



Integration Joint Board Meeting

NORTH AYRSHIRE
Health and Social Care
Partnership

Thursday, 14 December 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 16 November 2023 will be confirmed and the Minutes signed in accordance with Paragraph 7 (1) of Schedule 7 of the Local Government (Scotland) Act 1973 (copy enclosed).

4 Director's Report

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

5 2023 - -24 – Month 7 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 7 (October) (copy enclosed).

6 Progress update on Implementation of the National Neurodevelopment Specification, Neurodevelopment Extreme Team and North Ayrshire Implementation Group programme of Reform

Submit report by Thelma Bowers, Head of Service (Mental Health) on the Implementation of the National Neurodevelopment Specification,

Neurodevelopment Extreme Team and North Ayrshire Implementation Group programme of Reform (copy enclosed).

7 Whistleblowing Report: Quarter 2, July to 30 September 2023

Submit report for information in relation to whistleblowing concerns raised in Quarter 2 (July – 30 September 2023) (copy enclosed).

8 Urgent Items

Any other items which the Chair considers to be urgent.

Webcasting

Please note: this meeting may be filmed/recorded/live-streamed to the Council's internet site and available to view at <https://north-ayrshire.public-i.tv/core/portal/home>, where it will be capable of repeated viewing. At the start of the meeting, the Provost/Chair will confirm if all or part of the meeting is being filmed/recorded/live-streamed.

You should be aware that the Council is a Data Controller under the Data Protection Act 2018. Data collected during the webcast will be retained in accordance with the Council's published policy, including, but not limited to, for the purpose of keeping historical records and making those records available via the Council's internet site.

Generally, the press and public seating areas will not be filmed. However, by entering the Council Chambers, using the press or public seating area or (by invitation) participating remotely in this meeting, you are consenting to being filmed and consenting to the use and storage of those images and sound recordings and any information pertaining to you contained in them for webcasting or training purposes and for the purpose of keeping historical records and making those records available to the public. If you do not wish to participate in a recording, you should leave the meeting. This will constitute your revocation of consent.

If you have any queries regarding this and, in particular, if you believe that use and/or storage of any particular information would cause, or be likely to cause, substantial damage or distress to any individual, please contact dataprotectionofficer@north-ayrshire.gov.uk.

IJB Sederunt Voting Members

Margaret Johnson (Chair) North Ayrshire Council
Joyce White (Vice-Chair) NHS Ayrshire & Arran

Cllr Timothy Billing North Ayrshire Council
Cllr Anthea Dickson North Ayrshire Council
Cllr Robert Foster North Ayrshire Council
Christie Fisher NHS Ayrshire & Arran
Tom Hopkins NHS Ayrshire & Arran
Marc Mazzucco NHS Ayrshire & Arran

Professional Advisors

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

Stakeholder Representatives

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



North Ayrshire Health and Social Care Partnership
Minute of Integration Joint Board meeting held on
Thursday 16 November 2023 at 11.00 a.m.
involving participation by remote electronic means and physical attendance
within the Council Chambers, Irvine.

Present (Physical Participation)

Voting Members

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

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
Leigh Whitnall, Head of Psychological Specialties

Stakeholder Representatives

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

Present (Remote Participation)

Voting Members

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

Professional Advisers

Elaine Young, Public Health Representative

Stakeholder Representatives

Pamela Jardine, Carers Representative
Vicki Yuill, Third Sector Representative

In Attendance (Physical Participation)

Eleanor Currie, Manager, HSCP
Kerry Logan, Head of Service (Health and Community Care)
Michelle Sutherland, Partnership Facilitator, HSCP
Betty Saunders, Senior Manager (Contracts and Commissioning)
Julie Barrett, NHS Ayrshire and Arran
David Jamieson, Audit Scotland
Fiona Mitchell-Knight, Audit Scotland
Diane McCaw, Committee Services Officer
Hayley Clancy, Committee Services Officer

Apologies

Marc Mazzucco, NHS Ayrshire and Arran
Elizabeth Stewart, Head of Service (Children, Families and Criminal Justice)
Thelma Bowers, Mental Health Adviser

1. Apologies for Absence

Apologies for absence were noted.

2. Declarations of Interest

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

3. Minutes

The accuracy of the Minutes of the meeting held on 12 October 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: -

- **Implementation of the National CAMHS and Neurodevelopmental Specifications** – Formal report to be presented to IJB in December 2023.
- **Director's Report: Commissioned Services** - on the agenda for the meeting.
- **Director's Report: Community Mental Health Fund** – Update on year 1 and year 2 fund to be presented to a future meeting.
- **Director's Report: Audit Scotland report** - Update scheduled for February 2024.
- **Chief Social Work Officer Annual Report: Justice Services Update** – Update to be brought early 2024.

4. Director's Report

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

The report provided an update on the following areas: -

- Health and Care (Staffing) (Scotland) Act 2019 comes into force on 1 April 2024;
- The Scottish Government published Good Practice Guidance on Delayed Discharges that aims to provide HSCPs models of good practice to support a reduction in delayed discharges where adults lack capacity;
- Section 23 of the Mental Health (Care and Treatment) (Scotland) Act 2003 places a duty on Health Boards to provide sufficient services and accommodation for all young people up to the age of 18 years who require hospital admission for the treatment of mental disorder. As part of its monitoring duties the Commission routinely gathers information about the admission of young people to non-specialist wards (usually adult mental health wards) and reports on these admissions on an annual basis. The latest annual report

published was on 2 November 2023 and can be accessed via this link <https://www.mwscot.org.uk/node/2096>;

- The Mental Health and Wellbeing Delivery Plan 2023-2025 and the Mental health Welling Workforce Action Plan 2023 – 2025 recently published by the Scottish Government;
- A new Waiting Well Hub launched on NHS Inform, to support people who may be waiting to see a healthcare specialist or to get health and social care services. The Hub aims to provide access to better information to support people to proactively manage their health and wellbeing, to think about what matters to them and what health improvements they could make during this time;
- The Health and Social Care Winter Preparedness Plan for 2023/24, was published on 24 October 2023 - <https://www.gov.scot/isbn/9781835214343>;
- On 25 October 2023, the First Minister announced that young people transitioning from the care system into adulthood are to receive a one-off Care Leaver Payment of £2,000 to support them to move into adulthood and more independent living with a public consultation on the Care Leaver Payment launched and will run until 26 January 2024;
- Carolyn McDonald, Chief AHP Officer with the Scottish Government visited Ayrshire on Monday 30 October 2023. The visit provided a useful opportunity to showcase the positive AHP contribution to the people of Ayrshire;
- The IJB were advised of the Care Inspectorate issuing North Ayrshire HSCP formal notification of a joint inspection of Adult Support and Protection across agencies including Social Work, Health, and Police. The partnership position statement was submitted on 8 November. The first stage of the inspection will commence on 27 November 2023 with the casefile reading and will be followed up with focus groups;
- North Ayrshire Libraries were winners at the Scottish Library & Information Council (SLIC) Awards on 3rd November for their pioneering work in supporting those recovering from problematic alcohol and/or other drug use;
- The Dirrans Centre had two finalists in the Working North Ayrshire Awards on 2nd November 2023. Michael was a finalist in the Volunteer of the Year Category and Abby Anderson was voted Modern Apprentice of the Year;
- Tracey McAllister, Charge Nurse was the recipient this month of The Bill Gray Award for excellence in dementia care. The photo is of her, the team and Annabelle Gray who set up the award a few years ago in recognition of the excellent care her husband Bill received in Iona /Lewis Ward at Ailsa Hospital;
- Students of RAMH North Ayrshire Wellbeing & Recovery College have released a single as part of the Scottish Mental Health Arts Festival, which took place during October;
- the appointment of Dr Wendy Van Riet to the Director of Psychological Services for NHS Ayrshire & Arran based within North Ayrshire HSCP as the Lead HSCP for Mental Health Services; and
- Elizabeth Stewart has been appointed the Head of Service (Children, Families & Justice).

Noted.

5. Contract and Commissioning Update

Submitted report and received presentation by Betty Saunders, Senior Manager (Contracts and Commissioning) on the current Contracts and Commissioning

landscape. The types of care and support services commissioned was set out at Appendix 1 to the report.

The presentation highlighted the North Ayrshire Care and Support market profile, 2022-2023 financial year spend, current purchase routes, monitoring the quality of care, managing care deficiencies, existing supports for providers, challenges and opportunities, snapshot of mid-October, priorities for 2024,

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

- distress brief intervention figures;
- difficulties in commissioning residential step down care and next steps to move this forward;
- current supports in place for external providers who may fall below the minimum performance grade.

Noted.

6. 2023 – 2024 Month 6 Financial Performance

Submitted report by Paul Doak, Head of Service (HSCP Finance and Transformation), on the IJB's financial performance as at month 6 (September). Appendix A to the report detailed the Objective Summary as at 30 June 2023, Appendix B provided the financial savings tracker and the budget position was set out at Appendix C.

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

- the current reserves position following the reserves adjustment detailed in the Audit Scotland report;
- additional processes in place to understand the reason for the reserves adjustment and minimise the risk in the future; and
- the local government pay award settled for the majority of staff, with the back pay being paid before Christmas.

The Board agreed to (a) note (i) the overall integrated financial performance report for the financial year 2023-24 and the current overall projected yearend overspend of £3.986m, (ii) the progress with delivery of agreed savings and (iii) the remaining financial risks for 2023-24; and (b) approve the budget reductions set out at section 2.10 of the report.

7. External Audit Final Report

Submitted report by Audit Scotland on the External Audit Final Report of the audit Financial Statements.

The key messages of the report were: -

- it was expected that an unmodified audit opinion would be issued;
- appropriate and effective financial management arrangements were in place;
- the IJB reported a £3.7 million underspend against the 2022/23 budget. The main factor for the underspend was the continued workforce challenges to recruit and maintain staff in the social care sector;

- the updated medium-term financial outlook shows a cumulative estimated savings gap ranging from best case £1.1 million to worst case £22.7 million in the period to 2026/27;
- work currently ongoing to refresh the Transformation Plan to focus on the financial challenges ahead;
- The IJB has a clear strategic vision supported by its partners;
- A review of the Integration Scheme currently ongoing. A revised scheme will be considered by the end of 2023/24 and submitted to the Scottish Government for approval;
- Governance arrangements were appropriate and generally operate effectively;
- Performance management arrangements were effective with indicators and targets kept under review. These arrangements contribute to the IJB's Best Value duty;
- Performance in relation to the national measures highlights both areas of improvement and areas of declining performance over the last year.

The Partnership noted that a report on the reserves adjustment detailed in the Audit Scotland report would be brought to a future meeting.

Members asked a question and received clarification on an outstanding action from 2022/2023.

The Chair thanked Audit Scotland for their work in auditing the IJB.

Noted.

8. 2022/2023 Audited Annual Accounts

Submitted report by Paul Doak, Head of Service (HSCP Finance and Transformation) on the Audited Accounts for 2022-23, attached at Appendix 1 to the report. Appendix 2 included the letter of representation signed by the Head of Service (HSCP Finance and Transformation).

The IJB was required to produce a set of annual accounts for 2022-23. These accounts were produced within the statutory timescale and subject to independent audit by the Integration Joint Board's external auditors, Audit Scotland. Audit Scotland have given an unqualified opinion that the 2022-23 financial statements give a true and fair view of the financial position and expenditure and income of the IJB for the year, concluding that the accounts have been properly prepared in accordance with relevant legislation, applicable accounting standards and other reporting requirements. The overall financial position remains as reported to the Performance and Audit Committee in June 2023. Audit Scotland identified an accounting misstatement during the audit relating to a difference between total IJB reserves (£17.664million) and the debtor balances due to the IJB from partners' audited accounts (£16.728million). This is well within the materiality threshold. This difference requires to be reviewed through the ledgers and any corrective action will be taken ahead of the 2023-24 audit and reported to the IJB.

The Board agreed to (a) note that Audit Scotland have completed their audit of the annual accounts for 2022-23 and have issued an unqualified independent report auditor's report; (b) approve the Audited Annual Accounts to be signed for issue.

9. Risk Appetite Statement

Submitted report by Paul Doak, Head of Service (HSCP Finance and Transformation) on the Risk Appetite Statement, with the Statement set out at Appendix 1 to the report.

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

- cultural changes required to have a more flexible innovative workforce and attract a younger workforce; and
- retaining the workforce with policies such as retire and return, partial retirement, VER in place.

The Board agreed to approve the Risk Appetite Statement set out at Appendix 1 to the report.

10. Independent Advocacy Strategic Plan 2022-2026

Submitted report by Julie Barrett (NHS Ayrshire and Arran) on the Advocacy Strategic Plan, with the Plan set out at Appendix 1 to the report.

The Board agreed to approve the Advocacy Strategic Plan set out at Appendix 1 to the report.

The meeting ended at 12.35 p.m.

DRAFT

North Ayrshire Integration Joint Board – Action Note

Updated following the meeting on 16 November 2023

| No. | Agenda Item | Date of Meeting | Action | Status | Officer |
|-----|--|-----------------|---|---|-------------------|
| 1. | Implementation of the National CAMHS and Neurodevelopmental Specifications | 16/3/23 | Further update being provided to the IJB, potentially prior to the summer recess period. | On agenda December 2023. | Thelma Bowers |
| 3. | Director's Report | 12/10/23 | Community Mental Health Funding - The Impact Report for Year 1 and Interim Report for Year 2 to a future meeting. | tbc | Vicky Yuill |
| 4. | Director's Report | 12/10/23 | Audit Scotland report for the Auditor General of Scotland and the Accounts Commission on Access to Mental Health Services - a report would be brought to a future meeting to consider the recommendations | Update scheduled for February 2024. | Thelma Bowers |
| 5. | Chief Social Work Officer Annual Report 2022/2023 | 12/10/23 | Justice Services update report to be brought to a future meeting. | Update to be brought early 2024. | Elizabeth Stewart |
| 6. | External Audit Final Report | 16/11/23 | An update on the reserves adjustment detailed in the Audit Scotland report would be brought to a future meeting. | Incorporated into the financial monitoring report presented to IJB December 2023. | Paul Doak |

Integration Joint Board 14th December 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 |

| | |
|-----------|--|
| 1. | EXECUTIVE SUMMARY |
| 1.1 | This report informs members of the Integration Joint Board (IJB) of the work undertaken within North Ayrshire Health and Social Care Partnership (NAHSCP), nationally, locally and Ayrshire wide. |
| 2. | BACKGROUND |
| 2.1 | This report provides IJB with up-to-date information on recent activity across the HSCP since the last IJB. The report will also provide COVID related information by exception. |
| 3. | CURRENT POSITION |
| | <u>National Developments</u> |
| 3.1 | <u>Self Harm Strategy and Action Plan 2023-2027</u> |
| | Scotland's Self Harm Strategy and Action Plan (2023-2027) was published on 28 th November 2023. This is Scotland's first dedicated self-harm strategy and action plan aims for anyone affected by self-harm, to receive compassionate support, without fear |

| | |
|-----|--|
| | of stigma or discrimination. It is jointly owned by Scottish Government and Convention of Scottish Local Authorities (COSLA) and was published on 28 th November 2023. |
| 3.2 | <u>National Care Service (Scotland) Bill – Update to Health, Social Care and Sport Committee</u> |
| | Maree Todd, MSP Minister for Social Care, Mental Wellbeing and Sport has written to the Health, Social Care and Sport Committee in response to Stage 1 Scrutiny of the Bill. A copy of the letter is available on the Scottish Parliament website : National Care Service (parliament.scot) |
| | The letter includes updates in relation to :- <ul style="list-style-type: none"> • the shared accountability agreement • the National Care Service Board • the National Social Work Agency (NSWA) • children’s services • justice services |
| 3.3 | <u>Coming Home Report – Implementation Programme</u> |
| | Maree Todd, MSP Minister for Social Care, Mental Wellbeing, and Sport has also written to the Convenor of the Health and Sport committee to provide an update on the recommendations from the Coming Home report which was published in February 2022. |
| | One of the report’s key recommendations was in relation to Dynamic Support Registers which were launched in May 2023. These are locally held records to improve case management of people with learning disabilities and complex care needs. A new national reporting system was developed and the first national publication of data from these Dynamic Support Registers was published and is available from Public Health Scotland . |
| | The data shows that within the first three months of launching, all local areas are utilising the registers and have recorded 1,243 adults across Scotland. |
| | The Minister also highlighted progress on the other recommendations within the report in relation to :- |
| | <ul style="list-style-type: none"> • Practitioner Peer Support Network; • Proposed Learning Disability, Autism and Neurodivergence Bill, which will be launched for public consultation by end of 2023; • Development of a new Complex Support Needs Pathway; • Embed work on the Coming Home report across government; • Embed the work on the NCS for national commission; • Promote Positive Behavioural Support (PBS) framework; |

| | |
|-----|---|
| | <ul style="list-style-type: none"> • Annual checks for people with learning disabilities; • Reform programme to begin process of updating and modernising Scotland's mental health legislation. • Work closely with stakeholders to consider best use of NHS estate in relation to complex care. |
| | <u>Ayrshire Wide Developments</u> |
| 3.4 | <u>MAPPA Annual Report</u> |
| | <p>The Multi Agency Public Protection Arrangements (MAPPA) are a set of statutory partnership working arrangements introduced in 2007 under Section 10 of the Management of Offenders etc (Scotland) Act 2005.</p> <p>The purpose of MAPPA is public protection and the reduction of serious harm, bringing together the Police, Scottish Prison Service (SPS), health and local authorities to assess and manage the risk posed by certain categories of offender.</p> <p>The MAPPA Annual Report 2022-23 for the South West Scotland area has now been published on the NAHSCP website.</p> |
| | <u>North Ayrshire Developments</u> |
| 3.5 | <u>Drug and Alcohol Services National Performance Audit</u> |
| | <p>Audit Scotland are currently carrying out an audit of drug and alcohol services in Scotland and have published the scope of the audit on the Audit Scotland website. The overall aim of the performance audit is to consider how effective Scotland's drug and alcohol services are in delivering on the Scottish Government's strategies.</p> |
| | The three main themes of the audit are : |
| | <ol style="list-style-type: none"> 1. How well are current leadership and accountability arrangements supporting the effective delivery of the Scottish Government's drug and alcohol strategies? 2. How effective are the funding arrangements for drug and alcohol services for achieving objectives in the strategies, and what is the balance of investment across different types of services? 3. How responsive are drug and alcohol services to the needs of service users and is this evidenced in outcomes and performance data? |
| | <p>The fieldwork element of the audit will be carried out in four sites and North Ayrshire has been selected as one of the areas. A number of factors were taken into consideration in choosing the areas including a mix of rural and urban areas, geographical spread, rates of drug-related and alcohol related deaths and morbidity, other recent audit work, and potential examples of good practice and local challenges.</p> |

| | |
|-----|---|
| | <p>The ADP welcome North Ayrshire being selected as one of the four areas for the audit as this is an area of focus and significant priority for us as a whole system.</p> |
| | <p>Officers from HSCP and the ADP have already met with Audit Scotland and information and evidence gathering has already commenced. The findings from the audit will be shared with IJB members in due course.</p> |
| 3.6 | <p><u>North Ayrshire Unpaid Work Team Artwork is highly commended by Koestler Awards team</u></p> |
| | <p>A group of six clients of North Ayrshire’s Unpaid Work team have received recognition certificates from the Koestler Awards for their original artworks, with one participant also receiving a Highly Commended certificate for this unique wooden birdhouse.</p> <p>The Koestler Awards for arts in criminal justice started in 1962. Each year, over 3,500 people in custody and in the community share their creative work by taking part. The Koestler Awards provide feedback and encouragement to entrants of all abilities in visual art, design, writing and music.</p>  |
| 3.7 | <p><u>New ‘North Ayrshire Protecting People Together’ Facebook page</u></p> |
| | <p>North Ayrshire Adult Protection, Children Protection and Alcohol and Drug Partnership teams have a new joint Facebook page, sharing information on the work being carried out locally to protect people and what to do if someone is at risk from harm. They'll also be sharing lots of useful information from our public protection partners.</p> <p>Please follow their page and help to raise awareness among North Ayrshire residents by sharing their posts on your own social media page where appropriate.</p> |
| 3.8 | <p><u>North Ayrshire Carers Gateway Official Launch</u></p> |
| | <p>On Carers Rights Day, an event was held at West Kilbride Village Hall to launch the expanded North Ayrshire Carers Gateway service.</p>  <p>Attended by carers, staff of the Carers Gateway and NAHSCP, representatives from Third Sector organisations, North Ayrshire Provost Anthea Dickson and North Ayrshire Carers Champion Councillor Nairn McDonald, the event offered a chance to network, hear more about the service and find out more about additional sources of support locally.</p> |

More information on NAHSCP's improved partnership with North Ayrshire Carers Gateway and how the expansion will benefit unpaid carers can be found on the [NAHSCP website](#).

3.9 New Forum for Recovery Development Workers

An innovative new group for North Ayrshire's Recovery Development Workers has been established and met for the first time on 8 November.

The North Ayrshire Recovery Development Worker Forum offers an opportunity for lived experience support workers from NAHSCP's alcohol and drug recovery service (NADARS), Service Access and Justice Services team, as well as their counterparts from Turning Point and Barnardo's, to come together and share their experiences, learn more about the work of the other services, identify training requirements or shadowing opportunities, and provide support for each other as they move forward in their roles.

Staff who attended are all peer support workers with lived experience from a range of backgrounds, including alcohol and/or other drug use, gambling and mental ill health, who have all been on their own individual journeys to recovery and are now using that experience and insight to provide relatable support to others embarking on their own journey.

As paid staff members within their individual teams, they work with some of North Ayrshire's most vulnerable clients, proving to them that recovery is possible and supporting them in a number of ways, both in group and one-to-one sessions.



As well as helping clients to attend essential appointments, connecting them with community recovery initiatives such as Café Solace and supporting them to maintain relationships with friends and family members, they can also assist clients around further education or employment opportunities.

While each of the services involved will continue to offer support to its own Recovery Development Workers, the forum provides an additional opportunity for these staff members to support each other in a role that is not without its challenges, and could be of particular benefit to staff who have recently taken on a recovery worker role.

The forum also offers the opportunity for staff from different organisations who may be working with the same individuals to foster joined up support that will benefit those clients who are involved with more than one service.

| | | |
|-----------|---|---------------|
| 3.10 | <u>Inspection of North Ayrshire Irvine, Garnock Valley & Community Alarm Service</u> | |
| | Following an unannounced inspection between 24 October and 3 November 2023 of the North Ayrshire Irvine, Garnock Valley Care at Home and Community Alarm Service, the service received the following grades :- | |
| | How well do we support people's wellbeing? | 5 – Very Good |
| | How good is our leadership? | 5 – Very Good |
| | How good is our staff team? | 4 – Good |
| | How well is our care and support planned? | 4 – Good |
| | These are excellent grades for a service which has been and continues to be under extreme pressure. Inspectors in particular highlighted the passion and commitment demonstrated by staff to providing the best care possible and highlighted the excellent partnership working across District Nurses, GPs, Hospital and many others to support and meet the needs of service users. | |
| 3.11 | <u>Inspection of Dementia Support Service</u> | |
| | The Care Inspectorate also conducted an unannounced inspection of our Dementia Support Service on 22 nd November 2023. This was a pilot inspection to test a new way of providing assurance that better performing, lower risk services are continuing to provide good quality care and support. No grades were awarded following this inspection however, inspectors concluded that the previous evaluation of good for the service was maintained. | |
| | The inspectors highlighted a common theme through the inspection of staff working in partnership with the people they supported, by keeping people and families fully involved. Care plans were person-centred and reflected people's rights, choices and wishes. They noted that staff were passionate about their role and it was clear that the service had a positive impact on the families they support. | |
| | <u>COVID Update</u> | |
| | No update. | |
| 4. | <u>IMPLICATIONS</u> | |
| 4.1 | <u>Financial</u> | None |
| 4.2 | <u>Human Resources</u> | None |
| 4.3 | <u>Legal</u> | None |
| 4.4 | <u>Equality/Socio-Economic</u> | None |
| 4.5 | <u>Risk</u> | None |
| 4.6 | <u>Community Wealth Building</u> | |

| | |
|-----------|--|
| | None |
| 4.7 | <u>Key Priorities</u> None |
| 5. | CONSULTATION |
| | No specific consultation was required for this report. User and public involvement is key for the partnership and all significant proposals will be subject to an appropriate level of Consultation. |
| | |

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

Appendices
Nil

Integration Joint Board 14th December 2023

Subject : **2023-24 – Month 7 Financial Performance**

Purpose : To provide an overview of the IJB’s financial performance as at month 7 (October).

Recommendation : It is recommended that the IJB:

- (a) notes the overall integrated financial performance report for the financial year 2023-24 and the current overall projected year-end overspend of £3.858m;
- (b) notes the progress with delivery of agreed savings;
- (c) notes the actions which are being taken to progress financial recovery;
- (d) notes the remaining financial risks for 2023-24; and
- (e) approves the budget reductions which are detailed at paragraph 2.10.

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

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

| | |
|-----------|---|
| 1. | EXECUTIVE SUMMARY |
| 1.1 | The report provides an overview of the financial position for the Partnership and outlines the projected year-end outturn position informed by the projected expenditure and income commitments; these have been prepared in conjunction with relevant budget holders and services. It should be noted that, although this report |

| | |
|-----------|--|
| | refers to the position at the end of October, further work is undertaken following the month end to finalise projections, therefore the projected outturn position is as current and up to date as can practicably be reported. |
| 1.2 | The projected outturn is a year-end overspend of £3.858m (1.2%) for 2023-24 which is a favourable movement of £0.128m from month 6. This includes the financial impact of the NHS pay award, the impact of the Council pay award is still being finalised. |
| 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 7 |
| | <p>At month 7 against the full-year budget of £311.735m there is a projected year-end overspend of £3.858m (1.2%). The Integration Scheme outlines that there is an expectation that the IJB takes account of the totality of resources available to balance the budget in year. Following this approach, an integrated view of the financial position should be taken, however it is useful to note that this overall position consists of a projected overspend of £2.500m (£0.079m favourable) in social care services and a projected overspend of £1.358m (£0.049m favourable) 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> |
| 2.3 | Health and Community Care Services |
| | <p>Against the full-year budget of £89.893m there is a projected overspend of £0.382m (0.4%) 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 £0.488m (£0.017m favourable movement).</p> |

The budgeted number of permanent placements is 780 and at month 7 there are 786 placements. The projection assumes that the current number of placements will continue to the end of the year. Within the projection there is an assumption that recent placements which do not have a completed financial assessment (often due to the pressure to discharge from hospital) are costed with 50% of the cases at the current average cost of a placement and 50% at the gross or interim funded rate. It is likely that there will still be some cases being gross or interim funded at the year end. Their actual cost will not be known until the financial assessment is completed and this can impact on the final position.

The level of income recovered from charging orders is included in the projection above and is assumed to be £0.204m over recovered (£0.070m favourable) 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) Interim care beds are projected to underspend by £0.250m (£0.250m favourable) based on the usage to date and projected usage until the year end.
- c) Care at home (in house and purchased) is projected to be £0.418m underspent (£0.064m adverse). The position includes an underspend in in-house services of £0.919m (£0.080m adverse) 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 £0.500m (£0.017m favourable) as the budget was reduced to reflect the additional costs of bringing some services in-house after the provider withdrew from the contract.
- d) Reablement services are projected to be £0.125m (£0.002m favourable) underspent due to vacancies.
- e) Care at Home Charging Income is projected to under recover by £0.060m (£0.011m favourable) due to an ongoing shift towards personal care which is non chargeable.
- f) Physical Disability Services - projected underspend of £0.250m (£0.033m favourable) in community care packages, £0.449m underspend (£0.056m favourable) in direct payments and £0.458m overspend (£0.018m favourable) for residential placements. There is also an under-recovery of income of £0.133m (no movement).
- g) Anam Cara is projected to overspend by £0.073m (£0.004m adverse) due to covering vacancies and sickness absence (£0.017m) and under-recovered income (£0.056m).

| | |
|-----|---|
| | <p>h) Integrated Island Services is projected to be £0.308m overspent (£0.041m adverse movement). There is an overspend at Montrose House of £0.241m (adverse movement of £0.046m) which relates to employee costs (the net cost of agency staff versus vacancies), supplies and cleaning costs and an under-recovery of charging income. There is also an overspend of £0.050m due to Band 6 nurses receiving back-dated recruitment and retention premium this financial year. Arran medical services are projecting to overspend by £0.032m and the remaining projected overspend is due to supplies costs increasing. The overspends are partially offset by a projected underspend in care at home costs of £0.086m (£0.049m adverse movement). There are staffing vacancies which are included within the payroll turnover savings figures below which offset the use of agency and bank staff.</p> <p>i) District Nursing is projected to overspend by £0.195m (£0.041m favourable movement) due to an overspend on bank nursing costs and supplies. The favourable movement is due to a reduction in the use of bank staff as posts have been recruited to.</p> |
| | <p>j) Rehab wards are projected to overspend by £0.202m which is an £0.018m favourable movement (Redburn ward £0.213m overspent and Douglas Grant £0.011m underspent). The overspend is due to cover costs for vacancies as well as supplementary staffing for patients who require one to one support.</p> <p>k) Wards 1 and 2 are projected to overspend by £0.925m (£0.075m adverse movement) due to increased use of supplementary staffing.</p> <p>l) Cumbrae Lodge Continuing Care beds are projected to underspend by £0.150m (no change) due to a reduced charge to reflect the reduction in beds used during the transition to the new service.</p> |
| 2.4 | Mental Health Services |
| | <p>Against the full-year budget of £103.504m there is a projected overspend of £1.618m (1.6%) 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 £0.670m (£0.010m adverse) and the main variances are:</p> <ul style="list-style-type: none"> • Care Packages (including residential and direct payments) - projected underspend of £0.109m in community care packages (£0.136m adverse), projected overspend of £0.384m in direct payments (£0.036m adverse) and £0.446m for residential placements (£0.114m favourable). |

- Trindlemoss non-employee costs are projected to underspend by £0.075m.
- b) Community Mental Health services are projected to underspend by £0.245m (£0.021m adverse movement) which is mainly due to an underspend of £0.474m in community packages (including direct payments) and an overspend in residential placements of £0.244m.
- c) The Lead Partnership for Mental Health is projecting to be £1.188m overspent (£0.220m favourable movement) and the main variances are as follows:
- A projected overspend in Adult Inpatients of £0.520m (£0.033m favourable movement) due to overspends in supplementary staff for enhanced observations, staff cover due to sickness (inc. covid outbreak) and reduced bed sale income.
 - The UNPACS (Unplanned Activities) budget is projected to overspend by £1.410m (£0.003m adverse movement) based on current number of placements and enhanced costs remaining until the year end. The adverse movement is due to additional costs for enhanced observations. 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 £0.084m (£0.030m favourable) due to an increase in substitute prescribing costs. The favourable movement is due to revising the projection to reflect updated information from the new prescribing system.
 - Learning Disability Services are projected to overspend by £0.322m (no movement). There is a high usage of supplementary staffing due 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 £0.173m (£0.008m favourable) due to the use of supplementary staffing.
 - The Innovation Fund is projected to underspend by £0.232m (£0.043m adverse) due to slippage within some of the projects and not all of the funding was allocated.

- Additions in patients are projected to overspend by £0.003m (£0.011m favourable) due to the use of supplementary staffing.
- The Directorate cost centre is projected to overspend by £0.095m mainly due and overspend of £0.049m on supplies and £0.012m of legal fees.
- 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 £1.254m (£0.191m favourable) in 2023-24, further information is included in the table below:

| | |
|--------------------------|-----------|
| Vacancy Savings Target | (£0.873m) |
| Projected to March 2024 | £2.127m |
| Over/(Under) Achievement | £1.254m |

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:

- Adult Community MH £0.033m
- CAMHS £0.592m
- Mental Health Admin £0.330m
- Psychiatry £0.377m
- Psychology £0.735m
- Associate Nurse Director £0.060m

2.5 **Children and Justice Services**

Children's Services

Against the full-year budget of £39.560m there is a projected overspend of £5.269m (13.3%) (£0.253m adverse) and the main variances are:

- a) Care Experienced Children and Young People is projected to overspend by £4.928m (£0.188m adverse). The main areas within this are noted below:
 - Children's residential placements are projected to overspend by £5.734m (£0.184m adverse). We started 2023/24 with 32 external placements and there are currently 35 placements (month 6 was 34 placements) which are assumed to continue until the end of the year. Within the £5.734m there is £0.145m relating to enhanced costs for two placements. One placement has also moved from being 50/50 funded with Education to 100% HSCP as the placement no longer has an education element. 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 who have been identified 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 £0.486m underspent (£0.013m favourable); this is based on the current number of placements and reflects additional monies received to support the uplift in rates for fostering and kinship placements (16+year olds) and the costs associated with this. <p>b) Children with disabilities – residential placements are projected to overspend by £0.305m (£0.097m favourable). This is based on 9 current placements and 1 further placement which is expected to commence during December. Direct payments are projected to underspend by £0.240m (£0.051m favourable). Community packages are projected to underspend by £0.119m (£0.015m favourable) based on 73 current number of packages and assumptions around further packages until the year end.</p> |
| | <p>c) Residential respite – placements are projected to overspend by £0.049m (no movement). These short-term placements are used to prevent an admission to full residential care. There is one short term placement, but this could vary throughout the year and have an impact on the projection.</p> <p>d) Head of Service – is projected to overspend by £0.306m (£0.006m adverse). The overspend is mainly due to the planned saving of £0.233m in relation to the staff reconfiguration in the children’s houses which is not expected to be fully achieved in 23-24. There are also projected costs of £0.092m for the JII (Joint Investigative Interview) project which is not funded.</p> |

| | <p>e) Intervention Services – are projected to underspend by £0.020m (£0.068m adverse). The adverse movement is due to posts being filled sooner than planned and increased transport costs.</p> <p>f) Justice Services – is projected as being spent in full, however, there is a risk the service could go into an overspend if there is no additional grant funding to mitigate the potential impact of the 23/24 pay award.</p> | | | | | | | | | | | | |
|---------------------------------|---|------------------------|--------------------|------------------------|------------------------|----------|----------|-------------------------|--------|--------|---------------------------------|---------------|---------------|
| 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 £0.465m (£0.081m favourable) 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 £1.703m (£0.053m adverse) 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 £0.306m for health services as outlined in the table below. This is an adverse movement of £0.111m on the health services element. • There is projected slippage on the LD and MH transition funding of £0.694m (£0.141m favourable) 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="331 1570 1318 1760"> <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>1.739m</td> </tr> <tr> <td>Over/(Under) Achievement</td> <td>0.723m</td> <td>0.306m</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 £1.937m (64.3% of annual target) has been achieved to date.</p> | | Social Care | Health Services | Vacancy Savings Target | (3.014m) | (1.433m) | Projected to March 2024 | 3.737m | 1.739m | Over/(Under) Achievement | 0.723m | 0.306m |
| | Social Care | Health Services | | | | | | | | | | | |
| Vacancy Savings Target | (3.014m) | (1.433m) | | | | | | | | | | | |
| Projected to March 2024 | 3.737m | 1.739m | | | | | | | | | | | |
| Over/(Under) Achievement | 0.723m | 0.306m | | | | | | | | | | | |

The health vacancy projection to the year-end is based on the month 7 position and is informed by the recruitment plans and confidence in recruitment to posts for the remainder of the year.

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

The main areas at month 7 are:

- Children and Families £0.600m
- Learning Disability £0.047m
- Management and Support £0.196m
- Community Care Service Delivery £0.187m
- Rehab and Reablement £0.174m
- Locality Services £0.205m
- Integrated Island Services £0.220m
- Community Mental Health £0.073m

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

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

2.9 Savings Progress

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

| BRAG Status | Position at Budget Approval £m | Position at Month 7 £m |
|--------------------|---|-----------------------------------|
| Red | - | 0.273 |
| Amber | 2.245 | 0.322 |
| Green | 2.718 | 0.560 |
| Blue | - | 3.808 |
| 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

| | <p>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> <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> <table border="1" data-bbox="231 1048 1342 1458"> <thead> <tr> <th>Ref</th> <th>Description</th> <th>Amount</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>North Contribution to the TEC team – this contribution has been made since 2020 but this makes the contribution permanent.</td> <td>0.075</td> </tr> <tr> <td>2</td> <td>Trindlemoss GP input – increased cost of service</td> <td>0.008</td> </tr> <tr> <td>3</td> <td>Support the ongoing availability of Buvidal – transfer to NADARS</td> <td>0.002</td> </tr> <tr> <td>4</td> <td>Contribution from CAMHS to Acute for de-escalation rooms</td> <td>0.025</td> </tr> <tr> <td>5</td> <td>Pharmacy tariff transfer to reflect historic NRAC share.</td> <td>0.015</td> </tr> </tbody> </table> | Ref | Description | Amount | 1 | North Contribution to the TEC team – this contribution has been made since 2020 but this makes the contribution permanent. | 0.075 | 2 | Trindlemoss GP input – increased cost of service | 0.008 | 3 | Support the ongoing availability of Buvidal – transfer to NADARS | 0.002 | 4 | Contribution from CAMHS to Acute for de-escalation rooms | 0.025 | 5 | Pharmacy tariff transfer to reflect historic NRAC share. | 0.015 |
| Ref | Description | Amount | | | | | | | | | | | | | | | | | |
| 1 | North Contribution to the TEC team – this contribution has been made since 2020 but this makes the contribution permanent. | 0.075 | | | | | | | | | | | | | | | | | |
| 2 | Trindlemoss GP input – increased cost of service | 0.008 | | | | | | | | | | | | | | | | | |
| 3 | Support the ongoing availability of Buvidal – transfer to NADARS | 0.002 | | | | | | | | | | | | | | | | | |
| 4 | Contribution from CAMHS to Acute for de-escalation rooms | 0.025 | | | | | | | | | | | | | | | | | |
| 5 | Pharmacy tariff transfer to reflect historic NRAC share. | 0.015 | | | | | | | | | | | | | | | | | |
| 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</p> | | | | | | | | | | | | | | | | | | |

require to be shared with North. At Month 7 the MH lead partnership is projected to overspend by £1.188m (£0.389m NRAC share for East and £0.340m for South).

South HSCP (month 6 information) – projected overspend of £0.360m (£0.080m favourable) of which £0.133m will be allocated to North. The overspend is mainly due to an overspend of £0.247m in the community store to replace obsolete equipment, which will reduce maintenance costs in the medium term, £0.107m in the continence service and £0.010m in the Family Nurse Partnership.

East HSCP (month 6 information) – projected underspend of £0.149m of which £0.055m will be allocated to North. The underspend is mainly due to:

Primary Care and Out of Hours Services (Lead Partnership)

There is a projected underspend of £0.198m on the Primary Care Lead Partnership budget and includes a projected underspend in Dental services totalling £0.270m, where staffing numbers are running at less than establishment. Recruitment over the remainder of the financial year has the potential to impact on the projected outturn position at month 6. In addition, there are projected reduced costs within Primary Care contracting and support £0.340m, largely due to staff turnover. These reduced costs are partially offset by additional costs in the GP element of Out of Hours services, as well as additional costs in the overnight nursing service, totalling £0.470m, as well as a small overspend on projected staff costs in Primary Medical Services £0.060m. Work is ongoing to address the Out of Hours increased costs as far as possible over the course of the 2023/24 financial year. This projected outturn position assumes funding will be allocated to fully offset Urgent Care Pathway projected costs £1.198m, as well as Covid-19 Therapeutics projected costs £0.257m

Prison and Police Healthcare (Lead Partnership)

The £0.065m projected overspend at month 6 is largely due to increased costs associated with the new national medical contract.

Set Aside : - preparatory work is well underway with NHS Ayrshire and Arran and the other Ayrshire partnerships to progress and develop the set aside arrangements to fully implement the legislative requirement. This includes arrangements in relation to the use of Directions, Joint Commissioning Plans and overall progression towards fair share allocations of resources. The North budget for set aside resources for 2023-24 is currently £35.547m. This is based on the 2022-23 figure of £34.850m inflated by the 2023-24 uplift of 2%. Ayrshire Finance Leads have agreed a baseline methodology for set aside budgets which involves using the four full years prior to the pandemic, 2016/17 – 2019/20 inclusive. This will be included in a Q2 update for Ayrshire Finance Leads on 15/12/23.

The annual budget for Acute Services is £421.7m. The directorate is overspent by £16.5m after 7 months. This is caused by increasing overspends on agency medical and nursing staff, together with drug expenditure. These have been required due to the level of operational pressure being experienced, in common with many other

areas in Scotland. Several unfunded wards and beds are open across both main hospital sites.

There is a material underlying deficit caused by:

- Unachieved efficiency savings
- High expenditure on medical and nursing agency staff, high rates of absence and vacancies causing service pressure.
- Delayed transfers of care and high acuity of patients.

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

2.12 **FINANCIAL RECOVERY PLAN**

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

Heads of Service have closely reviewed expenditure and have implemented actions which have seen the projected year-end position improve by a net £0.468m since Month 3. The main contributors to this are noted in the table below:

| | TOTAL |
|---|--------------|
| Payroll Turnover – Health (non-Lead) | 45,000 |
| Anam Cara staffing | 104,000 |
| Care Experienced Young People | 770,000 |
| Looked After Children | 125,000 |
| Transitions funding | 286,000 |
| Care Homes | 58,000 |
| Physical Disabilities (Community Packages, Direct Payments and Residential) | 200,000 |
| Interim Care Beds | 250,000 |
| Mental Health Care Packages | 201,000 |
| Mental Health Lead Partnership – North element | 86,000 |
| Children with a disability | 97,000 |
| Carers Funding | 81,000 |
| District Nursing | 41,000 |
| Rehab Wards | 18,000 |

These areas of improvement have been partially offset by adverse movements in Care at Home, Integrated Island Services, Wards 1 and 2 at Woodland View, UNPACS and intervention services.

Work is ongoing to further improve the projected position and an updated plan will be included in the Month 9 report which will be brought to the February IJB. This work is built on the following general principles:

| | |
|------|--|
| | <ul style="list-style-type: none"> • No adverse impact on delayed discharges or patient flow during Winter • Exercising professional judgement around the use of waiting lists where this may have an impact elsewhere in the system • Reviewing the need for more active management of non-frontline vacant posts • The non-recurring use of reserves • Working with East and South on lead partnership projections • The potential for a freeze on non-essential spend. <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 £1.858m.</p> <p>The IJB also holds a General Fund reserve balance of £5.821m 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 use of supplementary staffing for enhanced observations across a number of service areas. • The use of high-cost agency staff to support frontline service delivery in areas where there are recruitment challenges. • Continuing risks associated with provider sustainability. • The Local Government pay award for 2023-24 has recently been settled and will be paid from December; the increase is in excess of the budgeted 3% and will have an adverse impact on the projected financial position unless sufficient additional funding is forthcoming. • The NHS Ayrshire and Arran Health Board financial deficit and the risks around further escalation in the national framework for financial escalation. |

North Ayrshire IJB have already discussed our position in relation to the request for payment for delayed discharges.

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

2.14 RESERVES

The IJB reserves position is summarised in the table below.

The 'free' general fund balance of £5.821m is held as a contingency balance; this equates to around 2.1% of the initial approved IJB budget for 2023-24 which is within, but towards the lower end, of the target range of 2%-4%.

| | General Fund Reserve | Earmarked Reserves | | Total |
|---------------------------------------|----------------------|--------------------|--------------|---------------|
| | Unearmarked | External Funding | HSCP | |
| | £m | £m | £m | |
| Opening Balance - 1 April 2023 | 6.448 | 6.997 | 4.219 | 17.664 |
| Audit Adjustment | (0.627) | (0.309) | - | (0.936) |
| Corrected Opening Balance | 5.821 | 6.688 | 4.219 | 16.728 |
| 2023-24 Draw Per the Budget Paper | - | (1.252) | - | (1.252) |
| Current Reserve balances | 5.821 | 5.436 | 4.219 | 15.476 |

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

The reserves above now reflect the adjustment of £0.936m which was identified in the external audit of the 2022/23 accounts and reported to the November IJB. This related to a difference between the total IJB reserves and the balances due to the IJB from partners' audited accounts and has now been reconciled.

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 | <p><u>Financial</u> The financial implications are as outlined in the report. Against the full-year budget of £311.735m there is a projected overspend of £3.858m. The report outlines the main variances for individual services.</p> |
| 4.2 | <p><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.</p> |
| 4.3 | <p><u>Legal</u> None.</p> |
| 4.4 | <p><u>Equality/Socio-Economic</u> None.</p> |
| 4.5 | <p><u>Risk</u> Para 2.13 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.</p> |
| 4.6 | <p><u>Community Wealth Building</u> None.</p> |
| 4.7 | <p><u>Key Priorities</u> None.</p> |
| 5. | CONSULTATION |
| 5.1 | <p>This report has been produced in consultation with relevant budget holders and the Partnership Senior Management Team.</p> |
| 5.2 | <p>The IJB financial monitoring report is shared with the NHS Ayrshire and Arran Director of Finance and North Ayrshire Council's Head of Finance after the report has been finalised for the IJB.</p> |

Caroline Cameron, Director

Author – Paul Doak, Head of Finance and Transformation
Eleanor Currie, Principal Manager Finance
[pdoak@north-ayrshire.gov.uk/eleanorcurrie@north-ayrshire.gov.uk]

2023-24 Budget Monitoring Report–Objective Summary as at 31st October 2023

Appendix A

| Partnership Budget - Objective Summary | 2023/24 Budget | | | | | | | | | (Under) Spend Variance at Period 6 | Movement in projected variance from Period 6 |
|--|----------------|----------------|------------------------------|----------------|----------------|------------------------------|----------------|----------------|------------------------------|------------------------------------|--|
| | 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 | 70,430 | 69,219 | (1,211) | 19,463 | 20,806 | 1,343 | 89,893 | 90,025 | 132 | 366 | (234) |
| : Locality Services | 28,193 | 27,346 | (847) | 5,354 | 5,549 | 195 | 33,547 | 32,895 | (652) | (229) | (423) |
| : Community Care Service Delivery | 36,607 | 35,995 | (612) | 0 | 0 | 0 | 36,607 | 35,995 | (612) | (693) | 81 |
| : Rehabilitation and Reablement | 2,131 | 2,136 | 5 | 0 | 0 | 0 | 2,131 | 2,136 | 5 | 2 | 3 |
| : Long Term Conditions | 943 | 1,004 | 61 | 10,420 | 11,449 | 1,029 | 11,363 | 12,453 | 1,090 | 1,027 | 63 |
| : Community Link Workers | 181 | 174 | (7) | 0 | 0 | 0 | 181 | 174 | (7) | (8) | 1 |
| : Integrated Island Services | 2,375 | 2,564 | 189 | 3,689 | 3,808 | 119 | 6,064 | 6,372 | 308 | 267 | 41 |
| MENTAL HEALTH SERVICES | 29,804 | 30,234 | 430 | 73,700 | 74,888 | 1,188 | 103,504 | 105,122 | 1,618 | 1,804 | (186) |
| : Learning Disabilities | 22,959 | 23,629 | 670 | 478 | 478 | 0 | 23,437 | 24,107 | 670 | 660 | 10 |
| : Community Mental Health | 5,961 | 5,716 | (245) | 1,753 | 1,753 | 0 | 7,714 | 7,469 | (245) | (266) | 21 |
| : Addictions | 884 | 889 | 5 | 1,837 | 1,837 | 0 | 2,721 | 2,726 | 5 | 2 | 3 |
| : Lead Partnership Mental Health NHS Area Wide | 0 | 0 | 0 | 69,632 | 70,820 | 1,188 | 69,632 | 70,820 | 1,188 | 1,408 | (220) |
| CHILDREN & JUSTICE SERVICES | 34,714 | 39,831 | 5,117 | 4,846 | 4,998 | 152 | 39,560 | 44,829 | 5,269 | 5,016 | 253 |
| : Irvine, Kilwinning and Three Towns | 3,183 | 3,152 | (31) | 0 | 0 | 0 | 3,183 | 3,152 | (31) | 3 | (34) |
| : Garnock Valley, North Coast and Arran | 3,062 | 2,997 | (65) | 0 | 0 | 0 | 3,062 | 2,997 | (65) | (73) | 8 |
| : Intervention Services | 1,828 | 1,807 | (21) | 0 | 0 | 0 | 1,828 | 1,807 | (21) | (88) | 67 |
| : Care Experienced Children & Young people | 22,941 | 27,869 | 4,928 | 0 | 0 | 0 | 22,941 | 27,869 | 4,928 | 4,740 | 188 |
| : Head of Service - Children & Families | 1,070 | 1,376 | 306 | 0 | 0 | 0 | 1,070 | 1,376 | 306 | 300 | 6 |
| : Justice Services | 2,413 | 2,412 | (1) | 0 | 0 | 0 | 2,413 | 2,412 | (1) | 0 | (1) |
| : Universal Early Years | 217 | 218 | 1 | 4,199 | 4,351 | 152 | 4,416 | 4,569 | 153 | 134 | 19 |
| : Lead Partnership NHS Children's Services | 0 | 0 | 0 | 647 | 647 | 0 | 647 | 647 | 0 | 0 | 0 |
| CHIEF SOCIAL WORK OFFICER | 1,858 | 1,393 | (465) | 0 | 0 | 0 | 1,858 | 1,393 | (465) | (384) | (81) |
| PRIMARY CARE | 0 | 0 | 0 | 52,998 | 52,932 | (66) | 52,998 | 52,932 | (66) | 0 | (66) |
| ALLIED HEALTH PROFESSIONALS | 0 | 0 | 0 | 10,200 | 10,200 | 0 | 10,200 | 10,200 | 0 | 0 | 0 |
| COVID NHS | 0 | 0 | 0 | 0 | (274) | (274) | 0 | (274) | (274) | (274) | 0 |
| MANAGEMENT AND SUPPORT COSTS | 8,908 | 7,539 | (1,369) | 3,476 | 3,142 | (334) | 12,384 | 10,681 | (1,703) | (1,756) | 53 |
| NATIONAL COMMISSIONED SERVICE | 0 | 0 | 0 | 3 | 3 | 0 | 3 | 3 | 0 | 0 | 0 |
| FINANCIAL INCLUSION | 1,335 | 1,333 | (2) | 0 | 0 | 0 | 1,335 | 1,333 | (2) | (3) | 1 |
| OUTTURN ON A MANAGED BASIS | 147,049 | 149,549 | 2,500 | 164,686 | 166,695 | 2,009 | 311,735 | 316,244 | 4,509 | 4,769 | (260) |
| Return Hosted Over/Underspends East | 0 | 0 | 0 | 0 | (389) | (389) | 0 | (389) | (389) | (461) | 72 |
| Return Hosted Over/Underspends South | 0 | 0 | 0 | 0 | (340) | (340) | 0 | (340) | (340) | (403) | 63 |
| Receive Hosted Over/Underspends South | 0 | 0 | 0 | 0 | 133 | 133 | 0 | 133 | 133 | 133 | 0 |
| Receive Hosted Over/Underspends East | 0 | 0 | 0 | 0 | (55) | (55) | 0 | (55) | (55) | (52) | (3) |
| OUTTURN ON AN IJB BASIS | 147,049 | 149,549 | 2,500 | 164,686 | 166,044 | 1,358 | 311,735 | 315,593 | 3,858 | 3,986 | (128) |

2023-24 Savings Tracker

Appendix B

| Savings ref number | Description | Deliverability Status at budget setting | Deliverability Status at month 7 | 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 | Blue | 1,000,000 | 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. |
| 3 | Care Home Respite | Amber | Green | 560,000 | All respite care to be provided in-house at Anam Cara and Montrose House and any use of other respite provision funded via Carers budget. |
| 4 | Montrose House Capacity | Green | Amber | 210,000 | Registration amended from 30 beds to 20 beds across 2 staffed wings. This is 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 | Blue | 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 |
| 7 | Trindlemoss Day Care | Green | Blue | 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 | Blue | 30,000 | The contract has ceased and will not be renewed. |
| Other Areas | | | | | |
| 9 | Carers Act Funding - Substitution of Spend | Green | Blue | 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 7 | 2023/24 Saving | Description of the Saving |
|----------------------------------|---|---|----------------------------------|-------------------------|--|
| Other Areas | | | | | |
| 10 | Payroll Turnover - increase to target (social care) | Green | Blue | 1,000,000 | The saving is based on less than 50% of the 2022/23 overachievement |
| 11 | Income Generation - 5% Increase to fees and charges | Green | Blue | 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. |
| 12 | Staffing Reconfiguration - Finance and Transformation | Green | Blue | 35,091 | Saving released through management and admin structure change |
| TOTAL SOCIAL CARE SAVINGS | | | | <u>4,020,623</u> | |

Health:

| Savings ref number | Description | Deliverability Status at budget setting | Deliverability Status at month 7 | Approved Saving 2023/24 £m | Description of the Saving |
|-----------------------------|--|---|----------------------------------|----------------------------|--|
| 13 | Payroll Turnover - Health Lead Partnership | Green | Blue | 392,245 | The saving is based on less than 25% of the 2022/23 overachievement |
| 14 | Payroll Turnover - Health Non Lead Partnership | Green | Blue | 250,000 | The saving is based on less than 50% of the 2022/23 overachievement |
| 15 | Reprovisioning of Continuing Care beds | Amber | Blue | 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. |
| TOTAL HEALTH SAVINGS | | | | <u>942,245</u> | |

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 | 1-6 | P | 24.640 |
| HSCP Fin Circ 3 | 1-3 | T | 0.013 |
| Living Wage - final allocation | 1-3 | P | 2.808 |
| ICT Licences Various | 1-3 | P | (0.012) |
| Island Funds | 1-3 | T | 0.015 |
| Facilities Management Costs - Montrose House | 1-3 | P | 0.387 |
| West Road - Capital funded from Revenue | 1-3 | T | (0.300) |
| Care at Home – Draw from reserves | 4 | T | 0.173 |
| Transport (taxi) budget transferred to HSCP | 6 | P | 0.247 |
| Curator fees budget transferred from Legal Services | 6 | P | 0.004 |
| Fostering and Kinship – additional SG funding re increased rates. | 6 | P | 0.486 |
| Commercial Waste | 7 | P | 0.005 |
| Roundings | 7 | | 0.001 |
| Social Care Budget Reported at Month 7 | | | 147.049 |
| HEALTH | Period | Permanent or Temporary | £'m |
| Initial Baseline Budget | | | 164.500 |
| Month 10-12 Adjustments | | | 2.473 |
| MDT funding | | | 0.828 |
| Adjust for full year impact of part year amounts | | | 0.052 |
| Revised Baseline | | | 167.853 |
| Baseline Funding Increase | | | 2.164 |
| Adjust for recurring funding | | | 7.629 |
| Adjust for non-recurring | | | 2.434 |
| Resource Transfer | | | (23.597) |
| 2023/24 Opening Position | | | 156.483 |
| Net impact of Pan Ayrshire Pressures | 1 | P | 0.028 |

| | | | |
|--|---|--|---------|
| Top Slicing Posts 2022-23 | 2 | | (0.054) |
| MDT Funds to Arran Medical Group | 3 | | (0.033) |
| Training Grade Adjustments | 3 | | (0.035) |
| Ward 3 Band 2 Domestic | 3 | | (0.004) |
| V2 B6 to AHM233 | 3 | | (0.061) |
| Virement 12 Band 2 Domestic | 4 | | (0.010) |
| Virement 18 Band 3 budget transfer - J Baird | 4 | | 0.019 |
| Lymphoedema Top Slice RX | 4 | | (0.029) |
| HD Ref 51 Band 2-4 | 4 | | 0.054 |
| District Nursing Anticipated | 5 | | 0.032 |
| HD REF 110 Multi-Disciplinary Teams | 5 | | 0.120 |
| Post (EB) transferred to Medical Records | 5 | | (0.037) |
| Integrated Infant Feeding (South) | 5 | | 0.057 |
| Integrated Infant Feeding (SG) | 5 | | 0.050 |
| 2023-24 RX Budget | 6 | | (0.908) |
| Training Grade ADJ - August | 6 | | 0.270 |
| PFG LOCAL IMPROVEMENT | 6 | | 0.457 |
| ADP National Mission | 6 | | 0.207 |
| ADP Residential Rehab | 6 | | 0.094 |
| ADP AFC Pay Uplift | 6 | | 0.091 |
| ADP Lived & Living Experience | 6 | | 0.009 |
| ADP Drug Prevalence | 6 | | 0.059 |
| ADP Whole Family Approach | 6 | | 0.066 |
| ADP MAT 70% | 6 | | 0.175 |
| HD126: MENTAL HEALTH AFTER COVID HOSPITALISATION SERVICE 23-24 | 6 | | 0.039 |
| REMOVE Anticipate MACH (Mental Health After Covid) | 6 | | (0.102) |
| HD185: MENTAL HEALTH OUTCOMES FRAMEWORK | 6 | | 2.178 |
| HD227: DELIVERY OF VETERAN SPECIFIC MENTAL HEALTH SUPPORT | 6 | | 0.105 |
| HD229: DIGITAL THERAPY POSTS | 6 | | 0.059 |
| COMMUNITY PHLEBOTOMY - NORTH SHARE | 6 | | (0.039) |
| SOUTH ADP WARD 5 W/VIEW PAY UPLIFT | 6 | | 0.003 |
| SOUTH ADP ORT PAY UPLIFT | 6 | | 0.005 |
| SOUTH ADP PREV&SERVICES SUPPORT PAY UPLIFT | 6 | | 0.004 |
| Apprenticeship Levy | 6 | | 0.225 |
| Training Grade ADJ - September | 6 | | (0.007) |
| ADP PSST Support - South | 6 | | 0.008 |

| | | | |
|---|---|--|----------------|
| South Naloxone kits | 6 | | 0.002 |
| South MAT Funding - Psychiatry | 6 | | 0.029 |
| ADP Pay Uplift | 6 | | 0.003 |
| Drug Tarif Anticipate 2023-24 | 6 | | 0.525 |
| North HSCP Medical Pay Award 23/24 | 6 | | 0.532 |
| LDS Shortfall - Alloway Place | 7 | | (0.008) |
| TEC (North) to CSS | 7 | | (0.075) |
| Budget adj for Buvidal use NADARS | 7 | | (0.002) |
| MH Strategy Action 15 Workforce 23-24 | 7 | | 0.879 |
| CAMHS IMP - IPCU | 7 | | 0.243 |
| CAMHS IMP - INT HOME TREATMENT TEAMS | 7 | | 0.221 |
| CAMHS IMP - OOH UNSCHEDULED CARE | 7 | | 0.148 |
| CAMHS IMP - LD FORENSIC AND SECURE | 7 | | 0.089 |
| HD305: SPECIALIST COM PERINATAL MH, INFANT MH & NEONATAL PSYCHOLOGY INTERVENTION | 7 | | 0.373 |
| ANTICIPATE TRANCHE 2: SPECIALIST COM PERINATAL MH, INFANT MH & NEONATAL PSYCHOLOGY INTERVENTION | 7 | | 0.215 |
| DE-ESCALATION ROOMS TO RESOURCE | 7 | | (0.025) |
| Hd254 Pharmacy tariff reduction to reflect historic NRAC share. | 7 | | (0.015) |
| Hd256 Increase to the pharmacy tariff to match the actuals on the national allocation letter. | 7 | | 0.018 |
| Roundings | 7 | | (0.001) |
| Anticipated budgets included in the report but not in the ledger | 7 | | 3.000 |
| Health Budget Reported at Month 7 | | | 164.686 |

| | | | |
|------------------------------|--|--|----------------|
| TOTAL COMBINED BUDGET | | | 311.735 |
|------------------------------|--|--|----------------|

Integration Joint Board 14th December 2023

| | |
|------------------------|---|
| Subject: | Progress update on Implementation of the National Neurodevelopment Specification and Neurodevelopment Extreme Team and North Ayrshire Implementation Group programme of Reform |
| Purpose: | The report is for: <ul style="list-style-type: none"> • Awareness • Discussion |
| Recommendation: | IJB are asked to: <ul style="list-style-type: none"> • Note the successful implementation in Ayrshire and Arran to meet the National CAMHS Specification from 1st August 2023; • Note the whole system Pan Ayrshire Extreme Team programme of work and recommendations to meet the National Neurodevelopment Specification including the work of the North Ayrshire Neurodevelopment implementation group. |

| | | |
|--|--|---|
| Direction Required to Council, Health Board or Both | Direction to: | |
| | 1. No Direction Required | X |
| | 2. North Ayrshire Council | |
| | 3. NHS Ayrshire & Arran | |
| | 4. North Ayrshire Council and NHS Ayrshire & Arran | |
| Glossary of Terms | | |
| NHS AA | NHS Ayrshire and Arran | |
| HSCP | Health and Social Care Partnership | |
| ND | Neurodevelopmental Diagnosis | |
| RTT | Referral to treatment time | |
| N-CAMHS | Neuro- CAMHS | |
| CAMHS | Child and adolescent mental health services | |
| DNA | Did Not Attend | |

| | |
|-----------|--|
| 1. | EXECUTIVE SUMMARY |
| 1.1 | This report provides an update on the implementation of the National Neurodevelopment Specification, to ensure the IJB are aware of the progress and supportive of the work required with partner services in the development of Neurodevelopmental Services for children and young people where there is no co-occurring mental health presentation. This development both on a Pan Ayrshire basis and within HSCP areas is required to meet the National Neurodevelopmental Specification for Children and Young People: National Neurodevelopmental Specification for Children and Young People |

| | |
|-----------|---|
| 1.2 | The National Neurodevelopmental Specification is for children and young people who have neurodevelopmental profiles with support needs and require more support than currently available. Prior to 1st August these children were often referred to CAMHS but did not always meet the mental health criteria described in the CAMHS national service specification criteria. |
| 1.3 | In Ayrshire and Arran from the 1st of August the CAMHS service is fully compliant with the national CAMHS specification. The service will now only accept referrals for young people requiring a Neurodevelopmental Diagnosis (ND) where there is an underlying and co-occurring mental health need evident. It is anticipated that CAMHS will be the first Board area in Scotland to achieve a referral to treatment response time of four weeks in alignment with the national specification by early 2024. |
| 1.4 | To fully deliver CAMHS in alignment with the National service specification and ensure the service can maintain performance and clinical standards, referrals are signposted to alternative pathways for those young people who do not meet the service specification access criteria. These are largely for young people requiring a neurodevelopmental diagnosis in the absence of a mental health need which have historically been accepted before the national specification was developed and now account for significant waiting times within the CAMHS service. This is required to ensure safe service sustainability and to enable CAMHS resources to be allocated to young people with mental health needs in alignment with the CAMHS pathways developed by the Extreme Team reform work. |
| 1.5 | To ensure delivery development of the National Neurodevelopment specification a whole system Neurodevelopment Extreme Team was commissioned by the IJB Chief Officers in May 2023 concluding with recommendations for Transformation reform in October 2023. |
| 1.6 | A North Ayrshire Neurodevelopment Implementation Group was established in June 2023 to enable local transformation developments to be delivered. |
| 2. | BACKGROUND |
| | <u>Neurodevelopmental Specification</u> |
| 2.1 | The Children and Young People's Mental Health and Wellbeing Taskforce reported and recommended in 2019 that Scottish Government and Partners should: " <i>Develop a Neurodevelopmental Service Specification for use across services in Scotland</i> ". The Children and Young People's Mental Health and Wellbeing Programme Board and the subsequent Joint Delivery Board took responsibility for developing these principles and standards of care. |

| 2.2 | The National Neurodevelopmental Specification for children and young people published in September 2021, is for children and young people who have neurodevelopmental profiles with support needs and require more support than currently available. The Neurodevelopmental Specification highlights a range of conditions that come under the broad umbrella term of 'neurodevelopmental', including Autism Spectrum Disorder (ASD), Attention Deficit Hyperactivity Disorder (ADHD), Foetal Alcohol Spectrum Disorder (FASD), Developmental Language Disorder (DLD). | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|-----------------------|---|-----------|-----------|-------|------|------------------|----|----|----|------------------|----|----|----|-----------|---|---|---|-----------------------|---|---|---|----------------|---|---|---|--|-----------|-----------|-----------|
| 2.3 | These children have traditionally been referred to Child and Adolescent Mental Health Services (CAMHS) in Ayrshire and Arran for assessment of neurodevelopmental condition; however, consistently, around 50% of the children and young people referred to CAMHS with neurodevelopmental concerns have not met the criteria detailed in the CAMHS National Service Specification. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.4 | On 1 st August 2023, Ayrshire & Arran CAMHS fully implemented the CAMHS Specification. The need for pathways to access assessment and support for Children and Young People with a neurodevelopmental concern only (i.e., without moderate-to-severe mental illness) is clearly urgent. There is a need for 'whole system' mobilisation and commitment to meet the needs of this group of young people, who may require support, access to assessment and, for a proportion, medication. It should, however, be noted that although there was a referral pathway to CAMHS prior to August 2023, the substantial and rapid increase in referrals for neurodevelopmental assessment resulted in lengthy waiting lists in CAMHS; hence, the removal of this referral pathway has not, in practice, changed whether an assessment is rapidly available. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.5 | <p>Although CAMHS fully implemented its Specification on 1st August 2023, it will continue to provide assessments for those C&YP referred prior to this date, including those who do not meet its criteria. At present, CAMHS has a waiting list of over three years for neurodevelopmental assessments. The pathways for Children and young people with mental health and developmental needs requiring specialist intervention from CAMHS and Paediatric services remain fully operational.</p> <p>The Neurodevelopment referrals received that do not meet the CAMHS specification with no underlying mental health need received from 1st August 2023 to 30th November 2023 are noted in the table below by HSCP area:</p> <table border="1" data-bbox="233 1630 1442 2027"> <thead> <tr> <th></th> <th>North</th> <th>South</th> <th>East</th> </tr> </thead> <tbody> <tr> <td>GPs/Primary care</td> <td>20</td> <td>13</td> <td>20</td> </tr> <tr> <td>School/Education</td> <td>18</td> <td>40</td> <td>26</td> </tr> <tr> <td>OOA CAMHS</td> <td>2</td> <td>0</td> <td>1</td> </tr> <tr> <td>Community Paediatrics</td> <td>0</td> <td>2</td> <td>0</td> </tr> <tr> <td>Outpatient MPP</td> <td>1</td> <td>0</td> <td>0</td> </tr> <tr> <td></td> <td>41</td> <td>55</td> <td>47</td> </tr> </tbody> </table> | | North | South | East | GPs/Primary care | 20 | 13 | 20 | School/Education | 18 | 40 | 26 | OOA CAMHS | 2 | 0 | 1 | Community Paediatrics | 0 | 2 | 0 | Outpatient MPP | 1 | 0 | 0 | | 41 | 55 | 47 |
| | North | South | East | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GPs/Primary care | 20 | 13 | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| School/Education | 18 | 40 | 26 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OOA CAMHS | 2 | 0 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Community Paediatrics | 0 | 2 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Outpatient MPP | 1 | 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 41 | 55 | 47 | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | |
|------|--|
| 2.6 | <p>The referral themes are those related to the following factors:</p> <ul style="list-style-type: none"> • Request for support in school related to attainment. • Delays with achievement of developmental milestones • Social isolation • ‘Picky eating’ or factors related to disordered eating. • Behavioural concerns related to ADHD <p>It is particularly evident that a timely response to requests from families and carers who have concerns about their children’s neurodevelopmental profiles and needs, can reduce family and carer stress and anxiety, and prevent an escalation of risk and need.</p> |
| 2.7 | <p>The National Neurodevelopmental Specification for Children and Young People 2019 (hereon referred to as The Specification) complements and sits within the Getting It Right for Every Child (GIRFEC) approach. It reflects the principles of the Universal Health Visiting Pathway (UNRC) and Ready to Act for Allied Health Professionals. The Specification aims to ensure that children and families receive the supports and access to services that meet their needs at the earliest opportunity, based on the GIRFEC approach. For many children and young people, such support is likely to be community based, and should be quickly and easily accessible and proportionate to need.</p> |
| 2.8 | <p>The Specification stresses the need for co-ordinated working between services and agencies, and shared responsibility for these children and young people, stating that they will be able to access additional support, appropriate for their neurodevelopmental needs. Also, that professionals will <i>“provide assessment, formulation, recommendations, and where appropriate and helpful, diagnostic assessment for those children and young people to help them understand their neurodevelopmental differences and support needs”</i>, however that an <i>“understanding of support needs can be enhanced by diagnosis but <u>should not wait for diagnosis.</u>”</i></p> |
| 2.9 | <p>The Specification outlines that children, young people and their families will be able to access additional support, appropriate for their neurodevelopmental needs, through universal services, such as via the named person, and community based mental health and wellbeing supports and services. Universal services should work closely with professionals working in neurodevelopmental services, relevant health and social care and education services. These professionals should be linked with CAMHS so that children and young people with both neurodevelopmental and mental health support needs can get the additional support they require.</p> |
| 2.10 | <p>Professionals providing support will also provide assessment, formulation, recommendations, and where appropriate and helpful, diagnostic assessment for those children and young people to help them understand their neurodevelopmental differences and support needs. Understanding of support needs can be enhanced by diagnosis but should not wait for diagnosis.</p> |

The National Neurodevelopmental Specification sits along the Service Specification for CAMHS and the same principles underpin both specifications. There are 7 standards of care set out to provide the minimum stand of care expected from neurodevelopmental services.

These are:

1. High Quality Care and Support that Is Right for Me
2. I am fully involved In the Decisions about my Care
3. I will receive High Quality Assessment, Formulation and Recommendations that are right for me
4. My Rights are acknowledged, Respected and Delivered
5. I am fully involved in Planning and Agreeing my transitions
6. We fully involve Children, Young People and their Families and Carers
7. I have confidence in the Staff who support Me

Diagram 1: Neurodevelopmental Services within the agreed Children and Young People's Mental Health and Wellbeing model:



2.11 The specification sits as part of a whole system, with a single point of access, whereby health, education, social services and third sector professionals actively seek to understand each other's unique contributions and respect each other's areas of expertise. A stepped and matched care pathway is needed so additional supports for example from CAMHS can be accessed as needed, this stepped support from CAMHS is in place in Ayrshire and Arran with the establishment of the Neurodevelopment CAMHS service.

2.12 Professional staff supporting the implementation of the neurodevelopmental specification will include registered children's professionals with additional training in

| | |
|------|---|
| | the identification, assessment, and formulation of neurodevelopmental conditions, including: |
| | <ul style="list-style-type: none"> • Speech and Language Therapists • General Practitioners • Paediatricians • Occupational Therapists • Peripatetic Teachers • Educational Psychologists • Nurses • Clinical Psychologists • Social Workers • Children and Adolescent Psychiatrists • Physiotherapists |
| | This illustrates the whole system approach and range of professionals required to support young people. |
| 2.13 | A timely response to requests from families and carers who have concerns about their children's neurodevelopmental profiles and needs can reduce family and carer stress, improve confidence in adopting positive and supporting parenting approaches, and receive support, guidance and interventions that are tailored to the needs of their children, increasing the prospects of early improvements in outcomes. It is nationally recognised that the implementation of the neurodevelopmental specification will reduce the numbers of children and young people referred to CAMHS, and redirected, as they do not meet the CAMHS referral mental health and risk/impact criteria. |
| | <u>Neurodevelopmental Empowerment and Support Team (NEST)</u> |
| 2.14 | Across the three Ayrshires, significant progress has been made toward meeting the principles of the Specification. For example, the commissioning of the Neurodevelopmental Empowerment and Support Team (NEST), has provided a service that can map and co-ordinate community services for individuals and families, providing training and workshops for families and professionals, often in conjunction with local clinicians. Supports are offered regardless of whether a formal diagnosis has been given to any individual, and NEST is a lifespan approach which provides the following services and outcomes : |
| | <ul style="list-style-type: none"> • <u>Information access</u> – enables up to date, relevant and accessible information is freely available for the neurodivergent community and professionals across Ayrshire. Individuals and families will have a good understanding of what a diagnosis means for them and will be able to make informed decisions. |
| | <ul style="list-style-type: none"> • <u>Empowerment Programme</u> – Individuals and families/carers will have a better understanding of their neurodivergent differences and through the opportunity to learn, develop strategies and networks will be empowered to live as full a life as possible. The NSET team, in partnership with individuals, families and |

| | |
|------|---|
| | neurodevelopmental professionals will design and deliver a systematic pan Ayrshire, needs based. |
| | <ul style="list-style-type: none"> • <u>Community/Services</u> - Communities across Ayrshire will be more tolerant and understanding of the needs of neurodivergent individuals. This tolerance and understanding will provide a marked improvement in access and opportunity for neurodivergent individuals and families. Local services will be aware of the needs of our neurodivergent community and will systematically incorporate solutions to these needs into their service delivery. |
| 2.15 | These core critical outcomes are being delivered through collaborative working with neurodivergent individuals, their families, clinicians, third sector and services across Ayrshire. |
| 2.16 | This is a unique life span population wide universal service and an exemplar across the rest of Scotland in building a cohesive lifespan pathway of supports to people with neurodivergent needs. The NEST service provides the building blocks and foundation in Ayrshire and Arran to taking forward the full implementation of the Neurological Specification. |
| 2.17 | Additional funding has been made available to NEST, from the three Health and Social Care Partnerships, to increase its staff group and provide more localised support within each of the Ayrshires and a successful recruitment programme has been completed. |
| 2.18 | In addition, North Ayrshire, through the support of the Children's Services Strategic Partnership (CSSP) has also committed a further £400k from the Whole Family Wellbeing Fund to expand the Family Centred Wellbeing Service (FCWS) from its current delivery in Irvine and Three Towns, to Kilwinning and the Garnock Valley. This will be a multi-disciplinary service, providing pre- and post-assessment family support to children, young people, and their families in North Ayrshire where there are NDDs. The team will work closely with the Neurodevelopmental Empowerment and Strategy Team (NEST) and will align to existing models of requests for assistance within children's services (e.g. Named Person/ Lead Professional RFA to the requested service). |
| 2.19 | <p>The existing team of 4 x Grade 7 Family Wellbeing Workers would be expanded as follows:</p> <ul style="list-style-type: none"> • 10 x Grade 7 Family Workers – allowing for 2 workers per mainland locality and 1 in Arran, and 3 to support on a peripatetic basis. • 1 x Band 6 Speech and Language Therapist • 1 x Band 6 Occupational Therapist • 1 x Grade 4 Admin Assistant • 1 x Grade 12 Team Manager |

| | |
|------|--|
| 2.20 | The proposed model will ensure equity of access and provision across the whole of North Ayrshire, ensuring clear pathways of support and resilience from a broader team. Building on the Family Centred Wellbeing Service is a welcomed development and builds in the existing strengths of the team who currently are supporting a number of families with neurodiversity needs. |
| | <u>Pan Ayrshire Extreme Team</u> |
| 2.21 | Through the commissioning of a C&YP Neurodiversity Extreme Team by the three Health and Social Care Partnership Chief Officers in May 2023, work has begun across the whole system to explore and design an alternative approach to support, assessment and treatment of children where there may be a concern regarding a neurodevelopmental condition. |
| 2.22 | However, it has become apparent that this is a complex area of work which requires cultural change, clear leadership, and additional investment to meet the growing need, while at the same time maximizing the understanding and access to the existing supports and services that are available for children and young people through each locality. |
| 2.23 | The Extreme Team established in May 2023 with multiagency whole system partners from Children’s services, Paediatric services, Education, Mental Health and Primary Care has been commissioned to enable a whole system response to the reform question: |
| | <i>“In light of the CAMHS and Neurodevelopmental National Specifications, what are; Ayrshire and Arran, the three HSCP’s, three Councils and their partners doing to provide timeous access to Neurodevelopmental Assessments, and how can the “whole system” provide high quality supports to those children and families where such concerns are identified at an early stage.”</i> |
| 2.24 | The workstreams subsequently developed in response to this reform question required a significant amount of information gathering, national and local research to be undertaken to establish what is currently in place and areas of further development required. |
| 2.25 | The workstreams and scopes identified by the Extreme Team included the following areas of enquiry: |
| | <ol style="list-style-type: none"> 1. To have a full appreciation of the data around the number of Children and young people who would typically be referred to CAMHS with a Neurodevelopmental concern but do not have a Mental Health condition. In particular, <ul style="list-style-type: none"> • What is this for Ayrshire and Arran? • How does this break down by Locality, North, South and East HSCP and Councils? • Where do referrals come from in each locality? |

| | |
|--|---|
| | <p>2. To understand what other supports and services are already available across the “whole system” to assessment and support Neurodevelopmental concerns, such as;</p> <ul style="list-style-type: none"> • Universal services, (including targeted support) in Education Health and HSCPs • Children Services Planning Partnerships • Community Mental Health Supports delivered or commissioned locally. • Whole Family Wellbeing fund and resources available to children and young people • Existing specialist services, within Health (Community Paediatrics) and those commissioned Services (Purple House). • The contribution by the Third Sector • What is the co-ordination and governance structure across these services? |
| | <p>3. To develop a clear communication strategy to support a well-informed understanding of Neurodevelopmental concerns and engagement with key whole system stakeholders and referring agencies.</p> |
| | <p>4. To develop pathways for assessment and access to services for children with Neurodevelopment concerns, within Ayrshire and Arran and task each Children Services Planning Partnership to consider the use of existing resources to deliver on Neurodevelopment supports locally.</p> |
| | <p>5. To underpin that the access to assessment and supports for children and young people with Neurodevelopmental concerns and their families, is a duty and responsibility of the “Whole System”. That this duty is underpinned by GIRFEC (and its refresh), The Promise, and the Additional Support for Learning Act. As well as the national specifications mentioned above on CAMHS and Neurodevelopment.</p> |
| | <p>6. Ensure there are appropriate screening and access criteria in place and pathway development to ensure appropriate and meaningful signposting to the right service or supports at the right time.</p> |
| | <p>7. Timely access to neurodevelopmental assessment, diagnosis and interventions or medical treatments and prescribing where required and clarity about how this is to be delivered.</p> |
| | <p>8. Involvement of children, families, and people with lived experience in shared planning and local decision making</p> |
| | <p>9. To understand the current and anticipated future demand for neurodevelopmental assessments for C&YP to guide resource planning. This is essential to be able to endorse a model that will be sustainable.</p> |

| | |
|----------|---|
| | 10. Consideration of Digital solutions to improve timely access to the right supports including the development of a SPOC and Directory of Services. |
| 2.26 | In addition to the work of the Extreme Team each HSCP area has been requested to establish a Neurodevelopment Implementation Group to deliver local planning and tailored solutions. |
| 3 | PROPOSALS |
| 3.1 | The Pan Ayrshire and Arran Children and Young People Extreme Team has now concluded and delivered on the original commission. There has been full engagement and scoping of the issues identified for resolution. Through the process of “Extreme Teaming” there is now <i>whole system</i> acknowledgement that there requires to be a reformed approach to accessing support for neurodivergent children and young people who require it across Ayrshire and Arran. |
| 3.2 | Pan Ayrshire whole system engagement workshops have been undertaken and through these an exemplar model of practice proposed which will require further local development and tailoring. |
| 3.3 | The proposal is to now move to a Transformation Programme Board for Neurodevelopmental Support and Assessment for Children and Young people on a pan Ayrshire and Arran basis, this will focus on six distinct areas: <ul style="list-style-type: none"> • Access to robust guidance, information, and family support within localities. • Access to pan Ayrshire diagnostic assessments where appropriate. • Access to prescribing services medication and monitoring of medication use where required. • Access to supports via a locality-based SPOC. • Access and use of evidence based innovative digital tools, in the first instance Strata Digital SPOC with Decision Support, Essence D and the national ALLIS database. • To develop a business case for investment to ensure a sustainable approach to Neurodevelopmental needs across Ayrshire and Arran. |
| | Specifically, the Transformational Programme Board will: <ul style="list-style-type: none"> • Undertake an options appraisal and agree the fundamentals of an exemplar model, this model is currently in development. • Support the locality implementation groups, building on and developing a locality approach built around the seven standards of care, laid out in the national specification, and the essential local learning from the engagement work of the Extreme Team. |

| | |
|-----|--|
| 3.4 | The Extreme Team requested that each of the Locality areas establish an implementation group to ensure local detailed work is taking place. North Ayrshire has established this group in June 2023 while East and South Ayrshire are at the early stages of establishing these. |
| 3.5 | The North Ayrshire Locality Implementation group has been established since June 2023 and has been developing a programme of reform work in North Ayrshire based on five key areas: - |
| | <p>1. <u>Family Support</u> Workstream is currently scoping existing support within North Ayrshire for children with Neurodevelopmental Differences (NDD), predominantly focusing on community and universal support. The work will also identify gaps in provision and look to identifying solutions. From this, a directory of family support will be made available which will be held centrally. Further, North Ayrshire’s Children’s Services Strategic Partnerships agreed a significant investment from the Scottish Government’s Whole Family Wellbeing Fund (£600,000 per annum for the life of the fund) into an expansion of the current Family Centred Wellbeing Service to enable it to become a hub of early family support for children with NDD. The NEST team provision in North Ayrshire has also received investment with the additional staff recruited that will focus on North Ayrshire support network and building community capacity.</p> |
| | <p>2. <u>Children’s Services’ Workforce Development</u> The Group is currently in the process of commissioning a training needs analysis for the children’s services’ workforce including health visiting, education, school nursing, Allied Health Professionals and primary care to determine the baseline of confidence and competence in supporting children with NDD and their families. This will inform a comprehensive training plan for the North Ayrshire workforce.</p> |
| | <p>3. <u>Multi-agency Screening and Assessment</u> Build on and develop the Pan Ayrshire exemplar model and tailor this for North Ayrshire by identifying and confirming a local Single Point of Contact (SPOC) to ensure “No Wrong Door” and an equitable locality response to receiving and screening referrals, and accessing and sign posting children, young people and their families to the right support, assessment at the right time, right place, every time. The form and function of our proposed exemplar model will require to be developed over the next 12 months as part of a whole system Business Case.</p> |
| | <p>North Ayrshire is currently testing a screening panel which will support professional discussions around requests for assessment and diagnosis in the main but will also be linked in with community and universal supports where these are deemed more appropriate. The Panel needs to form part of a clear pathway for children which is supported by GIRFEC and aligns to wellbeing assessments and the role of named person and lead professional. The MAP will also provide a route to any newly commissioned services, including prioritisation of those children who they believe to be in need of a diagnostic assessment.</p> |

| | |
|-----|--|
| | <p>4. <u>Children and families' engagement</u> Building on the quality engagement work undertaken with families over the summer, the Implementation Group will undertake further detailed engagement with families who have received support or who are awaiting support, to inform progress in North Ayrshire. This will take the form of focus groups and interviews with individuals, and seeks to also hear the voice of the child through direct involvement with children and young people.</p> |
| | <p>5. <u>Digital transformation</u> Liaise with the NHS Ayrshire & Arran Mental Health Digital Transformation group to consider digital options to facilitate effective and efficient operational referral management and access to appropriate supports and services for the local and Ayrshire wide digital solutions. The SPOC/MAP and all pathways into services will be enabled and have access to a range of digital tools. In the first instance these will be facilitated through a pilot of <i>STRATA Digital SPOC</i> and a programme of work in collaboration with Glasgow University utilising an integrated assessment approach: '<i>Essence D</i>'. The Full Business Case will include the associated costs of digital which will be directly related to whole system outcomes.</p> |
| 3.6 | <p>In addition, North Ayrshire's Implementation Group aims to:</p> <ul style="list-style-type: none"> • Engage with all appropriate experts and leadership to contribute to and support the development of a pathway for prescribing and monitoring, as developed by the Transformational Programme Board. • To deliver on the Communication Scope undertaken by the Pan Ayrshire Extreme Team and, • Develop a North Ayrshire focused engagement plan. |
| 3.7 | <p>There is unanimous agreement by the Pan Ayrshire Extreme Team and the North Ayrshire Implementation group that any model developed must be predicated on the provision of support first and foremost.</p> |
| 3.8 | <p>In line with the specification and feedback from local and Pan Ayrshire engagement, it is also accepted that there must be full consideration given to the availability of a diagnostic assessment. The development of such a service is complicated by the following factors:</p> |
| | <ul style="list-style-type: none"> • The extremely high demand there is for an assessment service, leading to a risk that any assessment service becomes overwhelmed rapidly, leading to extensive waiting lists and difficulties with recruitment and retention of professionals involved in delivering assessments. • Resource requirements to deliver or commission a diagnostic assessment service. • Local differences on what professionals would be involved in assessment. • Local and national work force limitations in the professions who could form an assessment team. |

| | |
|------|---|
| 3.9 | It is proposed that diagnostic services are commissioned initially, (for up to 12 months) until a local diagnostic solution can be developed. |
| 3.10 | The North Ayrshire implementation group are currently assessing demand and modelling what will be required with access criteria on a short-term basis as a business case with future workforce plans are developed and appropriate resources identified. |
| 3.11 | <u>Anticipated Outcomes</u> |
| | <p>IJB has assurance that risks are identified and managed appropriately to ensure the safe and sustainable delivery of the National Neurodevelopment Specification. Ayrshire and Arran will have a sustainable and world class CAMHS service that meets the needs of young people that require support under the national CAMHS service specification.</p> <p>Full alignment and compliance with the national CAMHS service specification with improved Children and Young People’s Mental health and wellbeing outcomes, timely access to services and support to Children, young people, and their families at a locality level in alignment with the CAMHS extreme team reform question.</p> <p>The positive delivery of a whole system Neuro-developmental Service in Ayrshire and Arran. CAMHS will be able to progress through the current Neurodevelopmental list more timeously and be able to offer more therapeutic interventions. Young people coming through N-CAMHS will be seen by the right person, in the right place at the right time.</p> <p>Opportunity for whole system partnership approach to developing alternative service or community wellbeing solutions for young people that do not need a CAMHS referral and building on the good practice already being commissioned by Education and Children’s services across the whole system.</p> |
| 3.12 | <u>Measuring Impact</u> |
| | CAMHS can monitor the number of referrals that come to the N-CAMHS service and the referrals that are meaningfully redirected to more appropriate partner services. Benson Wintere has been commissioned since 2020 and is able to produce locality and school level information on referral activity, work force modelling, capacity, and demand with live dashboards to reflect service activity. This information is utilised to continue to inform wholes system service planning and workforce development. |
| | <p>Common themes from the referrals received from 1st August relate to :-</p> <ul style="list-style-type: none"> • Support in school for attainment, • Not meeting milestones, • Sleep, • Social isolation, |

| | |
|------------------|--|
| | <ul style="list-style-type: none"> • Picky eating and, • Behavioural concerns in relation to ADHD as there is still no agreement around medication. |
| | <p>A multiagency panel continues to review referrals across the system to monitor need and ensure that appropriate supports are in place.</p> |
| | <p>HSCP engagement officers continue to facilitate engagement and consultation with both adults and children and young people in service design and to inform service improvements.</p> |
| <p>4.</p> | <p>IMPLICATIONS</p> |
| <p>4.1</p> | <p><u>Financial</u> Creating a Neuro-developmental Service for Children and Young People who do not meet the CAMHS Specification will require financial investment from system partners, as the model and pathways are designed and developed the financial implications will be quantified. There is no funding provided or aligned to the National Neuro specification.</p> <ul style="list-style-type: none"> • Each locality must develop a future model of care involving a Single Point of Contact (SPOC)/Multi agency Panel with pathways for diagnosis and prescribing that will ensure the future needs of local people can be met. This will require investment into new systems and structures. • For diagnostic services, until the workforce and recruitment requirements have been addressed to enable a mainstream delivery of service, access to assessments must be available for each locality. This will need to be locally determined and based on proposed locality arrangements, access criteria and demand modelling. This temporary interim allocation will ensure continuation of necessary assessment and diagnosis and management of waiting lists while a full business case is written. • There will be a future financial requirement for prescribing and monitoring services, particularly if this involves General Practice and Advanced Specialist prescribing skills and roles. This new innovative model requires further development, however without this type of approach the current models will be unable to deliver prescribing and monitoring for the future predicted numbers within our local population. • Each locality will require to be supported to further develop and implement their own family support service, considering whole family wellbeing and linking this to Children Service Planning. These supports will be accessed through the proposed SPOC/MAP. In North Ayrshire the CSSP group has identified additional resources to enhance an existing family support model. A recruitment programme is underway to enable the expanded service to be launched. Additional investment has also been provided to enhance the Pan Ayrshire NEST service. |

| | |
|-----|--|
| | <ul style="list-style-type: none"> • The management of a Pan Ayrshire Transformation programme and development of a future business case will require experienced programme management and support capacity to be identified. The Pan Ayrshire Extreme team have recommended a contribution from each locality to dedicated programme management and administration. • Any digital tools and solutions will require prioritisation and further investment. Both Strata Digital SPOC and Essence D have one-year non-recurring funding. |
| 4.2 | <p><u>Human Resources</u></p> <p>In North Ayrshire a training needs analysis has been commissioned by the Neurodevelopment implementation group and the whole system workforce will need to undertake elements of retraining and operate new roles to meet future models of care. It is likely that following business case development and workforce planning that the whole system workforce will also need to increase in the future to meet anticipated and current demand trajectories.</p> |
| 4.3 | <p><u>Legal</u></p> <p>There are a group of children who, due to their lack of capacity, require guardianship orders to be put in place via the Scottish Court system from the age of 16 years. This legal issue and its implications for child psychiatry require further exploration.</p> |
| 4.4 | <p><u>Equality/Socio-Economic</u></p> <p>A full equality impact assessment will be required. There is inherent risk of inequality between and across the respective localities if there is significant deviation from the proposed exemplar model framework. The prescribing and monitoring pathways may require to be pan Ayrshire due to interdependency with other pan Ayrshire services.</p> |
| 4.5 | <p><u>Risk</u></p> <p>In North Ayrshire a multi-agency panel continues to monitor referral activity and ensure that referrals are redirected to appropriate supports, monitor risk, and ensure appropriate escalation where additional intervention or assessment may be required.</p> |
| 4.6 | <p><u>Community Wealth Building</u></p> <p>None</p> |
| 4.7 | <p><u>Key Priorities</u></p> <p>Meets Caring for Ayrshire, GIRFEC, The Promise, HSCP strategic objectives, Ayrshire conversation Mental Health priorities, Mental Health and wellbeing strategy. Delivery of a fully resourced and compliant Neurodevelopment service in alignment with the national specification is a key national and local HSCP strategic priority. This will enable full realisation of investment for Children and Young people’s Mental health in Ayrshire and Arran, improving mental health and wellbeing and enabling timely access for young people and their families to the right service or support in the right place and the right time.</p> |

| | |
|-----------|---|
| | It is a key priority of all Partners across the whole system to ensure that there are fully developed wellbeing services and supports for Children, young people, and their families and to enhance current models of best practice in relation to neurodevelopment diagnostic and support provision. This is evidenced by the initial investments by the three HSCP's in the NEST service and Autism support Ayrshire which provide information, training and community supports at a population wide universal level. |
| 5. | CONSULTATION |
| | A Pan Ayrshire community engagement survey has been undertaken. Users of the service, stakeholders, workshops, and the Extreme Team members have informed the proposals within this paper. |
| 6. | CONCLUSION |
| | <p>IJB are asked to:</p> <ul style="list-style-type: none"> • Note the successful implementation in Ayrshire and Arran of delivery of the National CAMHS Specification with improved service access response times for children and young people with underlying mental health needs. • Note the outcome of the Pan Ayrshire Extreme team proposals with development of a local and Pan Ayrshire Transformation programme. • Note the significant progress and reform work underway within North Ayrshire by the North Ayrshire Neurodevelopment implementation group. • Note the significant investment in North Ayrshire in development of Family Support services. |

Caroline Cameron, Director, NAHSCP
Thelma Bowers, Head of Service, Mental Health,
thelmabowers@north-ayrshire.gov.uk,
01294 317849

NHS Ayrshire & Arran

| | |
|------------------------------|--|
| Meeting: | Ayrshire & Arran NHS Board |
| Meeting date: | Monday 4 December 2023 |
| Title: | Whistleblowing Report: Quarter 2, July to 30 September 2023 |
| Responsible Director: | Jennifer Wilson, Nurse Director |
| Report Author: | Karen Callaghan, Corporate Governance Coordinator |

1. Purpose

This is presented to the NHS Board for:

- Discussion

This paper relates to:

- Government policy/directive

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

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

The National Whistleblowing Standards and Once for Scotland whistleblowing policy (the Standards) were introduced on 1 April 2021. NHS Board Members are asked to discuss the report on organisational activity in relation to whistleblowing concerns raised in Quarter 2 (July – September 2023).

2.2 Background

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

The Standards also require that Boards publish an annual report setting out performance in handling whistleblowing concerns. The annual report will summarise and build 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.

This report provides information in accordance with the requirements of the Standards. This provides information on our performance for Quarter 2 (July – September 2023).

2.3 Assessment

Appendix 1 provides details of Whistleblowing concerns raised across the organisation by staff and those who provide services on behalf of NHS Ayrshire & Arran. This demonstrates our performance in the national key 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.

The report at Appendix 1 provides performance information on:

- Whistleblowing concerns raised
- Learning, changes or improvements to service or procedures
- Experience of individual raising concern/s
- Level of staff perceptions, awareness and training
- Whistleblowing themes, trends and patterns

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 17 October 2023
- Staff Governance Committee on 07 November 2023

2.4 Recommendation

For discussion. Board Members are asked to discuss the performance report in relation to concerns raised in Quarter 2 (July – September 2023).

3. List of appendices

- Appendix 1 - Whistleblowing Report for Quarter 2 July to September 2023.

Appendix 1 - Whistleblowing Report Quarter 2 – July to September 2023.

1. Introduction

This report provides details of Whistleblowing concerns raised across the organisation by staff and those who provide services on behalf of NHS Ayrshire & Arran. This report will demonstrate our performance in the national key 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 in and more importantly, allow us to evidence necessary improvement and learning in response to the trends and themes demonstrated.

2. Whistleblowing handling performance

2.1 Whistleblowing concerns received

Table 1 below shows the total number of concerns received in quarter 2 through the whistleblowing process.

| Total no of concerns received Q2 | Appropriate for WB | Stage 1 | Stage 2 |
|----------------------------------|--------------------|---------|---------|
| 2 | 1 | 0 | 1 |

Table 1

No immediate risk was identified to patient safety in the concerns received in Q2, no action required.

Both concerns were reviewed by the Whistleblowing Decision Team (WDT). The WDT agreed that one of the concerns raised was not appropriate to be reviewed using the Standards as it related to personal experience. The individual who raised the concern was advised the most appropriate route to take their concerns forward. These included the use of the [NHSScotland Workforce Investigation Policy](#).

The concern taken forward is a monitored referral from the Independent National Whistleblowing Officer (INWO), this is a result of the individual contacting the INWO for advice. We provide the INWO with regular updates on progress.

Chart 1 below shows the total number of concerns raised and progressed as whistleblowing in 2023/24. Concerns received are represented by the blue columns and the number progressed by the orange column. The investigation taken forward as Whistleblowing is ongoing, this is due to the complex nature of the concerns raised.

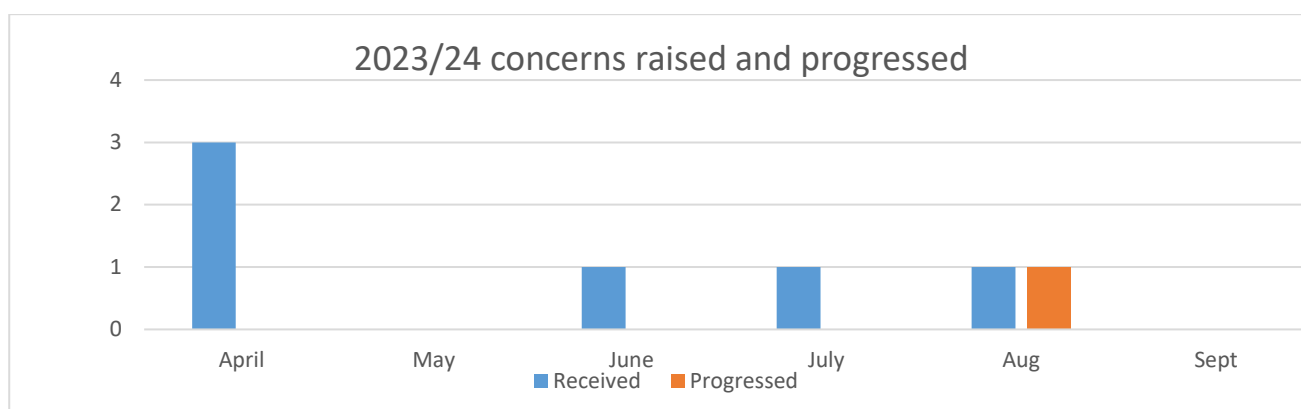


Chart 1

2.2 Concerns closed

The table below provides the numbers of concerns closed at Stage 1 and Stage 2 of the procedure as a percentage of all concerns closed in Q2.

The concern taken forward as Whistleblowing in Q2 is ongoing, this is due to the complexity of the concern raised. The investigation period for this investigation has been extended beyond the 20 working day timescale. The Whistleblower is aware of the need to extend the investigation period.

| Total no of concerns received Q2 | | Nos closed | Nos ongoing | % Closed against all received |
|----------------------------------|---|------------|-------------|-------------------------------|
| Stage 1 | 0 | - | - | - |
| Stage 2 | 1 | 0 | 1 | 0% |

Table 2

Table 3 shows the performance against the 20 working days target in 2023/24 of concerns progressed at Stage 2.

| Whistleblowing cases 2023/24 | Number | Comments |
|------------------------------|--------|--|
| Q2 | 1 | Ongoing > 20 working days (excludes public holidays) |

Table 3

2.3 Concerns outcomes

This section provides detail on concerns upheld, partially upheld and not upheld at each stage of the whistleblowing procedures as a percentage of all concerns closed in full at each stage.

As the investigation for the concern received in Q2 is ongoing there is no outcome.

2.4 Responding to concerns

As the investigations into the concerns received in Q2 is ongoing it is not possible to provide the time in working days for a full response.

2.5. Breakdown of concerns by service

The Q2 concern received relates to Ayrshire Central Hospital (ACH), North Ayrshire Health and Social Care Partnership (NA HSCP).

3. Learning, changes or improvements to service or procedures

Table 5 shows the status of improvement plans from concerns raised in 2021-22 and 2022/23. Of the plans that remain open progress is ongoing. The plans remain open until all actions are complete. Progress continues to be monitored through Directorate Governance routes with feedback on closure to the Whistleblowing Oversight Group.

| Number Investigations complete | | Number Improvement Plans | | Number Learning Plans | |
|--------------------------------|---|--------------------------|--------|-----------------------|--------|
| | | In Progress | Closed | In Progress | Closed |
| 2021/22 | 5 | 1 | 3 | 0 | 1 |
| 2022/23 | 1 | 1 | 0 | - | - |

Table 4

At this time there is no data for 2023/24 as investigation is ongoing.

4. Experience of individuals raising concern/s

All those who raise concerns are given the opportunity to feedback on their experience of using the Whistleblowing procedure in order that we can learn and make any improvements in our processes as appropriate.

An anonymous feedback survey is shared with all those involved on completion of the investigation. This includes the individual who raised the concern and those involved with the investigation.

Feedback provided will be reported in future reports, where this can be shared without compromising confidentiality. Returns to date have been limited

5. Level of staff perception, awareness and training

Communication continues to be shared widely across the organisation, via 800+ managers, for use in team meetings, noticeboards and shared work spaces. Also communication via Daily Digest and weekly e-News has been refreshed and continued.

Whistleblowing continues to be highlighted to new staff as part of Corporate Induction Programme and to newly appointed managers and leaders during training sessions.

It is no longer mandatory for staff to undertake the eLearning Whistleblowing Turas Module it is mandatory for all management level staff, supervisors, line managers, those who may receive concerns, Speak Up Advocates, Confidential Contacts and those involved in Whistleblowing investigations. To date approximately 67% of line managers and senior managers have completed the appropriate Turas modules, this is an increase of 2% on the previous quarter.

This year's iMatter survey included two statements specifically relate to raising concerns. These were:

1. I am confident that I can safely raise concerns about issues in my workplace;
2. I am confident that my concerns will be followed up and responded to.

Of the 8738 staff who responded 89% of respondents agree or strongly agree with statement 1 and 82% of respondents agree or strongly agree with statement 2.

6. Whistleblowing themes, trends and patterns

This section provides information on themes from whistleblowing concerns raised and will aid identification of any improvement priorities, and to progress learning in a targeted manner.

The one concern taken forward in Q2 had multiple themes.

| Theme | 2021/22 | 2022/23 | 2023/24 | |
|--|---------|---------|---------|----|
| | Q1-Q4 | Q1-Q4 | Q1 | Q2 |
| Patient Care | 4 | 2 | 0 | 1 |
| Patient Safety | 4 | 2 | 0 | 1 |
| Poor Practice | 3 | 2 | 0 | 1 |
| Unsafe working conditions | 0 | 1 | 0 | 1 |
| Fraud | 1 | 0 | 0 | 0 |
| Changing or falsifying information about performance | 0 | 1 | 0 | 1 |
| Breaking legal obligations | 0 | 1 | 0 | 0 |
| Abusing Authority | 0 | 1 | 0 | 0 |

Table 5

7. Independent National Whistleblowing Officer referrals and investigations

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 this current time, there have been no referrals to the INWO.

8. 2022/23 Case Update

Table 6 below provides an update on the position of the investigations which were ongoing from Q3 and Q4 2022/23. Of the three cases that remained open one has been closed with the concern recorded as partially upheld. This means that following investigation and review of evidence some of the concerns raised in this whistleblowing case were upheld but some were not.

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

Table 6

9. Update

- Confidential Contacts:

A Sway communication was shared across the organisation via Daily Digest, eNews and by email to the 700+ line managers, to introduce and raise awareness of the new Confidential Contacts who were appointed in August 2023.

- National Speak Up Week:

Is an annual engagement event launched by the INWO in 2022, NHS Ayrshire & Arran supported National Speak Up week, which took place from 2 to 6 October 2023. The purpose of this was to provide an opportunity for Boards to promote and celebrate speaking up. We engaged with staff at various locations across the organisation, this included Acute and HSCP sites. The programme of events included face to face drop in sessions and a Whistleblowing Ask Me Anything via MS Teams.

