	<p>Tracey McAllister, SCN Marchburn Ward</p> <p>Tracey McAllister, SCN Marchburn Ward</p>

<p>5. Managers should review ward activities to ensure they best meet the patient's needs, within a specialist complex dementia care unit.</p>	<ul style="list-style-type: none"> • Our previous and current patient and carer feedback has indicated that many activities supported by the ward team are well rated. • Music & More is a music and dance session which runs monthly. • 6 large, interactive sensory pictures were purchased and have been wall mounted for patients to engage with as they walk with purpose around the environment. • Memory boxes for each patient have been purchased and wall-mounted outside each bedroom area. Staff are currently working with patient's family to reflect person-centred care. • Two rooms have been identified and equipped to provide Namaste and sensory activities. • The garden is being utilised for therapeutic mindfulness and exercise. A bid has been submitted for funding to create a sleepover space within the ward for loved ones of people with dementia to ensure they remain connected to each other. • New ward furniture was purchased and in place with clusters of seating 	<p>01/03/2023</p>	<p>Completed</p>	<p>Tracey McAllister, SCN Marchburn Ward</p>
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	to encourage patients to engage in meaningful conversation			
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Name of person completing this form: Marie Furniss

Signature: *Marie Furniss*

Date: 17.07.2023

Meeting:	Ayrshire and Arran NHS Board
Meeting date:	14 August 2023
Title:	Whistleblowing Report – Quarter 1 April - 30 June 2023
Responsible Director:	Jennifer Wilson, Nurse Director
Report Author:	Karen Callaghan, Corporate Governance Coordinator

1. Purpose

This is presented to the Staff Governance Committee 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. The Board Members are asked to discuss the report on organisational activity in relation to Whistleblowing concerns raised in 2023-24 Quarter 1 (April – 30 June 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 Staff Governance Committee.

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

As no concerns raised as Whistleblowing in Q1 were appropriate to be taken forward using the Standards it is not possible to provide a detailed report. A short update on recent whistleblowing activity to support the standards is provided below.

No immediate risk was identified to patient safety in the concerns received in Q1, no action required.

- In Quarter 1 six contacts were made to the Speak Up Mailbox and phone number.
 - Four of these concerns were raised as Whistleblowing. The other two contacts were seeking advice, guidance was provided to allow the concerns raised to be progressed through the appropriate route.
 - Three of the concerns were reviewed by the Whistleblowing Decision Team (WDT), who agreed that the concerns raised were not appropriate to be reviewed using the Standards as they related to personal experience. The individuals who raised the concerns were advised the most appropriate route to take their concerns forward. These included the use of the [NHSScotland Workforce Investigation Policy](#).
 - Following discussion and with the agreement of complainant the remaining concern was taken forward as business as usual, this concern was not reviewed by the WDT.
- Anonymous Investigation closed: the investigations into the anonymous concerns raised in Q2 and Q3 2022/23 are complete and the reports have been received. Both concerns were not upheld with no recommendations or actions. The reports have been shared with the appropriate Director for the area with reassurance that they will be reported through the appropriate governance route.
- Whistleblowing investigation closed: Q3 2022/23 – the investigation related to EAHSCP has been completed with the report drafted and approved by the commissioning Director. This concern was partially upheld. An improvement plan is in place based on the recommendations within the report. Recommendations included the use of Stress Risk assessment and workload analysis.
- Improvement plans: Table 1 shows status of investigations from concerns raised in 2021-22 and 2022-23. The Improvement plan relating to a concern raised in Q2 2021/22 has been closed and reported through the appropriate governance group. Of the plans that remain open the actions are either in progress or complete and progress continues to be monitored through Directorate Governance routes with feedback on closure to the Whistleblowing Oversight Group.

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

Table 1

- Confidential Contacts: following a robust internal process in line with HR guidance, five candidates were invited for a discussion with members from the Whistleblowing Oversight Group. This gave an opportunity for those interested in the role to talk about their interest and understanding of whistleblowing and what they felt they could bring to support the process in NHS Ayrshire & Arran. All five have been offered and accepted roles as Confidential Contacts, however one candidate later withdrew. The new confidential contacts come from across the organisation at various. An induction is underway with a planned handover date of 14 August proposed for the new Confidential Contacts to take up their role. A programme of learning and support is being developed to ensure the new Confidential Contacts are supported as they develop into the role. Our new Confidential Contacts are:
 - Anne Marie Brown, Hotel Services Manager, Information Support Services
 - Claire Burns, Risk Management Support Officer, Medical Directorate
 - Laura Mitchell, Consultant Clinical Psychologist, Addiction Services
 - Fiona McLeod, District Nurse Team Leader, North Ayrshire Health and Social Care Partnership

Laura Mitchell will be the named Confidential Contact for Primary Care. This named contact is required under the Standards.

From 14 August our existing Confidential Contacts (Jenny Wilson, Crawford McGuffie, Sarah Leslie, Derek Lindsay) will step down from this role.

- Speak Up Advocates (SUA): A SUA development session took place on the 15 June 2023 at Fullarton Connexions, Irvine. The SUAs shared their experience to date, with the session providing an update on Whistleblowing since the last meeting in 2021 and a coaching session. Future sessions will take place quarterly and where possible will be face to face.
- Training: Monthly reports continue to be produced to monitor completion of the Turas Whistleblowing eLearning modules. At the 30 June 2023, 65% of managers had completed the relevant modules.
- Communications: Whistleblowing communications continue to be refreshed as a reminder to staff on how to raise a Whistleblowing concern and include new, refreshed and updated 7 minute briefings.

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 13 July 2023;
- Staff Governance Committee on 7 August 2023.

2.4 Recommendation

The Board are asked to discuss information for Quarter 1 (April – 30 June 2023) and to confirm support for the appointment of new Confidential Contacts

NHS Ayrshire & Arran

Meeting: Ayrshire and Arran NHS Board
Meeting date: Monday 14 August 2023
Title: Whistleblowing Annual Report 2022 - 2023
Responsible Director: Jennifer Wilson, Nurse Director
Report Author: Karen Callaghan, Corporate Governance Coordinator

1. Purpose

This is presented to the Board for:

- Discussion

This paper relates to:

- Scottish Government policy

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

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

The NHS Board is asked to receive and discuss this report on organisational activity in relation to whistleblowing for 2022-2023.

2.2 Background

Each NHS Board is required to provide an annual report to provide assurance that the Board has discharged its role as set out in The National Whistleblowing Standards.

Once approved by the NHS Board, the report is submitted to the Independent National Whistleblowing Officer (INWO).

2.3 Assessment

The 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. The report provides a

range of information to provide assurance to Governance Committee and Board members on our implementation and compliance with the Standards.

Key Messages

- All concerns raised as whistleblowing whether anonymous or named are now reviewed by the Whistleblowing Decision Team prior to being taken forward for investigation.
- A process has been established to support the recording of concerns from suppliers, including nil returns on a quarterly basis.
- To date 62% of managers have accessed and completed the Turas Learn modules.
- The first NHS Scotland Speak Up Week afforded the opportunity to further promote the whistleblowing process, the Confidential Contacts, the Speak Up Advocates and the training available.
- Our plans for 2022-2023 and delivering improvements from the review of our processes at the end of Year 2 to ensure best practice and good governance in our arrangements.

2.3.1 Quality/patient care

An open and transparent whistleblowing process ensures good-quality outcomes for cases raised 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 are no financial implications as a result of this annual report.

2.3.4 Risk assessment/management

Failure to have in place an open and honest whistleblowing process that delivers the requirements of The National Whistleblowing Standards could have an impact as valid concerns about quality, safety or malpractice may not be raised. The opportunity to investigate and address these concerns will have been lost, with potentially adverse impact on quality, safety and effectiveness of services in NHS Ayrshire & Arran. 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

This is an annual report on organisational activity in relation to whistleblowing and an impact assessment is not required for the report. A local Equality Impact Assessment (EQIA) which assesses the impact of the Standards on staff and those who provide services is available on our [public facing web](#).

2.3.6 Other impacts

This will support the requirements of the National Whistleblowing Standards.

- **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 to produce this annual report.

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 13 July 2023
- Staff Governance Committee on 7 August 2023

2.4 Recommendation

For approval. The NHS Board is asked to approve the annual report on organisational activity in relation to whistleblowing complaints from April 2022 – March 2023 for publication and submission to INWO.

3. List of appendices

Appendix 1 – NHS Ayrshire & Arran Whistleblowing Annual Report 2022-2023.



Whistleblowing Annual Report 2022-2023



Author: Karen Callaghan
Corporate Governance & Whistleblowing Coordinator
Updated 22/07/2022

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Introduction

This is the second NHS Ayrshire & Arran annual report which has been produced in line with the National Whistleblowing Standards (the Standards). It has been another interesting and busy year as we continue to learn from each concern that is raised and taken forward to investigation.

Since the go-live date of the Standards on 1 April 2021, an agreed process has been in place in NHS Ayrshire & Arran (NHSAA) to gather Whistleblowing information raised across all NHS Services to which the Standards apply. Within NHSAA, anyone who provides a service for NHSAA can raise a concern about the delivery of a health service using the same reporting mechanism which is in place for those staff employed by NHSAA. This includes former employees, agency workers (and others on short or insecure contracts such as locums and bank staff), contractors (including third-sector service providers), trainees and students, volunteers, non-executive directors, and anyone working alongside NHS staff, such as our colleagues in health and social care partnerships.

Whistleblowing is an ethical and moral thing to do, and NHSAA is supportive of any member of staff who raise concerns through this process. The decision to whistleblow is rarely taken lightly, and we in NHSAA are committed to offering a compassionate and objective whistleblowing service. Whistleblowing is an important form of feedback and provides the opportunity to receive direct and candid accounts of staff concerns. This in turn offers a key opportunity to learn and strive for improvement. Whistleblowing can also help the organisation in identifying risks and mitigating against any risks identified. We recognise that whilst risks can be to the service users, they can also be to the service providers/the organisation itself.

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



Jenny Wilson
Nurse Director
Executive Lead for Whistleblowing

1. Background

All NHS organisations and providers in Scotland are required to follow the National Whistleblowing [Principles](#) and the [Standards](#). This is a [Once for Scotland](#) approach aligned to the Principles and the Standards. All NHS Scotland Boards are required to publish their Annual Whistleblowing Report, which must also be shared with the INWO.

In order to deliver successful implementation of the Standards across the organisation and our wider groups, our Nurse Director, as Executive Lead, initially formed a Whistleblowing Steering Group (WBSG) to develop an implementation programme. This group included appropriate Directors, the Board's Non-Executive Whistleblowing Champion, the Employee Director and Area Clinical Forum Chair to ensure wide representation. As the work progressed this group developed into the Whistleblowing Oversight Group supported by an Implementation Group to deliver the detailed implementation programme. This implementation group involved sector leads, Nurse Director and Corporate Governance team representatives.

The Implementation plan was successfully delivered with the majority of actions completed by 1 April 2021 and signed off as complete at the end of June 2021. The Implementation Plan included a detailed Communication and Training plan to support the roll out of the Standards across the organisation.

As part of this implementation NHS Ayrshire & Arran developed the current Speak Up model of Confidential Contacts and Speak Up Advocates. This includes a dedicated Speak Up Helpline telephone number and dedicated email contact. Access to the helpline and mailbox is limited to ensure that confidentiality is maintained for those who require assistance or wish to raise a concern.

Following implementation it was agreed to retain the Whistleblowing Oversight Group (WBOG), when the implementation team stood down. The WBOG meet quarterly and provide oversight of our processes and systems, recognising that this is a learning process. The WBOG includes the Executive Lead for Whistleblowing and our Whistleblowing Champion, the Employee Director and representation from HR and Corporate Governance. Performance reports are provided to our Staff Governance Committee and NHS Board meetings to provide assurance that the organisation is delivering the requirements of the Standards.

2. At a glance

- 10 Contacts made via Confidential Contacts, SpeakUp mailbox and phone line
- 4 Contacts for information only
- 6 Concerns Raising Whistleblowing
- 3 Concerns Investigated through the Whistleblowing process
- 3 Concerns not appropriate for the whistleblowing process

3. Whistleblowing handling performance

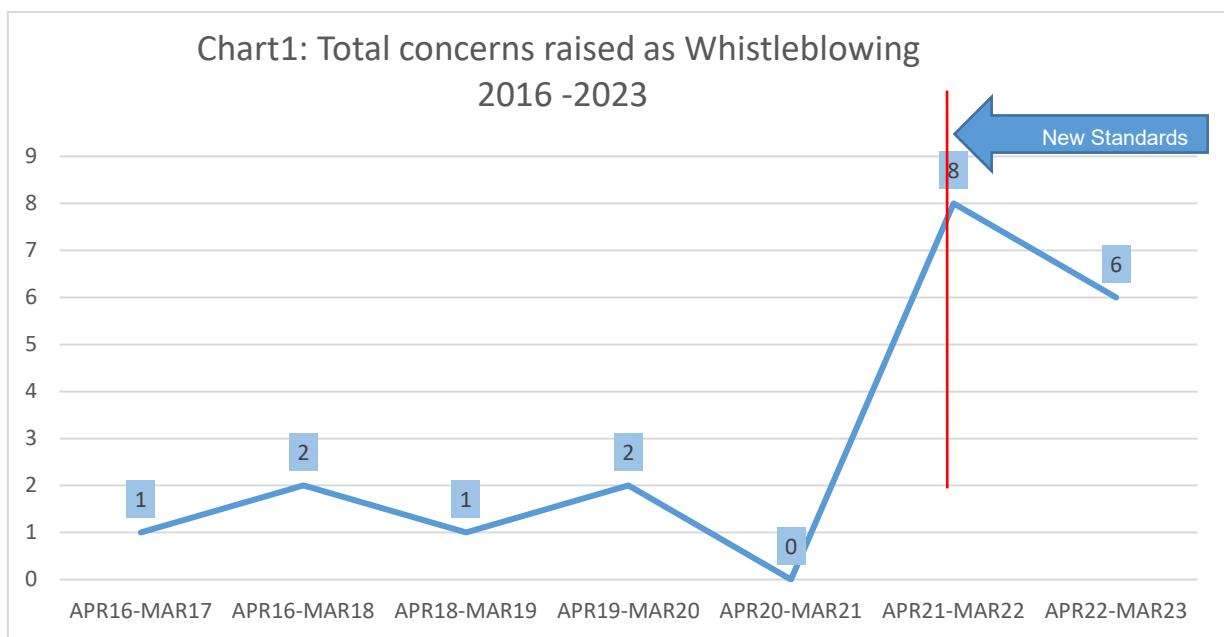


Chart 1 demonstrates the total number of concerns raised since 2016. In the five years prior to the implementation of the standards (April 2016 to March 2021) five concerns were received. This compares to fourteen raised in the two reporting years of the Standards. This may be reflective of the work which has been undertaken to promote The Standards with staff feeling more confident in both the process of raising concerns and the support provided by the Standards and the INWO.

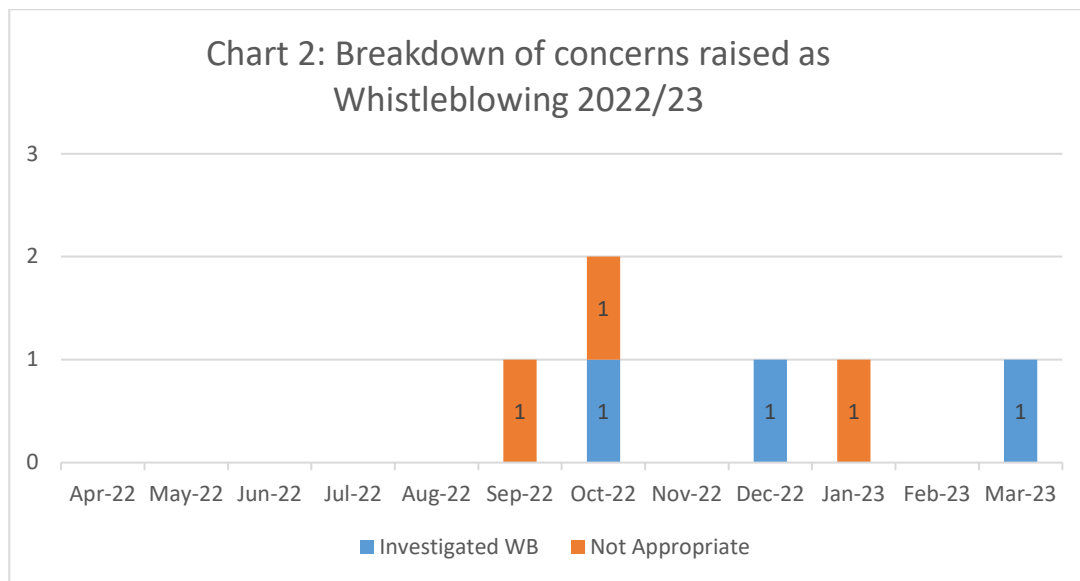


Chart 2

Chart 2 shows the breakdown of concerns received in 2022-23. Of the six concerns received, three were not appropriate for the whistleblowing process. Feedback was provided to those who raised one of the concerns and they were directed to the most appropriate policy under which to pursue their concerns. These were managed through the Boards Grievance policy. The remaining two concerns were raised anonymously and these were taken forward through local processes.

The three concerns appropriate for whistleblowing were taken forward for full investigation at Stage 2 of the process as shown in Table 1.

Total Whistleblowing concerns received by quarter	Q1	Q2	Q3	Q4	Total
Total Number of concerns received	0	0	2	1	3
Stage 1 concerns received	0	0	0	0	0
Stage 2 concerns received	0	0	2	1	3

Table 1

4. Responding to concerns

4.1 Concerns closed at Stage 1 and Stage 2 as a percentage of all concerns closed

Whistleblowing Handling Performance	
Stage 1 Concerns	
0	Total number of Stage 1 concerns received
0%	Percentage of Stage 1 concerns that were closed
0%	Percentage of Stage 1 concerns closed within the 5 working days target

Stage 2 Concerns	
3	Total number of Stage 2 concerns received
0%	Percentage of Stage 2 concerns that were closed
0%	Percentage of Stage 2 concerns closed within the 20 working days target

4.2 Concerns closed at Stage 1 and Stage 2

4.2.1 Stage 1: as at the 31 March 2023, no stage 1 concerns have been received.

4.2.2 Stage 2: as at the 31 March 2023, no stage 2 concerns have been closed. It is worth noting the three stage 2 concerns were received in Q3 and Q4 of 2022/23.

The INWO expects that there will be a thorough investigation of stage 2 concerns, and as a result they recognise that the 20 working day timeline may not always be achieved, especially given the often complex nature of concerns and the requirement for support and confidentiality. The timescale is provided to ensure that organisations take prompt action, and that there is an ongoing focus on investigating and addressing the concern.

NHS Ayrshire & Arran aims to respond to Stage 2 concerns within 20 working days but will ensure that the time needed for a thorough investigation is given with additional time requested to extend the investigation period as appropriate. Table 2 below shows the number of concerns where an extension has been authorised.

Concern Stage	Number received	Extension authorised	As % of all concerns
Stage 1	0	0	0%
Stage 2	3	3	100%

Table 2

Table 3 shows the performance against the 20 working days target in 2022/23 of concerns progressed at Stage 2 at 31 March 2023. There is no data for Q1 and Q2 as no concerns were received.

Whistleblowing cases 2022/23	Number	Comments
Quarter 3	1	Ongoing > 120 working days (excludes public holidays) *draft report has been received for this investigation
	1	Ongoing > 60 working days (excludes public holidays)
Quarter 4	1	Ongoing < 20 working days (excludes public holidays)

Table 3

4.3 Average response times

As of the 31 March 2023 investigations are still ongoing for the three stage 2 concerns it is therefore not possible to share the average response time for 2022/23.

Due to the complexity of the stage 2 concerns received it is taking more than 20 working days to conclude investigations and for the outcome of the investigation to be communicated to the Whistleblower. The Whistleblower is kept fully informed throughout the whistleblowing investigation, this includes when there is a requirement to extend the time scale.

5. Concerns outcomes

This section provides detail on concerns upheld, partially upheld and not upheld at each stage of the whistleblowing procedures. For the 3 stage 2 concerns received 2022/23 there is no outcome as the investigation into the concern were ongoing as of the 31 March 2023. Detail of the outcomes for these concerns will be shared in the Quarterly reports for 2023/24 as the investigations are closed.

6. Primary Care and contracted services

6.1 Primary care contractors

Primary Care contractors (GP practices, dental practices, optometry practices and community pharmacies) are also covered by the Standards.

All practices and community pharmacies are aware of the National Whistleblowing Standards for the NHS in Scotland and the requirements for local policies and information on the reporting process.

Primary care contractors are aware of how to access NHSAA Speak up Service for guidance through the process.

Primary Care contractors have a dedicated confidential contact within NHSAA who will help with raising concerns. Each contractor group are required to report in line with the same key performance information as NHSAA. In instances where no concerns have been raised within wider primary care or other contracted services there is no need to provide a quarterly return to the Board, but annual reports must still be submitted, setting out the concerns that have been raised.

There were no concerns recorded during 2022/23.

Primary Care Contractor (PCC)	Current PCC Cohort	No of concerns received	
		Stage 1	Stage 2
GP Practices	53	0	0
Dental Practices	64	0	0
Optometry Practices	50	0	0
Community Pharmacy	99	0	0

Table 4

6.2 Other Contracted Services

The Procurement team have collated information from local suppliers, who are not contracted through the National Procurement Framework and this information has informed a Contract Register providing a list of all local contracts and Service Level Agreements (SLAs) that the Board have in place. This will ensure a process for reporting Whistleblowing concerns in accordance with the requirements of The Standards.

An update to National Procurement provisions was incorporated into NHS AA's standard terms & conditions for services/contracts to introduce a requirement for contractors to provide the protections contained within the Standards to their own employees.

A joint protocol has been implemented with the NHSAA Procurement Team to ensure new suppliers of services to NHSAA are advised of the reporting requirements of the Standards at the contract award stage.

A process has been established to support the recording of concerns from suppliers, including nil returns on a quarterly basis. There were no concerns recorded during 2022/23.

NHS National Procurement Services are responsible for those contracts covered by the National Procurement Framework. A National process is in place which supports the requirements of the Standards for reporting and recording.

7. Anonymous Concerns

Concerns cannot be raised anonymously under the Standards, nor can they be considered by the INWO. However, good practice is to follow the whistleblowing principles and investigate the concern in line with the Standards, as far as practicable. NHS Ayrshire & Arran has decided that anonymous concerns will be recorded for management information purposes. The definition of an anonymous concern is 'a concern which has been shared with the organisation in such a way that nobody knows who provided the information'. All anonymous concerns will be considered and investigated by the organisation as appropriate.

In 2022/23 two anonymous concerns were received one in Q2 and the other in Q3. Both concerns have been investigated following the principles of the Standards and in line with local guidance. Where appropriate the outcomes from investigations into anonymous concerns are shared with the service area.

8. Learning, changes or improvements to service or procedures

NHS Ayrshire & Arran is committed to learning and improving from whistleblowing complaints. For each complaint that is upheld or partially upheld a documented improvement plan is put in place to address any learning. The action plan is agreed by the Director responsible for commissioning the investigation under the standards with

progress monitored through the appropriate governance route. We recognise that system-wide learning, changes or improvements to services can be limited by the need to maintain confidentiality of individual whistleblowers.

As investigations into the concerns received in 2022/23 were still ongoing as of 31 March 2023 it is not yet known what the outcome or learning will be. This will be shared in the quarterly reports for 2023/24 as it becomes available.

It is worth noting that four of the improvement/action plans from 2021/22 remain open. Progress continues to be monitored through Directorate Governance routes until such time as the Investigation commissioner is satisfied that all actions have either been completed or have moved into a business-as-usual process. Feedback on closure is provided to the Whistleblowing Oversight Group.

8.1 System Wide Learning

- The process for the Identification of Lead Investigators (LI) to progress concerns requires improvement. Identification of several appropriate investigators for a case would assist this process. As we receive and investigate more whistleblowing concerns our pool of experienced LI will increase.
- Consideration to be given to buddying experienced Lead Investigators with less experienced.
- Improvement/action plans need to be developed and progressed in a timely manner.
- That improvement/action plan progress is shared with the Whistleblower as appropriate.
- All concerns raised as whistleblowing whether anonymous or named are now reviewed by the Whistleblowing Decision Team prior to being taken forward for investigation. Decision team members are Nurse Director/Whistleblowing Lead, Assistant HR Director, Head of Corporate Governance and Assistant Director for Public Health.

9. Whistleblowing themes, trends and patterns

Analysis of the concerns raised by key themes is provided below. Where possible comparisons have been made against the Whistleblowing cases received 2021/22. This information will aid identification of any improvement priorities, and to progress learning in a targeted manner.

Theme	2021/22	2022/23				*Total 2022/23
	Q1-Q4	Q1	Q2	Q3	Q4	
Patient Care	4	0	0	1	1	2
Patient Safety	4	0	0	1	1	2
Poor Practice	3	0	0	1	1	2
Unsafe working conditions	0	0	0	1	0	1
Fraud	1	0	0	0	0	0
Changing or falsifying information about performance	0	0	0	1	0	1
Breaking legal obligations	0	0	0	1	0	1
Abusing Authority	0	0	0	0	1	1

Table 5

* more than one theme may be applicable to a single Whistleblowing concern

10. Concerns raised by Service

Chart 3 shows the breakdown of concerns by service for 2021/22 and 2022/23.

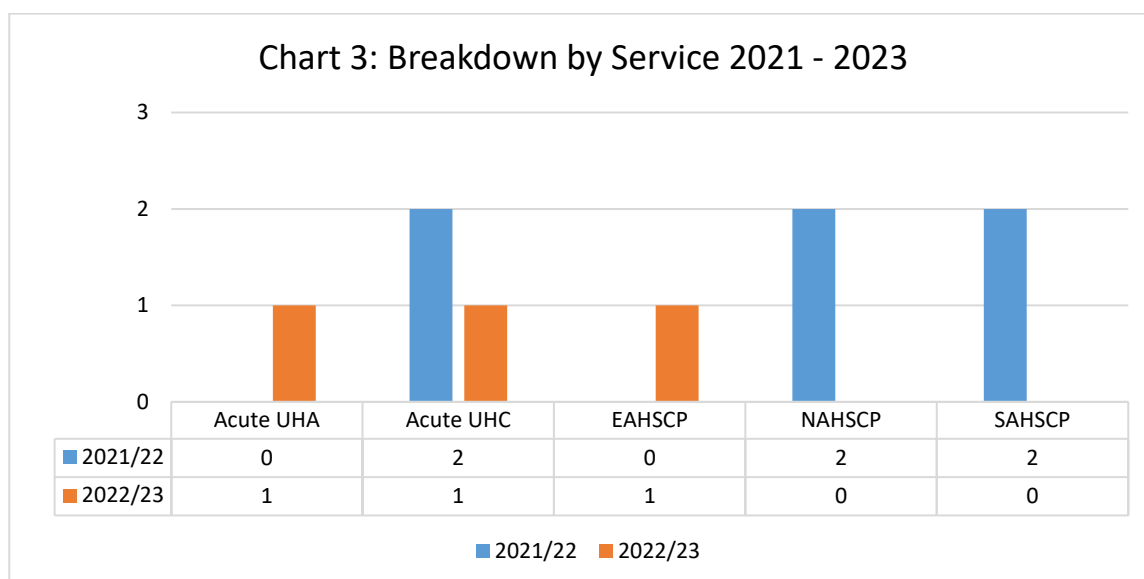


Chart 3

11. Experience of individuals raising concern/s

All those who raise concerns are given the opportunity to provide feedback, through an anonymous survey, on their experience of using the Whistleblowing procedure in order that we can learn and make any improvements in our processes as appropriate. As no investigations have been closed at 31 March 2023 feedback from those involved in the process is not available.

Feedback will be gathered from all those involved in the whistleblowing process. This will aid the improvement of the process and identify areas of improvement and learning.

12. Level of staff perception and awareness and training

12.1 Staff perception and awareness

NHS Ayrshire & Arran have continued to raise awareness of the Standards with staff in 2022/23. It is difficult to quantify staff perceptions, however there has been a wide-ranging communication exercise across the organisation. This has included:

Speak Up Week - October 2022:

- Speak Up Week provided an opportunity to engage staff about the benefits of speaking up and the difference it can make within the NHS in Scotland. It was also an opportunity to raise awareness about local arrangements for speaking up and to promote the role of our Speak Up Advocates and Confidential Contacts. The overall theme being the benefits of speaking up.
- Information on Speak Up Week was disseminated to staff the week prior to the event as a Stop Press communication which was included in the eNews and Daily Digest. It was also emailed directly to all managers and staff. The Stop Press included details of where staff could access information online and in person at six location across the organisation, this included Acute and Health and Social Care Partnership sites.
- Approximately 150 staff visited the face to face sessions which were supported by the Speak Up Advocates. Staff were provided information on how to raise a concern and who they could speak with. They were given information on the Speak Up Advocates and their role, and on Whistleblowing. Response from staff in relation to raising concern was mixed although most welcomed the information about the Speak Up Advocates and were reassured that any contact is confidential.
- The Speak Up Advocates highlighted the importance of Speaking up to their colleagues with their department.
- A short anonymous survey was used to provide a snap shot of staff awareness on how to raise concerns. The outcome being that 61% of staff are were confident on how to do so.

Other methods:

- Communications via Daily Digest and e-News promoting raising concerns in NHS Ayrshire & Arran and guidance on how to raise a concern.
- The 7-Minute Briefs on whistleblowing continue to be issued widely across the organisation, via 700+ managers, to be shared with staff, volunteers, contractors, HSCP staff and students, for use in team meetings, noticeboards and shared work spaces. The briefings are reviewed prior to re-issue with new briefs being created. Each briefing provided contact details for the Speak Up mailbox and phone line and Confidential Contacts.
- Internal and external web pages for Whistleblowing are available and updated. Internally on the organisation's [Athena intranet](#) with a one-click access button

enabling easy access for users and a Whistleblowing web page on the [NHSAA external website](#). The pages provide a wide range of information on the requirements of The Standards including guidance for users. The external page ensures access for all those who can raise a concern through the Standards.

12.2 Training

Training is available through NES Turas Learn for anyone who provides services on behalf of the NHS in Scotland, including students, contractors and volunteers. This provides learning on the National Whistleblowing Standards and the role of the Independent National Whistleblowing Officer (INWO).

We will continue to monitor uptake, effectiveness and appropriateness of training and will review and refine, as required. Through our communications on whistleblowing and how staff can raise concerns in general, we continue to promote the TURAS learning modules. To date 62% of managers have accessed and completed the Turas Learn modules. The organisation is continuing to encourage users to complete the appropriate modules through regular communications. Line Managers are required to complete the appropriate modules as mandatory learning. This will continue to be developed and communicated through our Organisation and Human Resource Development team including through leadership programmes.

The Corporate Induction programme for new staff joining the organisation contains a dedicated section on whistleblowing and raising concerns.

All planned Organisational Development sessions focus on culture and/or teams are designed to promote our desired culture of openness and psychological safety which includes reference to the Whistleblowing standards.

13. Whistleblowing and Speaking Up

The NHS Ayrshire & Arran Speak Up model supports the organisations culture of psychological safety where all staff are encouraged to be confident to bring forward any concerns. The Speak Up model provides access to Confidential Contacts and a cohort of Speak Up Advocates who work alongside the Confidential Contacts to broaden access for those with concerns, ensuring that we can provide access to a contact and support for those raising concerns across the organisation at all levels.

A review has been undertaken of the Board's arrangements for Confidential Contacts. The review identified a need for change to ensure that we have in place Confidential Contacts who are viewed as being accessible by those who may have concerns right across the organisation and our wider partners and also that the role aligns with the requirements of the National Whistleblowing Standards. Recruitment of new Confidential Contacts is planned for summer 2023.

Of the concerns received during the reporting year these have been received via the Confidential Contacts, Speak Up Advocates, the SpeakUp mailbox or the Speak Up phone number.

14. Independent National Whistleblowing Officer

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

15. Our plans for 2022/2023

- To continue to learn, review and identify improvements for change in our process. We will review feedback from users of the process, best practice from colleagues in other boards and the Independent National Whistleblowing Officer (INWO).
- We will continue to link with the INWO to seek guidance.
- We will continue to promote the Standards and how to raise concerns safely within the organisation and a systematised approach to sharing learning.
- We will work with investigators and Directors, to review learning from the process and share as appropriate across the organisation.
- We will continue to engage with our Confidential Contacts and Speak Up Advocates to address any barriers identified by staff about raising concerns.
- We will continue to provide communications on a monthly basis using the mediums of Daily Digest and eNews and our 7-minute briefing format.
- We will recruit new Confidential Contacts and develop and support them in their roles, for example, through local and national training and engagement, peer group meetings, links to our whistleblowing champion.
- We will build on the experience of last year's Speak Up Week by increasing the number of engagement sessions, taking the opportunity to raise awareness about local arrangements for speaking up and to promote the role of our Speak Up Advocates and Confidential Contacts.

16. Conclusion

The first NHS Scotland Speak Up Week afforded us the opportunity to further promote the whistleblowing process, the Confidential Contacts, the Speak Up Advocates and the training available. The face to face sessions were invaluable in linking with staff at all levels within the organisation, we plan to build on this success as we develop a programme for the next speak up week in October 2023.

In line with the National Whistleblowing Standards, we reiterate our commitments to dealing responsibly, openly and professionally regarding any whistleblowing concern. Continuing to encourage all those involved to raise any concerns as early as possible. It is hoped that continued improvements in process, continued communications and using feedback from colleagues will enable NHSAA to develop its culture so that all those who might have a concern feel able to Speak Up freely without fear of any adverse impact against them. It is recognised, as noted in Our Plans above, that this

is a continuous improvement process and the learning gained from the first year will inform improvements as we go forward.

The organisations Whistleblowing Oversight Group (WBOG) will continue to meet to provide oversight of our processes and systems, recognising that this is a learning process and performance reports will continue to be provided to our Staff Governance Committee and Board meetings to provide assurance that the organisation is delivering the requirements of the Standards.